

## **Is Evidence Essential to Policy Change? The Advance Family Planning Case Study**

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### **Abstract**

Using the experience of the Advance Family Planning initiative (2009-2012), this paper suggests that evidence is essential, yet insufficient to drive policy forward. It examines the factors leading to policy change and the significance of evidence in policymakers' decisions to act in two examples related to increasing community access to contraceptive injectables in Uganda and Kenya. It also supports the need for further scientific inquiry regarding evidence-informed decision-making and sets out implications for fulfillment of the FP2020 commitments to increase access to contraceptive services and supplies in the world's poorest countries.

### **Introduction**

The demographic transition in the developing world is impressive in its scope and implications for the health of women and children and reproductive health and rights. In 2010, the average woman had 2.67 children, half the Total Fertility Rate (TFR) in 1950. The increase in modern contraceptive use accounts for about 75 percent of this decline.<sup>1</sup> Yet, this progress is neither universal nor assured without continued and increasing political will and investment.

Approximately 220 million women who do not want to have more children or want to delay having a child for at least two years are not using contraceptives. These women have an unmet need for family. July 2012's *London Summit on Family Planning* and its successor, the FP2020 initiative,<sup>2</sup> aim to significantly reduce this unmet need by adding 120 million new users of contraceptives by 2020. While this goal will not be easy, FP2020 builds on a history of evidence-based advocacy and program development. It also recognizes the leadership and partnership among policymakers, donors, civil society and the research community that are needed to spur, support and sustain progress.

This case study of two country-led efforts in the multi-year advocacy initiative, Advance Family Planning (AFP), examines the elements involved in effective persuasion of decision-makers to prioritize an issue, invest in addressing it, and use their stature to persuade others. It specifically places use of evidence in the context of other equally important dimensions of advocacy. These include:

- Local ownership, wherein country and community leaders determine and direct national and sub-national advocacy priorities and activities;
- A policymaker focus, specifically tailoring information and messages to those who directly control family planning funds and policies and the democratic processes in each country;
- Catalytic investments that build on prior research and policy commitments to ensure that policy change promotes public and individual health as intended;

- Prioritization of Southern leadership and expertise in bringing national and subnational policy results to agenda setting in other countries, regionally and globally;
- Adaptation based on use of a strong and feasible framework to track progress and increases in access to and use of family planning; and
- Sustainability, wherein country advocacy capacity and activities are not fully dependent on specific donor agendas.

Whereas none of the elements are innovative, taken together they have proven effective in producing policy results. The effectiveness of this collective intentionality is seen in the emerging body of literature focused on evidence-based decision-making as essential. Or in the words of management professor, Richard Rumelt, “Despite the roar of voices equating strategy with ambition, leadership, vision or planning, strategy is none of these. Rather it is coherent action backed by an argument. And the core of the strategist’s work is always the same: discover the crucial factors in a situation and design a way to coordinate and focus actions to deal with them.”<sup>3</sup>

### **Advance Family Planning’s Approach**

Working within seven principles of effective policy advocacy (Box 1), from 2009-2012 Advance Family Planning worked in its first phase to gain political and financial support for the delivery of voluntary and quality contraceptive information, services and supplies. Lead by the

**Box 1**  
**Principles of Effective Policy Advocacy**

1. Local ownership
2. Focus on Decision-makers
3. Catalytic investments
4. Use of evidence
5. Prioritization of Southern expertise
6. Adaptation based on performance monitoring
7. Sustainability

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Gates Institute for Population and Reproductive Health of the Johns Hopkins Bloomberg School of Public Health and executed in partnership with nongovernmental organizations, international agencies, donors, corporations, and national and sub-national governments, Advance Family Planning worked intensively in three countries—Indonesia, Tanzania, Uganda—and on specific policy opportunities in five others—India, Kenya, Nigeria, Pakistan and Senegal. Changes in national government guidance related to task-shifting for contraceptive injectables in Uganda and Kenya are the focus of this case study. The principles, however, apply to and have been proven effective in other outcomes of targeted advocacy.

