



December 2016 – SUPPORT Summary of a systematic review

Does international aid improve maternal and reproductive health?

The adoption of the Paris Declaration on Aid Effectiveness in 2005 represented a global agenda to improve aid management and delivery. Its impact on maternal and reproductive health, particularly on the relevant Millennium Development Goals (MDGs), is an important issue in terms of global health strategies for low-income countries. This review evaluates the impact of the Paris Declaration by assessing available evidence of how aid delivered under the Paris Principles impacts on development outcomes, focusing specifically on maternal and reproductive health (MDG 5).

Key messages

- **It is uncertain whether aid delivered under the Paris Principles or without conforming to those principles improves maternal and reproductive health outcomes.**
- **Aid-supported interventions to improve maternal and reproductive health should include an evaluation plan.**



Who is this summary for?

People making decisions concerning international aid for maternal and reproductive health

! This summary includes:

- **Key findings** from research based on a systematic review
- **Considerations about the relevance of this research** for low-income countries

X Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

This summary is based on the following systematic review:

Hayman R, Taylor EM, Crawford F, et al. The impact of aid on maternal and reproductive health: a systematic review to evaluate the effect of aid on the outcomes of Millennium Development Goal 5. London: EPPI-Centre, 2011.

What is a systematic review?

A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from the included studies

SUPPORT was an international project to support the use of policy relevant reviews and trials to inform decisions about maternal and child health in low- and middle-income countries, funded by the European Commission (FP6) and the Canadian Institutes of Health Research.

Glossary of terms used in this report:
www.supportsummaries.org/glossary-of-terms

Background references on this topic:
See back page

Background

The Millennium Development Goal 5 (MDG 5) aimed to improve maternal and reproductive health outcomes by: a) reducing the maternal mortality ratio by 75%; and b) achieving universal access to reproductive healthcare, by 2015. The adoption of the Paris Declaration on Aid Effectiveness in 2005 represented a global agenda to improve aid management and delivery, partly in order to address the slow progress towards the MDGs. The principles can be summarised as: *Ownership* – developing countries set their own development strategies; *Alignment* – donor countries and organisations bring their support in line with these strategies and use local systems to deliver that support; *Harmonisation* – donor countries and organisations coordinate their actions, simplify procedures and share information to avoid duplication; *Managing for Results* – developing countries and donors focus on producing and measuring results; and *Mutual Accountability* – donors and developing countries are accountable for development results.

How this summary was prepared

After searching widely for systematic reviews that can help inform decisions about health systems, we have selected ones that provide information that is relevant to low-income countries. The methods used to assess the reliability of the review and to make judgements about its relevance are described here:

www.supportsummaries.org/how-support-summaries-are-prepared/

Knowing what's not known is important

A reliable review might not find any studies from low-income countries or might not find any well-designed studies. Although that is disappointing, it is important to know what is not known as well as what is known.

A lack of evidence does not mean a lack of effects. It means the effects are uncertain. When there is a lack of evidence, consideration should be given to monitoring and evaluating the effects of the intervention, if it is used.

About the systematic review underlying this summary

Review objective: To compare the effects on Millennium Development Goal 5 outcomes of aid delivered under the Paris Principles and aid delivered outside this framework.

Types of	What the review authors searched for	What the review authors found
Study designs & Interventions	Studies had to present empirical research (qualitative or quantitative), i.e. contain primary data Interventions: aid delivered under the Paris Principles, aid in general, or directly comparing both	Interrupted time series (1 study), pre-test post-test (17), secondary data analysis (5), process-training methodology (1), retrospective analyses (3), unclear (1), and qualitative components (3) 10 studies for aid delivered under the Paris Principles, and 20 for aid in general
Participants	Donors and receiving developing countries	<i>Bilateral donor agencies:</i> USAID (8 studies); Canadian International Development Agency (1); DFID (4). <i>Multilateral agencies:</i> World Bank (8). Large number of donors (5). <i>Non-governmental organisations:</i> CARE (1); Bill and Melinda Gates Foundation (2); Save the Children Australia (1); PEPFAR (1); MotherCare (1)
Settings	Studies had to refer to developing countries or regions.	China (3), Honduras (2), Indonesia (3), Uzbekistan (1), Egypt (3), Nicaragua (1), Botswana (1), South Africa (1), People's Democratic Republic of Lao (1), Tanzania (2), Cameroon (1), Bangladesh (2), Nepal (2), Ghana (2), Uganda (1), Madagascar (1), India (1), Pakistan (1), Guinea (1), Burkina Faso (1), Timor Leste (1), Rwanda (1), Zimbabwe (1)
Outcomes	Maternal mortality ratios, births attended by skilled birth personnel, contraception prevalence, adolescent birth rate, antenatal care coverage, unmet need for family planning, trends in maternal and reproductive health	Maternal mortality ratio or rate (MDG 5.1): 12 studies Births attended by skilled birth personnel (MDG 5.2): 17 studies Contraceptive prevalence (MDG 5.3): 15 studies Adolescent birth rate (MDG 5.4): 1 study Antenatal care coverage (MDG 5.5): 14 studies Unmet need for family planning (MDG 5.6): 2 studies

Date of most recent search: August 2010

Limitations: This review has important limitations.

