

ORIGINAL RESEARCH ARTICLE

Policy dialogue to support maternal newborn child health evidence use in policymaking: The lessons learnt from the Nigeria research days first edition

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Abstract

The use of evidence in decision-making and practice can be improved through diverse interventions, including policy dialogue. The Department of Family Health, Federal Ministry of Health of Nigeria initiated and organized the Nigeria Research Days (NRD), to serve as a platform for exchange between researchers and policymakers for improving maternal, new-born and child health. The study reports on the conceptualization, organization and lessons learned from the first edition. A cross-sectional study was designed to assess the effectiveness of a policy dialogue during the NRDs. Data were collected from the feasibility and workshop evaluation surveys. A descriptive analysis of data was performed. As a result, the Nigeria Research Days meets all the criteria for a successful policy dialogue. The participants positively rated the content and format of the meeting and made suggestions for improvement. They were willing to implement the recommendations of the final communiqué. The lessons learned from this first edition will be used to improve future editions. (*Afr J Reprod Health* 2020; 24[4]: 109-121).

Keywords: Policy dialogue, evidence use, policymaking, maternal and child health, research days, Nigeria

Résumé

L'utilisation des données probantes dans la prise de décision et la pratique peut être améliorée par diverses interventions, y compris le dialogue politique. Le département de la santé familiale du ministère fédéral de la santé du Nigeria a lancé et organisé les Journées de la recherche au Nigeria (NRD), afin de servir de plateforme d'échange entre les chercheurs et les décideurs politiques pour améliorer la santé des mères, des nouveau-nés et des enfants. L'étude rend compte de la conceptualisation, de l'organisation et des enseignements tirés de la première édition. Une étude transversale a été conçue pour évaluer l'efficacité d'un dialogue politique pendant les NRD. Les données ont été collectées à partir des enquêtes de faisabilité et d'évaluation des ateliers. Une analyse descriptive des données a été réalisée. En conséquence, les Journées de la recherche au Nigeria répondent à tous les critères d'un dialogue politique réussi. Les participants ont évalué positivement le contenu et le format de la réunion et ont fait des suggestions pour l'améliorer. Ils étaient disposés à mettre en œuvre les recommandations du communiqué final. Les leçons tirées de cette première édition seront utilisées pour améliorer les éditions futures. (*Afr J Reprod Health* 2020; 24[4]: 109-121).

Mots-clés: Dialogue politique, utilisation des évidences, formulation de politiques, Santé maternelle et infantile, journées de recherche, Nigeria

Introduction

The systematic use of evidence in health policies is very low in sub-Saharan countries including Nigeria¹⁻³. To address this, various strategies have been developed and promoted for evidence use in

policymaking. The literature describes four approaches of knowledge transfer, namely science-push model, user-pull model, exchange model and integrated efforts. Policy dialogue is one strategy of the interactive exchange model. Policy dialogue

appeared to be a means of engagement⁴ in the promotion of researcher-policy maker collaboration and was seen as an “agent of change”^{5,6}.

Rajan *et al.* defined this policy dialogue as a dynamic ongoing process creating interactions between different political and technical stakeholders with the aim of informing policies with the evidence to maximise health impact⁷. In an exploratory synthesis, Émilie Robert reports three major conceptions of policy dialogue, including “policy dialogue as a tool for knowledge transfer”, which aims to “support evidence-based decision-making”⁸. This concept, inspired by knowledge transfer theories, sees policy dialogue as a structured, codified and deliberative activity including stakeholders, researchers and policy makers. Various activities can be conducted within the platform, ranging from virtual exchanges, the distribution of policy notes, deliberative workshops, to policy dialogue⁹⁻¹¹. If the deliberative workshop engages the decision-maker in identifying the actions to be taken with the evidence, the policy dialogue requires for its success all other means to exhaust concerns about the effective use of research results in decision-making. Policy dialogue thus contributes to a better use of evidence to improve the impact of health policies. In West Africa, several experiments of health policy dialogues have been initiated through the EvipNet project¹² and have variously contributed to the improvement of the use of evidence in health policies and programmes in Africa¹³⁻¹⁵.

In Nigeria, existing platforms for collaboration between researchers and policy makers are located in the states, national and research institutes and centres that have promoted the use of research results. The Health Policy Advisory Committee (HPAC) platform in Ebonyi State, for example, promotes the use of research in decision-making^{15,16}. The same is true of the Enugu Forum, which brings together researchers, policy makers, civil society organisations (CSOs), non-governmental organisations (NGOs) and the community in Enugu State to discuss local health issues¹⁷. At the Federal Ministry of Health (FMoH) level, as part of the Canadian initiative Innovating for Mother and Child Health in Africa (IMCHA), a policy dialogue framework “called” Nigeria

Research Days in Maternal Newborn and Child Health (MNCH) was set up to facilitate dialogue between policy makers and researchers with the goal of improving the use of evidence. The idea of the NRD platform came from stakeholder during a workshop to validate the results of a situational analysis of knowledge transfer and the use of maternal, neonatal and child health research findings in Nigeria in 2015.

