

Applying complexity theory to evidenceto-policy systems

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Swiss TPH Virtual Symposium: Global Health in the 21st Century

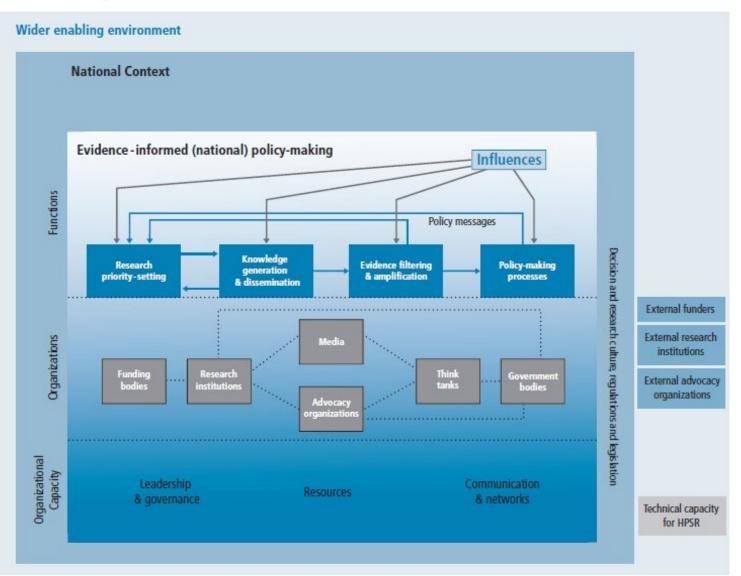
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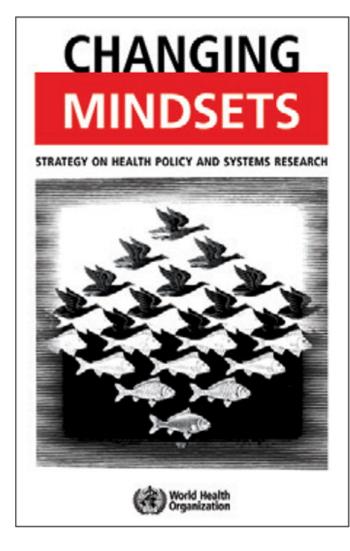
How do we get evidence into health systems policy and practice?

Not a new question



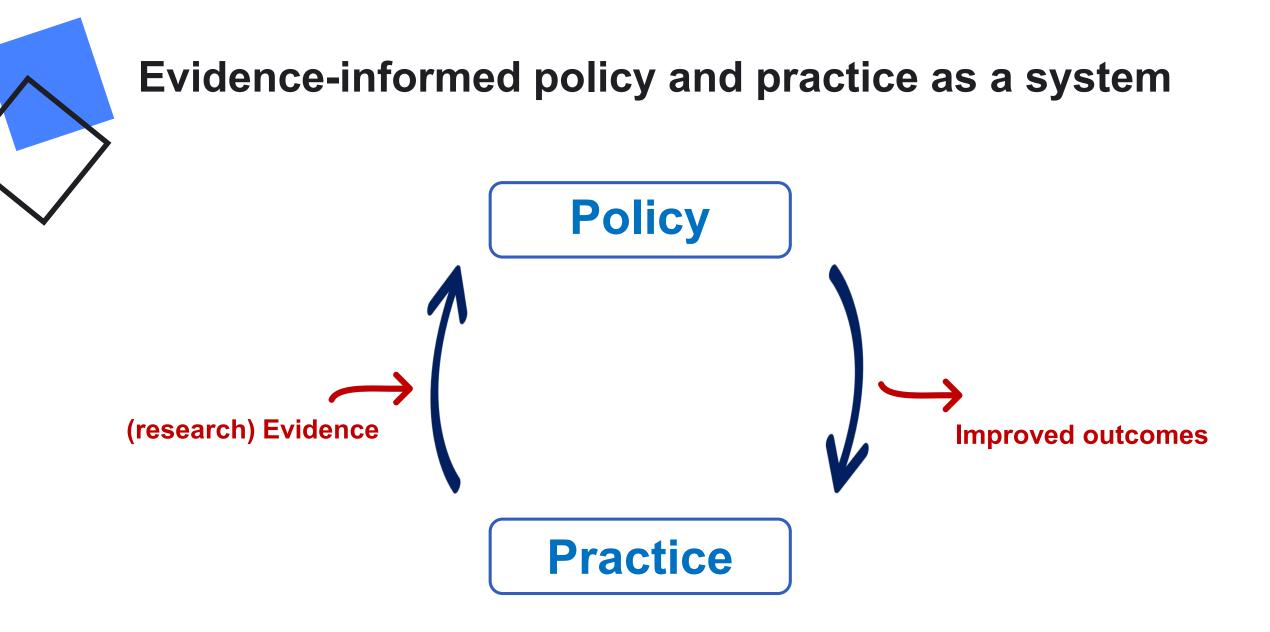
From: Green and Bennett (eds), 2007. Sound Choices: Enhancing capacity for evidence-informed health policy. Alliance for Health Policy and Systems Research.