Hayman R, Taylor EM, Crawford F, et al. The impact of aid on maternal and reproductive health: a systematic review to evaluate the effect of aid on the outcomes of Millennium Development Goal 5. London: EPPI-Centre, 2011.

Summary of findings

The review included 30 studies from 23 developing countries, including aid delivered under the Paris Principles (10 studies) and for aid in general (20 studies).

1) Aid delivered under the Paris Principles

The 10 studies covered a mixture of aid modalities, including budget support, sector budget support, multi-donor trust funds, soft loans, silent partnerships, pooled funding and projects.

→ **It is uncertain whether aid delivered under the Paris Principles improves maternal and reproductive health outcomes because the certainty of this evidence is very low.**

About the certainty of the evidence (GRADE) *

⊕⊕⊕⊕

High: This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different† is low.

⊕⊕⊕○

Moderate: This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different† is moderate.

⊕⊕○○

Low: This research provides some indication of the likely effect. However, the likelihood that it will be substantially different† is high.

⊕○○○

Very low: This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different† is very high.

* This is sometimes referred to as 'quality of evidence' or 'confidence in the estimate'.

† Substantially different = a large enough difference that it might affect a decision

See last page for more information.

Aid delivered under the Paris Principles		
People	Donors and receiving developing countries.	
Settings	Bangladesh, China, Egypt, Ghana, Honduras, Indonesia, Tanzania, Lao People's Democratic Republic	
Intervention	Aid assumed to be compliant with the Paris Principles*	
Comparison	No aid	
Outcomes	Impact	Certainty of the evidence (GRADE)
Maternal mortality ratios	The impact on maternal mortality ratios of aid delivered under the Paris Principles is uncertain.	⊕○○○ Very low
Proportion of births attended by skilled personnel	The impact on births attended by skilled personnel of aid delivered under the Paris Principles is uncertain.	⊕○○○ Very low
Contraceptive use	The impact on contraceptive use of aid delivered under the Paris Principles is uncertain.	⊕○○○ Very low
Adolescent birth rate	No studies found by the review.	-
Antenatal care coverage	The impact on antenatal care coverage of aid delivered under the Paris Principles is uncertain.	⊕○○○ Very low
Unmet need for family planning	The impact on unmet need for family planning of aid delivered under the Paris Principles is uncertain.	⊕○○○ Very low
GRADE: GRADE Working Group grades of evidence (see above and last page)		
* The activities in the included studies started before the Paris Declaration and are assumed to be compliant with the Paris Principles.		

2) Aid in general

The 20 studies included for this intervention did not adhere or it was not possible to ascertain their adherence to the Paris Principles.

→ It is uncertain whether aid delivered with no conformity with the Paris Principles improves maternal and reproductive health outcomes because the certainty of this evidence is very low.

Aid in general		
People	Donors and receiving developing countries.	
Settings	China, Indonesia, Uzbekistan, Egypt, Nicaragua, Botswana, South Africa, Tanzania, Cameroon, Bangladesh, Nepal, Ghana, Uganda, Madagascar, India, Pakistan, Guinea, Burkina Faso, Timor Leste, Rwanda, Zimbabwe.	
Intervention	Aid in general	
Comparison	No aid	
Outcomes	Impact	Certainty of the evidence (GRADE)
Maternal mortality ratios	The impact on maternal mortality ratios of aid delivered with no conformity with the Paris Principles is uncertain.	⊕○○○ Very low
Proportion of births attended by skilled personnel	The impact on births attended by skilled personnel of aid delivered with no conformity with the Paris Principles is uncertain.	⊕○○○ Very low
Contraceptive use	The impact on contraceptive use of aid delivered with no conformity with the Paris Principles is uncertain.	⊕○○○ Very low
Adolescent birth rate	The impact on adolescent birth rate of aid delivered with no conformity with the Paris Principles is uncertain.	⊕○○○ Very low
Antenatal care coverage	The impact on antenatal care coverage of aid delivered with no conformity with the Paris Principles is uncertain.	⊕○○○ Very low
Unmet need for family planning	The impact on unmet need for family planning of aid delivered with no conformity with the Paris Principles is uncertain.	⊕○○○ Very low
GRADE: GRADE Working Group grades of evidence (see above and last page)		

