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

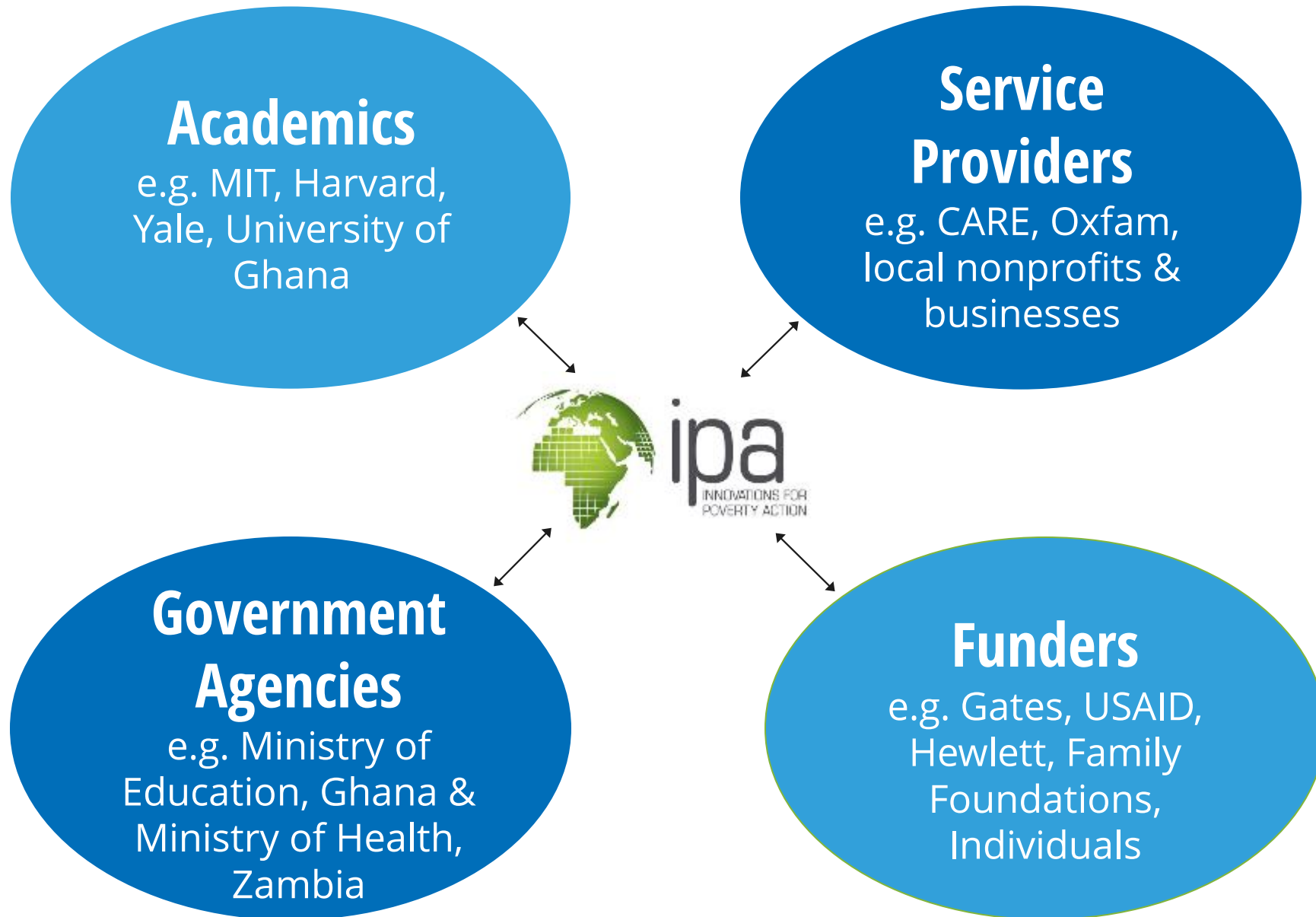To discover and promote effective solutions to global poverty problems.

