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Knowledge into action: using research findings to inform policies in maternal and newborn health

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Neil Spicer, Joanna Schellenberg, Boika Rechel

London School of Hygiene & Tropical Medicine

neil.spicer@lshtm.ac.uk

Improving health worldwide

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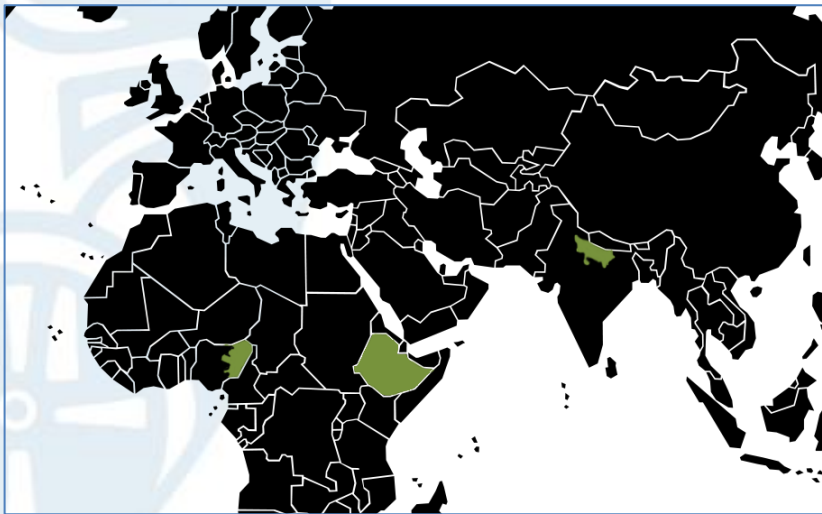
IDEAS
Evidence to improve
maternal & newborn health

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IDEAS overview

- *IDEAS* is an evaluation funded by the *Bill & Melinda Gates Foundation* to the *London School of Hygiene & Tropical Medicine* between 2010 & 2015

- Aim to improve evidence for maternal & newborn health programmes in northeast Nigeria, Uttar Pradesh in India and Ethiopia

Estimated 6% of the world's population, 10% of global births and 16% of global maternal & newborn deaths

IDEAS Objectives

1. To build capacity for measurement, learning & evaluation
2. To measure efforts to enhance interactions between families & frontline workers and increase the coverage of critical interventions
3. **To explore scale-up of maternal and newborn health innovations**
4. To investigate the impact on survival of maternal and newborn health innovations implemented at scale
5. To promote best practice for policy

Why study scale-up?

- Gates foundation's *Maternal & Newborn Child Health Strategy* 2009: substantial investments in developing & testing maternal & newborn health 'innovations' to accelerate progress towards MDGs 4 & 5

- Grantees funded to deliver innovative health programmes in pilot districts

- Acknowledged need to catalyse innovation 'scale-up' beyond pilot districts to meet needs of whole populations

- IDEAS role: using qualitative methods to better understand how to catalyse scale-up:
  - *Which factors enable & inhibit scale-up?*
  - *How to effectively catalyse scale-up of externally funded innovations?*
  - *How can evidence contribute to catalysing scale-up?*

Definitions

Innovations: *methods introduced by externally funded grantees to enhance interactions between frontline workers & household members*

