

# Towards optimal “evidence briefs” for policy

How context and issues influence the usefulness of policy relevant research syntheses

Kaelan A. Moat, MSc, PhD (Candidate)  
Health Policy PhD Program, McMaster University

# Overview

- (A bit) of background
- Study objectives
- Methods
- Results
- Implications

# Background

- A “know-do” gap exists
- Several barriers that inhibit the use of research for policymaking
  - Politics
  - Research viewed as irrelevant
  - Research not easy to use
- We know:
  - Timeliness
  - Interactions
  - Accordance with beliefs

# The development of “evidence briefs”

- Make research easier to use for the purposes of policymaking
  - Begin with a priority policy issue
  - Mobilize the range of available evidence (usually systematic reviews) to present policymakers and stakeholders with the best available evidence about:
    - The policy problem
    - Options to address the problem
    - Key implementation considerations
- They show particular promise

# Task shifting to optimise the roles of health workers to improve the delivery of maternal and child healthcare

## Full Report

This policy brief was prepared by the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative.

**DRAFT: 17 May 2010**

### Who is this policy brief for?

Policymakers, their support staff, and people with an interest in the problem that this policy brief addresses

### Why was this policy brief prepared?

This policy brief was prepared to summarize the best available evidence about the problem which it addresses and solutions to that problem

### ! This evidence-based policy brief includes:

- A description of a health system problem
- Viable options for addressing this problem
- Strategies for implement these options

### X Not included: recommendations

### Executive Summary

A shorter version of this Full Report is available in the Executive Summary.

### What is an evidence-based policy brief?

Evidence-based policy briefs bring together global research evidence (from systematic reviews) and local evidence to inform deliberations about health policies and programmes

### 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 this research

## EVIPNet Africa's first series of policy briefs to support evidence-informed policymaking

John N. Lavis

McMaster University

Ulysses Panisset

World Health Organization

**Keywords:** Policy making, Policy brief, Research evidence, Knowledge translation

EVIPNet (Evidence-Informed Policy Network) Africa—a network of World Health Organization (WHO)-sponsored knowledge-translation (KT) platforms in seven sub-Saharan African countries—was launched at a meeting in Brazzaville, Congo, in March 2006 (1;2). EVIPNet Africa can trace its origins to resolutions from both the Ministerial Summit on Health Research (November 2004) and the World Health Assembly (May 2005) (10;11), the spirit of which was reaffirmed at the Global Ministerial Forum on Research for Health (November 2008) (13). The World Health Assembly called for “establishing or strengthening mechanisms to transfer knowledge in support of evidence-based public health and health care delivery systems and evidence-based related policies” (10). EVIPNet Africa can trace its inspiration to a more local development: the preparatory work that led to the establishment of the East African Community-sponsored Regional East African Community Health (REACH) Policy initiative, a KT platform involving Kenya, Tanzania, and Uganda (and more recently Burundi and Rwanda as well). REACH Policy is now part of the EVIPNet Africa family.

### BUILDING CAPACITY

Typical of EVIPNet's pragmatic efforts to directly support evidence-informed health systems, a joint capacity-building workshop was convened in 2008 at the Ethiopian Health and Nutrition Research Institute. The workshop focused primar-

ily on preparing and planning for the evaluation of policy briefs and secondarily on organizing and planning for the evaluation of national policy dialogues at which the policy briefs are discussed (5;8). In keeping with a “learning by doing together” approach, both a senior policy maker and a researcher from each of six EVIPNet Africa country teams (Burkina Faso, Cameroon, Central African Republic, Ethiopia, Mozambique, and Zambia, as well as the East African Community) produced a draft policy brief about how to address one of many current policy challenges: supporting the widespread use of artemisinin-based combination therapies (ACTs) to treat uncomplicated *falciparum* malaria in their respective countries.

