



*Using research
evidence from
Impact: the art of a
science*

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Evidence
from
research



Jackson Pollock [guggenheim.org](http://www.guggenheim.org)



Policy-
relevant
messages

Translation:
the art of a
science

“The role of the scientist is to use research to ascertain the effectiveness of innovative policies and programs.

This is in contrast to {their} role as advisor in which the scientist can indulge in over-advocacy ...”.

Donald T Campbell 1988 *The experimenting society*.



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



- *Preparing the palette: the rationale for Immpact*
- *Creating the first impressions: the research process*
- *Looking for hidden meaning: the translation art*
- *Painting & framing the big picture: a key finding*
- *Exhibiting to the “public”:* the way ahead



**Cost of generating
evidence**



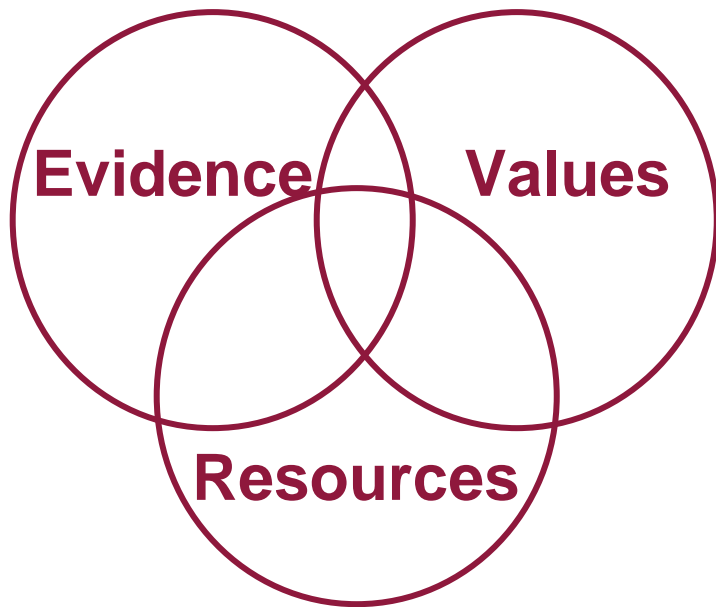
**Value of
evidence**



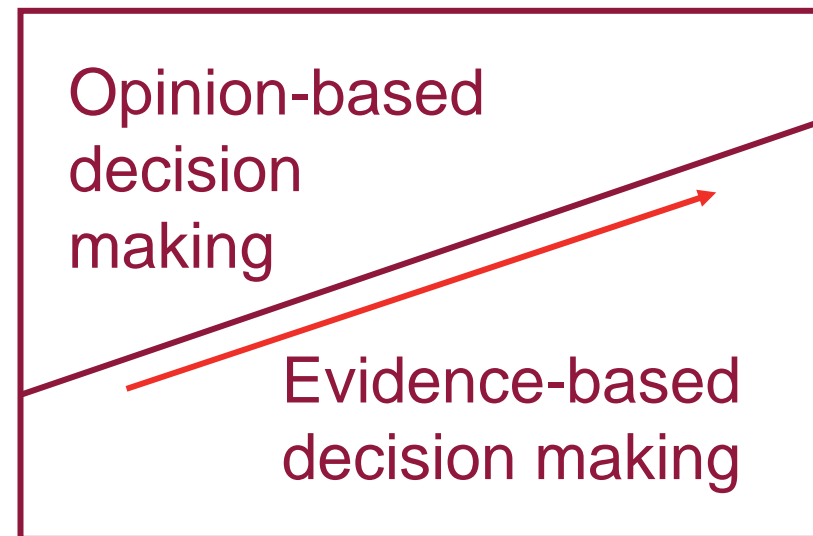
Safe motherhood strategies

New York
Feb 2001

Political challenges to strengthening evidence-base:



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



Pressure on resources

Technical challenges to strengthening evidence-base:

