



‘Credible, Legitimate and Salient’ – the good governance of health policy evidence

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Abstract

Traditional calls for ‘evidence based policy’ – particularly those that emerge from the field of Public Health – have been criticised for failing to address the political nature of decision making, whereby competing social values must be considered in any political decision. Health professionals, typically trained in the natural sciences, often have a narrow rationalist understanding of evidence use, which focuses on health impacts and cost-effectiveness alone. At their most basic, calls for increased use of evidence in health policy are framed around the need to address an important health problem or avertable poor-health outcomes, which evidence suggests can be alleviated through a particular intervention or policy mix. However, this understanding of the evidence-to-policy process has been critiqued for failing to recognise the importance of competing influences on policy decisions (e.g. concerns for human rights, autonomy, or other prioritised social needs). Different bodies of *salient* evidence may emerge from each of these perspectives or be highlighted by different interests groups. The challenge for policy makers is to identify, evaluate and apply relevant forms of evidence in light of these competing influences on the policy process. Health policy debates recognise that pieces of health evidence must be weighed against their quality – thereby addressing the *credibility* of the evidence according to some evidentiary standard. However, the evaluations of the quality of evidence are usually made in relation to hierarchies of evidence which privilege certain methodologies (principally randomised controlled trials) over others. In addition, insufficient attention has been paid to the question of *legitimacy* in the dominant public health discourse of evidence based policy making. This paper draws on theories of governance to develop a framework for the analysis of evidence informed health policy. Such a framework would work to ensure the ‘good governance of evidence’ which addresses priority health problems, adheres to established standards of evidentiary quality and promotes decision making processes that are representative of, and accountable to, local populations.

1. Introduction

This paper attempts to engage with debates concerning the use of research evidence in health policy making. It emerges from a 5 year ERC funded project on Getting Research into policy on Health (GRIP Health). Evidence based policy making is an ideal for which many actors in field of health policy continue to strive. Motivated by a desire to alleviate human suffering, many health policy scholars and advocates, trained as medical doctors or in the natural sciences, express frustration at the inability of policy makers to respond to advances in scientific knowledge which they claim point to effective policy interventions. Why, when such clear evidence exists about what ought to be done, are politicians seemingly unwilling or unable to act? Framing the issue in these terms, the classic response to this question is that research evidence simply does not find its way into the hands of key decision makers, at least not in forms which are accessible to them. If they had the evidence, surely they would act upon it? The solution offered is thus more effective knowledge translation: presenting research in more accessible formats, perhaps through the medium of research brokers and policy advocates.

We argue that this discourse of evidence based policy is born out of fundamental misconceptions about both the epistemological status of research evidence and the highly political nature of the policy making process. It is based on the misguided assumption that the right policy prescription can be derived exclusively from the relevant research evidence. Policy decisions are in fact complex normative judgements between competing policy alternatives. However, empirical evidence cannot settle what are contests between values and idea.

Additional insights for the field of health policy can be gained through a deeper engagement with the disciplines of policy studies and the sociology of scientific knowledge. Drawing on critical and interpretive theories of governance we argue that policy making is a fundamentally political activity in which a variety of actors seek to frame debates in ways amenable to their underlying interests. Contests over meaning – the ability to define social problems and the potential solutions – are at the heart of policy debates. This includes disputes over the relevant evidence base for policy decisions. Depending on their framing of the issue, policy actors –i.e. stakeholders and policy advocates attempting to influence the content of policy – will identify different, and at times competing, bodies of evidence as being relevant to a policy issue. Furthermore, they will interpret these in different ways. The policy implications which arise from the available evidence are not self-evident and decision makers must interpret various bodies of evidence and feed them into policy

decisions. At times different bodies of evidence will support different courses of action. In this instance policy makers must choose between different, evidence based policy options. As such, Policy decisions turn on contests between competing values and political priorities. Do we prioritise health issues over economic growth, for example, or one health condition over another? In democratic systems in particular, policy makers must remain responsive to the interests and preferences of the citizens they govern and respond to the policy priorities which they identify.

