





Sub-regional efforts to support Evidence-Informed Policymaking

The case of the West African Health Organization (WAHO)

Ben VerboomDoctoral Candidate
University of Oxford

Supervisors and Colleagues:
Prof Issiaka Sombié | Dr. Ermel Johnson | Prof Irene Agyepong | Prof Jane Barlow

24th Canadian Conference on Global Health







Partners

- Professor Issiaka Sombié, West African Health Organization (WAHO)
- Professor Irene Agyepong, Ghana Health Service & CoMCAHPSS
- IMCHA Program, IDRC
- Pierre Elliott Trudeau Foundation













Overview of Presentation

- Part 1: Background Evidence-informed policymaking research
 - Models of evidence use
 - Factors affecting evidence use
- Part 2: WAHO Sub-regional efforts to link evidence and policy
 - What is WAHO?
 - MEP Project
 - Regional intervention framework
- Part 3: Reflections and Next steps
 - Strengths of MEP and Comparative Advantages of WAHO
 - Challenges of strengthening evidence use
 - Next step: Theorizing WAHO's work







Part 1: Background

Existing research on Evidence-Informed Policymaking







Evidence-to-Policy Research

- Importance of research use in health policymaking widely recognized
- Large literature, but limitations:
 - Mostly HICs
 - Majority focus: tabulating barriers and facilitators to evidence "UPTAKE"
 - Few rich explanatory case studies and evaluations
- Generally under-theorized field

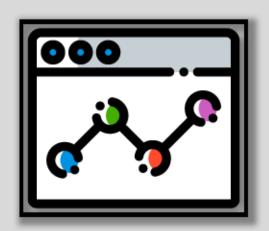




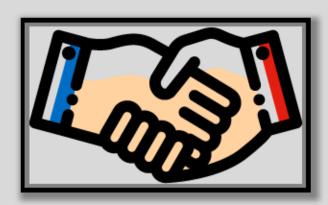


Models of research use (Weiss, 1979)

Knowledge-Driven Model



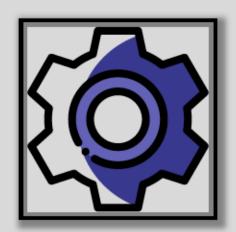
Political Model



Problem-Solving Model



Tactical Model



Interactive Model



Enlightenment Model

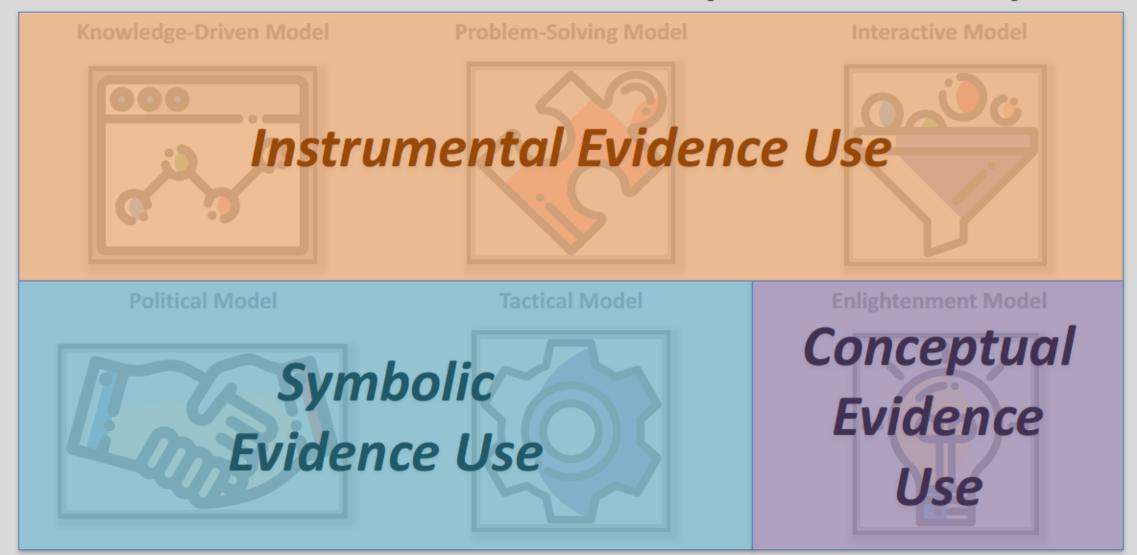








Models of research use (Weiss, 1979)









