Drivers and barriers to evidence-informed country-level health policy making: case study of a discussion in the HIFA virtual forum

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Background

• Healthcare Information For All (HIFA) is a global initiative of more than 15,000 individuals in 270 countries.
• In February 2016 HIFA launched a thematic discussion on Evidence-informed country-level policy making. (Feb-March 2016)

Objectives: To present the experience of a themed discussion on evidence-informed health policy-making in the HIFA virtual forum.

Conflict of Interests : None
Methods

• Moderated email discussion
• Prompted questions:
  ✓ One question every week for five weeks
  ✓ Supportive bibliography

1. What is evidence-informed policy making? Why do countries need it?
2. How are health policies currently made in different countries? In your country?
3. What are the key challenges for policymakers?
4. What mechanisms are in place to support policy making in your country? Which organisations provide support globally and nationally?
5. What needs to be done at global and country level to strengthen evidence-informed policy making?
### Results

136 substantive messages from 36 participants in 16 countries (Brazil, Cameroon, Croatia, Ghana, Honduras, India, Kenya, Malaysia, Nepal, Nigeria, Norway, South Africa, Switzerland, UK, USA, and Zambia)

<table>
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<th>Key Themes from discussion on the HIFA virtual forum</th>
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<td>Political will is key to evidence-informed country level-health policy making</td>
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<td>Policy makers face a multitude of challenge to make health policies evidence informed</td>
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<td>Institutionalisation of capacity for evidence syntheses and provision of information targeted at policy makers is important for sustainability</td>
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“... The Ministry of Health & Welfare, Government of India has constituted a task-force on developing and updating standard treatment guidelines. For the first phase 14 disease conditions have been identified to develop evidence based treatment guidelines...”

“... In one country I was involved in a donor funded project that was designed precisely to encourage decision makers to use evidence in making policies on public health issues, particularly mother and child health. …Government did not like the embarrassing initiative(finding) and the project was shut down within 3-4 months.”

“Kenya which is actively involved in influencing policy through research. There is a whole department set aside for policy communication and engagement...”

“It is usually political expediency rather than objective decision-making that is practiced.”

Political Will Matters
Policy makers face a multitude of challenge to make health policies evidence informed

1. Capacity to interpret and apply evidence
2. Attitudes, beliefs and values of policymakers
3. Lack of simple guidance/tools for policymakers
4. Lack of funding for activities
5. Weak health systems and weak or absent institutions
6. Weaknesses in communication of research information
7. Lack of data/evidence is often a problem
8. Role of donors in use of evidence
9. Influence of research mavericks (magnified by mass media)
It is important not to get discouraged with the inevitable barriers and problems that will appear, but to think in terms of long term goals and the creation of a "culture of EBH" within the governments."

In Kenya, there is an organization called African Institute for Development Policy (AFIDEP) which has assisted the Ministry of Health and Parliament by building their capacity in developing policy briefs. They trained officers from the two sectors and are supporting them by regular follow ups towards realizing their goals of developing research based policies."

The Brazilian Cochrane Centre has… helped government officials decide what medicines or what devices to… [saving] millions of dollars of public money…"

Institutionalisation of capacity for evidence syntheses and provision of information targeted at policy makers

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Key points emerging from the discussion

1. Country-level evidence informed policy making cannot happen unless countries have strong health systems with governance structures, technical capacity and sustainable funding.

2. Public engagement in research and policy making might be a key tactic to provide an impetus to ‘political will’.

3. Existing initiatives that promote evidence-informed policymaking must be strengthened. Perseverance and institutionalisation is important.

4. Initiatives for promoting evidence-informed policy making should be targeted towards understanding of evidence and policy for researchers and other health system actors and not just on policy makers.
Conclusion

Our experience in HIFA demonstrates that moderated discussions in virtual forums can provide meaningful “complementary” understanding - through different stakeholder perspectives and through different experience - around evidence-informed country-level policymaking.

Such discussions provide a new method to complement other forms of research, thereby enabling a more complete understanding of complex global health issues.
Thank you

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