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IMCHA – WAHO MEP Project

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Situational Analysis of Knowledge Transfer and Exchange for Mother Newborn and Child Health in West Africa

This is a summary of the multi-country situational analysis of knowledge transfer and exchange (KTE) for mother newborn and child health (MNCH) commissioned by the project Moving Evidence to Policy for MNCH (MEP) in West Africa. Within the framework of the Canadian-led initiative "Innovation for Mother and Child of Africa", the WAHO was selected to serve as a health policy and research organization (HPRO) to promote evidence-informed health policy-making (EIHP) and evidence-based health practices (EBHP) for better MNCH in the following countries: Benin, Burkina Faso, Ghana, Mali, Nigeria and Senegal and the ECOWAS region. This initial situational analysis is meant to inform strategic choices within WAHO so as to become a knowledge brokerage institution that promotes EIHP and EBHP for better MNCH in West Africa.

Key Messages from Country Assessments

- Benin, Burkina Faso, Ghana, Mali, Nigeria and Senegal were selected to benefit from the WAHO MEP project. This report accounts for the situational analysis of the infrastructure for knowledge transfer and exchange (KTE) and research evidence use in maternal, newborn & child health (MNCH) in these countries. The report synthesizes the outcomes of a desk review of policy documents and scientific papers related to KTE and use of research evidence in MNCH, a survey of stakeholders and deliberations of six multi-stakeholders' engagement events organized between October and December 2015.

- These western African countries are facing a disproportionate high burden of under-5 and maternal deaths – more than 1 million newborn, infant, and child deaths and more than 65,000 maternal deaths every year. The review of health policy documents related to MNCH indicated that governments in ECOWAS, global health initiatives, overseas development aid agencies and international NGOs have invested considerably since the year 2000 to achieve the health related MDGs.
- The general climate for evidence informed health policy (EIHP) and evidence-based health practices (EBHP) in these countries is diversely favourable. While health sector development policy documents and MNCH strategic plans value evidence-to-policy efforts, financial resources allocation to achieve the later are lacking. Several policy documents, strategic plans and clinical guidelines cite research evidence but the actual process of integrating evidence into policy and practice is not described. Most ministries of health are equipped with directorates in charge of research and several universities and research institutes are functional. However, the institutional capacities to conduct rigorous evidence synthesis are scarce. Guidelines committees are established mostly on ad hoc basis. None but one country has a clearly outlined mechanism to scale-up health innovations. The platforms established to foster EIHP and EBHP are barely functional mostly because of inappropriate leadership and scarce human and financial resources. No platforms specifically devoted to KTE for MNCH is operational. The documentary review failed to provide sound information on the barriers and facilitators of the research-to-policy interface or any existing systems that monitor and evaluate the KTE efforts or the use of research evidence during health policymaking.
- The six multi-stakeholders engagement events afforded a broad array of researchers, policymakers, development partners, civil society and NGOs representatives. There were commended as opportunities to interact and deliberate on the constraints and challenges pertaining to EIHP and EBHP such as inappropriate leadership, scarce financial and human resources to facilitate knowledge brokerage activities, externally driven research, low profile of secondary research in comparison to primary research.
- The survey provided relevant data concerning individual knowledge of the policy making process and capacity for use of evidence as well as on institutional and organizational capacities to foster and to implement EIHP, EBHP and KTE for MNCH. There exist significant challenges in the infrastructure, manpower and funding to foster and to implement EIHP and EBHP in the six countries especially for MNCH.
- A large majority of stakeholders across countries suggested that boosting appropriate evidence-to-policy linkages require the establishment or the revamping of mechanisms that ensure appropriate interaction between researchers and policy-makers for MNCH.

Executive Summary from Country Assessments

Background

Annually, an estimated 80,000 women die from pregnancy related complications, out of 529,000 global maternal deaths in the six countries targeted by the MEP project. They are host to more than 10% of all under-5 and maternal deaths. The main causes of maternal mortality include: haemorrhage, infection, unsafe abortion, obstructed labour, and toxaemia, eclampsia and

hypertension, malaria, anaemia and HIV/AIDS. Despite a remarkable reduction in the maternal mortality ratio (MMR) and the under five mortality rate (U5MR) during the last decade, the ECOWAS failed to achieve the targets set for the health MDGs. Governments with support from overseas development aid agencies and global health initiatives have invested and continue to invest considerable amount of resources to significantly improve the maternal newborn and child (MNCH) indicators in the region.

