

# Tools for Priority Setting



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# Why is there a need for a priority setting tool

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- Policy implementation often occurs in non-systematic, ad hoc ways
- Policy actions more likely to be cohesive and comprehensive if decision processes are systematic, evidence based and stakeholder informed
- Number of different approaches for setting priority areas for action
- Essential part of evidence-informed policy making

# Approach to Obesity Prevention

## Assess the situation and monitoring

- Check available data (STEPS, NNS, Other health surveys)
- Prevalence and trends of obesity (adults and children)
- Prevalence of diabetes

## Examine various options

- WHO Publications (What works?)
- DPAS

## Application of Modified Problem and Solution Tree (mPAST)

- Identify specific problems
- Involve multiple stakeholders
- Develop prioritized list of actions

## Use ANGELO for prioritization within communities

- In case you're planning community-based programs, follow steps of ANGELO

## Re-assess (Evaluate)

- Re-assess and repeat the cycle with changes as needed

# Assess the situation and monitoring

- **Check available data (STEPS, NNS, and other health surveys)**

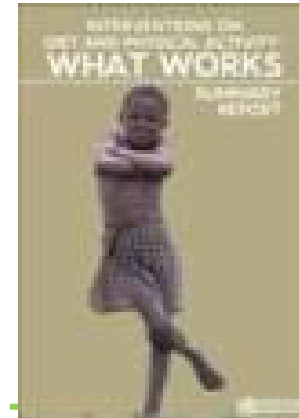
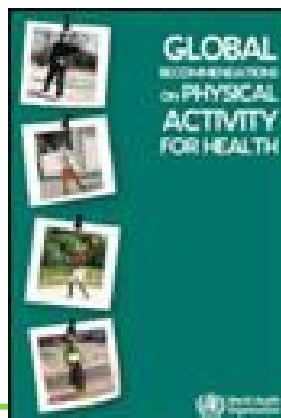
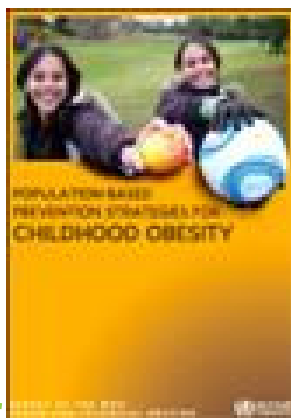
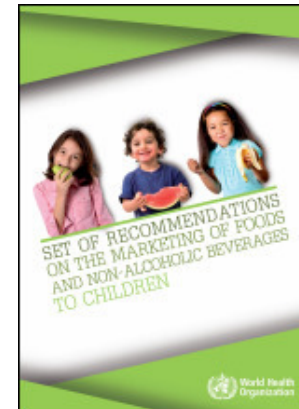
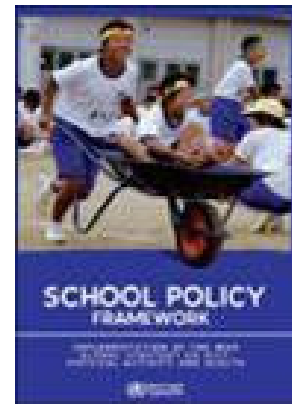
- Population prevalence of overweight (BMI  $\geq$  25), obesity (BMI  $\geq$  30), and diabetes mellitus in adults by sex
- Prevalence of overweight and obesity in children using WHO growth standards
- Prevalence of overnutrition/undernutrition in children

**(NOTE THE TREND if available)**

- **DECIDE IF OBESITY PREVENTION IS A PRIORITY!**

- **If yes**, obtain more obesity-related information on policies (food, agriculture, etc.) and data (physical inactivity, fruit and vegetable consumption)
- **If not yet now**, no further action but there should be actions to improve overall nutrition and increase health awareness (junk food, physical inactivity, etc.)

# Examine various options



# The priority setting process

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- In undertaking a prioritization exercise it is important to recognize that no single intervention is likely to be able to prevent obesity
- Potential areas of action must be carefully analysed and local, regional or country-specific factors considered
- Selecting the most appropriate approach needs to always be adapted to the specific needs to the country, region or area

# Characteristics of the 4 priority setting approaches

Characteristic	Priority-setting approach			
	WHO Stepwise framework for preventing chronic disease	Modified Problem / Solution Tree process	ANGELO process	ACE process
<b>Purpose</b>	For Ministries of Health to develop a unifying course of action	To identify barriers and potential policy solutions for various government portfolios	To develop a community action plan	To assess cost-effectiveness of potential solutions
<b>Outcomes</b>	Action plan or strategy with specific activities and timelines	List of problems and solutions	Community action plan with agreed objectives and strategies	Specified interventions with modelled data on costs, effectiveness and cost-effectiveness plus qualitative statement on implementation considerations
<b>Key criteria used</b>	Feasibility; Impact; Affordability; Area of impact	Relevance; Feasibility; Acceptability; Effectiveness; Costs	Importance (including relevance and impact); Feasibility	Cost-effectiveness; Effectiveness; Several 'implementation filters'
<b>Stakeholders</b>	Representatives of all sectors/settings	Policy advisors from all sectors	Community leaders and stakeholders from multiple sectors/settings	Policy makers, advisors, academics and subject matter experts from multiple sectors/settings

# Characteristics of the 4 priority setting approaches

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	WHO Stepwise framework for preventing chronic disease	Modified Problem / Solution Tree process	ANGELO process	ACE process
Level of financial resources required	Low	Low	Low	High
Level of human resources required: Time	Low	Low	Low	High
Level of human resources required: Technical level	Some expertise in similar processes	Some expertise in running process, some expertise in assessing basic effectiveness and costs	Some expertise in running process	High (including academic expertise)
Level of data required	Low	Low to medium (for basic costs and effectiveness)	Low	High (best available)



