



Towards  
4+5  
Research  
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Consortium

# Improving Evidence-Based Policymaking in maternal and neonatal health

Strategies for researchers and policymakers

## Key points

- The drive towards Evidence-Based Policymaking (EBPM) currently dominates public health research, policy and practice; it shapes the perceived credibility of research methods, the types of policies and programmes implemented and funding decisions.
- Whilst the EBPM movement has been successful in raising awareness about the importance of research for policy; powerful international decision-makers, researchers and donors continue to play a central role in shaping how research is developed and used, both internationally and nationally.
- Competition for funding and attention from international policymakers has undermined attempts to integrate maternal, neonatal and child health programmes.
- Maternal and neonatal health requires research into complex health systems issues; however this has been limited by an aspiration to use experimental research methods that are best suited to assessing the impact of single interventions.
- To increase the effectiveness of EBPM, it is important to build the capacity of national level stakeholders to develop and use diverse forms of research from multiple disciplines in an effort to respond more effectively to local problem solving.

Public health policymaking processes at national and international levels, have in the past been criticised for being inappropriately driven by changing ideological positions rather than objective evidence. This has undermined the effectiveness of interventions and their potential to improve health outcomes. In a call to make policymaking processes more transparent and systematic, an internationally-led Evidence-Based Policymaking (EBPM) movement has emerged, encouraging policymakers to base decisions on available scientific research (Waters and Doyle, 2002).

The dominance of the EBPM movement has impacted maternal and neonatal health research agendas, policy-making processes and funding decisions. Whilst it has successfully raised awareness of the importance of research for policy, it has also failed to support a long-term public health agenda and thus, endorsed the fragmentation of health systems. Questions remain over the suitability of this approach for researching complex health systems issues and implementing integrated maternal and neonatal health policies in different contexts.

This briefing paper highlights some constraints of the internationally-led EBPM movement on national-level research and policy making. Based on two ethnographic studies of the EBPM movement, it provides insights from professionals working in maternal and neonatal health at the global level, and in five developing countries. It then makes recommendations on how to improve the role of research in effectively guiding policy-making and programme development.

The enquiry identified several factors that constrain the effective use of research in policy. These include:

- the influence of powerful international actors on national policies
- a preference for experimental research methods which limits research conducted on complex health systems issues
- conflicting attitudes within countries concerning research agendas and the capacity of local researchers

### The influence of international actors

In many resource-poor countries, health priorities are influenced more by multilateral organisations, international donors and non-governmental organisations than local evidence.

Whilst such organisations have successfully raised awareness of neglected issues such as unsafe abortion, the policies and approaches that they endorse are often uncoordinated and tend to replace, rather than integrate with, existing policies.

Similarly, the predominating influence of internationally-led research means that generalised results emerging from international groups are often readily and uncritically accepted by global and national-level policy makers.

*“International donors influence policy making because they give us money ... and we tend to then have to shift our focus on what they want”*

quote from a district health officer

This can have detrimental effects leading to the unwarranted adoption of new policies at the expense of resolving existing implementation challenges.

The preference for internationally-led research undermines local experts' knowledge that is gained through experience and the full development of research for creative and locally-generated problem-solving.

### Box one: Integration or competition?

The important role that international actors play in determining policy and spending has fuelled competition between subfields in public health and reduced the propensity to integrate programmes.

When neonatal health, which refers to the first four weeks of an infant's life, emerged as a neglected field there was international consensus that it should be integrated into existing maternal and child health interventions. However, the donor and policy attention that neonatal health received has increased competition between paediatric (child health) and obstetric (maternal health) professional bodies. This has resulted in a drive to create separate neonatal health programmes rather than integrate them.

Competition between maternal and child health has been exacerbated by key players in each field who advocate contradictory strategies. Maternal health experts emphasise a facility-based approach through the training of skilled birth attendants and strengthening of emergency obstetric care. In contrast, neonatal health experts advocate technologically simple solutions such as the use of community health workers or traditional birth attendants.

As a result of these competitive pressures, research findings on effective strategies for reducing mortality have been interpreted differently and used by advocates in each field to influence policymakers and donors, often towards divergent and conflicting directions.

### Limitations of experimental research methods

EBPM in public health has been strongly influenced by Evidence Based Medicine (EBM). This is the explicit use of scientific evidence by health professionals to make decisions about care for individual patients and evaluate clinical practice. The criteria used to judge the quality (and thus credibility) of evidence have been directly transposed from EBM to EBPM, with a preference for experimental research methods that make it possible to test and conclusively evaluate the impact of interventions. Box two explains the Randomised Controlled Trial, the preferred research method for evaluating interventions.

