



@PHISICC_



phisicc.org



Involving health workers by placing them in the centre: how Human-Centred Design can positively impact research and evidence synthesis

Auer C, O'Donnell D, Bonfoh B, Oyo-Ita A, Njepuome N,
Mandjate S, Muloliwa A, Zuske M, Curry M, Brown D, Krause K,
Bosch-Capblanch X



Funded by:
BILL & MELINDA GATES foundation

Disclosure

Bill and Melinda Gates Foundation (BMGF)

I (Christian Auer, christian.auer@swisstph.ch) have no actual or potential conflict of interest in relation to this presentation.

One of the co-authors is working for the BMGF.

in partnership with three national research institutions





Basic conceptual thoughts in PHISICC

01

Paper is closer to where the most **vulnerable** live.

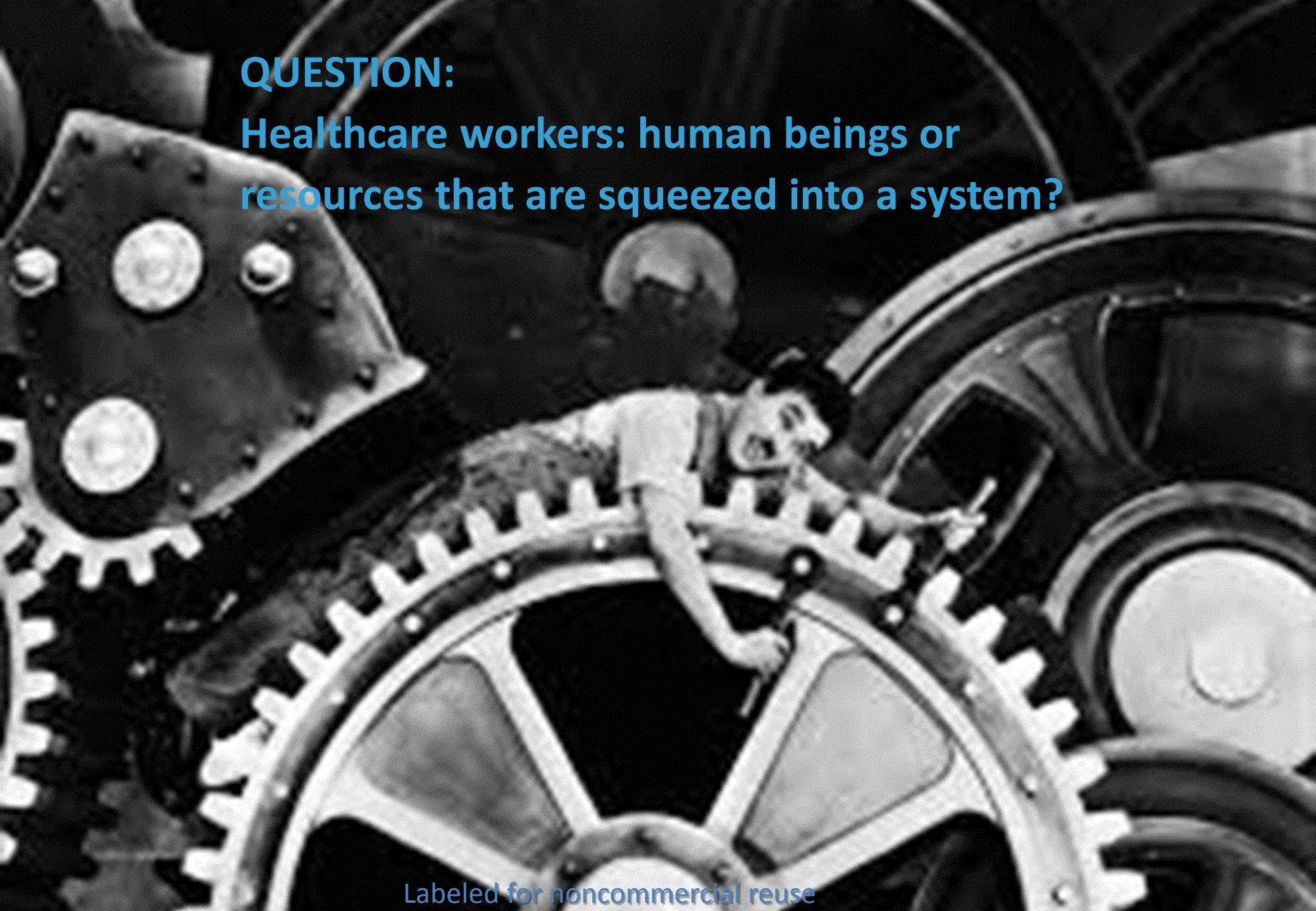
02

'Decisions' is about **people who make them** or are affected by them;
'decisions' are not only about the information system.

03

As important as 'public health', data and 'statistics' is the **human experience** and the human-centred design.

We wanted to better understand how frontline healthcare workers experience the Health Information Use System (HIUS) and how relevant the HIUS is for their daily work



QUESTION:

**Healthcare workers: human beings or
resources that are squeezed into a system?**

**Who is the nurse or midwife? Just a small piece
being kept in motion by a sophisticated health
information system?**

it is not about paper tools

it is not about parts of information systems

it is not about the best quality data

It is about PEOPLE, improving their lives*

through better decisions on what affects them

informed by adequate data

carefully recorded by health workers

in paper tools

* Especially, the most vulnerable

What have we done so far?

What research has been done so far in PHISICC?

01

A systematic review on the effectiveness of interventions to improve the ‘health information use system’ on the quality and use of information.

02

Characterisation of the ‘health information use system’ in three countries of Sub-Saharan Africa

03

Based on insights from the field work, the systematic review was revisited and a fresh analysis done: framework synthesis.

Methodological approaches used in PHISICC fieldwork

1) Commonly used in public health:

- Inventory studies of the health information system**
- Content analyses of the various recording and reporting forms**
- Data verification (quality of data)**

2) The Human-Centred Design approach was brought in by people from a DESIGN COMPANY.







Human-centred design: what is it?

Human-centred design is a design and management framework that develops **solutions to problems** by involving the **human** perspective in **all** steps of the **problem-solving** process

Human-centred design : key features

Deep empathy

“Human-centered design establishes a meritocracy of ideas empathetic of thought, immune to hierarchy.”

