



## Evidence-informed country-level policymaking

### 1/3. Selected extracts from discussion

26 April 2016. Neil Pakenham-Walsh

#### Background

With support from WHO, TDR and *The Lancet*, HIFA held a thematic discussion on Evidence-informed country-level policy-making, from 22 February to 31 March 2016. There were 136 contributions from 36 participants in 16 countries (Brazil, Cameroon, Croatia, Ghana, Honduras, India, Kenya, Malaysia, Nepal, Nigeria, Norway, South Africa, Switzerland, UK, USA, and Zambia). Below are a few selected extracts from the discussions. A longer version is available on request. The participants also highlighted 35 papers relevant to the subject, available separately.

Participants: Marie Abemyil, Cameroon; Olayinka Akanke Abosedo, Nigeria; Tara Ballav Adhikari, Nepal; Javed S Ahmad, USA; Jackeline Alger, Honduras; Joseph Ana, Nigeria; Susan Aradeon, USA; Soumyadeep Bhaumick, UK; Rakesh Biswas, India; Dorothy Chanda, Zambia; Tom Cook, USA; Elizabeth Corley, USA; Cindy Crawford, USA; Justine Davies, UK; Didier Demassosso, Cameroon; David Egilman, USA; Joel Faronbi, Nigeria; Jamie Guth, Switzerland; Irina Ibraghimova, Croatia; Stephen Letchford, Kenya; Simon Lewin, Norway; David Mbulumi, Ghana; Dennis McMahan, Malaysia; Shabir Moosa, South Africa; Thomas Nyirenda, South Africa; Nicholas Owino Owiti, Kenya; Neil Pakenham-Walsh, UK; Geoffrey Royston, UK; Abi Sriharan, USA; Maria Regina Torlani, Brazil; Isabelle Wachsmuth-Huguet, Switzerland; Cecilia Wandera, Kenya; Charles Shey Wiysonge, South Africa; Taryn Young, South Africa.

#### QUESTIONS

1. What is evidence-informed policymaking? 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 policymaking 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 policymaking?

#### 1. WHAT IS EVIDENCE-INFORMED HEALTH POLICY? WHY DO COUNTRIES NEED IT?

##### 1.1 What is evidence?

'A common understanding is that "evidence concerns facts (actual or asserted) intended for use in support of a conclusion"... Evidence alone does not make decisions... Expert opinion is more than just evidence. It is the combination of facts, the interpretation of those facts, and conclusions... Secondly, not all evidence is equally convincing... Research evidence is generally more convincing than haphazard observations because it uses systematic methods to collect and analyse observations. Similarly, well designed and executed research is more convincing than poorly designed and executed research. Thirdly, judgements about how much confidence can be placed in different types of evidence (in other words, the 'quality' of the evidence) are made either implicitly or explicitly... Fourthly, all evidence is context-sensitive... Fifthly, 'global evidence' – i.e. the best evidence available from around the world – is the best starting point for judgements about the impacts of policies and programmes... Finally, it is necessary that local evidence (from the specific setting in which decisions and actions will be taken) informs most other judgements about problems, options for addressing problems, and implementation strategies...'

Andrew Oxman, John N Lavis, Simon Lewin and Atle Fretheim address the subject in their 2009 paper, What is evidence-informed policymaking? <http://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-7-S1-S1>

## **1.2 What is Evidence-informed health policymaking?**

1.2.1 'Evidence-informed health policymaking is an approach to policy decisions that aims to ensure that decision making is well-informed by the best available research evidence.'

Oxman et al (above)

1.2.2 "Is there a case for redefining evidence-informed health policymaking using the same construct as that used for EBM, namely:

- (1) political experience and expertise
- (2) best available research evidence
- (3) societal values and preferences?"

Neil Pakenham-Walsh

## **1.3 Why do countries need it?**

Neil Pakenham-Walsh: 'The systematic and transparent use of evidence to inform policy-making is just as important, if not more so, in low-income countries than in high-income countries. Wastage of even small amounts is likely to have greater impacts on public health.'

