

Models of policy briefings and lessons for health information

Evidence to the rescue



There are a range of ways of 'briefing' policy makers on evidence ...

Face to face

Individual

In dialogue

In print

Policy brief

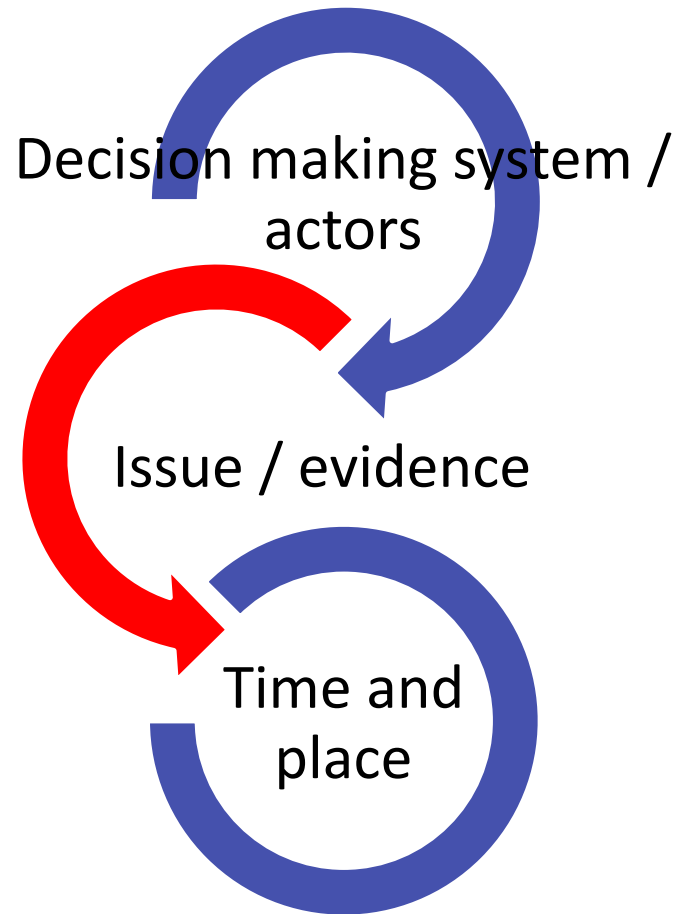
Article

On line

Blog

Video

The 'best' way to brief depends on the context, opportunity and the complexity of policy making



The way evidence is 'framed' needs to reflect ...

Who is taking the decision

Is the decision national, regional or local? Is the system top-down? Is there a formal role for technical inputs? What is the role of politicians vs. civil servants? Who is consulted or has veto power?



The nature of the evidence

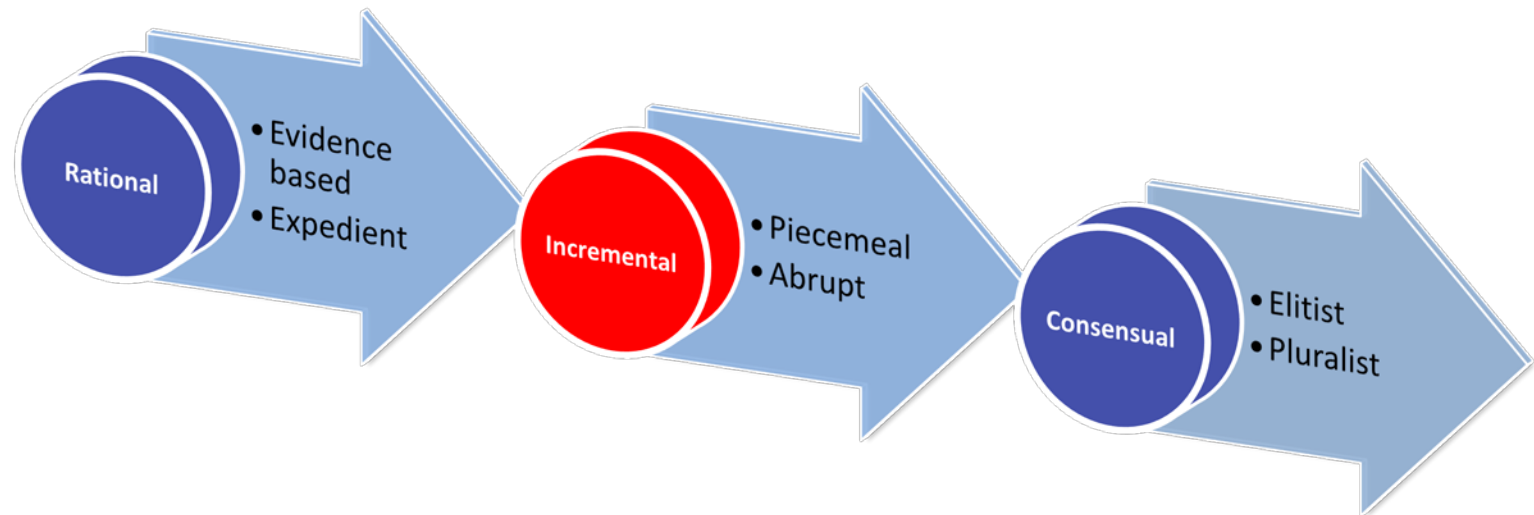
How complex is the data? How clear (unequivocal) are the findings? What do you know about resource implications? How far does the evidence consider the wider context or other options?