However, most subsumed that the improvements could have been better if implemented health policies and strategies were informed by robust scientific evidence and health practices were more evidence-based. The purpose of this analysis was to review the existing infrastructure for knowledge transfer and exchange (KTE) and the current status of research evidence use in MNCH policymaking and practice in the six countries targeted by the MEP project.

Methods

A comprehensive literature search and identification of relevant health policy documents and grey literature on health policy related to MNCH starting from the year 2000 were undertaken. The government websites (ministries of health, science and technology, education) and websites of agencies, research institutes, universities and non-governmental organizations were searched. Policy documents that focused on MCNH were identified and reviewed according to the year of publication; title of policy document; document source/publisher; main focus of policy; main research evidence/ publication informing the policy cited in document; and process employed in the policy development. In addition, scientific publications in French and English and that reported research done in the six countries related to MNCH were identified through several search approaches combining Google Scholar, Pubmed, Wholis, Ajonline. Any or all of the following terms were used: Benin, Burkina Faso, Ghana, Mali, Nigeria and Senegal; health policy, evidence to policy, research to policy, researchers & policymakers, policy involving maternal, newborn, child health. Publications selected were subjected to further review based on their purpose in relation to MCNH.

Six national stakeholders' engagement events were convened with participants drawn from ministries and governmental agencies; development partners, non-governmental organizations (NGOs), civil society organizations, universities and research institutes. The Implementation Research Teams (IRTs) of the IDRC project were also invited. The events were conceived of as deliberative forums informed by a pre-circulated summary of the country specific desk review of the documentary review on the evidence to policy process. Deliberations were structured with a system-strengthening perspective.

Finally, all participants to stakeholders' engagement events and IRT researchers were invited to complete an evidence-to-policy self-assessment questionnaire including items pertaining to individual, organisational and institutional factors associated to EIHP, EHBP and KTE in general and specific needs related to MNCH.

Findings

Tens of health policy documents pertaining to health development and MCNH were identified and reviewed. Most of the documents did not cite any scientific reference and did not

report the process of integrating research evidence into policy documents. The mechanisms and systems in place for knowledge transfer and exchange (KTE) in MNCH were barely indicated. The documentary review failed to provide sound information on the barriers and facilitators of the research-to-policy linkage, the existing systems of monitoring and evaluation of KTE activities and the actual use of research evidence during health policy-making. Data on funding for health research in MNCH were missing. Although the documents did not report the process of integrating research evidence into the policy documents nor indicate the mechanisms and systems in place for KTE in MNCH, the recommendations appeared to come from some kind of evidence. Most policy documents were consistently developed through extensive consultative processes involving groups of stakeholders at various levels (e.g.; researchers, practitioners, development partners, professional health associations, civil society organizations, nongovernmental organizations). We didn't find any policy on how to formulate health policies and guidelines.

The results from the survey of stakeholders indicate dispersed levels of individual knowledge of the policy making process and capacity for use of evidence across countries. Both the IRTs and the stakeholders participants have a considerable knowledge of what the policymaking process entails including the meaning of policy, understanding of policy context, and knowledge about stakeholders' and various actors' involvement in policy making. The mean ratings of the participants' organization's capacity/competence to cover their geographical areas of operation were generally low in terms of manpower, logistics, facilities and external support. The lowest mean rating was recorded in funding.

The assessment of the IRTs generation of information and research evidence showed some disparities across countries in terms of : availability of information data base, number of health research outputs published per year, availability of peer review mechanisms, number of research projects initiated/executed in the last 3 years, number of active health researchers, number of primary research outputs produced, number of research briefs targeting policymakers produced, number of systematic reviews produced.

The assessment of stakeholders' capacity for acquiring research evidence, assessing its validity, quality & applicability, adapting and applying research evidence relevant to MNCH showed a generally low mean rating. The participants' response on the needs to support the use of research evidence at the country level points at the pressing needs for (i) capacity building for policy makers to enhance their leadership and skills in matters related to EIHP, (ii) creating enabling environment to support EIHP and EHBP and (iii) incentives and rewards to encourage stakeholders to foster EIHP and EBHP in the ECOWAS.