## **2. HOW ARE HEALTH POLICIES CURRENTLY BEING MADE IN DIFFERENT COUNTRIES?**

### **2.1 Nepal**

"In the resource constraint setting where very low percentage of budget is allocated for health, evidence based making of health policy is rarely practised."

Tara Ballav Adhikari, Denmark/Nepal

### **2.2 USA**

"In USA and probably in other developed... Policy makers often go through a **consultative process** before taking decisions. If there is clear evidence in favour of or against a policy, that can be brought up in such discussions. Many of these sources of evidence are missing in developing countries."

Javed S. Ahmad, USA

### **2.3 Rwanda**

"We perhaps have lessons to learn from Rwanda, where Paul Kagame has been President since 2000. During that time there have been major successes in public health... One would not advocate for presidents to rule for decades, but perhaps more can be done to reduce the disruption and somersaulting caused by successive changes of government." Neil Pakenham-Walsh, UK

### **2.4 India**

"Invitation for public peer review/Comments/Suggestion on Draft Standard Treatment Guidelines... 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. These guidelines have been developed by either adapting/adopting existing quality National / International guidelines or conducting systematic reviews on new clinical questions." Rakesh Biswas, India

### **2.5 "Issues with the loudest voice get the most attention. That's the way policy is made"**

Dr. Neeraj Mistry, managing director of the Global Network for Neglected Tropical Diseases (below). <http://m.learningenglish.voanews.com/a/spotlight-on-zika-helps-other-neglected-tropical-diseases/3196431.html>

## **2.6 Political expediency**

2.6.1 "Policy makers do not have time to search and apply evidence relevant to the policies they make. It is usually **political expediency** rather than objective decision-making that is practiced."  
Javed S. Ahmad, USA

2.5.2 "Economist John Maynard Keynes (1883-1946): 'There is nothing a government hates more than to be well informed; for it makes the process of arriving at decisions much more complicated and difficult.' This quote in itself raises many questions: To what extent is this true today? Is this true everywhere and for all members of all governments?' Neil Pakenham-Walsh, UK

2.6.3 "There are lots of these barriers specifically put there by persons who resist change; the frequent abandoning of policies whenever there is a new government / administration."  
Joseph Ana, Nigeria

2.6.4 "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. Donor project gathered all available research and evaluation data reports in a CD... Too little funds were allocated to health sector and too many children were dying from preventable causes. Government did not like the embarrassing initiative and the project was shut down within 3-4 months." Javed S. Ahmad, USA

2.6.5 "The government that I had the privilege to serve in Cross River State achieved so much that most people till this day wish that we had at least one more tenure than the maximum two that the constitution provides for. We were happy to serve out our tenure and hand over to the next team. Sadly they literally destroyed the legacies that we handed over" Joseph Ana, Nigeria

## **2.7 Identifying and understanding different models in different countries**

"Has anyone attempted to collate and compare models of health policymaking across different countries? I have looked online for a book on this subject (preferably a free e-book) without success." Neil Pakenham-Walsh, UK

## **2.8 Learning from low-income countries**

"It is salutary to acknowledge the huge differences in per-capita spending on health between different countries... The fact that very-low-expenditure health systems can function at all suggests that ways have been found to make the most of very limited resources. This presents both a lesson and a source of learning for higher-income health systems." Neil Pakenham-Walsh, UK

## **3. WHAT ARE THE KEY CHALLENGES FOR POLICYMAKERS?**

### **3.1 Ability to interpret and apply evidence**

3.1.1 "Very few policy makers and decision takers **understand how to interpret and apply data...** when time comes to make a decision, data are ignored because they don't know how to interpret or read statistics. To be sure you will find various survey reports are just stacked on the office shelves gathering dust." Javed S. Ahmad

3.1.2 "Challenges include the capacity of policy makers to understand what is evidence, how it is gathered, making sense of what is published, who is publishing it, the hierarchy of evidence and actually applying the evidence in context." Joseph Ana, Nigeria

### **3.2 Attitudes, beliefs and values of policymakers**

"Superstition, ignorance and refusal to change amongst policy makers, in accordance with contemporary ethos constitute a huge hindrance to evidence driven policy making." Joseph Ana, Nigeria

