

## **Process evaluations of complex primary health care interventions addressing chronic disease- a systematic review**

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### **Background**

Process evaluations (PE) alongside randomized controlled trials are important because they examine implementation fidelity, and address questions of for whom, how and why complex interventions had an impact.

### **Objectives**

A synthesis and appraisal (using the UK Medical Research Council guidance for PE) of the methods used in PEs of complex primary care interventions addressing non-communicable diseases; and their main findings.

### **Method**

Systematic review

### **Results**

69 studies were included. There was an overall lack of consistency in how PEs were conducted and reported. The main weakness is that only 24 studies were underpinned by a clear intervention theory often facilitated by the use of existing theoretical frameworks. The main strengths were robust sampling strategies and the use of qualitative and quantitative data, triangulated to understand mechanisms of implementation. Findings of these studies were synthesized into 3 key messages: 1) that often there was a fundamental mismatch between what the intervention was designed to achieve and local needs, 2) the roles and responsibilities of key actors required to implement the intervention were often not clearly understood and; 3) the health system context – factors such as governance, financing structures and workforce- if unanticipated could adversely impact implementation.

### **Conclusions**

Greater consistency is needed in reporting of, and the methods used, in PEs. In particular there should be more consistent use of theoretical frameworks to inform intervention theory. Greater emphasis on formative research in designing primary care interventions is needed- so as to align with the needs of local stakeholders and to minimise unanticipated consequences due to context-specific barriers to implementation.