# Chapter 2

## Building evidence-informed policy environments

# Key messages

- Policy processes are messy and influenced by a variety of factors and actors.
- Networks are increasingly recognized as important influences, alongside individuals
- Evidence is often contested, and even our understanding of what it is differs; it will be used differently by different actors at different stages in policy development
- Knowledge of policy processes and environments can be used by those interested in enhancing the degree to which policy is influenced by evidence – by strategically managing research findings, for example.

# Introduction

If health policy and systems research (HPSR) is to influence policy to produce better health, it is essential to understand the context in which policy is made, formulated and implemented, and how it is influenced. This is critical for analysing past policies, to derive lessons from the role research did or did not play, but also for planning. Policy is understood to be formal and informal, explicit and implicit, represented by legislation or written documents, as well as reported intentions, promises and practices (see Box 7.1 for examples). Health policies may be ideologically-driven (e.g. promoting neo-liberal market reforms or in contrast, oriented towards equity) or they may be technical – cast in a scientific frame and not apparently influenced directly by ideology (Keeley & Scoones 1999). Such policies might be cost-effective interventions or acknowledged good practices.

The chapter focuses on policy-making processes, looking briefly at how contextual factors impinge on and shape the policy environment, exploring some of the many different influences on the policy-making process, both internal and external, and ending with a strategic message that emphasizes the need to understand and research the policy-making arena in order to make it more open to influence by evidence.

## Understanding policy contexts

Policy-making does not take place in a vacuum: political, economic and social factors all affect how policies are made, and who makes them, at all levels: global, national and local. Heightened awareness of global trends has increased recognition of the extent to which countries are inter-dependent, with the most obvious example being the potential worldwide impact of infectious diseases such as Severe Acute Respiratory Syndrome (SARS), Avian Influenza, HIV/AIDS, tuberculosis and malaria. Acknowledgement of increasing inter-dependence has been reflected in the establishment of partnerships of countries and organizations to address global problems. Political and economic changes and upheavals, conflict, and low-intensity war, bring about shifts in balance of power between nations, which also impacts on global and national policy environments. Countries in conflict or with very scarce resources may be more open to external influence. All these factors affect the policy environment at the global level, and have an impact on which problems get attention, what resources are made available, and where they are spent.

At the country level, the policy environment is affected by changes at the global as well as national level. Partly because of the growth in partnerships, partly because of some disillusion about the role of the state, recent years have seen greater attention paid to democratic processes and governance issues, and some scholars have promoted the notion of 'good policy environments' (Burnside & Dollar 1997). Democratic societies which allow or encourage policy debate and consultation are perceived to be more likely than closed, corrupt or authoritarian societies to facilitate discussion, utilization and dissemination of research findings or to commission research where evidence is not available. Similarly, strong governance systems (with legal or mandatory rules or inspection bodies) strengthen policy-makers' ability to facilitate the implementation of uniform, universal policies (about the sale of safe medicines, for example). In the early 2000s a number of different measures were introduced, largely by donors and the World Bank, which purport to measure the robustness of the policy environment.[1]

[1] For example, the Millennium Challenge Corporation, a United States of America government mechanism, provides development funds to countries which demonstrate a commitment to policies that promote political and economic freedom, investments in education and health, control of corruption, and respect for civil liberties and the rule of law. Commitment is assessed by performing well on 16 different policy indicators. See http://www.mcc.gov/selection/index.php (last accessed 25 February 2007).

The policy environment is also affected by political traditions, and economic and social conditions within the country. For example, one study (Navarro et al. 2006) suggested that political parties with egalitarian ideologies implemented redistributive policies. However, even countries with strong democratic traditions may ignore or even falsify evidence in order to follow strongly held beliefs. For example, the current United States of America President's Emergency Plan for AIDS Relief (Pepfar) ABC (abstinence, faithfulness and condom use) policy to fight HIV/AIDS is derived more from the beliefs of the 'moral majority' in the United States of America who have provided support to the President of the United States, rather than any evidence that ABC policies will change behaviour.