Senior adviser at the US State Department

Building many prototypes

It is a reiterative process

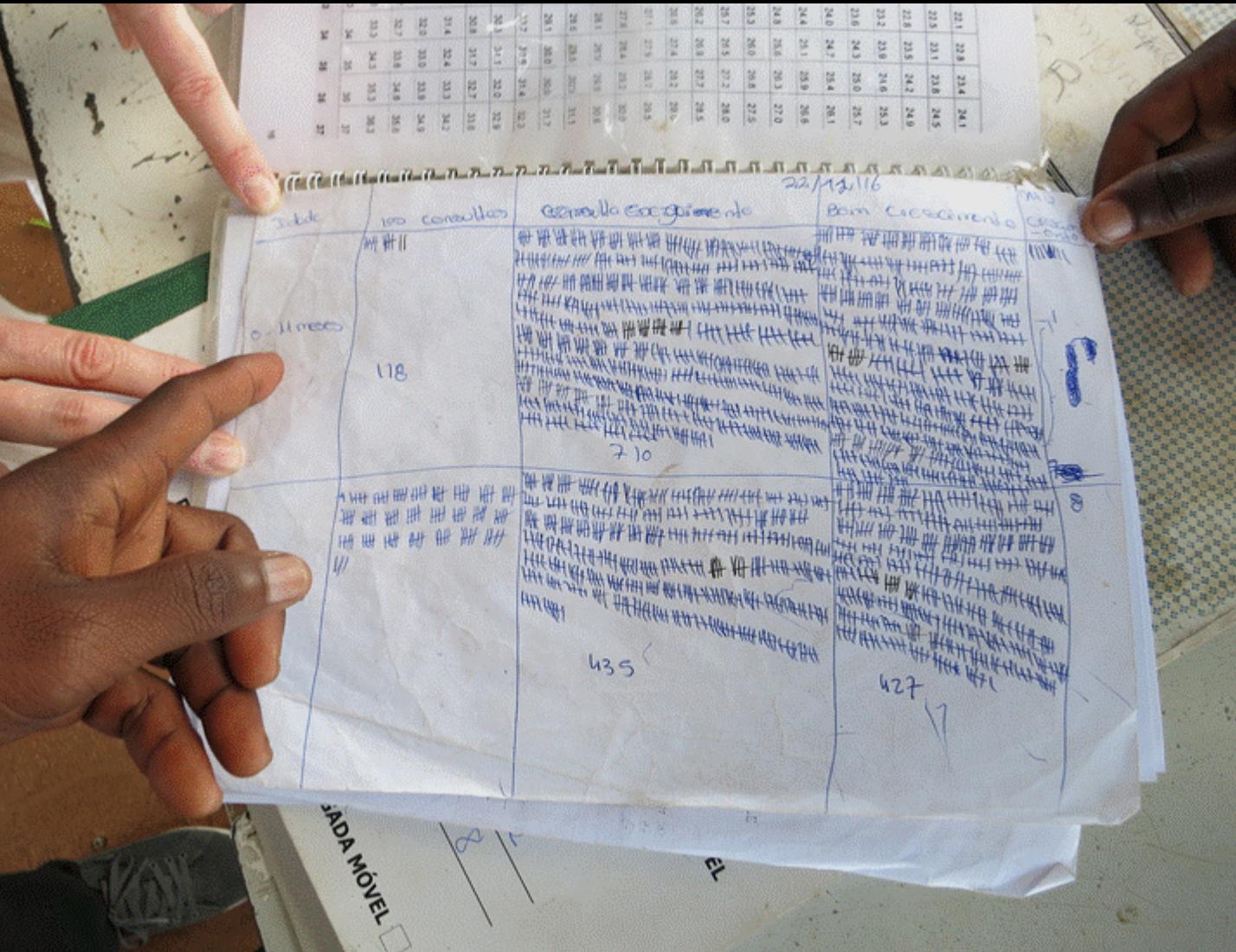
- Deep empathy
- Generating many ideas
- Building many prototypes
- Share these prototypes

