

Policy Group

Progress to date

- **Magpie study**
- **WHO study**
- **PRACTIHC case studies**
- **Overview of methodology reviews**

Barriers and facilitators for implementation of the Magpie trial results

**Trial partner perceptions through group discussions,
observation and a survey**

**Morten Aaserud, Simon Innvaer, Simon Lewin
Mari Trommald, Lelia Duley, et al.**

Objective: To identify

- Current policies**
- Need for change in policies**
- Barriers and facilitators**
- Identification of key policy makers**

Countries

	Countries	Respondents	
Africa		27	
	South Africa		13
	Nigeria		6
	Uganda		3
	Egypt		1
	Ghana		1
	Malawi		1
	Sierra Leone		1
	Zimbabwe		1
Latin America		20	
	Argentina		16
	Brazil		2
	Mexico		2
Asia		13	
	India		5
	Pakistan		3
	Bangladesh		2
	Singapore		1
	UAE		1
	Yemen		1
Europe		19	
	UK		16
	Albania		1
	Italy		1
	Netherlands		1
North America		2	
	Canada		1
	USA		1
Australia	Australia	2	2
Not stated		6	
SUM	24	89	

Profession

Profession	Respondents
Obstetrician/ Gyneacologist.	65
Other Medical Doctors	11
Nurse / Midwife	5
Researcher	2
Health management	2
Not stated	3
SUM	88

Availability of MgSO₄

	Number of countries		
	Yes	No	Partly
Low- and lower-middle-income economies (n=13)			
--Country	7	4	8
--Region	10	3	6
--Hospital	11	3	3
Upper-middle-income economies (n=3)			
--Country	2	0	2
--Region	2	0	2
--Hospital	3	0	1
High-income economies (n=8)			
--Country	8	0	0
--Region	8	0	0
--Hospital	8	0	0

Barriers

- Low-income countries
 - lack of channels to overcome political barriers
 - lack of availability of health professionals and hospitals
 - availability of MgSO₄
- Middle-income countries
 - availability of MgSO₄ not a barrier
- High-income countries
 - clinical practice guidelines
 - professional organisations

Conclusions

- May be problems with availability in some low-income countries
- Complex differences among and within countries
- Trialists may not be in a position to identify barriers
- Many could not identify key policy makers
- Need for more reliable information

Is magnesium sulphate available for women with pre-eclampsia in low-income countries?

Pilot study

Elizabeth Paulsen, Astrid Dahlgren, Morten Aaserud, Lelia Duley, Simon Lewin, Merrick Zwarenstein, et al.

Objective: to determine the availability of magnesium sulphate for the treatment of eclampsia and pre-eclampsia in low and low-middle-income countries and the underlying reasons when magnesium sulphate is not available.

Focus on policy decisions related to licensing, supplying and distributing magnesium sulphate.

Drug information officers

	Licensed for Eclampsia	Licensed for Pre-Eclampsia	Imported or Produced Locally	Problems with supply or distribution
Armenia	Y	Y	Imported	N
Bolivia	Y	Y	Both	N
Cambodia	Y	Y	Imported	N
India			Produced locally	N
Indonesia	Y	Y	Produced locally	N
Iran	Y	Y	Produced locally	N
Philippines	Y	<i>missing</i>	Produced locally	N
Rwanda	Y	Y	Both	N
Yemen	Y	Y	Imported	N

Obstetricians 1

	Available in hospitals	Geographic differences	Public vs. Private hospitals	Used for women with elampsia	If not all, why not?
Armenia					
1	All	N	N	All	
2	Most	N	N	All	
3	Most	N	N	All	
India					
1	All	N	N	All	
2	Some	Y	N	Most	
3	Some	Y	N	Some	3
4	Some	Y	N	Most	
Indonesia					
1	Most	Y	N	Most	1,2,3
2	Some	Y	Y	Most	3
Philippines					
1	Most	Y	Y	All	
2	All	DN	DN	All	
South Africa					
1	All	N	N	All	
2	All	N	N	All	

1=Different drug used

2=Lack of awareness among clinicians

3=Problems with availability

Obstetricians 2

	Used for women with pre-eclampsia	If not all, why not?
Armenia		
1	All	
2	All	
3	All	
India		
1	All	
2	Few	1,2
3	Some	2
4	Some	1,2
Indonesia		
1	Most	1,2
2	Most	1,2
Philippines		
1	All	
2	All	
South Africa		
1	Most	
2	Some	4

1=Lack of awareness among clinicians

2=Problems with availability

4=Not a priority

Other drugs 1

	Licensed	Problems with Supply/Distribution	Comments
GUINEA			
Salicylic Acid	Y	N	
Methylergometrin	Y	N	The registered form is methylergometrine
Oxytocin	Y	N	There is a demand for the drug, but no interest by drug companies
Clonidine	N	Y	
Clonidine	Y	Y	companies
GUINEA			
Salicylic Acid	Y & N	Y	Availability problems detected within insurance in the public health services (logistical)
Methylergometrin	N	N	
Oxytocin	N	N	
Clonidine	N	Y	Not available in the national market. Only imported by 2 suppliers for use in public health facilities
Clonidine	Y	Y	Not on national eml & not registered so not avail. on national market. AZT avail. but expensive.
GUINEA			
Salicylic Acid	Y	N	
Methylergometrin	Y	Y	The shelflife is too short, the shortage always happens
Oxytocin	Y	N	
Clonidine	Y	Y	The shelflife is too short, the shortage always happens
Clonidine	N	DN	Not available in Cambodia
GUINEA			
Salicylic Acid		N	
Methylergometrin		N	
Oxytocin		N	
Clonidine		Y	Demand is not there as better therapeutic alternative available produced by one manufacturer, Norvatis.
Clonidine		Y & N	

