Evidence-informed policymaking to strengthen health systems

I. Informing public policies with evidence: theoretical underpinning

II. Case study: food marketing for children and adolescents

III. Assembling a health policy think tank in a low-middle income country: the experience of the UNAGESP
Informing public policies with evidence: theoretical underpinning

1) Basic definitions and general knowledge: supporting initiatives and specticism
2) Evidence based -informed- public health and clinical medicine
3) Knowledge translation
4) Practical tools
Informing public policies with evidence: theoretical underpinning

1) Basic definitions and general knowledge: supporting initiatives and scepticism

2) Evidence based -informed- public health and clinical medicine

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4) Practical tools
Definitions…..

“Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients”
Guyatt et al, 1992

“Evidence-based public health the conscientious, explicit and judicious use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, disease prevention, health maintenance and improvement (health promotion)….. involves the process of systematically finding, appraising and using contemporaneous research findings as the basis for decisions in public health ”
Jenicek, 1997

Sacket, 1996
Evidence-informed policymaking

- Using the best available evidence to determine policies in health
- Is intended to ensure that decision making is well-informed by the best available research evidence.
- Is characterized by the fact that its access and appraisal of evidence as an input into the policymaking process is both systematic and transparent. This does not imply that the overall process of policymaking will be systematic and transparent. However, within the overall process of policymaking, systematic processes are used to ensure that relevant research is identified, appraised and used appropriately.

Lavis, 2009
“Evidence cycle”

NEEDS EVALUATION
Clinical
Epidemiological
Political
others

EVIDENCE RETRIEVAL AND APPRAISAL
Research Reports

EVIDENCE CONTEXTUALIZATION
Patient’s preferences
Community values

IMPACT EVALUATION
And definition of new needs
OTHER FACTORS AFFECTING POLICY MAKING

FINANCING

TEMPORAL FRAME

LEADERS OF OPINION

POLITICAL PRESSURE

MEDIA PRESSURE

COMMUNITIES BELIEFS
“Non believers”

Scientific research is a suboptimal evidence
- Even high level evidence can be against unrealistic
- Efficacy varies according to setting
- Human and systems factors are not prone to be easily evaluated by research

Far too much complexity in decision making processes
- Political factors and others can be as important as research
- Population and health system factors are more relevant to efficacy of the intervention
- No blame in taking on account interests of groups
“If one is poor, actually more evidence is required before investing than if one is rich”
Informing public policies with evidence: theoretical underpinning

1) Basic definitions and general knowledge: supporting initiatives and scepticism
2) **Evidence based -informed- public health and clinical medicine**
3) Knowledge translation
4) Practical tools
# Main differences

<table>
<thead>
<tr>
<th>Primary Focus</th>
<th>Medicine</th>
<th>Public Health</th>
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<tbody>
<tr>
<td></td>
<td>Individuals</td>
<td>Populations and communities</td>
</tr>
<tr>
<td>Emphasis</td>
<td>Diagnosis and treatment</td>
<td>Prevention</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>Health promotion</td>
</tr>
<tr>
<td></td>
<td>Whole patient</td>
<td>Whole community</td>
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<tr>
<td>Paradigm</td>
<td>Medical care, lifestyle</td>
<td>Interventions aimed at environment, human behavior and lifestyle, and medical care</td>
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<tr>
<td>Organizational Lines of Specialization</td>
<td>Organ (cardiology, gastroenterology)</td>
<td>Analytical (epidemiology)</td>
</tr>
<tr>
<td></td>
<td>Patient group (pediatrics, geriatrics)</td>
<td>Setting and population (occupational health, school health)</td>
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<td></td>
<td>Etiology, pathophysiology (oncology, infectious disease)</td>
<td>Substantive health problems (nutrition, epidemics such as HIV)</td>
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<td></td>
<td>Technical skill (radiology)</td>
<td>Skills in assessment, policy development, and assurance</td>
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SOURCE: Adapted from Fineberg, 2003; Reprinted with permission from the National Academies Press, Copyright 2003, National Academy of Sciences.

Fink A, 2012
### Something else different?

