Situational Analysis for Moving MNCH Evidence into Policy in West Africa (MEP)

Knowledge Transfer and Exchange
WAHO Institutional Assessment
Synthesis of Country Assessments

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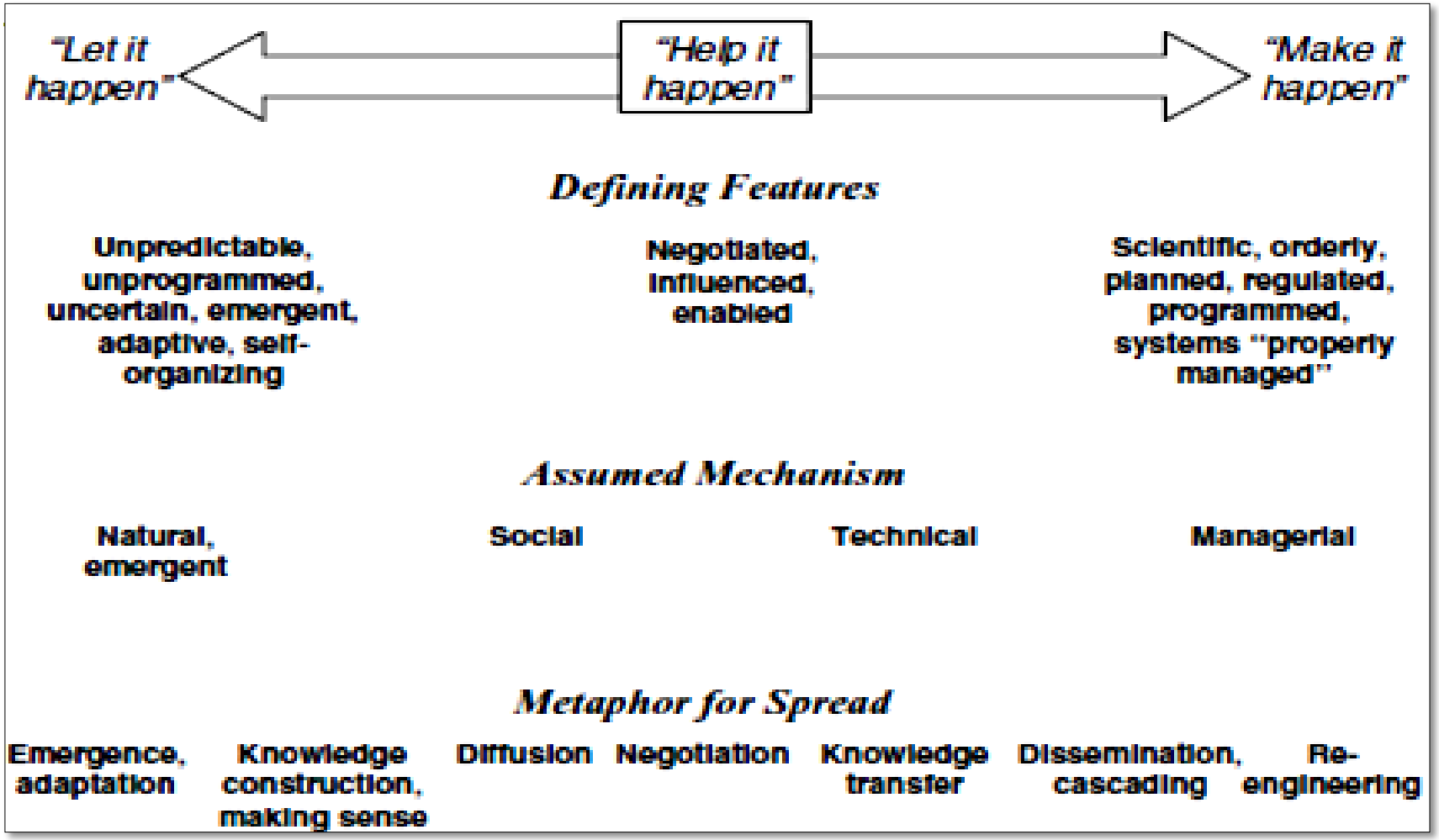
Session Objectives

