Getting Evidence into Health Policy Systems and Practice: Health policy to battle the global burden of disease

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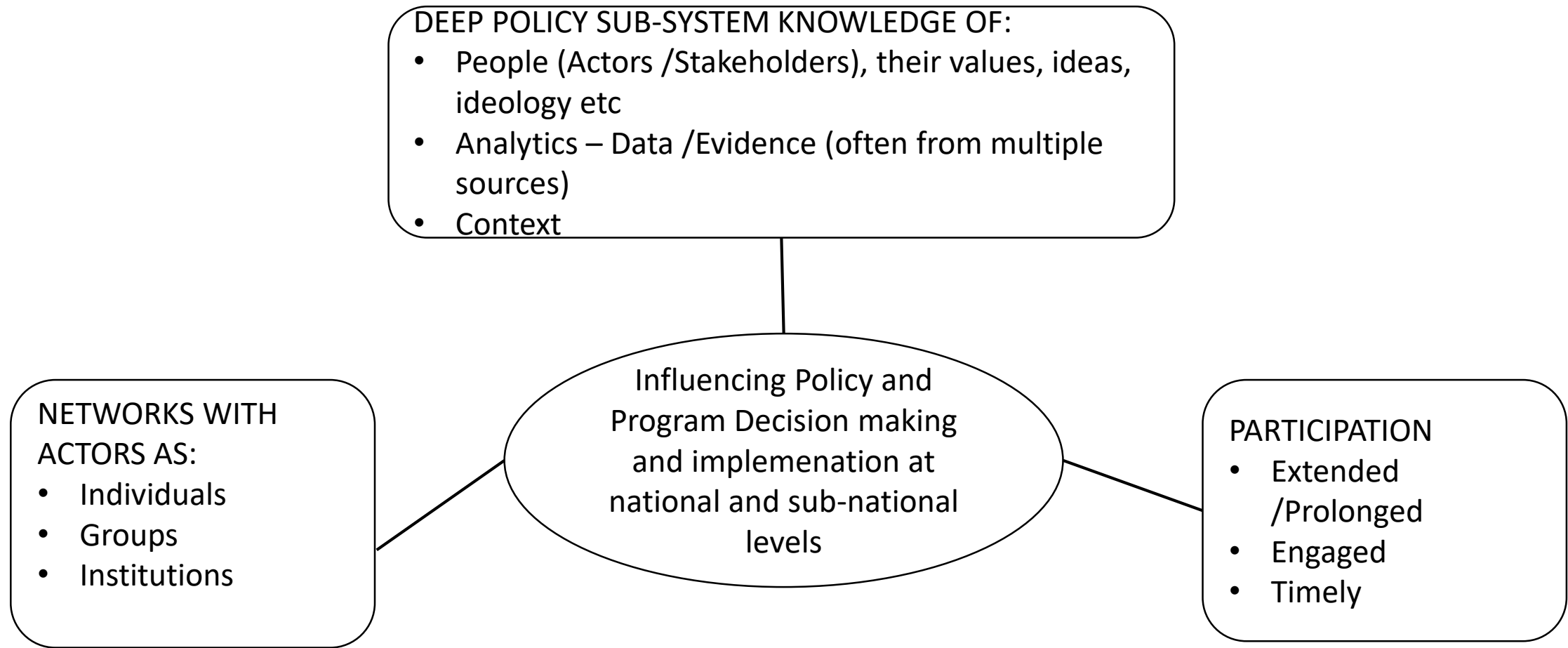Ghana College of Physicians and Surgeons

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Overview of presentation

- To raise some issues to consider in efforts to facilitate Research Uptake (the use of research evidence to inform policy and practice decision making and implementation)

- Will use a theoretical framework from the literature to structure presentation

- Will use a single case study from personal experiences to illustrate

- Limitations
  - but it is important to note that the illustrations are based my experiences as an individual. Will try to be critically reflective and reflexive but the possibility of bias remains.
  - Aligning experiences against a theoretical framework from the literature based on a synthesis of political science research helps to minimize bias and check for theoretical generalization but does not necessarily totally eliminate it.

Theoretical framework

DEEP POLICY SUB-SYSTEM KNOWLEDGE OF:
- People (Actors /Stakeholders), their values, ideas, ideology etc
- Analytics – Data /Evidence (often from multiple sources)
- Context

Influencing Policy and Program Decision making and implemenation at national and sub-national levels

NETWORKS WITH ACTORS AS:
- Individuals
- Groups
- Institutions

PARTICIPATION
- Extended /Prolonged
- Engaged
- Timely

Framework

- Policy sub-system: *"policy participants who focus on a particular policy issue within a particular territorial area."*
- DEEP POLICY SUB-SYSTEM KNOWLEDGE: Includes developing belief system awareness and deep knowledge about policy subsystem affairs
  - Awareness of one's values and belief system and that of other participants in the policy sub-system
  - Analytic knowledge
  - Local knowledge /local space and time knowledge (Context specific information)
  - Knowledge of other sub-systems /Conditions from other sub-systems
- NETWORKS: Building networks
  - Development of networks of relationships to enable collective action with others
  - Terminology used for these kind of networks can be varied e.g. advocacy coalitions, policy communities, policy networks etc. but the idea of collective action with others is the same
  - Encompasses formal and informal networks
- EXTENDED PARTICIPATION: Participating for long periods of time
  - Refers to medium to long term engagement (5 years and more – sometimes decades). Luckily this is is a six year project so we have more room for effective research uptake than in the usual 2 – 3 year type research projects
  - Extended participation matters because: (1) It takes time to develop deep knowledge in a policy sub-system (2) Policy [includes implementation] processes and change evolve over long periods of time (decades rather than years)

