

The use of evidence in policy-making:

Six options to improve national policy-making for health

A fundamental approach to improving the health of people in low- and middle-income countries is to encourage policy-makers – politicians and civil servants – to use the results of existing research to build an effective and efficient health system.

A well-performing health system

- improves all the fundamental factors that create, promote or restore health;
- enhances health equity, i.e. reduces health disparities within the population;
- meets local and national priority health needs.

Making decisions informed by evidence ensures that investments in the health system are made in the most efficient and effective way possible.

High-income countries such as Australia, Canada and the United Kingdom have demonstrated that the use of research in policy-making and practice has improved their health systems. Several factors have contributed to this:

- more available data;
- an increasingly well-educated and informed public; which creates
- greater demand for scrutiny and accountability in government.

The use of evidence in health policy-making is not specific to high-income countries; it has increasingly been practiced in low- and middle-income countries as well. Yet countries with fewer resources face obstacles to evidence-informed decision-making, including:

- lack of data and evidence;
- chronic lack of resources;
- complex health systems;
- insufficient communication between researchers and policy-makers;
- limited technical capacity.

As a result, policy-makers in low- and middle-income countries do not sufficiently use research evidence when making decisions although it is even more important in low-resource settings to make effective and efficient investments in the health system.

In collaboration with the World Health Organization Regional Office for the Eastern Mediterranean and Johns Hopkins University, the Global Forum for Health Research conducted an empirical study to explore the demand for health research by national policy-makers. The study was based on a review of relevant current literature, the work of the Global Forum for Health Research and the World Health Organization, and the results of interviews of over 80 policy-makers from low- and middle-income countries.

Policy recommendations

This policy brief provides six options for expanding and strengthening the linkages between policy-makers, researchers and implementers to increase evidence-informed decision-making in health policy.

1. Strengthening demand from policy-makers

Policy-makers need to be proactive in demanding evidence from the health research community, which will strongly encourage the generation of research evidence in their countries. All too often, policy-making in low- and middle-income countries depends excessively on a host of other factors in addition to research evidence such as the degree of sociopolitical and economic stability in the country and political dynamics.

2. Creating formal processes to facilitate dialogue

Establish a regular process where policy-makers can discuss studies or research results with scientists and researchers to build stronger relationships. This can take several forms such as joint workshops between policy-makers and country researchers, a regular forum for interactions or an interactive conference.

3. Improving packaging of evidence

Researchers, communication specialists and knowledge brokers need to improve the collection, synthesis and presentation of evidence so that policy-makers can use it easily. Enhancing the relevance of research results, using direct and clear language, and highlighting the main lessons will allow policy-makers to screen more research in their limited time and select evidence that best meets their country's needs.

Six options to improve national policy-making for health

4. Enhancing technical capacity

Improve the technical capacity of policy-makers to access, understand and utilize research evidence. For instance, this can be done through a series of workshops, technical briefings, short courses, developing online tools or even mini-rotations of policy-makers in research institutions. One longer-term option is to establish technical analysis units where trained knowledge brokers are easily accessible to policy-makers.

5. Implementing incentives for researchers

Offer incentives to researchers to stay involved in decision-making processes so that their insights and expertise are used in practice. A structural incentive might be to establish health policy units that include researchers so they stay tuned to real-life policy-making problems. Non-financial incentives emphasize the role of research evidence in policy-making. Financial incentives might include grants given to researchers for making studies and data quickly accessible to policy-makers or temporary secondments to support policy development.

6. Recognizing the role of informal relationships

Develop social networks between the communities of policy-makers and researchers to convey evidence and to develop trustful working relationships between the two. Policy-makers interviewed have acknowledged that they tend to pay careful attention to those researchers and scientists with whom they have established informal relationships. While it may not be possible for policy-makers to establish formal relationships with all relevant researchers, fostering relationships and dialogue is important since the trust that develops in such a relationship increases the probability of evidence being implemented.

Acknowledgements

The study referred to in this policy brief was conducted with:

- Coordinating Team at **Johns Hopkins University Bloomberg School of Public Health, USA**: Adnan A. Hyder, MD MPH PhD, Team Leader; Adrijana Corluka, MSc; Peter Winch, MD, MPH.
- **Global Forum for Health Research, Geneva**: Abdul Ghaffar, MBBS MPH MHA PhD. Since July 2008, he is Regional Adviser Research, World Health Organization Regional Office for the Eastern Mediterranean.
- Collaborating Teams in:
 - Argentina** – Elsa Segura, PhD;
 - Egypt** – Azza El-Shennawy;
 - Iran** – Hossein Malik-Afzali, MD;
 - Malawi** – Joseph Mfutso-Bengo, MA, PhD;
 - Oman** – Harith Ghassany, PhD;
 - Singapore** – Meng-Kin Lim MD, MSc, MPH.

Global Forum for Health Research
 1-5 route des Morillons
 PO Box 2100
 1211 Geneva 2 - Switzerland

 T +41 22 791 4260
 F +41 22 791 4394
 info@globalforumhealth.org
 www.globalforumhealth.org

References

Alliance for Health Policy and Systems Research. Alliance HPSR Strategic Plan 2006-2008.

V Neufeld and N Johnson (editors). *Forging Links for Health Research: Perspectives from the Council on Health Research for Development IDRC*. Ottawa, 2001.

COHRED Working Group on Research to Action and Policy. *Lessons in Research to Action and Policy – Case Studies from Seven Countries*. Geneva, The Council on Health Research for Development. 2000.

Davies, HTO, Nutley, SM & PC Smith. *What Works? Evidence-based Policy and Practices in Public Services*. The Policy Press. 2000.

Hanney, SR, Gonzalez-Block, MA, Buxton, MJ, & Kogan, M. The utilization of health research in policy-making: concepts, examples and methods of assessment. *Health Research Policy and Systems* 1(2). 2003.

Hyder AA, Bloom G, Leach M, Syed SA, et al. Exploring health systems research and its influence on policy processes in low- and middle-income countries. *BMC Public Health*. 2007;7:309.

Syed SB, Hyder AA, et al. Exploring evidence-policy linkages in health research plans. *Health Research Policy and Systems* 2008;6:4.

World Health Organization. *World Report on Knowledge for Better Health: Strengthening Health Systems*. Geneva, 2004.

“If we are to address these issues we need to work together, policy-makers, researchers and implementers of various programmes. I do not think members of parliament can waste time quarrelling on useless things when a lot of people are dying because of these issues.”

Policy-maker interviewed