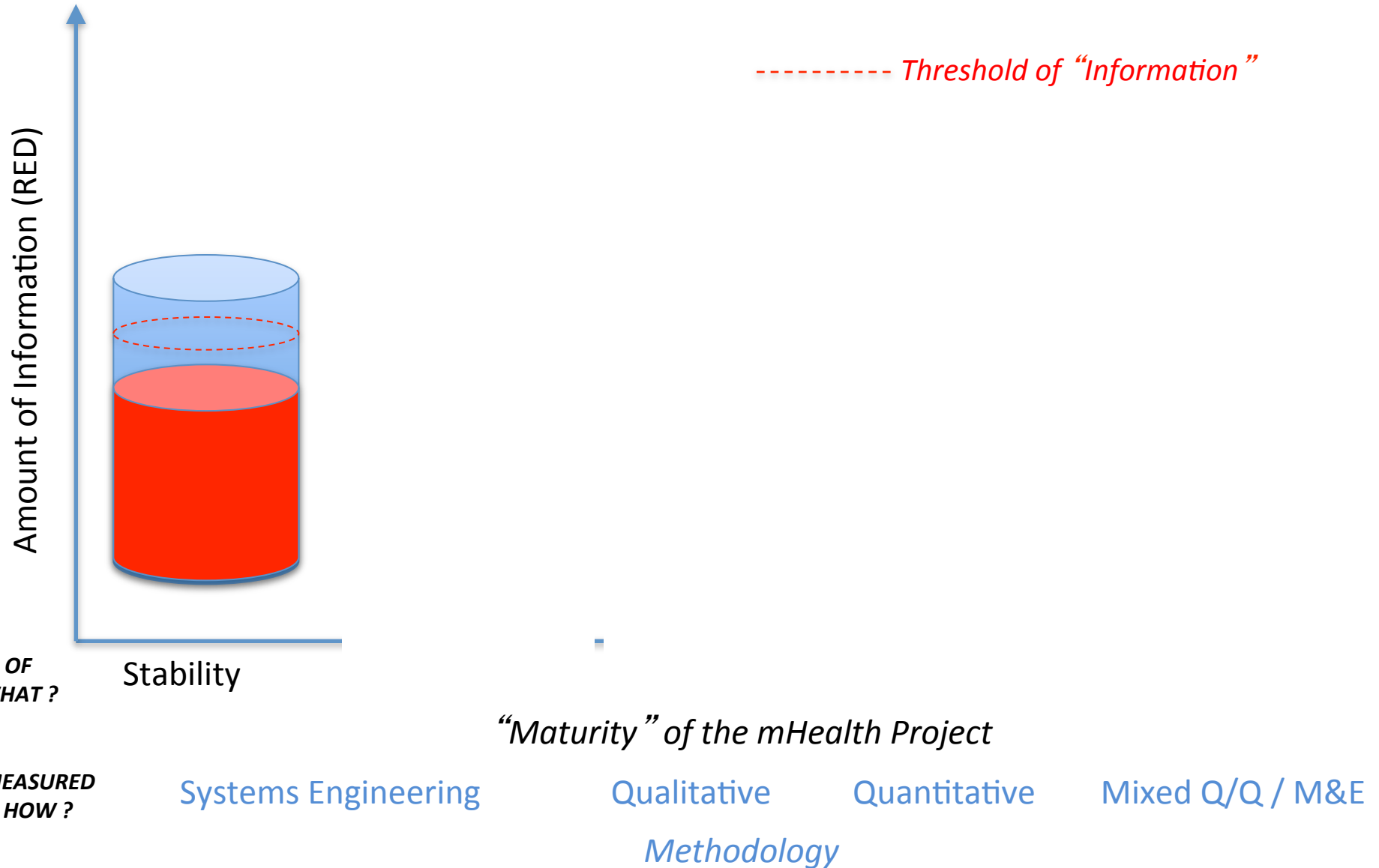


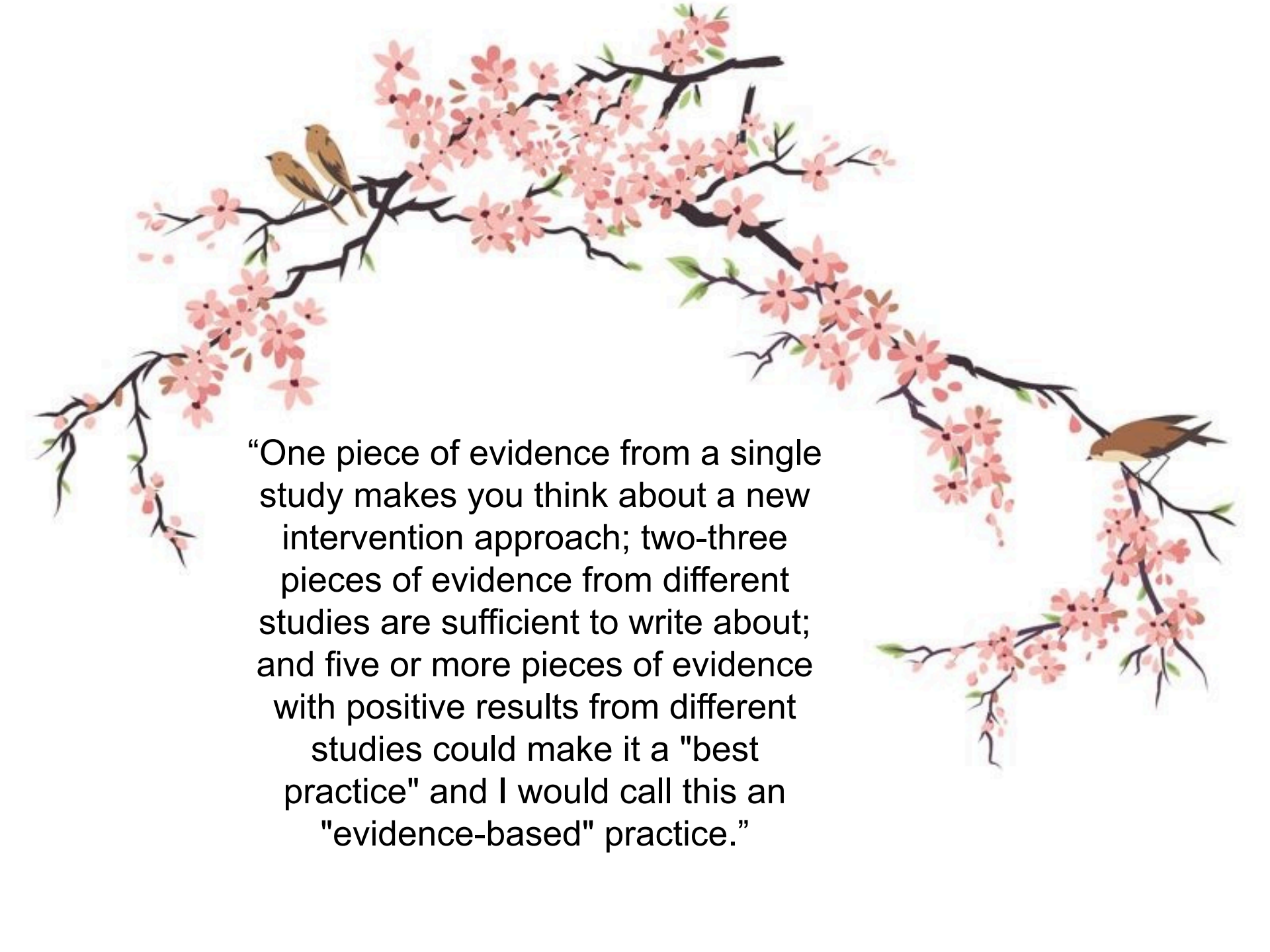
Evidence Survey

What type of evidence is needed before you can consider a new approach as viable for programmatic integration?

At what point do you say something is "evidence-based" ?

“Evidence” Across The mHealth Maturity Lifecycle





“One piece of evidence from a single study makes you think about a new intervention approach; two-three pieces of evidence from different studies are sufficient to write about; and five or more pieces of evidence with positive results from different studies could make it a "best practice" and I would call this an "evidence-based" practice.”

HARD



SOFT

Rigorous trial in which clear methodology and control are used to prove something works (or doesn't work) There are rare exceptions but in general I try to not assume something works unless there is reasonable evidence.

It depends on the type of intervention, its clinical implications, and the level of potential disruption it will have on the current approaches to similar challenges. I do not need an RCT to convince someone that data collection via mobile is more cost effective than paper, but I would need one to convince me (and/or others) that a decision support tool can be used to task shift responsibilities from a higher skilled health professional to a lower skilled health professional

If I can "attribute" an outcome to a new approach, then I would consider it viable for programmatic integration. I would at least expect that proposed new approach has been tested using an experimental (quasi or randomized) study design. Some of the most important outcome (along with effectiveness) would be cost effectiveness and impact on equity.

If there is a pilot showing 'it works' and the logic model to impact is clear and evidence based.

Also if you have a clear understanding of what makes it operationally and financially sustainable.

If it seems to be 'wanted' by the end user

...we don't always wait for something to be "evidence based" before we embark on a new project or intervention. ...the 'evidence' we need, is from these users - do they find the information useful, helpful, informative, and does it help them to change their behaviors or make better decisions, or access the health care system, as a result of this.