The workshop provided an opportunity for checking in about progress since the publication of the 2006 WHO Guideline on Malaria Treatment (12). The guideline had delivered a comprehensive set of recommendations, each graded by the strength of the supporting evidence. The few pages devoted to addressing “operational issues in treatment management” had left significant scope for EVIPNet Africa to support health system managers and policy makers who were struggling with how to support in each of their specific country contexts the widespread use of ACTs to treat uncomplicated *falciparum* malaria.

The country teams began by confirming that there was widespread commitment to maintain ACT as the first-line drug therapy recommended for uncomplicated *falciparum* malaria in national treatment guidelines and/or the national malaria control policy. Country teams then moved on to consider whether to confirm or change the following: (i) delivery arrangements, including who should dispense ACT,

John Lavis receives salary support as the Canada Research Chair in Knowledge Transfer and Exchange.



MAKERERE UNIVERSITY  
COLLEGE OF HEALTH SCIENCES

**SURE**  
Supporting the Use of Research Evidence

**REACH**  
Regional East African Community Health  
Policy Initiative

**EVIPNet**  
Evidence-Informed Policy Network

(Mitton et al., 2007; Lavis et al., 2009)

# But...

- We still don't know much about evidence briefs (we don't know much about many specific mechanisms for KTE, actually)
  - No theoretical underpinning developed
  - Very few formal evaluations
  - Few discussions centred on political context and issues
- We need to know how issues and context matter

# Objectives

- To understand how factors related to the contexts in which briefs are prepared, and the issues they address may influence their perceived usefulness
- To develop a theoretical framework to explain these relationships

# Methods

- A systematic review of the literature using Critical Interpretive Synthesis
  - Ideally suited to sparse and heterogeneous literature
  - Ideally suited to developing theoretical understanding of a topic
- Driven by a “compass question”
- A “two-pronged” approach



# Methods

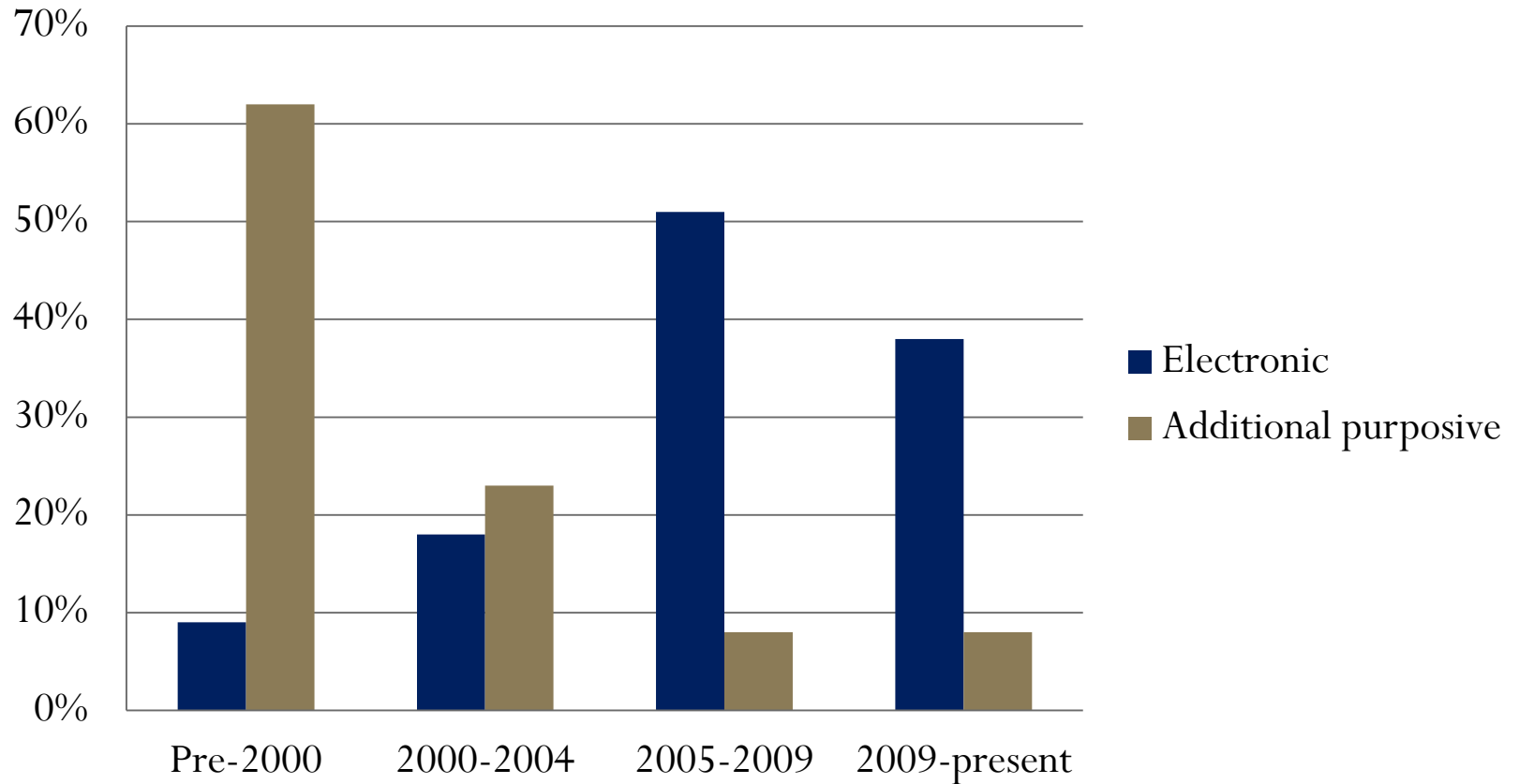
- 11 electronic databases searched
- Explicit “exclusion” criteria applied to titles and abstracts
- Sampling “schema” developed to drive purposive sampling
  - Prioritized relevance, not quality/study design
- Analysis was inductive, with a goal towards interpretive synthesis (not summative)
- Additional purposive sampling to address “conceptual gaps”

