

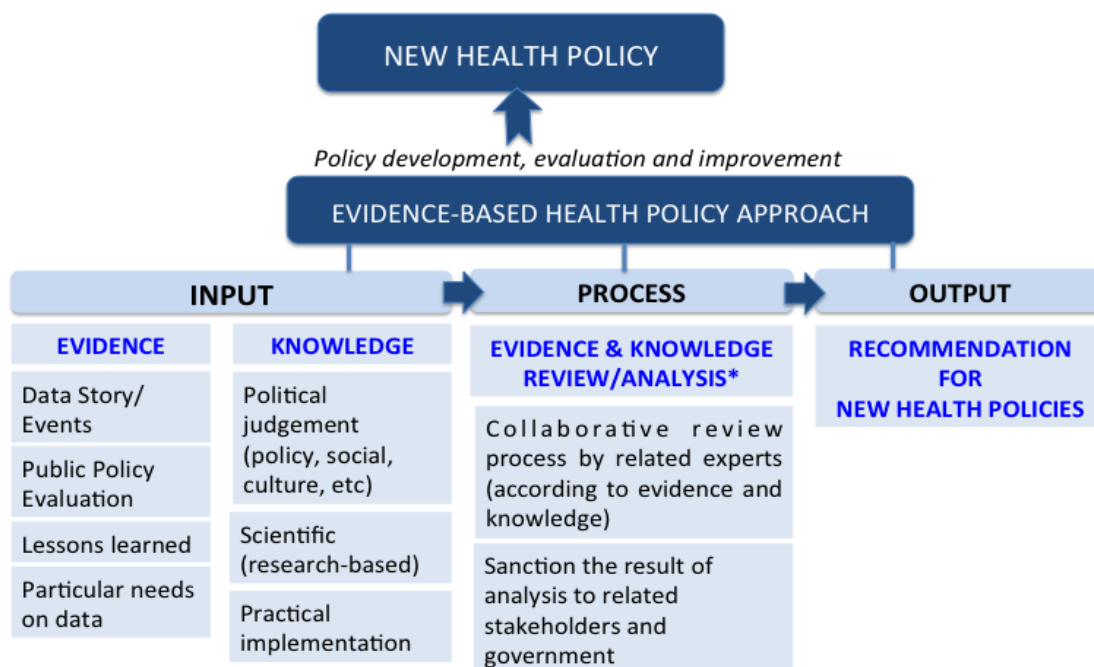
## Evidence Summit on Reducing Maternal and Neonatal Mortality in Indonesia

### A. Evidence Summit Overview

To help inform the efforts of the Government of Indonesian and its development partners, NGO's, and others, an Evidence Summit on Maternal and Neonatal Mortality reduction will be convened (hosted) by the Indonesian Academy of Sciences (API) with support from USAID and URC's Translating Research into Action (TRAction) Project. The **Objectives of the Evidence Summit** are to:

1. Assemble all existing evidence relevant to maternal and neonatal mortality in Indonesia - determinants, implementation approaches for life-saving interventions and research that addresses related systems issues,
2. Organize, summarize, and synthesize evidence in a framework that allows clear understanding of current evidence and prioritization for action, including:
  - Areas where evidence is sufficient to support decisions to sustain and scale intervention approaches, or revise policies and/or program guidelines,
  - Promising approaches and innovations that address priority issues to reduce mortality, but where evidence is insufficient and evidence creation is a priority, and
  - Priority evidence gaps, where creation of new evidence and knowledge can provide essential information to inform policies and programs and accelerate progress to reduce maternal and newborn mortality in Indonesia.
3. Build consensus among major stakeholders on the evidence base, interpretation of existing evidence, and priorities for action.

