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POLICY BRIEF

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# EXPERIENCES AND LESSONS OF POLICYMAKERS USING EVIDENCE FROM THE RAPID RESPONSE SERVICE FOR POLICYMAKING


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## SUMMARY & KEY MESSAGES

This policy brief describes experiences and lessons of policymakers who sought for evidence from the rapid response service situated at Makerere University College of Health Sciences to inform decision processes they were directly involved into. The rapid response service is a knowledge brokerage service that has been in existence for over 10 years providing synthesized evidence in response to urgent demand for evidence, usually within 28 days, from policy and decision-makers at different levels of decision-making. The rapid response service seeks to remove the barrier of time to access, availability and use of evidence for policy- and decision-makers to promote the increased use of evidence informed decision-making in government.

The three mini-cases illustrated in the policy brief include:

- The use of the evidence from the rapid response service by decision-makers at the national level to discuss strategies for the sustainability of a national voluntary food fortification programme after donor funding.
- Evidence use by decision-makers at the district to inform decisions on how to implement the community distribution of misoprostol which was perceived to be controversial.
- Evidence use by decision-makers at the district to improve the implementation of the Gene Xpert testing strategy for Tuberculosis and reduce the high turnaround time.
- The rapid response service involves several steps that include clarification of the policy question or query, search and find, appraise, synthesize and summarise the evidence, internal and external review and the final product, a rapid response brief.
- The policy brief concludes with recommendations for increasing the use of evidence, from the RRS.
- Build capacity and awareness of the policymakers so that they are able to understand the evidence and use it.
- Deliberately invest in building trusted relationships through enabling regular dialogue and interaction. between researchers and decision-makers.
- Knowledge brokers need to have sufficient understanding of the context in order to provide evidence that is socially and culturally appropriate for the policy and decision-maker.
- Increase visibility of the rapid response service to potential clients, the policy and decision-makers at different levels of governance.
- Use available structures within the decision-making processes to increase the likelihood of the evidence provided to be used.

# Background

Policymaking is a complex process. Managers, policymakers and researchers interested in utilizing evidence in policymaking have to overcome a lot of challenges to do so (Jewell and Bero 2008). This includes challenges with the generation of high quality evidence; the way in which policymakers and managers access and acquire it; interpret and appraise it; and multiple influencing factors within the environment of policy makers, such as politics, financial concerns and organizational culture towards evidence (Weiss 1993). In addition, several policymakers and managers cite the rapid pace in the decision-making processes as a significant limitation in terms of their time to acquire, appraise, synthesize and use the evidence (Jewell and Bero 2008).

The rapid response service (RRS) is a knowledge translation platform set up under the Regional East African Health- Policy Initiative (REACH- PI) at Makerere University College 10 years ago. The platform was established to respond to urgent demands of evidence by policy- and decision-makers (Mijumbi, Oxman et al. 2014). The RRS provides the best available, synthesized and appraised evidence in less than 28 days. The RRS has supported over 65 policy processes; and, built capacity of several researchers and policymakers globally in evidence informed policymaking (Mijumbi-Deve and Sewankambo 2017).

The RRS has a structured model that involves the following steps: Clarifying the policy question from the decision-maker; searching and retrieving the evidence using standard systematic methods; appraising and synthesizing it; summarizing the evidence using a language and format that is easy to understand for the policymaker; and, reviewing the summarizing evidence by an internal and external reviewer (Mijumbi, Oxman et al. 2014, Mijumbi-Deve and Sewankambo 2017). All these processes are documented and completed within a negotiated timeframe within which the policymaker needs the evidence (Mijumbi, Oxman et al. 2014). The final product, the rapid response brief, can also be used to facilitate structured policy deliberations in dialogues, and or citizen panels.

This policy brief seeks experiences and lessons from three mini- case studies of policy- and decision-makers at the national and district level who used evidence from the RRS.

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# Journey of the cases

## SUSTAINABILITY OF THE NATIONAL VOLUNTARY FOOD FORTIFICATION

Earlier efforts by the Government of Uganda to reduce micronutrient deficiencies through food fortification were voluntary. In 2004, the Government passed the Food and Drugs Act (food fortification) which put in place standards and framework for a voluntary national food fortification program (Uganda National Bureau of Standards 2019). However, only a handful of industries participated in this program mainly because of the high costs of inputs such as machines, food fortificants and testing required.

In 2007, the Global Alliance for Improved Nutrition (GAIN) and the United States Agency for International Development (USAID) supported a Ministry of Health program to strengthen the voluntary food fortification programme in the country. The voluntary food fortification involved testing and purchasing of the machines and fortificants including vitamin A, zinc and iron for the private industries. This encouraged over 80% of the participating industries to comply with the food fortification regulations and standards.