# The priority setting process

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## Consider all sectors and settings

- Upstream
- Midstream
- Downstream

## Identify key stakeholders

- Government
- International and regional organizations
- Private Sectors
- Civil society and NGOs

# The priority setting process

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## Priority-setting criteria

- Population impact or effectiveness
- Costs (affordability)
- Cost-effectiveness
- Feasibility
- Relevance
- Strength of evidence base
- Effects on equity
- Sustainability
- Acceptability to stakeholders
- Other positive or negative effects of the intervention

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# **Now to the examples !!**

# WHO STEPwise Framework for Preventing Chronic Disease



**Comprehensive and integrated** action is the means to prevent and control chronic diseases

# WHO STEPwise Framework for Preventing Chronic Disease

## STEPWISE FRAMEWORK

### Three levels of **Priority**

- **Core Interventions:** *With the resources we have what can we do?*
  - (Top priority - 2 years).
- **Expanded Interventions:** *If we had more ...*
  - (Slightly Lower Priority – 2-5 years)
- **Optimal Interventions:** *If Bill Gates comes to town..*
  - (Less Urgent – 5 years).

# WHO STEPwise Framework for Preventing Chronic Disease

## Three Levels of Intervention

- **National**
  - Legislation, Taxation, Law Enforcement
- **Community**
  - Community Based Health Promotion Activities
- **Individual (High Risk)**
  - Clinical Interventions

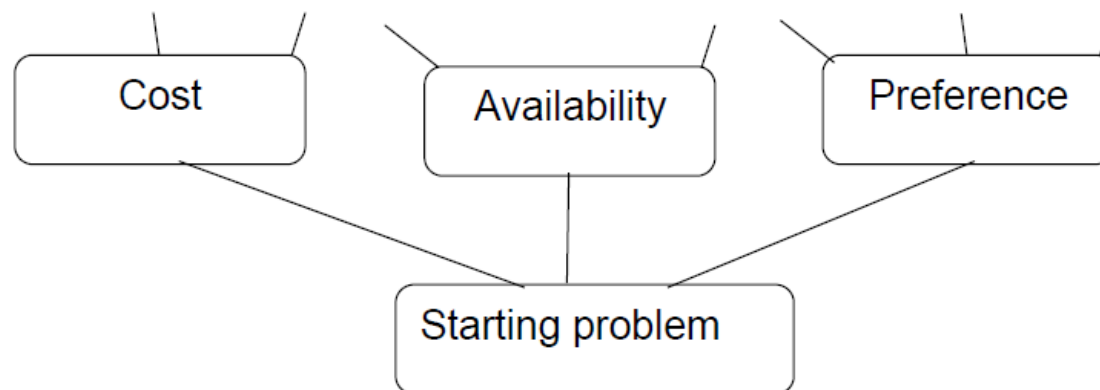
# Application of Modified Problem and Solution Tree (mPAST)

## The Process

- Relevant stakeholders eg multi-sector, experienced, informed officers
- Evidence and data – stakeholders should be informed and aware
- The starting problem (specific definition, fairly small, locality) eg ‘low intake of fruits in children’ preferable to ‘poor diets’
  - may need to involve local experts in identifying the starting problems (local and international evidence of dietary and PA issues)

# Application of Modified Problem and Solution Tree (mPAST)

## The Process

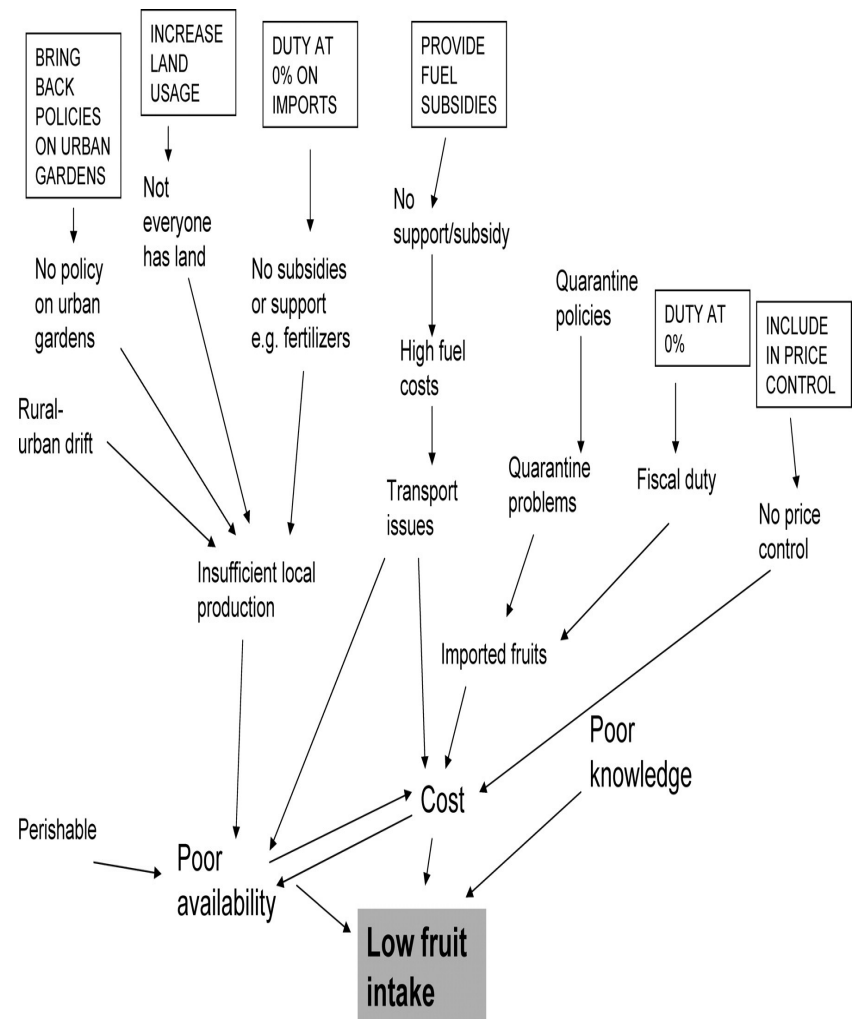


- The main question to remember is '**why**'
- The process can continue until the analysis reaches a point where solutions become apparent, or when a certain number of levels, commonly three, have been detailed.