<table>
<thead>
<tr>
<th>Best available evidence (besides systematic reviews)</th>
<th>Evidence-based medicine</th>
<th>Evidence-informed public health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical trials</td>
<td>Observational studies</td>
<td>Field trials? Ethical implications</td>
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## Practical considerations

<table>
<thead>
<tr>
<th></th>
<th>Evidence-based medicine</th>
<th>Evidence-informed public health</th>
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<tbody>
<tr>
<td><strong>Most important tool</strong></td>
<td>Clinical Practice Guideline</td>
<td>Policy briefs (should be)</td>
</tr>
<tr>
<td><strong>Mediatic pressure</strong></td>
<td>Limited?</td>
<td>Always present</td>
</tr>
<tr>
<td><strong>Trends</strong></td>
<td>Patient-centered Shared decision-making</td>
<td>??????????</td>
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Policy briefs

• Many formats but SURE and SUPPORT have important coincidences
• Description of the problem (trying to localise and focalise as best as possible)
• Systematic reviews retrieval
• Appraisal of the quality of these SR
• Presentation of options
• Analysis of implementation considerations
So far?

Prioritization

Sound Evidence

Research

Contextualization

Translation
Informing public policies with evidence: theoretical underpinning

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A problem of trust

Where am I?

You are 30 mt from the ground in a hot air balloon.

You must be a researcher.

Indeed.

How did you know?

Because what you told me is absolutely correct but totally useless.

Oh I see.

You must be a decision-maker.

Indeed.

How did you know?

Because you don’t know where you are, you don’t know where you are going and on top you blame me.

Courtesy of Martin McKee
No consensus...

- More than 29 definitions
- *ICDR, 2000*

*exchange, synthesis and ethically solid application of knowledge, in a complex group of interactions between researchers and users of information, in order to accelerate the benefits of research for canadians through better health, services, more efficient products and a stronger health system*
**Stakeholders**
“Researchers, policy-makers”

**Driving forces**
“Push-pull”

**Application or utilization**
**Examples of what we don't know about knowledge translation**

<table>
<thead>
<tr>
<th>Topics to be addressed</th>
<th>Examples</th>
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<tr>
<td>Impact of the use of research in decision making</td>
<td>Comparison of different translation methods</td>
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<tr>
<td>Preferences of politicians about formats of policy briefs</td>
<td>Evaluation of different strategies of presentation of policy briefs</td>
</tr>
<tr>
<td>Incorporating communities to decision-making</td>
<td>Social networking, other tools, etc</td>
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</table>
Very little research on the topic

Murthy L, Shepperd S, Clarke MJ, Garner SE, Lavis JN, Perrier L, Roberts NW, Straus SE.

Interventions to improve the use of systematic reviews in decision-making by health system managers, policy makers and clinicians.

Informing public policies with evidence: theoretical underpinning

1) Basic definitions and general knowledge: supporting initiatives and specticism
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3) Knowledge translation
4) **Practical tools**
Products

• Systematic reviews
• **Rapid responses**
• Economic evaluations
• Policy briefs
Other tools

• Public health surveillance, data information systems.
• Qualitative research, health behavior theory
• Operational research
Final considerations......

Use your capacity to get “involved”

Select the most effective tool

Use the most you can get from local data

EVIDENCE CONTEXTUALIZATION
Patient’s preferences
Community values

IMPACT EVALUATION
And definition of new needs

NEEDS EVALUATION
Clinical Epidemiological Political others

EVIDENCE RETRIEVAL AND APPRAISAL
Research Reports

Do not forget qualitative research

Use your capacity to get “involved”

Select the most effective tool

Use the most you can get from local data

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And definition of new needs
Scientific evidence should be the friendly support of those who have responsibility in health of people or communities.
What's New at the Site

Are top executives paid enough? The answer is clear

Conflicting viewpoints exist on the need for high executive salaries and incentives. By and large, economists conclude from their studies that high remuneration is useful, while organizational behavior researchers conclude it is harmful. Some people attribute this to a different political outlook, economists being more conservative than those in organizational behavior.


Read more

Five Principles of EBM

1. Face the hard facts, and build a culture in which people are encouraged to tell the truth, even if it is unpleasant.
2. Be committed to "fact based" decision making -- which means being committed to getting the best evidence and using it to guide actions.
3. Treat your organization as an unfinished prototype -- encourage experimentation and learning by doing.
4. Look for the risks and drawbacks in what people recommend -- even the best medicine has side effects.
5. Avoid basing decisions on untested but strongly held beliefs, what you have done in the past, or on uncritical "benchmarking" of what winners do.