The grant was coming to an in 2011 and GAIN and USAID were particularly worried that the withdrawal from the programme would erode all the successes that had been achieved. They were concerned that the high costs of the food fortificants and machines, which had been heavily subsided, would result in poor competitiveness of participating industries' products if they added a mark up to their prices to recover the costs of the food fortification. In line with this, a representative for GAIN approached the RRS to request for evidence to guide them on strategies to ensure sustainability of the food fortification programme once the funding had ended.

The RRS provided two briefs which were used in discussions in deliberative policy dialogues brought together by MoH to ensure the sustainability of the programme. These processes would eventually lead to the Foods and Drugs (food fortification) (Amendment) Regulations (Uganda National Bureau of Standards 2019), which made mandatory the fortification for wheat, maize flour and vegetable oil industry products.

## COMMUNITY DISTRIBUTION OF MISOPROSTOL TO WOMEN IN MUKONO DISTRICT

A non-governmental organisation in Uganda, the Program for Accessible Health Communication and Education (PACE) Uganda has been involved in conducting programs in reproductive health in Uganda. In one of their programs, they piloted the community distribution of misoprostol to reduce the burden of postpartum haemorrhage among pregnant women who might not have access to skilled birth attendants. The pilot used a safe delivery kit, known as the "mama kit" that is provided to pregnant women during antenatal. Following the success of the pilot, PACE received from the Maverick Collection's Population Service Initiative (PSI) to scale up the program to five selected districts: Buikwe, Mukono, Mpigi, Luwero and Iganga districts.

However, the district health officer (DHO) from Mukono district was uncertain about the effects of community distribution of misoprostol. Misoprostol, known for its abortion inducing effects, had been strongly resisted by the healthcare professionals at the facilities. They were also uneasy by the implementation strategy that was going to use the Village Health Teams (VHTs) who have no qualifications in the use of any drugs and yet, misoprostol is restricted, and can only be accessed after a prescription from a medical officer.

The DHO therefore approached the RRS and requested for evidence to inform strategies optimal to the distribution of mechanisms of misoprostol to pregnant women for the prevention of PPH. The synthesized evidence was needed within two weeks to inform a meeting between the DHT and PACE Uganda on the way forward.

The research question was clarified through an iterative process and summarized as; '*How can distribution of misoprostol to pregnant women for the prevention of PPH be optimized*?'. The brief highlighted evidence from three models that had been studied on the community distribution of misoprostol. The brief also summarized evidence on the effects of misoprostol in the community.

### REDUCING THE TURNAROUND TIME FOR GENE XPERT RESULTS FOR TB IN MUKONO DISTRICT

Mukono district implemented the Gene Xpert MTB/RIF to improve the diagnosis of tuberculosis in one health facility in 2012. This was part of Uganda's strategy of rolling out the Gene Xpert MTB/RIF because of the high costs of the cartridges and maintaining the machines (Hanrahan, Haguma et al. 2016). One central facility acted as a hub and served the peripheral facilities, using coordinated motorcycle riders for sputum transfer. They followed predetermined schedules to deliver and pick up results and samples using specific routes, often determined by road access.

However, this system had a number of challenges that caused delays and unacceptable high turnaround time of more than one month. This subsequently exacerbated the dropouts of potential TB cases during diagnosis. The district health team attempted several quality improvement strategies in vain before they approached the RRS for evidence. The evidence was to be used in a brainstorming meeting with the implementation partner (IP) who was willing to support a district initiative to reduce the turnaround time. The meeting was to take place within three weeks after the question had been asked.

The clarified question synthesized and summarized was, "*how can the sputum specimen referral system be strengthened to reduce the turnaround time in Mukono district*?"

The rapid response brief summarized evidence that drew upon the lessons and experiences of the early infant diagnosis specimen referral system in HIV, from which three options were suggested. The options included considering adopting innovative technologies such as SMS/GPRS printers, using Village Health Teams to link patients in the community to the sputum specimen referral and conducting a systems diagnosis for a local cause.

## How the evidence was used?

The evidence from the RRS in these three mini-cases was used in a number of different ways, such as the following:

- The evidence informed an implementation strategy to reduce the turnaround time in TB diagnosis using Gene Xpert MTB/Rif. The DHO was able to convince the DP to support use of GPRS printers at all hub and spoke facilities. This strategy drastically reduced the turnaround time to less than 48 hours from more than 30 days.
- The RRS brief was used in a deliberative dialogue between stakeholders for the food fortification program including ministries of health; trade and industry; and Justice and constitutional affairs, private industry, Uganda National Bureau of Standards, researchers and development partners. The brief highlighted and clarified on the need for a mandatory regulation as the solution for a sustainable food fortification program.
- The RRS brief that informed community distribution of misoprostol was used by the district to clarify the effects of misoprostol in the community and the models of ensuring that the possibility of abuse is reduced.
- The RRS brief was also used by the DHO to support his decision to go ahead with the community distribution of misoprostol because he had a good prior working relationship with the NGO.

