
Evidence-informed Health Policy

Arash Rashidian MD PhD

Assistant Professor of Health Policy and Management, School of Public Health, Tehran University of Medical Sciences

Honorary Lecturer, London School of Hygiene and Tropical Medicine

arashidian@tums.ac.ir

Tehran University of Medical Sciences, Feb 2009

EMRO regional workshop on Knowledge Translation and Exchange

Structure of the talk

- What is policy and evidence-informed policy making?
- Understanding the nature of policy making
- Pitfalls of not using evidence in policy making
- Recommendations

What is policy?

- Courses of action adopted by government and other important social organizations
- Primary function is to govern the nature of all possible sets of human relationships and to shape the quality of life or well-being within a given society
- Adoption or maintenance of a course of action

What is policy?

- Policy decisions in one arena interact with those in another
- Policies adopted in other realms of housing, crime control, children and families and children, education, and public investment also impact on health

Policy may include...

- Legislation
- Regulations
- Professional guidelines/standards/protocols
- Public health policy
- Health advocacy

Policy....

- “....consists of a web of decisions and action that allocate....values” (Easton)
- “... the interplay between institution, interests, and ideas” (John)

Policy....

- *“Defining policy is rather like the elephant – you know it when you see it but you cannot easily define it”* (Cunningham)

Health policy

- The World Health Organization defined health policy as
 - “an agreement or consensus on the health issues, goals and objectives to be addressed, the priorities among those objectives, and the main directions for achieving them.”
- The WHO’s approach to public health policy
 - “puts health on the agenda of policymakers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health”.

Archibald Leman Cochrane

"that health services should be evaluated on the basis of scientific evidence rather than on clinical impression, anecdotal experience, 'expert' opinion or tradition"

“Effectiveness and Efficiency” (1972)

Criteria used to evaluate policy recommendations

(Macintyre et al 2001)

- Supported by systematic, empirical evidence
- Supported by convincing argument
- Scale of likely health benefit
- Likelihood that the policy would bring benefits other than health benefits

Criteria used to evaluate policy recommendations

(Macintyre et al 2001)

- Fit with existing or proposed government policy
- Possibility that the policy might do harm
- Ease of implementation
- Cost of implementation

Reasons why research evidence has little influence on service policies (Black 2001)

- 'Proceed with care'
- Policymakers have goals other than clinical effectiveness
 - social, financial, strategic development of service, terms and conditions of employees, electoral)
- Research evidence dismissed as irrelevant
 - from different sector or specialty, practice depends on tacit knowledge, not applicable locally

Reasons why research evidence has little influence on service policies (Black 2001)

- Lack of consensus about research evidence
 - complexity of evidence, scientific controversy, different interpretations
- Other types of competing evidence
 - personal experience, local information, eminent colleagues' opinions, medicolegal reports
- Social environment not conducive to policy change
- Poor quality of knowledge purveyors