The point that the policy cycle is at

Is the issue or priority recognized? Is there a commitment to act? How well developed is the policy response? What environment will the evidence be presented in?

Decision making may be ... more or less



Who is making the decision

Issues and evidence may be more or less ...

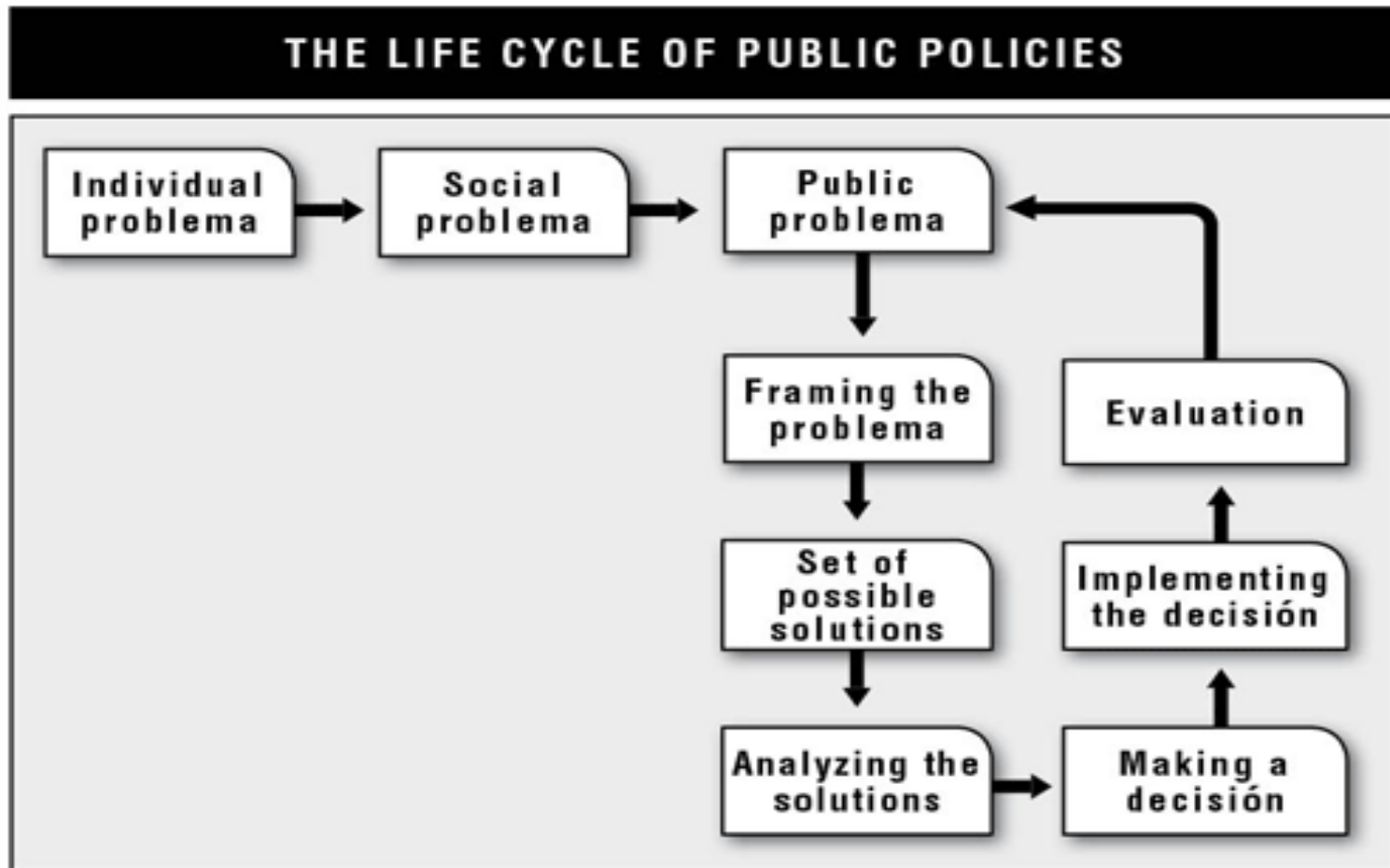
Accessible

- Some evidence is inherently complex
- Not all ideas can be understood intuitively
- Some issues are very path dependent or link closely to other areas and call for knowledge of the wider context

Compelling

- Some issues are “more appealing” to policy makers
- Policy options may be heavily promoted by interest groups
- Popular and press interest may focus political attention but with mixed consequences

Different points in the policy cycle may have specific evidence needs



