10 best resources for … evidence-informed health policy making

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Introduction

The incorporation of relevant high quality research evidence into the policy-making process has been outlined as a key strategy to improve health systems worldwide (World Health Organization 2004; Lavis *et al.* 2006). This thinking was reflected in 2005 at the World Health Assembly, when World Health Organization member states committed to establishing or strengthening existing mechanisms that will facilitate the transfer of knowledge to support evidence-based health systems, including policies that are informed by scientific evidence (World Health Assembly 2005). However, linking research to policy requires both a comprehensive understanding of the policy-making process—including the influence of institutions, interests, ideas and external events—and an awareness of a number of established strategic approaches that are available to support the use of relevant research evidence in the formulation of health policies.

To help guide this understanding, a framework has been developed to identify and organize key elements that can help one understand ways to support the use of evidence in the policy-making process (Lavis *et al.* 2006). These elements are:

- **Climate**: how those who fund research, universities, researchers and users of research support or place value on efforts to link research to action;
- **Production of research**: how priority setting ensures that users' needs are identified and how scoping reviews, systematic reviews and single studies are undertaken to address these needs;
- **Push efforts**: how strategies are used to support action based on the messages arising from research;
- **Efforts to facilitate user pull**: how 'one stop shopping' is provided for optimally packaged, high-quality reviews either alone or as part of a national electronic library for health; how these reviews are profiled during 'teachable moments' such as intense media coverage; and how rapid response units meet users' needs for the best research;
- **User-pull efforts**: how users assess their capacity to use research and how structures and processes are changed to support the use of research;
- **Exchange efforts**: how deliberative processes and meaningful partnerships between researchers and users help them to jointly ask and answer relevant questions.

This paper employs the elements of the framework to identify and outline the 10 most useful and publicly available resources from a range of diverse sources, and in a variety of formats (a mix of reports and articles, plus a database and listserv), that can help facilitate a better understanding of supporting the use of research evidence in the health policy process. Although this is by no means intended to serve as an exhaustive or definitive inventory, taken as a whole, each of the included resources provides an excellent way with which to build a comprehensive understanding of the various facets of supporting evidence-informed health policy.

Climate

Many national reports from a diverse range of countries exist that emphasize the need to incorporate research evidence into the policy-making process. However, the World Health Organization's **'Report on Knowledge for Better Health'** is an important resource that achieves this on a global scale, setting a precedent for all countries by identifying the need to reorient all aspects of the health research endeavour to respond more effectively to the most pressing public health problems. It outlines in great detail each component and actor that is important in achieving a more supportive climate for evidence-informed health policy, with clear recommendations on how to pursue this goal. Chapter 1 takes stock of the state of global

health research, identifies key concepts against a historical backdrop, and also outlines current global health problems and challenges. The remainder of the report proposes major responses required by the multitude of relevant actors to address these problems and includes: identifying key priorities in health systems research; strengthening health research systems; using research to inform policy, practice and public opinion; and recommendations on how national governments can plan to mobilize these responses.

Production of research

Priority setting is an essential element in ensuring that the evidence needs of potential users of research evidence are aligned with research funding and production. However, the process is often overlooked, so there is generally little consensus about what national (and global) evidence needs are, and poor progress in filling the relevant health systems evidence 'knowledge gaps'. The Alliance for Health Policy and Systems Research's Briefing Note entitled **'Priority Setting for Health Policy and Systems Research'** serves to both increase awareness of the importance of priority setting processes, and strengthen the capacity for producers and users of research evidence to convene such processes. The document outlines the fundamentals of priority setting, discusses how the process unfolds between both national and global levels, describes priority setting exercises specific to health systems, and most importantly provides a four-step methodology for undertaking a priority setting exercise that has shown promise when followed in a number of countries.

Push efforts

'Knowledge Translation: A 'Research Matters' toolkit', produced by the International Development Research Centre, is focused on helping health systems researchers develop the skills they need to make the work that they do more relevant for policy makers. Therefore, push efforts feature as the greatest strength of this resource, with key chapters providing particularly useful insights into the strategies that can be used to support action based on the messages arising from research. Chapter 2 focuses on the big picture issues of knowledge translation, and explains how push and pull efforts can be harmonized in an attempt to provide researchers with a better understanding of the demand side of evidence-informed policy making. Specific push tools are outlined in chapter 7 (communication through print media), chapter 8 (policy briefs and packaging research in an action-oriented manner), chapter 11 (making better use of presentations and conferences to relay policy-relevant findings) and chapter 12 (using technology in a more integrated and effective way).

Facilitating user pull

With the increasing availability of high quality systematic reviews that can help inform health systems decision makers at various stages of the policy process, one particularly important element in strengthening the link between research and policy is ensuring that these reviews are easily accessed and optimally packaged to help 'facilitate pull' by potential users. An in-depth explanation of the various types of systematic reviews, how they can be used as an input at different points in the policy process, along with a detailed outline of how these reviews can be (and are currently being) optimally packaged into review-derived 'products' is the central focus of an article entitled **'How can we support the use of systematic reviews?'** by Lavis. The paper's succinctness and inclusion of tables outlining key messages provides a highly accessible resource for both researchers and policy makers, establishing this as an important source and likely starting point for those seeking a better understanding of efforts to facilitate user pull.