This is not to argue that research evidence is unimportant or that evidence is merely a political tool. On the contrary, it is critical in deciding, for example, the efficacy and cost effectiveness of policy measures and in mapping the potential consequences of a given policy. Rather, we challenge the reductionist notion that policy measures can be derived from research evidence and that policy decisions can be decoupled from normative judgements about priorities. In place of evidence based policy we argue for evidence informed policy. This, however, raises a number of questions about how we are to interpret the quality and relevance of the evidence which should be brought to bear on the issue at hand. Similarly, issues arise about the processes underpinning evidence use by policy makers. How ought evidence be collected, interpreted and used by policy makers? We introduce the concept of 'good governance' of evidence as an analytical framework for examining and evaluating the use of evidence by policy makers. We acknowledge also that different types of evidence derived from different methodological approaches will be of relevance to policy issues. Rejecting universalist and reductionist hierarchies of evidence, we argue that the quality of research evidence must be assessed in terms of the methodological standards of the discipline from which it emerges and in light of the question it was designed to address.

The structure of the paper is as follows. Section 2 reviews the literature on knowledge transfer and exchange at the heart of current debates about the evidence based policy making. Section 3 sets out our conception of evidence informed policy making. Section 4 develops our approach to the evaluation and assessment of research evidence which informs policy making decisions. Section 5 develops the conception of good governance we employ to guide and analyse the use of evidence by policy makers. Finally, Section 6 argues that processes of evidence use are most effective where they institutionalised within the policy making process.

2. Evidence Based Health Policy Making

There is now an extensive literature on evidence based policy making (EBPM) within the field of health policy and beyond. These studies share a number of assumptions about the process of

knowledge generation, transfer and use in policy making. Simplifying somewhat, existing attempts to conceptualise the EBPM process often assume that there is a body of relevant evidence (an evidence base) for a given policy issue, which has the potential to inform relevant decision. Evidence based policy making requires the identification and evaluation of the evidence base (assessing the relevance and the quality of evidence) by policy makers. The role of scientists and knowledge brokers is to assure those in key decision making positions can access and understand that evidence (knowledge transfer). Studies focus on the factors facilitating and impeding the transfer of evidence from its site of production (principally academic institutions, but also think tanks and other non-governmental organisations) to the policy making environment (Lavis et al., 2008b, Mitton et al., 2007, Innvaer et al., 2002). This predominant 'two worlds' model seeks to bridge the divide between researchers and policy makers through a variety of strategies, often focused on developing relationships between key individuals in the research and policy fields.

Evaluating the Evidence Base

Within the health sector, and increasingly in social policy more broadly, debates around the production of policy relevant evidence have focused on the 'hierarchy of evidence', which identifies randomised controlled trials (RCTs) as the supposed 'gold standard' of evidence. Adherence to this conception of evidence is particularly strong in the field of health policy, given the close relationship of the evidence to policy movement in this field to evidence based medicine, in which the use of RCTs to assess the causal effect of a treatment or intervention predominates. An emerging literature, however, has begun to question the appropriateness of such evidential hierarchies when addressing complex social issues. Worrall (2010) offers a robust critique of RCT methodology from a philosophy of science perspective, highlighting the ineffectiveness of randomization as a control mechanism and questioning the status afforded to RCT based studies in hierarchies of evidence. La Caze and Colyvan (Undated) argue that while the hierarchy of evidence *may* provide guidelines for the effective use of evidence in policy making, it is more suitably applied to the types of issues and questions which arise in evidence based medicine around the effectiveness of particular clinical interventions. The conditions necessary for a successful RCT are frequently difficult to create when addressing the types of issues confronted in the policy domain due to problems with isolating single causal factors or controlling multiple and potentially confounding variables. In addition, policy debates turn not just on questions of fact, but on normative and political issues. As Brecht has explained, researchers can inform policy makers about the nature of social problems and the (probable) consequences of policy decisions, but cannot tell them what is the right or wrong decision (Brecht, 1959). Indeed, the hierarchy of evidence was developed as a means of judging the

robustness of causal inferences in epidemiology and clinical medicine, not as a policy making tool. Empirical evidence, and specifically high quality evidence of causal effects, is therefore not the only relevant information source required for decision making. In policy making, as La Caze and Colyvan argue (Undated), ‘we want the right tool for the right job, not the best tool for some other job.’

