East Africa Health Policy and Research Organization

EA-HPRO

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Bringing researchers and decisionmakers together

A new approach to research and policy engagement on maternal and child health in Africa

Key Messages

1 Countries across sub-Saharan Africa have made significant progress towards tackling maternal, newborn, and child health priorities over the last two decades. Still, work remains to be done to consolidate these gains.

2 There is a growing consensus that strengthening health systems to make them more resilient, accessible, and responsive should be a key area of focus in the Sustainable Development Goal era. Interventions must be based on robust evidence and highly contextualized to achieve this.

3 Research in sub-Saharan Africa faces challenges, including meaningfully linking evidence to crucial policy processes. The Innovating for Maternal and Child Health in Africa Initiative supports the East Africa Health Policy and Research Organization (EA-HRPO) to help overcome this.

4 This brief draws on an evaluation of EA-HPRO to describes how its innovative approach supporting research teams in six countries across eastern and southern Africa is enhancing evidence-based decision-making.

There have been great maternal, newborn, and child health (MNCH) achievements across sub-Saharan African over the last two decades. Countries have made progress against many key indicators, including under-five and maternal mortality, as well as the provision of family planning and HIV services. The proportion of deliveries by skilled birth attendants has also gone up, postnatal care has improved, and vaccination coverage has expanded considerably. In Malawi and Tanzania, for example, the number of children who die before their fifth birthday has dropped by nearly 60% since 2000, and Ethiopia stands out as having made exceptional progress in reducing its lifetime risk of maternal death over the same period[1].

But there is still work to do to sustain and consolidate these gains. While countries across the region have expanded primary health care – enabling them to make important headway – critical gaps in human resources, health financing, and leadership remain. This has impacted the quality of care and the equity of its provision, which has created large variations in health outcomes between and within countries. Fragile and conflict-affected countries like South Sudan feel the impact acutely, although pockets of more stable countries, such as Mozambique and Tanzania, do not fare much better. As a result, around 550 women still die every day from complications due to pregnancy or childbirth across sub-Saharan Africa. Moreover, children under five are 16 times more likely to die than if they were born in high-income countries[2].

African maternal and child health research: more important now than ever before

There is a growing consensus that improving MNCH outcomes requires health systems that are more resilient, accessible, and responsive. The 2030 agenda for sustainable development underpins this notion and positions health as a central component of development.

Countries across the continent have subsequently gone even further by making a high-level political commitment to ensure their populations can "access health services without experiencing financial hardship"[3]. As in many other resource-constrained regions, strengthening health systems in Africa will involve finding ways to secure more resources to adequately fund health services (especially in underserved areas and vulnerable populations). Boosting the number of trained healthcare workers able to deliver quality care will also be needed, as will tackling other issues like improving health data standards and procuring medicines and other essential equipment more efficiently.