# Application of Modified Problem and Solution Tree (mPAST)

- Identify **specific problems**
- Develop **prioritized** list of actions
- Take prioritized actions for a **whole-of-government** implementation
- Identify **ministries/agencies** for implementation then develop policy briefs
- **Enact** policies and regulations, as appropriate
- **Phased implementation**, with close monitoring and evaluation



# Use ANGELO for prioritization within communities

- Use of ANGELO (Analysis Grid for Elements Linked to Obesity)
- Try to get this done in all relevant sectors
- Add scores and get a **prioritized** list of interventions concurrent from all relevant stakeholders
- Submit to policy makers for political decisions in terms of implementation

Intervention	Score (1-5)			Rank	Points
	E1	E2	E1xE2		
Action 1	2	4	8		
Action 2	3	3	9	5	1
Action 3	5	4	20	1	5
Action 4	4	3	12	3	3
Action 5	3	3	9		
Action 6	4	4	16	2	4
Action 7	5	2	10	4	2

- Implement the program in a phased manner with defined milestones and monitoring mechanism
- Use other modules to get specific guidelines on some interventions (health education, IEC materials, occasional health talks, TV advertisement, sporadic capacity building, unsustained activities)
- **FINAL RESULT → DECREASE IN OBESITY**

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# Using the problem & solution trees

# Problem & solution trees

Choose at least

**1 physical activity** &

**2 diet PROBLEMS**

from this list

Or

You can **ADD** to

or **CHANGE** the

problems on this list

## List of potential PROBLEMS to target

Not enough fruit eaten

Not enough vegetables eaten

Low fibre diet

High intake of sugar-sweetened drinks

Low consumption of breakfast

Unhealthy lunchboxes

High intake of junk foods by children in lunchboxes and after schools

High-fat meals

High intake of fast foods

Low participation in non-sport physical activities (eg dance, martial arts)

Inactive transport

Low physical activity in school days

Sedentary workplaces/work

Sedentary behaviours linked to TV viewing

Sedentary behaviours linked to video game use

Other...

