African Partnerships for Patient Safety

Strengthening the Evidence-Policy Interface
The APPS Approach

December 2010
Purpose and Scope

APPS recognizes the importance of developing strong evidence-policy linkages. The purpose of this document is to provide a starting point for APPS hospitals and the programme as a whole to strengthen the interface between patient safety evidence and policy making at national, regional and local levels. The intention is for the document to be refined with time and experience.

World Health Assembly Resolution - 2005 (1):

- **Urges Member States** "to establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies"
- **Calls upon the global scientific community, international partners, the private sector, civil society, & other relevant stakeholders**, "to strengthen or establish the transfer of knowledge in order to communicate, improve access to, and promote use of, reliable, relevant, unbiased, and timely health information."
- **Requests the Director-General** "to assist in the development of more effective mechanisms to bridge the divide between ways in which knowledge is generated and ways in which it is used, including the transformation of health-research findings into policy and practice"

Core Definitions

- **Research** can be defined as "the development of knowledge with the aim of understanding health challenges and mounting an improved response to them" (2). The WHO Draft Research Strategy goes on to highlight that "this definition covers the full spectrum of research, which spans five generic areas of activity: measuring the problem; understanding its cause(s); elaborating solutions; translating the solutions or evidence into policy, practice and products; and evaluating the effectiveness of solutions" (2).

- **Evidence** can be defined as "the available body of facts or information indicating whether a belief or proposition is true or valid" (3). It is increasingly recognized that there are different types of useful evidence (4). Bowen & Zwi define evidence as “information that affects the existing beliefs of important people about significant features of the problem you are studying and how it might be solved or mitigated”, noting that research is only one type of
evidence (5). Bowen & Zwi describe five types of evidence that inform the policy process: 1. **Research evidence**, consisting of information derived from experimental trials and other studies; 2. **Knowledge and information evidence**, consisting of findings from consultations with groups, and analysis of documents, reports and the Internet; 3. Evidence on **ideas and interests**, representing information on opinions of individuals, groups, and networks, shaped by **previous experiences**; 4. Evidence relating to **politics**, providing information on government agendas, political risk assessment, political opportunities and crisis; and 5. **Economic evidence**, providing information on economic evaluations and resources (5).

- **Policy** has been defined as, “a course of action or principle adopted or proposed by a government, party, business, or individual” (6). Thus policy is not restricted to government. The term **health policy** refers to “those laws, regulations, formal and informal rules and understandings that are adopted on a collective basis to guide individual and collective behaviour” (7).

- **Evidence based public health** is "the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioural science theory and program planning models" (8).

- Building on the above definitions, the **evidence-policy interface** can be defined as the structures, processes and individuals that influence how evidence is linked to policy. This includes how evidence influences policy, but also how policy influences evidence generation.

**The Evidence-Policy Interface and Health Systems Development**

Many evidence based and cost effective health interventions are failing to influence policy makers and are not reaching health systems throughout the world (9). The evidence policy interface is complex and is not a linear process from evidence to policy to action, and there has been sustained interest in examining the interface within the international health arena (10). This comes with a recognition that the strength of this interface is a critical ingredient in effective health systems development (9). The importance of considering how evidence is linked to health action in the developing world has been highlighted as critical (11).

Fundamental differences exist between those that generate evidence and those that make policy, including differences in fundamental work goals; breadth of focus; consideration of facts
and compromises; use of language; funding sources; and time frames for action (12). Professional cultures of scientists and policy makers can be divergent and they may almost be considered to be functioning in parallel paths (13). At the same time, there is growing recognition in both camps that strengthening the interface throughout the policy making process is of importance in improving population health (12).

**Strengthening the Links between Evidence and Policy**

Empirical studies on key characteristics of evidence that facilitate incorporation into policy are limited in low-income countries. However, **five characteristics of evidence** that can facilitate incorporation into policy can be suggested:

1. Evidence generated by researchers with whom policy makers have **regular personal contact** (14, 15);
2. Evidence considered a **priority** locally, nationally, or internationally (16, 17);
3. Evidence generated in a **timely** manner the findings of which are still relevant (13, 14)
4. Evidence presented in a **comprehensible** manner with clear findings (13, 18);
5. Evidence focused on **realism** (effectiveness, costs, and sustainability) (19).

