Case Study Title: Supporting Evidence Informed Policymaking during the Transition towards a SWAp for District Health System Strengthening in Cameroon

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1. What is/was the context and key challenge(s) in your K* case study?
   a. When, where and how long did this initiative occur, or is it ongoing?
   Moving towards a Sector Wide Approach (SWAp) to boost the health sector reform in Cameroon was decided in 2005. As the negotiations were going on, a mid-term review in 2006 of the 2001-2010 health sector strategy (HSS) revealed the failure to achieve the set goals and stakeholders’ dissatisfaction pertaining to poor governance and weak district health systems. Hence the focus of the Health SWAp to support health district development, a dramatic change to “doing health business” that required purposeful communication efforts to bring about and sustain change. The three-year project (2009-2011) was funded by the Alliance for Health Systems and Policy Research (AHSPR) to support evidence informed decision-making during the transitioning period.

2. Who are/were the players and why did/do they need to come together?
   a. What was/is the reach of the initiative?
   National and sub-national health decision-makers, stakeholders, external donors and researchers. The premise was to capitalize on evidence as consensus builder to facilitate and sustain the change. Health district governance, health financing, management information systems, community health workers and malaria control were the priority issues.

3. How did/does K* play a role in the story, i.e. tools/techniques/approaches.
   The program included: (i) capacity building for researchers, stakeholders and decision-makers; (ii) producing and communicating policy briefs; (iii) producing bulletins of strategic health information; (iv) organizing policy dialogues; (v) developing and maintaining a clearinghouse providing access to evidence summaries and policy briefs and; (vi) organizing a consultation to identify health systems and policy research cutting edge issues and challenges to evidence to policy and practice.

4. What was/is the intended impact/contribution of K* and, if you can, tell us whether K* had an impact and how.
   The aim was to create an environment conducive for evidence informed decision-making. The impact evaluation of the program is yet to be conducted. Herewith some observed changes: (i) the demand for evidence summaries increased thus leading to establish a rapid response service; (ii) a grant to build capacity for civil society organizations to support evidence to policies activities is undergoing; (iii) three policy briefs prepared and two

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5. What are the lessons from this example that others should know about/could be transferred, in general and particularly in a resource-limited context?
The program was a tri-partite commitment: the technical secretariat of the Steering committee for the implementation and follow-up of the health sector strategy, the Cameroon Coalition against Malaria (civil society organization) and the Centre for Development of Best Practices in Health, this has facilitated and sustained the needed prolonged engagement so critical to mutual trust and understanding. Evidence-informed policy dialogues or deliberations are valuable sources of tacit knowledge on implementation barriers. Planning cycles and bureaucrats turn-over need to be carefully considered when engaging into knowledge translation activities. Identifying the right “owner” of the policy problem or issue at hand is as critical as the health issue itself. An unsolved issue: what should happen after an evidence-informed policy dialogue? Pressing knowledge gaps: (i) costing of interventions; (ii) strategies for effective transfer of evidence-informed policies within the system; (iii) effective strategies and tools to measure the impact of knowledge translation activities.

6. Any other observations..:
Uncovering the hidden “policy transfer” agenda from external donors during the stakeholders analysis at the priority setting stage is essential to the success of the policy brief and dialogue approach.