The Evidence Summit will support New Health Policy in Indonesia, in addition to and consistent with the three stated objectives, using Evidence Based Health Policy (EBHP) approach. The approach includes input, process and output that can be depicted as follows :



## **B. Topics for the Evidence Review**

The need to make significant progress in maternal and neonatal mortality reduction was addressed in the 2013 Study Report of the Joint Committee on Reducing Maternal and Neonatal Mortality in Indonesia: National Research Council of the National Academies and the Indonesian Academy of Sciences<sup>1</sup>. As a starting point for the evidence review, a set of Topic Areas are proposed in light of the NAS/AIPI Report recommendations and its conclusion that the current state of progress in addressing maternal and neonatal mortality in Indonesia is largely unknown.

*“A major finding of this study is the lack of certainty (even within a fairly wide margin of error) of exactly what has happened to maternal mortality in Indonesia over the last few decades. In the absence of an adequate vital registration system, the various survey-based estimates differ so widely and often have such large margins of error that it is virtually impossible to determine exactly where the country was in the base year of 1990 and where it is today. Short of saying that maternal mortality has almost certainly declined because of lower numbers of higher-risk births as a result of family planning and improvements in prenatal screening and birth attendance, any definitive statement on the extent of that decline cannot be made.”*

### **Background and Crosscutting Evidence**

Seven topic areas were agreed upon and focused due to existing evidence and other factors:

**Topic Area 0 : Evidence for problem description to frame the reviews with a focus on Indonesian specific implementation issues.** Overview/background evidence for problem description to frame the reviews with a focus on Indonesian specific implementation issues will include: cause and place of death; case reviews or clinical and social audits of deaths/near misses in facilities and not in facilities; and studies on biological, social and behavioral risk factors. Within each of the Topic Areas the focus will be on maternal and neonatal mortality; the vulnerable and poorest 40%; on community-level issues and interventions; Eastern Indonesia-specific, or other region-specific, evidence; gender equity; and on both the public and private sectors.

**Product:** Overview Chapter.

**Additional Partners:** UE, World Bank, NIH R&D, USAID

**Topic Area 1: Improved quality of care in public and private sectors.** Evidence for the review will include: descriptive studies of quality of care, and system determinants; intervention studies to improve quality of care; and studies on the roles of professional associations, governance, civil society, licensing, accreditation and regulation in assuring quality care.

**Products:** Bibliography, Chapter

**Topic Area 2: Improved referral system at community and facility levels.** Evidence for the review will include: descriptive studies of referral and pre-referral care; intervention studies to improve timeliness and effectiveness of referral; and household and community level recognition and referral studies.

**Product:** Bibliography, Chapter

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<sup>1</sup> Joint Committee on Reducing Maternal and Neonatal Mortality in Indonesia; Development, Security, and Cooperation; Policy and Global Affairs; National Research Council; Indonesian Academy of Sciences. Washington (DC): [National Academies Press \(US\)](#); 2013 Dec 26.

**Topic Area 3: Implementation of UHC including increased utilization of MNH services and improved financial protection of the poorest and most vulnerable.** Evidence for the review will include: studies focused on defining and reaching the poorest and most vulnerable; descriptive studies of utilization of UHC by the poor; financial performance/budget execution at district level; and descriptive studies of system issues at district level and below that affect delivery of services.

**Products:** Bibliography, Chapter

**Topic Area 4: Improved local governance systems influencing health.** Evidence for the review will include: descriptive studies of local governance leadership and other factors in delivery of essential, lifesaving services to mothers and newborns; intervention studies to improve effectiveness, responsiveness and accountability of local government in provision of essential services; and studies on the role of media and civil society in improving accountability of high quality service delivery.

**Products:** Compiled 'evidence supported success stories' from local government led initiatives as illustrative guidance on how to achieve the new minimum standard of services.

**Additional Partners:** Resource persons at district and provincial level.

**Topic Area 5: Improved utilization of evidence for decision-making in the public and private sectors.** Evidence for the review will include: studies on the use of routine data to inform program and policy decisions, completeness and accessibility of routine death reporting; information on population characteristics and circumstances of death of those most likely to be missed in routine reporting; alternative approaches to generate complete basic data on deaths at the district level; and studies on the role of civil society and media in accessing and using data.

