EVIPNet and Evidence-Informed Policy-making: Perspectives and Practices, Uganda

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History of REACH

- The East African Community (EAC) is a regional inter-governmental organization composed of five Partner States namely: Kenya, Uganda, Tanzania, Rwanda and Burundi.
- The Regional East African Community Health (REACH) Policy Initiative was established within the East African Health Research Commission, an organ of the East African Community, to bridge the gap between evidence and health policy and practice. (2005)
History of REACH

- REACH concept development from 2001, built on the experience of the Tanzania Essential Health Interventions Project (TEHIP).
- REACH operations started 2006.
- Country Nodes are established within each of the EAC partner states as an integral part of the National Focal Points (NFPs) of the EAHRC.
REACH Uganda

- The official governing body is the Uganda National Health Research Organization; an autonomous institution under the Ministry of Health
- Small secretariat working on the SURE project funded by the European Union’s 7th Framework Programme
- Oversight from Makerere University
EVIPNet

Evidence Informed Policy Network

- EVIPNet built on the experience of REACH and was assisted by REACH in its establishment, 2005.
- EVIPNet was launched by the World Health Organization and the ministries of health in several African and Asian countries to promote the use of scientific evidence in health policy and systems.
- EVIPNet has expanded to support activities in Latin America, Eastern Mediterranean region and most recently, Europe.
- The two initiatives have worked collaboratively since 2005.
EVIPNet  
Evidence Informed Policy Network

**Key activities:** priority setting for health systems policy, production of research syntheses, primary research, deliberative dialogues and capacity building for evidence informed decisions.

**Critical Coordination role:** for information exchange between partners and other countries to disseminate successful methods, tools and practices.

“The (Ethiopian) Ministry of Health fully supports EVIPNet. I strongly believe that (EVIPNet) policy briefs will help policymakers to control (diseases)... in their respective countries.”

Dr Tedros Adhanom, Minister of Health, Ethiopia
SURE is a collaborative project that builds upon the two initiatives – The Regional East African Community Health (REACH) Policy Initiative and the Evidence Informed Policy Network (EVIPNet) Africa. Both networks aim to promote the use of evidence in health policy decisions. REACH comprises the countries; Uganda, Tanzania, Kenya, Rwanda and Burundi. EVIPNet Africa comprises the countries of Burkina Faso, Cameroon, Centrafrique, Ethiopia, Mozambique, and Zambia. SURE is developing and evaluating KT strategies for EIHP in these LMICs.
WP1: Production of research syntheses (policy briefs)

Priority Setting:

- **Criteria**: Important problem, viable options, opportunity for change, available evidence, etc
- **Stakeholder Survey**: Parliamentarians, policymakers, health managers, researchers, civil society
- **Advisory Group**: 3 policymakers, 1 researcher, 1 CS practitioner
- Framed and ranked issues that were considered high priority for the Ugandan health system.
WP1: Production of research syntheses (policy briefs) (contd 1)

**Policy brief Formats:**

Features: description of a policy problem; description of likely impacts of key options for addressing the problem; implementation barriers for the options and strategies to address these

User-friendly packaging:
Key messages (1 page),
Executive summary (3-5 pages),
Full report (25-40 pages)
WP1: Production of research syntheses (policy briefs) (contd 2)

**Process**

**Identification of evidence:**
National statistics; local data; Systematic reviews of effects) for impacts (both for benefits and harms) of alternative organizational arrangements to address the problem, barriers & strategies for these arrangements; local single studies

**Appraisal of evidence:**
1. **Systematic Review methods**
   - Check on methods used to search, select and appraise studies in systematic reviews
   - Check on methods used to analyse findings in systematic reviews
WP1: Production of research syntheses (policy briefs) (contd 3)

Appraisal of evidence:
2. **GRADE framework for rating quality of evidence**
   Identification of important outcomes from a systematic review; Assessment of quality of evidence per outcome using GRADE framework; Tabulated summary of findings per outcome; Key messages in plain language

Other Considerations for the evidence:
Systematic reviews and single studies are also assessed for: applicability to the local context; equity across socio-economic groups; scaling up considerations (costs and cost-effectiveness); gaps in the research evidence hence need for monitoring and evaluation
WP1: Production of research syntheses (policy briefs) (contd 4)