Greenhalgh and Russell (2006) offer a similar critique of RCT methodology or what they term the Cochrane ‘myth’: that the judgements needed for evidence synthesis are fundamentally technical in nature and can be achieved simply through the correct application of the appropriate methodological and evaluative toolkit. Whilst this approach may be appropriate to clinical intervention trials in the evidence based medicine, it cannot be translated into the policy making process. The world of policy making cannot be reduced to debates about ‘what works,’ or what can be shown to work within the methodological confines of the RCT. Policy making is rather ‘an authoritative exposition of values’ which attempts to pursue the right course of action in a given context, at a particular time, for a certain group of people and with a particular allocation of resources (Greenhalgh and Russell, 2006: 35). Consequently, policy making is about making and implementing collective ethical judgements, which are informed, but not dictated, by relevant bodies of evidence. Stone’s (1997) comment that policy debates about values masquerade as debates about facts is apposite. The term EBPM suggests there are technical solutions to what are political and ethical problems. Rather than a narrow focus on ‘what works’, we must consider what is *appropriate* in the circumstances, and given the overall policy objectives. There is a need not for greater technical mastery of systematic review methodology, but for greater reflexivity and self awareness by policy makers about the values they and other policy actor bring to the table when they identify policy problems, putative solutions and the relevant evidence on which to draw. This calls for something akin to Schoen’s (1990) frame reflective awareness.

Dissemination and Uptake

There are a number of attempts to theorise the process of knowledge transfer and diffusion. In a seminal article Carol Weiss (1979) presented a range of models to describe the various ways in which research may be disseminated and impact on policy. Weiss identified six models of research can influence policy making: the knowledge driven, problem solving, interactive, political, tactical and enlightenment models. Research may be used consciously and intentionally by policy makers in an attempt to reach ‘evidence based’ decisions, or may be deployed for strategic or political ends. However, its influence, e.g. according to the enlightenment model, may be more indirect, resulting from the diffusion of knowledge through society more generally. As such, the influence of research

evidence may be hard to trace or to measure. It may nevertheless shape the ways in which officials define social problems, identify relevant information and the potential policy interventions. Innvaer et al. (2002) review multiple studies of evidence use in policy making. Like Weiss, they identify different forms of evidence use including instrumental, symbolic and conceptual uses of evidence. Ottoson (2009) sets out a range of knowledge for action theories which she terms: knowledge utilization, diffusion, implementation, transfer and translation. Jones (2009) identifies three distinct approaches to the link between knowledge and policy, which he terms the rational, pluralist/opportunist and politics/legitimation paradigms. The latter examines the role of power in the policy process, analysing the role of actors, institutions and discourses. The ability to define the terms of a policy debate yields significant power. Cognitive paradigms limit the range of policy options open to consideration at a particular place in time, while policy narratives simplify complex issues and drive policy agendas.

A second strand to the literature focuses on concrete practices of knowledge transfer, seeking to identify impediments to evidence use in policy making and attempting to develop strategies to minimise these. Despite recognising the multiple – often diffuse and indirect – ways in which research findings and evidence may be distributed through society and may impact on policy, much of the analysis of KT activities remains implicitly grounded with a rationalist framework, focusing in direct transactional forms of policy influence. Innvaer et al (2002) conclude that the most commonly identified facilitator of evidence is personal contact between researchers and policy makers. Lavis et al (2002) highlight the importance of political factors in deciding when research is used in policy making. Drawing on literature from political science, they identify three key factors influencing policy making: ideas, interests, institutions. Research is seen as existing in realm of ideas, but is just one influence on policy among many (Lavis et al., 2003). Other factors impacting on decision makers include orientation of the governing party, stakeholders, public opinion, who wins/loses from policy, decision making rules, past policy (institutions/path dependency). Trust and relationships between policy makers are key factors in determining the uptake of evidence (Lavis et al., 2002). Interaction between experts and policy makers is again identified as crucial. Communications tools such as well maintained websites and regular newsletters may help this process. Performance measures for KTE with public policy makers hard to gauge with certainty. This is because KTE may be instrumental, conceptual or symbolic and can occur at different stages of research process. Building on this, Lavis et al. (2008b) argue that successful KTE on the part of researchers requires collaboration and links with policy makers, independence (i.e. no conflicts of interest), sound/transparent methods, a clear focus on important issues, and a clear consideration of

implementation issues (Lavis et al., 2008d, Lavis et al., 2008a, Lavis et al., 2008c, Lavis et al., 2009). In a similar vein, Straus et al (2011) argue that research knowledge must be translated into forms in which policy makers can engage with them and utilise their outcomes. Dobbins et al. (2009), who conducted a RCT evaluating KTE strategies, identified free web access, targeted messaging, the use of knowledge brokers as additional factors underpinning successful KTE.

