



Responding to Evidence Requests for Policies and Programmes

RATIONALE

Implementing and scaling-up effective interventions to improve reproductive, maternal, newborn and child health (RMNCH) is a challenge for many countries. There are many policy and systems factors at various levels of service provision that may act as a barrier to successful implementation. As countries continue to develop strategic responses there is potential to learn from the experiences and areas of innovation of other countries with similar challenges. Against this background it is important to consider the potential role for effective mechanisms that enable the systematic collation and synthesis of country data and experiences to inform policy-making in relation to RMNCH.

Evidence support on health policy and systems and on countries' progress on RMNCH is already available through global initiatives such as the Alliance for Health Policy and Systems Research (<http://www.who.int/alliance-hpsr/en/>), the Countdown to 2015 (<http://www.countdown2015mnch.org>) and the Global Research Network to Support the UN Global Strategy for Women's and Children's Health. (http://www.who.int/reproductivehealth/global_research_network/en/index.html)

This document focuses on **evidence response mechanisms**, which are set up specifically to respond regularly to evidence-requests from policymakers; whether on demand or through longer term established interactions with policy 'customers' for the evidence. Based on the findings of a review of such mechanisms, this document outlines some of the steps needed, and issues that should be considered in the development of an evidence response mechanism for RMNCH in Asia and the Pacific.

GETTING STARTED

To ensure implementation of an evidence-response mechanism that is targeted and effective, a thorough assessment of the need is required. Such an assessment should consider the evidence needs and relative priorities of stakeholders within and across countries as well as a systematic assessment of the evidence gaps around RMNCH in the region. In addition, the needs assessment should take into account the processes by which evidence is accessed and used in policy-making, since the availability of evidence in itself may not be the core challenge.

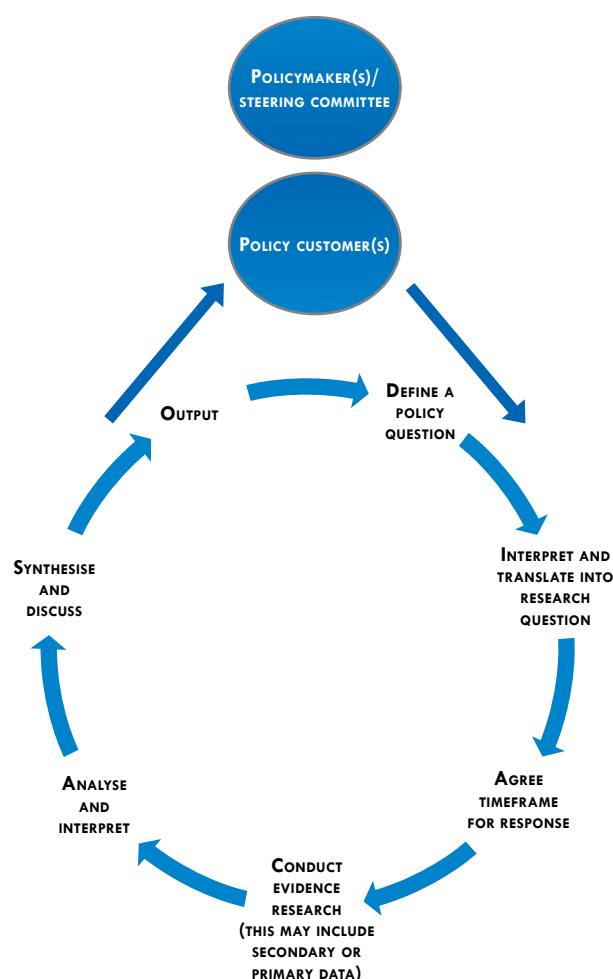
APPROACHES / STEPS

1. DEFINE THE GOAL OF THE EVIDENCE RESPONSE MECHANISM

- From the needs assessment define the target audience(s).
- Identify the goals for a mechanism that will best meet the evidence gaps.
- Secure agreement on goals and evidence needs the mechanism would seek to address.
- From the goal define the most appropriate output(s) e.g. reports, policy briefs, site visits.

- Prioritise the functions, skills and actors required within the mechanism.

Actions required to produce comparative policy analysis within an evidence response mechanism



Adapted from: Nolte et al (2008).

2. MAP EXISTING RESOURCES AND CAPACITIES NATIONALLY AND REGIONALLY

- Map potential evidence producing institutions against objective criteria. These may include: institutional independence, quality of research output, ability to respond to evidence requests in timely manner, national and international networks and experience in delivering for policymakers.
- Map existing sources of evidence used by policymakers. This should include a mapping of existing trusted relationships between policymakers and evidence producers.

3. IDENTIFY KEY NATIONAL AND REGIONAL PARTNERS

- Identify researchers and policymakers to be involved in the design of a response mechanism to evidence gaps.

- Ensure adequate country representation within a regional mechanism.

4. ANCHOR THE MECHANISM INTO AN EXISTING INSTITUTIONAL STRUCTURE

- From the mapping exercise identify existing institutions and networks where the mechanism could be based.
- Provide resources to develop further existing capacity where potential is identified.
- Promote sustainable models to avoid creating a dependency relationship for evidence with an external agency.