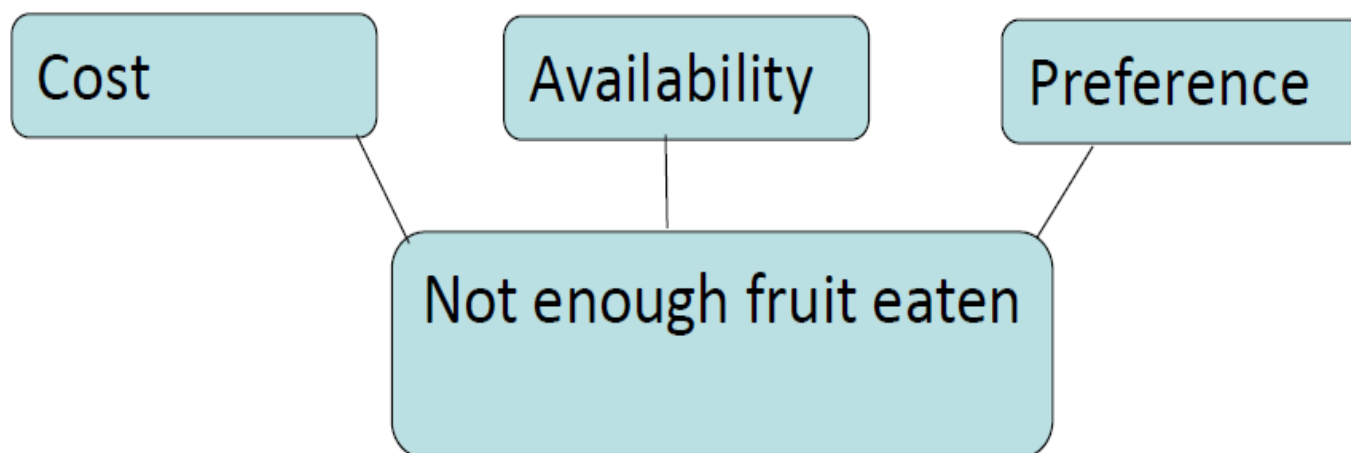
# Problem & solution trees

Add your PROBLEM to the bottom of the tree

Not enough fruit eaten

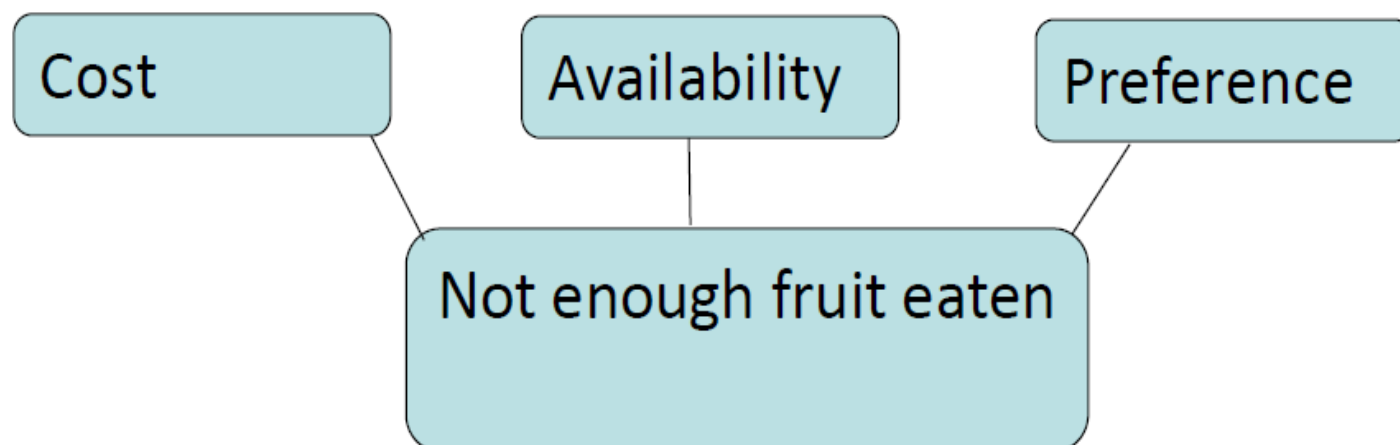
# Problem & solution trees

All problem & solution trees will be investigated through **cost**, **availability** and **preference**

