

Program in Policy Decision-Making

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Evaluating Innovative Processes: Policy Briefs and Deliberative Dialogues

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Context

- Addressing challenges in linking research to policy in and about health systems

Future

- Introducing innovative processes for problem-solving, namely policy briefs and deliberative dialogues
- Evaluating innovative processes

Conclusion

Context – Addressing Challenges in Linking Research to Policy



Increasingly efforts to support linking research to policy strive to address the two factors that emerged with some consistency in a systematic review of the factors that increased the prospects for research use

- Timing / timeliness
 - Facilitate retrieval of optimally packaged, high-quality and high-relevance systematic reviews and review-derived products (e.g., one-stop shops, policymaker training workshops)
- Interactions between researchers and policymakers
 - Engage policymakers in priority-setting, research (including reviews), and deliberative dialogues

Context - Addressing Challenges in Linking Research to Policy (2)



1. **Research isn't valued as an information input** [General climate for research use]
2. **Research isn't relevant** [Production]
3. **Research isn't easy to use** [Translation]
 - a. Research isn't communicated effectively [Push]
 - b. Research isn't available when policymakers need it and in a form that they can use [Facilitating pull]
 - c. Policymakers lack mechanisms to prompt them to use research in policymaking [Pull]
 - d. Policymakers lack fora where policy challenges can be discussed with stakeholders and researchers [Exchange]

Context - Addressing Challenges in Linking Research to Policy (3)



Challenge 3

- Research isn't easy to use

Challenge 3b

- Research isn't available when policymakers need it and in a form that they can use

One option (among many) for addressing challenge 3b

- Maintain a policymaker-targeted website that provides “one stop shopping” for optimally packaged high-quality and high-relevance reviews and review-derived products
 - Nearly 700 systematic reviews related to health system governance, financial and delivery arrangements (PPD/CCNC database)

Context - Addressing Challenges in Linking Research to Policy (4)



Context - Addressing Challenges in Linking Research to Policy (5)



PPD/CCNC database contains systematic reviews as well as review-derived products targeted at policymakers and stakeholders (www.researchtopolicy.ca/search/reviews)

- Summaries of systematic reviews
 - E.g., SUPPORT summaries that grade the evidence and highlight local applicability, equity and scaling up considerations
- Overviews of systematic reviews
 - E.g., Lancet articles on human resources for health and on primary healthcare (broadly defined)
- Policy briefs (or evidence briefs)
 - E.g., HEN/Observatory briefs for European ministers

Context - Addressing Challenges in Linking Research to Policy (6)



Challenge 3

- Research isn't easy to use

Challenge 3d

- Policymakers lack fora where policy challenges can be discussed with stakeholders and researchers

One option (among many) for addressing challenge 3d

- Plan deliberative dialogues at which pre-circulated policy briefs serve as the starting point for off-the-record deliberations involving those who will be involved in, seek to influence/inform or be affected by a decision

Future – Introducing Innovative Processes for Problem-Solving



Policy briefs typically mobilize both global and local data and research evidence about a problem, three policy or programmatic options for addressing the problem, and relevant implementation considerations

- E.g., How can we support the widespread use of a new, highly effective treatment -- artemisinin-based combination therapies (ACT) – for malaria in a Sub-Saharan African country like Kenya?

Future – Introducing Innovative Processes for Problem-Solving (2)



Policy brief about ACT

• **What is the underlying problem and its determinants (and which framings engage which constituencies)?**

- Condition itself
 - High incidence of and death rates from malaria
- Existing programs, services or drugs
 - Existing treatments have much lower cure rates than ACT yet interviews with patients suggest they often favour existing treatments because of their past experiences and the higher price of ACT
 - National malaria control policy, treatment guideline and drug formulary do not all support ACT

Future – Introducing Innovative Processes for Problem-Solving (3)



Policy brief about ACT

- **What is the underlying problem and its determinants (and which framings engage which constituencies)? (2)**
 - Existing governance, financial and delivery arrangements within health systems
 - Delivery arrangements for ACT rely primarily on physicians yet few have regular access to them and many are comfortable receiving care from community health workers
 - Financial arrangements favour existing treatments over ACT (which is much more expensive) yet interviews with patients suggest that some are skeptical about heavily subsidized medication
 - Governance arrangements do not allow community health workers to prescribe ACT and do not protect against counterfeit or substandard drugs

Future – Introducing Innovative Processes for Problem-Solving (4)



