
Aims and Vision

The GRIP-Health study aims to improve the practice of evidence-informed health policy-making through the application of political and institutional analysis.

We explore how, why, and when national ministries of health (MoH) use research evidence in the process of policymaking, and especially which political and institutional factors influence the utilisation of relevant scientific evidence.

By better understanding these factors, GRIP-Health aims to create a more politically informed response to the use of evidence in policymaking within national governments and associated bodies.

We believe that the best way to achieve long-term, sustainable change in evidence use is to build the capacity of MoH to establish institutional practices that can ensure improved evidence utilisation within the realities of local political contexts.



Resource Platform

Our website also serves as a platform providing links to key resources from other sources (research projects, think tanks, publications, etc.) which may be of use to researchers, policymakers, and organisations interested in the following specific areas:

- How to improve research uptake;
- How to build research uptake systems;
- How to evaluate research uptake efforts;
- How to study evidence use from a political perspective.

Please visit our website for more information:

<http://blogs.lshtm.ac.uk/griphealth/>



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GETTING RESEARCH INTO HEALTH POLICY AND PRACTICE

GRIPHEALTH

Getting Research into Policy in Public Health:

Improving the practice of evidence-informed health policymaking



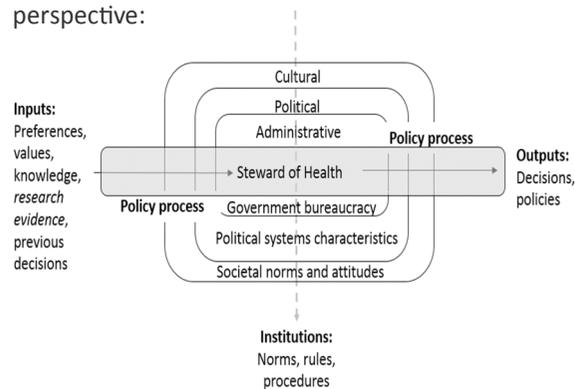
Research Themes

The most novel aspect of our work is the application of policy analysis and public administration theories to develop a more informed response to getting research into policy (GRIP) which can then guide government institutional responses.

Specifically, GRIP-Health investigates two key factors which determine evidence use in health policy:

- The *nature of political contestation* of the health topic; and,
- The *institutional structures* which support evidence utilisation.

We take an institutional approach to analysing evidence use in health policy processes, with a focus on national ministries of health and other relevant authorities. Our analyses incorporate three institutional levels—cultural, political, and administrative—each providing a different perspective:



Framework for an institutional analysis

Country Case Studies

We have conducted comparative case studies across countries from low, middle, and high income classifications, including: Cambodia, Colombia, England, Ethiopia, Germany, and Ghana.

These countries encompass a range of features typically important in the fields of policy analysis and public administration, such as:

- The level of state institutional development;
- The political role of the bureaucracy;
- The influence of external actors;
- The degree of centralisation of state decision making.

The health policy context in each country was mapped in order to reflect on the functioning of the GRIP infrastructure in each setting and to draw comparisons between countries.



The GRIP-Health case study countries

Research Outputs

A series of general and country-specific outputs are available open access from our website:

<http://blogs.lshtm.ac.uk/griphealth/>

Outputs available include:

- Free (open) access to Justin Parkhurst's new book on *The Politics of Evidence* (Routledge, 2017), with corresponding chapter briefs.
- Free access to articles published in journals such as: *Policy Sciences*; *International Journal of Health Policy and Management*; *Social Epistemology*; *European Policy Analysis*; *Evidence and Policy*; *Social Science and Medicine*; *Global Public Health*; and *PLoS One*.
- Mapping documents for the evidence advisory systems of each of the case study countries. These give an overview of the policy context within each country and allow for cross-country comparisons.
- Working papers, conference papers, and workshop reports.