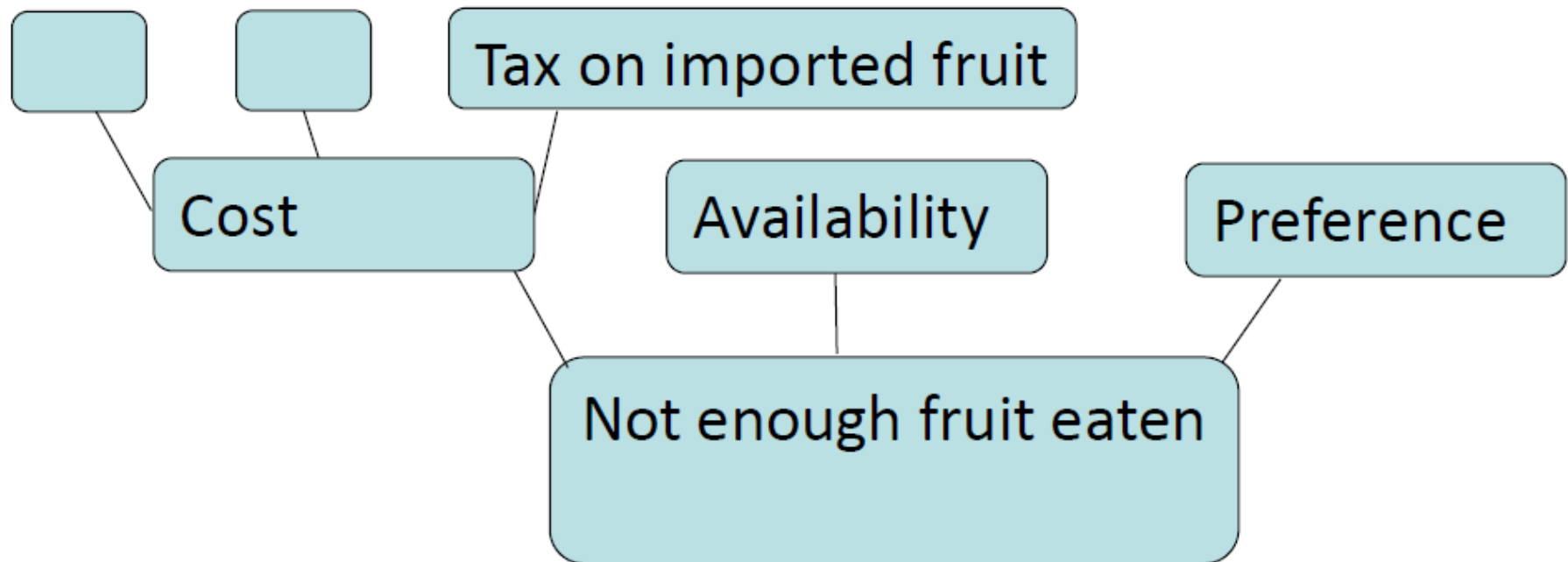


# Problem & solution trees

ask: why is **COST** a problem for not enough fruit being eaten



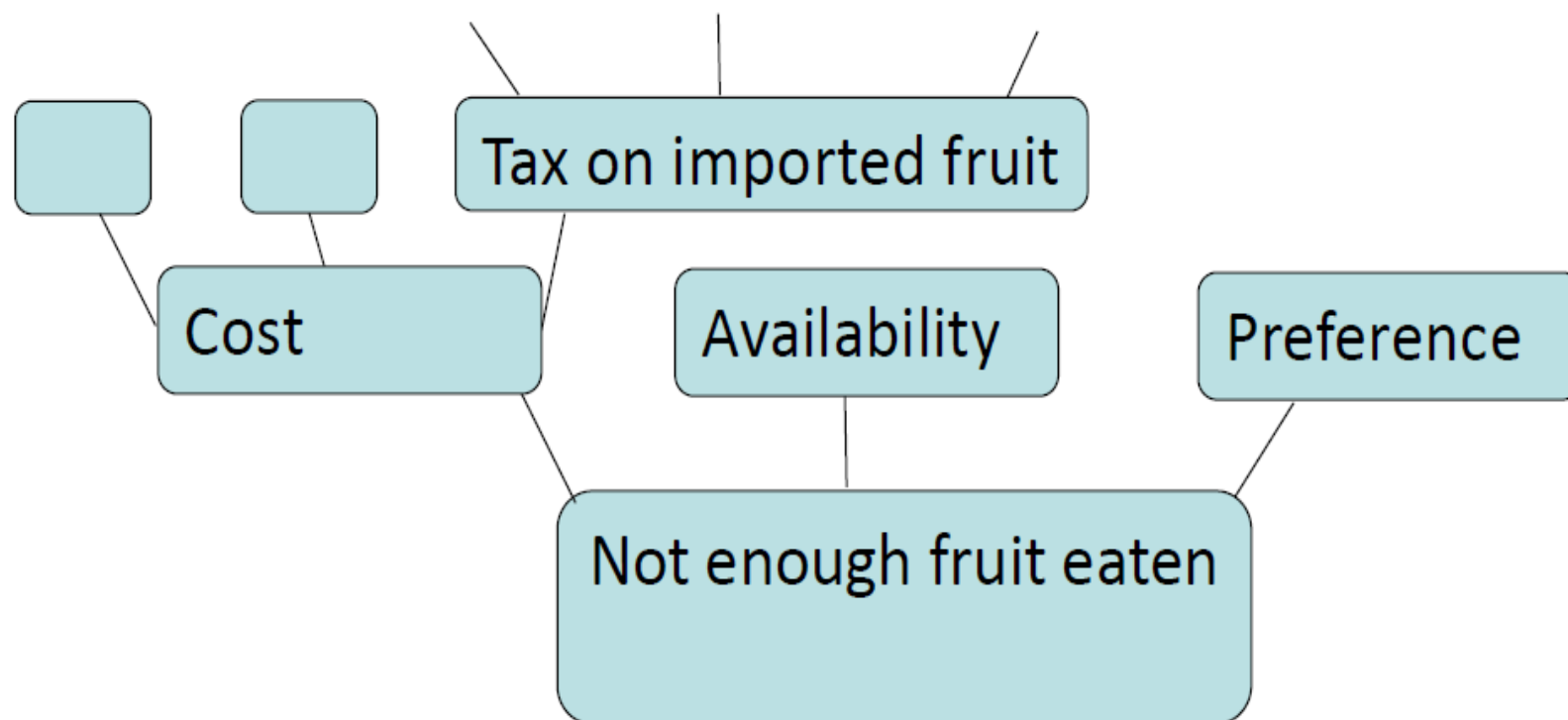
# Problem & solution trees





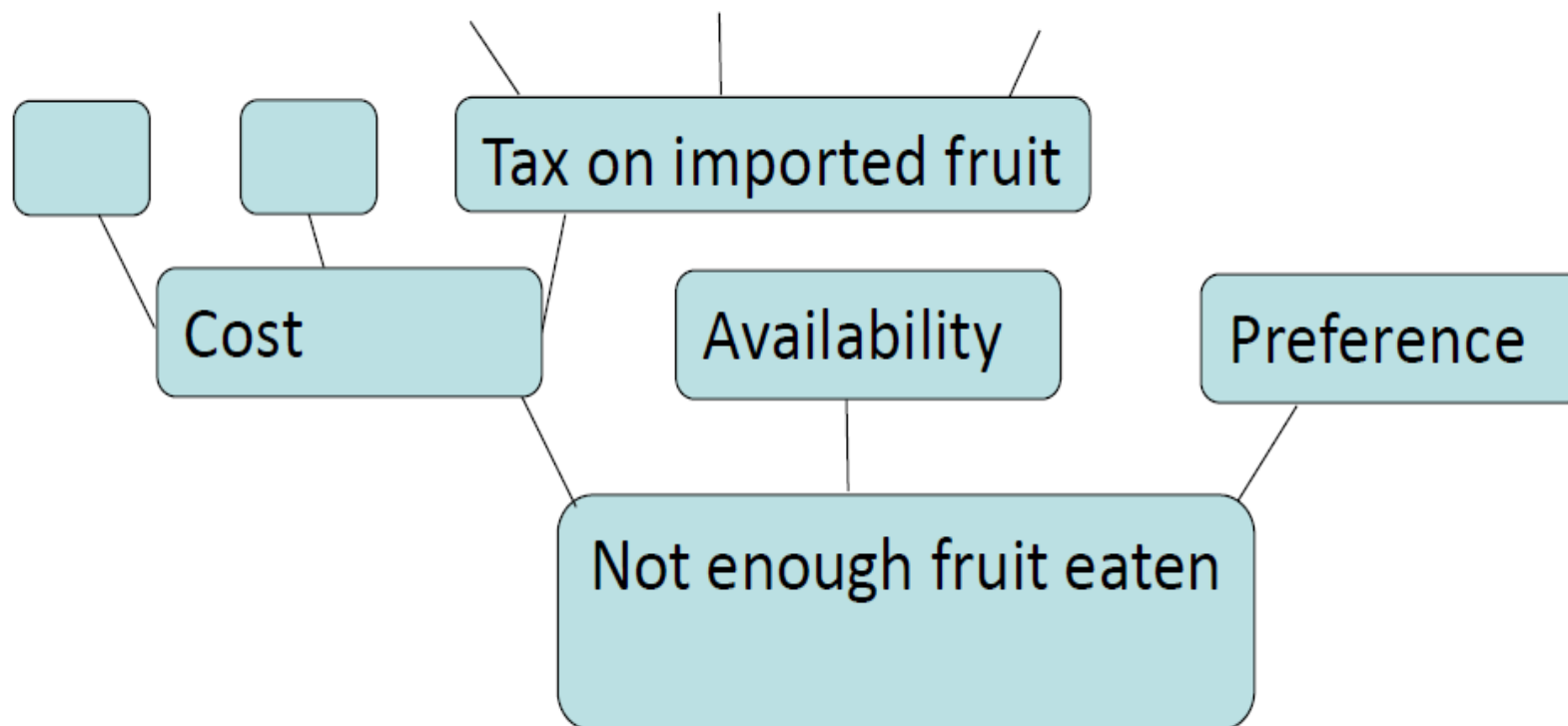
# Problem & solution trees

Ask: why is **tax on imported