

# **ISSUE BRIEF**

WORKING WITH DECISION-MAKERS: Findings from the Mid-Term Evaluation of the Innovating for Maternal and Child Health in Africa (IMCHA) Initiative

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This issue brief examines how the Innovating for Maternal and Child Health in Africa (IMCHA) Initiative has involved decision-makers in the research process. IMCHA is a seven-year (2014-2020), CAD 36 million joint effort by the Canadian Institutes of Health Research (CIHR), Global Affairs Canada (GAC) and the International Development Research Centre (IDRC) to improve maternal, newborn and child health (MNCH). IMCHA provides funding to 19 research teams conducting 28 projects in 11 African countries. Teams are composed of a Principal Investigator (PI), who must be a researcher based at an African institution; a Canadian co-PI from a research institution in Canada; and a decision-maker co-PI from the local, district or national level in the same country as the PI's institution. The initiative also funds two Health Policy and Research Organizations (HPROs), one in West Africa and one in East Africa, to facilitate connections between researchers and decision-makers, strengthen research capacity among the teams, and promote knowledge translation of the research results.

IMCHA involves implementation research, and has several objectives including to:

#### **KEY MESSAGES**

- Involving decision-makers from the beginning of research projects is the most conducive model for implementation.
- IMCHA incorporates decision-makers as co-Principal (co-Pls) Investigators from the design stage and throughout the project.
- The collaboration with the decisionmaker co-PIs was generally viewed as a success by the research team.
- The decision-maker co-PIs' contribution is particularly valuable in grounding the research in local contexts, and in knowledge translation activities.
- The main challenge to the collaboration with decision-maker co-PIs was their frequent turnover.
- Views were split whether senior level or local/district level decision-makers were most effective as co-PIs.
- More research is needed on what features make a decision-maker an effective co-PI so this model can be best promoted.
- Address critical knowledge gaps and increase awareness among policy decision-makers about affordable, feasible, and scalable primary health care interventions to improve MNCH; and
- Strengthen partnerships with African decision-makers to implement and scale up highquality and effective services and technologies that improve MNCH outcomes.

This analysis is based on a mid-term evaluation carried out by Small Globe, Inc. from December 2017 to September 2018, combining document review, online surveys, in-depth interviews with

donor representatives, and fieldwork in Africa (Burkina Faso, Kenya, Nigeria, Tanzania and Uganda) and Canada including focus group discussions and interviews with various stakeholders.<sup>1</sup>

## The model

As implementation research focuses on solving a wide range of applied problems, there have been **increasing calls by funders of research programs to involve those who make decisions about implementation directly in the research process.** The model of researchers doing the research, mostly by themselves, and bringing the results to decision-makers at the end for implementation has proved unsuccessful. Some of the challenges with this model are that the specific health problems on which the researchers focus may, over time, become a lesser priority for decision-makers. Also, decision-makers may not agree with the approaches taken by researchers, and may feel that some crucial elements are missing that undermine the utility of research outcomes. As a result of this disconnect between researchers and decision-makers, the latter group may take decisions that are not backed by evidence.

As IMCHA requires the involvement of decision-makers as co-PIs, the initiative provides a good opportunity to examine how well it works to include policy-makers in research.

## Findings

The results show that the collaboration with the decision-maker co-PIs was generally viewed as a **success** (Figure 1). This was particularly true of the decision-makers themselves and the PIs, who were most directly involved with them.

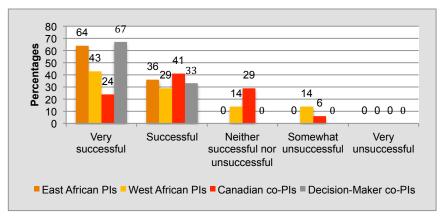


Figure 1. Perceived success of the collaboration with the decision-maker co-PIs

To understand decision-maker co-PIs' contributions better, respondents were asked to **rate how helpful they had been with select activities**. The highest rated activities were:

• 'Grounding the research in local context', implying that they had helped direct the research towards issues that mattered locally;

<sup>&</sup>lt;sup>1</sup> One survey was focused on the PIs and the Canadian co-PIs (response rate 82%) and the other involved decision-maker co-PIs (response rate 63%). The evaluation included interviews with 16 donor representatives, 49 PIs, co-PIs, HPRO representatives and external stakeholders in Africa and Canada and three focus group discussions involving 22 researchers in Africa.

- 'Connecting the research team to other decision makers', reflecting an enhanced chance of uptake of the research by having a larger network of decision-makers informed and engaged
- `Encouraging the use of the research findings in policies and practices', which suggests that the decision-makers have already started to encourage uptake of the IMCHA work.

