

Strengthening Non-Randomized Studies of Health Communication Strategies for HIV Prevention

Centre for Evaluation

Improving global health practice through evaluation

LONDON
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HYGIENE
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MEDICINE



Overview

- Background
- Extremes
- Middle ground
- Scenarios & Designs
- Independence and limitations

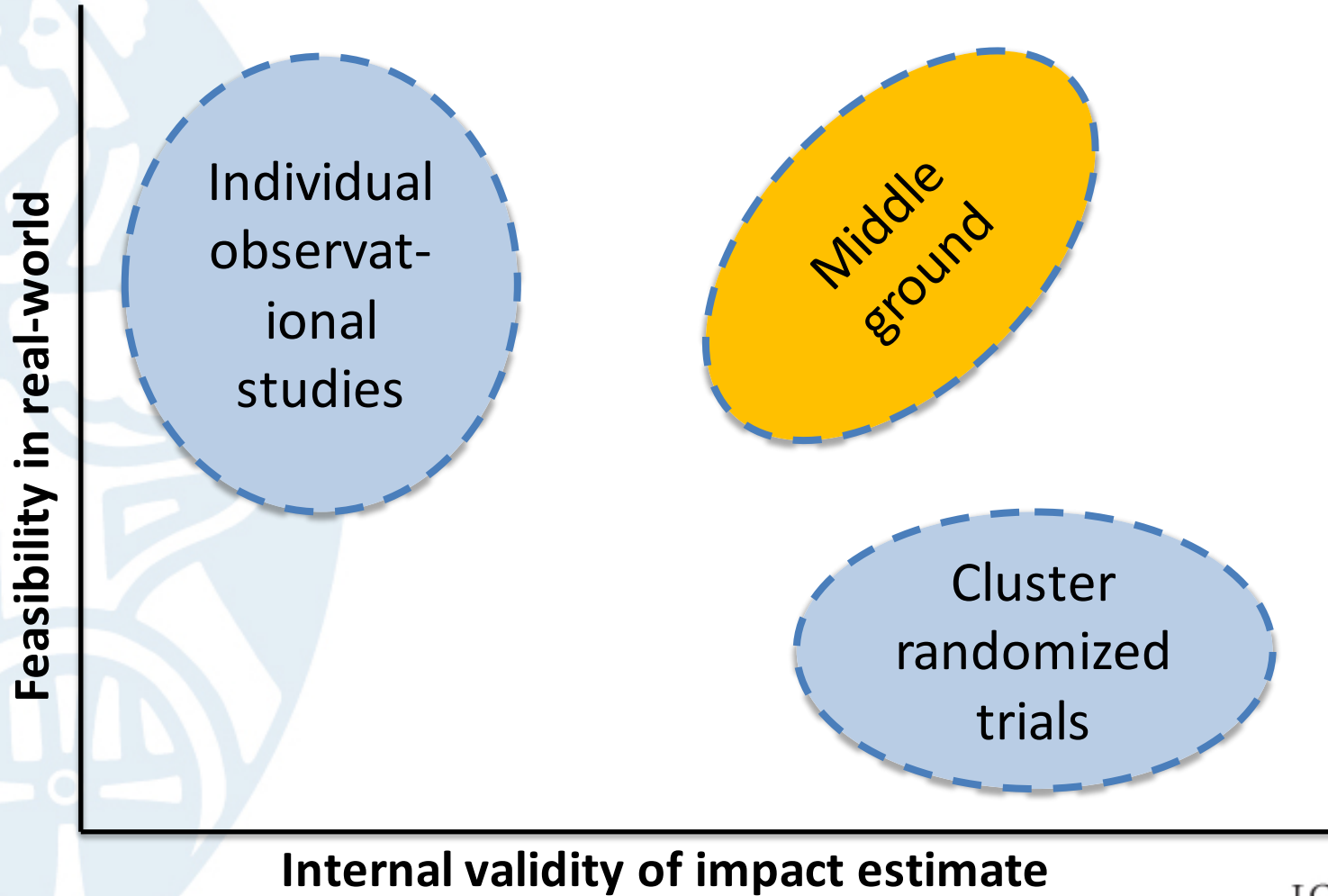


Background

- Impact evaluation increasingly important in delivery of health communication interventions
- Focus on *causal attributable effects*
- Intention to treat: a challenge