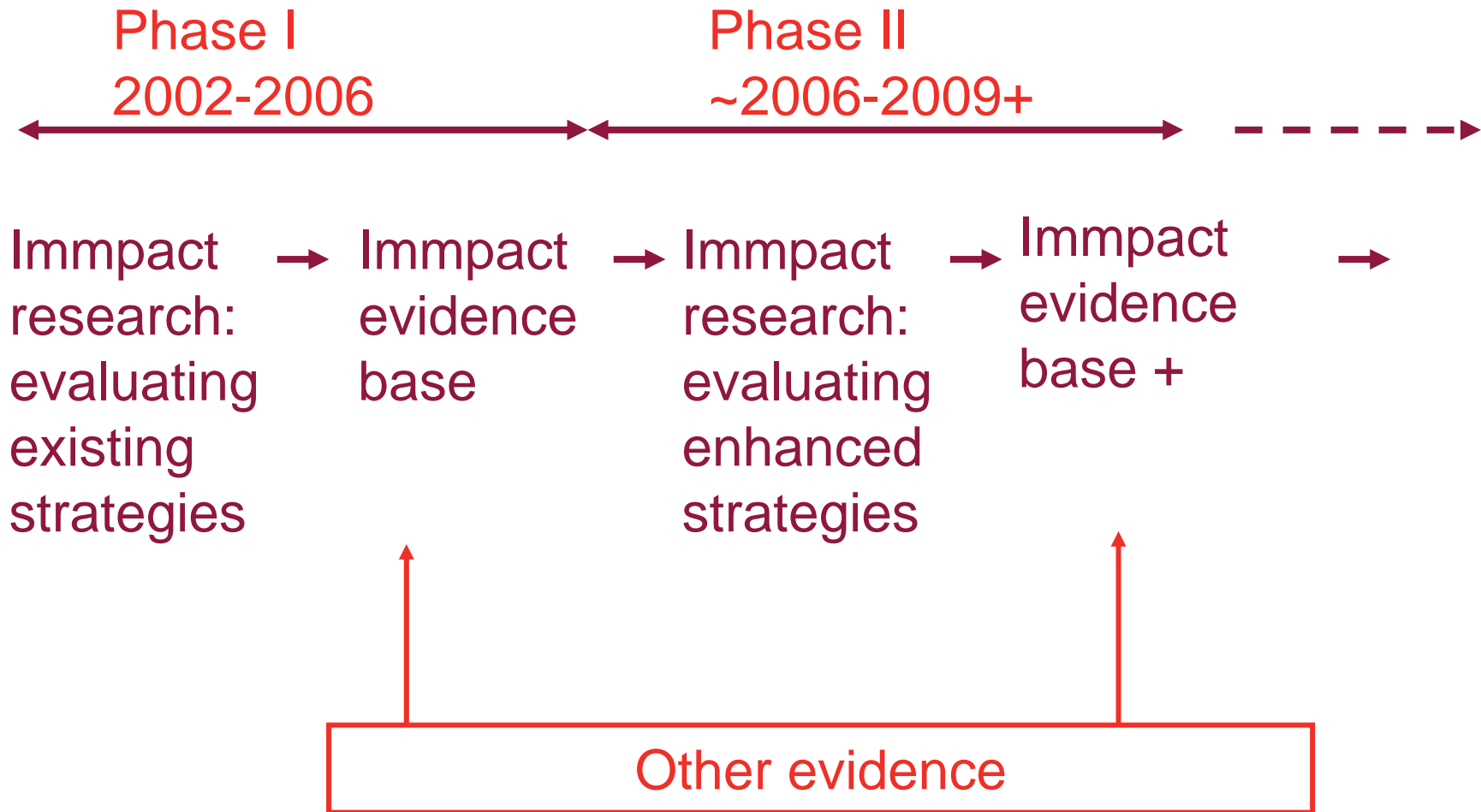
1. No accepted model to follow

- Allowing for contextual factors + generalisability
- Attribution & causality
- Defining intervention strategies (content & implementation)
- Outcome measurement

2. Real world evaluations

- Alongside partnerships
- Time
- Capacity strengthening

Impact research process(1): the “vision”

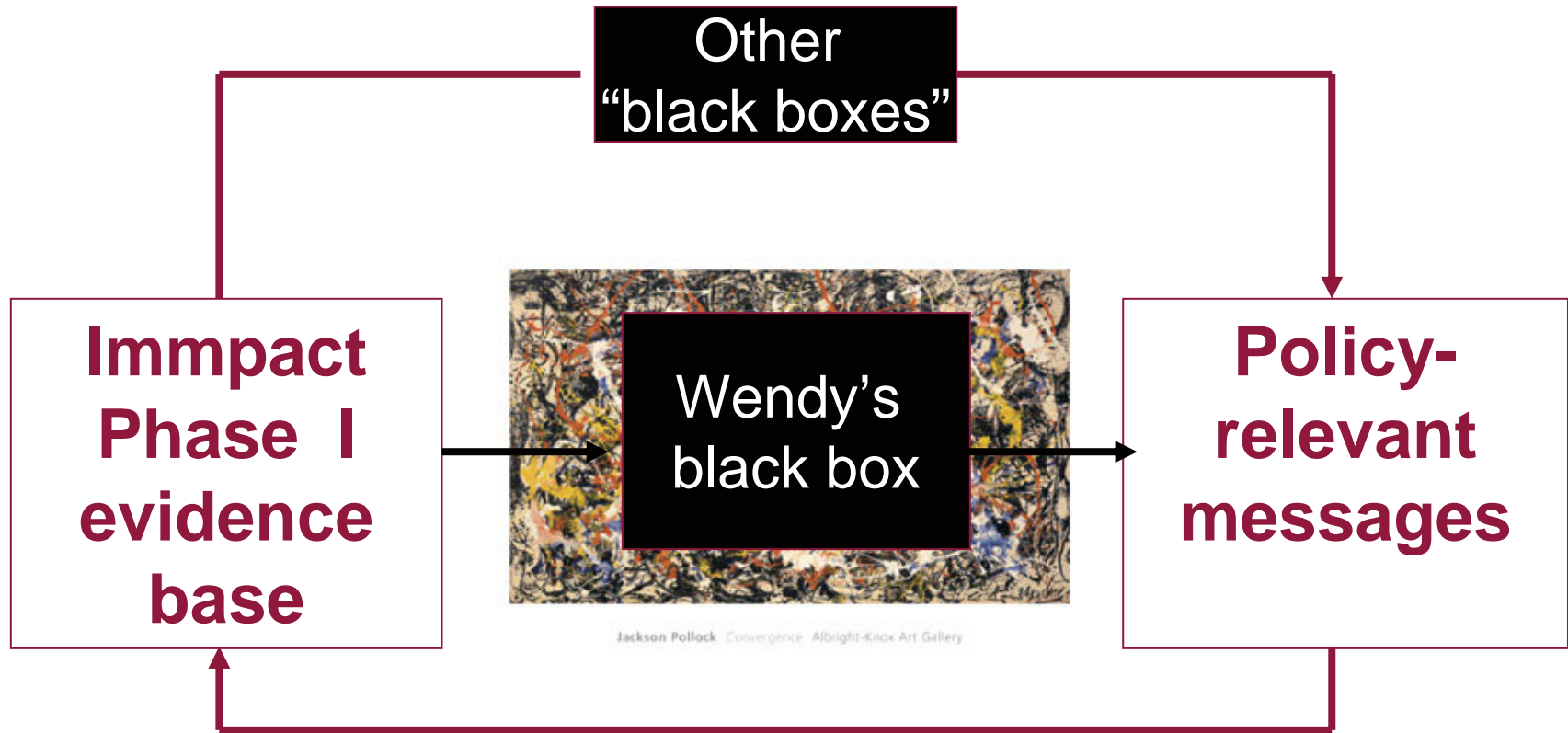






Sep 2002 – Aug 2006 (Phase I)

- Developed & tested measurement “tools”
- Undertook major evaluations in 3 countries (Burkina Faso, Ghana & Indonesia), & further work in 4 more
- Strengthened research teams in partner institutions



I. Other evidence:

- *Lancet* series: maternal, newborn, child, reproductive health

II. Initiatives:

- PMNCH
- Countdown to 2015
- Global Business Plan for MNCH
- Roadmap to Africa
- Many others

THE LANCET

Maternal Survival · September, 2006

www.thelancet.com

“The next 12–18 months will be critical for safe motherhood advocacy, offering an unprecedented chance to redress errors of the past and take advantage of new opportunities.”