The purpose of the case study is to discuss the relative significance of evidence in decisions regarding resource allocation, regulatory barriers and the transformation of societal norms needed to ensure that women are able to fulfill their own reproductive desires. It looks at past experience in light of implications for fulfillment of commitments made at the *London Summit* and in the context of FP2020.

AFP's achievements to date and experience with diverse stakeholders suggest that greater access to family planning and universal access to reproductive health (MDG5b) can be achieved in the FP2020 focus countries. This case study builds on the findings of an independent evaluation of Advance Family Planning which, based on interviews with partners, donors and others, determined that the approach used is “advocacy that works” and that while not new, provides the focus and energy to move family planning policy issues forward. The evaluation also cited the initiative's affiliation with the Johns Hopkins

University Bloomberg School of Public Health (JHSPH) and the ability to use evidence strategically as influential in the results achieved.<sup>4</sup>

Advance Family Planning's approach is consistent with growing recognition of collective impact as a new and more effective process for social change; wherein advocacy aims are achieved through, "the heightened vigilance that comes from multiple organizations looking for resources and innovations through the same lens, the rapid learning that comes from continuous feedback loops, and the immediacy of action that comes from a unified and simultaneous response among all participants."<sup>5</sup>

Advance Family Planning's advocacy approach brings together individuals and organizations committed to family planning and facilitates their use of research findings, development of advocacy skills, identification of promising opportunities to increase funding for family planning and reduce barriers to universal access to reproductive health. While Advance Family Planning does not conduct original research, it relies heavily on that of other institutions to assess needed policy change and support its efforts to inform and influence policy decisions.

For example, in advocacy related to national health budget increases, policymakers have been particularly interested in the implications of greater availability and use of family planning for socioeconomic development. Advance Family Planning worked with lead researchers to conduct data analysis of the causal linkages between unmet need, family planning, and the demographic dividend. Effectiveness relies on a sustained open-ended

effort to ensure, for instance, adequate funding in each budget cycle and expenditure of funds as intended. In other policy issues, including the Ugandan and Kenyan examples cited here, evidence has been used to address safety, feasibility and effectiveness of specific health policy interventions.

A key element in Advance Family Planning's approach is the importance of a collaborative process of analyzing the political context and personal agendas of relevant decision-makers. The approach is predicated on facilitating the ability of established family planning champions to mount discrete, tailored and time-bound advocacy efforts. At the national level, groups of individuals, on a pro bono basis, mobilize evidence-based, compelling arguments to increase the availability of quality family planning information, services, and supplies. While Advance Family Planning provides secretariat and technical support, broader coalitions of public and private stakeholders establish strategies and tactics for which Advance Family Planning provides modest financial support. It is made clear that AFP support is specific to family planning, time-bound, and tied to specific policy outcomes.

Over 1,000 individuals have been trained in Advance Family Planning's advocacy best practices, which include use of the Spitfire Strategies Smart Chart™, Advance Family Planning's Results Cascade and use of the RAPID and GAP Analysis tools of Futures Group International. All use evidence to inform and set priorities within strategy development. They were essential ingredients to local champions achieving 40 policy,

funding, and visibility quick wins in just two years (2010-2012). Quick wins are actions over which a policymaker has control and can effect change during his/her tenure.

Through combined use of evidence and priority setting, AFP identifies discrete and important opportunities for advancing critical policies, determines the support required to implement them, develops advocacy messages for decision makers, and helps family planning champions deliver messages at the most opportune time. Examples of quick wins include the overturn of a policy in Uganda, which allowed private providers to access contraceptives from the National Medical Stores, the inclusion of contraception in Indonesia's maternal health insurance, and the formation of the first-ever Parliamentary Family Planning Club to monitor use of increased support from the Tanzanian government for contraceptive services and supplies.