Factors that promote or inhibit research use

Category	Facilitators	Barriers
Contact & collaboration	 Researcher contact with policymakers Researcher-policymaker collaboration Relationships of trust and respect 	Time constraints & lack of opportunity for evidence use
Organisation & resources	 Access to or improved dissemination of research Managerial support for evidence use 	 Lack of research availability Financial costs Lack of staff/personnel
Characteristics of research & researchers	 High perceived clarity, relevance & reliability of findings Research presented in useable format 	 Lack of perceived clarity, relevance & reliability Research presented in non-useful format
Policymaker characteristics	Policymaker research skills	 Lack of research skills Lack of research awareness Lack of political will
Policy characteristics	Perceived importance of the policy	 Pressures on policy other than evidence (competing priorities)







Part 2: WAHO

Sub-regional cooperation to promote Evidence-informed policymaking in West Africa







West African Health Organization (WAHO)





- The Specialized Health Agency of ECOWAS
- Mission: "...the attainment of the highest possible standard and protection of health of the peoples in the sub-region through the harmonisation of the policies of the Member States, pooling of resources, and cooperation with one another and others..."
- Fifteen member states; >350m pop.
- Diverse sub-region: Linguistically, politically, historically, epidemiologically







West African Health Organization (WAHO)





Structure and Governance

- Three levels of political decision-making:
 - Authority of Heads of State & Government
 - Council of ECOWAS Ministers
 - Assembly of Health Ministers (AHM)
- Activities overseen by DG; Implemented by ~100 professional staff across 6 depts
- In-country anchor point: National MoHs
 - WAHO focal persons







WAHO: Supporting research generation and use

- 2016-20 Strategic Plan prioritizes "Improv[ing] the production, dissemination and utilization of health information and research within the ECOWAS region" including developing "mechanisms for regular dissemination and utilization of knowledge, evidence and information"
- Flagship project: Moving Maternal, Newborn and Child Evidence into Policy in West Africa (MEP)







The MEP Project

Overarching objective:

To "Improve demand for the production of, and use of research results for decision-making in MNCH programs and policies within the ECOWAS region."







ECOWAS: Fifteen Member States



- Bénin
- Burkina Faso
- Cape Verde
- Côte d'Ivoire
- The Gambia
- Ghana
- Guinée
- Guinea-Bissau

- Liberia
- Mali
- Niger
- Nigeria
- Sénégal
- Sierra Leone
- Togo







MEP Project Focus Countries



- Bénin
- **Burkina Faso**
- **Cape Verde**
- Côte d'Ivoire
- The Gambia
 Sénégal
- Ghana
- Guinée
- Guinea-Bissau

- Liberia
- Mali
- Niger
- **Nigeria**
- Sierra Leone
- Togo







The MEP Project: Knowledge Transfer Platform

- Set of complex Multi-level, Multi-stakeholder interventions
- Developed iteratively through:
 - National- and regional-level Situation Analyses
 - National-level Stakeholder Engagement Workshops
 - Regional Validation Meeting (Feb, 2016)
- Multi-level:
 - [1] Individual, [2] Organizational, [3] Institutional
- Multi-stakeholder:
 - [1] IRTs, [2] MoHs, [3] WAHO itself







MEP: KT Platform Intervention Framework

Toward Autom(a)	Level of intervention			
Target Actor(s)	Individual	Organizational	Institutional	
WAHO	Capacity strengthening	Guidelines on using evidence	AMH Resolution on use of evidence in decision- making processes	
MoHs	Capacity strengtheningStudy tour	Guideline on using evidencePromotion of policy briefs	National-level text or law on the use of research in decision-making	
Researchers (IRTs)	Capacity strengthening	 Collaboration between researchers & decision-makers Research-to-policy fora 	Advocacy for improved collaboration between researchers & decision-makers	







MEP: Individual-Level Interventions

Aim to:

- Impart and strengthen skills of policymakers to access, appraise and apply research
- Sensitize policymakers to importance of research use
- Generate "buy-in" for MEP

Key interventions:

- Stakeholder engagement workshops
- Capacity-building trainings







MEP: Individual-Level Interventions



Three-part **Knowledge Transfer Training** in **Burkina Faso**

Building capacity in:

- Knowledge transfer
- Knowledge brokering
- Supporting change in research use







MEP: Organizational-Level Interventions

Aim to:

- Build organizational capacity at the level of MoH Units
- Strengthen links and promote dialogue between MoH Staff and researchers

Key interventions:

- "Knowledge exchange" Forums
 - e.g. Nigeria Research Days in MNCH
- Guideline on using research evidence







MEP: Organizational-Level Interventions

Nigeria Research Days in MNCH:

Fostering dialogue between policymakers and researchers









MEP: Institutional-Level Interventions

Aim: to strengthen **norms of evidence use** at national and regional levels and foster **'cultures of evidence'**

Key interventions:

- Resolution on use of evidence: Assembly of Health Ministers
- Support to Member States to develop similar legal texts at national level







MEP: Institutional-Level Interventions

Resolution on use of evidence: Ratified by Assembly of Health Ministers in June 2017