Reiterative process

Examples from the field work * using the Human-Centred Design

* In Côte d'Ivoire, Mozambique, Nigeria

Message: Time for reporting → less time with patients

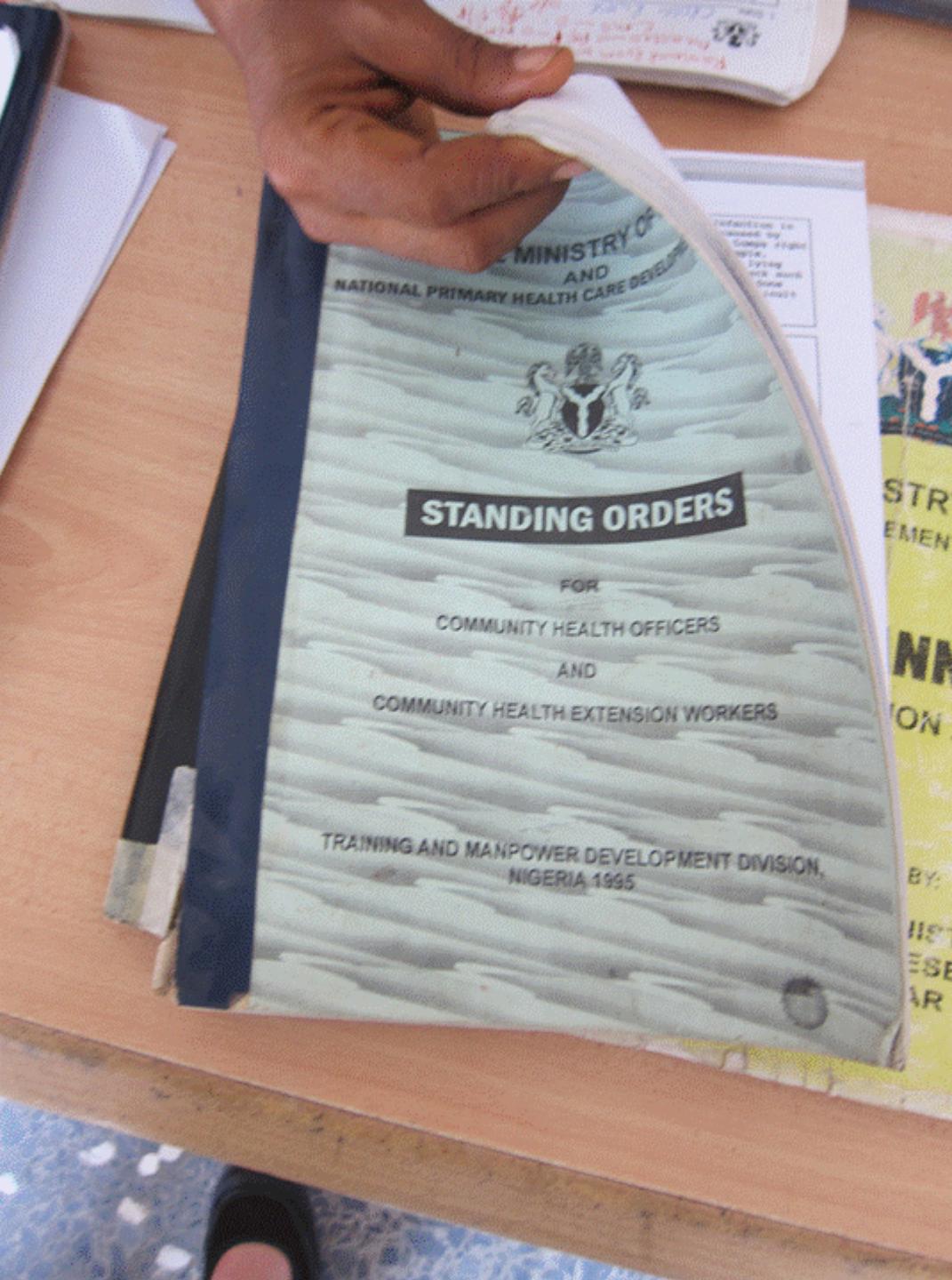


"I spend three hours every week tallying the number and type of visits for that week. Then it takes me about 15 hours to add up all the tallies and fill out my section of the monthly report."

Message: Forms to facilitate decision making.



“We record children’s vaccinations by their birth month. All the children on this page were born in October 2016. To find those who have missed their vaccinations, I have to flip through all of these pages. It’s like doing aerobics.”



*Message: updated guidelines,
protocols to help make decisions*

“Last week, I used the Standing Orders to treat a patient with a rash I had never seen before.”