Testing a new approach to research in eastern and southern Africa

At the heart of this renewed focus on health systems lies a recognition that for impact to be sustainable and scalable, interventions must be based on robust evidence, nationally owned, and appropriately contextualized. In this regard, high-quality African-led research is critical. Health and finance ministries need it, and hospital administrators need it as well. Research and data are needed not just to track population health and understand barriers to service delivery, but also to plan and allocate resources. Generating cutting-edge evidence, however, is easier said than done. Research in sub-Saharan African, in particular, faces a range of issues, and one of the most critical is meaningfully linking the evidence that researchers produce to national policy processes.
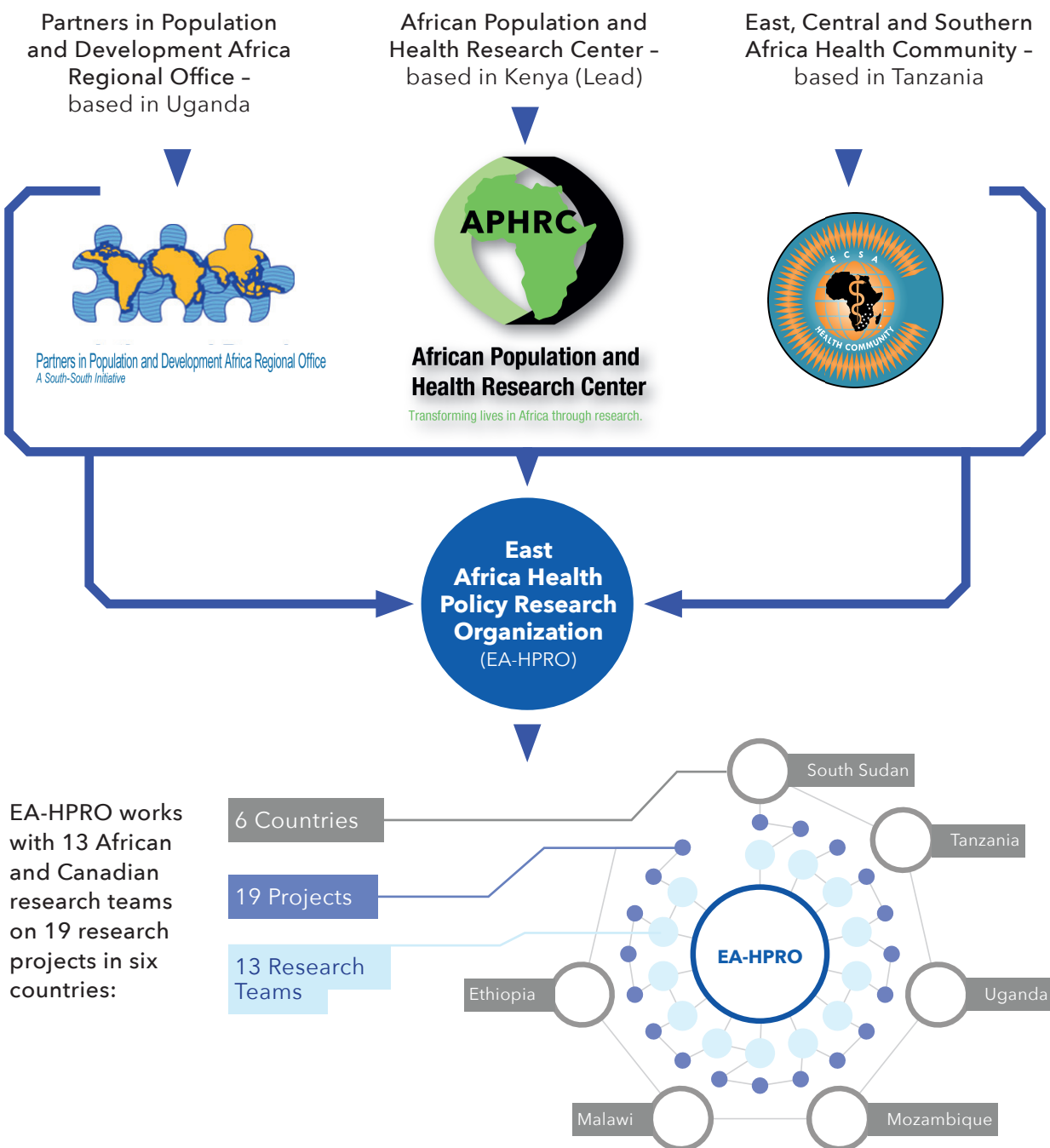
EA-HPRO was set up to help overcome this dynamic. It does this through capacity building for researchers and decisionmakers; specific support to 'translate' evidence into policy and practice; and by facilitating linkages with maternal, newborn, and child health networks nationally and regionally. Established in 2015, EA-HPRO is a consortium of three African research institutions that works with 13

different research teams on 19 projects in six countries: Ethiopia, Kenya, Mozambique, South Sudan, Tanzania, and Uganda **(Figure 1)**. EA-HPRO and research teams are supported by the Innovating for Maternal and Child Health in Africa (IMCHA) Initiative – a global health research network funded by Global Affairs Canada, the Canadian Institutes of Health Research, and Canada's International Development Research Centre. The IMCHA Initiative aims to improve maternal, newborn, and child health outcomes in sub-Saharan Africa by exploring ways to enhance health systems, using primary health as an entry point.

FIGURE 1: Who we are…

The East Africa Health Policy and Research Organization (EA-HPRO) is a consortium of three institutions:

Partners in Population and Development Africa Regional Office – based in Uganda

African Population and Health Research Center – based in Kenya (Lead)

East, Central and Southern Africa Health Community – based in Tanzania

EA-HPRO works with 13 African and Canadian research teams on 19 research projects in six countries:

6 Countries

19 Projects

13 Research Teams

A recent evaluation of EA-HPRO's work revealed that its innovative approach is significantly improving evidence-based decision-making in the consortium's six target countries. This brief draws on the review's findings to lay out the different elements of the approach and highlight the reasons these components, taken together, are proving particularly successful. Southern Hemisphere, an Africa-based consultancy with a track record of evaluating research-to-policy projects, conducted the evaluation. It involved a thorough document review as well as dozens of interviews with relevant actors to gather views and triangulate data. Numerous key informants were included in the interview list, including consortium members; researchers working on the different projects being supported; funders; trainers involved in capacity building workshops; and policymakers who worked closely with researchers as well as those at key MNCH forums.