It was suggested that the key mechanisms for linking research evidence to health policymaking and practice will involve strategic knowledge management; operational procedures of planning, research & statistics units; institutional ethical review boards; and external stakeholders review and feedback mechanism. Regular and inclusive engagement of relevant stakeholders and involvement of key players at different stages of research process and policymaking was deemed critical (e.g.; problem identification, design of research intervention, results dissemination, tracking of programme indicators, etc.).

The existing evidence sources include the routine health management information system, census results, workers guideline, research briefs, program evaluation briefs, and score cards.

Among the strategies to foster the use of research evidence are colloquial evaluation of results submitted, stakeholders meetings, capacity building workshops, consultative meetings, and evidence-based advocacy.

There are several types of platforms supporting KTE across countries. They typically include divisions or directorates in charge of research, strategic knowledge management, task force committee, and stakeholders' forum, e-learning platform for research skills, online data repositories, research utilization units, and internal archival systems. The operations of these platforms are impeded by challenged leadership and the scarcity of skilled human resources and lack of ear-marked financial resources.

The prevailing monitoring & evaluation and performance assessment mechanisms across countries and organizations in MNCH include: routine M&E data; review of post-implementation activities; quarterly monitoring & supervision to the facility level; integrated supportive supervision; monthly review meetings; data validation meetings; annual performance evaluation; project evaluation and review meeting of development partners; client exit interviews; project impact evaluation; baseline, midterm & endpoint evaluation.

The main factors limiting EIHP and EBHP in MNCH include among others : (i) the absence of a systematic way/mechanism to foster the use of research evidence in MNCH; (ii) the inadequate organizational capacities to conduct research which may lead to use; (iii) the limited or inadequate budgetary allocation for research; (iv) the absence of written policy that mandates staff to base memo, argumentations and proposals on evidence; (v) the policymakers not interested in research evidence; (vi) the research being subject to donor rules; (vii) the research priorities being donor-driven; (viii) the inappropriate dissemination of research results and evidence; and (ix) the lack of forum where researchers and policy-makers can interact.

The suggested strategies to mitigate the above limiting factors include: (i) capacity building on matters related to EIHP and EBHP particularly how to integrate research evidence into health policy-making; (ii) instituting administrative rules and regulations that mandate a budgetary provision for research and that mandate evidence-based memos and evidence-based policy proposals; (iii) appropriate dissemination of the research findings to relevant stakeholders; (iv) promoting the sound preparation and use of evidence syntheses such as systematic review and policy briefs; (v) creating conditions to involve policymakers in research through capacity building, engagement to determine areas of research based on needs; (vi) instituting a research-to-policy forum to foster appropriate interaction between health stakeholders in order to ensure sustainable EIHP and EBHP for MNCH.

Conclusion

This situational analysis attempted to review the infrastructure of knowledge transfer exchange and use for MNCH. Evidence-informed health policymaking (EIHP), evidence-based health practices (EBHP) and knowledge transfer and exchange (KTE) are still in infancy within ECOWAS. Few research teams have undertaken scientific research that targeted the policymakers for capacity enhancement for evidence-informed policymaking and knowledge transfer/exchange through various strategies including training workshops. The colloquial evidence from the six stakeholders' engagement events suggests the MEP project is a timely and vital opportunity to

boost evidence-to-policy linkages for health in general and for MNCH specifically. The stakeholder engagement events were perceived as capacity enhancement events on matters related to EIHP and EBHP. Participants called for the establishment and the revamping of mechanisms that foster appropriate interaction and linkage between the researchers and policy-makers.

