



Building Capacity for Evidence-Informed Policymaking

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Caveats

- My focus is on health systems, not development writ large
- My way in is through existing research evidence, not new evaluations (although Ian Goldman and I have got to many of the same places, perhaps not surprisingly given Carol Weiss's work)



What Does Evidence-Informed Policymaking Mean?



What Does Evidence-Informed Policymaking Mean? (2)

- Evidence-informed policymaking means using the best available data and research evidence – systematically and transparently – in the time available in each of
 - Agenda setting – or selecting problems and their causes to focus on (esp. clarifying the problem iteratively, while being attentive to policy and politics... the 3Ps)
 - Policy development (esp. framing options iteratively, while being attentive to institutional constraints, interest group pressure, ideas, and external factors... 3I+E)
 - Policy implementation (esp. identifying barriers / facilitators iteratively and strategies to address them, while again being attentive to 3I+E)
 - (Monitoring and evaluation)



What Does Evidence-Informed Policymaking Mean? (3)

- Evidence-informed policymaking means using the best available data and research evidence* – systematically and transparently – in the time available

* Best available research evidence = highest quality, most locally applicable, synthesized research evidence (looking first for a perfect match to support an instrumental use and then looking more broadly to support a conceptual use)



Possible Rationales for Evidence-Informed Policymaking

- Which would be considered the most compelling in your country?
 - ❑ Better process / more efficient process?
 - ❑ Better decisions / more acceptance of decisions?
 - ❑ Better communication of decisions / less embarrassment?
 - ❑ Better outcomes / better value for money?



What's the Difference Between Data and Research Evidence?



What's the Difference Between Data and Research Evidence?

- Data
 - 'Stuff' that you need to make sense of
 - Usually 'local'
- Research evidence
 - Stuff that others have collected or accessed and have already tried to make sense of... systematically and transparently
 - Can be 'local' (e.g., local study) or 'global' (e.g., systematic review), and the latter needs to be assessed for its local applicability



How Can Data and Research Evidence Help to Clarify a Problem

1. What is the problem (and its causes)?
2. How did the problem come to attention and has this process influenced the prospect of it being addressed? Data
3. What indicators can be used, or collected, to establish the magnitude of the problem and to measure progress in addressing it? Data
4. What comparisons can be made to establish the magnitude of the problem and to measure progress in addressing it? Research evidence (e.g., reviews of administrative database studies or survey studies)
5. How can a problem be framed (or described) in a way that will motivate different groups? Research evidence (e.g., reviews of qualitative studies)



How Can Data and Research Evidence Help to Frame Options

1. What is an appropriate set of options to address the problem?
2. What benefits are important to those who will be affected and which benefits are likely to be achieved with each option? Evidence (e.g., reviews of systematic reviews of effects)
3. What harms are important to those who will be affected and which harms are likely to arise with each option? Evidence (e.g., reviews of systematic effects or observational studies)
4. What are the local costs of each option and is there local evidence about their cost-effectiveness? Evidence (e.g., economic evaluations)
5. What adaptations might be made to any given option and might they alter its benefits, harms and costs? Evidence (e.g., systematic reviews of process evaluations)
6. Which stakeholders' views and experiences might influence the acceptability of an option and its benefits, harms and costs? Evidence (e.g., systematic reviews of qualitative studies)



How Can Data and Research Evidence Help to Identify Implementation Considerations

1. Where are the potential barriers to (and facilitators of) the successful implementation of an option? Are they at the level of
 - Patients / citizens (see question 2)
 - Health workers (see question 3)
 - Organizations (see question 4)
 - System (see question 5)
2. What strategies should be considered in order to facilitate the necessary behavioural changes among patients / citizens?
3. What strategies should be considered in order to facilitate the necessary behavioural changes among health workers?
4. What strategies should be considered in order to facilitate the necessary organizational changes?
5. What strategies should be considered in order to facilitate the necessary system changes?



