



*Influencing policy-makers  
through implementation  
research:  
lessons from Impact*

Professor Wendy J Graham

“Research to improve the implementation of policies, programmes and practice”

“Research to see if what was intended to be done – was done – as intended”

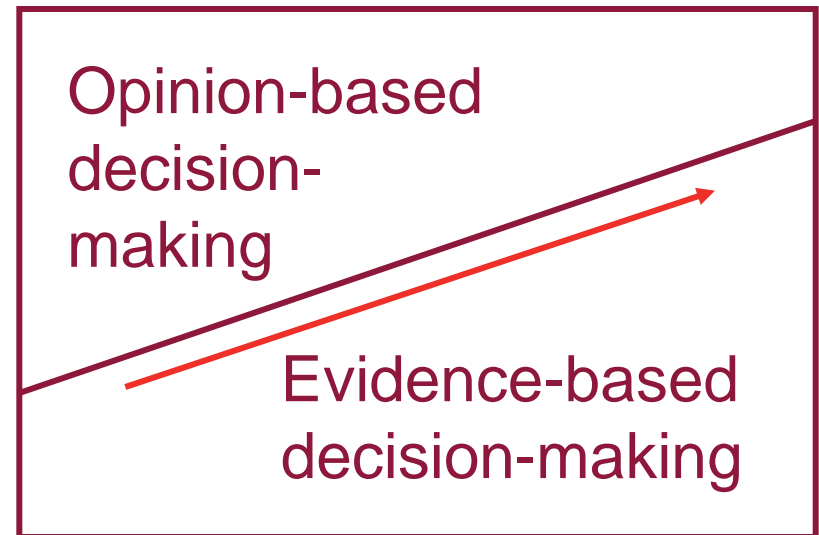
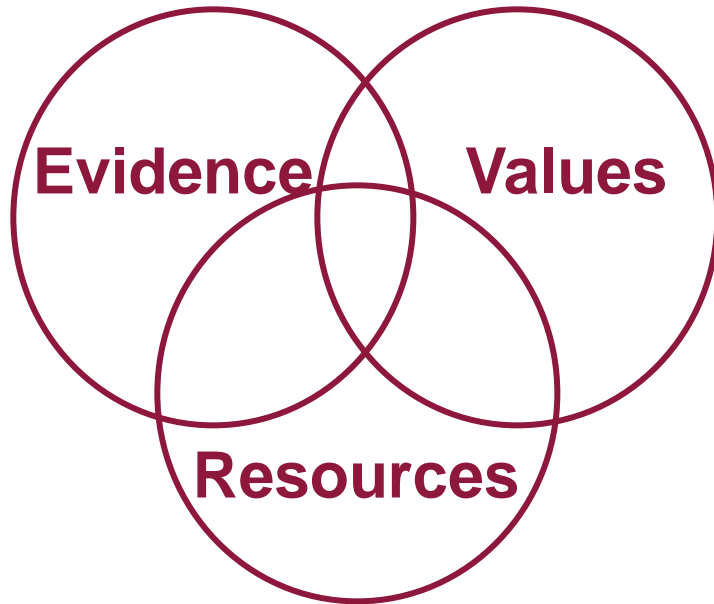
Relevance of implementation research:

Levels of coverage of key MNCH interventions reflect the integrity of implementation at policy, programme & practice levels



Impact is the international  
research  
Initiative for Maternal  
Mortality Programme  
Assessment

