Emerging evidence culture for policy decision-making

Opinion-based decision making

Evidence-based decision making

Pressure on resources

Evidence

Values

Resources
“Success stories”

Maternal deaths per 100,000 live births

- Sri Lanka
- Thailand
- Honduras
- Egypt
- Bangladesh MM Survey 2001
- Malaysia
- Matlab, Bangladesh
- India
- China
Immpact is the international research Initiative for Maternal Mortality Programme Assessment

Sept 2002- to date

Goal: to improve the evidence-base for decision-makers on strategies to reduce maternal & newborn mortality
I. Aim: strengthen the evidence-base on mortality reduction strategies

II. Outputs:
- New tools;
- Evidence from major evaluations in 3 main countries + 5 more;
- Strengthened research capacity
- Launched technical advisory arm (Ipact)

III. Communication: multi-faceted.
- e.g. high-profile networking,
- 12 policy briefs, >100 journal papers,
- 3 websites, toolkit, etc.

IV. Facilitating uptake of research outputs
Evaluations in three main focus countries at sub-national level

- Ghana: effects of free delivery care policy
- Indonesia: effects of village midwife programme
- Burkina Faso: effectiveness of skilled delivery care initiative
What can we reasonably expect of evidence?

- Secular trend with "development"
- Trend from a "magic bullet"
- Trend from evidence-informed strategies
The good news - population coverage of “skilled attendants” increased at sub-national levels where:

• **More personnel were provided at health centres**: evidence from Burkina Faso

• **Financial barriers were reduced**: evidence from Ghana

• **Midwives practised close to the community**: evidence from Indonesia

............BUT....
Skilled Care at Delivery: the complete “package”

Community

Enabling environment

Skilled attendants

Skills to promote utilisation of delivery care and to conduct normal deliveries

Referral

Skills to provide basic emergency obstetric care

Skills to provide comprehensive emergency obstetric care
Utilisation of delivery care before & after fee exemption in Ghana

% of deliveries in health facilities by wealth quintiles

- Before fee exemption
- After fee exemption

Poorest | Poor | Middle | Rich | Richest
### Relationship between maternal mortality & delivery with skilled attendants: Indonesia

Serang and Pandeglang (2004-2006)

<table>
<thead>
<tr>
<th>Wealth quartile</th>
<th>Proportion attended by skilled attendant</th>
<th>Maternal deaths per 100,000 live births (95% CI)</th>
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<tbody>
<tr>
<td>Poorest</td>
<td>Yes 10%</td>
<td>2303 (1487-3292)</td>
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<tr>
<td></td>
<td>No 90%</td>
<td>541 (420-684)</td>
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<tr>
<td>Low middle</td>
<td>Yes 17%</td>
<td>1218 (773-1830)</td>
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<td></td>
<td>No 83%</td>
<td>278 (201-373)</td>
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<tr>
<td>Upper middle</td>
<td>Yes 33%</td>
<td>778 (541-1076)</td>
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<tr>
<td></td>
<td>No 67%</td>
<td>280 (195-388)</td>
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<tr>
<td>Richest</td>
<td>Yes 71%</td>
<td>257 (181-351)</td>
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<td></td>
<td>No 29%</td>
<td>202 (107-334)</td>
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Source: Immpact data;
Millennium Development Goal 5a* is off-track

* 75% reduction in maternal mortality ratio from 1990-2005
“Quality facility deliveries”

“Ensuring that the care received is good quality will enable substantial additional benefits to be reaped in terms of fewer deaths to mothers & babies.” (p.50)
Importance of financial cover for catastrophic costs for maternal care: Indonesia

<table>
<thead>
<tr>
<th>Cases (poorest to richest)</th>
<th>Annual household income (Rp. million)</th>
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<tbody>
<tr>
<td>14</td>
<td>Household income</td>
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<tr>
<td>27</td>
<td>Household income after catastrophic payments (without Askeskin)</td>
</tr>
<tr>
<td>40</td>
<td>Poverty level</td>
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<tr>
<td>53</td>
<td>Higher income</td>
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<td>66</td>
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<td>222</td>
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<td>235</td>
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</tbody>
</table>
An example of a phased strategy for West Java

Breadth

Depth

Banten - possible transition
Catastrophic care + SBA in poorest 40% sub-districts + small transport/incentive allowance ($0.47 or $0.92 per capita with EmOC for all)

Banten - universal
Attended delivery + catastrophic care for all ($1.22 per capita plus investment)

Public health spending  $8 pc (Indonesia)
Maternal Health    $0.3 pc (Banten)
Implications

Potential of skilled birth attendants to reduce maternal and newborn mortality is contingent on effective coverage of a package of quality care at delivery (*missed opportunity*)

Phased options for overcoming implementation bottlenecks to effective coverage are context-specific (*no one size fits all*)
Context, Context, Context, Context.
‘Science’ of quality improvement interventions

– adequate resources;
– active engagement of health professionals;
– sustained managerial focus;
– multi-faceted interventions;
– coordinated action throughout health system;
– major investment in training;
– availability of robust & timely monitoring.

Context-specific implementation package
Crucial translation step

Research priority-setting → Knowledge-generation & dissemination → Evidence translation → Policy-making processes

Source: Alliance for Health Policy and Systems Research. 2007.
Who should do translation of research evidence?

Knowledge brokers aim to provide evidence that is accessible, timely, credible and trusted, and packaged in user-friendly format, relevant to the local context.

Knowledge brokers work at the interface between research organizations and their target audiences.

http://www.research-transfer.org
Demand for evidence is now more diverse

- Media
- Advocates, civil society, NGOs, parliamentarians
- Research institutions
- Think tanks
- Government bodies
- Funding bodies
Researchers are from Venus.
Policy makers are from Mars.
Way forward for academies?

I. Robust descriptions of context to help share lessons

II. Evidence bases built around context

III. Stronger support for local-level data for local decision-makers

IV. More serious discussion of context-specific, phased & staged strategies

V. Strengthened translational skills to boost evidence uptake
Maternal mortality trends: United Kingdom

“The great blot on public health administration”
Minister of Health, 1935