Insufficient financial resources may leave policy-makers dependent on external donors, possibly reducing local control over policy implementation (where funds are tied to particular programmes or products for example, or pledges on resources do not flow smoothly). Social differences, both class and ethnic, and beliefs and values may affect who becomes a policy-maker and which policies they pursue. For example, elite families may seek to retain power to influence policy by nominating family members to stand for government; policy-makers from particular ethnic groups may promote policies that favour their own group; or members of a government may be unwilling to introduce legislation around divorce, family planning and abortion because of the strong religious views of national elite. Where educational opportunities are limited and private and public sectors compete for scarce professional or graduate staff, research may be under-funded and under-valued, which again, will affect the extent to which policy-makers are open to evidence informing policy.

In summary, while all policy environments are influenced by global political, economic and social factors to a greater or lesser extent, they are also affected by their own unique political, economic and social factors.

How far those working in these environments are able and open to learn from, or resist, external ideas and pressures will be determined in part by these particular characteristics.

## The role of interests, ideology and values

Interests are usually expressed through individuals or groups of actors. 'Actors' refer to individuals, public and private organizations, governments or government departments. There has been a major expansion of the numbers and types of actors involved in policy-making processes. Twenty years ago, it was conventional wisdom to focus on policy-making in the public sector, to describe policy-makers as policy elites, made up of top government bureaucrats and politicians at the national level. There was little understanding or interest in local level policy-making (partly because it was assumed that at this level implementation was the norm rather than policy formulation), or in policy-making in the private sector. Most analysis was of high-income countries, although some argued that similar generalizations could be applied to middle- and low-income countries. Acknowledgement was paid to the existence of interest groups, representing specific groups or promoting particular issues, but these were seen as being active at particular points in the policy process, and largely absent in low-income countries. Such groups might be perceived as 'insiders', and were consulted by government policy-makers; others were 'outsiders' considered by policy elites to have less legitimacy.

Over recent years focus on the policy-making environment has broadened to include a much larger set of actors and the boundaries between public and private sectors have blurred. This has been characterized, for example, by the growth of public-private partnerships. At the global level, such partnerships may include corporations such as Coca Cola, international organiza-

tions such as the World Health Organization, bilateral agencies such as the Swedish International Development Cooperation Agency (Sida) or the United States Agency for International Development (USAID) as well as a large variety of international nongovernmental organizations (NGOs) such as Médecins Sans Frontières or the Bill & Melinda Gates Foundation. These partnerships are described as transnational networks, and are perceived to be less hierarchical and less vertical than more traditional international organizations: partners are assumed to have equal voice and opportunities for participation in policy processes even acknowledging differences in power, although this assumption has been contested (Buse & Walt 2000).

At the national level policy-making is no longer concentrated in the relationship between bureaucrats and politicians. The conventional wisdom that politicians or ministers made policy, and civil servants merely carried it out, is being questioned. However, just as the policy-making arena has expanded to include more global actors, so has this occurred at the national level. Policy-makers in both the public sector (government) and private sector are increasingly aware of the power of strategic consultation in the policy process. One senior policy-maker in Thailand describes his tactics in building support for the policy of universal health care. Besides compiling comparative information from other countries to strengthen Thailand's bid to implement a universal health care programme, he decided to "share these findings with peoples' organisations across the country … We organised public forums, study tours and public support. We had extensive discussions with civic groups to ensure their views on health security were addressed by the bill … We approached NGOs …" (Nitayarumphong S (2006) p. 71).

Where policy-making was once largely focused on public policy – the remit of government – policy-making is today more 'deliberative' (Hajer & Wagenaar 2003), and may include a diversity of actors from the private sector. Governments increasingly include advisors on policy from industry or the private sector. In Botswana, for example, the pharmaceutical company Merck, through its Foundation, has played a major role in advising (and funding) the country's HIV/AIDS programme. Also, many policy-makers recognize that, in order to coordinate and collaborate in a complex policy environment, they need to have close links with a large number of other actors both within and outside government. For instance, in the United Kingdom there has been an attempt to have 'joined-up' government by improving coordination between different government departments responsible for particular policies. Thus, in order to ban the smoking of tobacco in public places in England from July 2007, the Department of Health had to negotiate with central departments concerned with trade, regulation of the sale of alcohol and tobacco, and the police, as well as local governments concerned with licensing laws, and civil society organizations (including industry) opposing or supporting a change in policy. Once the government had agreed the policy, strategies to ensure smooth implementation had to include a diversity of public and private actors to justify and communicate the new law.

