

# Webinar Report

## *Progress Towards Universal Access to Sexual and Reproductive Health Services. What Is the Role of Evidence in Policy and Programme Decision-Making?*

August 2022

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## Introduction

On 7<sup>th</sup> July 2022, the [Applying Research to Policy and Practice for Health \(ARCH\)](#) programme at the Global Health Network, the Department of Sexual and Reproductive Health and Research of the World Health Organization, and the United Nations Special Programme of Research, Development and Research Training in Human Reproduction (HRP) conducted a virtual webinar titled '[Progress Towards Universal Access to Sexual and Reproductive Health Services: What is the Role of Evidence in Policy and Programme Decision-Making?](#)'. Currently, there is a wide separation between teams that undertake health research, those making decisions on health priorities and policies, and those who are delivering healthcare and pushing social change, particularly in resource-limited settings. Nevertheless, if research is to deliver its maximum impact and positively change health outcomes, findings from health research should be translated into recommendations that are relevant to communities and can be implemented within policy and practice.

The session brought together experts in the field:

- Dr Ian Askew, WHO's Regional Office for Africa (AFRO) Former SRH Director, WHO, Former Director HRP UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research (**chair**)
- Dr Georges Danhondo, Technical Officer, SRH/WHO (**background presenter**)
- Dr Sabeen Afzal, Deputy Director (Technical/health system) at the Federal Ministry of National Health Services, Regulations & Coordination (M/o NHSRC), Pakistan (**moderator**)
- Prof. John Ataguba, Canada Research Chair in Health Economics at the University of Manitoba. Executive Director of the African Health Economics and Policy Association (AfHEA), Canada (**moderator**)
- Deepa Venkatachalam: Sama Resource Group for Women and Health, Delhi, India (**moderator**)
- Dr Veloshnee Govender Scientist, SRH/WHO (**moderator**)

## Content Summary

### Background: Integration of Sexual and Reproductive Health in Universal Health Coverage: A Systems Perspective

*Dr Georges Danhondo is the Technical Officer, SRH/WHO*

Sexual and Reproductive Health (SRH) is a global priority, and access to comprehensive SRH services is a critical component of Universal Health Coverage (UHC). Despite improvements in coverage, many countries lag in achieving UHC for most essential SRH interventions, and available services are not always of high quality. Challenges in the health system include lack of transparency and participation, inadequate referral processes, shortage, and lack of competency of providers to deliver quality services, and lack of data and capacity to use existing data in decision making and program implementation. In a response to this, the department of SRH at the World Health Organisation (WHO) has been using a health system approach. A range of activities employed include normative guidance on SRH policies and strategies, some of which include a compendium and a handbook.

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1. [Sexual and Reproductive Health Interventions in the WHO UHC Compendium](#)

The compendium is a one stop shop for healthcare interventions and resources to support UHC-related priority setting processes to ensure the integration of comprehensive SRH services in priority setting processes.

2. [Sexual and Reproductive Health and Universal Health Coverage Learning by Sharing Portal](#)

This portal is a repository of implementation stories documenting country experiences in integrating SRH within UHC. The portal is intended for national level implementers, including the government, civil society organizations, and academic organizations advocating for SRH and UHC integration. The portal was launched on 19<sup>th</sup> July 2022.

3. [Handbook for Achieving Universal Access to SRH Services in the Context of UHC and Primary Health Care](#)

The handbook provides guidance to countries in the process of deciding which SRH services to include in national strategies and plans. It also offers practical ways on how to ensure that national health systems can deliver these services. The handbook was launched on 12<sup>th</sup> July 2022.

Working closely with country research teams, the department has conducted country case studies on the integration of SRH into UHC in Malaysia, Morocco, and Ghana to inform the content and development of the handbook. Supporting countries in designing and implementing strategies and contributing to policy dialogues at the global, regional, and country level is of paramount importance in the work of the WHO.

**Moderated Discussion: The Role of Evidence in Decision-making from a Policymaker's Perspective**

*Dr Sabeen Afzal is the Deputy Director (Technical/health system) at the Federal Ministry of National Health Services, Regulations & Coordination (M/o NHSRC), Pakistan*

**Chair's Question:** "As a senior decision maker in the Pakistan government you're heavily involved in developing policies that enable the health system to make available and deliver safe, effective, acceptable, and affordable services to meet the SRH needs of all people throughout the country, including most marginalized and vulnerable groups. When reviewing and updating existing policies or developing new policies, how is scientific evidence from Pakistan or other sources included in these decision-making processes?"

