From Research to Policy
or
What's the point of all those pretty graphs and charts?

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Overview of Presentation

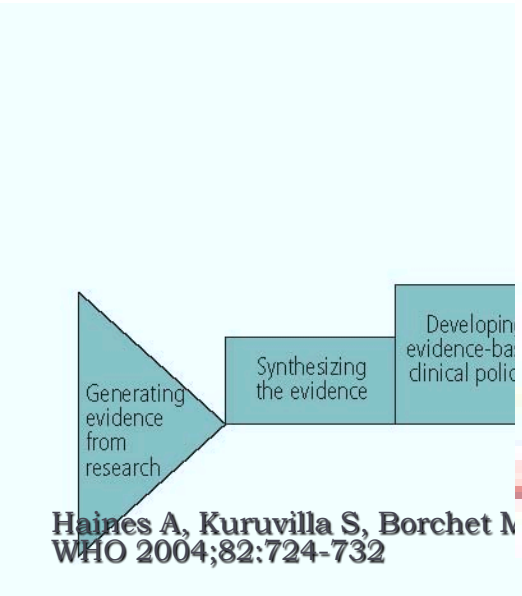
- Examples of where research has failed and succeeded in impacting policy
- Brief introduction to policy-related elements of research
- Concrete steps to consider in your research careers

Why policy?

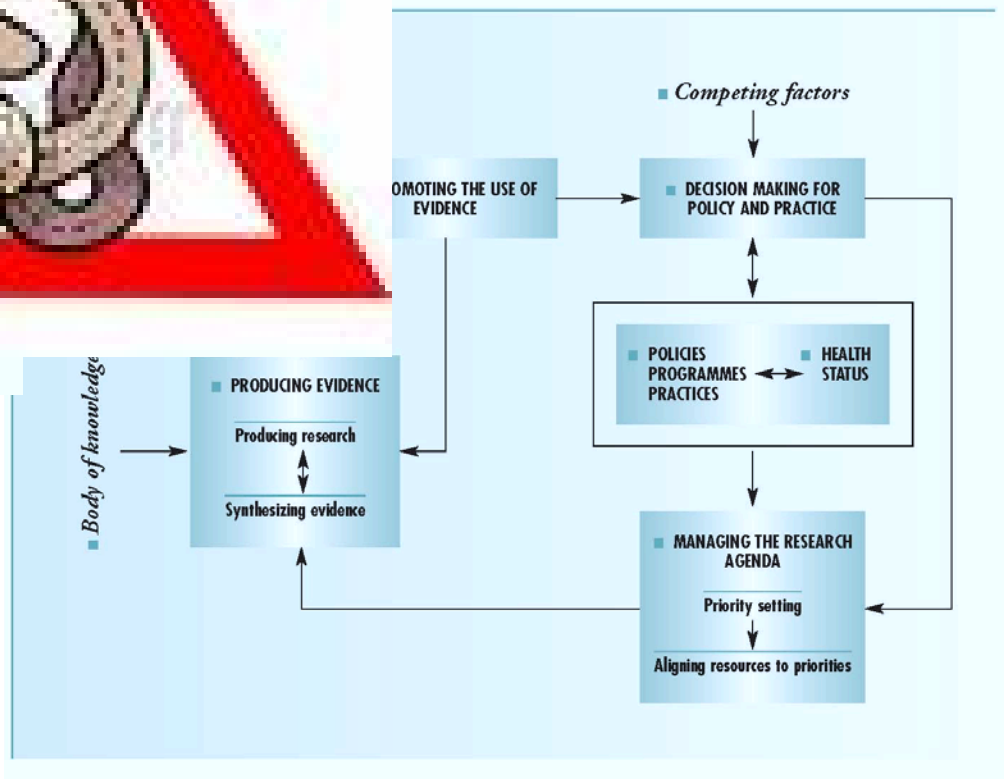
- I'm a researcher, why do I have to consider policy?