# Results

- 4461 unique records retrieved through electronic searches
  - 553 “potentially relevant”
  - 137 deemed relevant through purposive sampling
  - 13 additional papers purposively sampled to fill gaps

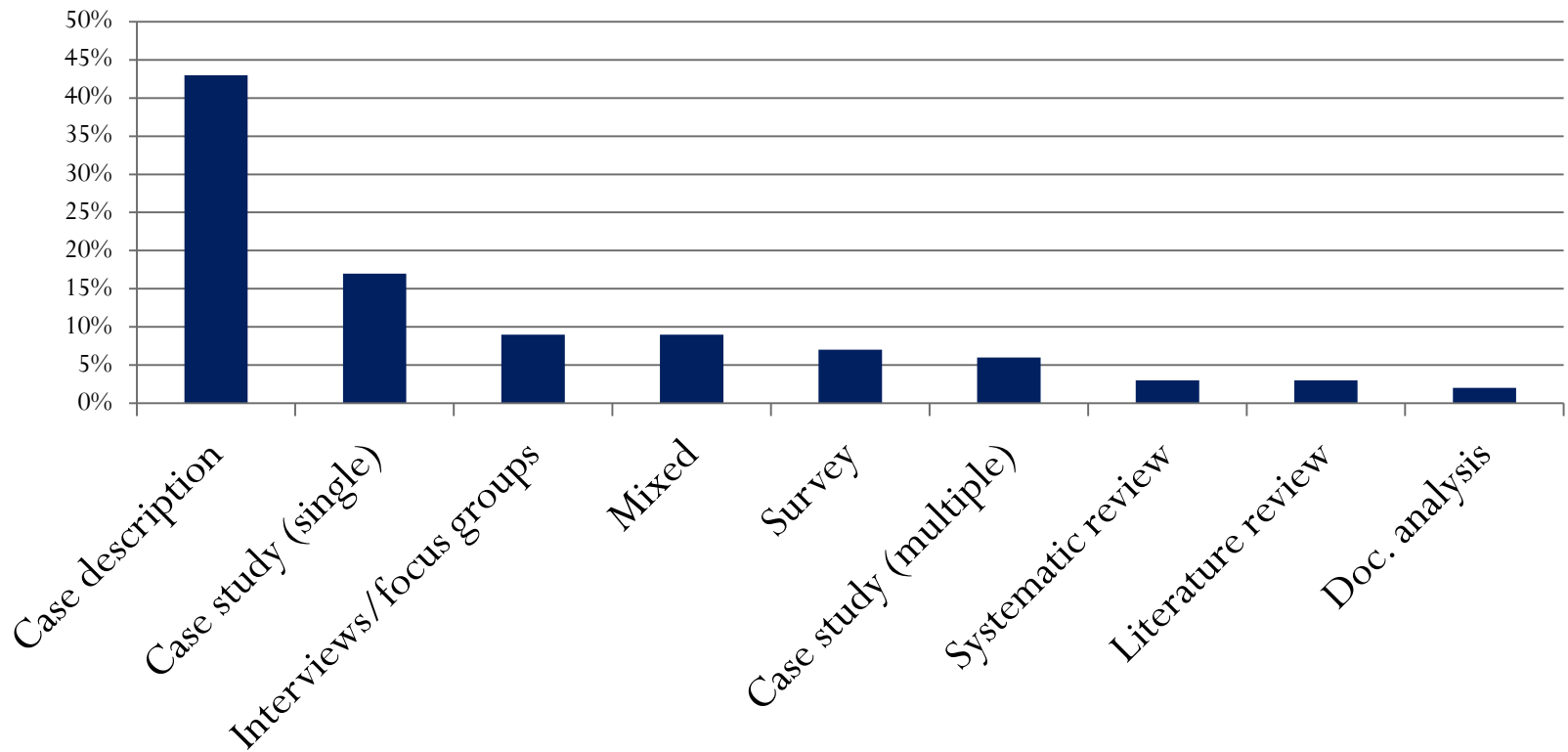
# Results

**Distribution of included studies by pub date**



# Results

**Distribution of included empirical studies by design  
(n=99)**



# Results

- The term “evidence” in the context of policymaking is ambiguous
- A lot of prescriptions about what ought to be included in evidence briefs (and syntheses for policy)
  - Content
  - Formats

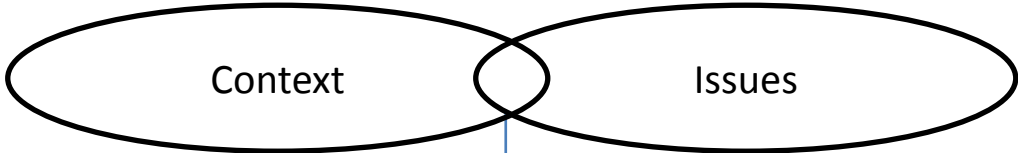
# Results: What is meant by “context” and “issues”?

- **Contextual factors**
  - Traditional political science “3i’s” framework useful way to conceptualize contextual factors for health systems policymaking
    - Institutions (e.g. government structures, policy legacies)
    - Interests (e.g. civil society and interest groups)
    - Ideas (e.g. cultural beliefs)
- Factors related to characteristics of the **issue**
  - Usefully conceptualized as relating to:
    - Polarization
    - Salience
    - Familiarity

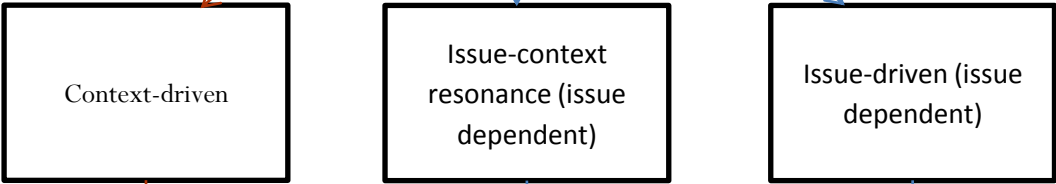
# Results: How do factors emerge?