However, facilitation of pull hinges not only upon optimum packaging of evidence into accessible products for policy makers, but also on the existence of 'one-stop shopping' for reviews and review-derived products that ensure potential users of research evidence have easy and rapid access. Numerous online databases exist that achieve this to some degree, however, **Health Systems Evidence** (http://www.healthsystemsevidence.org) is currently, to our knowledge, the only repository targeted at policy makers and focused solely on providing the best available synthesized research evidence, while supplementing these syntheses through lateral linkages with the many other types of documents policy makers are likely to find useful when making decisions (e.g. descriptions of health systems, descriptions of health system reforms, economic evaluations related to health system arrangements). All included records are organized based on their relevance to governance, financial and delivery arrangements in health systems, and implementation strategies within health systems, and where possible, it provides users with quality ratings of included resources, a list of countries for which the record is relevant, as well as links to any available user-friendly summaries, scientific abstracts and full-text reports that are currently available. It is available in seven languages (Arabic, Chinese, English, French, Portuguese, Russian and Spanish), and provides users with an easy-to-use and quick-to-execute open search that optimizes queries through an extensive synonyms list. As a true 'one-stop shop' for synthesized health systems evidence, this is another important 'effort to facilitate user pull' resource for evidence-informed health policy making.

Pull efforts

The '**Toolkit for Progressive Policymakers in Developing Countries**', by Sophie Sutcliffe and Julius Court on behalf of the Overseas Development Institute, identifies government policy makers and policy advisors as its target audience. As key recommendations are based on the UK experience with evidence-informed policy making, this document serves as an excellent resource with an in-depth focus on 'pull' that can be utilized by policy makers in a diverse range of settings—not only in developing countries. The first half of the toolkit is useful in outlining the current state of evidence-informed policy making. On a more pragmatic level, the 'Key issues surrounding evidence based policy' section, and Table 1 specifically,

provides an easily understood road map of the types of evidence that can be considered particularly useful at various stages in the policy process. Finally, the section entitled 'Getting evidence into policy: approaches and tools used in the UK' provides specific recommendations (Box 1) on the strategies that policy makers can use to increase pull and facilitate better evidence use in policy making.

Similarly, the '**SUPPORT Tools for evidence-informed health Policymaking (STP)**' guides also target health policy makers and those who support them. The unique contribution of this volume, however, is that the introduction and subsequent guides (there are 18 in total) provide policy makers and those supporting them with comprehensive and succinctly written resources that aim to assist them with understanding nearly all aspects of the evidence-informed health policy-making process. Taken together, the guides can contribute to greater awareness of the complexities related to the role of evidence in policy-making processes, while creating opportunities for improvement and capacity development related to supporting the use of research in decision making. For example, Guide 4 is focused solely on outlining the ways in which policy makers and those supporting them can use research evidence to help clarify a policy problem (Lavis *et al.* 2009), while Guide 2 presents a framework based on five questions that organizations can ask themselves to assess their current organizational arrangements, and identify ways to help them design a more supportive environment for evidence-informed health policy making (Oxman *et al.* 2009). This pull resource is therefore an important complement to the Overseas Development Institute toolkit, as it provides policy makers and those supporting them with a set of practical resources that can help improve 'pull' efforts by facilitating a greater understanding of the full array of issues related to the complex processes related to evidence-informed policy making.

Exchange

The Canadian Health Services Research Foundation's report '**Conceptualizing and Combining Evidence for Health Systems**' written by then director Jonathan Lomas and colleagues is an important resource in that it acknowledges the different types of evidence that have a role to play in informing policy. These can be grouped into three distinct categories: medically-oriented effectiveness research (context-free scientific evidence); social science-oriented research (context-sensitive scientific evidence); and the expertise, views and realities of stakeholders (colloquial evidence). The report provides an important insight—it is the combination of these types of evidence through deliberative processes that will enable evidence to inform policy making. Through these processes, representatives from both scientific and stakeholder communities convert these different forms of evidence into a final consensus around appropriate, feasible and realistic guidance for the health system. As the report explains key design features that are likely to lead to successful deliberative processes (which emerged from undertaking a systematic review of the literature), it constitutes an essential resource to guide exchange efforts.

Further, the article '**Using 'linkage and exchange' to move research into policy at a Canadian foundation**' provides an excellent example of linkage and exchange by outlining the Canadian Health Services Research Foundation and its efforts to facilitate collaboration between researchers and decision makers. First, Lomas outlines the arguments and evidence that support collaboration between these two parties and posits that: (1) health services research centres that have decision makers involved in the advisory and governing aspects are deemed more relevant; (2) bringing researchers into the policy-making process resolves conflict between the groups more readily and promotes consensus; and (3) a one-on-one encounter between the groups is consistently shown to be an efficient way of transferring research. The remainder of the paper outlines the specific collaborative efforts promoted through the work of the Canadian Health Services Research Foundation that encourage input from both researchers and decision makers. These include setting priorities, funding programmes, assessing applications for funding, conducting the actual research and communicating relevant findings.

In addition to the collective problem solving, collaboration and partnered research outlined in the above resources, the facilitation of network building between researchers, policy makers and other relevant stakeholders is also an important aspect of exchange. The **PAHO EQUIDAD listserv** (http://list serv.paho.org/scripts/wa.exe?A0=equidad) exists to enable this sharing through the dissemination of information and the promotion of communication, while facilitating interdisciplinary links between individuals and organizations. In sharing health information of international significance, PAHO EQUIDAD aids policy makers, researchers and practitioners to be more effective in their exchange efforts. Currently, the list reaches nearly 20 500 recipients through 23 networks of public health professionals, economists and policy makers in over 155 countries.

Conclusion

This compilation of resources is by no means an exhaustive account of the state of evidence-informed health policy making. Nor are the recommended resources a finite list of important resources that can help to understand how to support the use of evidence in health policy making. However, it is comprehensive in the sense that within each aspect of the organizing framework, key resources have been identified that we believe constitute the 10 best publicly available resources to serve as grounding for further inquiry.

Resources

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Funding

Conflict of interest

None declared.

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