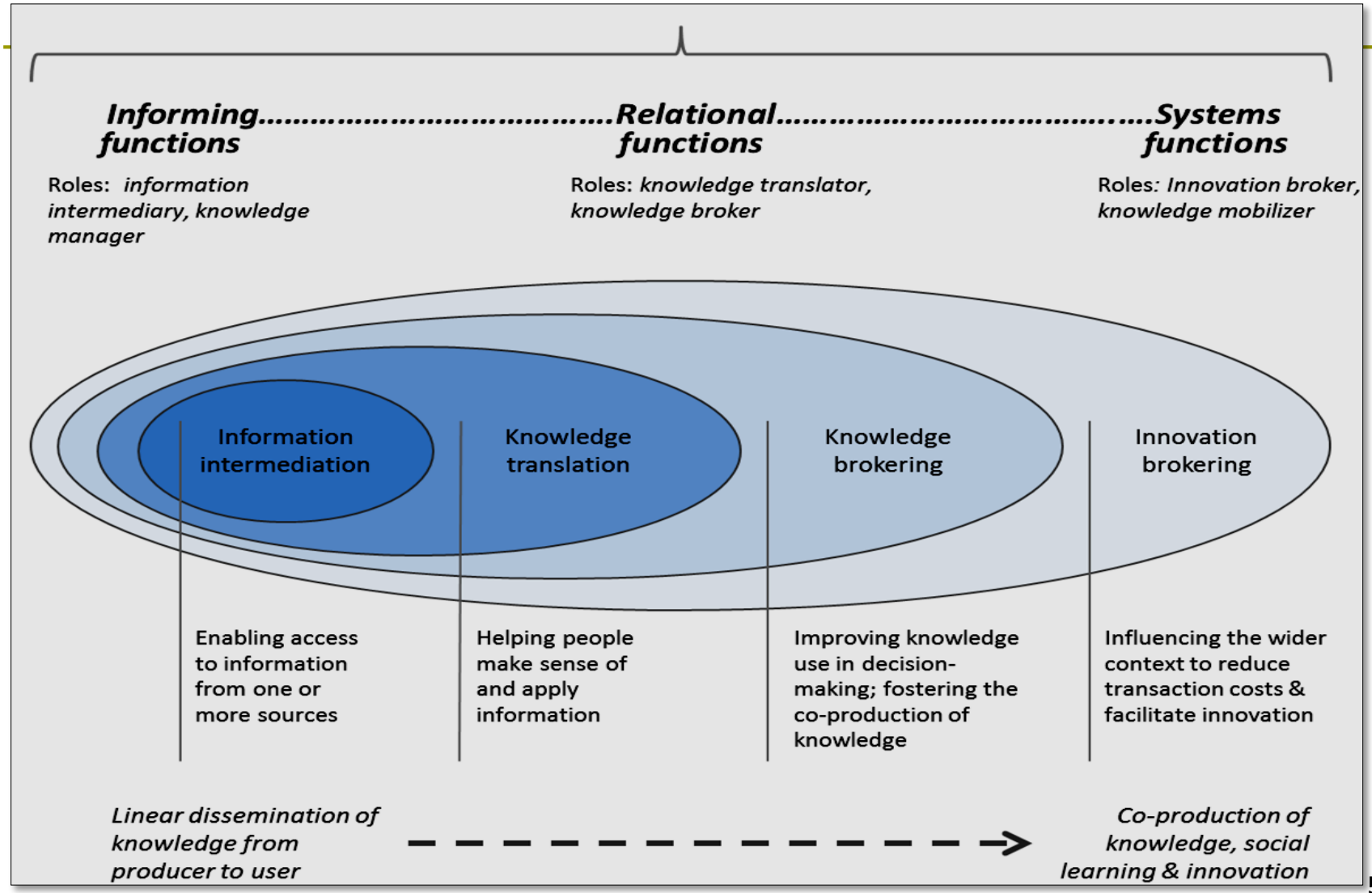
1. To become familiar with the purpose and methods of the KTE situational analysis
2. To share findings of the KTE situational analysis including WAHO institutional assessment and country assessments
3. To hear from participants about the current status of KTE in the six countries and WAHO as a regional knowledge brokerage institution for MNCH

Spread of Innovations



T. Greenhalgh et al. *Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations.* **The Milbank Quarterly 2005, 82; 4: 581-629**

The K* Spectrum - Shaxson, 2012



Transfert de Connaissances

Knowledge Translation is "the **dynamic and iterative process** that includes the **synthesis, dissemination, exchange**, and **ethically-sound application** of knowledge **to improve health**, provide more **effective services and products**, and **strengthen the healthcare system**."

Strauss et al 2009

Canadian Institutes of Health Research

http://www.cihr-irsc.gc.ca/e/39033.html

Échange de Connaissances

"**Knowledge exchange** is **collaborative problem-solving** between researchers and decision makers that happens through **linkage** and **exchange**. Effective knowledge exchange involves **interaction** between decision makers and researchers and results in **mutual learning** through the process of **planning, producing, disseminating, and applying** existing or new **research in decision-making**."