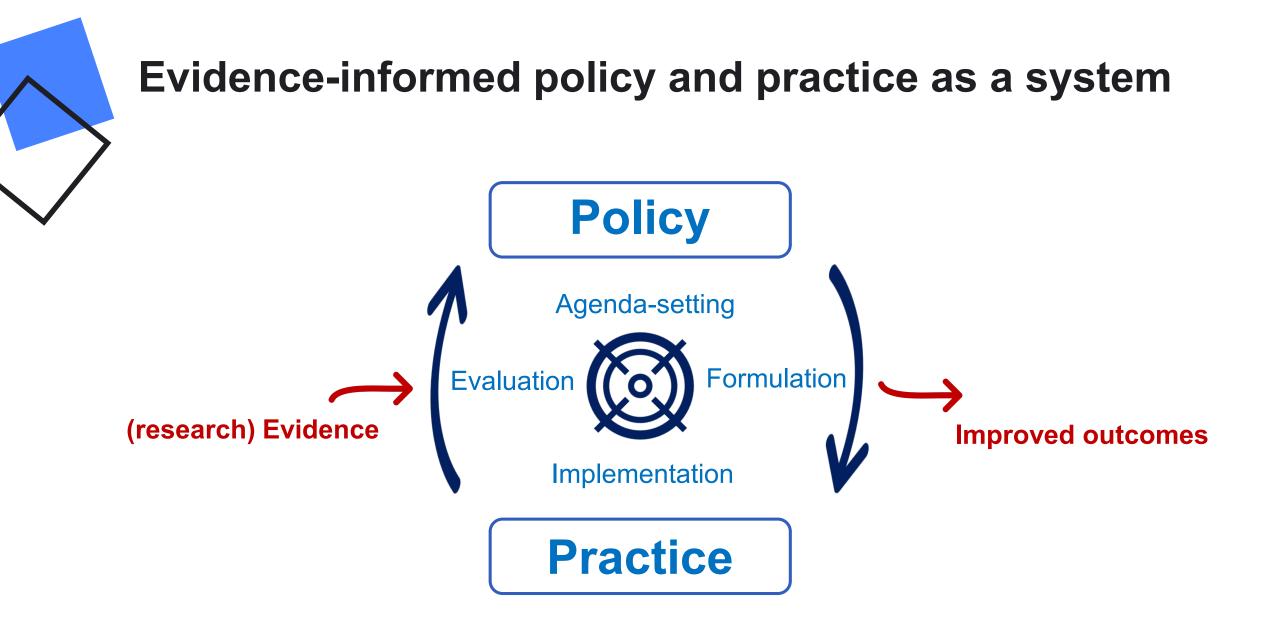
Growing recognition of complex, integrated nature