Other drugs 2

	Licensed	Problems with Supply/Distribution	Comments
INDONESIA			
Folic Acid	N	N	
Ergometrin	N	N	
Oxytocin	N	N	
Hydralazine	N	N	
Nevarapine	DN	DN	Only been registered in Indonesia in 2002; too early to know if there are any problems with supply
IRAN			
Folic Acid	Y	N	
Ergometrin	Y	N	
Oxytocin	Y	N	
Hydralazine	Y	N	
Nevarapine	N	Y	This drug is not being used in Iran.
PHILIPPINES			
Folic Acid	Y	N	
Ergometrin	Y	N	
Oxytocin	Y	N	
Hydralazine	Y	N	
Nevarapine	N	<i>Missing</i>	Not registered in the Bureau of Food & Drugs.
RWANDA			
Folic Acid	Y	N	
Ergometrin	DN	N	
Oxytocin	Y	N	
Hydralazine	Y	Y	Many episodes of out of stock
Nevarapine	Y	N	
YEMEN			
Folic Acid	Y	DN	
Ergometrin	Y	DN	
Oxytocin	Y	DN	
Hydralazine	DN	DN	

Conclusions

- It is difficult to get reliable data
- Availability of MgSO_4 is likely a problem in some countries
- Problems with licensing, importation and production probably not the main problem in most countries
- Policy issues are variable and complex
- What to do now?

What to do now?

- **Magpie study**
- **WHO case studies across different disease groups**
- **PRACTIHC case studies – recently completed or soon to be completed trials**
- **Collaboration with Alliance for Health Policy and Systems Research**
- **Testing of key hypothesis from existing case studies**

Alliance for Health Policy and Systems Research

- Initiative of the **Global Forum for Health Research** in collaboration with WHO
- Launched: 27 March 2000
- Management: **WHO Global Programme for Evidence**
- **Aim:** to contribute to health development and the efficiency and equity of health systems through research on and for policy
- Partners: over 300 institutional partners

WORLD HEALTH ORGANIZATION

[COUNTRY]

FOR COMMENTS ONLY

NOT FOR FURTHER CIRCULATION

**Health Research System Analysis Initiative:
Health Research Utilisation Assessment Project**

QUESTIONNAIRE FOR POLICY-MAKERS



WHO Health Research Utilisation Assessment Project

Alliance for Health Policy and Systems Research

- **Purpose:** test a method of utilisation assessment
- **Project coordination:** Department of Research Policy and Cooperation, WHO
- **Project collaborators:** Child & Adolescent Health & Development, WHO; Cornell University, US; Fogarty International Center, National Institutes of Health, US; HERG - Brunel University, UK; HRP – NDP/UNFPA/WHO/World Bank Special Programme of Research, Development & Research Training in Human Reproduction; TDR – UNDP/World Bank/WHO Special Programme for Research & Training in Tropical Diseases
- **Expert panel:** Andy Haines, Carol Weiss, John Lavis

Background

- Review of interview studies
- Discussion at first workshop

**Health policy makers
perceptions of their use of
evidence:**

A systematic review

Innvær, Vist, Trommald, Oxman

Results

- 24 studies that included a total of 2041 interviews
- Assessments of the use of evidence were largely qualitative, focusing on hypothetical scenarios or retrospective perceptions
- Perceived facilitators and barriers for the use of evidence varied

Facilitators

- Personal contact (13/24)
- Research that includes a summary with clear recommendations (10/24)
- Timeliness and relevance of the research (10/24)
- Good quality research (7/24)
- Research that confirms current policy or endorses self-interest (4/24)
- Community pressure or client demand for research (4/24)
- Inclusion of effectiveness data (3/24)

Barriers

- Mutual mistrust, including perceived political naivety of scientists and scientific naivety of policy-makers (16/24)
- Lack of timeliness or relevance of research (10/24)
- Power and budget struggles (8/24)
- Absence of personal contact (5/24)
- Political instability or high turnover of policy-making staff (5/24)
- Poor quality of research (4/24)

The two-communities thesis

- Scientists see themselves as rational, objective and open to new ideas.
- They see decision-makers as action and interest oriented, indifferent to evidence and new ideas.
- Decision-makers see themselves as responsible, action oriented and pragmatic.
- They see scientists as naive, jargon ridden and irresponsible in relationship to practical realities.

What is “use” of evidence?

- Direct
 - to make specific decisions
- Enlightening
 - to help establish new goals and bench marks of the attainable
 - to help enrich and deepen understanding of the complexity of problems and the unintended consequences of action
- Selective
 - to legitimate and sustain predetermined positions

Researchers should

- Use personal and close two-way communication.
- Provide decision-makers with a brief summary.
- Include effectiveness data.
- Ensure that their research is perceived as timely, relevant and of high quality.
- Avoid power and budget-struggles and high turnover of policy-making staff.
- Ensure that the results of their research confirm current policy and demands from the community.

Policy makers are from Jupiter and researchers are from Mars

- Different time scales
- Different languages
- Different audiences
- Different motivations

Survey of partners

- Define areas of interest and trials for each partner
 - reasons for choice
 - practical importance
 - current evidence
- Match between partner interests and country priorities
 - Documents & interviews with key informants
- Identify key decision makers
- Semi-structured telephone interviews
 - Decision makers + researchers
- Structured report for each partner
- Meeting to discuss conclusions and common lessons
- Follow-up to see what happens in each country