*“If you want to say the continuum of care [integration] is the answer, how do we validate and monitor that? How do we say it was proven to work, what are the outcomes, how many lives are saved?”*

quote from an International policy-consultant

### Box two: The Randomised Controlled Trial

The Randomised Controlled Trial (RCT) is widely accepted as the best method for establishing the effectiveness of most types of interventions.

It is a quantitative experiment in which research subjects, such as individuals, hospitals or villages, are allocated to groups at random to receive one of several clinical interventions. The RCT study was originally developed for testing the effectiveness of drugs or targeted interventions.

Some researchers working in maternal and neonatal health aspire to use experimental methods rather than other types of research such as observational, historical and multi-disciplinary research, which tend to have less credibility. These research methods are also less expedient in attracting funding and attention because they tend to have less straight-forward policy applications.

However, experimental research is not always the most appropriate method for providing evidence about complex health systems issues such as the organisation of maternity care services. Many researchers have avoided questions relating to health systems strategies, scaling-up programmes or integration of services. Instead they have focused on single vertical interventions, where it is possible to clearly demonstrate the impact the intervention.

Some policymakers and donors have endorsed - and indeed promoted - this trend, channelling efforts towards implementing vertical programmes rather than focusing on strengthening health systems.

### National research agendas and research capacity

In some countries there is a perception amongst junior health officers and clinicians, that senior level policymakers and researchers who control and drive national agendas are more interested in complying with international pressures than specific problems in their own countries. Therefore, some claim that they are out of touch with local conditions and unlikely to commission local research about their own settings.

Because of this, senior level officials are said to value research primarily for the identification of effective clinical interventions or as a way of monitoring programmes, rather than to influence the development of context-specific public health policies.

In contrast, professionals working at lower levels in the health system including clinicians, district health officers and research fellows, appear to have different views concerning the role of research. They consider research important for informing local policy and addressing implementation issues such as difficulties decentralising services or lack of leadership within health units. This requires the development of local research capacity that engages directly with regional-level issues and communities.

*“We need to promote locally based action research. When there is documentation on maternal and neonatal health, it is restricted to district level when ideally, it should reflect [even further] ‘down to the ground’”*

quote from a district health officer

## Recommendations

### Support for context specific research and local researchers

- National governments need to develop research agendas and support the development and use of diverse forms of research that are attuned to local contexts and that are able to address local problems.
- With the support of the international community, including donors, national governments need to clearly support the capacity development of local researchers to respond to context-specific problem-solving.
- National research should be complemented by internationally-led research and policies, which should be viewed as providing guiding principles only.

### Promotion of new research models

- Academic institutions, especially those concerned with public health, should promote the development of diverse research methods for investigating complex health systems issues and context specific problem solving.
- This requires a more open critique of the limitations of evidence based research methods, such as RCT, for investigating health systems issues.
- Academic institutions should also encourage the development of research across different areas of expertise.

## Credits

This briefing paper was written by Rebecca Wolfe and Dominique Behague for the Towards 4+5 Research Programme Consortium. It draws on research conducted in Bangladesh, Burkina Faso, Ghana, Malawi and Nepal.

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## Towards 4+5 Research Programme Consortium

### About Towards 4+5

Towards 4+5 is a five year Research Programme Consortium on maternal and newborn health, funded by the Department for International Development (DFID), UK. The goal is to support evidence based policy and practice for maternal and newborn health to facilitate the achievement of the Millennium Development Goals 4 and 5.

### Research themes

Research is concentrated in five developing countries. These are Bangladesh, Burkina Faso, Ghana, Malawi and Nepal. It focuses on ways to improve mother and infant care at both the facility and community levels. The key themes of the research include: health services and audit, community based interventions and the cost-effectiveness of maternal and neonatal health interventions.

### Partners

The consortium is directed by Professor Anthony Costello at the Institute of Child Health and Dr Veronique Filippi at the London School of Hygiene and Tropical Medicine. The consortium comprises of a number of organisations worldwide. These are:

- Institute of Child Health (ICH), University College London, UK
- London School of Hygiene and Tropical Medicine (LSHTM), UK
- International Centre for Diarrhoeal Disease Research (ICDDR,B), Bangladesh
- Perinatal Care Project (PCP), Diabetic Association of Bangladesh (BADAS)
- Grefsad, Burkina Faso
- Kintampo Health Research Centre (KHRC), Ministry of Health/Ghana Health Services
- Maimwana project, Lilongwe Central Hospital, Malawi
- Mother and Infant Research Activities (MIRA), Nepal
- Staff affiliated to: The Florence Nightingale School of Nursing and Midwifery, Kings College London, UK; National Perinatal Epidemiology Unit, University of Oxford, UK; Aga Khan University, Pakistan.

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