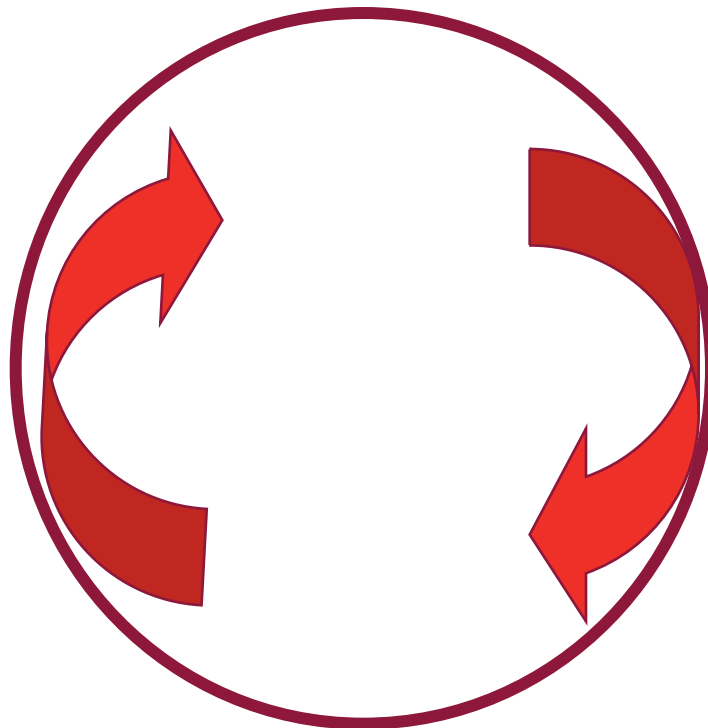
Goal: to improve the evidence-base for **policy-makers**  
through comprehensive evaluations of safe motherhood  
intervention strategies



Gray, J.A.M 1997  
Evidence-based  
health care.

**Assessing policy decision-makers'\* priorities for evidence**

**Using evidence to inform the design, implementation & evaluation of enhanced strategies**



**Gathering & synthesizing evidence**

**Communicating and translating the evidence for decision-making**

**\*From Ministries of Health: Minister, Deputies, Heads of MNCH**

**Burkina Faso**  
**Ghana**  
**Indonesia**  
Nepal  
Nicaragua  
Senegal  
South Asia  
Uganda  
Zimbabwe



- Developed & tested measurement “tools”
  - Undertook major comprehensive evaluations in 3 countries (& 6 further country/regional collaborations)
  - Strengthened research teams in partner institutions
- Focus now on translating research evidence into policy



**Maternal  
mortality  
&  
morbidity**

[www.maternal-mortality-measurement.org](http://www.maternal-mortality-measurement.org)