Canadian Health Services Research Foundation

http://www.chsrf.ca/keys/glossary_e.php

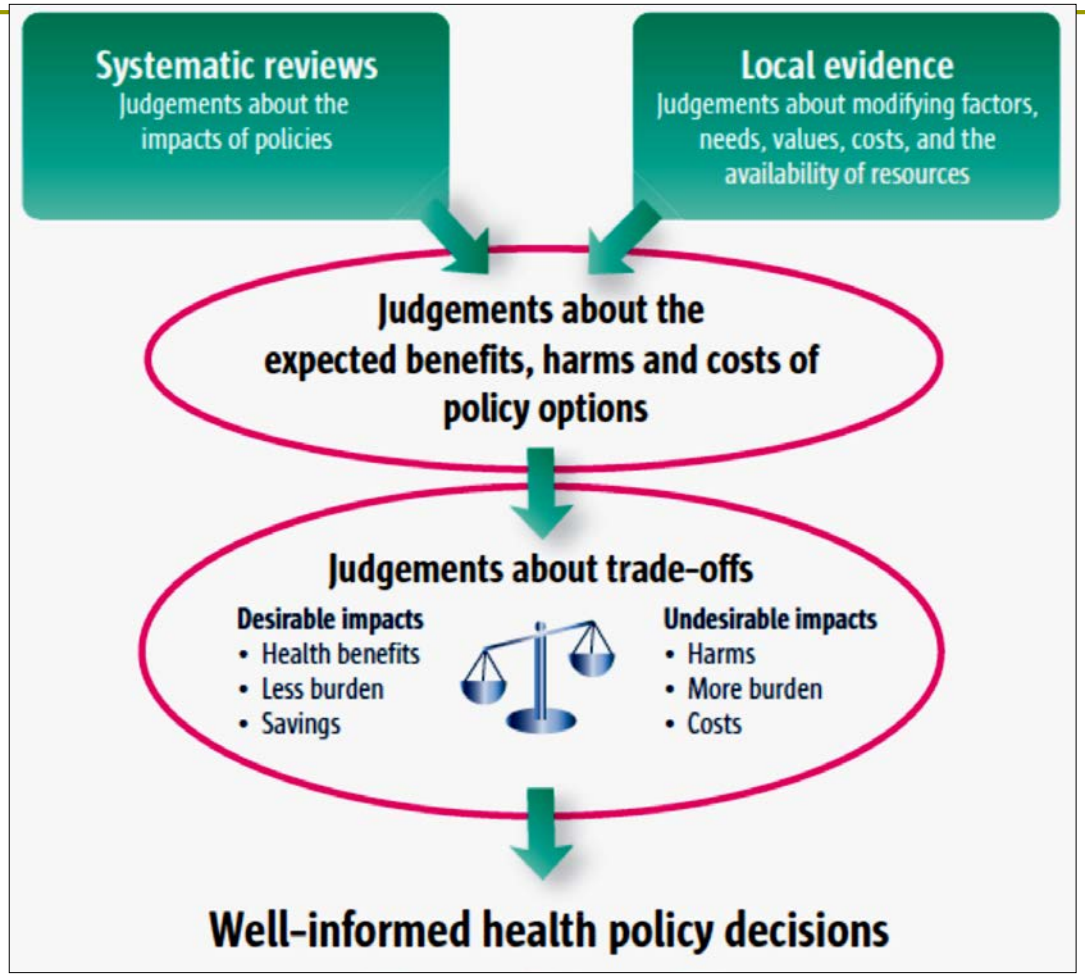
Diffusion, Dissémination, Implantation, Utilisation

- **Diffusion** *is* **passive spread** of research results
- **Dissemination** *is* active and planned **efforts to persuade** target groups to adopt an innovation
- **Implementation** *is* active and planned **efforts to mainstream** an innovation within an organization
- **Research utilization** is the "process by which specific research-based knowledge (science) is implemented in practice"

