Evidence for action: How evidence does (and does not) feed into policy

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https://www.euro.who.int/en/about-us/partners/observatory

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The European Observatory on Health Systems and Policies' mission: evidence for policy

- The Observatory is an international partnership that exists to address this conference's concern: how to get evidence into public health policy and practice
- It monitors health system development by country (HiTs, SoHEU); analyzes key issues (studies, policy briefs) and brokers knowledge (dialogues, on-line)
- 20 year's experience "reveals" the obvious
  - Policy makers are aware of and value evidence informed decision making
  - Policy and practice often 'ignore' the evidence.
- Explaining why is not simple:
  - There are many different types of decision and of decision making system
  - Evidence can be more or less accessible and actionable
  - Decision makers face many competing demands

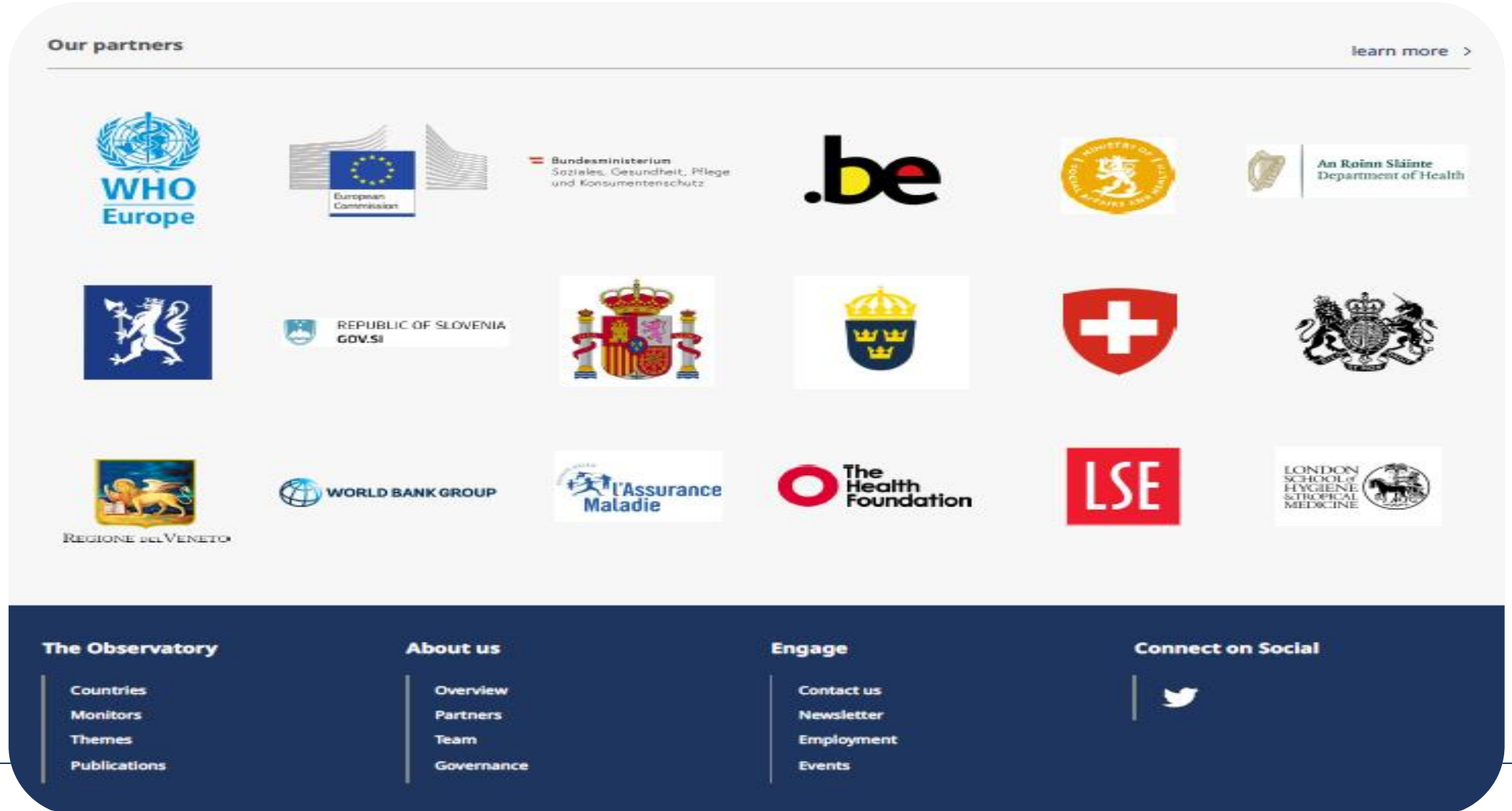
Policy makers are most likely to use evidence when…