### **3.3 Lack of funding**

"I was interested to see this report, although it is fairly old (2012) and published by a commercial organisation (KPMG, below). The authors conclude: 'By far the most important reason [for failed health systems] is the way in which healthcare in Africa is funded.'... It could be argued that the problem is not so much 'the way in which healthcare in Africa is funded', but that so many governments in Africa have so little to spend." Neil Pakenham-Walsh, UK

### **3.4 Weak health systems and weak or absent institutions**

3.4.1 "The other challenge is the **absence of institutions that generate robust and reliable evidence** in LMICs. I refer to bodies like the Think Tank, Kings Fund and NICE in the UK... LMICs need local think tanks to generate reliable evidence that policy makers can trust and want to apply." Joseph Ana, Nigeria

3.4.2 Extract from cited paper: 'Many of the problems with public sector performance have to do with deeply rooted systemic issues, and there is no 'quick fix' substitute for a long-term and strategic approach to enhancing institutional capacity.' (National Planning Commission Diagnostic Review [2010:22](#))

### **3.5 Lack of simple guidance/tools for policymakers**

3.5.1 "Here is yet another new approach for getting research into policy. Are researchers, intermediaries and policymakers becoming stifled by an epidemic of 'approachitis'? If you are a researcher, intermediary or policymaker, we need to hear from you. We especially need to hear from policymakers, whose critical voice we have barely yet heard in this debate." Neil Pakenham-Walsh, UK

3.5.2 "I equally get more confused as I read more and more about this. Yes, I wish we could at some point to come up with an agreed approach between the research side and policymakers end - a simple approach." David Mbulumi, Ghana

3.5.3 "My organisation coordinates work in 53 member health research centres across Africa, Asia and Oceania. One of my biggest challenges as a communication manager is to make these centres share information on what they do, get their success stories, know which of their studies have had an impact on policy or practice locally or internationally ... But the researchers who are charged with communication work are more focused on their research work and on publishing in peer review journals because there is a motivation - the bigger the number of publications the more recognition they get among peers and that can guarantee their promotions etc. So is there a way we can motivate researchers to also engage in developing information/communication packages aimed at policy makers, media or general public which could have more impact as far as policy influence is concerned?" David Mbulumi, Ghana

### **3.6 Weaknesses in the production, synthesis and communication of research information**

3.6.1 "Most libraries, books are ancient, unavailable or the pages largely mutilated. University presses are under-funded or non-existent, and university journals are either few or unavailable. Due to inadequate experience and the lack of contacts and writing skills, members of staff are unable to publish in international journals. Consequently, papers and dissertations are stacked up in libraries, which leads to inbreeding." Joseph Ana, Nigeria

3.6.2 "At the Association of Editors of Scholarly publications in December 2015, **high subscription costs of scholarly journals; poor and archaic publishing infrastructure; lack of incentives for researchers; discrimination against Open Access research publications; poorly developed mentoring networks; and weak or non-existent partnerships.**" Joseph Ana, Nigeria

3.6.3 "There is a huge systematic communication problem between the government and researchers in Cameroon... Access to reliable information (often from governmental sources) is so difficult to do research. This could be because, those with the information either because they are ignorant of what it means to share information or reluctant to share information because of bad faith or afraid to do so because of what they might suffer as consequences by the hierarchy are in most cases very reluctant to give out information. They with-hold vital information that could help researchers do their work and enable concomitantly policy makers to make informed choices and decisions." Didier Demassosso, Cameroon

3.6.4 "I worry a lot about turning researchers into communicators [advocates]. It is widely held that 'successful research' is 'research that has had a direct impact on policy or practice'. I have a problem with this. Researchers who shout loudest and have the most effective communication skills are more likely to get their findings into policy and practice, and subsequently more likely to get further funding for further research (who typically have the above mindset). I see 'successful research' differently, in being research that is relevant and that provides important new information. The process of evidence-informed policymaking should be less about 'he who shouts loudest', and more about a systematic, disinterested and transparent synthesis of all available evidence." Neil Pakenham-Walsh, UK