**Products:**

1. Comprehensive inventory of data sources (and gaps) in Indonesia.
2. Inventory of data use/impact training and capacity development efforts in Indonesia.

**Additional Partners:** World Health Organization, Bloomberg Foundation, World Bank

**Topic Area 6: Implementing the equity of woman to support 4 pillars of safe motherhood.** Evidence for the review will include: studies focused on strengthening primary health care services using family care approach; ratio of formal education between woman and man; participation rate of family planning program; access to reproductive health facilities; government regulation for supporting equity of woman (e.g early marriage age, maternity leave).

**Products:** Description of Maternal and perinatal health problems framed as action issues for other sectors (education, family planning, age of marriage, poverty, etc.)

**Additional Partners:** Centers for Gender and Women, University of Indonesia

In order to ease review process on related references for each topic and focus, we use matrix as attached in annex.

**In overall, CTG agreed that Topic Area number 0, 1, 2 and 3 are important.** Topic Area 4, 5, 6 are complementary yet prospective to be brought up and disseminated.

### **C. Overview of Process and Technical Inputs**

A **Core Technical Group**, made up of Indonesian and global subject matter experts, and a **Steering Committee** drawn from representatives of key Indonesian stakeholders will oversee the preparation of the Summit. An Executive Committee and Secretariat will guide and be responsible for day-to-day coordination and execution.

The Core Technical Team will develop the specific Topics for the evidence review. Drawing on their knowledge of the current global and Indonesian evidence and experience, the Core Technical Team will review and confirm the Topic selection and develop an overall framework for analysis of existing evidence.

Within each of the Topic Areas, specific **Evidence Review Teams** will develop an *analysis framework* in order to guide the evidence review and prepare:

- Evidence Review Team Review Papers;
- A Pre-Summit Bibliography of Evidence, including inputs from external review; and
- Draft Recommendations prepared in consultation with the Core Technical Group and the Steering Committee.

#### **D. Evidence Summit Outputs**

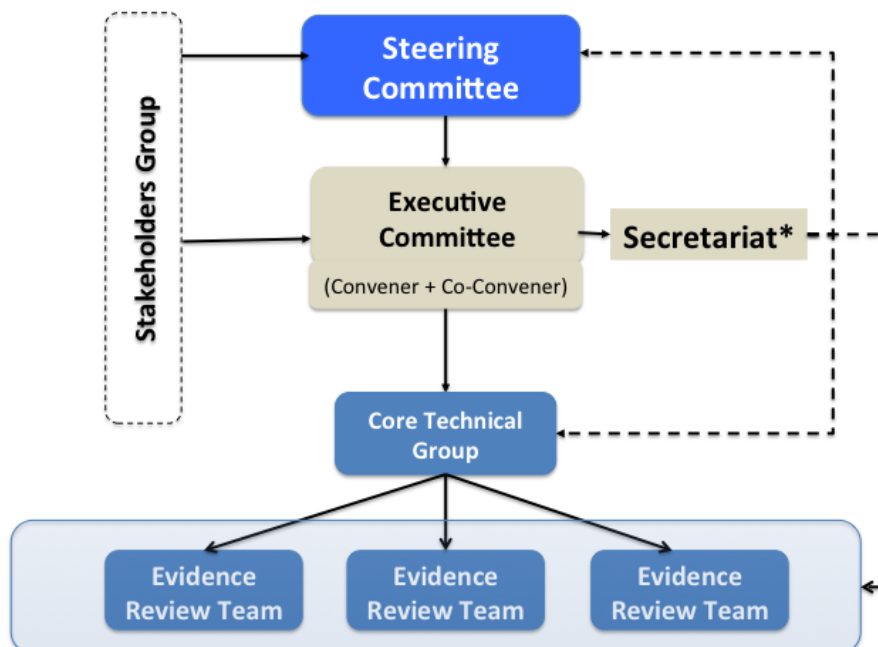
Among the specific outputs of the Evidence Summit will be a **Bibliography of Evidence** that is accessible on-line to the broad array of interested parties. The bibliography will substantially focus on determinants of maternal and neonatal mortality in Indonesia and implementation and health systems issues and approaches most relevant to achieving mortality reductions. The second main output will be **Recommendations** in the specific Topic Areas that will be the main focus of the evidence review. These outputs will inform a subsequent Stakeholder Consultation and other efforts intended to strengthen multi-part action on maternal and neonatal mortality reduction.