It was difficult to pre-determine the outcomes to be evaluated due to the nature of the program – EA-HRPO was multi-year, multi-country, and included a wide range of stakeholders and MNCH issues. Because of this, an advanced technique called 'outcome harvesting' informed the methodology for evaluating research uptake. This involved developing detailed outcome case studies of EA-HPRO's support in two countries, Uganda and Tanzania. The hope is that the lessons learned from EA-HPRO's engagement model can be adapted and implemented in other regions or scaled up as appropriate.

In designing its strategy, EA-HPRO identified opportunities for its research teams to have policy influence around MNCH issues in their respective countries, and regionally where possible. Building the capacity of the 13 research teams was always going to be a core stream of the consortium's work, which

is described in detail later in this brief. But training is a relatively straightforward activity to deliver. Finding ways to *maximize* the use of research by decisionmakers is a more complicated task – something with which even the most advanced countries grapple. This is because policymaking is messy, and multiple competing factors influence it, including values; the national and regional context; resources; and habit or tradition[4].

What is more, policymaking and research are two very distinct activities involving very different skill sets and motivations. Policymakers tend not to be subject matter specialists, but generalists with the ability to assimilate information on a wide range of topics to make decisions quickly. Researchers, on the other hand, put paramount importance on rigor and method, focusing on one particular topic for extended periods to understand all its complexities and nuances. EA-HPRO, therefore, needed to find a way to bring these diverse worlds together.

1 Facilitating strong relationships between policymakers and research teams

One of the most important features of the IMCHA Initiative's program design was that each research team included a government policymaker from the country where the research took place. For some projects, this meant an official from the sub-national level, while in others, a national or district official was more appropriate. The role of EA-HPRO was to facilitate healthy and effective relationships between policymakers and researchers, providing troubleshooting help if needed. Supporting research teams in this way was critical for several reasons. First, it allowed policymakers to be part of the research process and provide support.

Getting involved in everything from the development of initial research proposals to sampling and data collection gave them an appreciation of the value of research and what is involved in conducting it. Second, by initiating the collaboration early (rather than at the very end), policymakers were able to shape the focus of research studies in real-time, making them more relevant to the policy context.

As one embedded policymaker explained:

"I facilitated meetings between stakeholders and research team... I booked an appointment between [the] PI [head of the research team] and the ministry [of health] so they would gain access through their alliance with me. At the onset of the project agenda, I was able to plot space to discuss newborn maternal health. I have been involved in the development of material for presentation, guiding them on what to share and the language to use in sharing."

