Evidence-Based Decision Making in Health

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In Brief

- **IPA**: high-quality evidence → better programs and policies
- **Co-creation** of evidence
- **After the research**: What now?
- **Strengths**: Engaged policy sector, quality research
- **Gaps**: Delivery, Communication, Partnership
OUR MISSION

To discover and promote effective solutions to global poverty problems.
We help turn that evidence into better programs and policies for the poor.

1. We **create** high-quality evidence.

2. We help turn that evidence into **better programs and policies** for the poor.
Extensive Collaboration

- **Academics**
  e.g. MIT, Harvard, Yale, University of Ghana

- **Service Providers**
  e.g. CARE, Oxfam, local nonprofits & businesses

- **Government Agencies**
  e.g. Ministry of Education, Ghana & Ministry of Health, Zambia

- **Funders**
  e.g. Gates, USAID, Hewlett, Family Foundations, Individuals
Innovations for Poverty Action

More evidence, less poverty

650+ studies

33 studies
IPA Zambia

- 33 studies across all sectors (18 complete, 15 in progress)
- 14 health studies (9 complete, 5 in progress)
- More in development
Evidence-Based Decision-Making in Health
IPA's approach
Co-Creation of Evidence

- Research questions that address decision-makers’ felt needs
- Maintaining stakeholder engagement throughout the duration of a project
- Preparing partners for “bad” (and good) news
After the Research: What Now?

The spectrum from results → scale up

- Dissemination... and beyond
- Pressure testing
- Field replications
- Technical assistance
- Scale up
- Process monitoring of the scale up
- Capacity building
Community Health Assistants: Which recruitment strategy attracts more qualified, higher-performing workers?

Recruitment posters emphasizing **career** incentives vs. **community** incentives

**CHAs who responded to career incentives worked harder and got better results**
Examples
After the Research: Community Health Assistants

**Impact:** CHAI and MoH have used these posters to recruit 1,400 CHAs

**Challenges** beyond dissemination:
- Will the CHA program continue/grow?
- Who can pay for these posters?
- Who can ensure they are displayed?
- Can we deliver on the career promises?
Examples
Co-Creation of Evidence: Growth Charts

Easy-to-use growth charts installed in homes
Small, geographically targeted sample
In-home growth charts *reduced stunting among previously malnourished children* by 22 percentage points.
Examples
After the Research: Growth Charts

**Impact:** Evidence Action, IPA, and others working to (1) pressure test this tool in Zambia; and (2) evaluate it at a larger scale in Zambia and elsewhere

**Challenges** beyond dissemination:

- Will this work at scale, in other locales?
- **How** do growth charts work—what do they do to food distribution in the family?
- How can this be distributed at scale?
Evidence in Health in Zambia: Strengths
An engaged ecosystem of partners and researchers

- High quality research
- Researchers who care about policymaking and high-quality healthcare
- An engaged policymaking sector
- Excellent partners in NGO, government, and funding space
**Research Gap:** Health Delivery

**Health Management Information Systems**

**Funding for Moving Evidence to Policy**

**Even Deeper Partnerships**

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Additional research on how to deliver high-quality health service, at scale, especially in rural areas.

Better data + better leveraging of existing data for better decision-making.

Improved capacity for understanding data & evidence.

1. Funding for research
2. Funding for research-backed innovations
3. Funding for the in-between: advocacy, technical support, capacity-building, etc.

Beyond dissemination, more conversation and convening: researchers, implementers, funders.

More consensus on what works & priorities.
Thank you