In each of the specific Topic Areas the Recommendations will highlight:

- Areas where evidence is sufficient to support decisions to sustain and scale intervention approaches, or revise policies and/or program guidelines,
- Promising approaches and innovations that address priority issues to reduce mortality, but where evidence is insufficient and evidence creation is a priority, and
- Priority evidence gaps, where creation of new evidence and knowledge can provide essential information to inform policies and programs and accelerate progress to reduce maternal and newborn mortality in Indonesia.

#### **E. Implementation Plan**

The Evidence Summit will be implemented through four primary groups or teams, with substantial operational support as follows:





### **1. Steering Committee**

- Composed of key Indonesian stakeholders in maternal and newborn health, including representatives from AIPI, the Government of Indonesia, professional associations, civil society organizations, and academics
- Provide Strategic & Policy Level Decisions to program and policy action
- Draw in broader stakeholder engagement
- Provide overall guidance to the activity to link the evidence summit to program and policy action
- Key involvement in post-summit action planning

### **2. Core Technical Group**

- Composed of technical experts in maternal and newborn health and evidence review; and experts for systematic review.
- Responsible to Executive Committee (Convener dan Co-Convener)
- Will provide technical guidance to the Evidence Summit process, including :
  - Develop grading methodology for evidence reviews
  - Review related literatures (categoryze the literature and provide comments)
- Provide list of selected experts for the Evidence Review Teams
- Monitoring and evaluating the review process of ERT

### **3. Evidence Review Teams (ERTs)**

- Composed of Indonesian and International subject experts in the topic area;
- ERT team consists of one coordinator and five to six members for each topic area;
- Will provide the major technical/substantive work underpinning the Evidence Summit process within each Topic Area including:
  - Elaboration of an analytic framework for the Topic Area;
  - Collection and review of existing evidence;
  - Production of an annotated bibliography of evidence collected; and
  - Production of an Evidence Review Summary with grading of evidence and recommendations.

### **4. Associate Evidence Reviewers (AERs)**

- To support the Evidence Review Teams (ERTs) in the evidence review, we propose the development of seven AIPI Evidence Reviewer Associate Program (one to three Associate reviewer for each topic area). The Program will enable 'junior' faculty members and

scientists become associate for evidence reviewer to provide support to systematic evidence reviews and/or ERT activities.

- The Program will be conducted similar to a fellow program where the associate reviewer work closely to the Evidence Reviewer Team and will include training/capacity development activities; an initial orientation and ongoing support (virtual and workshopped). The Translating Research into Action (TRAction) Project will provide additional TRAction-affiliated University technical assistance through an existing partnership with Harvard and the City University of New York.
- The AERs will be a full-time staff who will be the technical coordinator for each topic, and have to be 'bridge' among ERT members and ES secretariat.