Two Related Points

Evidence-Informed Policy Networks like EVIPNet Cameroon, KTP Malawi and REACH Uganda are preparing context-specific evidence briefs that pull together all relevant data and evidence on a particular topic (and as an input to a policy dialogue, where the research evidence can be put alongside the tacit knowledge, views and experiences of policymakers and stakeholders)

Researchers can potentially do harm by

- Pushing for action based on single studies outside the context of systematic reviews
- Pushing for action based on systematic reviews outside the context of evidence briefs and policy dialogues (elegant solutions to the wrong problems don't help us)



Building Capacity for Evidence-Informed Policymaking

- One supply-side 'intervention' among many
 - Promoting the use of one-stop shops for pre-appraised, synthesized research evidence (e.g., Health Systems Evidence) and for local data and studies (self-serve approach)
 - Providing rapid responses in 3, 10 and 30 business days
 - Preparing evidence briefs and convening policy dialogues (full-serve approach)
 - Preparing citizen briefs and convening citizen panels
 - Building capacity



Building Capacity for Evidence-Informed Policymaking (2)

- One demand-side ‘intervention’ among many
 - Sending strong signals at all levels of government that using data and evidence matters for promotion (incentive?)
 - Creating performance criteria for civil servants that require them to document examples of how they used data and research evidence (incentive?)
 - Requiring civil servants to document how data and research evidence were used to inform a submission to the minister or cabinet (and the databases searched) (system?)
 - Building capacity (skills and knowledge?)

(Keeping in mind Ed’s incentives, systems, and skills & knowledge)



Examples of Capacities You'd Like to See Among Policymakers and Stakeholders?



Examples of Capacity Building Objectives

To develop knowledge about tools and resources available to help health system decision-makers in order to support their use of research evidence

- Questions to ask about a problem, options and implementation considerations
- Types of research evidence needed to answer these questions
- Appropriate sources of key types of research evidence
- What an AMSTAR score means (and how it differs from GRADE)
- Questions to ask about local applicability considerations

- Dimensions of capacity to find and use research evidence
- Range of possible efforts to support the use of research evidence



Examples of Capacity Building Objectives (2)

To examine the attitudes that are supportive of using research evidence in health system decision-making

- Working iteratively to understand a problem, options and implementation considerations in light of 3I+E
- Being systematic and transparent in finding and using research evidence as one input to the decision-making process
- Finding and using the best available (i.e., highest quality, most locally applicable, synthesized) research evidence in the time you have available
- Looking first for a perfect match in the available research evidence (to support an instrumental use) and then looking more broadly (to support a conceptual use)
- Setting clear expectations for others about what to ask and where to go for research evidence, and encouraging their use of related tools



Examples of Capacity Building Objectives (3)

To enhance skills in acquiring, assessing, adapting and applying research evidence

- Clarifying a problem (and its causes), framing options to address the problem, and identifying implementation considerations
- Searching appropriate sources of research evidence
- Conducting a local applicability assessment
- Commissioning research to fill gaps in research evidence
- Sharing your current approach to a health system challenge

- Assessing capacity to find and use research evidence
- Identifying gaps in efforts to support the use of research evidence



Some Final Thoughts About Capacity Building

Different objectives for different needs (learn, work, master)

Different lengths for different needs and roles (one hour to five days)



Wrap Up

Fit research into policy frameworks, not the other way around

- Data and research evidence appropriately have to compete with other influences in democratic societies (3Ps, 3I+E)... use political analysis frameworks
- Data and research evidence can help to clarify problems, frame options, and identify implementation considerations... use policy analysis frameworks

Capacity building is ideally just one intervention among many

Knowledge, attitudes and skills need to be appropriate to policy contexts, not research contexts



Resources

- McMaster Health Forum
 - www.mcmasterhealthforum.org
- Health Systems Learning
 - <http://www.mcmasterhealthforum.org/policymakers/health-systems-learning> (English, French)
 - SUPPORT tools on which they're based (Chinese, English, French, Portuguese, Spanish)
- Health Systems Evidence
 - www.healthsystemsevidence.org (Arabic, Chinese, English, French, Portuguese, Russian and Spanish)