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A Call for Transparency in the Evaluation of Global Maternal Health Projects

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Dear Dr. Horton,

In light of growing discussions surrounding the measurable effectiveness of maternal health programs and learning from failure – as highlighted at both the Women Deliver 2016, and Global Maternal Health 2015 conferences - we wish to draw attention to how current practices in global maternal health create perverse incentives to hide learning that could potentially improve interventional approaches. A key challenge in global maternal health today is the incongruity between ‘successes’, invariably reported at discrete program level, and the collective lack of progress in global maternal mortality rates. Evaluations of numerable projects consistently suggest a preponderance of successful interventions,¹ yet collectively 69 of 75 high burden countries failed to achieve their MDG-5 targets.^{2,3}

As evaluators, we have encountered concerning instances in which unwelcome findings were selectively unreported, or led to contractual terminations. Similar experiences have been echoed by colleagues in diverse geographical contexts. This necessitates consideration of:

- 1) How we can protect the independence of evaluators and prevent the silencing of important evaluation insights. The scientific community has a duty of candor. We suggest an international evaluation registry, along the lines of the ISRCTN⁴ for randomized controlled trials, be established to increase transparency and reduce selective reporting.
- 2) Conflicts of interest preventing funders and implementing agencies from sharing negative, yet important programmatic evaluation findings. There is a need to disentangle the associations between project outcomes and individual and/or institutional credibility, and create safeguards for reporting of negative findings.
- 3) Whether the current evidence base produced by project evaluations can be trusted, given this positive evaluation bias. It seems likely that the more problematic a project, the less likely we are to learn of its shortcomings. As a result, we are less likely to make substantive changes to our practice.

All this demands a systematic and thorough exploration of the current practice of global maternal health evaluation, a sharper focus on scientific independence, and a responsibility of all stakeholders to facilitate the reporting of challenges and failures.

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Conflict of Interest: The authors have no conflicts of interest to declare.

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¹ Bhushan A, Slahub JE. The Muskoka Initiative and Global Health Financing. Ottawa: The North South Institute; 2014.

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³ Victora CG, Requejo JH, Barros AJ, Berman P, Bhutta Z, Boerma T, Chopra M, de Francisco A, Daelmans B, Hazel E, Lawn J. Countdown to 2015: a decade of tracking progress for maternal, newborn, and child survival. *The Lancet*. 2015 Oct 22.

⁴ ISRCTN Registry [Internet]. 2016 [cited 27 May 2016] Available from: <http://www.isrctn.com/>