This paper describes the conceptualization, implementation and conducting of the first edition of “Nigeria Research Days” (NRD) policy dialogue framework to learn lessons and improve its organisation and share the experience with the scientific community.

Methods

This involved a review of the NRD’s organising process through the review of preparatory activity reports, the feasibility study report, and the reports of the first edition. The framework for knowledge translation used in this study was “the knowledge-value chain” framework¹⁸. In this framework, it is postulated that the combined use of knowledge and other resources gives organizations their capabilities for action and is predicated on five dyadic capabilities namely: (1) Knowledge mapping and acquisition; (2) Knowledge creation; (3) knowledge integration and sharing/transfer; (4) knowledge replication and protection; and (5) knowledge performance and innovation. From an organizational perspective, the interdependence of such dyadic capabilities generates a knowledge-value chain that moves from knowledge mapping and acquisition up to the production and delivery of new or improved public health programmes and interventions delivering added value for people.

To explore the feasibility of the NRD and draw up a concept note for the conference, a mixed methods study design was used to collect information between April and June 2017 from purposively selected participants likely to attend the research day, comprising of policy makers, technical partners, NGOs, CSOs, and researchers in the area of MNCH. A non-structured survey questionnaire was administered to 83 people through Google survey. A subset of the survey participants who were policy makers were selected

for in-depth interviewing and a total of 10 in-depth interviews (IDI) were conducted with policy makers who had stayed at least four years in office and had the ability to contribute to decision making in the area of maternal and child health. Information was collected on their perspectives on unmet and emerging health needs of infants, children, adolescents and mothers; the area of their current activities/interventions, the objectives of the interventions, the beneficiaries, the outcomes and expected results of the intervention, the estimated budget for the intervention and sources of funding. In addition, their perspectives on the establishment of national research day (NRD) in MNCH including their expectations, the format they would want the conference to take to ensure good Knowledge Translation and use of evidence, the contents of the event and general recommendations to ensure the success of the event. Documents were also reviewed in order to map the organizations working in the area of MNCH and adolescent health in Nigeria. Inductive analysis of qualitative data was done and frequencies were computed for the quantitative data. The findings of this study therefore formed the basis for a concept note on the proposed event.

A committee made up key actors from the Family Health department of the federal Ministry of Health, WAHO and a consultant was set-up to organize the NRD. The participants were not specifically requested to register and submit abstracts but were mapped and invited to the workshop as the focus was mainly on IMCHA studies and interventions. The IMCHA studies were chosen to serve as a test run for the NRD with the plan to upscale this to other researches from the participants in subsequent editions.

The first edition was held in July 2018 over three days. The conference was attended by 80 people, including policy makers, researchers, and representatives of professional associations of health workers, learned societies in maternal and child health, technical and financial partners, and the press. An evaluation of the first edition was conducted using a self-administered questionnaire submitted to participants (who agreed to participate in the survey) to understand their satisfaction with the organization, the content of the sessions and recommendations for the improvement of the next

editions. In addition, the holding reports and the exchanges between the authors with the different actors were used for the triangulation of the results. This triangulation helped identify the lessons learnt from this experience.

A descriptive analysis of data was performed using Microsoft Excel. A frequencies and percentage of satisfaction variables were tabulated. Data of recommendations were collated manually by themes.

Results

Proceedings

To identify the expectations of the players, the model, and the potential participants to invite, a feasibility study of the NRD was conducted in 2017. The results reported the need for a two to three-day platform bringing together researchers, policy makers, practitioners and other stakeholders to share experiences, build capacity to improve the activities of different stakeholders. The content included organised sessions, peer-to-peer exchanges and oral presentations. The expectations of the actors were also to improve collaboration between researchers and decision-makers. A non-exhaustive list of 91 organisations and institutions were mapped to take part in the meeting. Box 1 summarises the NRD's content proposals.

To meet the identified needs of stakeholders, the NRD was designed to be a platform for sharing research results, experiences and fostering interactions between different stakeholders through group work and as well as capacity building. It was proposed that the deliberations of the work should end up in a document to be forwarded to the authorities in the form of applicable recommendations. A three-day meeting was proposed with all stakeholders involved in maternal and child health: decision-makers from the federal and state levels, both maternal and child health services, planning and research. In addition to these decision-makers, researchers from universities, research centres, hospital practitioners represented by health professional associations, learned societies in maternal and child health, technical and financial