3.6.5 "Researchers have a responsibility to make their research as widely available as possible, which means publishing in free- or open-access journals." Neil Pakenham-Walsh, UK

### **3.7 Lack of data**

3.7.1 "One of the major challenges is the reliance on 'studies' for data although the data is often collected outside of the context of care delivery. In this regard, a key missing element is regular data sources, thus relying heavily on one-off studies and study designs or data from vertically designed programs." Craig Wilson, HIFA-Zambia

3.7.12 "A key missing element is medical records. These records would generate the kind of data needed for outcomes and effectiveness studies and probably more importantly for quality improvement/assurance at the local level... I fully understand that a national level EMR is a huge undertaking but there are many open source models that have been developed and disseminated in parts of Kenya and Tanzania..." Craig Wilson, HIFA-Zambia

### **3.8 Influence of commercial sector**

"How do powerful industries influence health policymaking? I am thinking of the mass media industry (companies that control TV, radio and newspapers), the tobacco industry, infant formula

industry [and big pharma and medical devices]. I am also thinking of the major industrial players within every country, which will have interests and influence over specific health policies. How do policymakers deal with this? I would be very interested to hear from you about your experiences, or any examples you know of where industry has influenced policy." Neil Pakenham-Walsh, UK

### **3.9 Influence of research mavericks (magnified by mass media):**

3.9.1 "Back in 1992-1993, the leading UK newspaper, The Sunday Times, ran a series of articles arguing that the AIDS epidemic in Africa was a myth. The articles claimed that antiviral therapy was ineffective, HIV testing unreliable, and that AIDS was not a threat to heterosexuals." Neil Pakenham-Walsh, UK

3.9.2 "A separate public health issue is the MMR controversy, where 'The media have been criticized for their naive reporting and for lending undue credibility to the architect of the fraud, Andrew Wakefield'." Neil Pakenham-Walsh, UK

3.9.3 "Prof Henri Joyeux is questioning the safety of a hexavalent vaccine called Infanrix Hexa (Combined Diphtheria-Tetanus-acellular Pertussis (DTPa), Hepatitis B, Inactivated Poliovirus and Haemophilus influenzae type b Vaccine). He is not questioning the importance or safety of polio vaccine per se. Regrettably I have been unable to find a refutation of his position by WHO or any other authoritative health organisation and his petition has growing support: it now has more than 700,000 signatures. Note also that the petition is addressed specifically to the French Minister of Health and calls on her to re-introduce 'vaccin DTPolio sans aluminium'. <http://tinyurl.com/nturvyh> Neil Pakenham-Walsh, UK

### **3.10 Influence of donors**

"We have lots of studies here but the challenge is that they are not driven by country-level needs but donor interest. This has caused the challenge of having too many studies done on one area while another area, that is equally a health need suffers paucity of evidence." Nicholas Owiti, Kenya

### **3.11 Lack of time**

Quoting Ian Thorpe's tweet: "Apparently the optimal length for a technical policy brief is 800 words. So it can be read by policy makers while in the bathroom #HLM3 :-)"  
<https://twitter.com/ithorpe/status/715634814301372417>

## **4. WHAT MECHANISMS ARE IN PLACE TO SUPPORT POLICYMAKING IN YOUR COUNTRY? WHICH ORGANISATIONS PROVIDE SUPPORT GLOBALLY AND NATIONALLY?**

### **4.1 Research synthesis, systematic reviews and policy briefs**

#### *4.1.1 Cochrane Collaboration*

4.1.1.1 "The Brazilian Cochrane Center has been producing high quality systematic reviews for the Brazilian Ministry of Health ever since the late 1990s. These reviews have helped government officials decide what medicines or what devices to buy for the national health system and have helped to save millions of dollars of public money..." Maria Regina Torloni, Brazil

4.1.1.2 "Politicians have changed over the years but the team of trained technical officers working inside the Ministry of Health is increasing and improving. And the changes in the use of evidence-informed national health policy have been evident. 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." Maria Regina Torloni, Brazil

