



Rapidly Responding To Policy Queries with Evidence: learning from the Rapid Response Services in Uganda

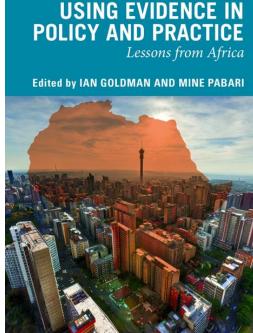
July 21, 2020

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2- Mukono district, local government











Research project

- Research project on Using Evidence for Policy and Practice
- Perspective of policy makers (co-authors)
- African research team with researchers in each country
- 8 cases from 6 countries/West Africa, linked with the Twende Mbele countries
- Explores use of different types of evidence (evaluations, research, rapid synthesis, citizens engagement)
- And what supported evidence use to happen
- Book, published by Routledge: 'Using Evidence for Policy and Practice – Lessons from Africa' available at: <u>https://www.routledge.com/Using-Evidence-in-Policy-and-Practice-Lessons-from-Africa/Goldman-Pabari/p/book/9780367440077</u>







Chapters/cases

- 5 Using evaluations to inform policy and practice in a government department: The Case of the Department of Basic Education in South Africa
- 6 Use of evidence in a complex social programme: an evaluation of the state's response to violence against women and children in South Africa
- 7 The influence of local ownership and politics of the use of evaluations in policy making: The case of the public procurement evaluation in Uganda
- 8 Rapidly responding to policy queries with evidence: Learning from Rapid Response Services in Uganda
- 9 The challenges and potential of evaluations to positively inform reforms: working with producers in the Benin Agriculture Sector
- 10 Parliament and public participation in Kenya: The case of the Wildlife Conservation and Management Act 2013
- 11 The contribution of civil society generated evidence to the improvement of sanitation services in Ghana
- 12 Using evidence for tobacco control in West Africa









Introduction to Analytical framework

Builds on :

- Science of Using Science's framework (Langer, Gough, Tripney 2016)
- The Context Matters framework (Weyrauch, Echt and Suliman, 2016)

What does the framework do?

- to investigate and unpack the effectiveness of programmes and instruments aiming to support decision-makers' use of evidence.
- to present an inductive analytical tool to explore evidence-use interventions, not necessarily outlining what or how interventions *should* lead to positive impacts on decision-makers' use of evidence.
- to structure the generated research and tacit knowledge evidence-base in a consistent manner which allows us to identify patterns in the *overall* evidencebase *across* case studies;

 \rightarrow allows for cross-learning and collaboration around synergies of different EIPP interventions and approaches.