Innovation

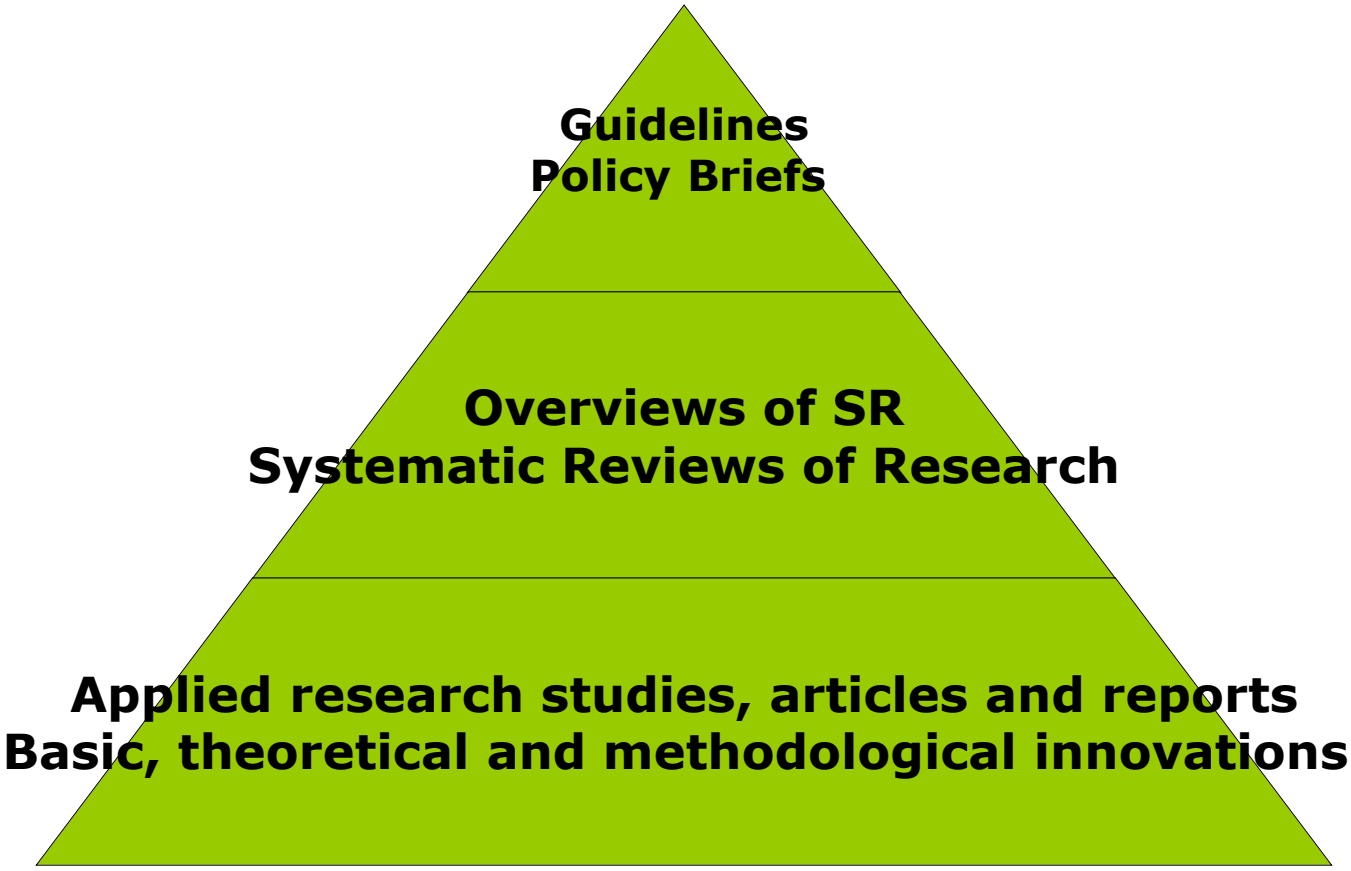
- **Innovation in service delivery and organization** is a novel set of **behaviors**, routines, and **ways of working** that are directed at **improving** health outcomes, administrative efficiency, cost effectiveness, or users' experience and that are implemented by **planned and coordinated actions**

Evidence Informed Health Policy



Health Research Policy and Systems, Supplements Dec 2009
www.health-policy-systems.com/supplements/7/S1

Knowledge/Evidence Pyramid



WAHO Institutional Assessment

Quatre domaines d'évaluation

1. **Acquisition**: **l'OOAS peut-elle trouver/acquérir les résultats de recherche et les données probantes dont elle a besoin en particulier pour la SMNI?**
2. **Évaluation**: **l'OOAS peut-elle évaluer les résultats de recherche et les données probantes selon leur fiabilité, pertinence et applicabilité au contexte de l'OOAS et de la CEDEAO en particulier pour la SMNI?**

Quatre domaines d'évaluation

3. **Adaptation**: l'OOAS peut-elle présenter les résultats de recherche aux décideurs d'une façon utile en particulier pour la SMNI?
4. **Application**: l'OOAS possède-t-elle les compétences, structures, procédés et la culture nécessaires pour faire connaître et utiliser les résultats de recherche et données probantes dans la prise de décision en particulier pour la SMNI?