4.1.1.3 "The Cochrane Collaboration is indeed an amazing independent network of more than 37,000 researchers, professionals, patients, carers, and people interested in health... The Cochrane Collaboration's mission is 'to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence'. Currently it has 'representatives' in more than 43 countries, but low- and middle-income countries (LMICs) are much less well represented than high-income countries. However, I have reviewed the Cochrane Strategy to 2020 and one of their strategic objectives hits the nail on the head: 'We will become a truly global organization by establishing a Cochrane organizational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.' " Neil Pakenham-Walsh, UK

#### 4.1.2 Health Systems Evidence database

"I came across this wonderful repository of "syntheses of research evidence about governance, financial and delivery arrangements within health systems, and about implementation strategies that can support change in health systems" and found this resource immensely helpful and practical." <https://www.healthsystemsevidence.org/> Soumyadeep Bhaumik, UK/India

#### 4.1.3 African Institute for Development Policy (AFIDEP)

4.1.3.1 "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." Cecilia N. Wandera, Kenya

4.1.3.2 "Below are some extracts from AFIDEP's website (<https://www.afidep.org/>):

In 2009, the African Institute for Development Policy (AFIDEP), an African-led, regional non-profit policy think tank, was established to help bridge the gaps between research, policy and practice in the areas of population change, public health, and the environment in Africa...

AFIDEP has three overarching objectives:

1. Synthesise and translate research evidence
2. Enable the utilisation of research evidence in decision-making
3. Strengthen capacity in research evidence synthesis, translation and utilisation.

#### 4.1.4 EVIPNet and SURE initiative

"All evidence briefs for policy have been developed through the SURE initiative are available on this link <http://www.who.int/evidence/sure/en/> " Isabelle Wachsmuth-Huguet, Switzerland

#### 4.1.5 INDEPTH Network

"INDEPTH Network [www.indepth-network.org](http://www.indepth-network.org) operates in 20 countries. One of the three strategic objectives is "To facilitate the translation of INDEPTH's findings to maximise impact on policy and practice."... We have so far organised such meetings in Ghana, India and Tanzania...

- Research can provide information for all stages (agenda setting, formulation, implementation, monitoring and evaluation)
- Encourage Research team members joining policy networks
- Selection of research topic ? Relevance of topic i.e. Academic purposes/considerations vs. needs of decision makers. Critical to work on issues that are or will be relevant

- Advocate and create interest in research among potential users. Engage them in conception and conduct of research
  - Funding sources and its role on the agenda - how can government increase its funding of research since "who pays the piper calls the tune"
  - Researchers should understand the concepts of policy and the policy making process."
- David Mbulumi, Ghana

#### 4.1.6 African Population and Health Research Center (APHRC)

"African Population and Health Research Center (APHRC <http://aphrc.org/>), Kenya which is actively involved in influencing policy through research [\*]. There is a whole department set aside for policy communication and engagement. Recently, we had the Joint Advance Seminar organized by Consortium for Advanced Research Training in Africa (CARTA) hosted by APHRC." Joel Faronbi, Nigeria

### 4.2 Building international solidarity

"Below are extracts from a news item on the AllAfrica website. In the context of our current discussion, this demonstrates a powerful way forward to promote evidence-informed policymaking. Namely, the power of a high-level, pan-African conference where presidents and senior ministers can reach a shared understanding of issues and priorities, and join hands in solidarity...

Kenya: African Health Ministers Sign Declaration to Increase Use of Vaccines  
<http://allafrica.com/stories/201603080187.html> Neil Pakenham-Walsh, UK

### 4.3 Building skills of policymakers

#### 4.3.1 Policy BUDDIES project

"I want to share our experience with the Policy BUDDIES project - a collaborative project between researchers in South Africa, Cameroon and the United Kingdom with the aim of increasing policy-makers' demand for research evidence during health policy-making by building the capacity of policy-makers to find and interpret it, but most notably by building formalized linkages with local, objective researchers in the fields of health evidence, evidence-based healthcare, or knowledge translation.... Our biggest lesson, which informed our intervention, was that researchers need a thorough understanding of the policy process and environment, how the health system operates, as well as the priorities of policymakers. This can inform effective dialogue between researchers and policymakers, and contribute to enhancing use of research evidence in decision-making.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4557313/> Taryn Young, South Africa