Court and Young (2006) identify four key factors determining the likelihood of evidence being used in policy making as: political context (freedom, institutions, vested interests etc); the credibility of evidence and the effectiveness with which it is communicated; the links between the policy and research communities (e.g. levels of trust, shared networks); and the external (or international) context. This is reiterated by Court and Maxwell (2005) who finds the same factors are crucial for effective EBPM. In addition, networks are important means of forging links between research and policy-making communities. They identify the potential roles of the researcher as a story-teller, a networker, an engineer, or a fixer.

Mitton et al. (2007) review five different frameworks to guide the process of KTE (Dobbins et al., 2002, Hanney et al., 2003, Lavis et al., 2003, Ebener et al., 2006, Jacobson et al., 2003), focusing on the barriers and facilitators for KTE. Collectively the studies echoed the above assertions that strong relationships and high levels of trust researchers and policy makers (facilitated through direct links and face to face encounters crucial between key actors) are crucial facilitators of KTE. In addition, they highlight that different types of information and communication styles are needed for different audiences. For policy makers, research in summary format, using simple language is preferable and more likely to be taken up. Evidence for decision makers may also be less rigorous than for academic audiences (e.g. including gray literature). They advise researchers to include decision makers/ opinion leaders in the design and conduct of the research. Research focusing on or incorporating short term objectives may help meet policymakers needs for instant impact. Seminar series with stakeholders may facilitate exchanges; educational outreach visits and interactive meetings are also effective. Printed material and didactic meetings, meanwhile, are found to be less so. The authors highlight that factors other than evidence (institutions, interests, policy networks) shape policy decisions. Knowledge brokers and connectors can help bridge the gap between researchers and policy makers. Overall, the most important determinants of research utilisation were the mechanisms linking researchers and research users. They argue too that it is important to examine *how* evidence used as well as *if* it is used.

Drawing on Schön (1983), Parsons (2002) equates policy making as a swamp through which decision makers must chart a course, navigating the hindrances to their progress and engaging not just with facts but values and politics. EBPM is seen as a means of controlling the mess or 'draining the swamp.' Questions of evidence use are portrayed as technocratic issues of how evidence may be obtained, utilised and managed. However, within this framework, there is an inherent bias towards certain types of evidence (i.e. that which can be counted, measured, codified and systematised). This leads to what may more accurately be referred to as ECMLP (evidence controlled, managed and legitimised policy) rather than EBP. It is a manifestation of a will to knowledge which fails to acknowledge the vagaries of Schoen's swamp.

Many scholars working with the two-worlds approach to EBPM focus on knowledge transfer and exchange. This approach is categorised by a misrecognition that the problem faced by policy makers is of insufficient evidence, or of having the wrong kind of evidence. If the problem is so conceived, the solution is for more effective articulation and translations of the evidence base by researchers in forms amenable to a policy making audience, and more rigorous evaluation of that evidence by decision makers and their officials. Individual relationships between researchers and policy makers, built on trust and mutual imbrication in the workings of the other world, are seen as key facilitators of this. More rigorous methodologies, derived from the hierarchy of evidence, are advocated to ensure the soundness of the evidence base on which decisions are made. In addition, much of the literature demonstrates an insufficient recognition of the political, rather than technocratic, nature of decision making and fails to engage adequately with the impact of specific institutional structures on evidence use in policy making. Whilst the more reflective studies recognise that political factors such as ideas, institutions and interests affect the use of evidence in policy debates, there is an insufficient engagement with these issues. Further analysis of precisely how political and institutional factors impact on the identification, evaluation, transmission and use of evidence is needed. Absent from these debates is a recognition that policy makers may be faced with decisions which bring into conflict competing demands for resources based on differing sets of values and priorities, each of which can marshal evidence to support its claim.