Relevance of the review for low-income countries

→ Findings	▷ Interpretation*
APPLICABILITY	
<p>→ Many of the studies were conducted in low-income countries.</p> <p>→ The Paris Principles have been increasingly applied to aid for low-income countries, but there is very low certainty about their effect on maternal and reproductive health.</p>	<p>▷ Local management or control capacities in low-income countries might influence the assurance of the Paris Principles application in practice.</p> <p>▷ Ownership of aid-supported programs targeting MDG 5 targets may be questionable in countries that do not have national health plans that included MDG 5 targets.</p> <p>▷ Capacity building of local teams is an important issue to take into account, to the extent that long term sustainability of programmes supported by aid is a goal.</p> <p>▷ The attention to other areas of the local or national health system can be unintentionally diminished because of the need to manage the work demanded by donors' aid programmes.</p>
EQUITY	
<p>→ No equity outcome or considerations were explored in the review.</p>	<p>▷ If health programmes or interventions supported by aid do not consider impacts on equity, they could increase inequities.</p>
ECONOMIC CONSIDERATIONS	
<p>→ No economic related findings were explored in the review. Socioeconomic determinants were only considered as confounding factors in the analyses.</p>	<p>▷ Aid programmes should consider whether the amount and length of aid is sufficient to achieve intended goals and the economic sustainability of interventions after the aid ends.</p>
MONITORING & EVALUATION	
<p>→ The certainty of the evidence for aid interventions in low-income countries is very low.</p>	<p>▷ Future aid-supported interventions in maternal and reproductive health need to have a well-structured evaluation plan aiming to explore the effects on important outcomes, including the impact on other areas of the health system, families' lives and society when relevant. As randomised trials might be difficult to carry out, interrupted time series studies should be considered, with sufficient baseline data, detailed descriptions of the aid intervention characteristics (including the amounts of aid and country internal funding and the length of funding), the socio-political context, and the primary outcomes.</p>

*Judgements made by the authors of this summary, not necessarily those of the review authors, based on the findings of the review and consultation with researchers and policymakers in low-income countries. For additional details about how these judgements were made see:

www.supportsummaries.org/methods

Additional information

Related literature

Hsu J, Berman P, Mills A. Reproductive health priorities: evidence from a resource tracking analysis of official development assistance in 2009 and 2010. *Lancet*. 2013 May 18; 381 (9879):1772–82.

Hsu J, Pitt C, Greco G, Berman P, Mills A. Countdown to 2015: changes in official development assistance to maternal, newborn, and child health in 2009–10, and assessment of progress since 2003. *Lancet*. 2012 Sep 29; 380 (9848):1157–68.

Grépin KA, Leach-Kemon K, Schneider M, Sridhar D. How to do (or not to do). Tracking data on development assistance for health. *Health Policy Plan*. 2012 Sep; 27 (6):527–34.

Piva P, Dodd R. Where did all the aid go? An in-depth analysis of increased health aid flows over the past 10 years. *Bull World Health Organ*. 2009 Dec; 87 (12):930–9.

Ravishankar N, Gubbins P, Cooley RJ, Leach-Kemon K, Michaud CM, Jamison DT, Murray CJ. Financing of global health: tracking development assistance for health from 1990 to 2007. *Lancet*. 2009 Jun 20; 373 (9681):2113–24.

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Conflict of interest

None declared. For details, see: www.supportsummaries.org/coi

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This review should be cited as

Hayman R, Taylor EM, Crawford F, et al. The impact of aid on maternal and reproductive health: a systematic review to evaluate the effect of aid on the outcomes of Millennium Development Goal 5. London: EPPI-Centre, 2011.

The summary should be cited as

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About certainty of the evidence (GRADE)

The “certainty of the evidence” is an assessment of how good an indication the research provides of the likely effect; i.e. the likelihood that the effect will be substantially different from what the research found. By “substantially different” we mean a large enough difference that it might affect a decision. These judgements are made using the GRADE system, and are provided for each outcome. The judgements are based on the study design (randomised trials versus observational studies), factors that reduce the certainty (risk of bias, inconsistency, indirectness, imprecision, and publication bias) and factors that increase the certainty (a large effect, a dose response relationship, and plausible confounding). For each outcome, the certainty of the evidence is rated as high, moderate, low or very low using the definitions on page 3.

For more information about GRADE: www.supportsummaries.org/grade

SUPPORT collaborators:

The Cochrane Effective Practice and Organisation of Care Group (EPOC) is part of the [Cochrane Collaboration](http://www.cochrane.org). The Norwegian EPOC satellite supports the production of Cochrane reviews relevant to health systems in low- and middle-income countries. www.epocoslo.cochrane.org

The Evidence-Informed Policy Network (EVIPNet) is an initiative to promote the use of health research in policymaking in low- and middle-income countries. www.evipnet.org

The Alliance for Health Policy and Systems Research (HPSR) is an international collaboration that promotes the generation and use of health policy and systems research in low- and middle-income countries. www.who.int/alliance-hpsr

Norad, the Norwegian Agency for Development Cooperation, supports the Norwegian EPOC satellite and the production of SUPPORT Summaries. www.norad.no

The Effective Health Care Research Consortium is an international partnership that prepares Cochrane reviews relevant to low-income countries. www.evidence4health.org

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