Evidence-informed HP

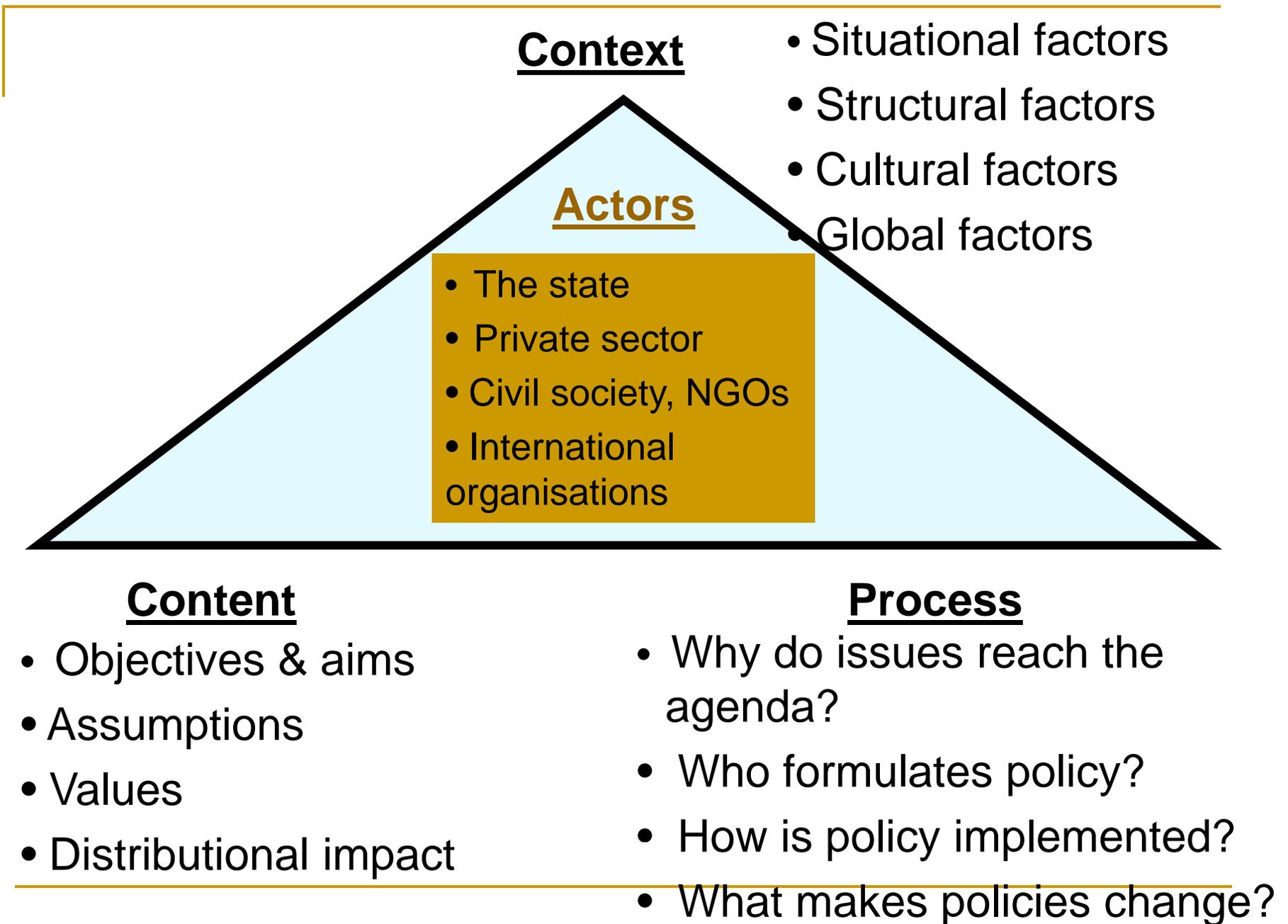
- “... focuses on public policy decisions about groups of people, rather than decisions about individual patients. ... It is thus important to know how policies work and in what contexts they may work in future ...” (Cookson)

How to analyse a policy? (Pasteur)

- 1. Policy statements
- 2. Policy processes
- 3. Policy measures
- 4. Policy Context
- 5. Other institutions and organisations

Making a policy

- It is 'linear' and 'rational'
- Or is it?
- The current view is that simple and logical approaches are NOT enough for characterising policies
- We face a 'black box'
- Like 'the blind men and the elephant' or 'the elephant in the dark room'



(Policy triangle. Walt and Gilson, 1994)

Finding ‘the best evidence’

- ... is the cornerstone of evidence-based health care movements
- Obviously one also needs to think of how to use (i.e. implement, adhere to, adopt) evidence
- What is the most reliable evidence?
 - Hierarchy of evidence
 - It's based on research methodologies
- Need to increase capacity for conduct and use of systematic reviews

A paper to read

Good intentions and received wisdom are not enough

Macintyre and Petticrew. J Epidemiol Community
Health 2000;54:802–803

Public policy experimentation

- Has a longer history than clinical RCTs
- Public policy experimental designs
- RAND experiments
- It is wrong to assume public health initiatives don't harm

Ethical and political dilemmas

- Ethical and political dilemmas of randomisation and control groups
- Do we know the answer?
 - If not, then experimentation may be required
- Negotiate and ask
 - Example from Pakistan

Experimentation may ...