3. Towards a Political Conception of Evidence Informed Policy Making

The argument developed here is that governance theories are able to offer us a means of reconceptualising and evaluating evidence use in the context of an inherently political policy making process. Within the field of policy studies governance theories refer to a related set of approaches to

the explanation and understanding of current forms of government by a multiplicity of actors in a range of different locales and institutional settings (see Bevir, 2010b).

Governance occurs through both state and non-state actors and implies a decentring of the institutions and hierarchies of modernist forms of government. It takes place both within and out with the formal institutions of government by both government officials and non-government actors. The shift to new forms of governance is a response to underlying technological and economic developments which have occurred within the context of globalization, and to the increased complexity and interdependence of policy issues which emerge within this context. Examples of governance arrangements may include public-private partnerships, outsourcing and private finance initiatives which are widespread within the field of (global) health policy.

Critical and interpretative studies of modern governance practices assume that the policy process is inherently political. It involves a multiplicity of actors attempting to influence the content, implementation and evaluation of policy through a range of strategies. Each of these policy actors views the process through a specific lens and frames both the issues at stake, and thus the solutions on offer to these problems, in different terms (Rein and Schön, 1994). As such, contests over meaning are integral to policy debates, and attempts to understand these debates and explain their outcomes require scholars to reconstruct how issues are understood and articulated by the participants in the debates (Bevir, 2010a). This is of relevance to studies of evidence use in policy making. Different actors, framing policy issues through their specific lenses, may identify different bodies of evidence as being of relevance to an issue or draw differing conclusions from that evidence. They may use evidence strategically to support their policy positions. As such, efforts by policy actors to determine the evidentiary terrain on which policy debates are conducted are a key component of the policy process. The existence of multiple bodies of evidence relevant to a policy debate underlines the fact that policy decisions cannot simply be derived from the evidence. Instead, they are fundamentally political decisions which require policy makers to decide between the competing claims of multiple policy actors, ultimately favouring the interests of one set of actors over the others.

The insights drawn from these approaches have led to a re-evaluation of the very terms in which the current debate is couched. It is now common for social scientists to talk not of evidence *based* policy – implying that there is a coherent, self-evident and uncontested body of research evidence which can (and ought to) be translated into policy measures – but to refer instead to

evidence *informed* policy. The latter term implies that policy must be made in light of the relevant research evidence on the issues at stake, but recognises the fundamentally political nature of the policy process in which factors (such as powerful interests groups and institutional constraints) impact on policy. In the context of democratic states, the language of evidence informed policy making speaks also to the popular-democratic, rather than technocratic basis of legitimacy in the policy making process. Whilst competence and the ability to deliver social goods to their electorates are vital aspects of governments, policy makers must heed and respond to the demands and priorities of those whom they represent and from whom they derive their mandate to govern.

Despite the movement towards a discourse of evidence informed policy making, the ideal of evidence based policy retains many adherents within the field of public health and beyond. For advocates of EBPM, political and institutional variables are seen as barriers to evidence use which must be overcome in the cause of scientific rationality; in the world of evidence informed policy, by contrast, they are inherent and unavoidable conditions of the policy process. The idea that policy may be based squarely and solely on evidence both overstates the incontestability and conclusiveness of much research evidence and underplays the process of translation and interpretation which must occur for this evidence to be rendered comprehensible and useable by policy makers. The conclusions to be drawn from a body of evidence are not self-evident, but result from processes of scholarly argument between particular epistemological communities and thought collectives. This in turn reaches policy makers only after it is filtered by advocates and opponents of specific policy measures in a highly politicised process. Recent debates about the evidence in support of minimum alcohol pricing in the UK is a clear example of the contestability of evidence within the policy process. Despite the consensus which exists with the international research community about the positive health impacts of alcohol pricing interventions (Babor et al., 2010), counter evidence exists which challenges this (Duffy and Snowdon, 2012) and which has been promoted by opponents of the policy. The policy implications which may arise out of (or be justified in terms of) a body of evidence are, however, not self-evident. Policy makers armed with relevant research evidence must interpret this and develop concrete policy proposals. These will be influenced by a range of institutional and political factors, not least their desirability in the eyes of the electorate and the resources available.

4. Evaluating Evidence for Policy Making

The concept of evidence informed policy making begins from the assumptions that the production of evidence is itself a political and value laden process. In addition, forms of evidence

vary and different methodological standards and criteria of validity will be appropriate to each of these. As such we reject the idea of a universally applicable hierarchy of evidence which can be employed to evaluate all research. Instead we advocate context specific assessments of evidential quality that take into account both the underlying aims of the research conducted and its potential relevance for policy making.