MEP: Institutional-Level Interventions

Resolution on u. Ministers in June

DRGANISATION OUEST AFRICAINE DE LA SANTE ession held ed that very 18th Ordinary Session of the Assembly of RESOLUTION ON THE USE OF EVIDENCE IN DEVELOPING HEALTH CARE POLICIES, PLANS, STANDARDS

protocols, requires the use of evidence to have valid information;

The Assembly of Health Ministers of ECOWAS:

CALLS ON

COMMENDS the West African Health Organisation (WAHO) for its commitment to promoting the use of evidence;

ADOPTS the "Resolution on the use of evidence in developing health care policies, plans, standards and protocols in the ECOWAS Region":

Region";

the Ministers of Health of the Member States to implement this resolution in their countries through legislations or guidelines, capacity building in research and the establishment of

mechanisms for validation and use of research outcomes;

RECOMMENDS to WAHO to monitor its effective implementation;

Development Partners to support WAHO and Member States for the implementation of this resolution.

Abuja, 16 June 2017







Part 3: Reflections and Next Steps

Reflecting on and Theorizing WAHO's work







Reflections: Strengths of MEP

- Contextualized and tailored
 - Attuned to strengths and weaknesses of individual Member States
 - Driven by Member State priorities and needs
- Stakeholder-driven from the beginning
 - Key to "Buy-In" and commitment
- WAHO's Comparative Advantage
 - Unique mandate
 - Direct line of communication with country-level political leaders
 - Reputation and perceived legitimacy







Reflections: Challenges

- Time required to achieve change
- Sustainability of effects
- Diversity of the sub-region
 - Consideration of context critical
- Possible unintended (and unforeseen) consequences
- Unspoken assumptions and hidden mechanisms
 - Need for more explicit, consensual, long-term "theory of change"







Thank you

_

Merci

_

benjamin.verboom@spi.ox.ac.uk







References

Dalkin, S. M., Greenhalgh, J., Jones, D., Cunningham, B., & Lhussier, M. (2015). What's in a mechanism? Development of a key concept in realist evaluation. Implementation Science, 10(1), 49.

strengthening. Geneva: Alliance for Health Policy and Systems Research, World Health Organization.

Hawe, P., Shiell, A., & Riley, T. (2009). Theorising interventions as events in systems. American journal of community psychology, 43(3-4), 267-276.

Lavis, J. N., Ross, S. E., & Hurley, J. E. (2002). Examining the role of health services research in public policymaking. Milbank Quarterly, 80(1), 125-154. WAHO. (1987). Protocol A/P.2/7/87 on the establishment of a West African

Oliver, K., Innvær, S., Lorenc, T., Woodman, J., & Thomas, J. (2014). A systematic review of barriers to and facilitators of the use of evidence by policymakers. BMC health services research, 14(1), 2.

Ongolo-Zogo, P. (2016). Situational Analysis of Knowledge Transfer and Exchange for Mother Newborn and Child Health in West Africa. Retrieved from Bobo-Dioulasso, Burkina Faso:

Pawson, R. (2013). The science of evaluation: a realist manifesto: Sage.

Pawson, R., & Tilley, N. (1997). Realistic evaluation. London: Sage Publications.

Pelz, D. C. (1978). Some expanded perspectives on use of social science in public policy. Major social issues: A multidisciplinary view, 346-357.

Sombie, I., Aidam, J., & Montorzi, G. (2017). Evaluation of regional project to strengthen national health research systems in four countries in West Africa:

lessons learned. Health Res Policy Syst, 15(Suppl 1), 46. doi:10.1186/s12961-017-0214-8

Verboom, B., Montgomery, P., & Bennett, S. (2016). What factors affect de Savigny, D., & Adam, T. (Eds.). (2009). Systems thinking for health systems evidence-informed policymaking in public health? Protocol for a systematic review of qualitative evidence using thematic synthesis. Systematic reviews, 5(1), 61.

> Vogel, E., & Punton, M. (2018). Final Evaluation of the Building Capacity to Use Research Evidence (BCURE) Programme. Retrieved from Hove, UK: http://www.itad.com/knowledge-products/bcure-literature-review/

> Health Organisation. Abuja, Nigeria: ECOWAS.

WAHO. (2015). Regional strategic plan for the promotion of health research in ECOWAS for the period 2016-2020. Retrieved from Bobo-Dioulasso, Burkina Faso:

WAHO. (2016). Plateforme Ouest Africaine pour renforcer le transfert de Connaissance et l'utilisation des données probantes en Santé de la mère, du nouveau-né et de l'enfant Retrieved from Bobo-Dioulasso, Burkina Faso:

Resolution on the use of evidence in developing health care policies, plans, standards and protocols in the ECOWAS region, (2017).

Weiss, C. H. (1979). The many meanings of research utilization. Public administration review, 426-431.