fruit** a problem for not enough fruit being eaten



# Problem & solution trees

Keep going until you have exhausted all the '*why*' possibilities



# Problem & solution trees

## Moving from problem to **solution**

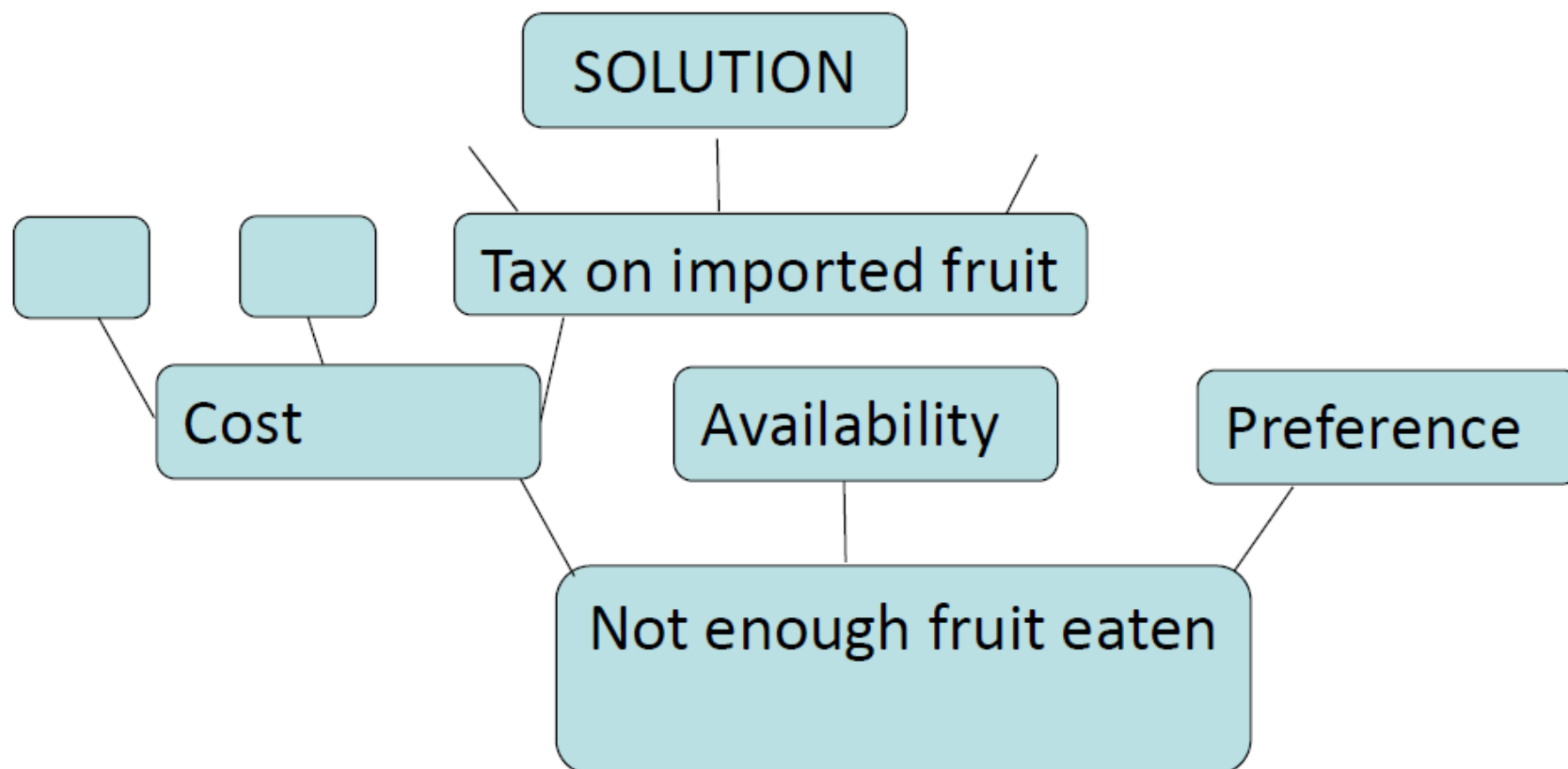
For each problem, must identify one or more solutions.