The above claims about the political nature of evidence use in policy making should not be misunderstood as meaning that evidence is unimportant or that all evidence claims are of equal value. Nevertheless, if we accept the premises of evidence informed policy making as a model for understanding the policy process, we are faced with a number of questions about how we are to evaluate the strength and relevance of competing bodies of evidence and how policy makers should engage with and integrate this evidence into their decision making processes. To state the issues more crudely: what constitutes good evidence and how ought this be assessed? There are two principal issues at stake. How are we able to identify the relevant bodies of evidence for a policy issue? And how are we to evaluate the quality of that evidence once it has been identified?

Delineating the relevant body of evidence for a given policy issues (or even the substantive parameters of the issue itself) is problematic. There will be multiple bodies of evidence which are potentially relevant to a given policy issue, depending on how precisely it is defined and the position adopted on its possible resolution. To identify all the relevant evidence requires a detailed analysis of the policy problem and the consequences of a proposed policy intervention. Multiple bodies of evidence, promoting different policy alternatives, may be equally relevant. Issues which are ostensibly designed to improve public health may have complex externalities which will have repercussions on other dimensions of health. Evidence about these externalities may also be brought to bear on policy debates.

For example, a tax in the UK on processed foods which are associated with obesity may be an effective intervention to improve diet and tackle overweight at the population level, but may have adverse economic impacts that lead to higher rates of poverty amongst certain sections of the UK population. The trade distorting effects of such a tax may have ramifications elsewhere in the world, for example in countries such as Brazil in which the basic ingredients of much processed food are sourced and whose economic development in recent years has been associated with improvements in a number of health indicators. Evidence about the effects of the policy may be

marshalled on all sides, depending both on their framing of the issues and their strategic political objectives.

The decision for policy makers is whether they value the health of the domestic population over the global impact of the policy, or if they favour one sector of their own population over another. This is not to say the evidence is irrelevant. Indeed it is of crucial importance when making decisions of this kind. Research quantifying the relative effects of these measures on different groups and the overall status of health in different populations will be central to any decision. It will inform decisions on whether health outcomes are favoured over economic or environmental outcomes. The point to note is that the decision to pursue a particular policy is ultimately a political decision which turns on the competing claims of different parties and the policy priorities of the relevant decision makers.

How then are we to evaluate the quality of policy-relevant evidence? We can see from the example above that the effective use of evidence to inform policy must primarily take into account the intention of the policy makers and their conceptualisation of the issue at hand. The selection of evidence will depend upon the specific framing of the policy question. However, this is not to suggest that policy-makers should be able to 'cherry-pick' evidence to suit them (i.e. what has been referred to as 'policy-based evidence'). Rather, the framing of the policy question will indicate which type of evidence is most applicable. The 'quality' of evidence should therefore not be evaluated in relation to narrow positivist understandings of 'good' science, which excludes many forms of potentially useful evidence. Rather, any understanding of evidential quality must be context-specific and policy-specific. Classical pragmatist notions of the dialectic interplay between science (equated here with research evidence) and practice/action (in this case the policy process) are pertinent here: 'good' (useful and appropriate) evidence cannot be divorced from the practice of decision making by policy makers.

Recognition that different forms of evidence are required for different policy problems is called for. Due to the social nature of many policy problems (which affect and reflect political, economic and socio-cultural structures and values) in many cases quality evidence may be based in research traditions other than those derived from the natural sciences. Within the field of health policy, for example, policy questions that focus narrowly on clinical outcomes should certainly seek out rigorous clinical and epidemiological research as their foundation. However, other facets of policy may require different forms of evidence. For example, policy makers seeking to understand

the potential impact of the introduction of methadone clinics may seek out several forms of relevant evidence. This might include: survey evidence on community perception, research that seeks an understanding of whether heroin users will actually access such a facility, research on the efficacy of this treatment option, and potentially many other forms of research. Each of these forms of research can be conducted in more or less rigorous ways (as according to the norms of research explicated by each research field) and each speaks to a different aspect of the decision-making criteria. The most effective match between policy aims and research aims can be achieved, but the current emphasis upon experimental forms of evidence is counterproductive to this process. Good governance of evidence is, therefore, not a straight-forward transfer of research onto the policy problem, but rather the careful selection and evaluation of research to match the specific policy problem at hand.