<http://www.conectas.org/en/actions/sur-journal/issue/14/1000392-politicas-publicas-na-perspectiva-de-direitos-humanos-um-campo-em-construcao>

What stage is the policy decision 'at'

Who will use the evidence matters to how you frame it

Different audiences

- Politicians
- Technocrats
- Generalist civil servants
- A wider public

- Regional or national
- International

- Health
- Other sectors

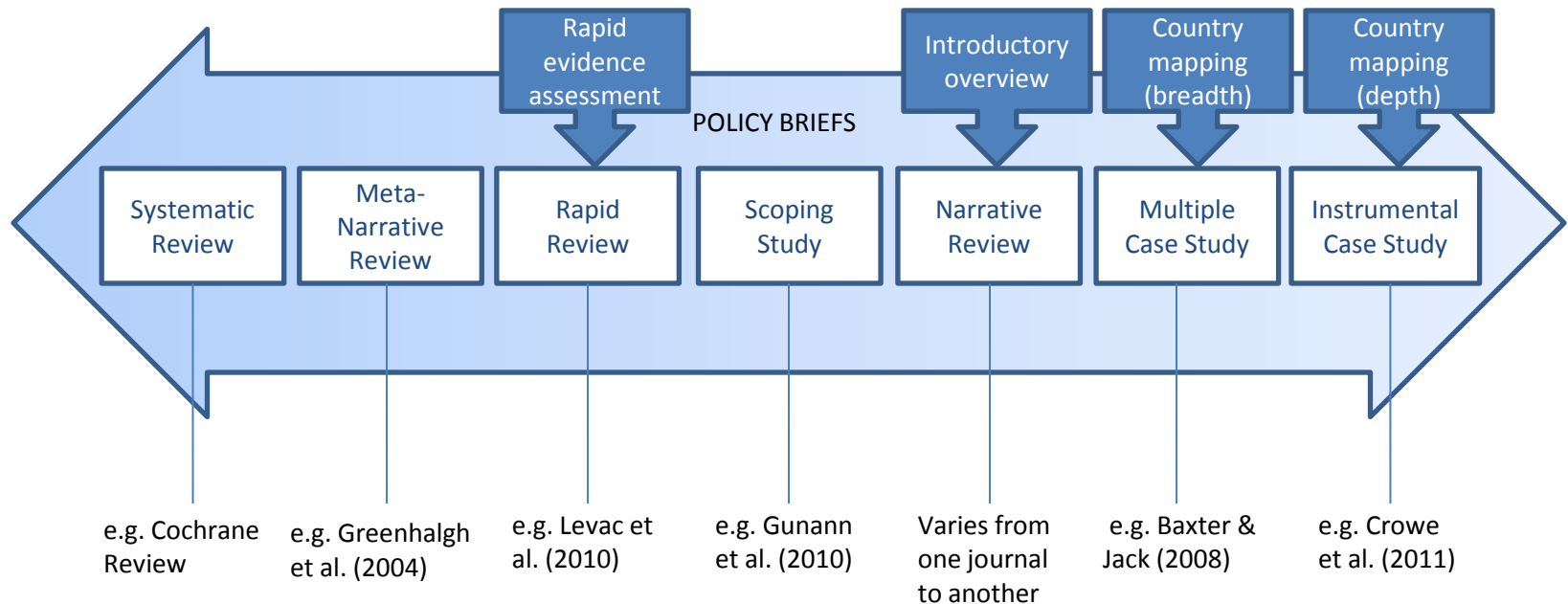
Different capacity / preferences

- Familiarity with the issues
- Knowledge of existing evidence
- Understanding of technical terms
- Capacity to handle different types of evidence

- Interest
- Attention span
- Style preferences (comparative / experiential)
- IT literacy

Who is making the decision

The type of evidence should determine the 'shape' of the brief



Erica Richardson, European Observatory on Health Systems and Policies

What is the nature of the evidence

The stage in the decision making cycle will help define the focus ...