Extremes



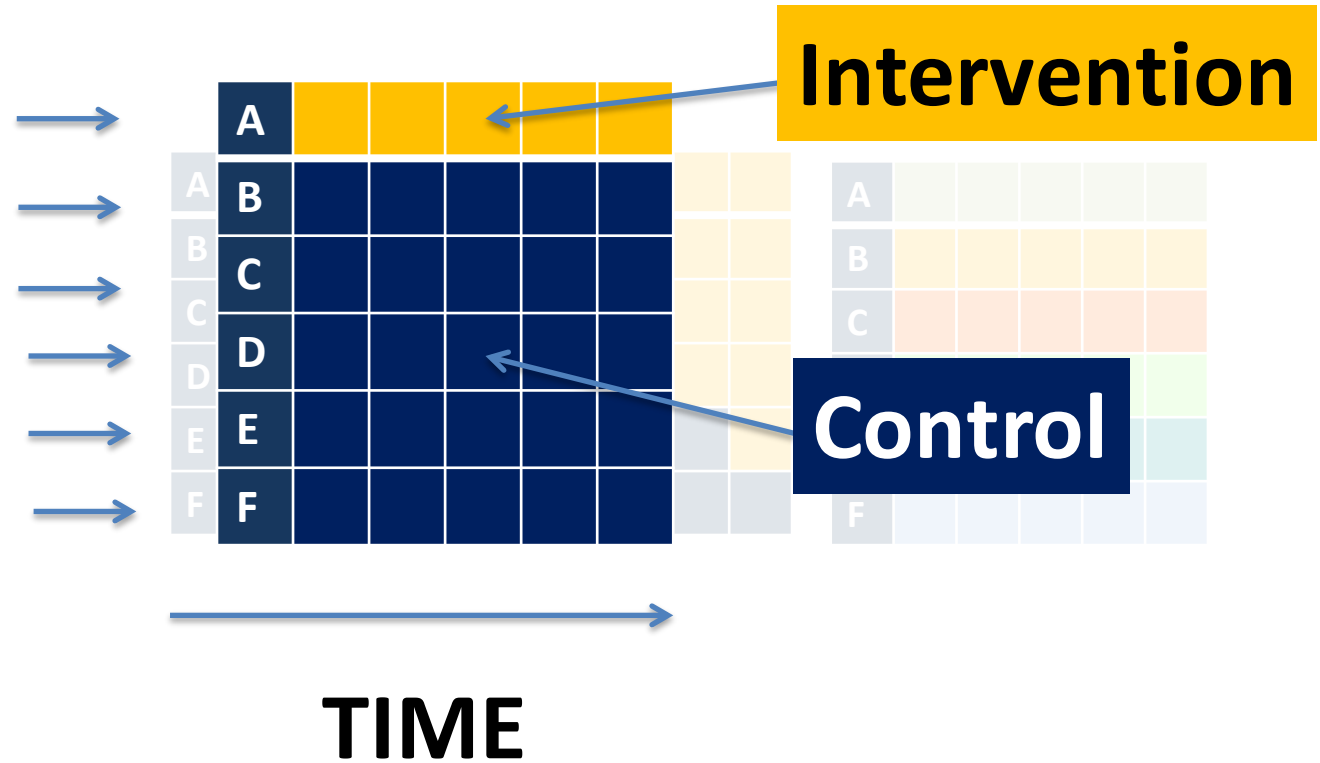
Middle Ground

- Cluster comparisons
- ‘Design’ will be about **what data, where, when, and from whom**
- Documentation *prior* to implementation:
 1. The intervention components
 2. Criteria that determine which clusters are eligible to receive the intervention
 3. Criteria that determine which eligible clusters will actually receive the intervention; we refer to this as the presence of an allocation scheme.