A rigorous monitoring and evaluation framework enables Advance Family Planning to inform initiatives to integrate evidence and advocacy for family planning and more broadly. The framework specifically monitors health and health care delivery data on an ongoing basis to determine whether policy changes are implemented and have the intended impact. This monitoring also enables partners to mount additional advocacy efforts if policy intentions are not fulfilled. Finally, the framework and Advance Family Planning's experience, often captured in case studies, also provides the basis for future attempts to evaluate evidence-informed decision-making and the effectiveness of policy advocacy approaches. The case studies presented below do not present a scientific investigation into

what is most effective in advocacy. Rather, they are intended to stimulate new thinking on the role of evidence in advocacy and policy decisions.

### **Guidance to Increase Community Access to Contraceptive Injectables in Uganda and Kenya**

In 2010 an expert review of scientific and programmatic evidence found that in community-based distribution programs worldwide, trained community health workers are able to screen clients effectively, provide injections safely and counsel on side effects appropriately.<sup>6</sup> In Uganda and Kenya, years of operations research by FHI360,<sup>7</sup> Jhpiego<sup>8</sup> and others had documented the benefits of community-based distribution of contraceptive injectables, the most popular method of contraception in both countries.

Yet even with the weight of the research results, in neither country had the government been able to issue policy guidance that would deploy community health workers in this way. The challenge was how to move beyond these pilot efforts to bring contraceptive injectables to women at the community level and to have the government sanction task-shifting to community health workers for this contraceptive method.

In examining the limits of evidence in influencing policy, Black suggests six reasons why the policy guidance in both countries was stalled:<sup>9</sup> 1) policymakers have goals (e.g. social, financial, electoral) that are inconsistent with research results; 2) results are deemed irrelevant or insufficient, because they depend on tacit knowledge of the subject area; 3) consensus regarding the findings and their implications is lacking; 4) other types of evidence (e.g. personal experience, anecdotes, the opinions of others in power)



compete with the findings; 5) the social environment is not conducive to the desired policy change; 6) the ability of those presenting the findings to do so effectively.

A combination of these factors were at play but were overcome to see official government guidance issued in Uganda in March of 2011 and Kenya in November 2012, thereby endorsing community health worker provision of contraceptive injectables. Significantly, in each country, researchers, health care providers, and policymakers came together, assisted by Advance Family Planning, to develop and implement a consensus strategy on how to move the issue forward. The strategies focused on specific, achievable and time-bound objectives and mapped the avenues by which the other factors in Black's framework could be overcome.

Both strategies entailed identifying the key decision-maker(s) and assessing their interest in and possible objections to the policy change. In addition, evidence-based messages were tailored to individual interests and concerns and to a concrete request for policy action within a set period of time. The stakeholders considered and evaluated the influence of possible messengers and tactics for enlisting the support of the key decision-maker and those who could speak authoritatively to the need for government guidance. Finally, the strategies assigned tasks to stakeholders within a specific work-plan that included only those tactics and activities deemed to be essential to the desired policy outcome.

In Uganda, a small coalition developed a targeted strategy aimed at key decision-makers: Assistant Commissioner, Reproductive Health; Director General, Health Services; and the Uganda Ministry of Health (UMOH) Senior Management Team. The strategy focused on pairing evidence and field knowledge to make the case for new guidelines and the rationale for convening the senior management team to consider revising the guidelines. The coalition included: Advance Family Planning (Center for Communication Programs, Uganda and Partners in Population and Development, African Regional Office), FHI, USAID, Save the Children Uganda, and Wellshare International.

Meetings with key decision-makers in the Ministry of Health, enabled coalition partners to identify the information needed to support a policy change. FHI compiled evidence from pilot research in Uganda and the World Health Organization and on the experience of other African countries where national guidelines have been amended to allow community health workers to provide injectables. Coalition partners developed a two-page brief providing the basis for requesting revision of the Ugandan guidelines.

Next, the evidence needed to be put more firmly within the Ugandan community health context. A one-day field visit to a rural community in the Nakaseke district 70 kilometers from Kampala enabled the Director General to assess the capacity of Village Health Teams to provide injectables and the feasibility of linking the teams to the national health system for support, supervision, and referrals. He met with advocates, District Health Officers, community health workers and women using family planning, and discussed

and investigated health practices and training needs at the community level and the demand for family planning.