Pinpoint the decision to be made

Is this a broad 'in principle' decision? Does it address specific, implementation issues?

Define a specific question

What is the 'real' question the decision makers are addressing at this point?

Test (test, test) the question

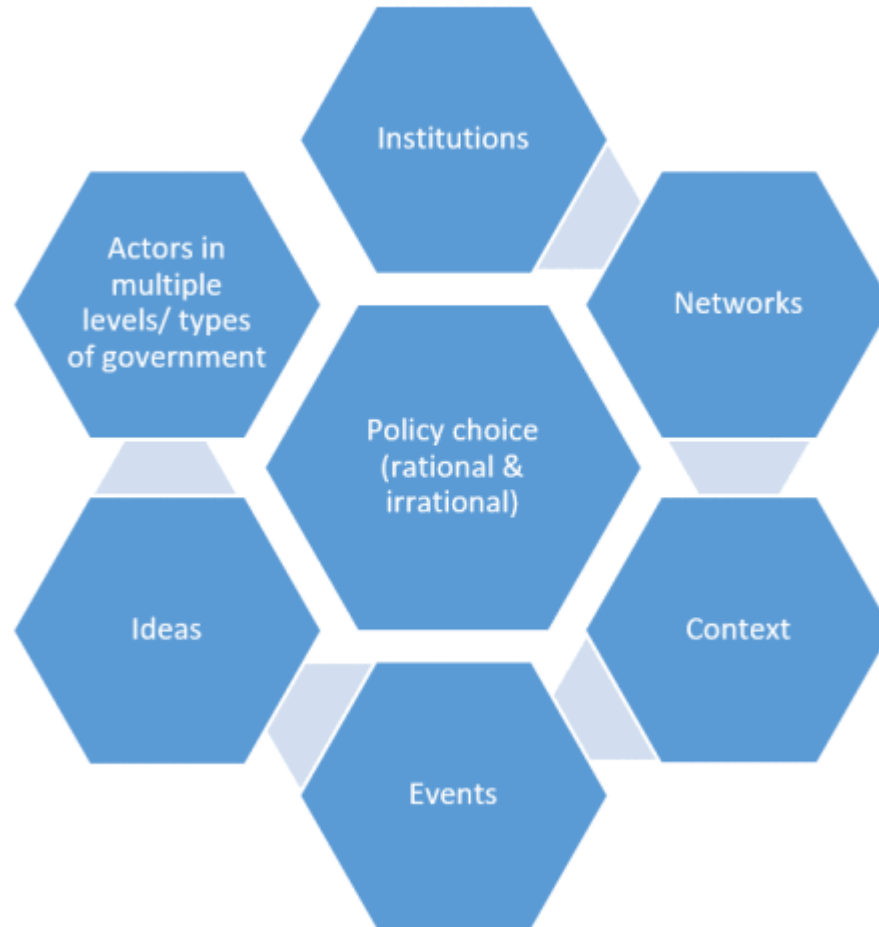
Is it the right question? Can refining it bring a clearer focus on the real issue / evidence need?