- Factors can emerge throughout the policy process in different ways...
  - Independent of the issues addressed
    - “Context-driven”
  - Dependent on the characteristics of the issue (issue-dependent)
    - “Issue-driven”
    - “Issue-context resonance”
- Factors can also influence views through different pathways...
  - Supply side (actors preparing briefs)
  - Demand side (actors that are the intended audience)

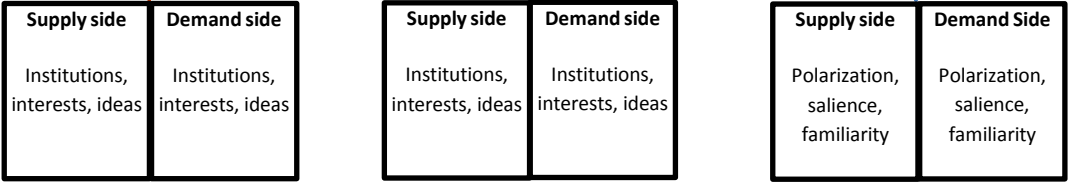
Origin of factors



How factors emerge



Specific factors and their pathways of influence





# Results: Examples of specific factors

- “Context-driven”
  - Cultural beliefs that emphasize the value of research evidence for policymaking (ideas)
- “Issue-driven”
  - Issue of abortion divides political actors (polarization)
- “Issue-context resonance”
  - Policy issue arises (e.g. Health Accord renewal) that engages actors from more than one level of government within a federation (institutions)

# Results: What types of effects can these factors have?

- These factors found to have several different types of “effects” that will influence usefulness of briefs
- Supply side
  - Complexity effects: When factors make the policy arena more (or less) complex
    - e.g. issues that imply many levels of government involved (issue-driven → institutions)
  - Producer capacity effects: When factors enhance (or reduce) the capacity of actors preparing briefs
    - e.g. institutionalized interactions that provide a better awareness of the policy process (context-driven → institutions)

# Results: What types of effects (con't)

- Demand side
  - User capacity effects: When factors enhance (or reduce) users' ability to engage with policy-relevant information in the form of evidence briefs
    - e.g. Institutionalized interactions sensitize to evidence synthesis and their use in policy process (context-driven → institutions)
  - Normative/cultural effects: When factors establish expected informational inputs among actors
    - e.g. Universal, publicly financed system create expectations about what ought to be considered (equity?) (context-driven → institutions)
  - Confidence effects: When factors increase the demand for information that helps to instill confidence in the validity, rigour and trustworthiness of evidence briefs
    - e.g. polarizing issues characterized by conflict increase the demand for info about methods, merit/peer review, quality of research included in brief (issue-driven → polarization)

# Results: What types of effects (con't)

- Demand side (con't)
  - Trust effects: When factors increase (or decrease) levels of trust between those producing and potential users of brief affecting information needs
    - e.g. institutionalized interactions and the increased usefulness of recommendations (context-driven → institutions)
  - Practical effects: When factors stimulate need for specific information to help instrumentally
    - e.g. an unfamiliar issue creates an appetite for information that help actors understand the policy issue/problem (issue-driven → familiarity)

# Results (Summary)

	Types of effects resulting from		
	Context-driven factors	Issue-driven factors	Issue-context resonance factors
Supply side influence	Producer capacity  Complexity	Complexity	Complexity
Demand side influence	User capacity  Normative /cultural  Confidence  Trust	Normative /cultural  Confidence  Practical	Normative /cultural  Confidence  Trust  Practical

# Implications...

- A first step in addressing a very complex area of inquiry
- A step towards stimulating academic debate
- Guidance for empirical work (next step of my thesis)
- A first step in understanding how those preparing briefs might react to context and issues to tailor briefs

# THANK YOU

Funding provided by:

IDRC-International Research Chair in Health Policies and Systems

Centre for Health Economics and Policy Analysis

Ontario Graduate Scholarship