Within two weeks of the field visit, the Director General requested that the UMOH Senior Management Team meet to hear the evidence and highlights of the field visit and consider amending the guidelines. Advocacy partners enlisted District Health Officers to participate in the meeting and AFP and FHI participated in the national guidelines review process to ensure that the proposed amendment was incorporated and that a Task Force be appointed to oversee the implementation. The Senior Management Team endorsed the amendment to the national guidelines on September 20, 2010 and the guidelines were officially launched by the Ugandan government on March 11, 2011, allowing Village Health Teams to provide injectable contraception.

A similar process was led by Advance Family Planning's partner, Jhpiego, in Kenya. Through the USAID-supported APHIA II project, Jhpiego and FHI360 had amassed a body of research on the need for and safety and effectiveness of community-based distribution of contraceptive injectables. The demonstration project was known to and well-regarded by officials within the Kenyan Ministry of Health. Dr. Isaak Bashir, Head of the Division of Reproductive Health, and the Directors of Medical Services and Public Health and Sanitation, agreed to lead the development of a highly focused strategy in January 2012. The coalition involved included civil society, health care providers, and Ministry of Health and donor representatives.

In addition to fortifying support within the Ministry of Health, the advocacy approach identified the support of the major Kenyan nurses associations as essential to moving the guidance forward. Advance Family Planning facilitated an effort by partners to map and effectively address the nurses' concerns regarding the guidance and the continued need for the involvement of nurses. The strategy focused the leadership of the two major nurses associations and presenting evidence from the demonstration project in the context of nursing practice. The work with the nurses associations fortuitously coincided with international events such as the *London Summit on Family Planning*, endorsement of task-shifting by the International Association of Nurses, and the first-ever guidance from the World Health Organization (WHO) on task-shifting for family planning.<sup>10,11</sup> The Kenyan government issued guidance to allow community health workers to provide contraceptive injectables on November 27, 2012.

Significant investment preceded the revised guidelines. The availability of evidence generated from the pilot studies coupled were instrumental in providing a country-specific rationale for the policy change. However, without the consensus achieved in the process of prioritizing advocacy objectives, messages and tactics strategic and the active engagement of decision-makers and those who influence them, evidence was insufficient.

Though official government guidance is significant in setting practice standards, it falls short without implementation. Advocacy and evidence will also be needed to ensure that guidance is applied and documenting implemented policies is essential to supporting

evidence-based decision-making. There is need for sustained advocacy efforts to ensure that district level policymakers and health professionals know about the policy shift and implement the guidelines with input from all family planning stakeholders and based on sound health and program research. It is also important to enlist the support of stakeholders to train community health workers and streamline the supply chain to ensure availability of injectables at community level.

In addition, the WHO guidance suggests that the delivery of more family planning services would benefit from task shifting. To fully realize the potential of these policy changes and others will require additional advocacy, sharing lessons learned with other countries and the continued cultivation of and investment by decision-makers. Evidence will be essential, but it will not be enough to see that policy at all levels—global, regional, national and sub-national—supports health and wellbeing.