Key Messages: WAHO as a Knowledge Brokerage Institution for MNCH

- The rapid institutional assessment of WAHO using documentary review, key informant interviews and a survey of 20 professionals using the SAT tool indicates that: (i) WAHO operates as a supra national bureaucracy in which the institutional arrangements are not in place to ensure the systematic and transparent use of relevant evidence; (ii) decision-making within WAHO is mostly "eminence-based" i.e. based on expert opinion + colloquial evidence; (iii) the evaluation culture within WAHO is weak and; (iv) there are needs for capacity enhancement in matters related to Evidence Informed Health Policy-making.
- **There is room for improvement:**
  i. Institutional arrangements can be introduced with the current strategic planning cycle in order to mandate evidence-informed priority setting exercises, evidence-based memos and country requests for WAHO support;
  ii. Evidence syntheses facilitate gathering of tacit knowledge/colloquial evidence and as such will not drastically change the routine "doing business" within the organization;
  iii. WAHO professionals are willing to be trained to systematically use evidence syntheses;
  iv. Several professionals admitted that change in the Monitoring Evaluation & Learning culture within WAHO is achievable;
  v. The current strategic planning cycle should bring clarity in defining WAHO strategic position (niche) in the health arena within West Africa.
- **The following are deemed priority action proposals:**
  i. Raise awareness within ECOWAS on the value of EIHP, EHBP and KTE
  ii. Enhance capacity to demand, search, assess, appraise and apply evidence syntheses (policy briefs, systematic reviews, guidelines, guidance documents) iii. Institute templates for evidence-based memos and evidence-based requests for support and assistance by countries;
  iv. Institute procedures for evidence-informed deliberations during meetings of the Program Committee and the meetings of the Assembly of Ministers of Health;
  v. Enhance Monitoring Evaluation and Learning culture within WAHO.

The following are suggested as missions for WAHO as a knowledge brokerage institution

i. Evidence production – supporting the capacity enhancement to prepare policy briefs, systematic reviews, guidelines, guidance documents;
ii. Utilization of evidence – formulating evidence-informed policies, preparing evidencebased guidelines and preparing evidence-informed guidance documents;
iii. Linkage and exchange – convening evidence-informed forums for priority setting, convening evidence-informed policy dialogues, convening evidence-based consensus conferences , and supporting the operations of evidence-based communities of practices
iv. Evaluation – instituting a strong evidence-based monitoring and evaluation and learning culture

MOVING MATERNAL, NEWBORN AND CHILD HEALTH EVIDENCE INTO POLICY IN WEST AFRICA

General Objective: Improve the demand for, the production of, and the use of the research results in decisionmaking in maternal, neonatal and child health programs and policies within the Economic Community of West African States (ECOWAS) region.

Overall Result: Improvement in the demand for, the production of and the use of the research results in the process of decision-making in maternal, neonatal and child health programs and policies within the Economic Community of West African States ECOWAS region.

Specific Objectives	Expected Results
Specific Objective 1: Conduct a situational opportunities analysis of the context of the production and research results within the use of research results at the national strengthen the maternal, and regional levels in maternal, newborn clearly understood and and child health (MNCH) within the ECOWAS	**Intermediate Result 1**: The strengths, weaknesses, and threats of the production and utilization of the ECOWAS regional context to improve or newborn and child healthcare (MNCH) are validated. region.
Specific Objective 2: Strengthen the capacity of WAHO to promote the use of health research within the ECOWAS region.	**Intermediate Result 2:** The capacity of the WAHO to support the production, dissemination and the utilization of research results for decision-making within the ECOWAS region is strengthened.
Specific Objective 3: Promote the use of evidence to improve evidence decision- around MNCH within the ECOWAS making in demand, appropriate and use research results	**Intermediate Result 3**: The ECOWAS MNCH decision-makers have a good understanding of the utility of research as a tool for decisionmaking health. region **Intermediate Result 4**: The capacity of MNCH decision-makers to in their activities (planning, implementation, monitoring and evaluation) is strengthened within the ECOWAS region. **Intermediate Result 5:** The capacity of researchers to produce research results of use to MNCH decision-makers is strengthened within the ECOWAS region. **Intermediate Result 6**: Reinforce/create a functional system of research results dissemination to MNCH decision-makers within the ECOWAS region
Specific Objective 4: Strengthen the collaboration between MNCH researchers and decision-makers within the ECOWAS	**Intermediate Result 7:** Reinforce/create platforms that would facilitate collaboration between MNCH researchers and decision-makers within the ECOWAS region. region. **Intermediate Result 8:** The collaboration between decision-makers and researchers in the planning, implementation and evaluation of MNCH programs within the ECOWAS region is improved.