- Goal of research is not the results, but to lead to change
  - Evidence base for decision making
  - Tool to improve operations

Ideal policy cycle



Haines A, Kuruvilla S, Borchet M
WHO 2004;82:724-732



Alliance for Health Policy and Systems Research. Strengthening health systems: the role and promise of policy and systems research. Geneva, 2004

Research as a problem-solving tool that depends on the policy context

- Is it the "right job"?
- Is it the right tool?
- Does everyone know how the tool works?
- Are there resources to run the tool?
- Does it make the job easier?

Research/Policy Linkage Examples

- Traditional birth attendants (policy impact failure)
  - Evaluation of established program
- Syphilis screening in pregnancy (policy impact success)
  - Constant operations research

Evaluation of Impact of Traditional Birth Attendants in Rural Mozambique (1)

- With donor support/pressure, the MOH implemented a TBA program to reduce maternal/neonatal mortality
- Over 8 years, a NGO trained >300 TBAs; support included supervision, equipment, refresher courses
- Post training surveys showed that TBAs had improved knowledge of obstetric emergencies and skills to manage them
- An evaluation was planned to assess whether the program had met its initial goals

Evaluation of Impact of Traditional Birth Attendants in Rural Mozambique (2)

- Design:
  - retrospective cohort study comparing maternal and newborn outcomes in 40 communities with TBAs and 40 with non-trained TBAs

- Women interviewed on
  - Type of provider during last pregnancy/birth
  - Outcome of pregnancy/childbirth for mother/child

Evaluation of Impact of Traditional Birth Attendants in Rural Mozambique (3)

- Results:
  1. Access to a trained TBA
     - 43% birthed at health facility; 33% birthed with trained TBA; 24% birthed with an untrained person
  2. No access to trained TBA
     - 58% birthed at health facility; 42% birthed with an untrained person
  3. Access to a health facility with a midwife
     - 77% birthed at a health facility; 22% birthed with an untrained person

- Mortality similar across type of birth attendance

Preference for future births

Experience	Group 1 (trained TBA)	Group 2 (no trained TBA)	Group 3 (HF with midwife)	Total weighted average
% prefer health facility for next birth	61%	83%	93%	79%

Policy eventually shifted over time away from the TBA and towards improving maternities

5 years after study...