Desired qualifications:

- Have medical background, not only doctors/physicians but other medical personnel
- Has research experience and/or is a professional researcher
- Has no other commitments/obligations to other projects
- Has background in reproductive system
- Should reside in the same city as the ERT and/or has high-mobility

#### **5. Stakeholders Group**

- Composed of Indonesian and International stakeholders related to maternal and newborn health
- Stakeholders group will provide strategic inputs to the draft Multi-Party Action Plan, including:
  - representing a broad array of institutional, program and policy leadership;
  - convening quarterly to receive update on progress and provide inputs;
  - complementing the work of the Core Technical Group; and
  - taking forward the recommendations of the Summit

#### **6. Executive Committee and Secretariat**

- The Executive Committee consists of convener (Prof. Akmal Taher) and co-convener (Prof. Irawan Yusuf), supported by secretariat.
- The Executive Committee will provide catalytic leadership to the overall Evidence Summit Process including:
  - providing Operational Level Decisions;
  - facilitating consultation on the content and participation in the process;
  - maintaining forward movement and high level engagement;
  - convening the meetings of the Steering Committee, the Core Technical Group, and stakeholders group overseeing the development of their agenda's and translation of follow-up actions into appropriate work plans;
  - coordinating and providing updates/progress to stakeholders;
  - designating ERT Chairs/Co-Chairs in each Topic Area serving in their individual AIPI (rather than institutional) capacities;
  - overseeing the work of the Secretariat.
- The Secretariat will be composed of Indonesian staff from AIPI and elsewhere, and international staff detailed by URC/TRAction.

## *Concept Paper and Proposed Operational Support Plan*

- The Secretariat will provide an efficient operations hub for the overall Evidence Summit effort capable of supporting the Executive Committee/Secretariat and the ERT ‘anchor institutions’ described below (section G.1.c) including by:
  - ensuring the project cadence, planning, monitoring and documentation proceeds on a timely and strategic basis;
  - providing or acquiring global and national technical expertise for the Core Technical Team;
  - providing implementation support, including basic Work Planning and progress reporting;
  - processing design and meeting facilitation support for the overall activity and specific meetings/consultations;
  - providing or acquiring the administrative and logistic support for each task and activity;
  - sub-contracting of technical and logistics support require communications;
  - providing an efficient operations hub for the overall Evidence Summit effort capable of supporting the Executive Committee and the ERT ‘anchor institutions’;
  - ensuring effective program communications, information technology and library support functions;
  - supporting effective linkages among operational support efforts to Evidence Review Teams (ERTs); and
  - providing and/or overseeing arrangements for travel, honoraria processing and meeting logistics support required for convening meetings.