See Comment page 2

Maternal Survival

Scaling-up
coverage

“Making coverage the driving force behind district , national, regional and global programmes for....child survival”

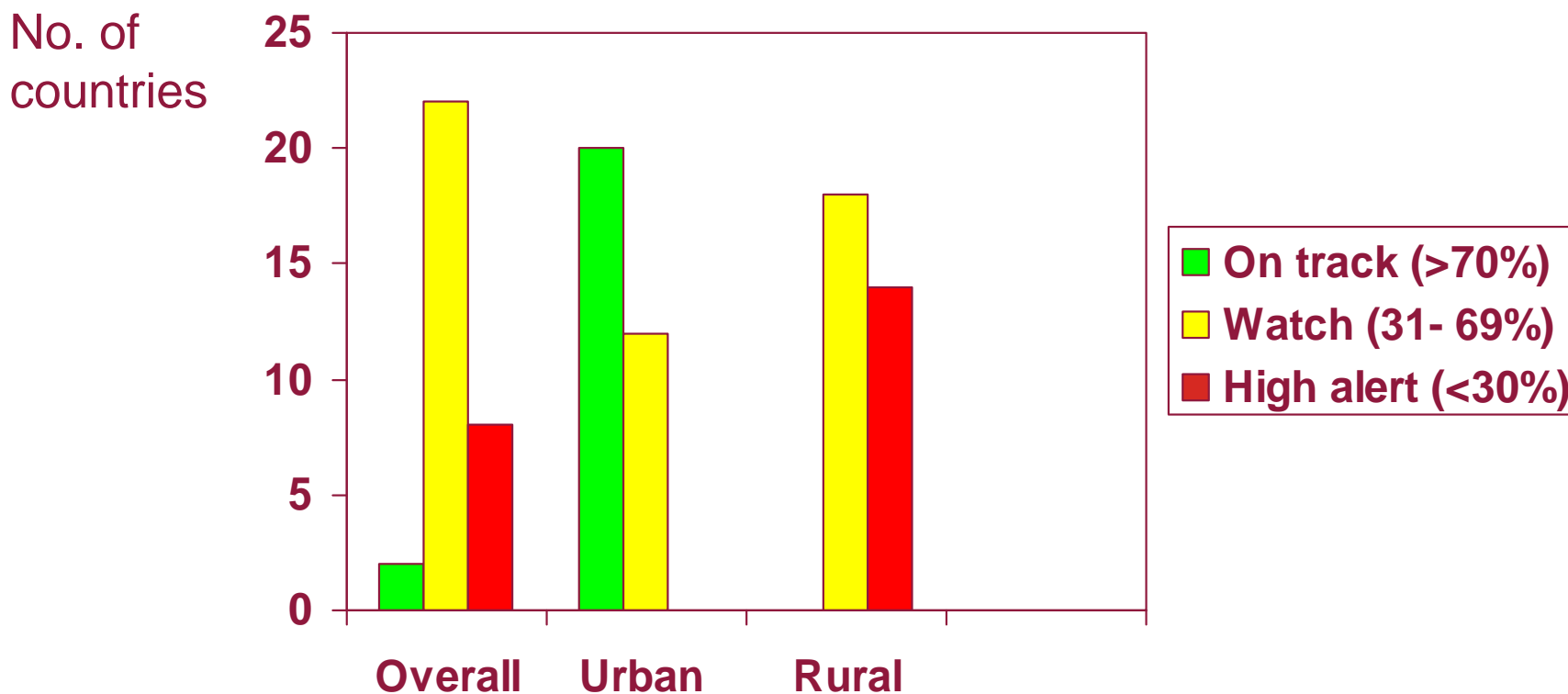
Universal
coverage

Multi-country evaluation of IMCI: Health Policy and Planning, Dec 2005: i14

“Progress will ultimately be dependent on strong health systems ensuring high coverage of midwifery services..”

Lancet 2006 Maternal Survival series

Countdown to 2015: Coverage of “births with skilled health personnel” for 32 priority countries