TBA OR to Policy

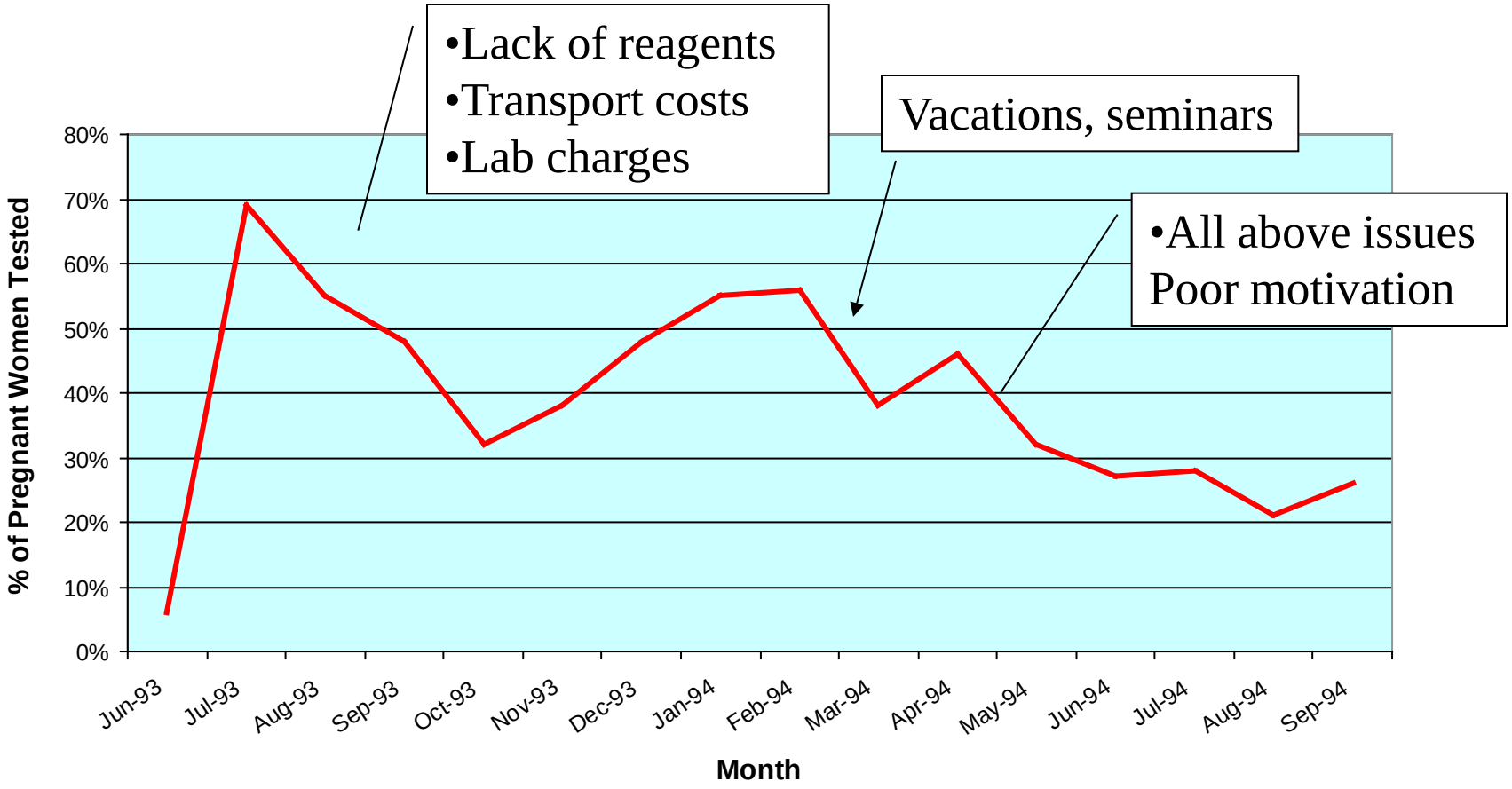
- Right tool, right question, but wrong timing
  - TBA training initiated despite evidence on efficacy
  - Key decision-maker rejected it because of her investment in the program and donor support
  - Insufficient engagement of the right people from the outset
  - Findings not adopted or integrated until there was a change in staff at the MOH level
    - And global transition away from TBAs

Syphilis Screening in Pregnancy (1)

- Unequivocal evidence on efficacy of intervention
- 1978: Universal antenatal syphilis screening made national policy in Mozambique; sporadic & uneven screening
- 1993: Prenatal Syphilis Screening Feasibility Study
  - 11 health facilities, training, development of a facility registry book, externally purchased RPR
  - Rapid increase in RPR screening (<5% to 70%)
  - Advocacy:
    - Presentations (provincial & national level conferences, Minister of Health, Council of National Directors)
    - Article and editorial in national medical/health journal
    - Multiple informal meetings with MOH, UN, Bilaterals

Pilot intervention, 1993-94

11 Health Posts - **Manica Province, Mozambique**



Syphilis Screening in Pregnancy (2)

- 1996: Syphilis screening made a key element in national 5-year plan
  - Provincial Medical Director in Manica province adopted program as a priority
  - Increased total screening rate of pregnant women to 50-60% in health facilities with laboratories (one province)

Syphilis Screening in Pregnancy (3)