- Strengthening capacity & motivation of frontline health workers – training, job aids, supervision, mobile phone technologies
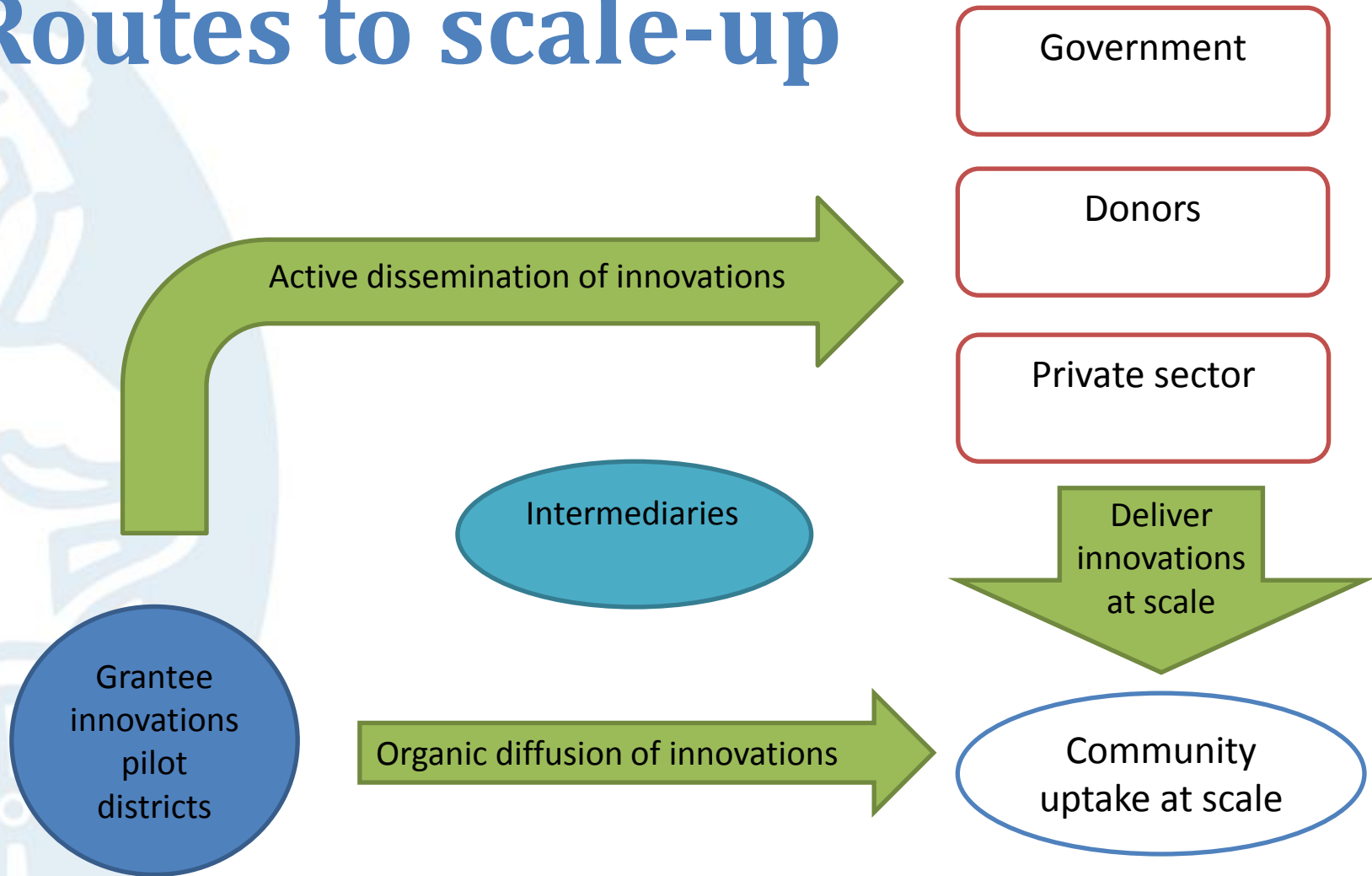- Awareness and behavioural change
- Community mobilisation

Scale-up: *increasing the geographical reach of a health programme to benefit a greater number of people beyond grantee pilot districts*

Routes to scale-up

Qualitative study methods

- Annual data collection: 2012, 2013 & 2014
- 50 semi-structured key informant interviews per geography per year
- Stakeholder constituencies: government, development agencies, civil society, Foundation grantees, programme officers, academics/researchers, professional medical associations
- Comparative thematic analysis of the data across the three geographies

Key findings from northeast Nigeria & Uttar Pradesh

How can externally funded grantees effectively use evidence to inform decisions on scaling innovations?