- Underestimate the benefits
 - Or give a more accurate picture
- Delay decision making
 - Tactical use of knowledge: use EBHP for causing delays
 - Honest doubts about decisions: making better decisions

Some adverse effects of interventions in health and social care (Macintyre et al 2001)

- **Policy:** Social work services provided to boys who were delinquents
- **Effect:** Increase in reoffending, drug and alcohol dependence, and mental illness

- **Policy:** Parents advised to place infants in the prone position to sleep
- **Effect:** Increased risk of cot death

Some adverse effects of interventions in health and social care (Macintyre et al 2001)

- **Policy:** Bed rest recommended for a range of medical conditions
- **Effect:** No outcomes improve when bed rest prescribed and some are worsened by it

- **Policy:** Separate mothers and newborn infants to reduce infection
- **Effect:** Increase in infection and difficulties in mother-infant interaction

Further adverse effects of interventions in health and social care (Rashidian)

- **Policy:** arranging visits to prisons for teenagers in high crime areas
- **Effect:** more offending

- **Policy:** adding a FFS for repeat prescription orders
- **Effect:** significant reduction in order rate

The cornerstones of evidence informed policy making

- Finding of the best evidence
- Synthesis of the best evidence

- Methods of developing and conduct of systematic reviews
- Increasing capacity, and shared understanding of the methods and their use

Factors affecting development and use of SRs in LMICs

A paper to be published in
the Journal of Evaluation in Clinical Practice

Authors: Yousefi-Nooraie R, Rashidian A,
Nedjat S, Majdzadeh R, et al

**Promoting development and use of
systematic reviews in a developing
country**

Factors affecting development and use of SRs in LMICs (Yousefi-Nooraie et al, 2009)

1. importance for policy makers
2. access to international research
3. priority and support for systematic reviews
4. competency and willingness of researchers to conduct reviews
5. importance for end-users
6. quality of local primary research
7. visibility and access to local research

Implementation Science



Research article

Open Access

Evidence-informed health policy I – Synthesis of findings from a multi-method study of organizations that support the use of research evidence

John N Lavis*^{1,2}, Andrew D Oxman³, Ray Moynihan⁴ and Elizabeth J Paulsen³

Address: ¹Centre for Health Economics and Policy Analysis, Department of Clinical Epidemiology and Biostatistics, McMaster University, 1200 Main St. West, HSC-2D3, Hamilton, ON L8N 3Z5, Canada, ²Department of Political Science, McMaster University, 1200 Main St. West, HSC-2D3, Hamilton, ON L8N 3Z5, Canada, ³Norwegian Knowledge Centre for the Health Services, Pb. 7004, St. Olavs plass, Oslo N-0130, Norway and ⁴School of Medicine and Public Health, Faculty of Health, The University of Newcastle, Medical Sciences Building – Level 6, Callaghan, NSW 2308, Australia

Email: John N Lavis* - lavisj@mcmaster.ca; Andrew D Oxman - oxman@online.no; Ray Moynihan - ray.moynihan@newcastle.edu.au; Elizabeth J Paulsen - elizabeth.paulsen@kunnskapssenteret.no

* Corresponding author

Organisations seeking evidence-informed policy making (Lavis et al 2008)

Seven recommendations:

1. **collaborate** with other organizations
2. establish strong **links with policymakers** and involve stakeholders in the work
3. be **independent** and manage **conflicts of interest** among those involved in the work
4. **build capacity** among those working in the organization

Organisations seeking evidence-informed policy making (Lavis et al 2008)

4. use **good methods** and be **transparent** in the work
5. **start small**, have a clear audience and scope, and **address important questions**
6. be attentive to **implementation considerations**, even if implementation is not a remit

Recommendations for the WHO and international organisations (Lavis et al 2008)

■ Four recommendations:

1. support collaborations among organizations
2. support local adaptation efforts
3. mobilize support
 - government support, financial resources, and participation of policymakers and researchers
4. create knowledge-related global public goods