Box 1: The suggested contents for the NRD

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1. MNCH and adolescent interventions that have worked in Nigeria and how to scale them up in other sites.
 2. Inspiring examples of collaboration that have 'bent the curve' to achieve transformation change in women's, children's and adolescents' health, going far beyond incremental progress.
 3. Innovations in the six areas of the WHO building blocks (Governance, service delivery, human resources, health financing, health management information system, medicines and technologies)
 4. Information or data gaps in monitoring MNCH outcomes and challenges
 5. Emerging research methodologies: Knowledge translation, Health Policy and Systems Research, Health technology Assessment health financing and economic evaluation
 6. Emerging low-cost technologies to improve practices in the MNCH area.
 7. Donor support: expectations, challenges met, and opportunities for more funding to address the challenges.
 8. Setting MNCH research priorities and funding opportunities for the research priorities.
 9. MNCH and adolescent health in fragile contexts.
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Box 2: IMCHA projects presented

Projects names	Objectives
Increasing Women's Access to Skilled Pregnancy Care in Nigeria	To strengthen the availability and access to maternal primary health care services by rural most-at-risk and vulnerable women. To explore why women, use or do not use PHCs for maternal health care in two LGAs in Edo State, Nigeria. To implement a series of multi-facetted interventions for improving the demand and use of PHCs for skilled pregnancy care in the LGAs; and To test the effectiveness of the interventions in improving women's use of evidence-based primary maternal services by comparing MCH outcome indicators before and after the interventions.
Video Edutainment: Impact on Maternal and Infant Outcomes in Toro, Nigeria	With appropriate government counterparts, plan and implement universal home visits to pregnant women and their spouses in randomly selected wards of Toro LGA; Assess the acceptability and impact of the visits on maternal and infant outcomes, and the added value of video edutainment; Assess the mechanisms of impact on maternal and infant outcomes, and the implementation cost of the home visits and video edutainment; Disseminate the research findings, begin institutionalization in the government health services, and plan with them for scale-up of the home visits program; Strengthen local health systems and build skills in evidence based planning and management of primary
Synergies in video edutainment: Child spacing and regional training for rollout in Bauchi, Nigeria	The project seeks to understand local knowledge and views about short birth interval (<i>kunika</i> in the Hausa language), to inform development of a culturally appropriate module about <i>kunika</i> to include in the home visits programme.
Scaling Up Care for Perinatal Depression for Improved Maternal and Infant Health in Nigeria (SPECTRA)	The overall aim is to study factors that may impede or facilitate the delivery of evidence-based interventions for perinatal depression by front-line clinicians using the WHO Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) in routine practice. The knowledge so gained, including that gained in the process of responding to barriers that may be encountered, will provide necessary information to facilitate the scaling up of the intervention in other parts of Nigeria and other resource-constrained settings.
Responding to the challenge of adolescent perinatal depression (RAPID)	Develop and evaluate an intervention program for adolescent perinatal depression, and determine the factors required for its integration in the delivery of routine primary care.

Box 3: Policy options from the EQUIST analysis

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1. Scaling up integrated packages of essential interventions across the continuum of care.
 2. Increasing budget allocation to the health sector to address the significant material and human resource shortages in the health systems
 3. Making the Health sector market attractive to private sector
 4. Focusing the health systems on diseases and risks that affect the largest number of people and the poorest.
 5. Making the improvement of the status of women an utmost priority
 6. Establishing accountability mechanisms in order to restore confidence in health services and increase efficiency in the delivery of health care services.
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Box 4: Question guide for panels discussions

1. Looking at the results of the project, does it need improvement? What is missing? What can be improved?
2. What are the key good practices identified in the presentations (Relevance, effectiveness, efficiency)
3. What are the essential activities without which the good practice cannot function?
4. What are the prospects of scaling them up in Nigeria? What are the things needed?
5. Whose responsibility is it or who can drive the process of scaling up
6. How do we get these results into policy and practice?
7. What actually do we mean by INNOVATIONS in health?