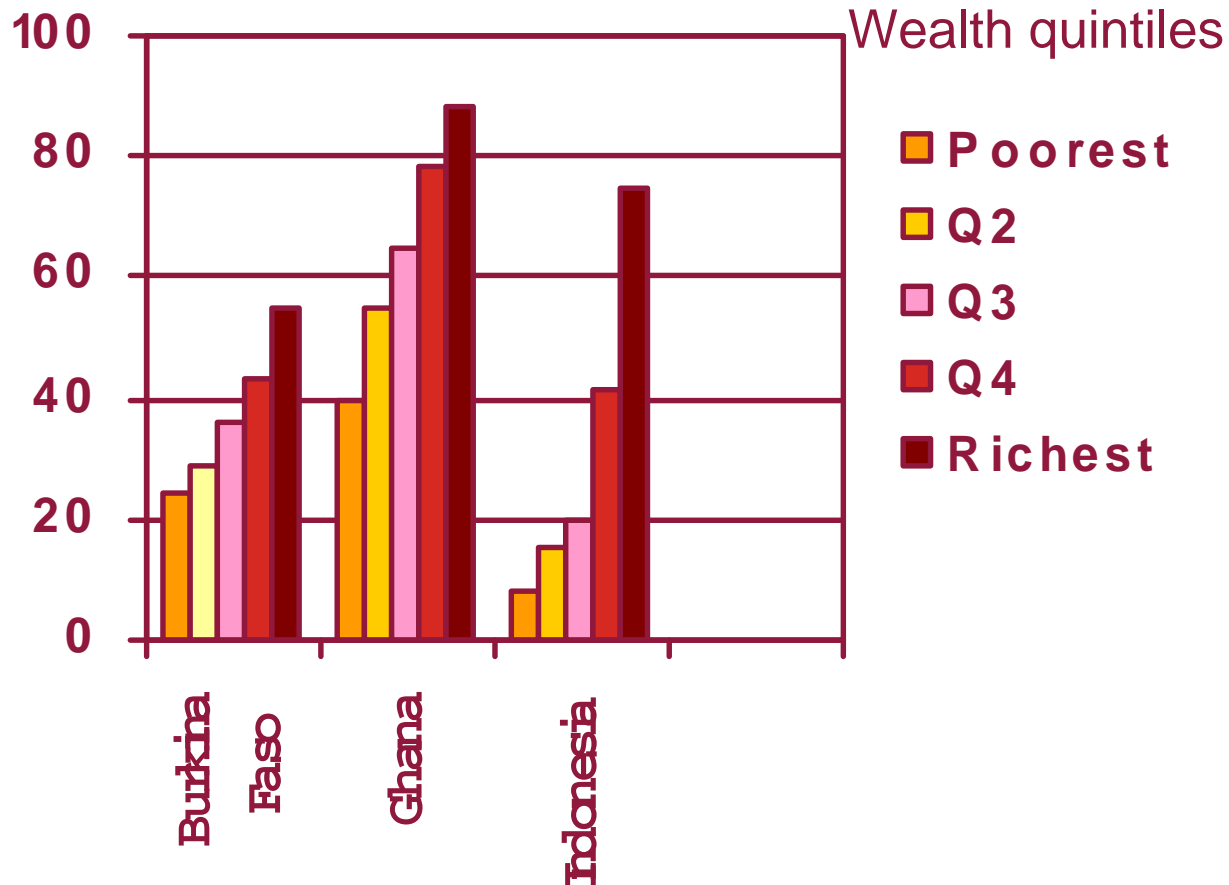


Derived from data in DHS Comparative Reports (2005). The context of women's health: results from the Demographic & Health Surveys 1994-2001.

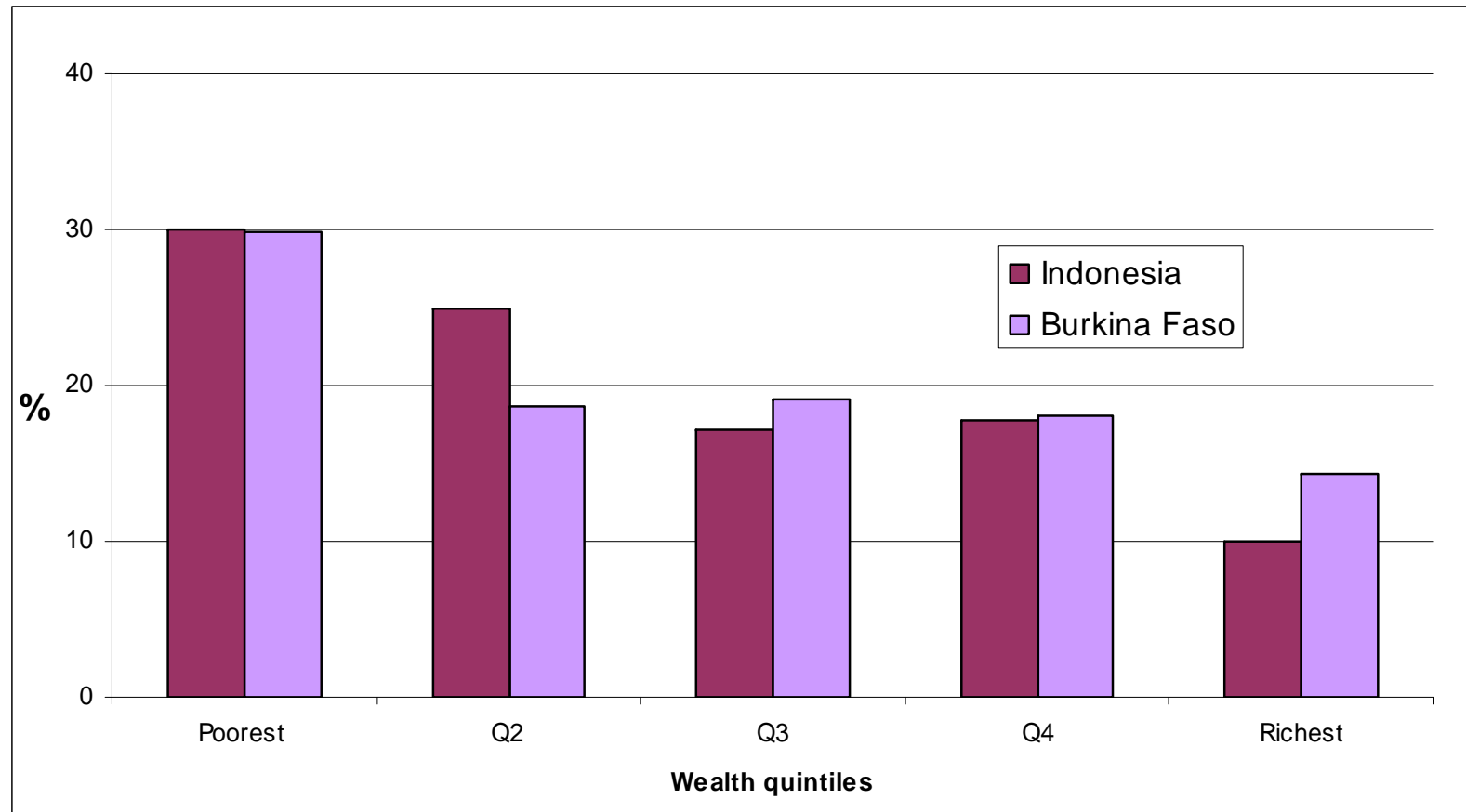
The good news - population coverage of skilled attendants increased at sub-national levels where:

- More personnel were provided at health centres: evidence from Burkina Faso
- Financial barriers were reduced: evidence from Ghana
- Midwives practised close to the community: evidence from Indonesia