5. Institutionalising the Good Governance of Evidence

We use the term here as an analytical category which can be usefully deployed to analyse and evaluate the practise of evidence use in policy making. In keeping with the assumptions of interpretative theories of governance set out above, policy debates must be understood in their specific temporal and spatial context. In order to explain policy change (and inertia) scholars must seek to understand the specific meaning which policy issues and responses have for policy makers and other relevant actors within a specific environment. From this perspective, it becomes highly problematic to develop a purely descriptive, content based account of good governance which would hold (or could be advocated) across time, space and culture. It makes sense to think of good governance not as specific policy prescriptions which are universally valid, but as a set of analytical categories which must be applied to examine the practices of evidence use at different stage of the policy making, implementation and evaluation process.

Attempts to evaluate the good governance of evidence in our current research agenda require us to put forward categories in terms of which we will make such judgements, and we suggest those outlined above. However, these emanate from the political and historical standpoint from which we are attempting such an evaluation and may not be universally valid or accepted. Despite this, proposing analytical categories based on principles of representativeness and responsiveness to those who are governed, we argue, allows sufficient flexibility for them to be applicable in a range of different political and cultural settings. Such categories, we posit, may include transparency, responsiveness, accountability and effectiveness, but the specific content of these categories would need to be explicated and defined in specific contexts. For example, how is

accountability to be defined in a specific context; against which criteria and through which processes should it be evaluated? How is this to be decided and by whom? The answers to these questions may vary as much across issues and policy domains as across countries and cultures. Similarly, the analytical categories identified, as well as their specific propositional content, may be challenged and contested and alternative categories and criteria may be advocated.

This conception of governance is as applicable to the practise of evidence informed policy making as it is to any other aspect of the policy making process. The challenge for scholars is to identify the key categories for the analysis and evaluation of evidence use in different policy making contexts. Necessarily, this requires decisions to privilege certain categories (and the values and assumptions on which they depend) over others. The choices made will reflect cultural setting in which these decisions are taken as well as the biases and preoccupations of the individuals making those decisions. As such, the choice of specific evaluation criteria must be justified and will be open to contestation. Rather than attempting to set out the optimum set of criteria, we appeal instead to a logic of appropriateness to the context and the policy issue in question. Ultimately, policy decisions are made within institutions. As such, the use of evidence within policy making is shaped by institutional structures. Formal institutions of evidence synthesis, policy advice, and ultimate decision making, as well as informal institutional rules, norms, and procedures that govern the operation of the formal structures, all influence the ways in which evidence is understood and considered. Institutions are also recognised for their endurance. Once formal institutions are established they can be hard to change due to the bureaucratic inertia of staff and the path dependency of structures in place. Informal processes and norms can equally become entrenched in decision making processes and self-replicating if their operation further leads to their social and bureaucratic acceptance. Establishing particular institutional structures to govern evidence use is therefore required to ensure sustainability of evidence use independent of the particular individuals within the policy process who may advocate its use. Attempts to improve the use of evidence in decision making, which eschew an institutional component, risk undermining both the effectiveness and sustainability of any such efforts.

In addition, recognition of the contested values involved in policy making, and the ways in which they shape the importance or value of different bodies of evidence in the policy process must be built into the institutional structures that utilise evidence in decision making. Similarly institutional structures can embed certain normative concepts of governance within the process use of evidence use for decision making. Current conceptualisations of 'evidence based' and even

'evidence informed' policy are limited in their engagement with these issues as they have, to date, emphasised the importance of particular health issues with high social burdens (the salience of the issue) and focussed almost exclusively on evaluation of the methodological quality of particular bodies of health evidence (the credibility of evidence). What has been lacking from evidence-into-policy discussions is an explicit concern with the issue of legitimacy of how evidence is used.