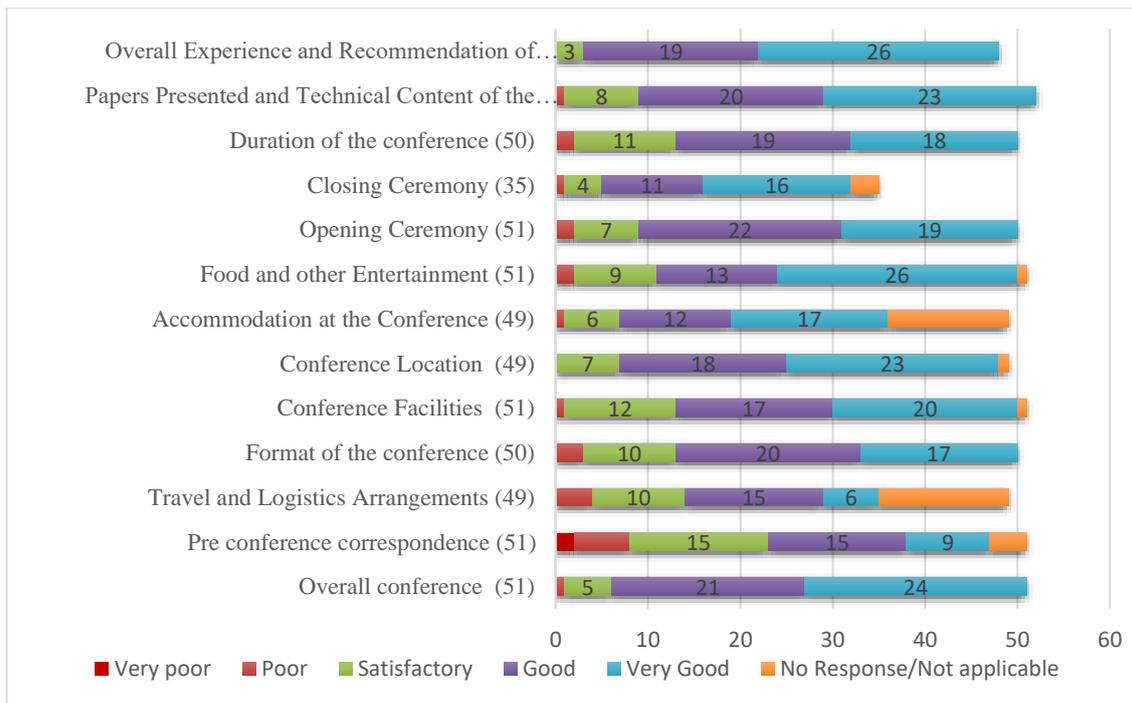


Figure 1: Participant satisfaction with the various aspects of the conference

partners including NGOs, United Nations organisations, bilateral and multilateral donors.

Outcomes

The first edition organised under the leadership of Nigeria's Federal Ministry of Health was held in July 2018 in Abuja. It brought together seventy participants including decision-makers at the federal and state level, professional associations of gynaecology, paediatrics, public health, nursing and midwifery, representatives of universities, research institutions, non-governmental organizations (NGOs), technical and financial partners and members of the research teams of the IMCHA. This first edition allowed researchers funded through the IMCHA to share their preliminary results, as well as another maternal

health innovation in Nigeria, such as the ABIYE initiative. The five research projects of the IMCHA initiative were two in the northern part of the country (Bauchi State), two in the South-West (Oyo State) and one project in the South-South (Edo State). The projects names and respective overall objectives are presented in Box 2.

Preliminary results of research conducted in Bauchi State showed that male involvement improved awareness of the signs of danger; better communication within the couple reduced strenuous work in pregnant women and improved the use of health services by pregnant women. In Oyo State, preliminary results noted the potential contribution of health worker training with simple tools to identify and direct women suspected of perinatal depression in peripheral health formations. Finally, in Edo State, the results noted

Box 5: Final communiqué



Nigeria Research Days for MNCH

1st Edition held 11-13 July 2018, Abuja Nigeria





Final Communiqué



Dr. Jonathan Ihekweazu, National Coordinator of COVID-19

...people ownership is the best way of interventions sustainability...



Prof. Isabella Sambo, Director of Family Health, IDRC
Prof. Jesse Louke, Director of Family Health, IDRC

...there are people out there ... who are not benefiting from some of other things that have done across our region... or most of those other innovative programmes... I will work tirelessly to ensure by the next years, some of those programmes will start scaling up...

DG WAHO

Moving maternal new-born and child health Evidence into Policy in West Africa



COMMUNIQUE ISSUED AT THE END OF A 3-DAY STAKEHOLDERS MEETING ON NIGERIA RESEARCH DAYS FOR MATERNAL, NEWBORN AND CHILD HEALTH: IMPLEMENTATION OF IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH (MNCH) EVIDENCE INTO POLICY (MEP) PROJECT HELD AT THE WOOD HOUSE CLUBS HOTEL, WUSE ABUJA FROM 11TH TO 13TH JULY, 2018

Preamble
The West African Health Organization (WAHO), with funding from Canadian Institute of Health Research (CIHR), International Development Research Centre (IDRC) and Global Affairs Canada under the financing for Maternal and Child Health in Africa (MCHA) initiative, is implementing the programme: "Moving maternal, newborn and child health evidence into policy" (MEP) to 8 ECOWAS member States including Nigeria, Senegal, Guinea Bissau, Mali, Sierra Leone and Benin. There are three (3) MNCH implementation research projects ongoing in Nigeria in Oyo, Fako and Rivers States.

The validation meeting held in 2018 to consider the report on the situation analysis of knowledge transfer and use of evidence as part of MEP initiative demonstrated the need to set aside specific days for MNCH research in Nigeria. The aim is to bring together all stakeholders on one platform to foster collaboration, networking, communication and sharing of experiences between researchers and decision-makers as well as disseminating preliminary results from the ongoing MNCH implementation research teams.