## **Discussion**

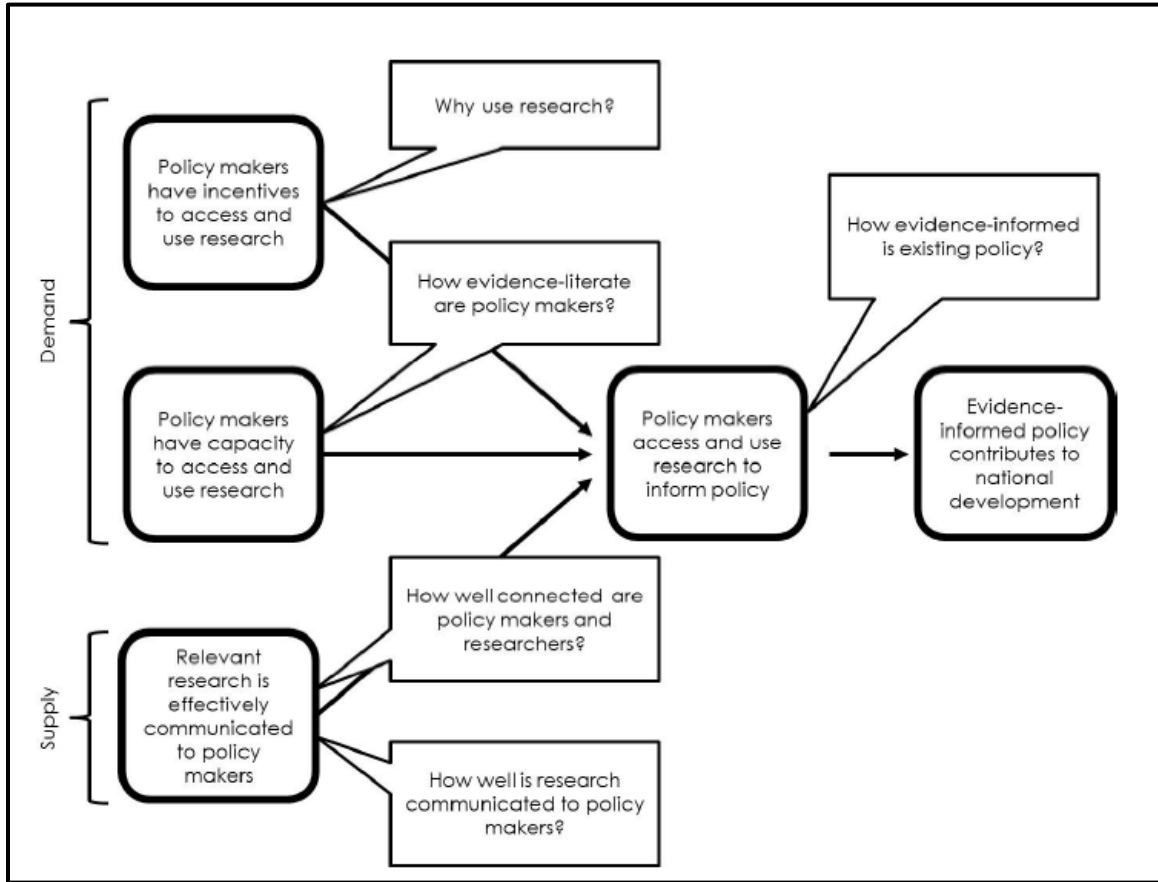
Recent systematic reviews of the role of evidence in policymaking suggest an imperfect understanding of the multiple factors that influence policy decisions.<sup>12, 13, 14</sup> However, all acknowledge that generating even the most compelling evidence is insufficient to improve the chances that a decision-maker will recognize the need for policy change, feel confident in his/her decisions, and take action. Multiple influencers are at play in any decision and must be recognized for advocacy to succeed.

The conventional wisdom is that research is most likely to influence policy development through an extended process of communication and interaction.<sup>15</sup> In addition to employing the principles of advocacy (Box 1), one theory of change (see Figure 1) suggests three additional factors to consider: effective and relevant communication of research results; policymakers' capacity to access and use research; and policymakers' incentives to apply research to policy change. The Advance Family Planning approach integrates the theory of change in assessing the readiness and capacity of decision-makers to assess and act on evidence and preparing facts and analysis in ways that mirror readiness and capacity.

Experience in using the Advance Family Planning approach argues that it is the targeted, timely and coordinated use of evidence, not just evidence itself that is most effective. Moreover, as the case studies and other literature have found a broader definition of evidence is needed to encompass the expertise, views and realities of stakeholders alongside medical and social science findings<sup>16</sup> and to reflect the multiple ways in which individuals process information and make decisions.<sup>17</sup>

Finally, no one study or piece of evidence can substitute for the wisdom gained from ongoing interaction with those in power and those whose lives are effected by policy decisions—good or bad. Fostering an informed, committed corps of leaders willing to act out of conviction and in partnership with civil society, health care providers and researchers, will always be at the heart of effective advocacy.

**Figure 1. Theory of Change: Evidence-informed Policymaking**



International Network for the Availability of Scientific Publications 2013<sup>18</sup>.

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