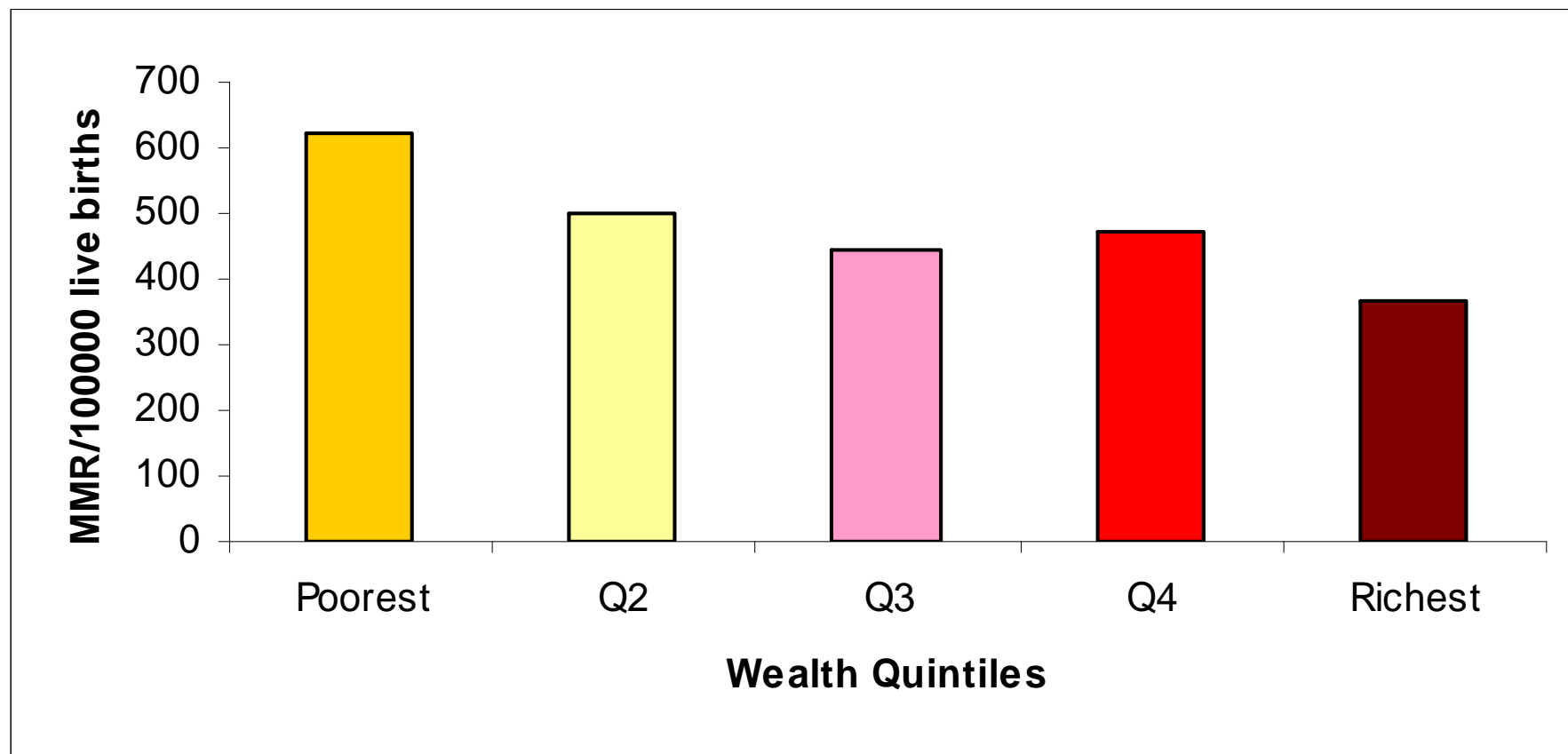
%
deliveries
with skilled
attendants



% distribution of maternal deaths by wealth quintiles at sub-national levels: Indonesia & Burkina Faso



Maternal mortality ratios by wealth quintiles: sub-national, Burkina Faso 2002-05



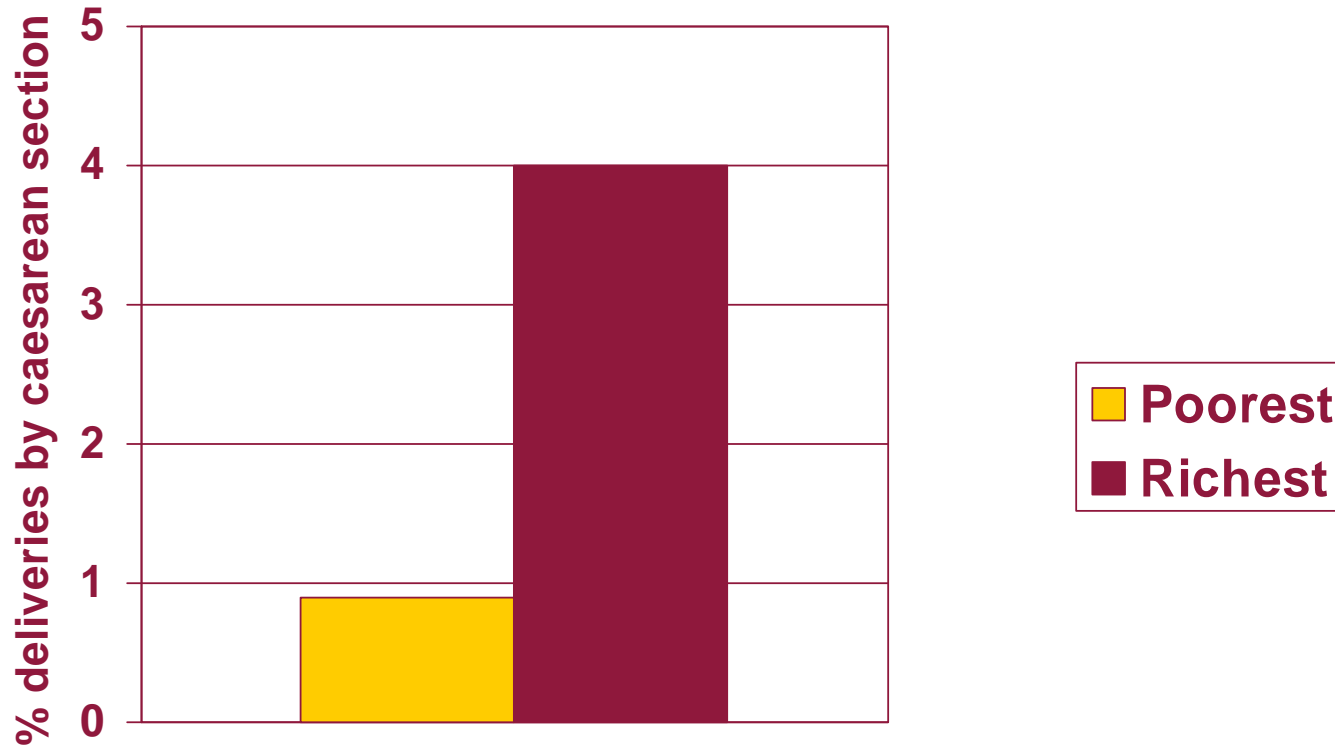
What do these differentials in coverage & maternal mortality suggest?

