EVIPNet Activity Report

First Capacity building Workshop
On use of innovative tools/approaches to support Evidence - Informed Policymaking


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This workshop was hosted by WHO/Afro in collaboration with University of Kwazulu Natal, WHO Collaborating Centre for Nursing and Midwifery development, and EVIPNet in Durban, South Africa from 14-17 November 2011. Technical support was provided by “Evidence Informed Policy Network or EVIPNet” from WHO/Geneva and HRH Programme/AFRO. A total of 16 nurse and midwifery researchers and academicians and representative from policy making in the Ministry of health from five (5) countries (Botswana, Burkina Faso, Malawi, South Africa and Senegal) participated in the 4 day workshop.

This workshop was a very good opportunity for World Health Organization to demonstrate the efficiency of synergy between global, regional, sub-regional and country levels and how this process can be applied with coherence to maximize the impact of learning process and use of collective intelligence, essential abilities to transfer sustainable knowledge and competencies and improve the use of critical thinking in evidence informed policy making process.

The team spirit, allowed for creation of opportunities to brainstorm, share different experiences and point of view related to life experiences in the context of these different francophone and Anglophone countries. It was the first time that nurses and midwives from Anglophone and francophone African countries created work team and decided to address one topic together. This is a very key expression of south-south collaboration and how it is possible to support each other in this evidence informed policy making process. It was a unique occasion to share and to have mutual understanding of diversity in African setting through cultural, organizational and context experiences and practices.

1. Workshop objectives

General Objective

- Develop capacity of participants to (i) write and evaluate research evidence for policy briefs through the analysis of national country context and (ii) organize national policy dialogue, with key stakeholders on policy options in the evidence based briefs for policy.
- Develop evidence based policy brief and policy options/strategies to contribute to resolving Human Resources Crisis for Health in Sub-Saharan Africa and specifically on issues retention and educational qualification/specialization which are affecting nurses and midwives. The senior professors, researchers and nurses from WHOCC, UNISA, UKZN for South Africa, Kamuzu College & Nursing from Malawi, University of Botswana from Botswana, ENDSS from Senegal worked on retention and qualification/specialization on nurses and midwives.

Specific Objectives

- To understand the HRH context for the African Region;
- To find and assess available research evidence for informed policymaking;
- To develop policy briefs that package research evidence;
- To organize a policy dialogue with different stakeholders
- To develop a work plan to finalize the draft and final version of evidence brief for policy and
- To plan for organizing follow up workshops on national policy dialogue for nurses, midwives and other stakeholders in these respective African countries (South Africa, Malawi, Botswana, Senegal and Burkina Faso) for 2012.

Method of Work

- Group work
- Technical presentations

2. Workshop Proceedings

2.1. The Human Resource for Health Situation in Africa

The aim of the presentations was to create an understanding of the context and the challenges to address in the development and implementation of policy options/strategies on HRH issues.

Presentations focused on the following areas:
(a) The Roadmap for scaling up the health workforce in the African Region established during the Third Regional meeting held in South Africa in October 2011 with emphasis on the following key strategic directions:

- Strengthening health workforce leadership and governance
- Scaling up education and training of health workers
- Optimizing utilization and performance of available health workforce
- Strengthening health workforce partnership and dialogue
- Improving health workforce information and evidence

(b) The Human Resources Management and Information Systems for Low Middle Income Countries: the Rwanda case study

(c) Existing mechanisms for generating and using evidence for informed decision making, this included:

- Resolutions and Declarations which urge Member States to develop HRH policies and plans based on evidence:
  - WHA resolutions (WHA57.19; 58.17; 59.23)
  - Kampala declaration in 2008
  - Bangkok declaration in 2011
  - AFR resolutions (RC48/10; RC52/13; RC59/R6;)
  - AU Ministries of health declaration in 2007
  - Algiers Declaration of Ministers of Health of the African region to promote Research for health

- Also shared under generation of evidence included the HRH Global, Regional & National Resource Centre to provide free access journals and HRH Observer series