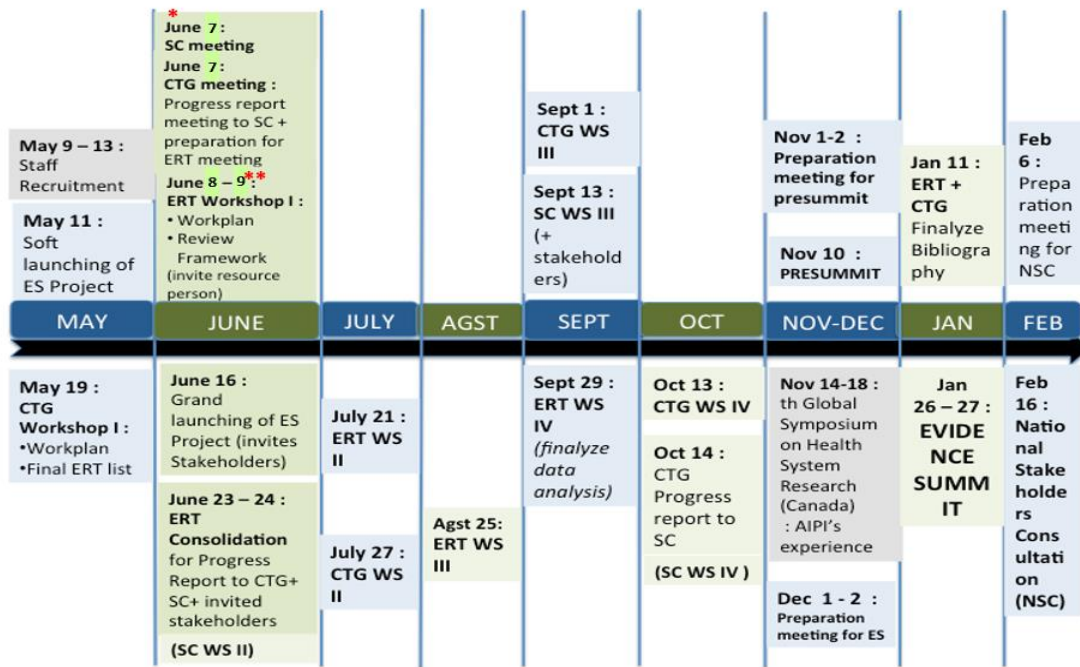
### **F. Timeline**

An illustrative timeline is below of major actions required to move the Evidence Summit process forward. The most significant ‘next steps’ include:

- an initial activity planning meeting with AIPI,
- convening the Core Technical Group,
- convening the Steering Committee,
- assembling and supporting the ERTs, and
- beginning the identification and organization of major Information sources.

Project contract was signed on July 2016, then the timeline should be reformulated. The new timeline will be finalized on August 11, 2016.

*Concept Paper and Proposed Operational Support Plan*



**G. Operational Support Plan (proposal)**

In order to support the work of AIPI leadership, the Steering Committee, the Core Technical Group and the Evidence Review Teams, substantial operational support will be required. This proposed operational support is outlined below, as well as some aspects of support for AIPI capacity development.

**1. Executive Committee/Secretariat**

**a. Establish Secretariat**

**Objective:** Establish efficient operations hub of the overall Evidence Summit effort capable of: supporting the Executive Committee; ensuring effective program communications, information technology and library support functions; supporting other effective linkages among operational support efforts to Evidence Review Teams (ERTs); and providing and/or overseeing arrangements for travel, honoraria processing and meeting logistics support required for convening meetings.

**Capacity and Capacity Development Considerations:** Among the questions to consider in proceeding toward this objective are:

- Does AIPI have an available staff person who can navigate the institution and serve as the Executive Secretary in the Secretariat? Is this role appropriate for the Professional Assistant or does AIPI have a different role in mind for the Professional Assistant and if so, what does that role entail? Related, what would be the anticipated level of effort of the AIPI Chair and Co-Chair be in the effort, and AIPI’s expectations for reimbursement?
- Would AIPI eventually like to house the Secretariat within its premises? If so, what might be the costs associated with that? Are their implications in such an arrangement



for the potential hosting of two staff detailed from TRAction or recruited as consultants locally by TRAction to support this activity?

**Capacity Development Considerations from AIPI :**

- AIPI consider the project will also give benefit to strengthen capacity of AIPI's management team. Therefore, we will develop Executive Committee (EC) managed by medical science commission of AIPI. The EC will be led by convener (Prof Akmal Taher), co-convener (Prof Irawan Yusuf) and executive secretary, with the support from particular secretariat for all operational and day-to-day coordination and execution.
- The Executive Secretary (ES) will be professional assistant of medical science commission, Dr. Arsitawati Puji Raharjo, and the head of secretariat will be co-professional assistant of medical science commission

**Key Tasks:** Anticipating that the start-up activities are urgent and that the full scope and duration of the work are not fully defined, we propose to proceed with the following Key Tasks, in consultation with the Chair and Co-Chair.

- i. URC/TRAction will immediately deploy to play a leadership role in establishing the Secretariat, the **TRAction Associate Director** of Program Support and Knowledge Management (Ms. Marie Donaldson) on an interim basis, supported as needed by a Bethesda based Senior Project Coordinator (Krissy Kimura);
- ii. URC/TRAction will work with the Chair and Co-Chair to develop a suitable **Terms of Reference** (including appropriate level-of-effort) for an existing AIPI Professional Assistant to be deployed to the Secretariat serving an essential role that includes navigating the AIPI rules, regulations and other institutional considerations;
- iii. URC/TRAction will prepare the Terms of Reference for a new **full-time local consultant** hire with executive implementation experience and will work closely with the AIPI Chair, Co-Chair and Professional Assistant to identify a strong candidate;
- iv. URC/TRAction will work with the Professional Assistant to find appropriate **office space** (perhaps connected to the space rented for the Indonesian Science Fund) anticipating that a subsequent relocation within AIPI space may be desirable and feasible at a future time.
- v. URC/TRAction and AIPI will prepare and execute an appropriate **financial agreement**, clarifying for which items URC will reimburse AIPI and for which items URC will contract and/or pay/reimburse directly.