“Strategies will work if the component intervention packages are effective and means used for their distribution achieve high coverage of the intended target group.”

Campbell & Graham, Lancet 2006

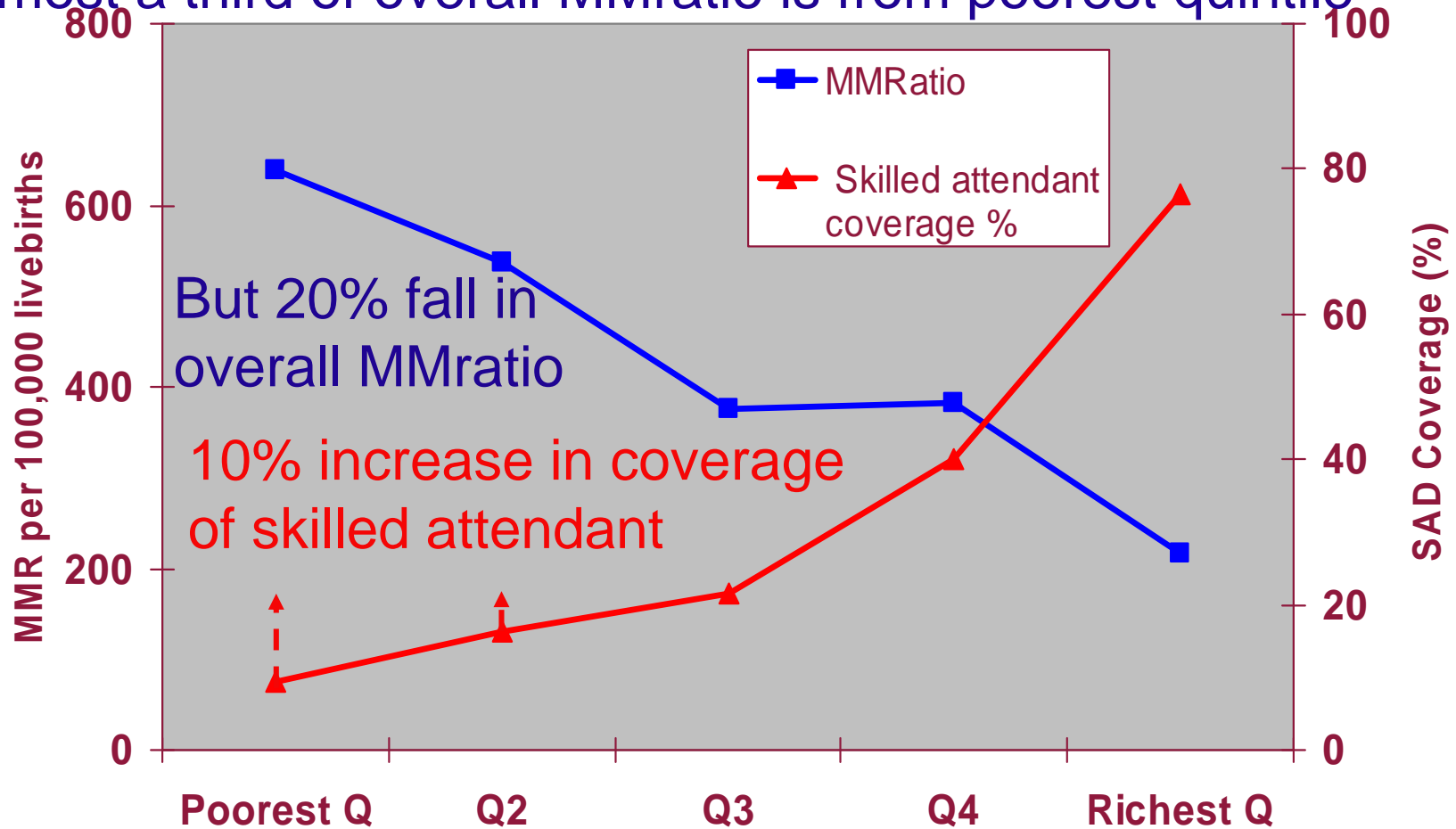
Impact key findings(5): What about access to emergency obstetric care?

Indonesia sub-national: Poor-rich gap in caesarean sections



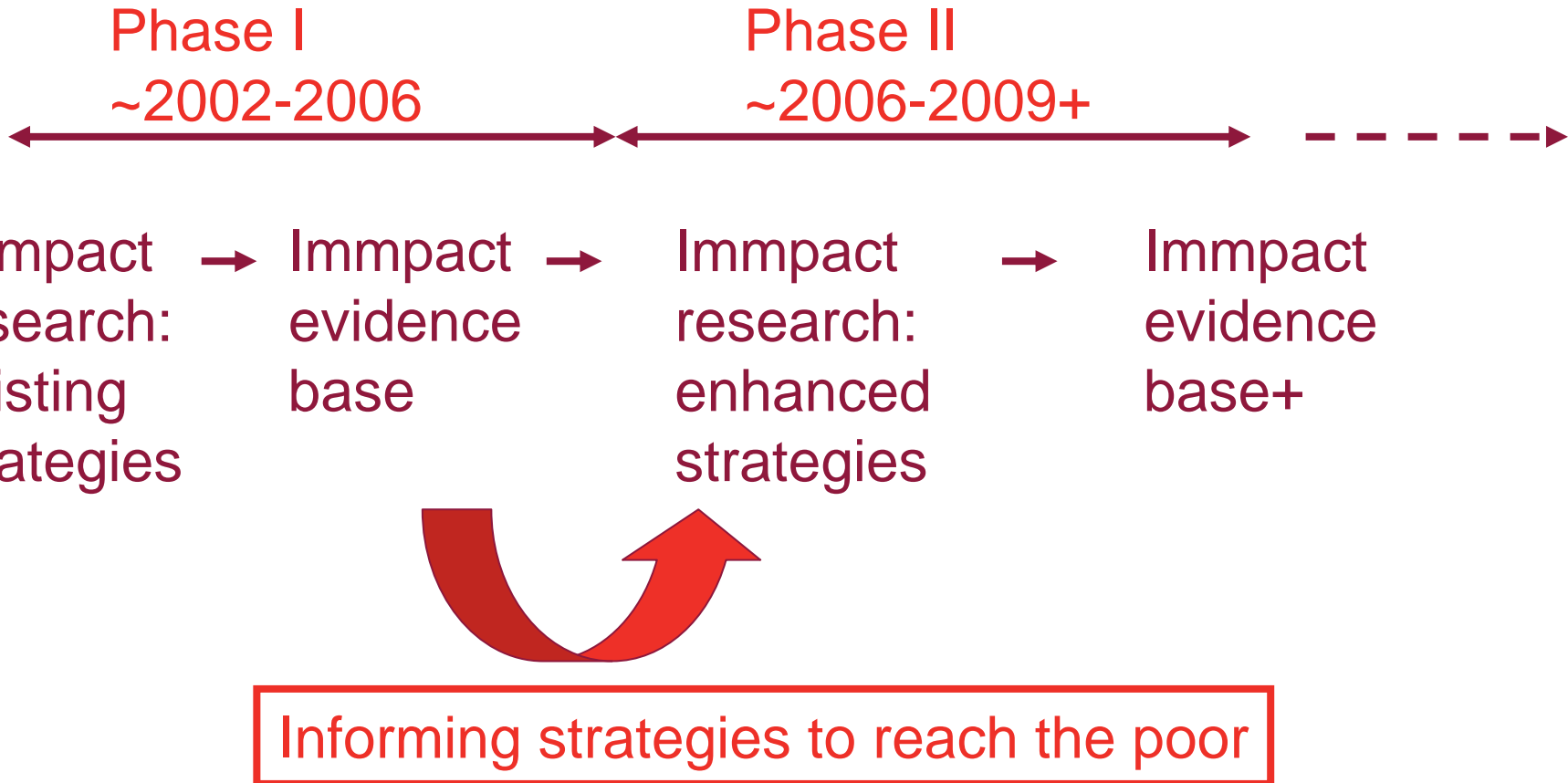
What are the implications for reducing maternal mortality?