The structures existing in Africa are:

- **HRH for Africa Digital Resource Center**, a project represents an attempt to enrich the World Wide Web with further African content
- The Africa Health Workforce Observatory (AHWO), a project to build knowledge in HRH in the region to disseminate accurate information in HRH, to facilitate dialogue and consensus for evidence-based policy development and monitoring
- HRIS and National Observatory: The Complementary information for action
- **HRH Country profiles template**, a project contributes also to reinforce the information system of the HRH and to make it possible to better assess the situation of the HRH of the country at the regional and international level

(d) Country experiences, through presentation of research results or evidence from:

**South Africa:** Survey of the status of research activities and involvement at University Nursing Schools in South Africa, FUNDISA by Prof R.M Van Rooyen.

She presented the challenges identified by Schools to impact on research outputs such as limited number and capacity of research supervisors, lack of stability/changes in management, research culture in schools, research mentors for novice researchers/academics, funding for support in the form of language practitioners/editors/critical readers and post graduate student ratios very high. Inability of post graduate candidates to write and work independently, commitment. Post graduate students study part-time, lack of time for academics to focus on research/writing due to lecture load, heavy clinical component of nursing programs, career path choices.

**Malawi:** Political attention for newborn survival in Malawi from A. Kazembe, RNM, PhD. & J. Shiffman, PhD.

The results of study were political attention in Malawi has grown over the past decade, but that priority is far from institutionalized. Actors -highly skilled technically but inexperienced politically, the lacks of cohesion and leadership, and civil society pressure on government to address the issue is minimal, the policy community has not agreed upon a unified understanding of the problem or a way of positioning the issue publicly, the political context- the MDG policy window and the emergence of multi-party democracy favor the development of political attention for the issue. However, weak bureaucratic capacity and decentralization – hamper political attention and service delivery at sub-national levels.

**Senegal:** Strategic evaluation of non-desired pregnancies and risk abortion by BINETA NDIR DIOP, MSC & Quality of Health Services. Director Continuum Professional Development & Research in ENDSSS. Coordinator of IPAS in SENEGAL

A qualitative research study financed by IPAS was done by DSR from MoH in Senegal based on participative WHO strategic approach to evaluate the impact on risk abortion (responsible of 3.6% of maternal deaths and 50% of emergencies admission in Health services, (CISSE, 2007)) on maternal mortality.

Several factors are responsible of high rate of risk abortion in Senegal such as religious beliefs and cultural practices, the lack of family and community support to girls in pregnancy; decrease of social values; lack of communication; low decision power of woman, restrictive law on the abortion; low use of health reproductive services. A task force was created to address all these issues and implement relevant interventions, specifically to influence legislative policymakers to reconsider the law on abortion in Senegal.
Botswana: Evidence Based Policy Influence: Articulation, Credit Transfer, and Recognition of Prior Learning Policy and Procedure (2009), by M. Sabone

Creation of new policy Articulation and Credit transfer: Determination of the equivalence of courses and programs across programs within an institution and between institutions so as to recognize what has already been achieved. Recognition of Prior Learning: The formal valuing and acknowledgement of the student’s current knowledge, skills, and experiences from prior learning that may have occurred through formal, informal, or non-formal means such as work or other life experiences.

These presentations have been completed by an inventory of scientific literature on systematic reviews and research synthesis available on this topic.

2.2. Facilitation of working groups on writing evidence briefs for policy

Specifically the groups were guided on:

- context mapping methods including the stakeholders analysis and mapping
- framing of problem on retention and specialization of Human Resources for Health workforces
- Formulating policy options or strategies to be implemented
- Understanding why and how to use deliberative dialogue to inform and engage the key stakeholders in the decision making process
- Finding and assessing evidence through systematic reviews

3. Workshop outcomes

a. **First draft of policy brief** developed by the two separate groups:
   - The framing of the problem was done within the national context including solutions/interventions to solve the problem
b. **Workplan developed by each group to guide finalization and implementation of their policy briefs**

4. Challenges: short - term and mid-term following the workshop

- To continue developing the skills and competencies of health professionals at policy level to influence the development of evidence informed policies on nurses and midwives and facilitate sharing of experiences and practices through South-South cooperation and collaboration.
- Build a multi-country team with Francophone and Anglophone African countries. Two working groups were established, one with South Africa, Burkina Faso and Senegal and another one with South Africa, Botswana and Malawi. The groups have to be sustained and continue to work together.