It was on this basis that the Federal Ministry of Health (FMHC), in collaboration with the West African Health Organization (WAHO), organized a 3 day meeting titled: "Nigeria Research Days for MNCH" in part of the implementation of the MEP initiative.

There were 87 participants at the workshop including DG WAHO - Prof Stanley Okoro, Senior specialist representative of IDRC from Canada, Dr Nathanael Onu, Former governor of Ondo State (ex-Senator), Dr Oluwagun Akintola, representative of the FMHC, professional associations, NGOs, NGOs, CBOs, and other key stakeholders in MNCH. The meeting was chaired open by the Honourable Minister of State for Health, Dr Stella Okoro (MS, FRCGS).

Presentations and Discussions
The Director, Family Health Department, FMHC (Dr. Isabella Sambo) and his welcome remarks provided all the participants for coming. Then the DG WAHO in his own remarks reiterated the commitment to provide support to any project designed to impact the lives of West Africans.

The key note address was presented by His Excellency, Dr. Oluwagun Akintola. He chose used the Akintola Programme in Ondo State as a prototype of a high impact, sustainable and scalable intervention for maternal and child health in Nigeria. The Akintola project was initiated to address the high maternal death rate in Ondo state, which was at the time the worst in South West Nigeria. The key messages of the Akintola programme were:

- 1. To track every pregnant woman and bring equitable and effective health care to them wherever they live, work or play.
- 2. Develop equitable equity-based health care services that will provide universal access.
- 3. Implement equitable allocation of limited resources towards the specific needs and performance-driven programmes.

The result was a reduction in maternal mortality from 545/100,000 in 2008 to 175/100,000 in 2016, a reduction of over 68%.

Key presentations
Dr Abiodun Adesina, Child Health Division (CHD), presented the meeting objectives. The main aim is to move MNCH research evidence into policy and practice. The main presentations included:

- The status and vision of MNCH in Nigeria - Dr Adesina.
- Improving for Maternal and Child Health in Africa (MCHA) - West African Health Organization as a HPHD and Nigeria Perspectives - Prof. Isabella Sambo (FMHC).
- Application of the equitable impact evidence tool (EQUITE) tool to evidence informed policymaking to improve Maternal and Child health outcomes in Nigeria - Prof. Jesse Louke.
- Getting results and evidence into policy and practice - Prof. Isaac Udochiaku.
- The 3 MNCH projects
 - o Scaling up Care for Perinatal Depression for Improved Maternal and Infant Health (PREDIA) in Oyo State - Dr Isabella O. Okoro
 - o Infant Disposition at the Birthline: Impact on Infant and Maternal Outcomes in Yoro, Kwara State, Nigeria - the Baseline report led by Hilda Virginia Olatunji
 - o Increasing Women's Access to Skilled Pregnancy Care in Edo State Nigeria - Prof. Hilda Okoro
- Two panel discussions of 3 stakeholders each, to discuss the three projects and how to move the research evidence into policy and practice.

Observations

1. Capacity building is key to successful implementation of the MNCH projects
2. Preliminary evidence from the MNCH projects demonstrates the importance of community and stakeholder engagement and participation, to the success and sustainability of projects
3. The involvement of the key government officials and decision makers in project implementation state enhanced the implementation of the project
4. The projects strengthened existing structures and brought in innovative strategies

Recommendations and conclusions

1. The programmes and projects developed under the MNCH initiative should be subjected to external evaluation and lessons learned should be presented to the National Council on Health.
2. Promote collaboration and multi-disciplinary research involving stakeholders in MNCH.
3. There should be constant engagement between researchers, policy makers and practitioners to ensure that evidence arising from research can be used to inform policy and change practice by the FMHC.
4. The need for community participation and ownership of evidence based programmes by implementers to ensure sustainability.
5. The Federal Government of Nigeria through the Directorate for Planning, Research and Statistics of the FMHC should establish a robust research governance, support structures and effective leadership for health research.
6. There should be capacity building and collaboration between researchers and policy makers on research and governance.
7. Being forward on the next research steps for MNCH
 - o The research days should be an annual event organized by the Federal Ministry of Health and the call for abstracts for presentation at the meeting should be made open to both sponsored and individual research on MNCH
 - o State policy makers to be invited for subsequent meetings (at least 3 from each geopolitical zone).

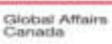
Signed: _____
For CHD, Communiqué Drafting Committee
In Abuja Director (CHD, Newborn Health PMO)

Signed: _____
For WAHO, Communiqué Drafting Committee
National AM Director (DG FMHC, Yaba Branch)

For the Communiqué Drafting Committee



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Box 6: Key recommendations to improve on the NRD

Geographical representation of participants and from various organisations such as NGOs and academia should be encouraged.