Almost a third of overall MMratio is from poorest quintile

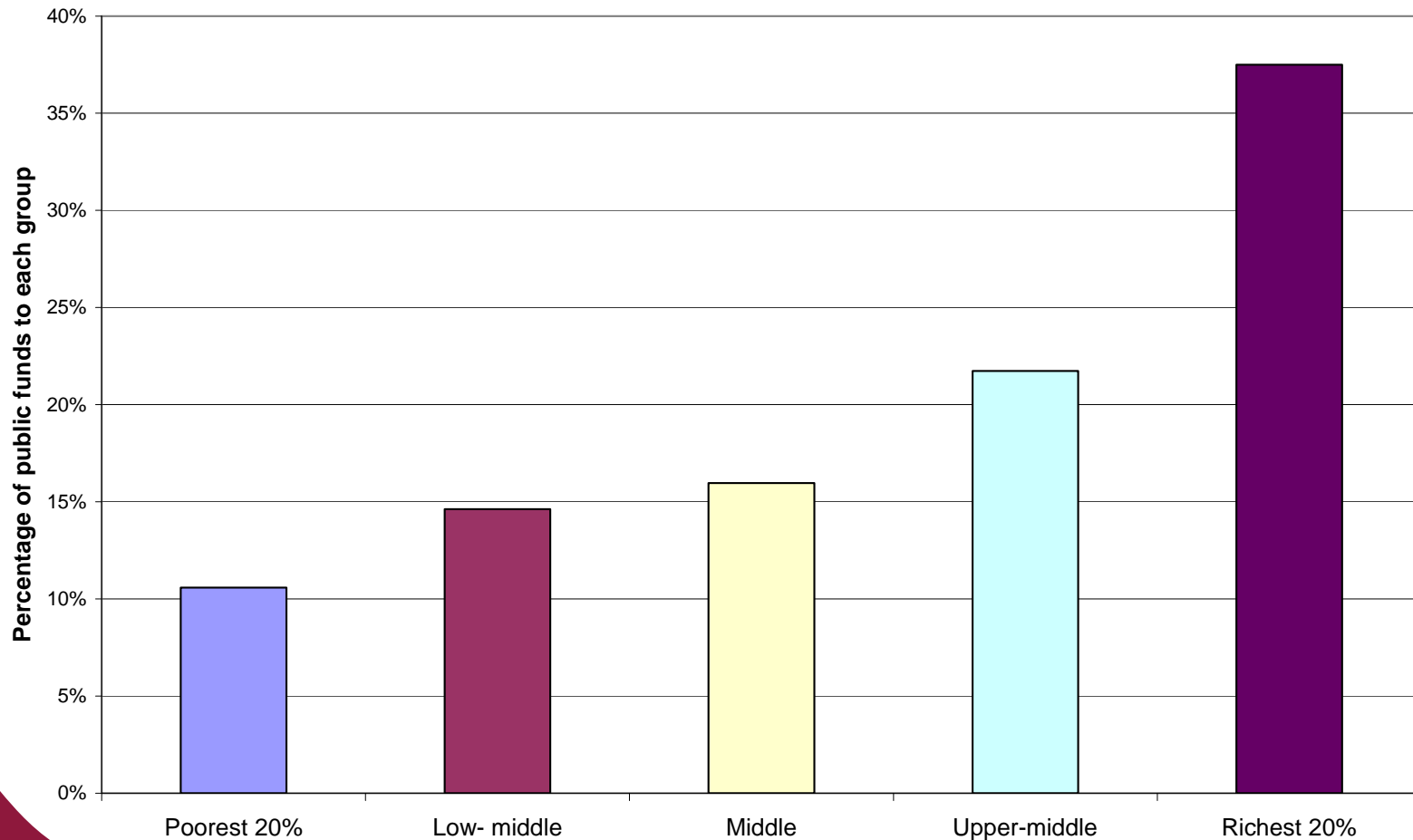


Modelled using data from Immpact studies, Indonesia 2006.

The way ahead: how may Immpact evidence accelerate progress?