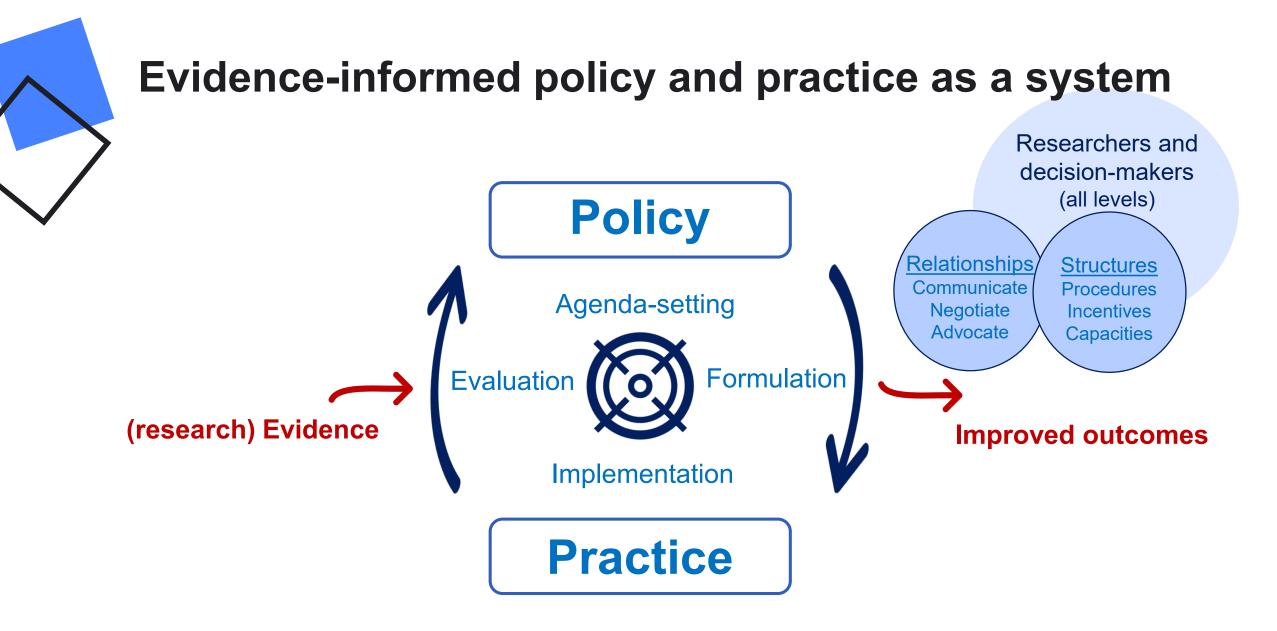


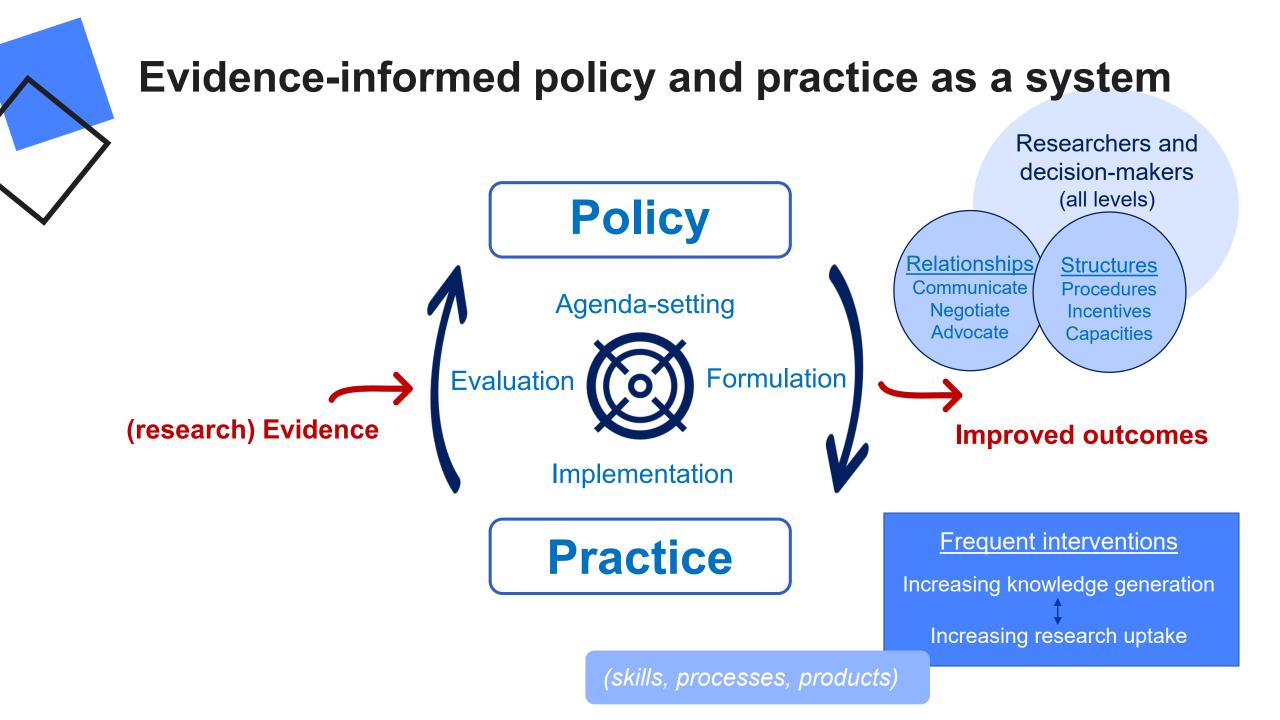
Global strategy on HPSR (2012)