**Quality  
of care**

**Economic  
outcomes**

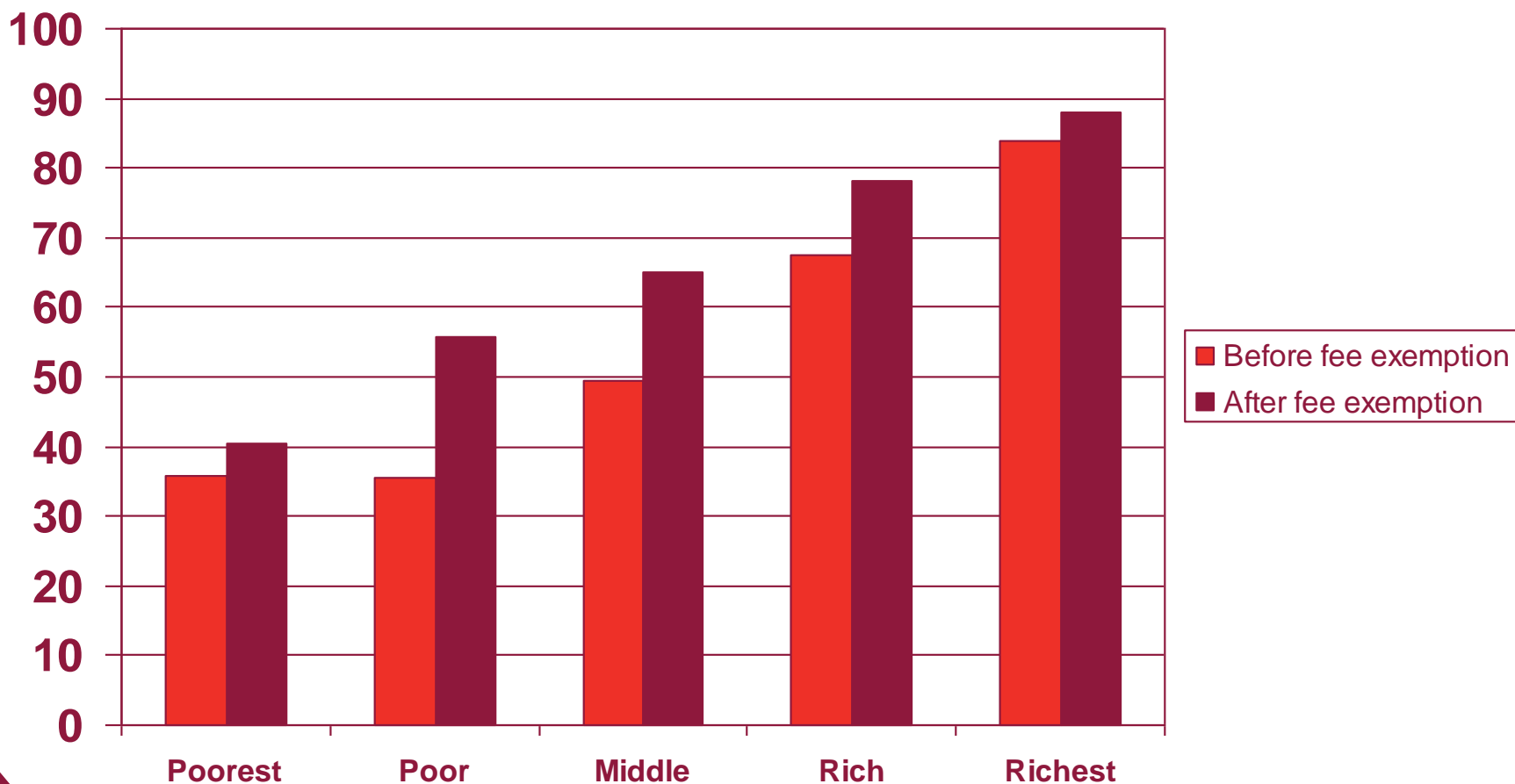
**Health  
system  
factors**



- Ghana: effects of free delivery care policy
- Indonesia: effects of village midwife programme
- Burkina Faso: effectiveness of skilled delivery care initiative