Coordination and policy exchange may occur across borders too. For example, facilitated by the ease of modern communications, transgovernmental actors – government policy-makers working across borders – often exchange information without the direct mandate of the state. So officials in the Department of Environment or Health in one country may be in regular contact with environmental or health officials in similar positions and with similar concerns in other countries. The resulting exchange of ideas and experience may well inform national policies but be formulated by technical advisers and civil servants rather than ministers.

One of the big changes in the research-policy interface is the shift from the 'two community' approach (Box 2.1) to what can be called the network approach.

## BOX 2.1 THE 'TWO COMMUNITIES' MODEL OF RESEARCHERS AND POLICY-MAKERS

| | University researchers | Government officials |
|---|---|---|
| **Work** | Discrete, planned research projects using explicit, scientific methods designed to produce unambiguous, generalizable results | Continuous flow of many different tasks involving compromise between interests and goals |
| **Attitudes to research** | Research justified by its contribution to knowledge base | Research only one of many inputs; justified by its relevance |
| **Accountability** | To scientific peers primarily, but also to research sponsors | To politicians primarily, but also the public, indirectly |
| **Priorities** | Expansion of research opportunities and influence of experts in the world | Maintaining a system of 'good governance' |
| **Rewards** | Built largely on publication in peer reviewed journals | Built on successful management of complex political processes |
| **Training and knowledge base** | High level of training, usually specialized within a single discipline | Often, though not always, generalists; expected to be flexible |
| **Organizational constraints** | Relatively few (except resources); high level of discretion e.g. in choice of research focus | Embedded in large, inter-dependent bureaucracies and working within political limits |
| **Values** | Independence of thought and action highly valued; belief in unbiased search for generalizable knowledge | Oriented to providing high quality advice, but attuned to a particular context |

In the former approach, two communities of researchers and policy-makers are motivated by different interests (Buse et al. 2005) and 'knowledge brokers' are needed to bridge these worlds (Lomas 2007). In the latter, observers are less likely to see these actors as separate, but rather as members of policy networks, with informal and formal relationships. Networks have different levels of power, derived from having resources such as finances or knowledge, contacts and relationships, skills and authority or the ability to mobilize others. This is the 'agency' which provides the leverage to both individuals and organizations, national or cross-border networks to promote or implement change in particular situations. Policy networks are sometimes referred to as policy communities or issue networks. The first is a relatively enduring network with restricted membership, often bound by similar professional beliefs and values. Policy communities can sometimes determine what specific policies or interventions should be considered or changed. They are contrasted with issue networks, which are looser, made up of different groups who come together on a specific issue, often to try to influence policy agendas, and which

## BOX 2.2 POLICY COMMUNITIES AND NETWORKS

The following excerpts from a study (Walt et al. 2004) which compared the global to national dissemination of the policy of DOTS (Directly Observed Treatment, Short-course) for tuberculosis control and syndromic management for sexually transmitted infections provides a description of the difference between a policy community and an issue network.

**Policy communities; sharing 'deep core' beliefs**

"…There was a network of actors which functioned as a tight epistemic community made up of dedicated scientists and public health physicians working in unglamorous and under funded research areas. In medicine, such networks tend to share information voluntarily and efficiently through academic journals, conferences, and peer discussion. Key teachers from reputable public health institutions stimulated students to undertake a wide range of studies in a particular field … ideas were generated and tested in developing countries, with individuals from those countries playing an important role in knowledge generation [and were] promoted by international links between researchers at schools of public health and technical staff of international agencies…"

**Issue networks: making things happen**

"… a specially formed issue network projected a powerful lobby pushing for a new approach to tuberculosis treatment, through advocacy, standardization, and simplification, even at the cost of local flexibility. Dissenters (both scientists and public health professionals) were sidelined while the advocacy drive for DOTS took place. This ultimately led to approaches to program introduction at country level which were sometimes perceived as coercive. Power was derived from the alliance between two authoritative international organisations: the World Bank and WHO, and groups within them that had the ability to make things happen."

Source: Adapted from Buse et al. (2005) p. 163.

may disband or adapt to work on other issues. (See Box 2.2). Both types of networks have strong interconnections between actors within the networks.