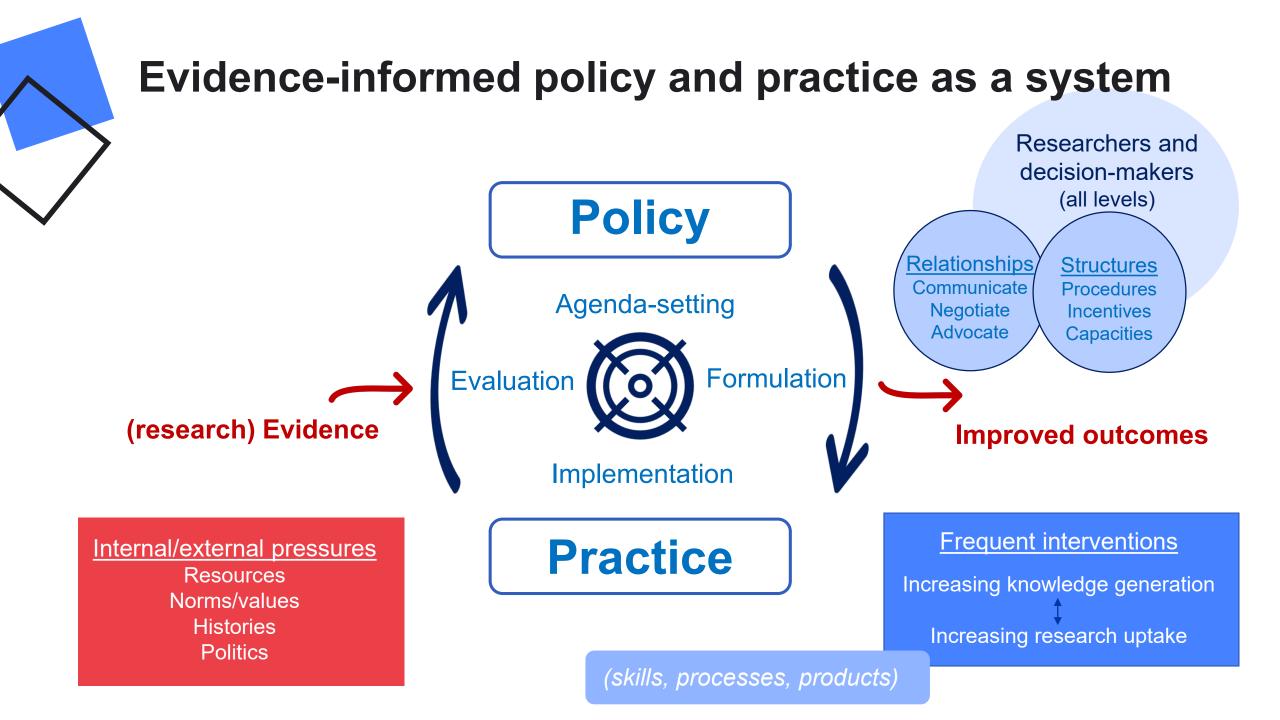
- "seeks to make HPSR increasingly demand-driven and responsive to the needs of 21st century health systems"
- "advocates a paradigm that emphasizes the need for close collaboration between researchers and policy/decision-makers rather than work along parallel pathways"

