



Evidence and health policy: The conceptual, institutional and political dynamics of evidence informed policy making

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Background

- Increasing concern that health policies should be evidence based
 - EBP in health draws on the tradition of EBM
- Calls for effective policies by health campaigners
 - People denied effective treatment due to lack of uptake of evidence
- Political recognition of the need for EBP

Blunkett (2000)

“We need to be able to rely on social science and social scientists to tell us what works and why, and what types of policy initiatives are likely to be most effective. And we need better ways of ensuring that those who want this information can get it easily and quickly.”



Lee Jong-Wook (2003)

“Scientifically excellent public health guidelines and other reliable information sit inert in journals and databases unless there is political commitment...to turning knowledge into action that will get results on the ground.”



Responses

- Primary focus on knowledge transfer
 - Push factors; Pull factors; Bridging the gap (2 worlds)
- Contestation of ‘evidence based’ ideas – shift to Evidence *Informed* Policy (EIP)
- Little engagement with the politicisation of evidence, or the structures in place to govern evidence use



Understanding Evidence Informed Policy

What is (good) evidence?

What is (good) evidence use?

- Politics of issues
- Institutional structures

Theory and Practice

- Impossible to separate empirical study from the important theoretical and normative issues.....
- Conceptual must be developed and refined
- Values + interests = politics



What constitutes evidence?

- What information counts as evidence?
 - From which sources ?
 - On which outcomes (e.g. Morbidity, mortality, cost, equity, rights, morality values, etc.)
- Related concepts: evidence, knowledge, research
- Are different forms of evidence applicable to different issues/ contexts in different ways?



What constitutes 'good' evidence?

- Health/Medicine – imposed hierarchy of evidence:
 - RCT as the 'gold standard' (clinical research)
 - Appropriateness across health policy issues?
- How can we judge the strength of evidence?
 - ... or arbitrate between conflicting evidence?



Evidence Use

- What does it mean to use evidence (effectively)?
- Power, vested interests and the misuse of evidence?
- Framing of issues and public opinion
- Role of values and ideas



Good Use – an *outcome* vs a *process*

- Good governance of evidence; concepts:
 - Open/ transparent
 - Clear criteria/ procedures
 - Consultation/ public engagement
 - Awareness of conflicts of interest

- Will these vary from issue to issue/place to place?



Stewardship Function of the State

- WHO (2000) designates a stewardship function to national Ministries of Health
- Specific role in collecting and using intelligence
- Variety of ways in which this function can be carried out (e.g. via agencies such as NICE)



Institutions

- Stewardship highlights the importance of institutional factors in shaping evidence use
- Conceptualising institutions
 - thick/ thin accounts
- Variety of contextual factors which impact on the way governments perform this function



Institutional Factors

- Constitutional structure (federal v centralised)
- Multi-level governance (local, EU, global)
- Separation of power (e.g. executive control)
- Machinery of governance (e.g. role of bureaucracy)
- Political culture (e.g. policy making style)



Institutional Factors

- Path dependency
- Income levels and government capacity
- History
- Geopolitical position
- Culture and tradition



Key Questions

- How do different institutional factors impact on the use of evidence in decision making?
- Some initial findings:
 - International organisations/ donors (e.g. GAVI) impact on use of evidence
 - Centralisation of decision making power seen to have different effects
 - Low income settings:
 - Shift of evidence concerns away from cost-effectiveness
 - Shift of locus of political debate outside the country
 - Aid flows undermining local evidence review capacity?



Issue Characteristics

- Need to understand what makes a specific issue political in a specific place in time
- Politicisation affects the framing of an issue, the types of evidence seen as relevant and the interpretation of those pieces of evidence



Examples

- Drug policy in the UK (Values, selection of evidence)
 - Alan Johnson v David Nutt
- The use of anti-retrovirals in South Africa (politics, institutions, evidence)
- US promotion of 'ABC' for HIV prevention (values, interpretation of evidence)
- Global tobacco regulation



Questions and comments?

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