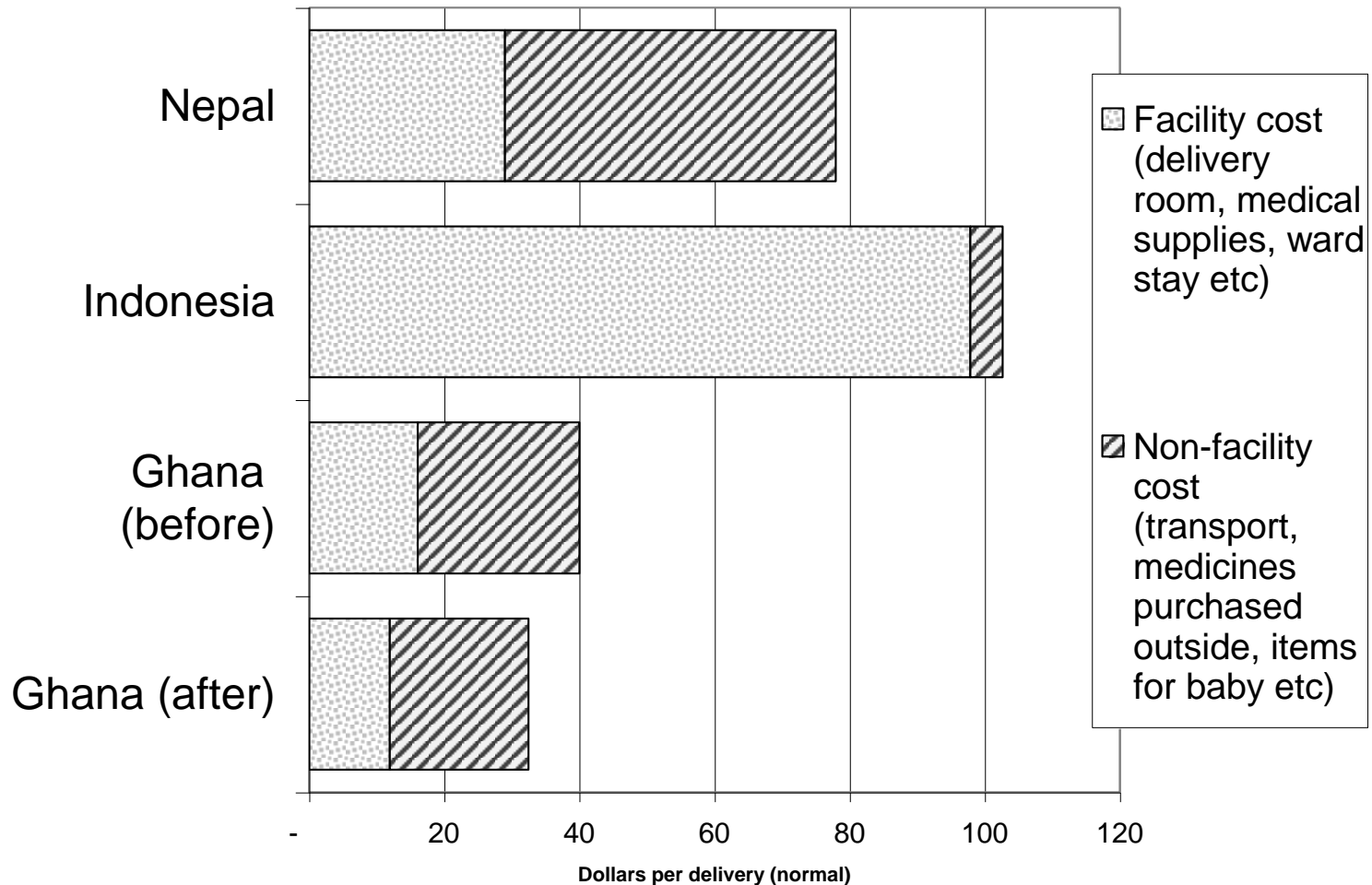


% of deliveries in health facilities by wealth quintiles, two regions of Ghana



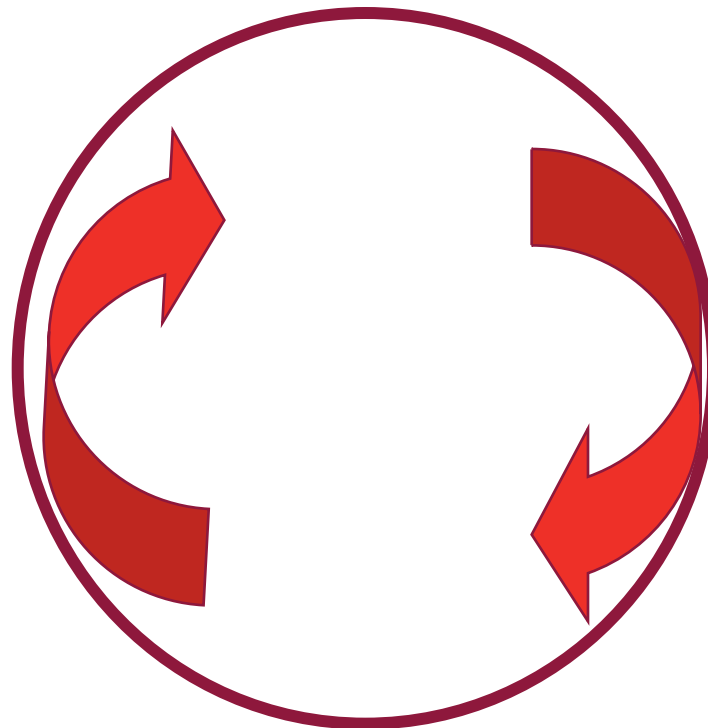
- Mean out-of-pocket payments for deliveries in health facilities fell after removal of user fees for:
  - ❖ normal cases and caesarean sections
  - ❖ but fell less for poorest (13% fall) than richest quintiles (22% fall).
- Proportion of households falling into extreme poverty as a result of catastrophic payments for delivery care:
  - ❖ fell from 2.5% to 1.3%
  - ❖ but catastrophic payments became more concentrated amongst the poor.