Doesn't have to be 'realistic' at this stage

Can have 'floating solutions' (not attached to specific identified problem) eg school food policy

# Problem & solution trees

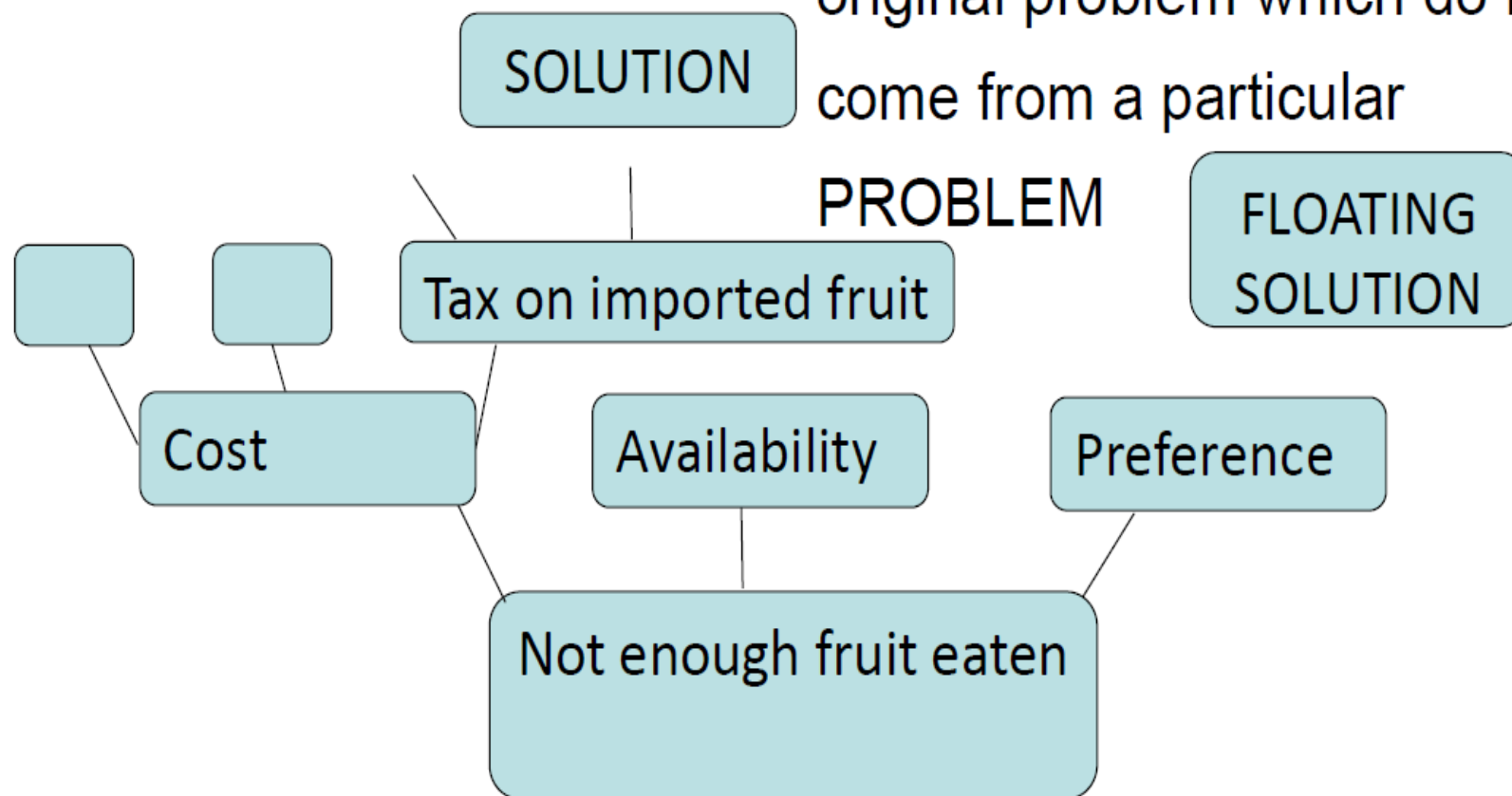
Add your solution



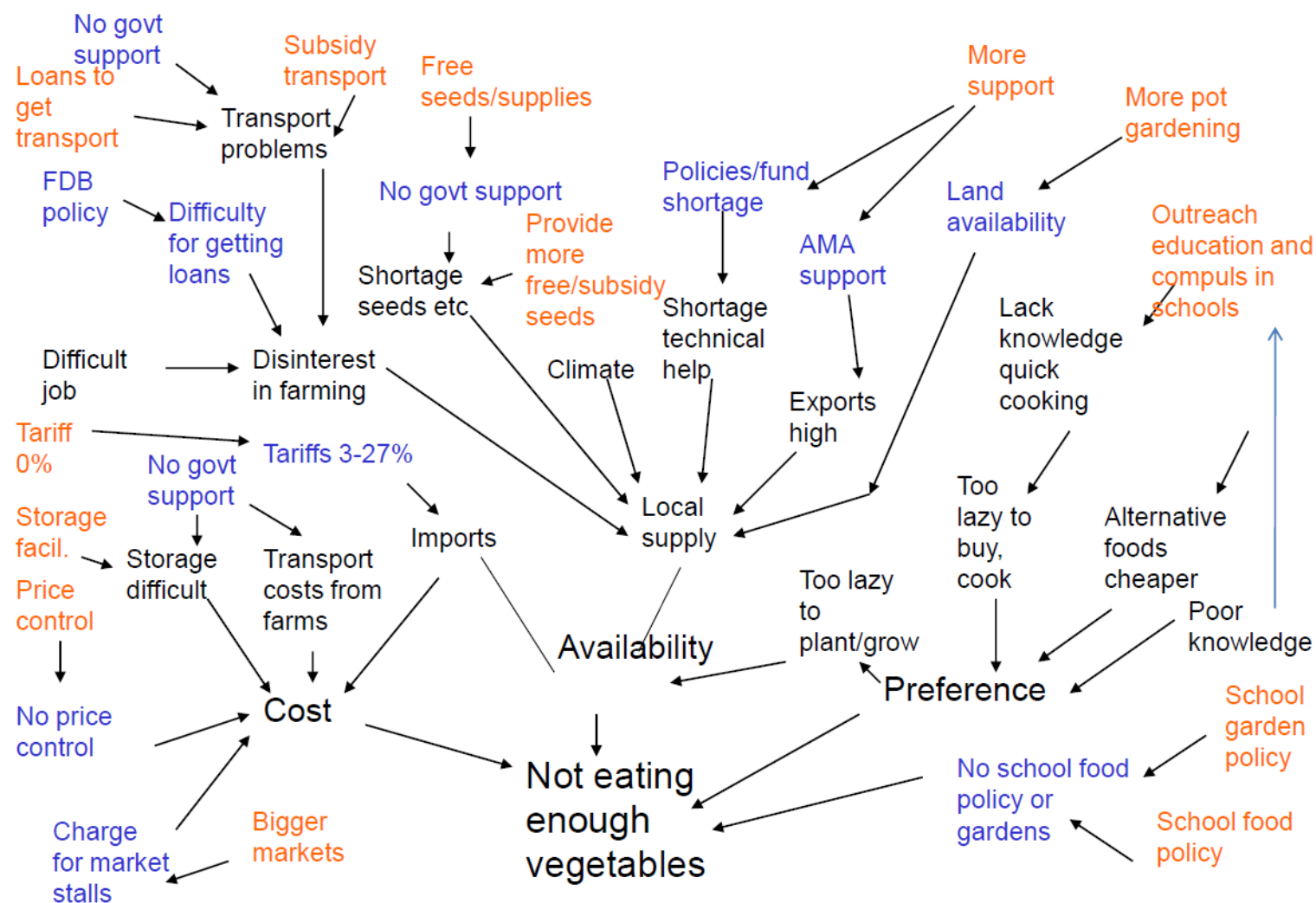