#### 4.3.2 COHRED

4.3.2.1 "I want to share that in 2008 we met COHRED during the Primera Conferencia Latinoamericana sobre Investigacion e Innovacion para la Salud, that took place in Brazil, <http://www.cohred.org/la-conferencia-latinoamericana-sobre-investigacion-e-innovacion-para-la-salud/> Since then, we have used COHRED's materials and methods for strengthening research for health and specifically for research prioritization at the Faculty of Medical Sciences, Universidad Nacional Autonoma de Honduras, and with our collaborators. We had COHRED's guidance for several years, for which we are grateful. We, at the Research Scientific Unit, continue to promote to build research agendas among the departments and units of the Faculty of Medical Sciences, <http://www.bvs.hn/php/level.php?lang=es&component=59&item=14> Jackeline Alger, Honduras

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#### 4.3.3 EVIPNet

4.3.3.1 "I would like to use this opportunity to answer to your question about EVIPNet. All results of WHO's programme EVIPNet are available on this factsheet:

<http://www.who.int/evidence/EVIPNetFacsheetv4.pdf?ua=1>

... And the list of capacity building workshops in evidence-informed policy-making have been done at international, regional and country levels

[http://www.who.int/evidence/capacity\\_building/workshops/en/](http://www.who.int/evidence/capacity_building/workshops/en/) Isabelle Wachsmuth, Switzerland

4.3.3.2 "The list of 8 training requirements [identified in the EVIPNet Africa meeting] captures most things one could think of. Were these needs subsequently prioritised and interrogated for more specifics? It is interesting that the capacity of policymakers to understand and interpret research does not seem to have been given as much prominence as we have given in our discussion over the past 6 weeks. The same is true on the need for researchers and 'infomediaries' to make their information products clearer and easier to understand." Neil Pakenham-Walsh, UK

#### 4.3.4 South Asian Association for Regional Cooperation

Regional forums like the SAARC supported by the WHO Regional Offices can have a very positive effect. I have observed one such effort where partnerships and south-south cooperation was key towards evidence informed policy in Nepal. More details are here

<http://blogs.bmj.com/bmj/2014/11/04/developing-evidence-based-health-policy-in-resource-limited-settings-lessons-from-nepal/>

4.3.5 "While face-to-face training workshops may be necessary, they are expensive and could be complemented by virtual training and knowledge sharing through communities of practice?" Neil Pakenham-Walsh, UK

4.3.6 - "It is key to involve policy makers on a balanced panel when developing your PICO question [\*patient problem or population (P), intervention (I), comparison (C) and outcome(s) (O)] and the essential outcomes to investigate as you evaluate the available evidence. Samueli Institute has developed a mixed methods approach that I have shared in the past in this forum for ensuring meaningful questions are being generated in order to streamline the process and ensure impactful results are being generated to that evidence based decisions can be made amongst various diverse stakeholders together." Cindy Crawford, USA

#### 4.4 Clinician-led policy change

"At the Ponseti International Association, we have been working for nearly ten years, in more than fifty countries, to promote the evidence-based Ponseti Method for treating clubfoot deformity. Since children with clubfoot are most commonly referred to Orthopaedic specialists (where they are available), we have found it advantageous to first promote Clinical Treatment Guidelines within the Orthopaedic Societies and have their members be the in-country stakeholders who advocate policy changes by the Health Ministries and within training Institutions. In our experience, members of these societies often attend international meetings and are able to provide the credibility and context for adopting and adapting the latest evidence." Tom Cook, USA

## **5. WHAT NEEDS TO BE DONE AT GLOBAL AND COUNTRY LEVEL TO STRENGTHEN EVIDENCE-INFORMED POLICYMAKING?**

### **5.1 Strengthen existing initiatives that promote evidence-informed policymaking**

5.1.1 "EVIPNet could be a very effective option before the necessity to translate scientific research into action in Central America: <http://www.bvs.hn/RMH/pdf/2013/pdf/Vol81-2-4-2013-15.pdf>  
Jackeline Alger, Honduras