Members of such networks vary, but often include government officials, in their roles as professionals, advisers or technocrats. One researcher on river blindness in Uganda noted that his research role was complemented by his being a member of the senior management team in the Ministry of Health. "Programme managers are my colleagues … so when I sell them an idea in a meeting, with evidence, they buy it!" (Walgate 2007). Of course members of networks may be active or passive, accelerating the priority interests of the network or delaying them. Civil society organizations or NGOs may also be members of networks, especially promoting or lobbying for particular issues; but if they have particular expertise they may also be part of formulating policy options. NGOs sometimes act as brokers – presenting views or priorities that researchers or government officials feel sympathetic to, but which they cannot explicitly support without harming their independent or objective reputa-

tion. Networks or members of networks may play important roles in filtering evidence – shaping which research findings are most appropriate to consider or to present in relation to any particular policy being pursued.

Other powerful members of networks, who may exercise considerable influence in the way arguments are presented, are the media – television, radio, newspapers, public relations and lobbying firms. They may be members of issue networks, advocating for a change in policy, or of policy communities, in professional capacities as science or health correspondents. The group of media actors has also changed over the past decades: today they are often concentrated in large corporations with the ability to reach all over the world, with changing opportunities through the growth in the World Wide Web and open access. Not only may the media be members of networks, but they also interpret, translate and comment on the procedures, products and processes of such networks and the production of evidence from such networks. There are many examples of where the media have played an important role at some stage of the policy process – often at the agenda-setting stage – but also in evaluation of existing policies. (See Box 2.3).

One important characteristic of networks is that they provide opportunities for information exchange that includes not only findings from research and evaluation, but also narratives from a broad range of personal experiences and practices. Personal values and beliefs may be deeply held, and affect debates and arguments about how to interpret and understand information. Such exchanges may be entirely 'virtual' (through the Internet, conferences and meetings, journals or other written media) or they may be coordinated and facilitated by a central institution or a leading member organization.

Whatever their form, networks will be highly dependent on leadership within the network as to how effectively they influence policy. This highlights one of the peculiarities of the policy process: that while policy-making occurs through the actions of many different networks of actors at international, national and local levels, individuals make a major difference in these interactions. The charisma of a particular individual may be a major factor in the policy process (for example, Nelson Mandela leading his country through a peaceful transformation from apartheid). Individual personality, passion or commitment can be a powerful factor in facilitating or hindering change at various stages of the policy process, and at all levels – from global to local. Implementation, for example, may be successful largely because of the excellent organizational and communication skills of a district level manager – or fail because managers are mired in bureaucratic inertia, unable to see ways to change old practices.

In summary, there is a great variety of actors who might be involved at various stages in the policy process, in advocating change, designing policies, or putting policies into effect. They may be active as individuals or as members of groups or organizations, and often form part of relatively loose, fluctuating, issue networks that promote particular issues or try to raise consciousness about specific concerns; or they may be part of policy communities of professionals or experts, which are more integrated in their membership, persist over time and proffer policy options or evaluate policy execution. Policy-makers may be members of one or several networks, and access information from many different sources, only one of which is research. The more closely involved they are in networks which encourage and stimulate debate and discussion, the more likely they are to be motivated to be informed by, and use evidence in policy-making.

## Policy-making processes

Recent years has seen a growing interest in how policy is formed and implemented. Indeed the development of our understanding of these processes has been a major contribution of HPSR, though there are still many

questions to be answered. In this section we reflect on current understanding of the policy processes, starting with the policy cycle.

## The policy cycle

An enduring application which illustrates the way the policy process works is the 'stages' heuristic (Sabatier & Jenkins-Smith 1993). This describes several phases of the policy process, from recognizing a problem or an issue, to formulation of policy to address it, to implementation of that policy and then its evaluation or assessment, and its outcomes. This approach to policy-making has survived two particular criticisms: first that it appears too linear – assuming that policy-making proceeds smoothly from recognition of a problem through to evaluation of its execution. And second that it mimics the rational model of decision-making, which suggests that policy-makers choose policies only after considering the costs and benefits of all alternatives, their potential consequences and then logically select the policy that provides the optimal solution. Many have pointed out that the stages heuristic is not necessarily linear – and suggest policy-making is a cyclical process. It is often at the implementation stage that problem recognition occurs. Or policies may be formulated, but never put into practice. Others have pointed out that although policy-makers may intend to be rational, many factors intervene to undermine a perfectly rational policy process, including the active opposition by different interests.