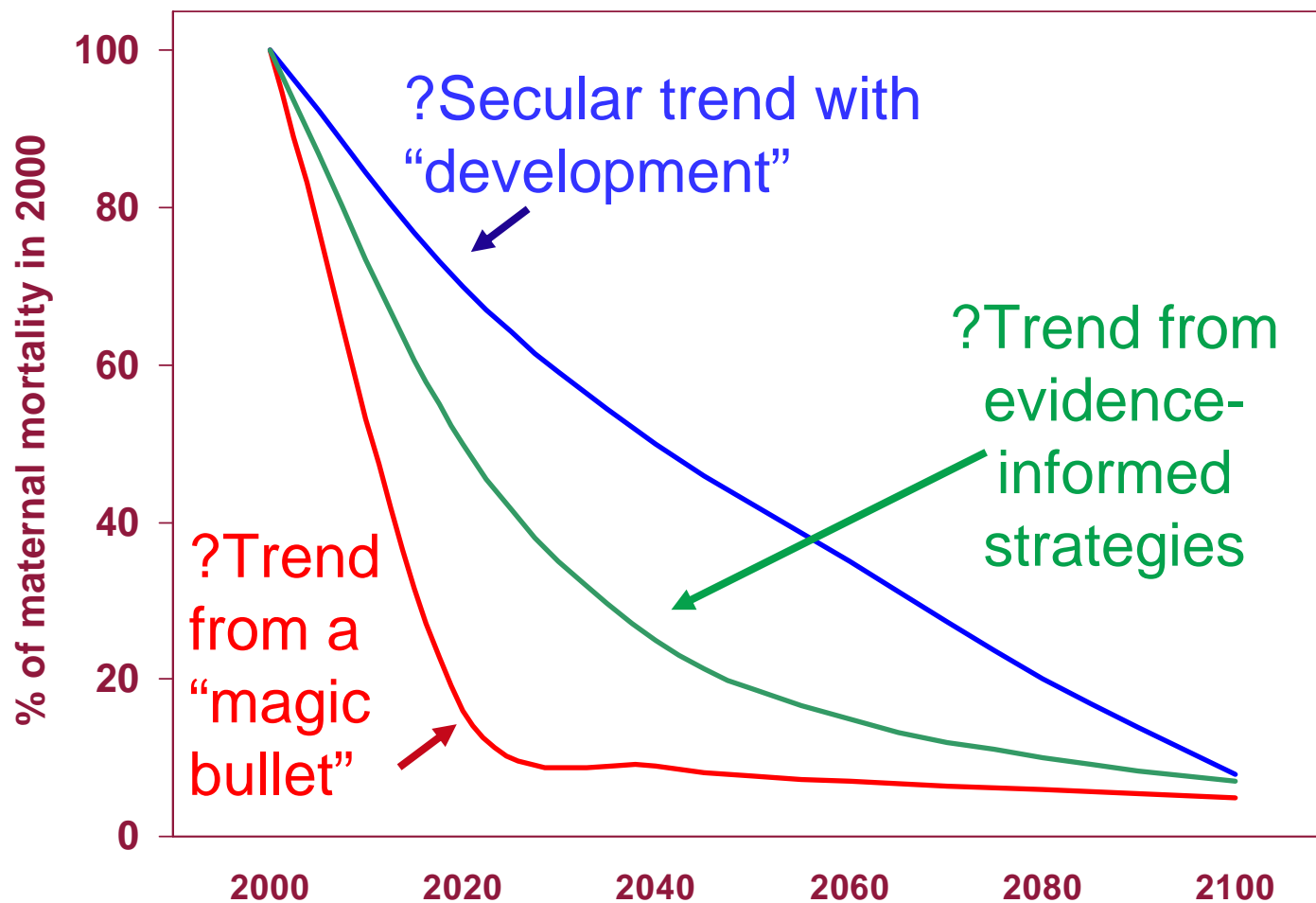


Indonesia: the poor continue to benefit far less from public maternal health spending than the rich



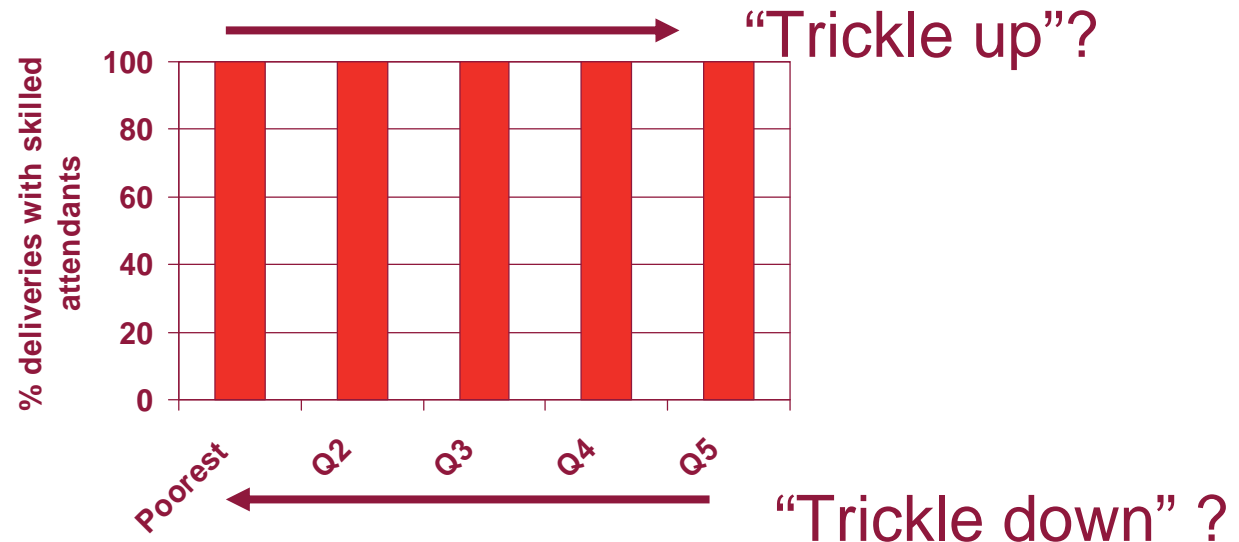
Ghana

- 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.



Routes to universal coverage of skilled attendants at delivery?

*Evidence
or politics?*



“There is nothing a politician likes so little as to be well informed; it makes decision making so complex and difficult.”

J M Keynes (1883-1946)

With thanks to:

- the entire Impact team
- Impact principal funders: Bill & Melinda Gates Foundation, DFID, USAID
- collaborating countries
- host institutions

With apologies to:

- “Martians”
- art lovers
- the Impact evidence base!