Early information notification on the conference dates, more support from partners, policy makers should buy-in

Capacity-building session should be included in the conference.

Room for criticism of research findings, including methodology.

FMOH should own the conference while NGOs should be fully informed and carried along.

More presentation and more time for discussion on research; expand participation.

To ensure continuity, it is necessary to maintain and expand the human resource network.

Include the issues of adolescents and young people adequately.

Increase the number of days and times for presentations and discussant panels.

Participants should be kept abreast of information concerning future meetings and the meetings should be broader in terms of the delegates

Include neonatal, children and adolescents.

Open call for proposals to all.

Strengthening workshop on grant writing and research methodology, maintaining contacts with the participant for possible collaboration, sensitise policy makers on use of research report

Table 1: Organisational composition of conference participants

Organisation	Number (%) n = 47
FMOH	13 (27.7)
Parastatals/MDAs	6 (12.8)
Professional Associations	7 (14.9)
Regulatory Bodies	1 (2.1)
WAHO	2 (4.3)
IMCHA research teams	4 (8.5)
Research Institutions	5 (10.6)
NGOS &CSO	5 (10.6)
Others	4 (8.5)
Total	47 (100)

Table 2: Participants appreciation of the various conference sessions

Best session liked	Number (%) n = 52
Technical presentations	15 (28.8)
Group work	12 (23.1)
Mimiko's presentation	6 (11.5)
Panel discussion	4 (7.7)
All aspects	4 (7.7)
General discussion	2 (3.8)
Recap	2 (3.8)
Gripp	1 (1.9)
Next steps	1 (1.9)
No response	5 (9.8)
Total	52 (100)

barriers to the use of health services, including the low availability of health workers, distance from health services and poor quality of care at the health service level.

The results of an analysis using the Equitable Impact-Sensitive Tool (EquIST) were

presented to identify priority areas and interventions for improving the health of mothers and children in Nigeria. Thus, it appeared that the northern region of the country and populations at risk (mothers, newborn and under-five children) should be targeted by priority interventions. Six policy options were made based on the findings and presented in Box 3. The policy option of scaling up all interventions in the packages of maternal, newborn and child health across the continuum of care to 90% coverage would prevent 149,000 maternal deaths, 849,000 stillbirths, 1,498,000 neonatal deaths and 1,515,000 child deaths.

A successful example of a policy maker's commitment to the use of evidence through policy dialogue to improve maternal health named the ABIYE project was presented. Presented by its initiator, the meeting allowed the former Governor of Ondo state to share his experience from design to the implementation of the ABIYE project improving the use of health services through adaptation and promotion of evidence, good practices, better management of public funds as well as a dialogue and mobilisation of communities.

Following the presentation of the research findings, panel discussions allowed brainstorming on practical application into the Nigeria's health system. Panellists were made up of decision-makers, practitioners and researchers. The panel discussions focused on perinatal depression and community interventions. Box 4 presents the issues addressed by the panellists during the two panel discussions.

Table 3: Sessions least appreciated by the Participants

Least liked session	Number (%) n = 52
Opening ceremony	4 (7.7)
EQUIST	3 (5.8)
Next steps	3 (5.8)
No session	2 (3.8)
Closing ceremony	1 (1.9)
Filling the lengthy questionnaire	1 (1.9)
Discussion	1 (1.9)
Group work	1 (1.9)
WAHO presentation	1 (1.9)
Video Edutainment	1 (1.9)
EVENING DRESS	1 (1.9)
Synergy	1 (1.9)
No response	32 (61.7)
Total	52 (100)

Table 4: Participants willingness to comply with the recommendations of the conference

	Yes Freq. (%)	No Freq. (%)	Not Sure Freq. (%)
Willingness to carry forward the recommendations from this conference (n = 51)	48 (94.1)	0	3 (5.9)
Willingness to attend or recommend someone else to attend the next conference based on your overall experience of the conference (n = 52)	51 (98.1)	0	1 (1.9)

Group works was organized to enable a discussion on the process of using the results through a collaborative mechanism between researchers, policy makers and other stakeholders in maternal and child health in Nigeria.

A committee comprising representatives of the Federal Ministry of Health, practitioners, NGOs and partners drafted a final communiqué presented in Box 5. It summarised the strengths of the workshop and made recommendations for policy makers and researchers.

Evaluation of the first edition

As shown in Table 2, most of the participants were satisfied with the overall experience of the conference (54.2%), but more specifically, most

were satisfied with the food and other entertainment presented at the workshop (51%). This was then followed by the conference location (46.9%) the studies presented at the technical sessions with the content of the conference (44.2%), while they were least satisfied with the pre-conference correspondence (3.9%). The participants variously appreciated the sessions held during the NRD and the technical presentations were the most appreciated (28.8%), followed by the group work (23.1%) as shown in Figure 1. As shown in Box 6, several recommendations were made to improve future workshops. Most of the participants were willing to carry forward the recommendations from this conference to the appropriate quarters (94.1%) and they were willing to wait or recommend someone, based on their overall experience with the conference (98.1% (Table 4).