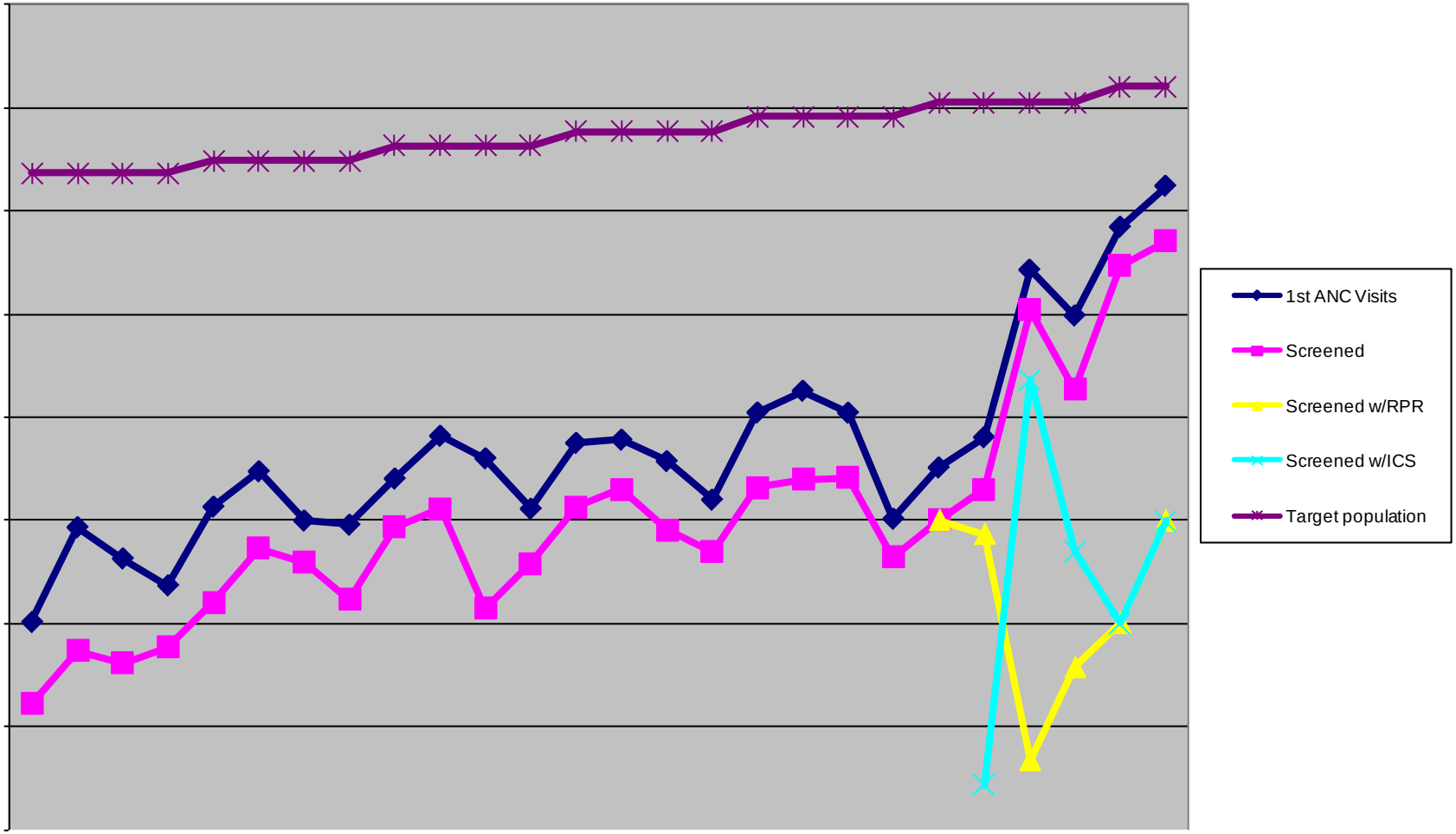
- 1998: Syphilis screening extended to all districts in neighboring province
  - Percentage of ANC attendees tested increased to 80% at the health facilities with laboratories
  - Over 7,000 RPR positive women identified per year (~70% treated)
- 1999: Sustained results with no donor input