# Problem & solution trees

## FLOATING SOLUTIONS

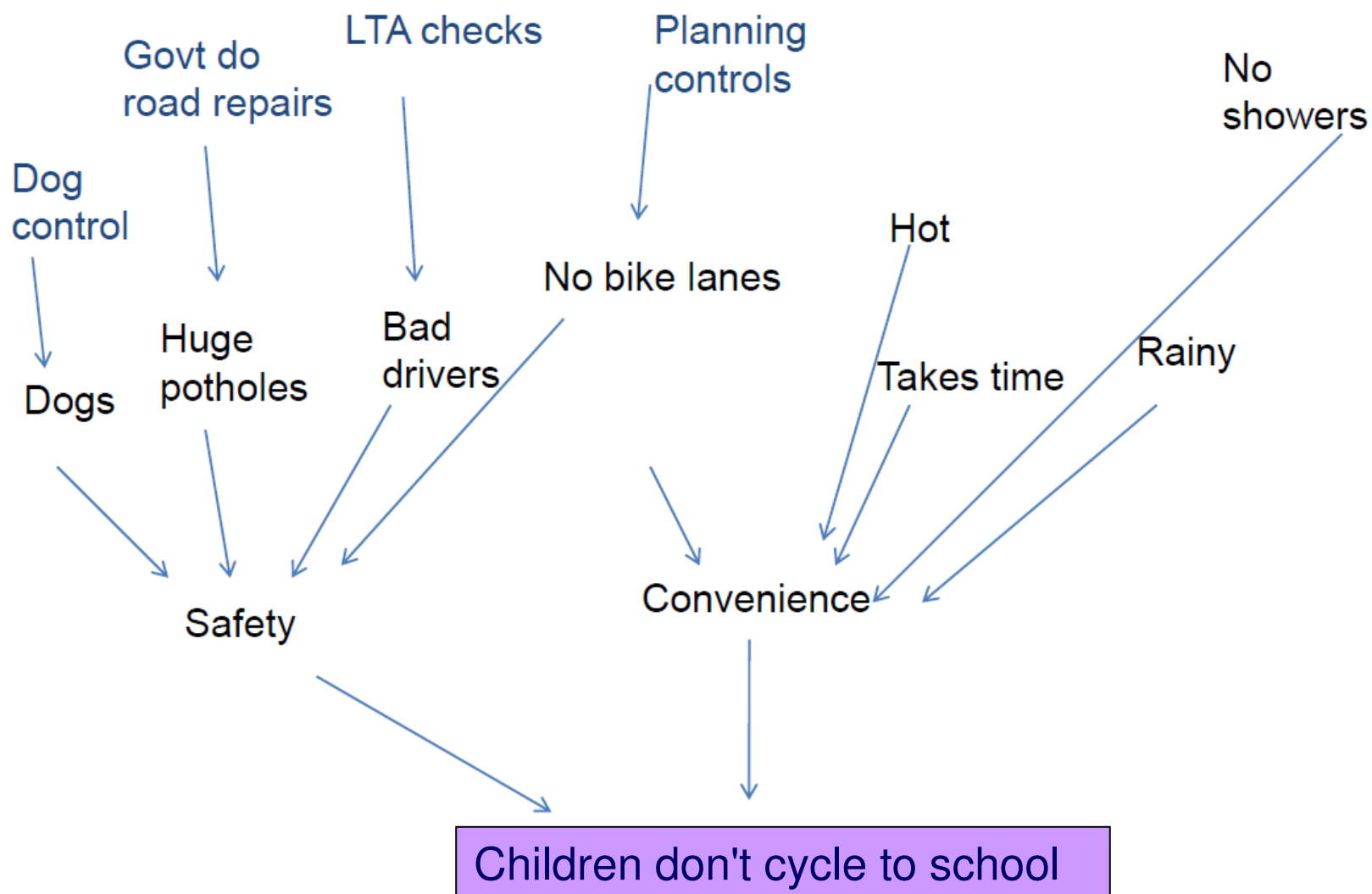
There may be solutions to the original problem which do not come from a particular



# Problem & solution trees



# Problem & solution trees



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# Group Work