Discussion

The emergence of the idea

The creation of days dedicated to research in maternal and child health was initiated by stakeholders including the team of the Directorate of Family Health of the Federal Ministry of Health of the workshop of restitution of the analysis of the situation, which was chaired by the Director of the Department of Family Health. This attitude can also be interpreted as a need for evidence to assist them in their "pull-efforts" in the field of knowledge transfer, which is rare according to the literature, where the "push" approach is most often used¹⁸. This will of policymakers was a key factor in the implementation of NRD.

Identifying stakeholder needs

The feasibility study²⁰ helped for better organisation and the identification of the needs and expectations of potential participants. This response to the needs of the participants resulted in the positive appreciation made of the presentations of the research results, the group work and the ABIYE experience shared by the Governor²¹⁻²³. However, some of the topics of interest suggested by the participants of the feasibility study could not be discussed at the meeting. This can be explained by the fact that the research presented predates the idea

of the creation of the NRD. Hence the need to open the meeting to other research teams that deal with topics such as adolescent health, nutrition, universal health coverage among others or in the future use the framework to identify research needs and priorities that can guide researchers.

Conceptualisation

The conception of policy dialogue described by Emilie⁸ based on knowledge transfer theories, sees policy dialogue as a structured, codified and deliberative activity including stakeholders like researchers and decision-makers. Policy dialogue provides an opportunity for actors at all levels to discuss the topic of interest²⁴. Policy dialogue ensures the legitimacy of the decision-making process through the active participation of all stakeholders. In practice, Lavis²⁵ reports that policy dialogue must have three essential elements to be truly beneficial: (i) give the opportunity to discuss issues of interest, (ii) consider several decision options and (iii) chart the way forward for the implementation of results. This experience from NRD allowed for the discussion of the role of men and community involvement in improving maternal health, and how to improve the identification of perinatal depression as well as other topics of interest for maternal and neonatal health in Nigeria. Discussions of preliminary findings shows that several options should be considered depending on the local context to engage communities. The ABIYE project experience revealed the importance of contextualisation^{22,23}. Following the workshop, the recommendations provided guidance on the process for integration of the results in public policy in Nigeria. Thus, this edition of NRD have respected all these essential elements in order for this policy dialogue to be beneficial.

The success and achievement of results following the policy dialogue are subject to factors in the preparation and implementation of the policy dialogue. These factors described by Rajan *et al.*¹ as the success factors of policy dialogue are made up of six elements. The first element is sufficient preparation time for effective participation in the dialogue. In the case of NRD, this time was respected, even with the introduction of the feasibility study, which helped identify and raise awareness among the various stakeholders about

the event. In addition, for the practical organisation of the first session, a long time was devoted to the organisation. The second factor is the definition of clear goals and outcomes to be achieved. The feasibility study identified the needs and expectations of stakeholders to guide the proper definition of the objectives and expected results for each edition. Thus, for the first edition, three objectives were assigned to the NRD and four expected results. In addition, each session had expected results. In the context of the NRD, after the analysis of stakeholder perspectives, a reference term of the NRD was developed, shared and validated by the various actors. The third factor is the provision of information on the subject to be discussed. At the invitations, the terms of reference and the program including the points to be discussed, the results of research projects in the form of summary, policy notes or presentations were not shared in advance to the participants. This should be improved in future editions. The fourth factor is the context and stakeholder analysis. This analysis must be part of the conduct of the policy dialogue, as it allows participants to have good knowledge of previous works and to increase their knowledge on the subject. Three presentations provided insight into the context. The first provided national guidelines for maternal and child health, the second after using the EQUIST tool showed priority needs and interventions to improve maternal health in Nigeria, and the third provided information on ongoing research in other countries. The results of the five projects also provided information on the contexts of the studies and the results obtained. Emile *et al* rised the importance of giving context background to participants of policy dialogue as a prerequisite to ensure engagement²⁶. All this information gave participants a better understanding of the context. Stakeholder group suggestions from the feasibility study contributed to stakeholder mapping and diversity of participants. The fifth factor is the use of effective moderation techniques. A Professor of Public Health with extensive experience in moderating national and international meetings coordinated the moderation of the panels and group work, and allowing each person to express their thoughts. The workshop also enabled group work and interactive stakeholder exchanges. Finally, the sixth factor is the

availability of adequate resources. To this end, the Federal Ministry of Health with financial support from the West African Health Organisation (WAHO) organised the first edition. To facilitate sustainability, it was suggested that the event should be taken into account in the budgets of the Federal Ministry of Health, state ministries of health and donor partners. This proposal to include the NRD in the budgets of the Federal Ministry of Health, states and certain partners will ensure adequate funding and the institutionalization of this platform of collaboration between researchers and decision-makers for sustainability²⁷.