The degree to which research or evidence feeds into policy may differ at any stage of the policy process, and may be initiated by different networks or groups. Box 2.3 sets out the different stages of the policy process, and shows how networks may exert influence at the various phases. Issues may only get on the public policy agenda when they are perceived by government policy-makers as legitimate ('this is something we should act on'), feasible ('we have the resources to act') and have support ('there is likely to be public support for action'). Where any of those factors are weak, the problem may lie dormant. For example, if the research implies major challenges to the current budget, or may lead to a particular service being dropped, policy-makers may be disinclined to consider change, even if they acknowledge the relevance of the findings. Well disseminated research findings may act as the catalyst to persuade policy-makers to act on a particular problem, or may be used at a different stage of the policy process – during policy formulation for example – to inform policy-makers of the type of action to take.

At each stage of the process different members of networks may take the lead alone or together. Civil society groups and the media are most likely to be involved at the agenda-setting stage. The spectacular progress of those involved in the issue network to promote access to antiretroviral drugs during the late 1990s and early 2000s is a good example of how a network of actors, which included governments (e.g. Brazil), pharmaceutical companies (e.g. Cipla in India), many civil society organizations and researchers in low-, middle- and high-income countries, raised the issue and changed the policies of many different bodies, from pharmaceutical companies to health ministries.

However, civil society organizations may also get involved in the policy process at the stage of policy formulation: they may work alone or with academic or research institutions to negotiate around policy options and established values and cost-effectiveness debates, drawing on their own experience or research; again at implementation, civil society organizations may assist in outreach work, providing supplies or advice to their own communities, and acting as a bridge between policy-makers and local people. Precisely which members of the network get involved at each stage of the policy process will differ over time and with context.

Lavis and colleagues (2002) explored the extent to which research was actually cited in policy. They found

## BOX 2.3 THE POLICY PROCESS AND HOW NETWORKS MAY AFFECT IT

| Stage of the policy process | How networks may influence the policy process |
|---|---|
| **Agenda setting** | Draw attention to particular problems and issues by<br>■ collecting information, doing research<br>■ fostering links within and between networks<br>■ using membership of networks to disseminate findings<br>■ running advocacy/amplification campaigns |
| **Policy formulation** | Participate in policy strategies and design by<br>■ collaborating in discussion groups, committees and other debates (through the media for instance)<br>■ providing or seeking evidence on policy options<br>■ amplification strategies |
| **Implementation** | Facilitate the execution of agreed policies by<br>■ helping enhance policy communication at all levels<br>■ supporting the outreach actions of those contracted to undertake services |
| **Evaluation** | Provide feedback on implementation by<br>■ collecting evidence on problems as they arise<br>■ bridging gaps between policy-makers and clients/service users by facilitating links and feedback |

Source: Adapted from Perkin & Court (2005).

that four of eight health services policies used citable research – which was accessed because government policy-makers had interacted with the researchers from research institutions – at different stages of the policy process. They noted that all policies and policy-makers referred to many types of information other than citable research as being influential in their policy-making. Some policy-makers may be highly sensitive to information in the media, and there are many examples of policies being strongly influenced at the problem-recognition stage where the media use information or research to try to influence the policy process, with both positive and negative consequences. Much will depend on the investigative culture and resources of the media; where they are weak, or under the control of the state, they may play little part in policy processes, other than to report formal policy statements or evaluations of policies. In low-income countries which are highly donor dependent, policies may well be influenced by external actors using evidence from other settings to persuade

national policy-makers. In China (Van Kerkhoff et al. 2006), for example, one study suggested that participation in the policy process was opened to new groups by the Global Fund to Fight AIDS, Tuberculosis and Malaria, which insisted that as best practice, groups working with injecting drug users (usually excluded from Chinese policy fora) ought to be invited to participate in revisions to Harm Reduction policies. The Global Fund argued that if they were excluded, experience in other places suggested that the policy might fail, and the Chinese government conceded to the inclusion of this group in making decisions about harm reduction.

The impact of research on the policy process is dependent on how open policy-making is, and on the power of the different actors. Policy-makers may choose to ignore evidence for many reasons (e.g. lack of support from elites or strong opposition from powerful groups, lack of resources to implement systematically) but also because they are faced with a continuous flow of many different tasks and issues, and are under pressure to find solutions quickly. If research slows down this process, or contradicts the policy-makers' beliefs or existing policies, or is perceived to be irrelevant, it is likely to play a marginal role in policy-making. If it is not synthesized or presented in digestible forms it may also be ignored. However, policy-makers are more likely to use evidence in political systems that call them to account through strong networks and an active media. This is true for all countries, whether high, middle or low income.