In addition to identifying factors which promote the use of evidence by policy makers, it is equally important to identify and address factors which may create obstacles to the use of evidence in policy making, particularly in low-income countries (20). These barriers may include, in addition to the absence of the facilitating factors mentioned above, issues such as mistrust between researchers and policymakers; low value placed on research data by policy makers; lack of awareness of available research (particularly in-country research); and political instability affecting policy making processes and agendas (12, 20-22).

A number of frameworks can be utilized to explore the evidence-policy interface. Lavis and colleagues focus on country-level assessment of research-action linkages, emphasizing the critical role of a wide range of stakeholders (23). Their framework has four elements:

- The **general climate** of support that exists for linking research to policy
- The **production of research**, including the setting of research priorities
- "**Push**" efforts to support the use of evidence, and "**user pull**" efforts to increase policy makers’ use of research evidence
- Providing support for **evaluating** efforts to link evidence to policy

Another framework for the evidence-policy interface focuses more specifically on the experience of low-income countries in linking health systems research to policy. This framework articulates four “streams of influence” on the research-policy interface: contexts; stakeholders;
accountabilities; and processes (24). The importance of the interests, values, and power of stakeholders at the evidence-policy interface is emphasized. Further work conducted in the developing world by the same consortium suggests four key considerations in strengthening evidence-policy linkages: development context; research characteristics; decision-making processes; and stakeholder engagement (25).

The common theme in these and other frameworks is recognition that the interface between evidence and policy is affected by a multitude of factors (structures, processes and individuals) and that an understanding of the unique context and key individuals within each setting is critical to any attempts to strengthen the interface. Stakeholder analysis methods can be utilized to understand and engage with these key stakeholders (26).

The complexity of the evidence-policy interface may create the need to implement more formal strategies for knowledge translation in order to ensure that research generation and policy making processes coincide (21). One such strategy is the use of ‘knowledge brokers’ to link evidence producers and policy makers (12), and to facilitate the identification, utilization and integration of the best available evidence into the policy making process (27). These professionals could facilitate bi-directional exchange between two disparate professions. The utility of this approach has yet to be tested in low-income settings.

**The WHO Evidence Informed Policy Network (EVIPNet)**

WHO has a network that aims to encourage the use of research evidence by policymakers in low and middle income countries. EVIPNet is an innovative mechanism for interface strengthening, focused on a bottom up approach that emphasizes local ownership (28).

The five core EVIPNet building blocks are: country dialogues (safe harbour); capacity development and empowerment; country teams and regional and global support structures, research synthesis and policy briefs; and the development of new methodologies for monitoring and evaluation (29).

EVIPNet has active presence in the African Region and in keeping with its principal of working with current local structures works closely with the Regional East African Community Health (REACH) Policy Initiative. It thus has in-country presence in a total of eleven African countries, four of which are first wave APPS countries (Cameroon, Ethiopia, Mali, Uganda) (29).
The Evidence-Policy Interface - Critical for APPS

Patient safety is an emerging area, particularly in the developing world and the nature of the evidence is complex, often involving multiple cross-cutting disciplines. There is however an emerging global body of evidence (30-32). Further, there is African commitment to use available patient safety evidence and to generate further patient safety evidence in African countries (33). All such patient safety evidence is clearly impotent unless translated into policy and action.

The work of APPS is focused on three core areas: patient safety improvement, partnership strength, and patient safety spread. Strong linkages between evidence and policy are critical to each of these areas. In particular, the spread of patient safety systems within each country will require a powerful "amplification point" (the APPS hospital), the success of which will depend on a strong evidence-policy interface. Demonstrating positive benefits of patient safety evidence implementation in APPS hospitals may be the best way of strengthening the interface.

The literature on the evidence-policy interface points to 10 key areas that are particularly crucial for APPS to consider:
1. Recognition of the complexity of policy making processes.
2. An understanding of the multiple types of evidence that can be utilized for policy.
3. Importance of the developmental context.
4. Need for generating and packaging evidence to provide realistic policy options aligned with health systems and that meet national priorities.
5. Necessity to create or strengthen platforms for joint working between evidence generators and policy makers that nurtures trust.
6. Gaining an understanding of the diverse stakeholders involved at the interface.
7. Importance of communication (verbal and written) and the necessity to use standardized tools that are fit for purpose.
8. The influence of accountability factors in strengthening the interface.
9. The critical need for evaluation and continuous learning.
10. The potential for working with current structures within the African region.

