

Increasing evidence use among Ethiopia's health planners and policymakers

VakaYiko grant helps Jimma University train government ministry staff in how to use evidence in policy making for health provision

Between 2015 and 2016, Jimma University developed and ran a training and mentoring programme with the Ethiopian Federal Ministry of Health to improve the Ministry's capacity for using evidence in policy making. Morankar Sudhakar and Mirkuzie Woldie discuss the project and its potential for shaping the institutional culture of this busy department.

Without research evidence, it is difficult for public policies to respond effectively to the needs of the population and realities on the ground. But in many countries, the capacity of government departments to use evidence rigorously and effectively is often very limited. This was certainly true of the Federal Ministry of Health (FMoH) in Ethiopia.

FMoH's struggle to use evidence in decision making came down to three key obstacles:

1. **Institutional culture.** There was no existing culture in the Ministry of checking best available evidence when making policy decisions.
2. **Staff capacity.** Even when health managers did choose to use research evidence, very few knew how to assess its quality, nor did they have the skills to extract the relevant information.



Group photo after the five-day training course held in September 2015 in Addis Abba

3. Evidence availability. The evidence available to the FMoH was limited as many of the relevant databases were accessible with paid-for subscriptions only.

Jimma University's programme of learning – 'Building research evidence utilization capacity of health planners and policymakers' – aimed to address these first, two critical issues. The programme sought to strengthen the capacity of Ethiopian health professionals and decision makers to access, critically appraise and use evidence in policy making. In turn, it hoped to encourage an institutional culture

of consulting research evidence when developing health policies and guidelines.

A positive attitude but a knowledge gap

The need for such a programme was clear: while more than two thirds of Ministry staff interviewed during the project needs assessment viewed evidence in decision making positively, fewer than half were familiar with research methods terminology.

The 20 individuals questioned also gave various reasons for the lack

“ [After the project I] used research for setting regulation, directives and standards in the areas of food, nutrition and safety.”
– training participant and mentee





Putting theory into practice training session at Jimma University

of evidence use in the Ministry. These included a shortage of time and skills to search for relevant information systematically; a lack of policy relevant research; an absence of nationally representative studies; and interruptions to internet services.

The project team used the needs assessment to identify particular areas of capacity-development focus and, based on these, devised a three-part, five-day training course. Held in September 2015 in Addis Abba, the training enabled a total of 21 participants from 11 departments in the FMOH to better understand, access, appraise and use research evidence. More than three quarters of these were decision makers and their officers, the rest were service providers.

Putting theory into practice

To support participants in using what they had learned in their day-to-day roles – and work towards

the programme aim of embedding a culture of evidence use in the FHoM – Jimma University paired training participants with facilitators to mentor them on their current policy projects.

The mentoring programme ran for six months, and Jimma University created an online sharing and collaboration community (using Google Groups) for mentor-mentee and cross-group communications. The mentees were asked to share details of a policy programme or issue they were working on and the facilitators (and other mentees) provided guidance and advice through the platform.

The platform was also a good channel for knowledge sharing, where facilitators uploaded web-based resources, attached relevant published papers, documents, policy briefs, systematic reviews, and systematic review summaries. Where required and according to people's need, mentoring was also conducted via email, phone and a few face-to-face interactions.

“I published an original article with other colleagues. Now, I am developing a new protocol for a new vaccine trial.” – training participant and mentee

Participation is key to embedding learning

Pre- and post-training tests showed that participants' understanding of evidence had improved after the training by an average of around 20%.

Furthermore, those who were fully involved in the mentoring reported that the project had improved their skills, knowledge and attitude towards use of research evidence for policy and programme design. Several participants confirmed that the mentoring provided the opportunity for them to put what they had learned during the training into practice, and to get feedback on what they were doing so that they could continue learning and improving their approaches. One participant even noted that it had helped them to “memorize” what they had learned – a positive step towards the cultural shift that the project had hoped to see.

**“I have now helped to initiate a Hepatitis C prevention programme and develop the non-communicable diseases guidelines.”
– training participant and mentee**



About VakaYiko

The VakaYiko consortium is a three-year project managed by INASP and funded by DFID under the Building Capacity for Use of Research Evidence (BCURE) programme. As part of the project, grants have been awarded to seven organizations in low and middle income countries to build capacity for research use through projects that enhance our understanding of how policymakers can be supported, through practical measures, to make more effective use of evidence. For more information see www.inasp.info/vakayiko.

Participants said that not only had many of them made strides in tangible areas of work – such as initiating disease prevention programmes or setting directives – but they also reported increased motivation, creativity and confidence, and improved communication skills.

Busy people, busy ministry

As might be expected, working with busy civil servants meant not everything ran smoothly. The needs assessment had revealed that one of the biggest obstacles to the use of evidence in policy making was a lack of time on the part of ministry staff.

This was shown to be the case throughout the project, in dealing with staff time and availability to organize the programme. Bringing together a large number of people from a number of different ministers proved logistically challenging and finding a time for the training that suited everyone's availability took the project

team more than six months. Planned activities organized by appointment were also considered low priority as an 'emergent' area of work.

Uptake of research evidence for policy and programme takes time and we have to be patient.

Despite concerted efforts – and holding the training after national elections had taken place, in the typically less busy period just after the Ethiopian New Year – 21 of the planned 36 participants were able to attend. Several participants also missed out on the post-training questionnaire because they had urgent meetings to return to.

Access to the internet also became an obstacle for participants to respond and engage actively. Though the project team sent various reminders, only around 60% of mentees actively participated in the online community. The post-project report showed that this was in part due to internet speed and connectivity issues.

Nor were internet outages and slow speeds unique to the mentoring programme; those interviewed for the project's needs assessment cited internet connectivity as one of the biggest challenges to using evidence in the Ministry more generally. This is clearly an essential area for improvement.

Future work: knowledge review and translation

To really embed a culture of using evidence in health policy, the project team recommends that evidence training be a nationally accredited, professional course. But the training and mentoring programme identified two specific areas of need, which Jimma University plans to address in cooperation with the newly established Knowledge Translation Department at the Ethiopian Public

Health Institute:

1. **To better target and focus support** on what staff need: Planning and policy staff and staff providing services should undertake separate training. The programme's focus on research design, research methodology and validation of research results was considered relevant by those participants whose day-to-day work involved planning and research, but those participants providing services – such as the blood bank, legal, ethical and clinical services – found it less relevant.
2. There is a need for specialized **training on systematic review translation tools** for researchers within the ministry.
3. Figure out how to improve **access to information** both by providing better internet connectivity and skills to search effectively.

Based on this, courses are planned in: systematic, umbrella and rapid reviews, a clinical fellowship programme for medical and clinical personnel, preparing summaries from systematic reviews for clinical practice, and writing policy briefs and statements.

About Jimma University

Jimma University is a public higher-educational institution and Ethiopia's first innovative Community Oriented Education Institution of higher learning. The University trains higher calibre professionals at undergraduate and postgraduate levels through its innovative Community Based Education (CBE). For more information, please see www.ju.edu.et/cphms.