**Response:** Pakistan is diverse across all provinces and regions, both geographically and in the context of socio-cultural practices. While we may generate evidence, we look at what worked and what didn't work, how cost effective it is, how feasible it is given the geographical and socioeconomic status of the people, and the acceptability given the social, cultural, and religious practices, and what other SRH resources and capacity is available. As a government, we ensure that evidence is available locally either from the routine data or from various surveys such as the Pakistan health demographic survey. When local data is not available, we look at the regional data and if not available, the global data.

An example in which we have been able to use evidence to develop a policy document is when we developed an essential health package for Pakistan. We conducted extensive work on various areas at district, national, and provincial levels. We used local tools to assess effectiveness, feasibility, and practicality, in order to

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prioritise our interventions from the RMNCH cluster. We then developed a generic package and disseminated to all provinces, the health minister, secretaries, and the director of health, who asked us to develop packages localised to the provinces.

Nevertheless, there are several challenges. First, local research papers are not available due to lack of capacity. There is also a disconnect between implementation research and academia, as well as policymakers and researchers working in the field. Furthermore, there is inadequate funding to conduct robust research. To address such challenges, Pakistan created a multi-sectoral technical working group for setting research priorities in the health sector, with the WHO in the lead to formulating guidelines in setting research priorities in five thematic areas including SRH. We then disseminated those priority areas to academia and other professionals, so that we can conduct research based on the requirements of implementers and policymakers. We have also established a research unit which will be looking at health research and collaborating with various organisations. We work to address grant challenges by bringing innovative research and ideas for improving reproductive and sexual health. We are also working with district managers to build their capacity in routine data collection, analysis, and use for SRH (*response paraphrased*)

### Moderated Discussion: The role of researchers in public policy decision-making processes

*Prof. John Ataguba is a Canada Research Chair in Health Economics at the University of Manitoba, and Executive Director of the African Health Economics and Policy Association (AfHEA), Canada.*

Chair's Question: "As a distinguished academic who has worked in Africa, North America, and globally, and with your focus on health economics, could you tell us about how your research has been used to inform national global policies? What is your strategy for engaging in decision making processes? Do policymakers reach out to you for evidence? Do you design research studies with policy implications in mind, or both?"

Response: One needs to identify an opportunity for uptake, which comes from trying to know what policymakers need answers for, and then you as a researcher using your knowledge and expertise to find answers that policymakers can use in decision making. However, it is important to note that while academics work hard on evidence and produce outputs, the ultimate decision lies in the decision maker.

If the union between researchers, policymakers, and the people being served by policymakers is not a well thought process, it may lead to a disconnect between researchers and policymakers, which may affect individuals which the impact is intended. There are several ways in which a researcher can influence policy. First, a researcher has to "listen". Researchers may often concentrate on methodological rigor and not simplistic approaches to solutions. Secondly, researchers should not think that policymakers are less knowledgeable than researchers. Thirdly, collaboration is important between the two groups. For instance, we have used policymakers as part of research processes to understand their need and researchers thinking how they can generate evidence to those solutions. Furthermore, researchers should recognise that some research may be focused purely on methodologies and not policy impact (*response paraphrased*)

### Moderated Discussion: The role of evidence for Civil Society Organizations to Carry out their Mandate

*Deepa Venkatachalam works at the Sama Resource Group for Women and Health in Delhi, India*

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Chair's Question: "Through your work and engagement with the civil society, to try to promote the human rights for all persons to the best possible sexual and reproductive health, having access to and using high quality evidence is essential if the advocacy and accountability functions of civil society are to be effective and credible. What are the strategies used by civil society organizations to foster the best and latest evidence and to ensure that it is used in UHC and SRH decision making processes?"

Response: Evidence to inform policy and public advocacy processes on SRH have been critical and central to our work for over two decades. We use evidence for SRH in various ways. First, evidence often provides a homogenous picture and ignores marginalisation of experiences and realities e.g., infertility, GBV, abortion etc. Thus, we generate evidence to challenge such homogeneity and build evidence that pays attention to demarginalization and education of SRH. Secondly, we use evidence to amplify issues and provide insight into current ground realities in changing contexts, i.e., has the situation become better, worse, or the same? Furthermore, evidence and advocacy do not always follow linear pathways. For instance, advocacy processes may determine the need for evidence building and may initiate significant opportunities for collaborative processes. We use evidence on a regular basis to assess the implementation of policy programs and to assess quality of care or equity and access on innovative practices. We have done this by conducting research in under-researched issues like assisted reproductive technology, surrogacy, or mental health.