Evaluation

The NRD evaluation assessed participants' level of satisfaction with the organisational process, logistics, and the content. Overall, all the components assessed, were rated satisfactory to very well by the participants. Technical presentations of research results and group work were the most popular sessions for participants. This was confirmed by the evaluation of these sessions from satisfactory to very well by more than 90% by participants. The evaluation of a policy dialogue on infectious diseases in Ebonyi State Nigeria reported a very good appreciation of the participants for the topics covered, the content as well as for the discussions around the policy briefs²⁸. Moat et al. reported the same positive impression in six African countries⁶. Policy dialogue would allow research findings, experience and tacit knowledge to be considered in decision-making²⁹. If the logistics of the days were in majority rated from satisfactory to very well, some participants described preparations exchanges as poor. Participants from the FMOH are residents of Abuja, the conference city; and did not required travel and accommodation support. This might explain their low appreciation of logistical support and accommodation. In addition, the opening and closing ceremonies were listed as among the least appreciated sessions. It should be noted that the opening ceremony hold in the second day after starting of technical sessions, whereas the closing ceremony the closing ceremony was not witnessed by the authorities present at the opening ceremony. Data of this study did not allow explaining the reason these two activities were rate low.

The NRD's final communiqué made recommendations to policy makers, researchers and all other stakeholders. More than 90% of participants were willing to implement the recommendations from the days and encouraged others to participate. Moat et al. study reported the propensity of participants to consider the knowledge and information received⁶.

Lessons learnt

This first edition of Nigeria Research Days has allowed to understand that it is possible to create a national platform for exchanges between researchers and decision-makers in maternal and neonatal health in an African context. The prior consultation with stakeholders on their prospects allows a strong mobilisation of the various players, some of whom have come at their own expenses. Considering stakeholder expectations has enabled active participation in various activities and the formulation of relevant recommendations for improving these days. The format of the sessions must be as participatory as possible with innovative approaches to ensure the contribution of all and the legitimacy of the conclusions. Indeed, masterful presentations with technical themes should be avoided to the maximum. It is important to insert one or two sessions of practical capacity acquisition, that can help move the discussion forward as suggested by participants (box 6). This ensures that all participants have minimum understanding of the topics to be discussed and avoids the retraction of participants who are less comfortable on the subjects. Giving decision-makers with the opportunity to share their experiences on the topic of discussion using research conducted by their researchers in their regions creates future collaborations for the use of effective research data. Encouraging policymakers to support their states' researchers in preparing their participation using their state's research data adds value to policy makers and researchers. The need to continue the dialogue initiated through online exchanges to maintain and strengthen stakeholder engagement until the next physical meeting. The sustainability of these days beyond the project can be achieved through the involvement of state policy makers and other partners who can support the participation of researchers in their states. The

introduction of a signed NRD final communiqué distributed to all participants served as the official document of the proceedings and recommendations of the meeting.

Limitation of the study

The participants of this study may not have been very inclusive, as some stakeholders may have been omitted. In addition, the implication of WAHO along the process may not reflect what would have happened if it was purely driven by FMOH. However, the results of the Nigeria Research Days are a good and practical example of policy dialogue for evidence informed policymaking.

Conclusion

The analysis shows that this Nigeria Research Days event respected most of the elements necessary for policy dialogue between Nigeria's maternal and child health stakeholder. Key observations have been made including the need of capacity building for a successful implementation of projects, the importance of stakeholder engagement in participation to succeed the sustainability of projects, the involvement of key government officials and decision makers enhanced the projects implementation, the projects brought innovations and strengthens the existing structures. The main recommendations of the NRD were the capacity building and collaboration between researchers and decision makers on research and grantsmanship to ensure that the evidence arising from research are used to inform policy and practices. The institutionalisation of the NRD to be held annually. In addition, the projects findings should be subject to external evaluation and lesson learnt to be presented to National Council on Health. There is a need to promote collaborative and multi-disciplinary research involving stakeholder in MNCH; with the community participation and ownership of community-based programmes. Assessing its impact in terms of change at the participant level in the area of the use of evidence in practices and policy documents will demonstrate its success. Sustaining this platform beyond the project will also be an important element of its sustainability requiring the consideration of its

organisation in budgets by decision-makers and certain partners.

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Contribution of Authors

EAKJ, IS and BSC conceptualised the study. EAKJ collected, analysed the data and drafted the manuscript under the supervision of IS and BSC. JCU, MA, AA and AA provided major inputs in the reviewing and finalising the manuscript. All authors revised and approved the final version of the manuscript.

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