It is essential that strengthening the interface between patient safety evidence and policy is considered throughout each of the other areas of the programme and that this is threaded throughout each Partnership Plan. Table 1 below outlines some key areas of the Hospital Partnership Plan Template that offer potential opportunities for strengthening the evidence-policy interface.
A large body of evidence is available in this area, which is the common initial platform for APPS work for all participating countries. Knowledge on how evidence has been translated into policy in other countries can be utilized by first wave APPS countries. Future waves of APPS countries can benefit from the experiences of the first wave countries.

One of the 12 core areas in the Situational Analysis is the link between the APPS hospital and policy making. The findings can be built upon to define a work plan focused on strengthening, or if necessary building these linkages.

"Evidence-policy" strengthening can potentially be a ripe area for bidirectional and joint learning between partnerships. Such learning can strengthen partnerships.

The evidence-policy interface needs to be at the core of any attempts to facilitate the national spread of patient safety systems.

The evidence-policy interface is a complex area that may require specific technical cooperation from WHO colleagues or those with specific expertise.

The sustainability of APPS will depend on successfully influencing policy making processes on patient safety, thus making "evidence-policy" considerations critical.

Innovative mechanisms need to be considered to evaluate the success of endeavours to strengthen the "evidence-policy" interface, particularly in relation to patient safety spread.

<table>
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<tr>
<th>Partnership Plan Area</th>
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Table 1 - "Evidence-Policy" Opportunities for Hospital Partnerships
Strengthening the Evidence-Policy Interface

Seven APPS Approaches

This section outlines seven suggested approaches and associated activities for evidence-policy interface strengthening. The approaches can inform development of "evidence-policy" work at both programmatic and individual partnership levels.

1. Integrate "Evidence-Policy" Considerations
   - Ensure evidence-policy linkages are considered in all APPS activities (Table 1).
   - Use the situational analysis guide as a starting point to understand the context within which the evidence-policy interface is placed.
   - Use the partnership plan to specify "evidence-policy" strengthening activities, with a view to the entire health care system.
   - Encourage evidence-based patient safety interventions and policies at the partnership hospital level, so that demonstrated efficacy can strengthen the case for evidence based policies on a regional and national level (particularly given the role of partnership hospitals as amplification points for patient safety).

2. Conduct Rapid Stakeholder Analyses
   - Map the key evidence-policy stakeholders and the relationships between each key player.
   - Conduct a rapid stakeholder analysis to strategize an approach to stakeholder engagement, specifically for patient safety.

3. Synthesize Previous Evidence-Policy Experiences
   - Identify evidence-policy experiences in each APPS country, from published papers, the grey literature, and key informants.
   - Identify key learning points from the synthesis to guide APPS activity.
   - Prioritize close linkages with academic institutions with an interest in the evidence-policy interface.

4. Establish or Strengthen Existing Evidence-Policy Platforms
   - Identify existing national evidence-policy platforms e.g. EVIPNet and work with these platforms to strengthen the interface with a focus on patient safety.
   - When national platforms do not exist attempt to learn from the experiences within the African Region and establish platforms.
   - Utilize platforms to establish trust, communication and joint accountability between evidence generators and policy makers.
5. Facilitate the use of "Evidence-Policy" Tools
- Work with existing evidence-policy platforms e.g. WHO EVIPNet to establish an evidence-policy toolkit e.g. policy briefing tools on available evidence.
- Utilize available tools for specific patient safety issues.
- Consider the use of a patient safety "knowledge brokering" mechanism.

6. Feed the Knowledge Pool
- Highlight the necessity of a clear strategy to direct evidence generation on patient safety, in alignment with national health and research priorities.
- Construct a robust evaluation mechanism that can provide feedback on the effectiveness of evidence-policy strengthening.
- Document experiences and share through various methods, e.g. seminars, publications, etc.

7. Generate a Ripple Effect
- Create a network of champions (from the policy world as well as the evidence world) to provide the leadership required to promote evidence-policy activities focused on patient safety, and to bring available patient safety evidence to the fore on policymaking agendas.
- Develop close in-country linkages with a range of stakeholders, including the media, to disseminate learning on strengthening the interface.
- Ensure APPS evidence-policy mechanisms are in alignment with national policies and strategies on policy making.

Summary
APPS is fully committed to strengthening the interface between evidence and policy making in order to bring about fundamental change in patient safety locally, nationally and regionally. The approaches and principles identified in this paper, underpinned by the knowledge and lessons from the literature, provides a starting point on which to develop APPS activities in this area.
References


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