Furthermore, we use research to flag innovative practices that policies across countries can learn from. We believe that fact finding, although not considered research, has worked very well for us to gather evidence for policy (rapid assessment), where there are denials or violations of sexual and reproductive health rights that necessitate urgent evidence to address the denials. We have done this in the context of maternal deaths or sterilization (unethical trials of the HPV vaccine). Strategically collaborative research helps to translate evidence to policy more effectively. Dissemination and understanding of evidence amongst individuals are also important to mobilize more widely for advocating the evidence and to bring about shifts and policy and assessing gaps in evidence. Facilitating the involvement of civil society organisations in the process of building evidence and its dissemination and advocacy is also very critical.

One of the most critical challenges we have had is lack of political will. Although evidence might be robust, if there is lack of political will or a disconnect between what policymakers require vs what research is being done, knowledge translation becomes a challenge (*response paraphrased*)

### Summary of Q&A

The WHO has the global mandate to develop evidence based normative guidance for SRH rights. To do this effectively and efficiently, the region has a standardized process for guideline development. This process seeks to requests for new or updated guidance from countries, as well as to collate, synthesize, and interpret the strongest evidence to inform the recommendations. Health ministries, academic researchers, and civil society all have critical roles to play in this process, helping WHO to identify which guidelines need to be updated or to be generated from scratch. How can these recommendations be developed from countries, and do you have any suggestions on how the WHO could better collate and use the evidence available? What can the WHO do to ensure that the research is undertaken so that the generated evidence can be used for into informing the global guidelines that we need to produce?

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We usually duplicate research efforts, when we should be able to learn from the past, see where the challenges are, and perfect that other than generating new evidence. For instance, if we find out that a certain method works, we ought to utilise it. Nevertheless, it is important to keep in mind that collating evidence is good but might not translate to policy if it is not contextualised. Many countries know what the issues and solutions are but cannot impact change because of challenges in finances or the political space – *Prof. John Ataguba*

We updated the RMNCH guidelines in Pakistan. When the new evidence came up, the WHO made a generic document for 194 member states. As a country/regional office and headquarters, countries should be supported to customise their needs to their local context. For instance, when we developed the UHC benefits package, we developed a generic national document, but when we got to the district/province level, there were different political agendas, ethnicity and languages, health seeking behaviours, education levels, poverty levels etc. that we had to take into account. In Pakistan, initiatives that may work in one area might not work in another area. Therefore, once generic documents are developed, customised documents at district and province levels would be useful – *Dr Sabeen Afzal*

In many countries is various levels of diversity, which is a challenge. Nevertheless, some strategies work. For instance, we ought to really see if regional/country offices could play a more active role in facilitating processes. It is important to realise various ways of collaboration with other stakeholders such as researchers, policymakers, civil society organisations, activists etc, to understand how evidence can be used, as well as its barriers. There is need to employ a process of facilitating the bringing together of all these groups so that there is more inclusion and representation of issues – *Deepa Venkatachalam*

**Is the role of translating research results from research to policy decisions what we consider to be implementation science or implementation research?**

In a way, yes, because it is all about moving research to policy whilst keeping in mind context, what works, and trying to navigate things to make sure that you allow it to work, and the importance of political engagement – *Prof. John Ataguba*

**What could be done to drive national investments in this science-policy engagement? Is there something already (e.g., from Pakistan), or is there something more that could be done to try to get investments in strengthening the engagement of science and policy together?**

It has been a challenge. As a professional in a health ministry, allocating funds inclusively for research in a resource-limited setting is a challenge. Sometimes you have to look at other avenues as well. For instance, in Pakistan, the higher education commission has funds available for research and they give research to researchers who have a team which includes one of the ministries and industry so that if someone develops something in research and it works, the industry can help them with funding or production. The higher education commission also provides funds to all the universities. We encourage people in public health universities to obtain funds from them and conduct research the government requires. Nevertheless, it is still challenging to bring all these groups to work together – *Dr Sabeen Afzal*

**What are the strategies for research feedback to the community? What can be done to help ensure that the research is sent back to the community and is useful them improving their lives?**

Involving communities in identifying or developing areas for research is a good case to start. If you have long-term relationships with communities (and even if you don't have), there could be processes that would allow you to do that through organisations such as civil society to identify what needs to be done or the areas in SRH that are not very visible. We can go back to the communities where the research has been done for dissemination. In this case, dissemination materials must be produced in local languages - *Deepa*

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Venkatachalam

**Collaboration keeps coming up as a key. How can we effectively involve policymakers in research?**

Policymakers can be involved in the sense that we can get guidance and direction from them to go ahead with research. Policymakers can also work with technical working groups to define research priorities. Technical teams can also assist in conveying research findings to groups that translate findings into policy – *Dr Sabeen Afzal*