Governance principles provide a normative position on which to call for a shift from 'evidence based' policy to the 'good governance' of evidence and to incorporate legitimacy into the equation. Retaining the core normative position that policy decisions should be representative of the public, a 'good governance of evidence' approach would incorporate consideration of competing social values within specific institutions of evidence utilisation. Realising this would involve a process of explicit institution building to govern how evidence is used in decision making in local contexts. It will establish structures and rules that ensure evidence can be incorporated systematically, but in ways that recognise that different bodies of evidence may exist for multiple, yet equally relevant, decision criteria. This would avoid past criticisms of 'evidence based policy' prescriptions that appear to depoliticise the decision making process in favour of a single, apparently self-evident body of evidence. Finally, institutional structures would establish good governance criteria that ensure the ultimate responsibility of decision making remains accountable to the preferences of local citizens. Bodies of evidence do not replace social values, but rather must be weighed and considered in line with those values. Institutional bodies tasked with evidence use must not bypass or undermine political decisions, but rather feed into them in ways that retain the normative elements of good governance such as transparency, accountability, and representativeness.

Ultimately, the final form of these institutional structures will be context specific, as will the nuances of how to bring about representation to the public. Different political cultures will emphasise accountability, autonomy, accountability, and other governance concepts in different ways. Transparency, for example, is a broad concept and can be established in a range of ways, from freedom of information legislation, to rules of publication of procedures, to norms of media scrutiny. The importance of (or need for) each will be locally determined. Yet the core principles remain that evidence is an important part of the decision making process, that no single body of evidence can dictate a policy decision, and that evidence bodies do not replace decision makers in their roles as the legitimate representatives of their citizenry.

7. Conclusions

This paper builds on the now extensive literature on knowledge transfer and evidence use in the policy making process. Eschewing narrow, reductionist conceptions of evidence based policy making which continue to be promoted in the field of health policy it calls instead for a more sophisticated conception of evidence and nuanced more account of how this contributes to evidence informed policy making. Our starting point is an explicit recognition that policy making is a fundamentally political and value laden process which involves competing calls for the attention of policy makers and for finite resources that they have at their disposal. This is often missed by calls for evidence based policy which claims that the relevant evidence should guide policy decisions. Discourses of evidence based policy neglects the fact that there are multiple, and often competing, bodies of potentially relevant evidence. Policy advocates, pursuing different policy agendas prioritising from competing normative standpoints, will highlight evidence which underlines the salience of their particular issue and will frame their arguments in terms of evidence based policy. We must be clear that what are often presented as arguments about empirical or evidentiary claims are actually contests between competing political agendas and priorities. The decision to reject a particular policy or a certain intervention despite evidence the effectiveness may not be because that evidence has been ignored but because other issues have been prioritised. This may be because the latter issue is in keeping with specific value and norms prioritised by policy makers. Their decision not adopt the measure does not invalidate the evidence of its effectiveness, but underlines that evidence must be accessed, interpreted and translated into policy by key decision makers in ways in keeping with their underlying values and principles.

In rejecting the notion that evidence can speak for itself, we open up a series of questions about the way in which competing bodies of evidence should be evaluated and used by policy makers. We employ the concept of good governance as an analytical category for the evaluation of process of evidence informed policy making. Following the principle that policy evidence must be credible, legitimate and salient, ideas about the good governance must be concerned about the quality and relevance of the evidence used and its responsiveness to the priorities and preferences of the people governed by any policy decisions taken on the basis of that evidence. We argue that the quality of evidence (it credibility) must be evaluated in ways appropriate to the specific type of research being conducted and the specific policy issue being addressed (its salience). Rejecting the universal claims of hierarchies of evidence we argue instead that different forms of evidence will be appropriate to different types of policy issue and that these different standards of evaluation will be appropriate for these. It is not meaningful to compare RCT and ethnographic research when they are

design to answer fundamentally different types of question and produce different forms of knowledge which will be relevant to policy questions in different ways.

Finally, in terms of legitimacy, we offer propose transparency, responsiveness, accountability and effectiveness as guiding principles for evidence use by policy makers and as subcategories in terms of which the good governance of evidence may be evaluated. Drawing on theories of interpretative policy analysis we recognise the specific meaning which these categories have for the relevant policy actors will vary across policy issues, time and space. As such, they need to be applied to the specific policy issue under analysis and recast in terms of the local meanings they obtain in these settings. Indeed, the very categories themselves are open to contestation and debate and may themselves be replaced by others. We argue that these principles are most effectively and consistently adhered to where they are embedded in the (formal and informal) institutional structures surrounding the policy making process.

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