Policy brief about ACT

- **What are the likely costs and consequences of three possible options for addressing the problem and what are stakeholders' views about and experiences with them?**
 1. Enlarge community health workers' scope of practice to include the diagnosis of malaria and prescribing of ACT (governance arrangements), introduce target payments for achieving a defined coverage rate for ACT treatment (financial arrangements), and provide them with training and supervision in the use of rapid diagnostic tests and in prescribing (delivery arrangements)

Future – Introducing Innovative Processes for Problem-Solving (5)



Policy brief about ACT

- **What are the likely costs and consequences of three possible options for addressing the problem and what are stakeholders' views about and experiences with them? (2)**
 2. Introduce partial subsidies for both rapid diagnostic tests and ACT within the private sector where much care is provided in urban areas (financial arrangements)
 3. Restrict the types of anti-malaria drugs that can be imported and introduce penalties for those found dispensing counterfeit or substandard drugs (governance arrangements) and make changes to the national malaria control policy and drug formulary to ensure that ACT is the recommended first-line treatment

Future – Introducing Innovative Processes for Problem-Solving (6)



Policy brief about ACT

•What implementation considerations need to be borne in mind?

- Effects of mass media campaigns to prepare the public for a change
- Comparative effectiveness of strategies for changing provider behaviour generally and for influencing prescribing and dispensing specifically

Future – Introducing Innovative Processes for Problem-Solving (7)



Policy brief about ACT

• **Observations about the supporting evidence base**

- Six systematic reviews about anti-malarial drugs were published since the release of the World Health Organization guideline in 2006, all of which lend further support to ACT as the recommended first-line treatment
- Two systematic reviews were found that address relevant governance arrangements, six address financial arrangements, five address specific configurations of human resources for health, and fifteen address implementation strategies, all of which were supplemented by local data and studies

Future – Introducing Innovative Processes for Problem-Solving (8)



Policy briefs

- What do you see as the potential advantages and disadvantages of policy briefs as described here?
- What conditions might optimize the impact of a policy brief?

Future – Introducing Innovative Processes for Problem-Solving (9)



Deliberative dialogues often share six features

1. Purpose is to support a full discussion of a health-related issue/challenge, including the underlying problem and its determinants, the likely costs and consequences of three possible options (among many) for addressing the problem, and the implementation considerations that need to be borne in mind
2. Informed by a pre-circulated policy brief
3. Attended by participants who are drawn from among those who will be involved in, seek to influence or inform, and be affected by decisions about how to address the issue and who are selected for their ability to contribute important views and experiences to the dialogue (i.e., many different types of knowledge are valued, including tacit knowledge)

Future – Introducing Innovative Processes for Problem-Solving (10)



Deliberative dialogues often share six features (2)

4. Chaired by a skilled, neutral facilitator

5. Conducted in a way that leaves each participant well positioned to champion efforts to address the challenge in their own organization, network or region, and not in a way that seeks consensus among participants (but that embraces consensus if it does emerge spontaneously)

6. Conducted in accordance with the Chatham House rule: “Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.”

Future – Introducing Innovative Processes for Problem-Solving (11)



Deliberative dialogues

- What do you see as the potential advantages and disadvantages of deliberative dialogues as described here?
- What conditions might optimize the impact of a deliberative dialogue?

Future – Evaluating Innovative Processes for Problem-Solving



We know little about how to match key design features of policy briefs and deliberative dialogues to particular issues and contexts

Formative evaluations using a common survey instrument (as INSPQ is doing) can begin to help us

For each key design feature, we will ask

- How useful did they find this approach (on a scale from 1=worthless to 7=useful)?
- Comments? How could the deliberative dialogue be improved in this regard?

Future – Evaluating Innovative Processes for Problem-Solving (2)



We will also ask

- How well did the deliberative dialogue achieve its purpose (on a scale from 1=failed to 7=achieved)?
- What features of the dialogue should be retained?
- What features of the dialogue should be changed?
- What can others do better or differently to address the health-related challenge and what can you personally or your organization do better or differently?
- Role and background (so that we can determine if different groups have different views about and experiences with the dialogues)

Future – Evaluating Innovative Processes for Problem-Solving (3)



Evaluating policy briefs and deliberative dialogues

- What do you see as the potential advantages and disadvantages of our planned formative evaluations?

Conclusion



Policy briefs can get us partway ‘there’ by starting with a policy issue and working backwards to mobilize data and research evidence to better understand a problem, options for addressing it, and implementation considerations

Deliberative dialogues can take us even further by providing a process through which research knowledge can be combined with diverse, local knowledge about on-the-ground realities and constraints, values, interest group dynamics and institutional constraints

Formative evaluations can begin to help us match the design features of these innovative processes to particular issues and contexts