@PHISICC_

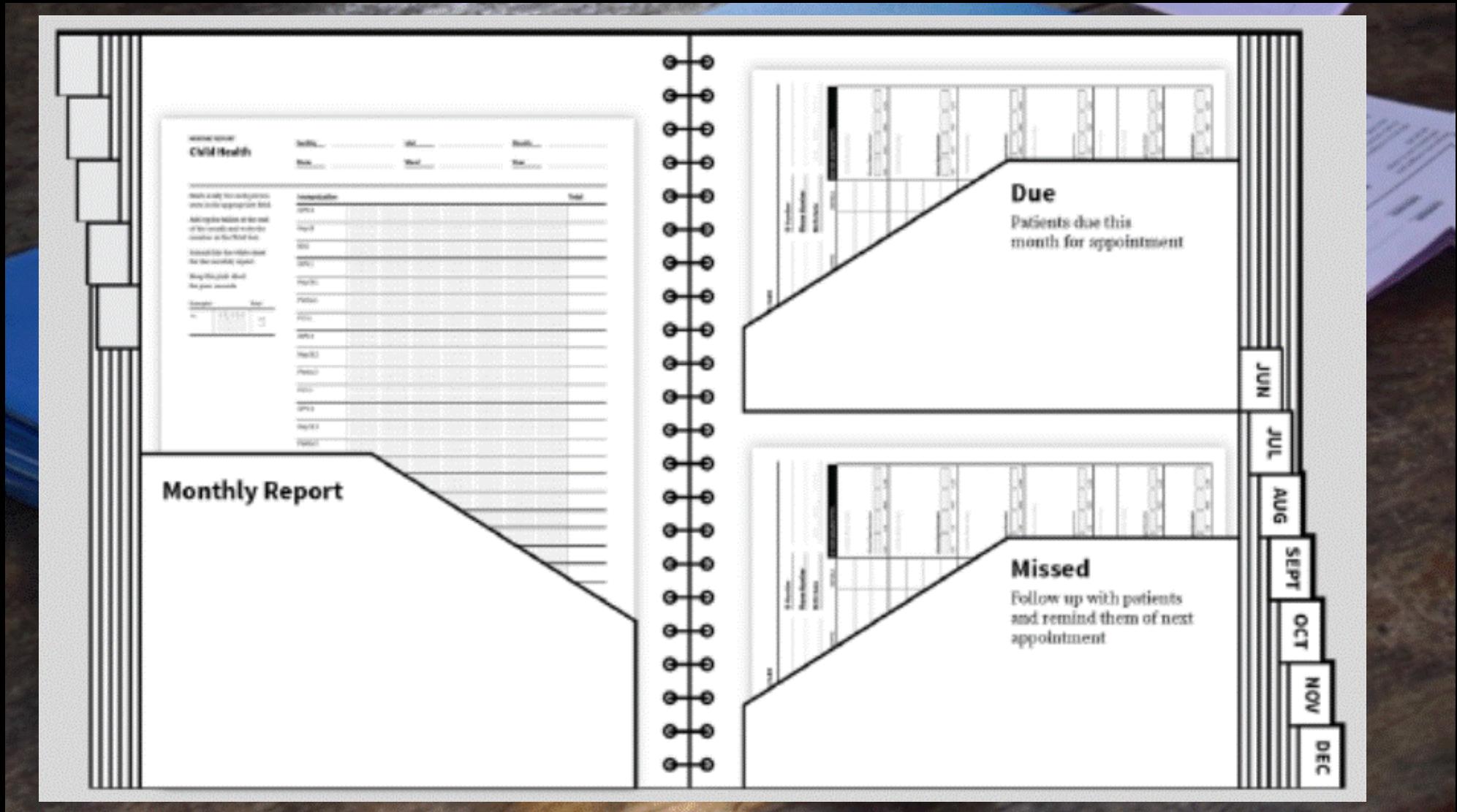


phisicc.org

Message: Gathered data not used for decision making.

“We review the report with the district for data accuracy. We don’t usually talk about how I should use this data to make decisions.”

Intervention tools: Prototypes adapt with every iteration.



Conclusions

The experience in the field forced us to re-interrogate the literature based on what we learned: framework synthesis to understand the contextual situation in which interventions work (or do not work).

Human-Centred Design may capture what common research approaches cannot: it reveals problems and indicates solutions.

Acknowledgement

Patients and healthcare providers in the three countries

Our partners during the field work:

David O'Donnell, Amy Guterman, Michelle Curry

Côte d'Ivoire:

Richard Yapi, Clarisse Houngbedji, Bassirou Bonfoh, Mamadou Samba

Mozambique:

Artur Muloliwa, Celso Belo, Sofia Mandjate, Graça Matsuhe, Jahit Sacarlal

Nigeria:

Angela Oyo-Ita, Benedict Ugi, Eric Nwaze, AB Garba, Phyllis Ogah

Colleagues at Swiss TPH

Bill and Melinda Gates Foundation