## How policy learning takes place: ideology and beliefs

An approach to understanding how evidence is used in the policy process is through what could be called the 'three E approach': engineering, enlightenment and elective affinity (Buse et al. 2005).

The engineering model holds that a problem is recognized, solutions are sought (through research), and then applied to the problem, thus resolving it. This is a strongly rational approach, and one which has been criticized for the same reasons: the connection between problems and solutions is complex, and many policies have been proposed on the basis of ideology or belief, rather than evidence (many of the health reforms introduced in the 1990s all over the world fell into this category). Studies suggest rather, that policies may be informed by research, but the relationship is not direct. Two analogies are often used: one is that research is like water falling on limestone (Thomas quoted in Bulmer 1986) – it filters through and comes out in unexpected places; the other is that research is like lichen, spreading across a rock face over many decades (Watts 2007).

This is the enlightenment view of knowledge informing policy – ideas and evidence take time to be discussed – and may take time to become accepted. However many have argued that governments or other groups of policy-makers will only use research that fits their existing policies or policy intentions. This is what the elective affinity approach emphasizes: that research is more likely to be accepted where values and political views of researchers and policy-makers coincide, where timing of results fits decision processes and there has been sufficient contact between researchers and policy-makers. Box 2.4 provides examples of the way the policy process explicitly incorporated values into specific health policies in Mexico and the United Kingdom. The elective affinity approach suggests that if research findings question conventional wisdom or introduce new thinking, they may be ignored or rejected. In such cases research may play an enlightenment role – that is, take much longer to be accepted and filtered into formal policy processes.

In summary, it is commonly agreed that policy-making is an iterative, messy and sometimes opaque process – one in which policy-makers 'muddle through' rather than follow rational, linear phases. Nevertheless, for analytical purposes, it is useful to break down the policy process into a series of phases, acknowledging this is

## BOX 2.4 VALUES AFFECT POLICY

**Mexico**

A former Minister of Health in Mexico (previously a researcher) provides an example of how evidence demonstrated policy-makers' values were not being taken into account: "Some very technical work in national health accounting revealed that we were spending three times more per capita on people who were salaried workers in the formal sector of the economy, and who already had social insurance – than on unsalaried peasants and people in the informal sector of the economy. Three times more. No one had measured that before. And it was very serious technical work – no one could challenge it.

So we went to Congress. And we asked 'do you believe that the life of an urban salaried worker is worth three times more than that of a peasant?'. They said no – all human lives are worth the same. So then we said: but you are revealing, with your spending, a set of values that contradicts what you are telling us!" (Frenk J 2006 p.8-9)

**United Kingdom**

In 2007 the Chair of the United Kingdom's National Institute for Health and Clinical Excellence (NICE) acknowledged the place of values informing policy decisions (Anderson 2007). He said that some of the decisions NICE is asked to adjudicate cannot be simply decided by considering the resources available for health care and their cost-effectiveness, and gave as an example the issue about whether older people should have the same entitlement to treatment (e.g. expensive drugs) as children.

"We have to take into account the values of the society in which NICE operates. So what we have done is set up a citizen's council, a representative group of people from England and Wales… We pose them questions and provide them with witnesses, engaging both sides of an argument …Eventually they concluded that you should not take age into account: that there should be no difference whether a patient is aged five, 25 or 75…" (ibid p. 21)

a theoretical device, rather than a mirror of the real world. And while some scientists describe the engineering approach as an 'ideal model' for getting research into policy, most scholars are sceptical of it, because it negates the considerable evidence that suggests that the policy process is political and often involves contestation between actors whose beliefs, values, knowledge and interests do not necessarily coincide. Examination of policy processes suggests that each stage of the policy process may be influenced by a medley of different actors, who may form networks to promote a particular issue, or may represent more enduring sites of debate in say, epistemic communities, around policy options and implementation.

## What counts as evidence? Whose evidence counts?

Evidence-based policy has rationalist assumptions – policies should be based on evidence from research, and they should be evaluated so that lessons can be learned in order to adapt, continue or halt implementation.

However, what counts as evidence, and whose evidence is acceptable, are both potent influences on the policy process. Use of the terms such as evidence, knowledge and research can often be very loose. Box 2.5 sets out some definitions.