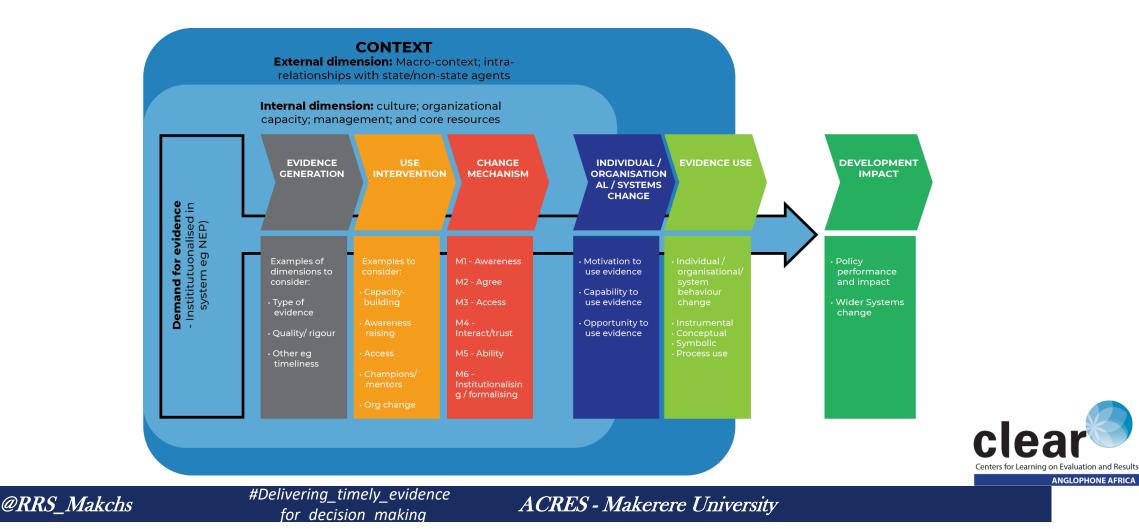






ANGLOPHONE AFRICA

Analytical framework/TOC

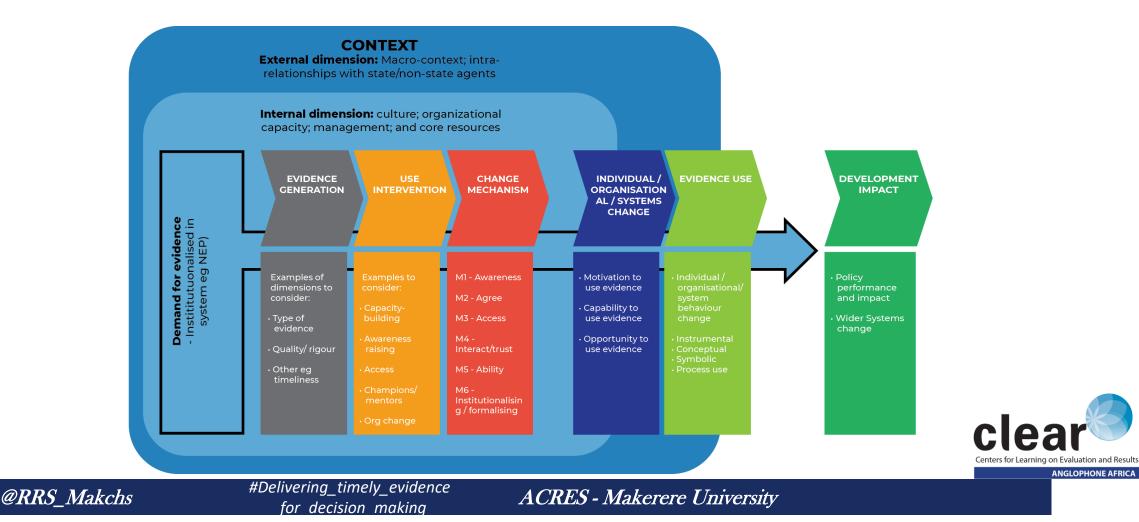






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Analytical framework/TOC







Overview of the Rapid Response service





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Rapid Response Service

- Is a Knowledge translation strategy that seeks to avail <u>already synthesized</u> research evidence to facilitate decision makers in passing <u>quick and/or urgent</u> <u>decisions</u> of policy relevance.
 - Best available evidence e.g. systematic reviews and local evidence- quality, quantity
 - Timely: At the time it is needed for decision-making defined as less than 28 days to a policy decision in Uganda
 - Tailored to an urgent need of the policy or decision-maker (individual, institutional)
 - Contextualized
 - Accessible package, language et cetera





Public systems queries

- Financing, Governance
- Organization arrangements
- Implementation strategies
- HTAs ۲

Time within - 28days



- MAKERERE UNIVERSITY
- Search strategy drawn and • compared amongst team
- Search is done for the best available research evidence
- Evidence appraised, contextualized and summarized

The RRS model



SURE Rapid Response A cost analysis tool for **Obstetric Fistula** Repair

July 2010

This rapid response was prepared by the Uganda country node

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response to a specific question from a Senior Health policymaker in This rapid response includes: - Summary of research findings based on one or more systematic reviews of research on this topic

This document was prepared in

X Not included: Recommendations

Relevance for low- and middle income countrie





9





Summary of the Cases





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National: Mandatory food fortification Regulation

- 1996: Uganda signed onto the United Nations' global commitment to end micro-nutrient deficiencies.
- 2002: Leadership for the food fortification program set up at the National Working Group (NWG) in the Ministry of Health.
- 2004: First legislations- Voluntary regulations and standards for food fortification, the Food and Drugs Act (Food fortification)
- 2007: The Global Alliance for Improved Nutrition (GAIN) provides funding for standardization of food fortification.
- 2011: GAIN requests for a rapid response brief on how a public health program can be sustained beyond its funding phase.
 - Started a process that ended with passing of the mandatory food fortification regulation.