Process related evidence is critical before considering an approach viable for programmatic integration. Having an understanding of the fidelity of implementation of the mHealth intervention and how health workers/targeted end users are using the mHealth tool will be essential to first considering it as part of the mHealth evidence.



I am a purest public health physician so it has to be according to criteria and levels....RCTs etc. but I also believe in observational studies where RCTs and CCs not available or feasible so pragmatic and realistic too

The gold standard is a randomized controlled trial, but this often isn't feasible in our experience due to the rapid pace of tech innovation.

Ideally we want to see statistically significant improvement from a baseline with a large enough sample size. Qualitative data from users is also important.

It isn't practical to test an intervention in every possible context, so a few studies showing similar results should be enough. Success is frequently dependent on the specific details of implementation rather than the merit of the intervention per se, so we place particular emphasis on field-based experience and operational research.

If an intervention was replicated at 2-3 different locations but having similar context, and if the intervention had produced positive results and can explain the theory of change underlying those positive changes then I may say the intervention is evidence based.

“The Essay”

“It depends on the type of intervention, its clinical implications, and the level of potential disruption it will have on the current approaches to similar challenges.

I do not need an RCT to convince someone that data collection via mobile is more cost effective than paper, but I would need one to convince me (and/or others) that a decision support tool can be used to task shift responsibilities from a higher skilled health professional to a lower skilled health professional.

Interventions should undergo a phased approach- implementation as a modest scale with formative with usability and feasibility assessments as well as costing - with a larger implementation with more rigorous research methods- with the intention to scale if successful. All of this should be considered from the outset- unless the intervention is completely new and warrants piloting.”