

# Burkina Faso Policy Brief

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## Translation of Modeled Evidence for Decision-Making Research Results from Burkina Faso: The point of view of the Nouna Health Research Center / National Institute of Public Health

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### DEFINITIONS

**Modeled evidence** : These are mathematical, epidemiological, statistical and econometric models that simulate different potential health scenarios, including scenarios related to disease transmission and/or the impact of different policy interventions on health outcomes.

**Modeling organisations** : refers to organisations/researchers in the country that produce modeled evidence

**Boundary organizations** : These are organizations that help translate and distill research findings into accessible language, fostering dialogue to influence public health policy or practice.

**Decision makers** : these are potential users of modeled evidence and those involved in decision-making about national health policies and practices

### SPECIFIC CONTEXT IN BURKINA FASO

The entire policy modelling ecosystem in Burkina Faso has a rather limited capacity, despite the efforts of the Ministry of Health to invest in the translation of knowledge and evidence through structures such as the Directorate of Monitoring, Evaluation and Capitalization (DSEC) and the Performance Management and Deliverology Unit (UGPR). In 2017, there was also the creation of the Knowledge Management and Transfer Unit (KTCU) whose success has been very limited due to a lack of investment by national decision-makers to meaningfully engage in the research process.

For the production of evidence, Burkina Faso has many specialized research institutes. In addition, the National Institute of Public Health (INSP) makes efforts to ensure a timely evidence-based response to public health problems.

While these national research institutes and universities play an important role in public health research in general, their experience and expertise in mathematical modelling is more limited. The literature highlights two main barriers to the use of evidence: the availability of timely and relevant research and the lack of communication between researchers and policy makers.

## HIGHLIGHTS

The entire ecosystem from modelling to decision-making in Burkina Faso is in an emerging phase, characterized by:

- A lack of funding for the creation of modeled evidence;
- Insufficient capacity of decision-makers to understand and use models;
- Insufficient capacity of modellers to communicate model findings in plain language accessible to all;
- Lack of a clear communication strategy around timely research findings.

Nevertheless, there are favourable factors to promoting the use of modeled evidence:

- Recognition of the importance of modelling by policy and programme decision-makers;
- Availability of stakeholders to improve the modelling ecosystem.

## INTRODUCTION

Decision-makers in the health sector are often faced with complex choices and trade-offs. Modeled scientific evidence can be a valuable tool to help decision-makers choose between complex trade-offs. Unfortunately, for a variety of reasons, policymakers do not always use relevant evidence. On the one hand, modeling doesn't answer the right questions; On the other hand, there is a lack of appropriate relationships and communication channels for evidence to be involved in the decision-making process. Ultimately, failure to ensure that decisions are based on the best possible modelling leads to losses in efficiency, effectiveness and impact, which are felt by health system end-users.

This policy brief stems from a study conducted in Burkina Faso by the Centre de Recherche en Santé de Nouna (NSRC) in collaboration with Results For Development (R4D) that aimed to understand how to structure modelling efforts according to policies and programs in order to effectively bridge the gap between modeled evidence and health policy or program decision-making.

This note is addressed to health authorities to strengthen the use of modeled evidence in decision-making.

## METHODOLOGICAL APPROACHES

This was a study using a mixed approach (quantitative, qualitative) in two phases.

First phase: we conducted an online survey, by administering a questionnaire to:

- identify key stakeholders in Burkina Faso;
- initiate a preliminary assessment of the evidence needed by decision-makers;
- assess barriers and facilitators to promoting the use of modeled evidence

Phase Two: We conducted in-depth interviews with key informants to better understand the survey results.

The survey, by questionnaire, was conducted online from January 08 to February 15, 2022 using the "KoBoCollect" application with 54 participants including 43 men and 11 women divided into three (03) categories of stakeholders: Modeler (20); Intermediate (19); Decision maker (15)

In-depth key informant interviews were conducted from March 05 to May 11, 2022 using a semi-structured interview guide with 25 key informants including 07 Modellers, 11 Intermediaries and 07 Decision Makers.

The quantitative survey data was analyzed using Python software. Additional analyses were made using Excel software.

The audio recordings were transcribed into French and coded by the NSRF research team using a code book developed by the R4D team.

The transcribed data were analysed using Nvivo software with a focus on thematic analysis.

## RESEARCH RESULTS

In general, the online survey of exchange inhibition factors between modellers and decision-makers found that:

1. Modeling data is typically presented and shared in difficult formats that policymakers struggle to decipher;
2. The value of using modeled evidence is not well understood by decision-makers;
3. Insufficient capacity of decision-makers to understand, use or interpret modeled evidence;
4. Modeled evidence tends to be not contextually relevant.

In-depth interviews with key informants also showed that decision-makers do not always have the technical skills required to decipher and use the models produced; Modeled evidence is rarely translated into a policy note by modellers. Moreover, researchers' research and modelling interests do not always coincide with decision-makers' expectations. This is explained by the fact that there is no tradition of communication between modelers and decision-makers, so as to encourage and accompany model production dynamics to respond to concerns expressed by decision-makers.

However, it appears that COVID-19 has created a shock wave, and a situation that, beyond the human drama, has converged factors and actors towards the collaborative search for evidence and models for decision-making. As well, there is a growing interest on the part of decision-makers to better understand and use modeled evidence, as well as remarkable efforts by modellers to make their model accessible and to establish fruitful exchanges with decision-makers.

The approaches that promise the greatest impact on promoting the use of modeled evidence would be, depending on their importance: simplifying modeled evidence to make it more accessible to decision-makers; Directly interpret modeled evidence and provide advice for specific policy or programmatic decisions; Contribute to capacity building of decision-makers.

## CONCLUSION

The culture from modelling to decision-making is at an embryonic level in Burkina Faso. It is marked by a lack of competence of modellers on the one hand to communicate to a non-scientific audience, on the other hand, decision-makers to understand and use modeled evidence. Translating scientific results into accessible and practical messages for our decision-makers is necessary. In addition, the COVID-19 pandemic has sparked a growing interest in modelling for decision-making. Increasingly, there is a more positive attitude towards research.

## RECOMMENDATIONS

### For donors & global policymakers:

- Build the capacity of policy makers to understand and use the modeled data
- Strengthen the capacity of researchers to write policy briefs
- Funding dedicated to knowledge transfer

### For decision & policy makers in Burkina Faso:

- Develop a common understanding of the questions of interest that research should answer
- Establish a framework for interaction between the three entities: civil society, policy makers & researchers
- Use structures such as CASEM (Council of Administration of the Ministerial Sector) as a space for interaction between researchers & decision makers
- Invite decision-makers to learn about knowledge transfer and to collaborate with researchers for better decision making; develop a communication strategy with researchers
- Create conditions for emulation and collaboration between researchers from different disciplines through the directorates of studies and consultation of the universities
- Improve access to data generated by the health system for modelers

### For modeling organizations in Burkina Faso:

- Involve decision makers in the model development process as much as possible
- Use health system-generated data to create models; this will help improve the quality, transparency, and confidence of decision makers in the model
- Develop a clear communication strategy around research findings
- Publish research results in journals that are accessible to end users
- Translate research results & provide operational recommendations to decision makers for decision making
- Develop models based on the context and needs of the Ministry of Health

### For boundary organizations & knowledge brokering mechanisms in Burkina Faso:

- Develop policy briefs in plain language
- Improving access to and communication of research results
- Promote knowledge brokering through training on knowledge transfer
- Facilitate meetings, contacts and collaboration between modelers and decision makers
- Create spaces for exchange between modelers and decision makers

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