Syphilis Screening in Pregnancy (4)

- 2000: Free treatment for pregnant women as a national norm & MCH nurses empowered to treat RPR+
  - Treatment rate increased to 90%

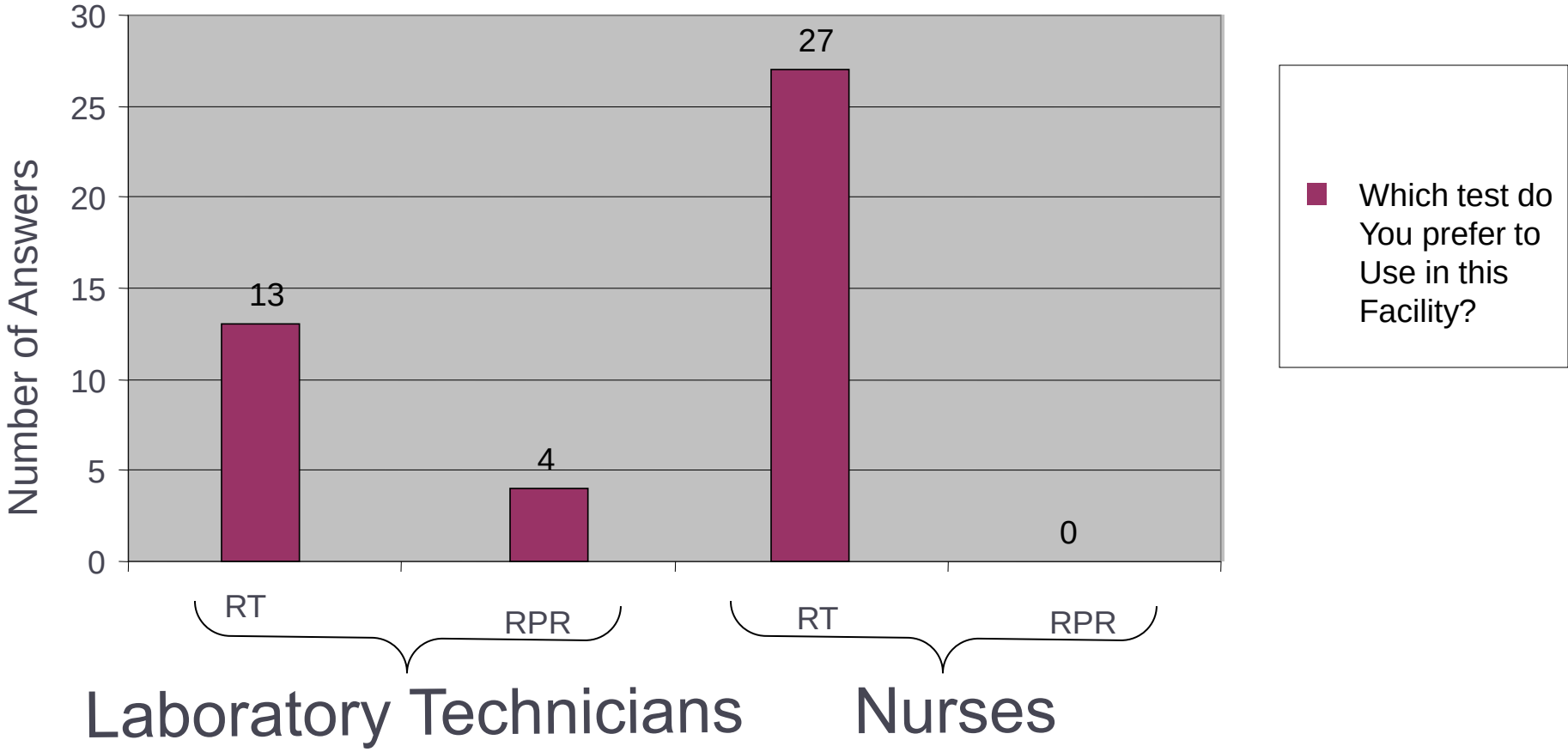
- 2003: Introduction of rapid treponemal Immunochromatographic strip (ICS) test pilot project (with MOH/Gates Foundation)
  - Number of facilities screening increased from 45 to 132 (100% of those with ANC)
  - Percentage of ANC attendees tested increased to 93%
  - Over 80,000 women tested annually
  - Over 8,000 syphilis positive women identified per year (96% treated)