Implementing this component of the IMCHA Initiative's program was not straightforward at the beginning. In fact, one of the main lessons that came out of the EA-HPRO evaluation was that in order for the process to have real value, clear roles and responsibilities of the embedded policymaker in relation to the research team should have been established from the outset. It took a while to realize this, which affected how quickly the approach could start to show impact. Another lesson related to the actual availability of policymakers, especially during busy periods, which made active engagement a challenge at times. However, once expectations had been clarified, and with EA-HPRO's facilitative support, things ran more smoothly. Both policymakers and researchers were overwhelmingly positive about the value of the exercise. Finally, the fact that there was high turnover within government departments resulted in some
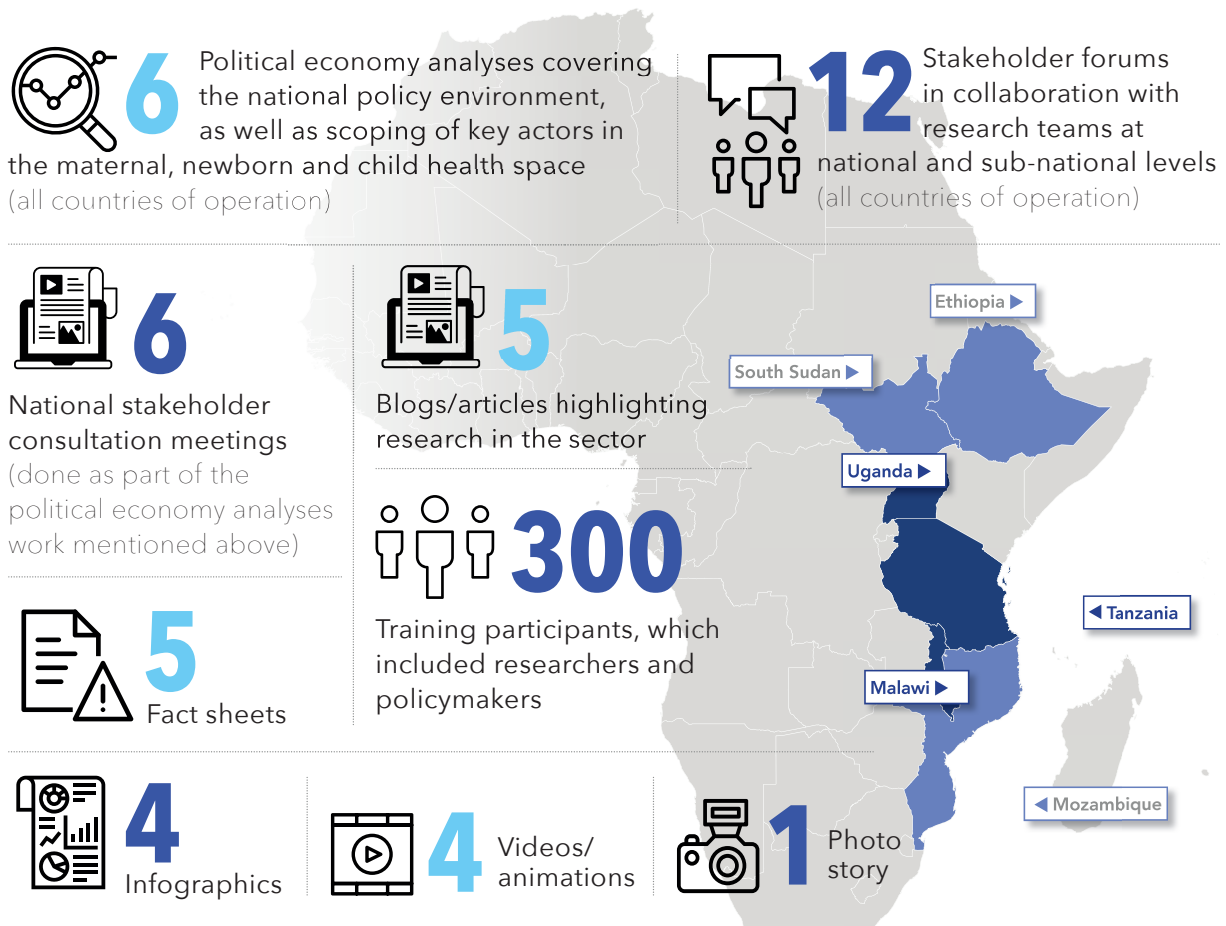
policymakers leaving research teams part way through. For some teams, having two policymakers in a team rather than just one helped mitigate the effect of this.

2 Identifying and creating spaces to bring academics, policymakers, and practitioners together to build momentum

Another contribution of EA-HPRO was its role as a convener, linking researchers to existing policy spaces or creating new ones where necessary. In practice, this involved conducting stakeholder and political economy analyses in each target country to identify policies, stakeholders, and forums and better understand MNCH challenges. This process helped researchers align their engagement activities to national priorities and processes. It also provided insight into whether there was a culture that facilitated the use of evidence in decision-making in their respective health sectors.

EA-HPRO's analytical work was highly inclusive, involving government officials and other health actors. It helped start a conversation about how research could be more effectively used in decision-making and led to more general networking opportunities. It resulted in individual country engagement plans, which researchers drew on when planning the format and dissemination of their research findings. EA-HPRO also helped researchers strategically prepare for presentations through direct support to develop products to communicate their findings (e.g. policy briefs, fact sheets, blogs, etc.) **(Figure 2)**.

The consortium scheduled regular check-ins with research teams. These helped track progress regarding policy engagement across the wide range of projects in EA-HPRO's portfolio and, by extension, generated

FIGURE 2: EA-HPRO's engagement in eastern and southern Africa

6 Political economy analyses covering the national policy environment, as well as scoping of key actors in the maternal, newborn and child health space (all countries of operation)

12 Stakeholder forums in collaboration with research teams at national and sub-national levels (all countries of operation)

6 National stakeholder consultation meetings (done as part of the political economy analyses work mentioned above)

5 Blogs/articles highlighting research in the sector

300 Training participants, which included researchers and policymakers

5 Fact sheets

4 Infographics

4 Videos/animations

1 Photo story

Ethiopia ▶

South Sudan ▶

Uganda ▶

◀ Tanzania

Malawi ▶

◀ Mozambique

Convened panels and side events in a range of regional and global forums:

○ **Health Ministers Conference**

○ **Network of African Parliamentary Committees of Health**

○ **Africa Health Agenda International Conference**

○ **East Africa Reproductive Health Network**

○ **Canadian Conference on Global Health**

momentum for change. It also convened country-level forums to give the different research teams a space to share lessons, promote peer learning and reflection, and further strengthen relationships between researchers, policymakers, and practitioners. This work helped build national ownership of MNCH research by bringing key actors together, and generated dialogue on the most important elements of the MNCH agenda in a particular setting. In South Sudan, for example, there are huge issues around basic access to services since clinics are so few and far between, whereas, in Uganda, the lack of healthcare workers dominates discussions.