**b. Establish and Maintain Content Management System (CMS) and Library Support Functionality**

**Objective:** Establish efficient content management system (CMS) and library support functions that will be able to support the virtual participation of Evidence Review Teams (ERT) and their members in organizing, reviewing and making broadly available on the World Wide Web (open access) the Evidence Summit bibliography, ERT summaries and related information. The CMS functionality should include: adaptable privacy setting (how access is granted, to whom, and to which areas of the platform will need to be carefully considered); resource/document sharing; discussion forums; calendar of events; and Member profiles.

Additional functions to be determined: Joint document editing (capability to jointly edit documents, similar to google docs, and capability to comment within document), notifications sent to users (if changes are made to documents).

**Capacity and Capacity Development Considerations:** Among the issues to consider in proceeding toward this objective are:

- What are the current electronic library sciences capacities in AIPI? Is there interest in building or strengthening those capacities through this activity?
- Is there an appropriate counterpart to the NIH/National Library of Medicine –or other desirable partnering arrangement with a university or institutional library –with current systematic literature review capacity in Bahasa Indonesia and English?
- Is there an up-to-date listing of Bahasa Indonesia literature databases in the health sector?

**Capacity Development Considerations from AIPI :**

- AIPI has designated person to handle website development and content management services for all AIPI's matters. Particularly for this project, we will hire IT specialist.
- AIPI is now having e-book published on website. Through this project, we plan to develop knowledge management system for AIPI.

**Key Tasks:** Anticipating that the content management system and library function will be central to the work of the evidence review teams and the overall evidence summit, setting up the system will be among the urgent start-up activities. We propose to proceed with the following Key Tasks, in consultation with the Chair and Co-Chair.

- i. URC/TRAction to establish start-up platform in Moodle anticipating, among other things, that the 'Call for Evidence' will include existing and "placeholder" evidence for not yet published ongoing work (e.g., ongoing evaluation results of which expected by Evidence Summit date);
- ii. Secretariat to meet with AIPI informatics team to determine mid-and longer-term strategy for appropriate uptake within AIPI existing library function;
- iii. Secretariat to identify NIH Library of Medicine counterpart/partner;
- iv. URC/TRAction to identify Indonesian Graduate students currently based at international university partners for potential literature identification and review support roles;
- v. URC/TRAction to outline eventual publication strategy for outcomes of the process;
- vi. URC/TRAction and Chair/Co-Chair to outline first paper on the process to describe methodology and identification of appropriate authors/co-authors and presentation opportunities (including the Fourth Health Systems Research Symposium in Vancouver November 2016 )

**c. Strengthen the operations support capacity of 'ERT anchor institutions'**

**Objective:** At the host institution of each of the ERT Chairs (or Co-Chairs), identify and strengthen the communications and evidence/document management capacities required to support the ERT.

**Capacity and Capacity Development Considerations:** Among the questions to consider in proceeding toward this objective are:

- What are the existing communications and evidence/document management capacities entities? What are the desired capacities for the future?

**Key Tasks:** Anticipating that management of the ERT process will require facilitating work among ERT members within individual ERTs as well as facilitating collaboration among ERT Chairs (and/or Co-Chairs) between and across ERTs through the Core Technical Group, we propose to proceed with the following Key Tasks, in consultation with the Chair and Co-Chair.