However defined, evidence itself is also often contested. Contradictions among researchers may occur in all sorts of policies – whether about the relationship between certain foods and health, or between economic policies, poverty and health. One difficulty is that research findings are not necessarily self-evident or consensual. Box 2.6 illustrates this with the problems of changing anti-malarial drug policy in Kenya. Another difficulty for both research and policy is the gap between inputs and outcomes: for example, which particular policies to combat poverty result in improvements for the poor? Sumner and Tiwari (2005) describe how the conventional wisdom that economic growth is good for the poor has been disputed by many researchers who argue that economic growth often increases inequalities, at least in the short-term, and therefore does not benefit the poor. Where evidence is uncertain – or scientists do not agree among themselves – policy-makers are in a quandary. They may then judge the evidence by assessing where it has come from, or ignore it if there are no clear policy options.

Who provides the evidence will also influence policy-makers. They may trust institutions or research groups or civil society organizations they know, or have had contact with, or feel more persuaded by findings generated domestically than those from other countries. In the United Republic of Tanzania, an internationally-funded study which used local household disease surveys to demonstrate resources were not going to those most in need, persuaded district level policy-makers to reallocate expenditure which later contributed to a 40 per cent reduction in mortality (De Savigny et al. 2004). Chapter 6 discusses this further in terms of the legitimacy of advocacy organizations.

Policy-makers may be willing to learn from other countries, but much will depend on how the experience is presented (see, for example, Box 2.7).

On the other hand, policy-makers may accept the findings from research, institute formal policies, but have little effect in practice (Box 2.8).

In summary, there are many factors that influence the acceptance of evidence, and its execution into policy and practice. Where there is uncertainty about the evidence or where the findings come at the wrong time in the policy process, are perceived to be irrelevant or insufficiently operational, or question basic values or conventional wisdom, policy-makers may ignore such research or fall back on judgments about the quality of research. While they may be impressed with results from international studies, they are more likely to act where studies are based on, or combined with, local realities.

## So what works?

Over the past decade much more attention has been paid to improving the ways in which evidence can inform policy including looking at imaginative ways of presenting findings tailored to different audiences and better dissemination strategies. There has also been a shift in focus towards 'what matters is what works' (Cabinet Office 1999 quoted in Sanderson 2002) learning from existing policies and their outcomes, through evaluations for example. But as the example of ORT shows, when sufficient attention is not given to execution of policy, it may fail.

Having looked briefly at some of the influences on the policy process, what can be concluded about the research-policy interface? From the analysis above, two points stand out:

- The interface between evidence and policy is complex and highly dependent on context and timing, as well as on global trends.

## BOX 2.5 EVIDENCE – WHAT IS IT?

**Definitions (Concise Oxford English Dictionary, accessed online, 9 July 2007):**

| | |
|---|---|
| **Evidence** | Information indicating whether a belief or proposition is true or valid. |
| **Information** | Facts or knowledge provided or learned. |
| **Knowledge** | Information and skills acquired through experience or education.<br>The sum of what is known. |
| **Data** | Facts and statistics used for reference or analysis. |
| **Research** | The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions. |
| **Fact** | A thing that is indisputably the case.<br>(Facts) information used as evidence or as part of a report |

Despite the neat and concise definitions above, 'What is evidence' in any given situation is a question that needs to be answered and agreed on by the different actors (researchers, policy-makers, civil society) involved in that situation.

There are many different types of evidence, including:

- systematic reviews
- single research studies
- pilot studies and case studies
- experts' opinion
- information available on the Internet

While randomized controlled trials are widely considered to provide the most reliable form of scientific evidence in the clinical care context, the complexity of the health policy context demands different types of evidence. Observational studies, qualitative research and even 'experience', 'know-how', consensus and 'local knowledge' should also be taken into account (Pang 2007). It is often difficult to apply rigid hierarchies of evidence to health policy; research provides only one type of evidence. While research may be viewed as rigorous enquiry to advance knowledge and improve practices (White 2002), evidence resulting from research can rarely be regarded as 'fact', and indeed may be equivocal. Such evidence may be used to support or refute a variety of different beliefs or propositions. Evidence can always be understood in different ways to 'produce' entirely different policies (see Marmot 2004, in which the author discusses how a willingness to take action over alcohol influences the view of the evidence).

- There are many actors involved in both producing evidence and in policy processes, which offers opportunities as well as threats. Greater consultation with stakeholders may increase the likelihood of policies being acceptable and effective, but the process of consultation may take a great deal of time and resources, and become derailed or less relevant.