Syphilis Screening in Central Mozambique, 1998-2004



Syphilis Screening in Pregnancy (5)

Health Worker Satisfaction Survey



- **"Takes less time…" "…Can be used in health facilities without laboratories…" "…Is easy to read…" "…Doesn't require much blood…" "…Reduces the waiting time of the mothers…"**

Syphilis Screening in Pregnancy (6) Economic analysis of RPR/strip test (US$)

	Clinics with laboratories	Clinics without laboratories
RPR women screened	$0.91	
RPR positive women screened and treated	$12.25	
RPR active cases screened and treated	$19.14	
ICS women screened	$1.05	$1.02
ICS positive women screened and treated	$13.45	$14.76
ICS active cases screened and treated	$18.62	$15.26

Source: Levin C, et al. Analysis of the operation costs of using rapid syphilis tests for the detection of maternal syphiliis in Bolivia and Mozambique. Sexually Transmitted Diseases. 2007;34(7):S47-S54

Syphilis Screening in Pregnancy (7)

- Rapid test has become national policy
  - For use in facilities without laboratories
  - Procured directly by the MOH

Syphilis Screening in Pregnancy (8)
Determinants of Success

- Constant advocacy
- Close partnership with MOH
- 10 years of frequent operations research to:
  - Implement policy
  - re-shape policy
- Right tool for the right job at the right time
  - Problem was a priority of policymakers
  - Tests were available and cheap (RPR), or innovations were appropriate, responded to need, and made life easier (rapid test)

How does this apply to you?

- Data don't stand alone; your challenge is to figure out how to maneuver data most effectively in your system
  - Who to engage?
  - What dynamics are present?
  - What constraints to consider?

Who to engage?

- Who defines the problems & priorities?
- Whose policy is it?
- Role of researchers, clinicians, managers

- Usually differs by health system level, domestic vs. international

- Careful of frequent changes

Who to engage → Consider Level of Involvement

Ministry of Health	◆Who's in charge of the program? ◆What's the scope of change? ◆How centralized are decisions? ◆Other government involvement?
Local Health Authority	◆Role in defining policy? ◆Geo-political considerations?
Health Facility	◆Often the best ideas
Community	◆Who are true leaders? Political structures? Religious leaders? Consensus leaders? ◆Who are the beneficiaries?

What dynamics are present?

- Place research evidence within complicated, locally dependent dynamics
  - Personal agendas?
  - Interests?
  - Personal & professional histories?
  - Researcher/policymaker networks?

What Constraints to Consider?

- Contextual factors define parameters
- "Political Will" (what is it?)
- Resource constraints
  - Where (who) do they come from and what's the probability they will change?
    - Donor priorities
    - SAPs, wage bill caps
- Process constraints – budget & planning process, procurement systems

Balance the needs of multiple stakeholders!

Constraints →Consider Level of Involvement

Ministry of Health	◆National priorities ◆Equity between regions ◆Budget process ◆Procurement systems
Local Health Authority	◆Local priorities ◆Management burden ◆Procurement systems ◆Infrastructure requirements
Health Facility	◆Human resources ◆Supervision capacity ◆Working conditions & satisfaction ◆Material resources
Community	◆Awareness ◆Acceptability ◆Affordability & access

You can do it!