Centers for Learning on Evaluat

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District: Community distribution of misoprostol

- 2009: WHO issued a recommendation that supported the use of misoprostol in the third stage of labor.
- 2012: A local NGO in Uganda, the Programme for Accessible Health Communication and Education (PACE) Uganda, conducted a pilot for community distribution of misoprostol in Mubende district.
 - The success of this pilot motivated PACE to scale up the community distribution of misoprostol with funding from Maverick Collective's PSI in five selected districts.
 - There was a lot of push back from the local health workers about the potential effects of misoprostol in the community.
 - The district leadership sought evidence from the Rapid response service about optimal distribution of misoprostol and the potential adverse effects for each mode







District: Reducing the turnaround time for Gene Xperts for TB

- 2012: An innovative programme, the Gene Xpert MTB/RIF rolled out in selected health facilities to improve TB diagnosis.
 - A laboratory system for TB diagnosis using the Gene Xpert designed around existing Hub system in Uganda.
- 2015: Mukono District Health Team had quality improvement in 2015 to identify and improve inefficiencies.
 - Initiated solutions to the identified challenges: increased the number of hub riders, improved recording and identification of samples and results.
 - The turnaround time remained unacceptably high- at least 2 weeks.
- 2017: District leadership approached the Rapid response service for evidence on how to strengthen the sputum specimen referral system to reduce the turnaround time.









Use interventions

USE

Capacitybuilding Awareness raising

Champions/ mentors

org change

Instrumental use:

Evidence from the Rapid response
brief informed strategies for
increasing the Gene Xpert
efficiencies through implementing a
GPRS printer in the laboratory
system.

Conceptual

- Clarified initial perspectives about the potential abuse of misoprostol and mistrust in the distribution.
- Informed discussions of the National Working group for the mandatory
 food fortification regulation



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- Accessibility of the evidence and the service
- Dialogue and interaction
- Demand driven approaches
- Neutral and credible processes
- Visibility

CHANGE

MECHANISM

M1 - Awareness

Interact/trust M5 - Ability

Institutionalisin

a / formalising







CONTEXT External dimension: Macro-context; intrarelationships with state/non-state agents

Contextual factors

Internal dimension: culture; organizational

- Levels of decision-making e.g. national versus sub-national level
- Demand for evidence from the politicians from the district technical team
- Relationships and trust between knowledge brokers and users of the evidence
- Demand for accountability at the user's department.
- Feedback mechanism between the knowledge brokers and the users of evidence.
- Incentives for the user e.g. recognition of achievements
- Attitude of the user of evidence









CONTEXT External dimension: Macro-context; intrarelationships with state/non-state agents

Internal dimension: culture; organizational capacity; management; and core resources

Contextual factors

- Use of evidence perceived as an extra task for the decisionmakers
- Previous experience e.g. positive experiences influence more use of evidence and otherwise
- Champions within the policy of decision-making space can make a difference
- Policy or decision-makers' ability or having the structures to generate, search for and interpret evidence
- Availability of resources to the policy or decision-maker e.g. computer, internet access







Reflections and Lessons

- The context of policy and decision-making should be considered when supporting the users of evidence:
- Relationships and trust between the knowledge brokers and users of evidence
- Credibility and ownership of the evidence
- Visibility of the knowledge brokers
- More than one approach is necessary e.g. Increase awareness for evidence, advocacy and provide a service







Edited by IAN GOLDMAN AND MINE PABARI



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Table of Contents

Forewords, Ruhakana Rugunda, Prime Minister, Republic of Uganda and Paul Cairney, University of Stirling; 1. Introduction to the Book; 2. An Introduction to Evidence-Informed Policy and Practice in Africa; 3. Using Evidence in Africa; 4. Mere Compliance or Learning; 5. Using Evaluations to Inform Policy and Practice in a Government Department: 6 Use of Evidence in a Complex Social

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Future webinars

Aug (in French) Chapter 12 'Using evidence for tobacco control in West Africa'.

- Sept Chapter 7 'The influence of local ownership and politics of the use of evaluations in policy making: The case of the public procurement evaluation in Uganda'.
- Oct Chapter 11 'The contribution of civil society generated evidence to the improvement of sanitation services in Ghana'.
- Nov Chapter 6 'Use of evidence in a complex social programme: case of an evaluation of the state's response to violence against women and children in South Africa'.
- Dec (in French) Chapter 11 'The challenges and potential of evaluations to positively inform reforms: working with producers in the Benin Agriculture Sector'.









Thank you

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