# Most significant household cost barriers vary



**Assessing policy decision-makers' priorities for evidence**

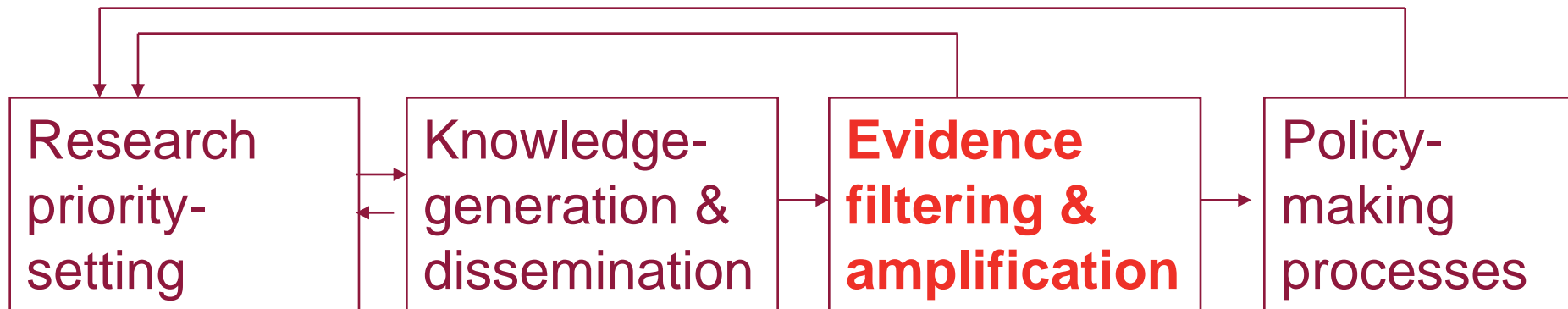
**Using evidence to inform the design, implementation & evaluation of enhanced strategies**



**Gathering & synthesizing evidence**

**Communicating and translating the evidence for decision-making**

*“Translation is the conversion of findings from basic, clinical or epidemiological research into information, resources or tools that can be used to improve health.”*



# Four “translated” messages from Immpact

1. The burden of maternal mortality is borne disproportionately by the poorest or most disadvantaged women.
2. Financial barriers to emergency care & skilled delivery are major reasons for this burden & inequity.
3. Many current strategies for universal access aim to reach the poor but tend to reach the non-poor.
4. Phased & targeted approaches to reducing financial barriers & assuring quality of care could catalyse progress towards MDG5 & MDG4.



- Growing concern for what works or not in translation – but still weak understanding
- Many case-studies e.g. Mag.sulphate; abortion law reform in Nepal
- Hard to attribute policy change to research & often highly context-specific
- Need to create enabling environment to increase likelihood of translation

- Start from the perspective of decision-makers
- Ensure continuity of linkages and exchange
- Promote multiple pathways to translation & form strategic alliances

- Capitalise on personal contacts, trust & credibility
- Timely findings (planning or budget cycles; reforms)
- Communicate effectively (digestible data & manage risks; tailored messaging)



**Researchers  
are from  
Venus.  
Policy makers  
are from Mars.**



**“One of the big changes in the research-policy interface is the shift from the two community approach to what might be called the network approach”.**

Source: Alliance for Health Policy and Systems Research. 2007. Sound Choices: Enhancing capacity for evidence-informed health policy. WHO: Geneva. p25.

# Demand for research evidence is now more diverse