**Merit Review Process**

- The policy briefs are reviewed for both scientific and policy relevance to the Ugandan health system through an internal review mechanism consisting of national policymakers, researchers and other stakeholders.
- An external review process of stakeholders with similar expertise across the same constituencies from outside Uganda
WP1: Production of research syntheses (policy briefs) (contd 5)

Policy Briefs products

- ‘Task Shifting to optimize health worker roles to improve the delivery of Maternal and Child healthcare’ from year 1, has been informative in the development of an international guideline ‘WHO Recommendations to Optimize Health Worker Roles to Improve Maternal and Newborn Health’
- ‘Increasing Access to Skilled Birth Attendance’ from year 2, produced for the MOH discussed the evidence for provision of intrapartum care at first level health facilities, maternal waiting shelters and working with the private-for-profit sector to facilitate deliveries in health facilities
- Currently under process, policy brief on scaling up palliative care services to support policy development by the MOH
WP4: National Policy Dialogues

**Objectives**
Structured discussions using the policy briefs as background documents for consideration of health systems issues to inform health policy decisions

**Participation**
Stakeholders with the relevant expertise including; legislators, policy makers, health managers, researchers, civil society, professional organisations and the media

**Moderation & Environment**
Facilitation is provided by a neutral, knowledgeable moderator. Discussions do not aim for a consensus. Records are kept, however, participant contributions are not attributed to the individual or institution they represent. Records of stakeholder views and experiences are shared with MOH together with the policy briefs
WP4: National Policy Dialogues contd...

**Dialogues held**

REACH Uganda has held four policy dialogues for the policy briefs on ‘Task Shifting’ and ‘Increasing Access to Skilled Birth Attendance’.

**Evaluation**

Surveys conducted with the stakeholders regarding the design of the policy briefs and dialogues yielded high ratings for both products and processes as useful communication mechanisms for research evidence to support decision-making.
WP3: Rapid Response Service

**Objective**
To respond to the needs of policymakers and health managers for research evidence to support decision making within short timeframes (hours or days)

**Process**
- Receipt of question, clarification of question and time within which response is required
- Locating, assessing and summarizing the available research evidence that addresses the question
- Preparation of a brief structured response (3-5 pages)
- Internal and external peer reviews before or after delivery of response reports
WP2: One-stop Shop: Clearing house for Health Policy and Systems

**Funding**
Award for 40,000$ from WHO-EVIPNet and IDRC to test innovations in EIHP for Sub-Saharan Africa

**Objective**
To provide convenient, quick and easy access to contextual research evidence for informed health policy decisions in Uganda and the East African region

**Process**
- Stakeholder engagement in developing structure and information needs
- Development of a web-based structure and information database
- User-testing (3-5 respondents) for feedback on design
- Pilot Survey (15-20 respondents) to identify problems; test solutions and evaluate impact on decision making for health
WP5: Capacity-building for evidence-informed health policies.

**Objective**
Training for researchers, policymakers and civil society in developing and implementing evidence-informed health policies

**Process to date**
- 3 knowledge translation workshops conducted in Kampala for policymakers, doctorate students, researchers to build ‘push’ and ‘pull’ for research
Stakeholder Perceptions
Preliminary results from Baseline Outcomes Survey
Graduate scale of 1 (never), 5 (frequently), 7 (always)

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<th>Question</th>
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<td>To what extent do you agree or disagree with these statements about REACH Uganda (SURE)’s contributions over the last two years.</td>
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<td>REACH Uganda (SURE) has contributed to enhancing the availability of relevant research evidence on high priority issues.</td>
<td>4.8</td>
<td>5.5</td>
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<td>REACH Uganda (SURE) has contributed to strengthening relationships among policymakers and researchers.</td>
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<td>REACH Uganda (SURE) has contributed to strengthening policymakers’ capacity to find and use research evidence in health systems policymaking.</td>
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REACH Challenges

- Core funding for REACH – government, external partners
- Human resource capacity – numbers, skills
- EA sub-regional linkages – weak leadership
Thank You!