"They [EA-HPRO] advised on how to sit together and share results of the research which was fantastic…..and sharing of the strengths and challenges – the peer learning that was coordinated by the HPRO is very motivating for the research teams… I recommend this model," explained one Tanzania research team member.

EA-HPRO identified and facilitated researcher involvement in high-level health summits. It also made strategic interventions to push specific issues through fringe events and participation on panels. What is more, at the Health Ministers Conference in 2018, EA-HPRO (and the research teams who attended) contributed to passing two critical action points to be implemented by ten member states. One focused on strengthening health systems to advance respectful maternity care. The other dealt with monitoring and evaluation of reproductive, neonatal, maternal, adolescent and child health goals. High-level summits like this cover a huge range of health issues and often fail to concentrate specifically on MNCH. EA-HRPO's strong evidence-based engagement with key actors played an important role in getting these critical issues on the agenda.

While EA-HPRO played a strong facilitative role, not all of the events it supported at the country level had a significant impact. In some countries, for example, it was difficult to get MNCH issues on the agenda. The main reason for this appears to be the differing contexts in the respective countries. In some cases, research was not ready to be presented for some years. Another issue related to the consortium members' inability to speak Portuguese, which limited engagement in Mozambique.

3 Delivering bespoke training and mentoring for researchers, coupled with comprehensive situational analyses

EA-HPRO also coordinated a considerable amount of capacity building. To sharpen and further develop research capacity, it worked with research teams to identify key skills gaps

and provided training to meet these needs. Workshops covered a range of topics to help researchers improve their ability to work better with qualitative data, conduct gender analyses, improve scientific writing skills, and manage systematic reviews. It also trained researchers to communicate their findings more effectively, both in scientific journals and in more 'policy-friendly' formats.

The evaluation found that the training and ongoing technical support helped raise the standard of data collection, presentation, and evidence communication. The majority of participants reported a positive shift in their skills in these areas. As one researcher from Malawi who participated in the knowledge translation training explained:

"They don't just train us. They follow up. When you are writing a policy brief, they offer to read and review, which is very important. The brief and the blog that we produced is because of this coaching."

The training also helped researchers engage more meaningfully with some of the complex issues that affect maternal, newborn, and child health, such as barriers to care and community engagement. For policymakers who participated, the training increased their awareness of the value and relevance of research. Workshops on gender and equity also led to a better understanding of why using a gender lens when planning and implementing research projects is important. The evidence suggests that this resulted in more gender-balanced research teams, as well as gender mainstreaming in health program planning and budget allocations in at least one country so far.

Overall, the capacity strengthening component of EA-HPRO's program exceeded expectations because more topics were delivered to more people in more places than

originally planned. The consortium worked closely with research teams to develop the course offering, which was appreciated as it made the training highly tailored. One-off training on specific topics was also arranged for particular teams as needed. Participants noted the well-qualified and experienced facilitators who focused on the practical application of concepts and methods. They also enjoyed the participatory nature of the training and felt that the participant selection process allowed for a number of research team members to access the workshops.

Looking ahead

EA-HPRO has succeeded in creating and coordinating a large network of researchers, linking them to policy discussions, and delivering training to fill skills gaps. This work and its support designing and delivering policy-oriented materials have raised awareness of research funded by the IMCHA Initiative. It has also enhanced collaboration between researchers working on MNCH issues across the region. Through the various meetings convened and participation in regional and global summits, EA-HPRO has contributed to enhancing national ownership of evidence, which is starting to translate into tangible policy outcomes in eastern and southern Africa.

Of course, generating and disseminating research does not always lead to its adoption and use in practice. There remain enormous challenges, especially with regards to limited health financing and competing health priorities. However, EA-HPRO's focus on facilitating implementation research – the simultaneous process of taking action and doing research linked together by critical reflection – is helping policymakers to see the value of evidence incredibly quickly and to confidently take action. This is an important step forward. The much shorter feedback loop is allowing health systems to be more responsive than ever before.

References

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Acknowledgement

Credits

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