The lowest-rated activities were:

• 'Integrating gender and equity considerations', indicating that the decision-maker co-PIs played a minor role in promoting these issues.

The most typical scenario was that the decision-maker co-PIs were members of particular teams, boards or other divisions within ministries of health that worked on promoting new policies or practices, and they planned to incorporate IMCHA results into their regular work tasks. **This supports the finding that involving decision-makers in the IMCHA projects provides channels for implementing the research findings.** The beneficial effects of including decision-maker co-PIs in the IMCHA projects was affirmed in interviews with donor representatives and the fieldwork in Africa and Canada. As one PI commented: "Engaging the decision-maker is a good check. They make sure you address what the community needs, and government priorities. However good your results are, it doesn't matter if they don't fit."

### Main challenges

Involving the decision-maker co-PIs could also encumber researchers. **One of the key challenges was their frequent mobility between positions.** In some cases, research teams had worked with up to four decision-maker co-PIs in just over two years. It was time-consuming for the teams to have to orient new decision-maker co-PIs in the details of the research. In addition, momentum was sometimes lost when the incoming co-PI had different priorities than those of the project.

As decision-makers typically have heavy demands on their time, the surveys asked if the respondents believed the decision-maker co-PIs' unavailability posed a barrier for the collaboration. The results show that this was not generally the case (Figure 2), and this was confirmed in interviews with the PIs. One interviewee remarked: "These are very busy people. They really have a lot on their desks. Despite those hindrances, they are interested in the area of study itself. I see them trying to find time for this study. They have to find space, and they do."

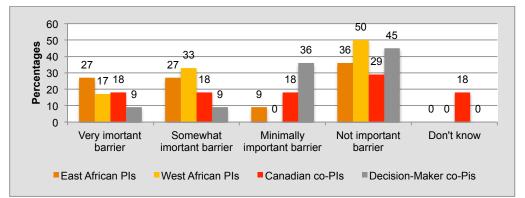


Figure 2. Perceived unavailability of decision-maker co-PIs as a barrier to the collaboration

An additional challenge for the IMCHA research was changing government priorities. This happened particularly when a new government, with new priorities, came into power. While, in

these cases, the IMCHA project might still be grounded in the needs of the country, the new government might not see the research topic as priority. This posed a challenge for the decision-maker co-PIs, as they might be perceived as working on issues that were a priority of the former government. As one interviewee said: "It is a challenge. The government has a strategic plan for health and they emphasize what is in it. If you plan outside the plan, you are out!"

# **Encouraging factors**

**Commitment to the collaboration was emphasized as an important positive factor to foster the collaboration.** To cultivate commitment, regular communications, in which the decision-maker co-PIs and the rest of the research team could discuss their plans and findings, and align their strategies, were considered important. In addition to meeting as a team, it was beneficial for decision-maker co-PIs to meet other peers in the wider IMCHA initiative. Some of them commented that meeting at the IMCHA mid-term workshop in April 2017 in Senegal had been very useful, as it gave them an opportunity to discuss shared challenges and exchange insights on promising practices.

The interviewees had **split views concerning the importance of the seniority of the decisionmaker co-Pls**. Some felt that it aided the collaboration if the decision-maker co-Pl was in a high position of influence. They felt that the more influential the decision-maker was, the more their recommendations carried weight. Typically this involved a decision-maker at the national level, rather than at the local level. Others felt that local-level decision-makers could be more effective than national-level ones, particularly when governments changed priorities. In these cases, local representatives could continue to work on local needs, whereas national-level decision-makers were under more pressure to align closely with the government's agenda.

### Recommendations

In the remainder of IMCHA, and in similar initiatives aiming to involve decision-makers:

- Encourage the teams to submit **detailed plans on how researchers and decision-maker co-PIs will work together**, from project design onwards, to influence policies and practices as well as to promote scale-up activities. Consider incorporating a memorandum of understanding outlining these plans.
- Organize **specific meetings with decision-maker co-PIs** at which they can discuss how they can support their respective teams. These meetings can be either at a country, regional or whole-initiative level. This would provide opportunities for networking and knowledge sharing among the decision makers that could strengthen implementation.

Prior to establishing new initiatives involving decision-makers as co-PIs:

• Examine in detail **the pros and cons of involving decision-makers at the local, district or national levels.** More information on the role of the decision-maker co-PIs will enhance the donors' understanding of how decision makers shape implementation and help donors advise the research teams when they are designing the projects.