1. Multiple types of evidence
2. Trustworthiness of evidence
3. Effectively communicating evidence
4. Supporting evidence-based decision making
5. Ongoing problems with evidence into action

1 Multiple forms of evidence

Generating multiple types of evidence is more powerful than single types of evidence:

- **Quantitative data demonstrating impacts:** *'You must be able to show that the package you are trying to sell to them has actually worked - the improvement in the lives of women & children...'*

- **Estimated costs of taking innovations to scale:** *'When it's actually required to take it to scale, government first asks what is the cost...'*

- **Process data to inform implementation at scale:** *'...you actually need to know all the good & bad experiences from the implementation process'*

- **Demonstrating projects, site visits, emotional buy-in:** *'I can remember the permanent secretary [crying] because they had never seen it... I saw his reaction & you know, the memo sailed through easily'*

2 Trustworthiness of evidence

Evidence must be perceived as trustworthy – credible, robust, valid:

- **Evaluation independently conducted:** *'In retrospect [the project] should have been evaluated completely independently of [the grantee] interfering...'*

- **Not biased by stakeholder interests:** *'People just want to know whether it succeeded or not... If it succeeded people just don't want to talk about it – they just want to celebrate...'*

- **Credibility of the messenger:** *'... having people who are actually experts. Instead it was actually more of a public relations meeting'*

- **Fostering decision makers' trust:** *'Starting from the very planning phase itself, regular updating is the key. Take their inputs and slowly they get convinced when they get to see the progress of the program. They develop trust on the project'*

3 Communicating evidence

Effective communication of evidence is vital:

Audience

- **Targeting the right audience:** *'The dissemination meeting was not well attended by people who would be able to take this forward... not by very high level people...'*

Format

- **Formats appropriate to the audience:** *'...if I'm presenting to commissioners for health I better have my statistics, my pie charts, my bar diagrams...'*
- **Adherence to traditional authority, etiquette:** *'[if you want to present to the Emir of Kano] you'd better wear a white robe & a red cap...'*

Timing

- **Timing communication around decision making cycles:** *'...the time period of interface with the policymaker is very short'*
- **Continual advocacy:** *'...from the beginning to the end you've got to have [government] involved...'*

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4 Supporting evidence-based decision making

Supporting decision makers to use evidence may be necessary:

- **Building decision makers' capacity to understand & value evidence:**

  'We have to understand how a policymaker is trained to appreciate the data – he cannot appreciate the data the way a researcher does...'

- **Invoking champions:** *'...it beholds you as an external person to do a little stakeholder mapping – know who your allies are – preach to them, empower them, make them understand, see the evidence, share your vision...'*

- **External partners sharing evidence:** *'People in India are not really combining their expertise... instead of wasting time reinventing the wheel we really need [external partners] to come together...'*

- **Empowering civil society with evidence:**

  'There has to be transparency in who uses the data... It's a question of who owns the data, who owns the ideas...'

  'The democratic space is now open for [civil society] to speak on issues unlike in the past'

5 Ongoing challenges getting evidence into action

- **Politics drives priority setting:**

  '...policies are not always made based on evidence... sometimes huge decisions are made within an hour...'

  'If the data doesn't favour them they become defensive'

- **Evidence ineffectively communicated:** *'90% of research that is done is sitting wherever – they're published in Lancet then disappear, right? I think there's this huge disconnect with people who do the research & people who advocate and people who make policy decisions'*

- **Lack of bandwidth within challenging programmatic environments:** *'I don't think that the implementers have a lot of spare neurons to devote to working out how to adapt their own work plans on the basis of other experiences'*

- **Fragmented, uncoordinated external programmes:** *'The more fragmented we are the less successful we will be... we have individual organisations' mandates & competing products & services... how can we synergise & synchronise?'*

Summary

1 Draw on multiple forms of evidence

- Quantitative impact data
- Estimated costs of scale-up
- Process data
- Demonstration

2 Trustworthiness of evidence

- Independence of evaluation
- Bias/interests
- Credibility of the messenger
- Fostering trust

3 Communicate evidence effectively

- Audience
- Format
- Timing

4 Supporting evidence-based decision making

- Capacity building
- Invoking champions
- Sharing evidence
- Empowering civil society

5 Ongoing challenges

- Politics & decision making
- Ineffective communication
- Bandwidth
- Fragmentation

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Acknowledgements