Scenarios & Design

**Clusters/
Groups of
Clusters**



Scenarios & Design 1

Non-randomized, controlled, comparison

A					
B					
C					
D					
E					
F					

SC: Allocation to some eligible places, not others

DR: Identify controls

- Matching
- Propensity score
- Cut-off



Scenarios & Design 2

Interrupted time series

A					
B					
C					
D					
E					
F					

SC: Allocation to all eligible clusters time

DR: Characterize trend

- Interruption
- Find sufficient data
- Understand context
- Modeling



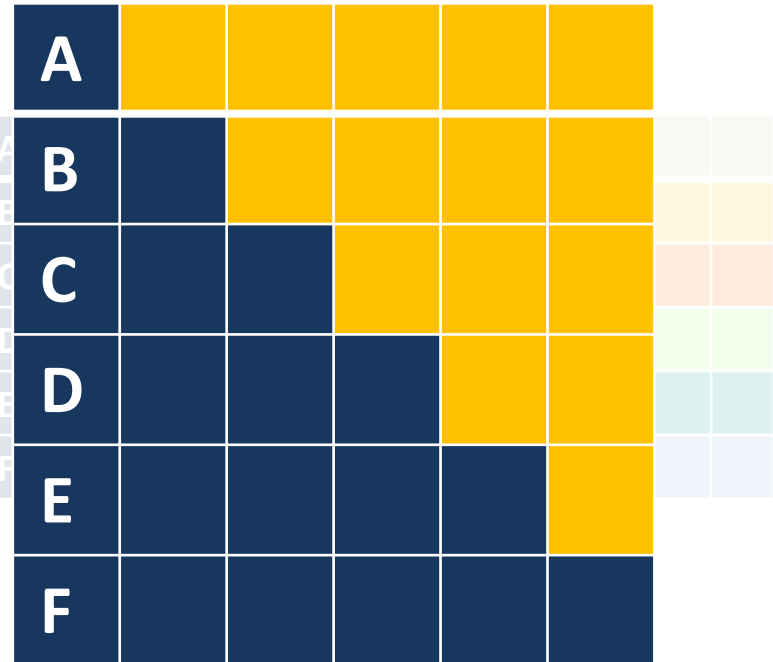
Scenarios & Design 3

Phased implementation

SC: Phased allocation

DR: Account for trend/balance

- Horizontal
- Vertical



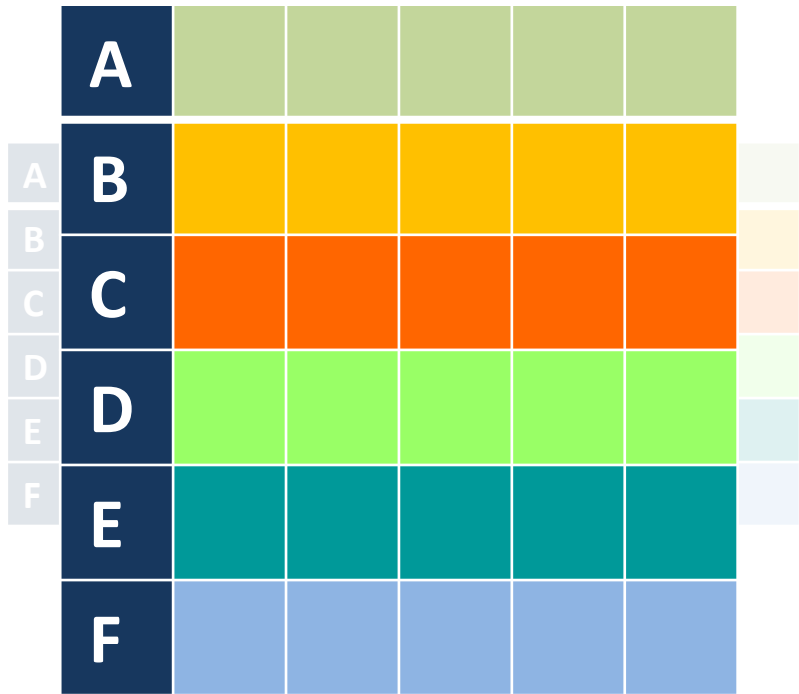
Scenarios & Design 4

Implementation strength

SC: Different intensity in different clusters

DR: Estimate intensity, account for differences

- Interpreting dose responses
- Reverse causation



Conclusions

- Advocate for communication between implementers and evaluators
- Process: *what, how, why?*
- Challenge for independence?
- Difficulties with ITT when exposure low