Incentive compatibility is crucial. Researchers have different incentives on why they are conducting research and policymakers may have different reasons. At the end of the research, there are various outputs (not just publications), e.g., policy briefs, guidance notes etc., and policymakers might be interested in one of these, whilst a researcher may also be interested in producing another output. Nevertheless, these groups need to work hand in hand to identify a problem that will be compatible to both groups. – *Prof. John Ataguba*

**How to best can we get political support for implementing research findings?**

If there is mutual understanding of research needs by all actors involved, there are higher chances of those research findings to be translated to policy and practice. – *Deepa Venkatachalam*

## Call to action and next steps

Feel free to catch up on past and future events and resources under thematic areas of Stakeholder Mapping, Community Engagement, Communicating Science, and Science Advice here: <https://arch.tghn.org/topics/>. You are encouraged to register for the ARCH knowledge hub for free at [arch.tghn.org](http://arch.tghn.org). The workshop recordings and speakers' slides are shared here: [Progress Towards Universal Access to Sexual and Reproductive Health Services. What Is the Role of Evidence in Policy and Programme Decision-Making?](#)

## Demographics

### Geographical coverage

A total of **333** people from **60 countries** registered for this webinar, and **246 participants** from **40 countries** attended the webinar which corresponds to an **attendance rate of 74%**.

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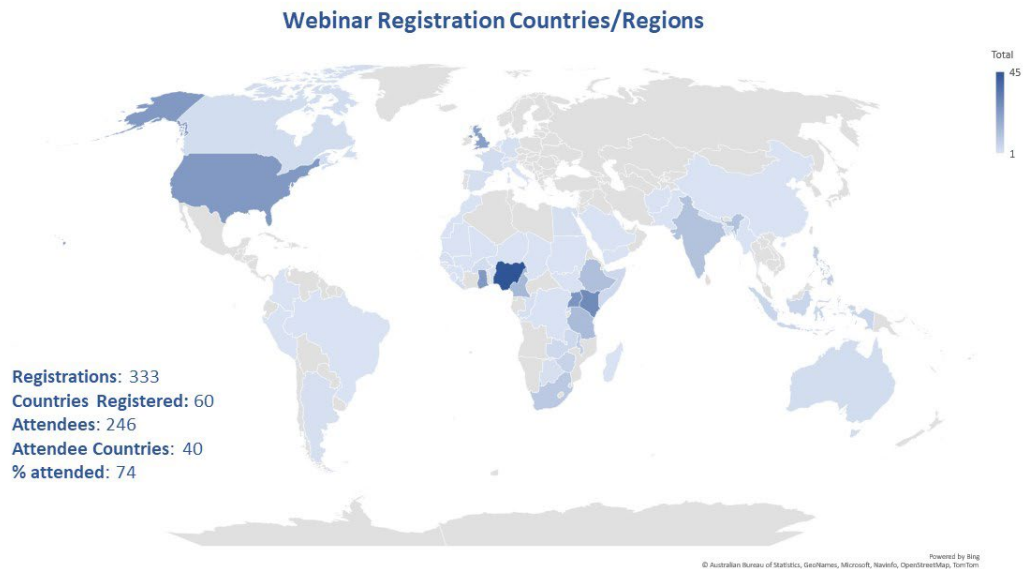


Figure 1. Heat map showing the geographical distribution of webinar registrants. The scale bar shows how the colour corresponds to the number of registrants from each country.

**Participants' work**

In the registry, participants were asked to fill in their occupations. Most of the participants were lecturers, students, policy officers, researchers, medical doctors, nurses, laboratory personnel, and project managers.

**Feedback**

Out of the 246 individuals that attended the workshop series, 12 completed the feedback form. Participants registered and attended the webinar for several reasons:





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We then asked participants their agreement with some statements. Out of the 12 respondents, six strongly agreed that the session was a good fit for their needs, whilst the rest simply agreed to the statement. Furthermore, eight individuals strongly agreed that the concepts and skills presented at the webinar were explained well, compared to four people that agreed. Lastly, seven individuals agreed that there was at least one thing that they would do differently or act on as a result of attending the webinar, compared to two individuals who strongly agreed to this statement and one who disagreed, but did not explain why.

We asked participants what they had learnt and how they would act differently after attending this webinar. Most expressed that they had gained more knowledge on the role of evidence for policymaking and decision-making, and community engagement.

Participants gave us two suggestions on what we could change for future workshops. One participant suggested it would be useful to hold more webinars on sexual and reproductive health, and while the other suggested that we should invite more researchers from LMICs where the information is largely lacking, to share their experience.