Interviews and group discussions to gather current information

1. Knowledge, prospects, attitudes, practices and leadership related to KTE and MNCH
2. Existing KTE mechanisms, processes, tools, strategies in general and specifically in MNCH
3. Existing monitoring, evaluation & learning and performance assessment mechanisms
4. Types of MNCH evidence, sources, availability, accessibility, and adaptability
5. Conducive or limiting factors relative to KTE in general and specifically in MNCH.

Questions spécifiques

1. Comment les données probantes (DP) sont utilisées au sein de l'OOAS?
2. Quelles sont les sources de DP?
3. Comment localiser et utiliser les DP?
4. Quelles idées pour mieux utiliser les DP pour la SMNI?
5. Quels indicateurs de succès de MEP pouvant informer les prochaines étapes de sa mise en œuvre?

Assessing Knowledge Transfer Exchange Infrastructure for MNCH in West Africa

Methodological Approach

1. Research Workshop 27-28/07
2. Regional stakeholders' engagement event 01/08
3. Country desk review and evidence synthesis
4. Country stakeholder engagement events
   - Knowledge sharing – Capacity enhancement
   - Deliberations - Surveys (stakeholders and IRTs)
   - Interviews
5. Country reports
6. Regional workshop

Our Personal Bias

► One of the key capacity constraints of policy-makers in West Africa is the inability to effectively use research evidence in policy-making and implementation

► The development of the capacity of policy-makers and their organizations for evidence use is crucial for enhancing the health policy-making.

Assessing Country Efforts

Domain		Elements
General climate		• Funders, researchers, universities and other research institutions, research users, and intermediary groups support or place value on efforts to link research to action
Production of research		• Efforts to engage in priority-setting processes, produce and use scoping reviews, systematic reviews, and single studies when needed
		• Efforts to develop the capacity of researchers to prepare evidence briefs and other forms of research synthesis
Activities used to link research evidence to action	Push efforts	• Efforts to prepare and communicate evidence briefs to research users
		• Efforts to communicate research findings, which may include identifying actionable messages, fine-tuning messages for different user groups, using evidence-informed strategies to support action based on the messages, and evaluating their impact
		• Efforts to enhance the capacity of researchers to develop and execute evidence-informed push efforts and evaluate their capacity
	Efforts to facilitate user-pull	• Efforts to provide access to research (e.g., rapid-response units and 'one-stop shopping' to meet users' needs for high quality research)
		• Efforts by researchers to develop research users' capacity to use research
	User-pull efforts	• Efforts to facilitate research use, such as efforts to assess and enhance the capacity of research users to acquire, assess, adapt, and apply research
		• Efforts to develop structures and processes to help research users to acquire, assess, adapt and apply research; to combine research with other types of information as inputs to decision-making; and to promote the use of research evidence in decision-making
	Exchange efforts	• Deliberative processes (such as policy dialogues) and meaningful partnerships between researchers and policymakers to jointly ask and answer relevant questions
		• Efforts to enhance the capacity of researchers and research users to engage in mutually beneficial partnerships
Evaluation		• Supporting and participating in rigorous evaluations of efforts to link research to action, outcomes, impacts, and unanticipated consequences
		• Evaluating sustainability (institutionalizing KTPs, governance, structure, function resources, etc.), lessons learned, and opportunities for improvement

Lavis JN, Lomas J, Hamid M, Sewankambo NK: Assessing country-level efforts to link research to action. Bull World Health Organ 2006,84:620–628

Domains of assessment

► Knowledge, prospects, attitudes, practices and leadership of the health sector relevant to KTE, EIHP or EBHP as it relates to MNCH.

► Existing KTE mechanisms, processes, tools, strategies or platforms in general and specifically in MNCH.

Domains of assessment

► Existing monitoring & evaluation mechanisms, performance assessment and indicators to understand the changes towards EIHP and EBHP

► The types of evidence, sources, availability, accessibility, and adaptability of evidence relevant to KTE in general and specifically in MNCH

► Conducive or limiting factors relative to KTE in general and specifically in MNCH