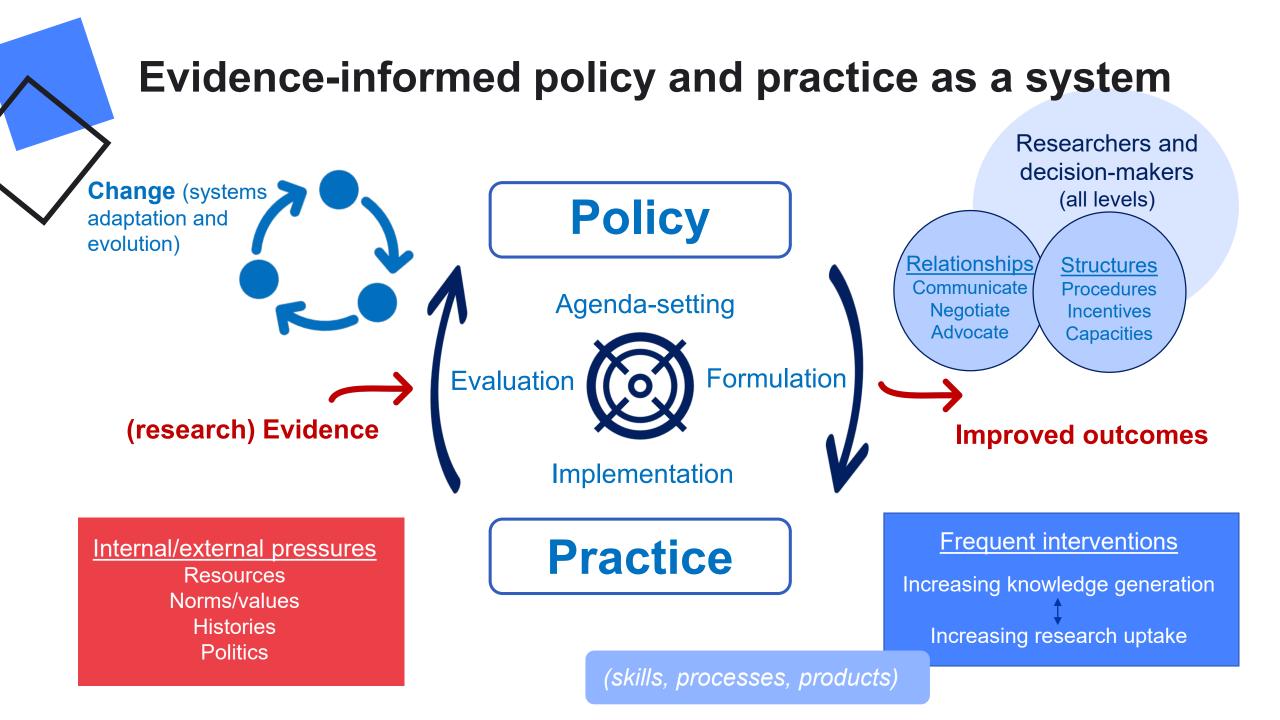














• Analytical tools to theorize/explain interactions between components of the system, i.e., the "how"

Features of complex adaptive systems

(1+1= 3) •Holism

- Solution •Non-linearity
- ✓ •Feedback
- •Emergence/self-organization
- •Diffusion nodes (scale-free networks)
- •Tipping points

What can complexity theory add?

 Implications for how we design and evaluate evidenceto-policy/practice interventions

- 1. Institutional approaches
- 2. Beyond traditional knowledge translation models
- 3. Over a longer time horizon

Alliance examples – strengthening evidence systems

Embedded rapid reviews

 Research synthesis platforms embedded within decision-making entities to quickly respond to policy demands Institutional mentorship

 Academic institutions mentored to develop evidenceinformed programming for policy communities Institutionalizing government use of research

 Incorporating evidence-use in existing government structures



How (why, where, when and with whom) do we get evidence into health systems policy and practice?



Thank you!



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