## Mechanism for the use of evidence

- Visibility: The RRS convenes several formal and informal engagement activities with policymakers at different levels such as trainings, meetings, and providing briefs that are shareable. The service also makes intended regular contacts with policymakers to remind them about the support it provides. This raises awareness to the evidence
- Decision making cultures: The district had a structured system where they meet every quarter to meet challenges and seek solutions in the delivery of public service programs. The structures were leveraged to discuss the evidence and ensure acceptance to the evidence.
- Accessibility: The RRS provides a brief with evidence that is contextualised to the setting of the policymaking, appraised and in a language that is easy to understand for non-specialised individuals. This ensures the evidence is accessible to the decisions that need to be made.
- Dialogue and interaction: The RRS has structures that encourage dialogue and interaction between the knowledge brokers and policymakers. This allows policymakers to clarify their questions and agree to the evidence to be summarised. This iterative process is essential for not only the ownership and acceptance of evidence, but also builds trust and relationships with policymakers and ensures it is relevant to the policymaker.

- Demand driven approaches: The service responds to urgent demands and requests from policymakers. The policymakers have to identify a need for evidence into a decision-making process to request for the evidence. This ensures that the evidence is relevant to and a sense of ownership of the evidence by the policymaker and there is ownership of- and ultimate increases the likelihood of use of the evidence.
- Credible processes: The RRS has a systematic, transparent, rigorous and robust model that ensures the evidence is the best available in terms of quality and quantity. This increases the trust of the evidence provided, and increases the likelihood of use.

# Barriers and facilitators

Several barriers and facilitators to using evidence from the RRS were identified. These included:

**Autonomy to make decisions**: The district health officers reported that they had the autonomy to make decisions related to implementation of public service programs in their jurisdictions. This encouraged them to seek evidence to improve the effectiveness and efficiency of service delivery.

**Political influence**: Policy and decision-making are inherently political processes. The officers who reported having support from politicians were more likely to encourage the technocrats seek evidence, and also ensure the decisions they made have a "justification".

**Relationships and trust**: The RRS has for several years built relationships and trust with the district leadership. This makes it easier for the policymakers to approach the service, request for the evidence, discuss and consider it in the decision-making processes.

**Skills and knowledge for evidence use**: It is important that the decision-makers have skills and knowledge to understand and use the evidence. Policymakers noted that lack of access to a computer, skills to search for, generate and analyse evidence reduces the likelihood of evidence use. The RRS regularly provides capacity building exercises for policymakers to increase their ability to appreciate the process and principles of evidence informed decision-making.

**Resources**: As mentioned above, it is important that policymakers have access to internet and computer that will enable them to access evidence from the RRS or any other source.

# Recommendations

In order to strengthen the probability of use of evidence generated from RRS, the following is recommended:

- Build capacity and awareness of the policymakers so that they are able to understand the evidence and use it.
- Deliberately invest in building trusted relationships through enabling regular dialogue and interaction. between researchers and decision-makers.
- Knowledge brokers need to have sufficient understanding of the context in order to provide evidence that is socially and culturally appropriate for the policy and decision-maker.
- Increase visibility of the rapid response service to potential clients, the policy and decision-makers at different levels of governance.
- Use available structures within the decision-making processes to increase the likelihood of the evidence provided to be used.

# Research methodology

- *This brief draws on case study research carried out for the project, 'Evidence in practice: documenting and sharing lessons of evidence-informed policymaking and implementation in Africa", supported by the Hewlett Foundation.*
- *The case study research was guided by an analytical framework that combines two different frameworks: i) the Science of Using Science's framework that looks at evidence interventions and outcomes from a behaviour change perspective (Langer et al., 2016) and the Context Matters framework that serves as a tool to better understand contextual factors affecting the use of evidence (Weyrauch et al., 2016). The framework approaches evidence use from a policymakers' perspective (i.e. from demand rather than supply perspective). The framework takes into account contextual influencers and breaks down an evidence journey into how evidence is generated, the interventions are taken to ensure evidence use, the change mechanisms that arise as a result and the relationships between the evidence journey and the immediate and wider outcomes that emerge.*

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