KTE self assessment questionnaire

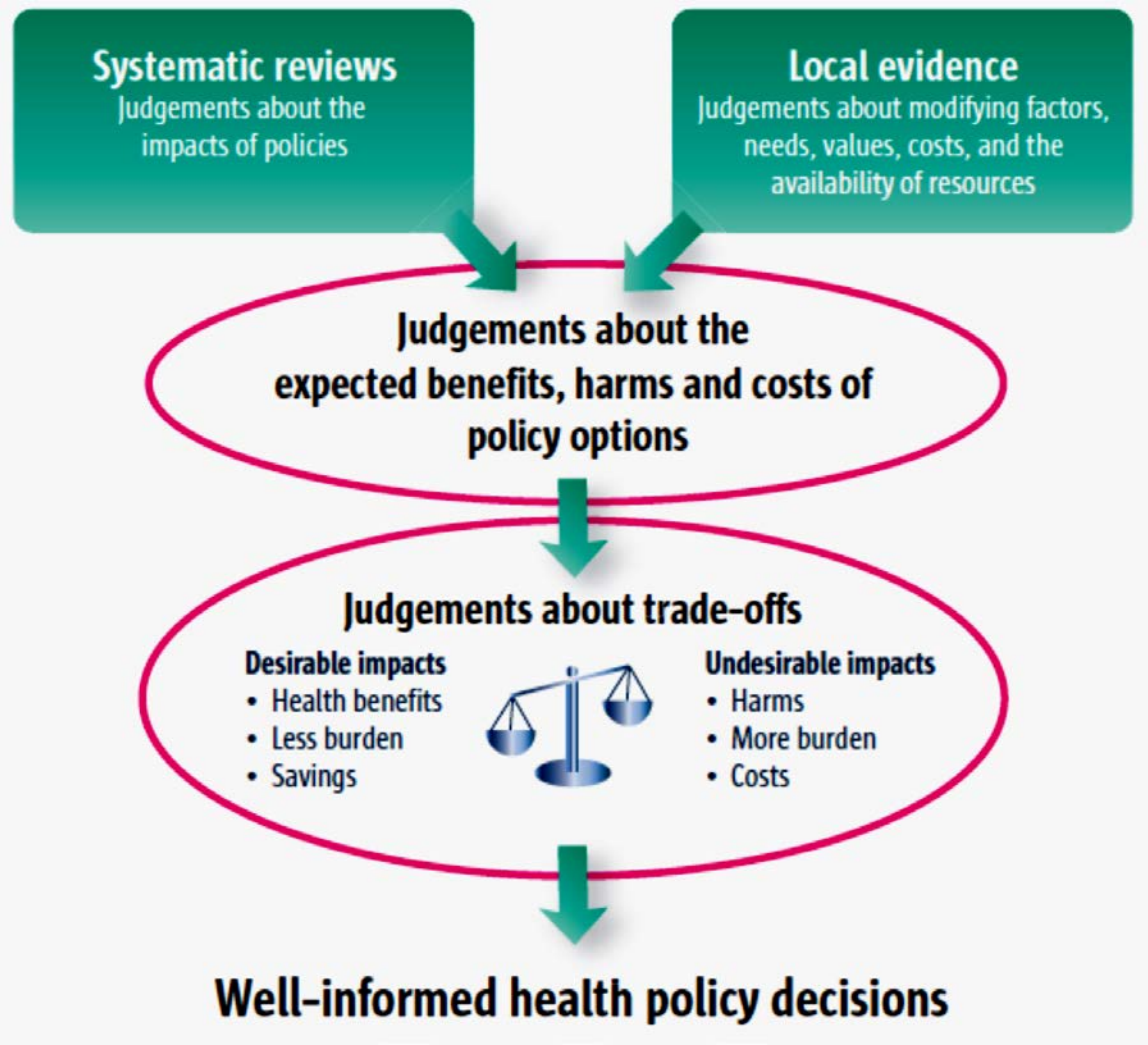
1. Knowledge, prospects, attitudes, practices and leadership
2. Existing KTE mechanisms, processes, tools, strategies in general and specifically in MNCH
3. Existing monitoring, evaluation & learning and performance assessment mechanisms
4. Types of evidence, sources, availability, accessibility, and adaptability of MNCH evidence
5. Conducive or limiting factors relative to KTE in general and specifically in MNCH.