5. ALIGN INCENTIVES FOR EVIDENCE PRODUCERS AND POLICYMAKERS

- Ensuring high quality researchers and policymakers remain involved in the mechanism will be vital.
- Incentivize routine use of evidence for policymakers by highlighting examples of practical use of evidence and problem solving.
- Provide appropriate incentives for researchers. This will vary and needs to be understood in different country contexts. Incentives may be appropriate monetary recompense for work, opportunities for publication or it may require ensuring the opportunity to undertake primary research alongside responsive work so that researchers can continue to pursue an academic career.
- Consider the role of 'knowledge broker' and whether this is needed as a specified role within the mechanism, to act as a bridge between research and policymaking.

6. MAINTAIN FLEXIBILITY

- Regularly review and evaluate the mechanism against the stated aims. Continue to build elements that work well but address those working less well.
- Establish funding and governance models that will allow local sustainability. This will involve a long-term commitment as the value of an evidence response mechanism is likely to grow overtime.

EXAMPLES OF EVIDENCE RESPONSE MECHANISMS

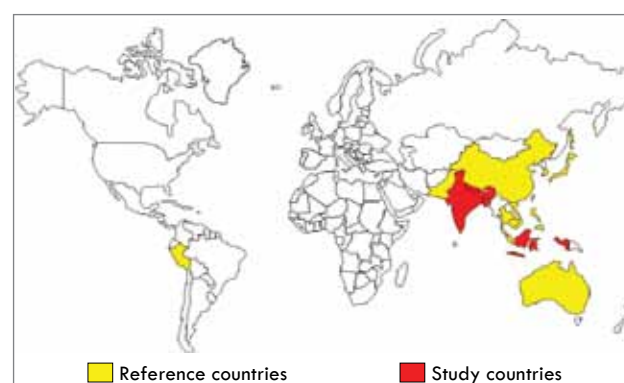
- European Observatory on Health Systems and Policies. <http://www.euro.who.int/en/who-we-are/partners/observatory>
- Asia Pacific Observatory on Health Systems and Policies (APOHSP). http://www2.wpro.who.int/asia_pacific_observatory/APOHSP.html
- International Observatory on Mental Health Systems (IOMHS). http://cimh.unimelb.edu.au/knowledge_translation_exchange/networks/international_observatory_on_mental_health_systems
- On-call Facility for International Healthcare Comparisons (IHC). <http://www.international-comparisons.org.uk/>
- WHO Health Evidence Network. <http://www.euro.who.int/en/what-we-do/data-and-evidence/health-evidence-network-hen>
- EVIPNet (Evidence Informed Policy Network). <http://www.evipnet.org/>
- SURE (Supporting the Use of Research Evidence). <http://www.who.int/evidence/sure/en/>
- SIVAC (Supporting National Independent Immunization and Vaccine Advisory Committees (NITAGs)). <http://www.sivacinitiative.org/>
- Global Network of WHO Collaborating Centres for Nursing and Midwifery Development. <http://www.parlatore.com.br/whocc/index.php>
- Compass: Women and children health knowledge hub. <http://www.wchknowledgehub.com.au/>
- Social Protection Facility (SPF). http://spf.anu.edu.au/english_activities.html
- Health Resource Facility. <http://www.ausaidhrc.com.au/>

All these mechanisms involve an explicit element of information sharing or exchange between researchers and policymakers, and cover several countries in a region or globally. They also include mechanisms where the client and provider are based in one country but seek evidence from a range of other countries (e.g. IHC), and mechanisms involving multiple clients and/or providers in a number of countries (e.g. European Observatory on Health Systems and Policies).

CASE STUDY

In this review, evidence needs and use were examined in four countries: Bangladesh, India, Indonesia and Nepal. Interviews with policymakers showed differing experience and readiness to consider evidence from other countries as part of the policymaking process. Countries seemed to look immediately to neighbouring countries. Reference countries for the review were identified based on the similarities in health systems or populations or because of levels of progress made towards Millennium Development Goals 4 and 5.

Countries referred to for learning by policymakers



The format of evidence sought varied. Policy-makers and programme managers reported that regular verbal updates were useful for keeping up-to-date on the evidence. Structured site/field visits were widely considered to be a useful way of learning from the implementation experience of other countries. This is important to consider as this is not the type of evidence or learning that is typically provided through evidence response mechanisms, where the main outputs may be written reports.

RESOURCES

- Healy, J., et al. (2007). *Responding to Requests for Information on Health Systems from Policy Makers in Asian Countries*.
- Nolte E, Ettelt S, Thomson S, Mays (2008). *Learning from other countries: an on-call facility for health policy*. J Health Serv Res Policy, 13:58-64.
- SURE Rapid response guide. http://global.evipnet.org/SURE-Guides/source/additional_resources/guide_01_getting_started/01%20sure%20rapid%20response%20guides%202011%2011.pdf

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