The following Strategies were identified to advocate and disseminate the policy briefs:

- Share the policy briefs during the international conferences for nurses and midwives which will be held in Switzerland, Geneva in May 2012
- Internal and external review to revise the draft evidence bases policy briefs by early 2012
- Organize national policy dialogue at country level in 2012

5. Conclusion

This workshop allows:
- An inventory of scientist literature on Human Resources for Health and specifically on retention and specialization. It appears that mixing quantitative and qualitative researches are necessary and participatory approach is recommended to include all policymakers at legislative and executive levels.
- A constructive exchange between academics, researchers and policymakers from Ministries of Health and to use the concept "Learning by doing together"
- In the beginning of policymaking process a collaborative work between researchers and policymakers is necessary to have mutual understanding and to learn about experiences from each other.
- Team at the workshop have experimented the methodology of writing policy brief and adapt it to their national context.
Key messages from participants in the workshop

**Message from Professor Busi Ncama, UKZN, WHO CC Director**

The majority of health care workers in the country are nurses, but their ability to influence policy decisions being guided by evidence, advocating for implementation of best practices in nursing and midwifery and communicating those effectively with stakeholders and policymakers remains a challenge.

This workshop has been important to those of us who are frontline writing workers in giving us the skills of writing evidence informed policy briefs.

**Voices of the Frontline Workers!!**

1 – We believe in evidence based informed policymaking and evidence based practice. But often we have limited technical capacity to find and assess the required evidence to inform policy!

2 – The role of advanced practice/ advanced professional training is key in supporting generation of evidence and enhancing informed policymaking process

2 – We have had a chance to learn and understand the process of formulating evidence based policy brief;

3 – We have had a chance to learn and understand how to organize a policy dialogue

5 – We have had the chance to learn and appreciate the importance and application of systematic reviews in order to generate the required evidence

6 – We have had a chance to learn and appreciate the importance of mapping stakeholders in order to effectively influence the informed policymaking process

7 – The workshop provided an opportunity to network with professionals from different parts of the world. This network will be a rich resource to advance knowledge in development of evidence based policy briefs to influence health and HRH policies for the populations we serve!

8 – Lastly, building capacity of frontline workers and other stakeholders in health needs to continue and needs to grow in order to improve evidence based health service delivery in the African Region

**Message from UNISA, South Africa**

The WHO workshop in Durban opened our eyes on how to influence policy development through the writing of policy briefs and dialogue with stakeholders in order to improve health care delivery in our country. We learned how to find evidence, and to be open to different countries’ situations, the context being very important through capacity building inputs from different country representatives and WHO representatives. We gained tremendously with regard to information and insight.

Our vision for the future will be to constructively influence relevant health policy development by establishing networks with relevant stakeholders and to be better disseminating research results by measure of brief resumes.

**Message from Jane Kerr**

I teach Health Care Program Evaluation. It has been a very valuable experience to participate in that it gives me greater grounding and understanding respect from where program evaluation comes and progresses toward.

I see a value in what I have learnt in application of some of the methods and teasing out of information for use in the data analysis and report writing for my PhD.

Thank you for a wonderful experience.

**Malawi Impression of the Workshop**

Nurses and midwives from Malawi have been conducting and publishing research work for some time now. However, contribution of their work to policy development has been minimal. Many factors might have contributed to this. For me the workshop on Capacity Building on Evidence Informed Policy Making has transformed my thinking about the way I have been looking at research findings. I suddenly realize that I am adequately prepared to influence policy. My plans are to engage colleagues in identifying issues that can be addressed with evidence informed policy. Yes we can make a difference!