- i. URC/TRAction to **draft TORs for each ERT function** estimating time and compensation requirements;
- ii. **Draft letters to ERT members** elaborating functions (include the role of analytic framework development as well as evidence review);
- iii. After the ERT leads are invited to serve as AIPI designees (rather than institutional representatives) the Secretariat will conduct a **Rapid Assessment** of current evidence/literature systematic review capacity;

#### **d. Program Communications**

**Objective:** Develop an effective Program Communications Strategy which will: support the outreach efforts of the Executive Committee/Secretariat; keep participants in the Evidence Review (Core Technical Team, Steering Group, ERT members) well informed of progress; create awareness among additional stakeholders of the opportunity and means to contribute evidence to the process; and create demand among various constituencies for the eventual products of the Evidence Summit process.

**Capacity and Capacity Development Considerations:** Among the questions to consider in proceeding toward this objective are:

- What are the AIPI program communication capacities and do they need to be strengthened or supplemented?
- What website development and content management services are available in AIPI to support this activity?
- What current lists are available to start with and in what form? What list management capacities currently exist and/or would AIPI like to develop?

#### **Capacity Development Considerations from AIPI :**

According to the strategic plan, AIPI wants to emphasize its role in public outreach. There is a need to establish a communication unit within AIPI. The unit will be responsible in creating communication and public engagement strategy to promote science to society. The unit's responsibilities are including issue monitoring, mapping of key stakeholders, maintaining public relation and creating outreach strategy. The unit needs capacity building to develop business-process procedures and protocols

**Key Tasks:** Anticipating that communication with Evidence Review participants (Core Technical Team, Steering Group, ERT members) will be a critical function of the Executive Committee/Secretariat, we propose to proceed with the following Key Tasks, in consultation with the Chair and Co-Chair.

- i. Establish formal relationship between AIPI and URC/TRAction, in the form of TOR or MOU (TBD);
  - ii. Prepare (model) biodata on Professor Akmal and Professor Yusuf;
  - iii. Draft Program Communications Strategy;
  - iv. Implement weekly operational communications plan;
  - v. Determine which organizational letterhead and which institutional logos will be included in communication with participants in the Evidence Review (Core Technical Team, Steering Group, ERT members)
  - vi. Determine if and how communication will be provided in two language: Bahasa Indonesian and English;
  - vii. Establish WhatsApp capacity and determine when this mode of communication will be used;
  - viii. Outline list management approach to include snowball strategy for list expansion, beginning with:
    - Conference participants;
    - USAID S&T (science and technology) newsletter;
    - Hospital and other service provider associations;
    - Map academic thought leaders in each topic area.
- e. Travel and Meeting Logistics (direct and Local Services Contract)**

**Objective:** Establish an efficient system to support the participant travel arrangements/reimbursement and meeting logistics requirements of the overall process.

**Capacity and Capacity Development Considerations:** Among the questions to consider in proceeding toward this objective are:

- Would logistics support best be handled through an external contract, or should options for handling all logistics be explored within AIPI?
- If considering options for handling all logistics within AIPI, how rapid and administratively burdensome is external contracting of ancillary services (logistics, meeting facilitation, etc.)?
- Determine if it will be more efficient to handle external contracting of ancillary services through AIPI or for TRAction to contract such services directly in coordination with AIPI

**Capacity Development Considerations from AIPI :**

AIPI secretariat had experiences in conducting workshops (in small-medium-big scale, national and international level), with the support from AIPI's partner (3<sup>rd</sup> parties, focusing on event organizer, meeting package, accommodation, travel).

**Key Tasks:** Anticipating that a number of in person and virtual meetings will occur throughout the Evidence Review process, travel and logistics capacity will be important to ensure successful execution of meetings. We propose to proceed with the following Key Tasks, in consultation with the Chair and Co-Chair.

*Concept Paper and Proposed Operational Support Plan*

- i. Work with AIPI to consider appropriate honorarium and/or consultancy fees for participants;
- ii. Determine most efficient approach to providing logistics support (re: questions above regarding contracting out versus maintaining part or all of the functions within AIPI).