What we have learned

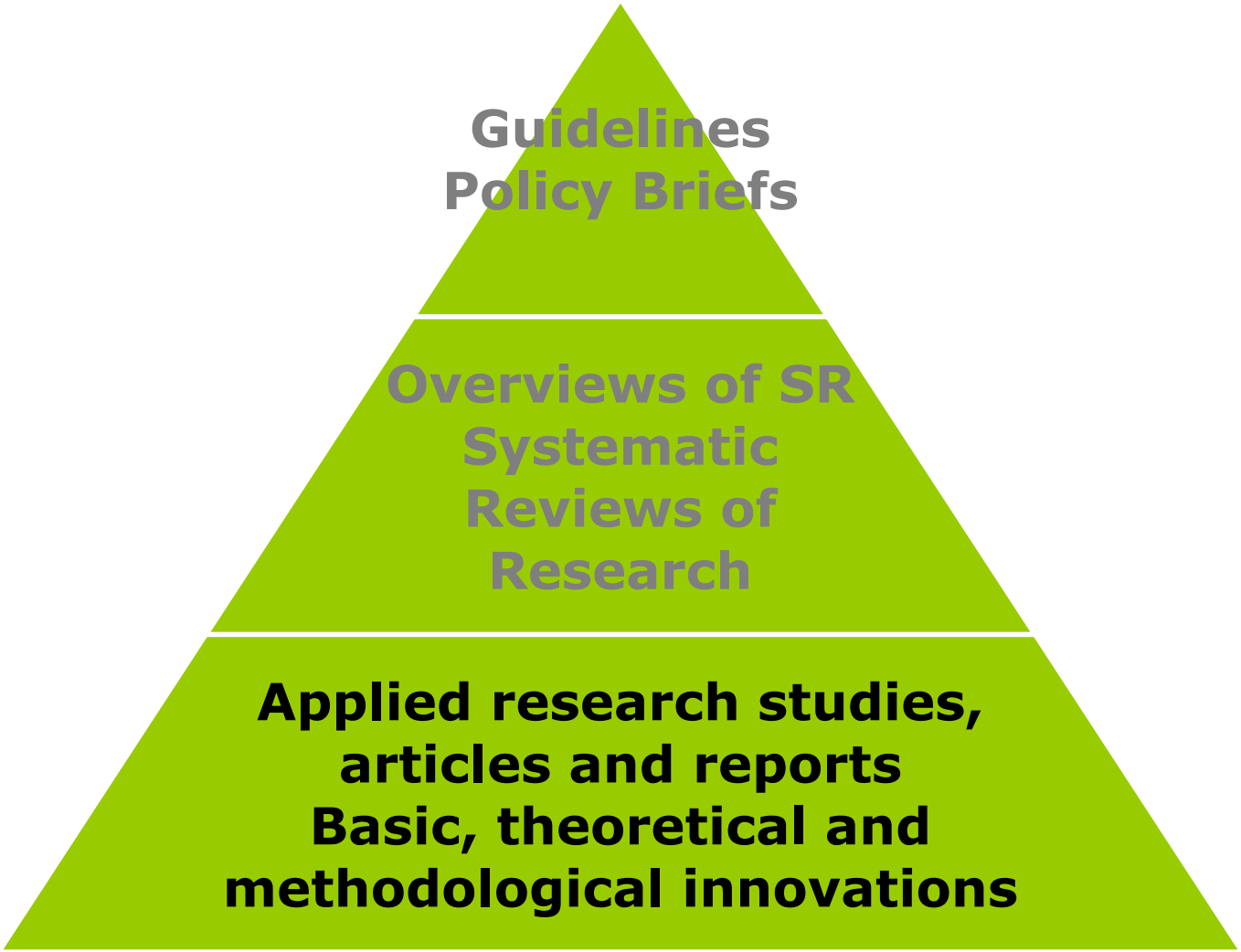
Cette équation magique est peu vulgarisée

$$\frac{(\text{Context-free} + \text{context-sensitive} + \text{colloquial})\ \text{evidence}}{(\text{Debate} + \text{negotiation} + \text{compromise})\ \text{experience}} = \text{Policy?}$$

Cette approche est loin d'être une routine



Cette pyramide est méconnue



Décision en SMNI au Benin

1. Cadre de concertation chercheurs-décideurs en SMNI créé en 2011 en dormance
2. Utilisation « informelle » des résultats de recherche en l'absence de procédures pour un recours systématique et transparent aux DP de qualité
3. Décision demeure "eminence-based" i.e. avis d'experts + connaissances tacites
4. Influence remarquée des bailleurs et ONGIs
5. Tradition évaluative pas encore ancrée
6. Besoins de renforcement de capacités humaines et organisationnelles et de ressources financières

Décision en SMNI au Burkina Faso

1. Tradition EVIPNet avec une innovation majeure le Service de Réponse Rapide mais labilité politique…
2. Multiples cadres de concertation avec une décision qui demeure "eminence-based" i.e. avis d'experts + connaissances tacites
3. Absence de procédures pour le recours systématique aux DP de qualité (RS, Directives)
4. Influence remarquée des bailleurs
5. Tradition évaluative appréciable
6. Besoins d'un cadre règlementaire pour favoriser l'institutionnalisation