An illustration – The DWHIS and the Ghana NHIS

Participation (Extended /Prolonged/timely)

- District Director Feb 1989 to 2004. Regional Director April 2004 – Oct 2012
- Continous engagement with communities, local government, health system
- Development of deep knowledge, understanding, mutual respect and trust
- Formative study in 1992
- Pilot design and planning starting 1995
- Implementation of pilot scheme starting 2000
- Use of window of opportunity in 2001 provided by invitation to be part of the Ministerial task force advicing on how to design and implement NHIS
- Law passed in 2003
- Messy rather than perfect process. Multiple "evidence" inputs
- Research input helped; but major credit to the politicians that they were determined to push it through and did

Multiple sources of "evidence"

- Case studies
  - Other countries and systems (HIC, LMIC) – positive and negative
  - District and hospital based mutuals (CBHI)
- DHIS participatory action type research with Co-production approach to design (next slide for details)
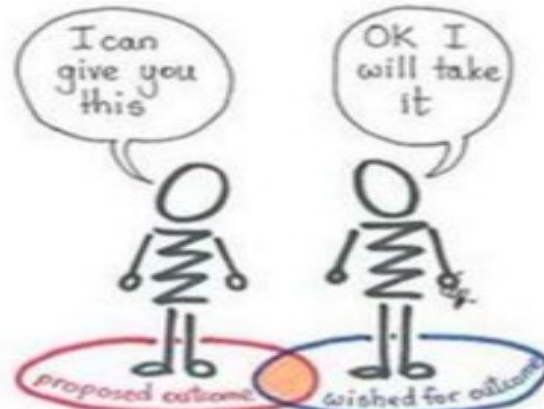
Co-production of interventions

(screen shot from: https://www.nationalvoices.org.uk/sites/default/files/public/news/download/cats_slides.pdf)
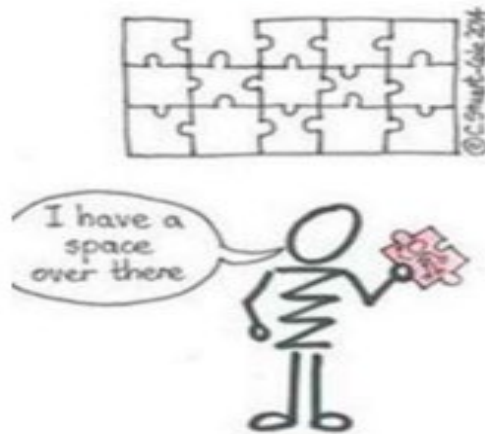
Networks and Multi-level Engagement

Networks

- Multiple level networks
  - Micro – community and area council: Co-production in intervention design and implementation (sub-national level networking)
  - Meso – District and Regional level
  - Macro – National Level
- On your feet observation and stakeholder analysis and networking
- Establishing relationships of integrity based on honesty, mutual trust, and respect
- Working with actors with a common interest – an NHIS designed to be contextually appropriate for Ghana despite contextual challenges

Some issues for reflection

- Research evidence is only one of several types of "evidence" that inform decision making and implementation processes at levels.

- Effective research uptake requires an appreciation and use of research co-production approaches that engage academic researchers as well as non academic key stakeholders e.g. policy and program decision makers and implementers, local government, communities, civil society organizations, media etc.

- Co-production is part of an 'embedded approach', which prioritises meaningful engagement with stakeholders at every stage of the research process to ensure ownership.

- Decision making occurs in:
  - agenda setting: deciding what problem and intervention priorities occupy the mind of decision makers and are seriously considered for action
  - policy and program formulation: deciding on the approaches to use to address priority problems and interventions
  - Implementation: the execution or carrying out of actions to address priority problems.

- Research Uptake is not an exact science and there are many odds in policy processes from agenda setting through to implementation. Our focus is to increase the odds of relevant and effective influence.

- Much of the work for uptake and scale-up of research findings takes place at country level.

Some issues for reflection

- Sometimes Research Uptake is discussed and treated as an "technical" and "academic activity". We write it into protocols and we plan for so many policy briefs, dialogues, stakeholder meetings etc etc

- However Research uptake is predominantly political (process and power matter a lot)

- The end result is often onging messy compromise rather than neat and orderly conclusions

- Incremental patchwork change can be more likely than radical change

- It involves following a moving target that can be unpredictable

- It requires the tenacity to sometimes be in there for the long haul staying abreast with the issue and watching for windows of opportunity

- It requires being able to live with "failure" despite conviction that the change you sought would have been better than the status quo

- It is a value laden rather than value neutral process

- It is important to acknowledge your values but it is also important to be able to understand other perspectives, viewpoints and values - even if you do not share them

- Sometimes the world can be shades of grey rather than black and white; and sometimes it can be black and white

Some issues for reflection

- What are the incentive to engage so intensively and to care about change and transformation?
    - Intrinsic motivation?
    - Extrinsic motivation?
- There can be risk involved – e.g. time costs, does policy engagement count for academic promotion? annoying the powerful – The effort can get you demoted rather than promoted. Why would you want to do that?
- There can be ethical dilemmas with no easy answer. E.g.
    - Are you engaging to be able to tick off the Research Uptake box on your deliverables or because of some conviction?
    - Do you speak your conviction as to what will work and what will not when it may mean treading on the toes of the more powerful?
    - Do you stay silent, pretend you think a sub-optimal decision is excellent or disengage to avoid dealing with the consequences of offending the powerful?