## Changing the metaphor: towards evidence-informed policy environments

As we have seen, policy-making occurs in messy political environments where decisions often have to be made quickly, and negotiated between many competing interests. The extent to which such decisions will or will not be informed by evidence is dependent on many factors. Rather than focusing on the elusive relationship between policy and research, it may be more helpful to ask what factors encourage the policy environment to be influenced by evidence. Prewitt (2006) has called for a change in metaphor from evidence-based policy to *evidence-influenced politics*, which acknowledges the central role played by political factors. Even where resources are very limited (technical capacity thin, finances constrained) the policy environment may be open to using research findings.

Thus, evidence is more likely to be considered in contexts where policy-making is a relatively open process – where it is clear what the different stages of decision-making are, who are responsible at each point in that process, and when there are formal mechanisms for consultation and discussion. It is then possible to identify opportunities and constraints within the policy process for influencing agenda-setting, formulation of

### BOX 2.6 EVIDENCE IS COMPLEX

A paper (Shretta et al. 2000) which reviewed the range and quality of evidence used to change drug policy in Kenya noted the difficulties in translating data with gross geographical, temporal and methodological variations into national treatment policies. "The process was complicated by limited options, unknown adverse effects of replacement therapies, cost, as well as limited guidance on factors pertinent to changing the drug policy for malaria. Although 50% of the studies showed parasitological failures by 1995, there was a general lack of consensus on the principles for assessing drug failures …" (p. 755)

### BOX 2.7 THE IMPORTANCE OF THE PRESENTATION OF EVIDENCE

Research in Cambodia and Thailand that increased the use of condoms by sex workers and reduced the prevalence of sexually transmitted infections (STIs) was disseminated to a small policy community of local NGOs, an international NGO, plus public officials and programme managers in the Dominican Republic. The intervention reported in the research was adapted, leading to the establishment of workshops, follow-up meetings with sex workers and sex establishment managers, visible posters and information and access to free condoms as well as monitoring by government health officials (Haddock 2007). The results were repeated: condom use among sex workers and their clients increased, and the prevalence of STIs decreased.

### BOX 2.8 EVIDENCE AND POLICY IMPLEMENTATION

A 2007 review (Forsberg et al.) of oral rehydration therapy (ORT), promoted as best practice in the management of diarrhoea in children from the 1980s, found that some twenty five years later, use rates were low, and large numbers of children continued to die from a preventable condition. They concluded that the reasons for policy failure lay at various points in the execution of policy – for example, a study of 14 referral hospitals in Kenya by the Medical Research Institute found that none of the hospitals had the WHO-recommended rehydration solution (Crisp 2007) – and that insufficient attention had been paid to the research-policy-implementation interface.

policy, implementation or even evaluation. Identifying decisive moments, or windows of opportunity – a new government coming to power for example – may facilitate the introduction of evidence which has been ignored before. The introduction of the 30-baht universal coverage scheme in Thailand was an example of researchers seizing the moment of a new government in search of a radical popular policy, and providing the evidence to demonstrate its viability (Tantivess 2006). We look at the implications of this for researchers in Chapter 5 and policy-makers in Chapter 7.

Where the policy cycle is opaque, where policy-makers are not open to challenge, where they are members of partisan groups (who may represent particular interests) researchers can draw on other resources – the media for example – to draw attention to constraints in the policy process, including partiality among policy-makers, which, over time, may lead to more open policy environments.

## Conclusion

In this chapter we have provided an overview of the nature of policy-making – as a messy process, and one influenced by a variety of factors and actors. We have particularly examined the degree to which, and how, evidence is used within these processes and again recognized the complexity of this, and the importance of context. There are many factors that affect the research-policy interface. Knowledge of policy processes and environments can be used by those interested in enhancing the degree to which policy is influenced by evidence – by strategically managing research findings, for example.

Our understanding of these processes is still incomplete and indeed HPSR has an important role to play in heightening this understanding. This Review aims to improve the nature of such policy processes and to enhance the use of evidence within them. In the subsequent chapters we look in more detail at the particular roles of institutions involved in the determination of the type of research carried out, producing the evidence, and filtering and amplifying it to policy-makers and their specific capacity development needs. We turn first, however, to look at the nature of capacity and develop the framework around which these functional chapters are structured.