MNCH Decision-making in Ghana

1. SWAP + RCHD have boosted health improvements
2. Research priorities are mostly externally driven
3. RDD/GHS + NHMIS generate quality evidence but not in user-friendly formats
4. GHS an effective professional bureaucracy…
5. Decision making is "eminence-based" i.e. based on expert opinion + colloquial evidence
6. MEL is commendable
7. Needs for capacity enhancement to improve the transparent reporting of how evidence is integrated into policies and practices

Décision en SMNI au Mali

1. Absence de cadre règlementaire pour garantir le recours systématique aux données probantes pertinentes
2. Décision en santé surtout "eminence-based" i.e. fondée sur avis d'experts et connaissances tacites
3. Recours aux DP non contextuelles n'est pas une routine
4. Défis particuliers : bailleurs et instabilité politique
5. Tradition évaluative non ancrée
6. Besoins de renforcement de capacités individuelles et organisationnelles

MNCH Decision-making in Nigeria

1. Institutional arrangements are not in place to ensure the systematic use of relevant evidence
2. Decision making is "eminence-based" i.e. based on expert opinion + colloquial evidence
3. Different levels in EIHP and EBHP across States, Cochrane Centre, EVIPNet branch
4. Politics (federal/state) play a remarkable role
5. Evaluation culture is diverse across States
6. Needs for individual and organizational capacity enhancement in matters related to EIHP and EBHP

Décision en SMNI au Sénégal

1. Le GEXCOM a été créé pour faciliter l'intégration et le passage à échelle des innovations sanitaires
2. La décision demeure surtout "eminence-based" i.e. fondée sur Avis d'experts et connaissances tacites
3. Faible production de synthèse de connaissances
4. Influence remarquée des bailleurs
5. Culture évaluative approximative
6. Besoins de renforcement des capacités individuelles et organisationnelles

Decision-making within WAHO

1. Institutional arrangements are not in place to ensure the systematic use of relevant evidence
2. Decision making is "eminence-based" i.e. based on expert opinion + colloquial evidence
3. WAHO professionals do not systematically use evidence syntheses and poorly use the library
4. Politics within ECOWAS play a remarkable role
5. Evaluation culture within WAHO is weak
6. Needs for capacity enhancement in matters related to EIHP

There is room for improvement

1. Institutional arrangements are feasible for priority setting, preparing memos and country requests for WAHO support
2. Evidence syntheses facilitate gathering of tacit knowledge/colloquial evidence
3. WAHO professionals are willing to be trained to systematically use evidence syntheses
4. Change in the Monitoring Evaluation & Learning culture within WAHO is achievable
5. Define WAHO strategic position (niche) in the health arena within West Africa

Priority action proposals for countries

1. Enhance capacity for evidence synthesis
2. Enhance capacity to demand, search, assess, appraise and apply evidence syntheses (policy briefs, systematic reviews, guidelines, guidance documents)
3. Institute templates for evidence-based memos and evidence-based policy proposals
4. Institute procedures for evidence-informed deliberations during programming and planning
5. Enhance in-country mechanisms/platforms
6. Foster evidence-based advocacy

Priority action proposals for WAHO

1. Enhance capacity to demand, search, assess, appraise and apply evidence syntheses (policy briefs, systematic reviews, guidelines, guidance documents)
2. Institute templates for evidence-based memos and requests for support and assistance
3. Institute procedures for evidence-informed deliberations during program committees and AMH
4. Enhance Monitoring Evaluation and Learning culture

Country Target Stakeholders

1. MoH Officials – directorates, divisions and units in charge of Planning, Research, Policy Analysis, MNCH, Health Promotion, Committees
2. Research institutions
3. Health Professional Associations
4. Medical and Nursing Schools
5. Scientific networks
6. CSOs, NGOs, Media

WAHO Priority Target Actors

1. Professional officers
2. MoH and WAHO focal points
3. Members of the Programme Committee
4. Scientific networks – professional associations
5. ROARES, ROADIS
6. Consultants
7. CSOs, NGOs, Media

Missions for WAHO as a knowledge brokerage institution

1. Evidence production – capacity enhancement or support to existing institutions to produce policy briefs, systematic reviews, guidelines, guidance documents
2. Utilization of evidence – policies, guidelines and guidance documents
3. Linkage and exchange – priority setting for evidence synthesis, policy dialogues, consensus building, CoP, partnering with Cochrane Collaboration
4. Monitoring Evaluation & Learning framework

We want to hear from you

1. Does the summary capture all key issues?
2. Suggestions for improvement are welcome…
3. What are the underlying factors of the current state of affairs?
4. What do you expect WAHO to do in order to enhance evidence-to-policy link for bettering MNCH in ECOWAS?
5. What should be the next steps? For WAHO and for countries

Merci !

Obrigado!

Thanks!