- The information is
  - particularly timely
  - easy to interpret
  - context specific and
  - applicable
- They already have an ongoing relationship with the researchers
- They trust the source of the evidence
- They feel able to judge the quality of the evidence
- The evidence / information fits with the beliefs, values, interests and political goals they already hold.

Factors that foster evidence uptake are difficult to influence: particularly in the short term

https://www.euro.who.int/en/about-us/partners/observatory/publications/studies/bridging-the-worlds-of-research-and-policy-in-european-health-systems-2013

OBS Partners make policy in very different settings but face common enablers and blocks



Enablers and blocks to using the evidence: Ireland and prioritising *Women's Health*

Ireland set up a task force to improve women's health and commissioned a piece of research to capture the main health challenges facing Irish women. They also talked to women. They chose four priorities of which some, but not, all were in line with the quantitative evidence.

- **Decision point:** to determine priorities for improving women's health outcomes and experiences
- **Impact:** the production of a comprehensive evidence base for women's health has helped the Women's Health Taskforce to identify top priorities (and shape actions); having a comprehensive baseline ensured that the ongoing work of the Taskforce was grounded in evidence
- **Enablers:** government agenda created an opening; the role of the National Women's Council of Ireland helped; timeliness – being available for the launch of the Taskforce meant the report could educate / influence members; adaptability – sub-reports have been developed to support new policy areas e.g. mental health,
- **Blocks:** there were gaps, including the need to listen to women's voices which led to additional research set up as a national listening exercise; some hidden issues/lack of data; the balance between evidence and consultation (limits in capturing different perspectives); "high" level so now need further detail / granularity
- **Lessons for the research community:** if you want your evidence to be used you need

a) To think about 'evidence' broadly - combining both quantitative and qualitative research if possible
b) To use complex analysis but simple language in communicating findings/guidance
c) To understand and agree up front how it will feed into the policy making process

Enablers and blocks to using the evidence: UNCAM and *Medical assistants*

French GPs and ambulatory care specialists mostly work solo and on a fee-for-service basis. The Medical Assistant (MA) role was introduced in 2019 to alleviate the administrative burden on GPs and optimize the time they spend with patients. A seminar for health insurance representatives was run to help them define the new role.

- **Decision point:** defining the tasks, areas of practice, education, regulation of the new profession
- **Impact:** international evidence and expert inputs helped to make the new role more concrete i.e. it became clear that flexibility (on assistants' competencies) was key to making the physician-MA partnership efficient across. How far the seminar impacted the final definition of the MA role is not so clear but the job is not limited to admin tasks and it is up to the physician to define the job description, which may include task-shifting.
- **Enablers:** timeliness (seminar organised within a month), credibility (of experts, researchers, OBS staff), 'action-ability' as experts could answer technical questions
- **Blocks:** language (international evidence in English – decision makers French); lobbying of other health care professions; previous political commitments/announcements
- **Lessons for the research community:** if you want your evidence to be used you need

a) To have / give an overview of existing organisations and a review of results
b) To account for health systems characteristics and political context that may have influenced policy decision as well as the design of organisations themselves
c) To answer direct and technical questions particularly on implementation (with experts able to respond).