"I am getting a sense from this discussion that a number of projects (eg EVIPNet) are working to try to address this, but they are probably just scratching the surface of what needs to be done. This may be partly because of difficulty in funding such projects and/or it may just be the sheer immensity of the challenge." Neil Pakenham-Walsh

5.1.2 "Ideally every country should have [a Cochrane Centre]!" Joseph Ana, Nigeria

### **5.2 Building skills of policymakers**

5.2.1 Decision makers should be given orientation in how to interpret and apply evidence, and how it improves efficacy and efficiency of their services. Javed S. Ahmad, USA

### **5.3 Improving the clarity of information for policymakers**

5.3.1 "Whilst policy briefs should be brief and easy to read they should be clear enough and have to point to actual sources on shelves, which should be accessible to policy makers." Shabir Moosa, South Africa

5.3.2 "We have found that it takes a person with a communications background to develop content that is readily accessible for a policymaker... The motivation for the researcher to assist in such an endeavor should be to see the research culminate in improved health outcomes. I still think you need a communications person to bridge the divide between academic and policy worlds." XXX

5.3.3 "It should be possible for researchers and editors to do more to make their findings easily intelligible to all. With tools such as infographics, impenetrable language and statistics should become a thing of the past." Neil Pakenham-Walsh, UK

5.3.4 "Evidence should go beyond the scientific publication, being more simple to understand, easily written and widely accessible, so that layman knowledge can understand the fact." Tara Ballav Adhikari, Denmark/Nepal.

### **5.4 Public engagement**

5.4.1 "Mass re-education of society in the importance of research and innovation... shall spur policy makers to look towards researchers, again, as it was before (in Nigeria before the Mid 1980s)." Joseph Ana, Nigeria

5.4.2 "Comments, suggestions, objections including deletions /additions if required are invited from public at large, including stakeholders like clinicians, academicians, researchers, hospitals, other clinical establishments & consumer groups on following guidelines. The comments may kindly be sent to [nikhil.nhsrsrc@gmail.com](mailto:nikhil.nhsrsrc@gmail.com) and [stg@nhsrsrcindia.org](mailto:stg@nhsrsrcindia.org) within one month of publication of this notice here: <http://nrhm.gov.in/component/content/article.html?layout=edit&id=520>

Rakesh Biswas, India

## **5.5 Better communication and understanding**

5.5.1 "We need to consider not just explicit knowledge but as well tacit forms of knowledge like experiences, lessons learned and the voices of the patients (people centered approach). It appears important to take in consideration as well the failure to include relevant knowledge, the biases of evidence and as well manipulation of facts for political purposes...." Isabelle Wachsmuth, Switzerland

5.5.2 "Convening the key stakeholders up front in order to formulate the key questions necessary for making decisions from all perspectives should be the first step in any research in order to bring the evidence to bear for decision making to occur..." Elizabeth Corley, XXX

## **5.6 Persuasion versus empowerment of policymakers**

5.6.1 "It is vital to take the time to make evidence-based solutions easier to understand, because by making such evidence understandable and useful, policymakers will be more likely to use it. Successful research communication should be based less on emotional appeals and simple stories, and more on a clear and dispassionate synthesis of the available evidence." Neil Pakenham-Walsh, UK

5.6.2 "I would suggest also that the job of researchers, synthesisers and communicators of research is not to push 'evidence-based solutions', but to provide the evidence upon which policymakers can make an informed choice and develop (with others) an evidence-informed solution." Neil Pakenham-Walsh, UK

5.6.3 "The goal of research communicators should be to empower policymakers to make informed decisions, not to persuade them (through emotional appeal or otherwise) to take a particular course. Furthermore, the latter approach is dangerous as it is often also biased by the misplaced need of the researcher, and the research funder, to 'demonstrate an impact'." Neil Pakenham-Walsh, UK

## **5.7 Health systems**

"What every country needs including the LMICs are strong performing systems especially health systems which successive leaders cannot destroy. The other necessity are strong civil society organisations that will fight to retain policies that are working." Joseph Ana, Nigeria