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

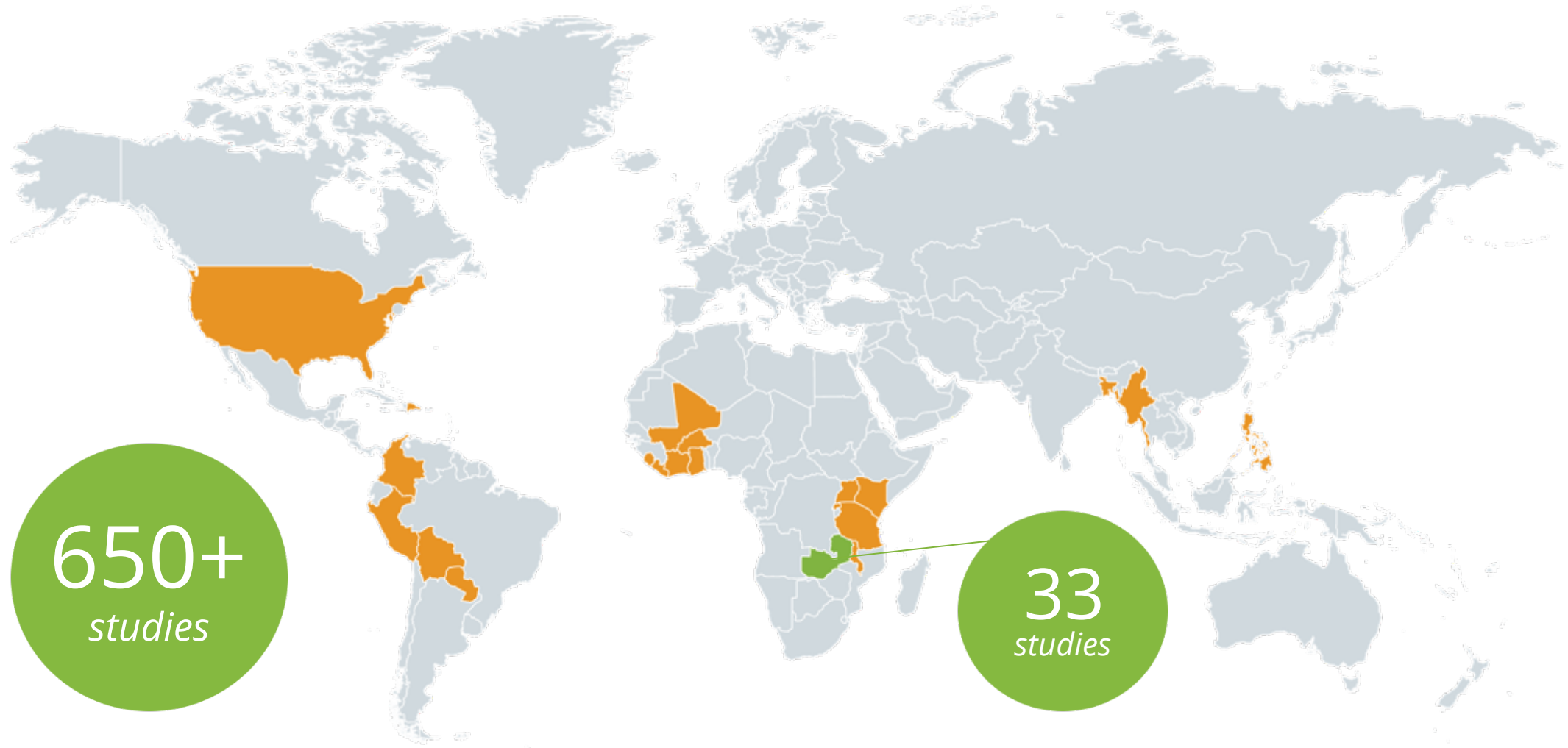**2** We help turn that evidence into **better programs and policies** for the poor.

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

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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**

Examples

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

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.
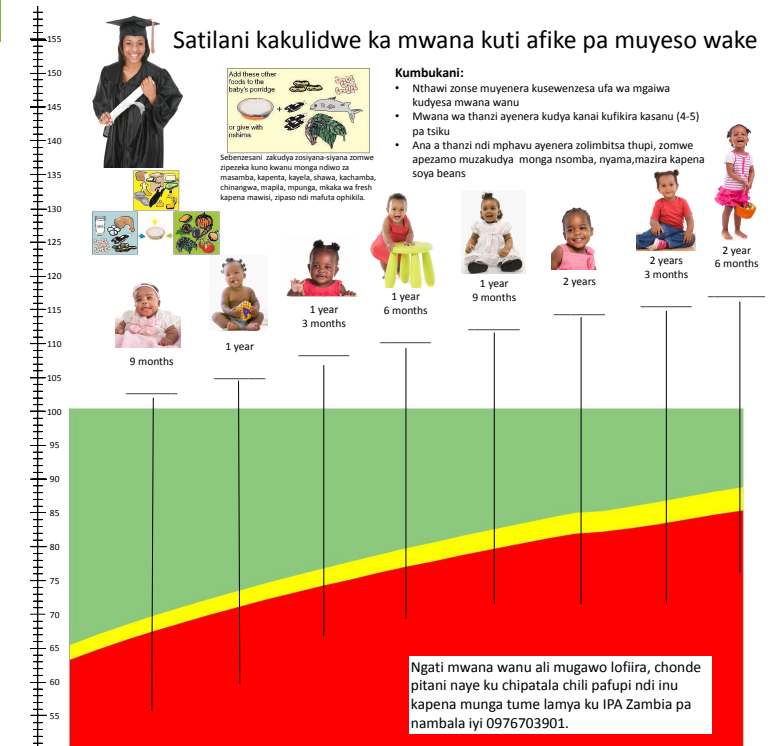
Examples
After the Research: Growth Charts

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

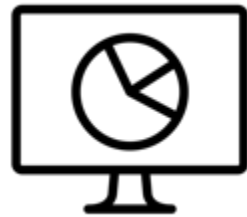- Excellent partners in NGO, government, and funding space

Gaps: What Will It Take?

Research Gap: Health Delivery

Health Management Information **Systems**

Funding for Moving Evidence to Policy

Even Deeper **Partnerships**

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

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