Enablers and blocks to using the evidence: DG SANTE and European Reference Networks

After the Directive on Cross Border Health Care was approved, there was a chance to develop European Reference Networks focused on diagnosis and treatment (ERN). There was a need to understand if there was scope for the model to work across countries and a report was commissioned on concepts and practices in all EU Member States.

- **Decision point:** whether or not to set up ERNs to share expertise on tackling complex or rare medical conditions that require highly specialized healthcare at EU level (was it already being done everywhere or not being done at all? would MS accept it?)
- **Impact:** the research was able to set out clear terminology and concepts and establish what all MS were doing – it helped demonstrate to the Health Council that this was a good initiative and ERN went ahead. The number of networks has been growing ever since (currently 24) and the IT platform has been used to share evidence on clinical management in response to covid-19
- **Enablers:** it helped that there was a real (political) window of opportunity (post Directive); the Europe wide network of the Observatory supported the research; the research was presented in policy dialogues and annual coordinators' meetings
- **Blocks:** in this case there were few blocks although MS are always sensitive if perceived they are 'doing less well'. In general timing and failure to meet format / deadlines is problematic.
- **Lessons for the research community:** if you want your evidence to be used you need

a) To communicate content clearly in blogs / briefs / news items not just in academic articles or books
b) To be timely / quick and meet expectations (particularly if the report is for a formal decision-making process)
c) To consider updating your existing research and highlighting changes not just doing 'novel' work.

Evidence for policy and practice: *lessons for the research community*

- **Timing:** your work cannot change things if it arrives 18 months after the decision
- **Accessibility:** if policy makers cannot decode what you say they cannot use your findings. Don't use jargon: don't submit 450 pages: do use summaries and key points: present well
- **Fit and format:** your evidence needs to support a complex process in a politicized context. You need to respond to users (their process and their expectations) so be clear what these are and try and make sure your work reaches the right people directly
- **Applicability:** is it clear how the evidence is useful? is it clear how it might be used? what about path dependency (how the system works) and context? does the evidence allow you to set out options (what might be done) and map implications?

- **Limits:** evidence is not the only thing policy makers have to take into consideration. There are different stakeholders, agendas, beliefs and political imperatives and any decision implies trade offs. It is not the researchers role to take the decision but to make sure that the decision makers are as well informed as possible.

Evidence for policy and practice: *key messages*

- **Ireland – policy makers need to balance hard evidence and public sentiment:** we need to set priorities that reflect what people want as well what the science shows. The data is essential but we also need systematic, rigorous ways of capturing information on what citizens need and want, so that we don't miss out on important issues. Talk to us early about what we need or might gain from.
- **UNCAM – policy makers pass information 'upwards' – you may want top decision makers to hear what you say directly:** if the evidence is passed through the layers it may not have the immediacy you expect. Try to talk to the "top" commissioners, flag gaps, keep the dialogue going but make sure you are clear and concise.
- **DG SANTE – policy makers and researchers need to learn from each other don't need perfect data:** we need to take broad decisions and cannot deal in minutiae – quick (and maybe dirty) research that will make clear what it is that policy makers can do to address the issue is important.

- **OBS – you need to listen to policy makers, engage and adapt:** decision makers deal with constant change – if your research is to support them it must be rigorous but also responsive to their reality. You need to reflect on their context and be willing to be dynamic, flexible and (ideally) fast.

Have you used the COVID-19 Health Systems Response Monitor?

It is an on-line (OBS-WHO-EC) tool that lets you see how Europe's health systems are responding to COVID-19

HSRM gathers together reliable evidence (public data) from a network of (credible, academic or WHO) country correspondents and:

1. **collects, checks, organizes and updates country information** to capture what country health systems are doing to tackle Covid-19.
2. **supports comparisons across countries** across a range of topics (with the user defining the countries and the issues).
3. **guides users to reliable international COVID-19 data** by offering links in one place; to key websites that track the 'numbers' and to articles on wider public health initiatives and good practices.
4. **analyses key themes across countries** giving snapshots of the different policy responses and setting initiatives in context.

www.covid19healthsystem.org