What stage is the policy decision at

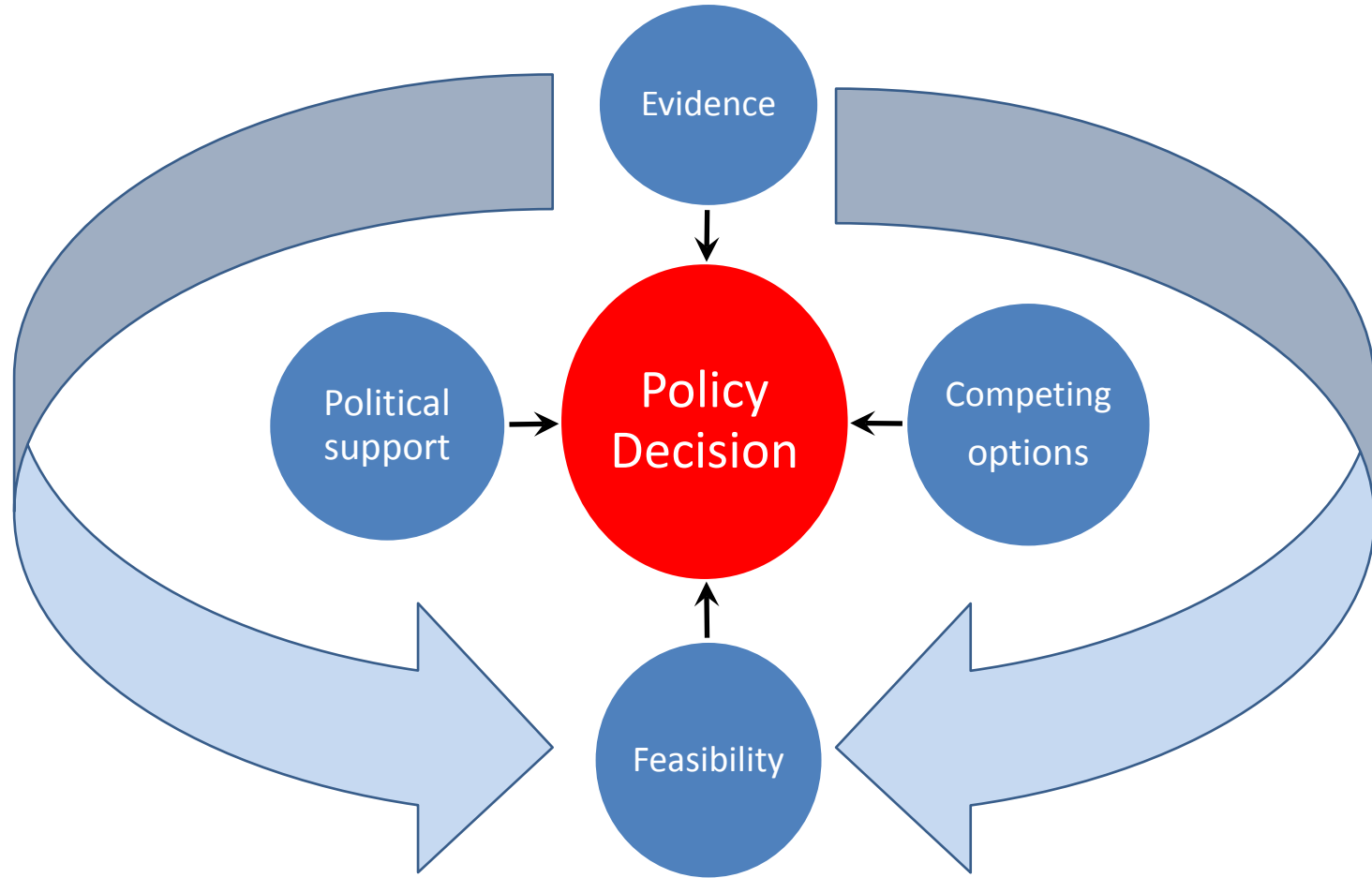
Well framed briefs...

- Are designed to 'talk' to the people who are developing a policy or taking a decision and provide them with the evidence they need in an appropriate format
- Distinguish between explaining and advocacy
- Acknowledge the limits of evidence which may be partial and subject to change
- Recognize (and link to) the other evidence 'out there'

However well framed it is, a brief will only be one of a complex set of interactions



... and only one element in the shaping any decision



Briefs, (researchers and evidence) are not
'meant' to determine policy...

Evidence may be clear cut but policy makers have

- Other priorities to address and trade offs to make
- Constraints on their ability to act (and on resources)
- Ideological and political considerations
- A mandate

What is more ... policy makers do not use evidence consistently

Evidence use varies and the factors linked to evidence uptake are often difficult to influence, in the short term.

So ... policy makers are most likely to use evidence when

- 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
- The information is
 - particularly timely
 - easy to interpret
 - context specific and
 - applicable.

This means that getting health information into policy action requires ...

- Work to customize briefs to reflect specific needs
 - Improving timing / timeliness of the information
 - Making language and information accessible
 - Making the evidence more relevant and useable
- Fostering long term relationships between researchers and policymakers
 - Encouraging interaction and dialogue
 - Building capacity (of researchers to understand policy relevance and policy makers to appreciate the value of evidence)
 - Engendering trust
- Using knowledge brokering organizations to help with knowledge transfer

Recommendations: framing a brief right means thinking about the ...

Users

- Who (which decision makers) is the evidence targeted at? What do they already know? What are their preferences?

Evidence

- How does the evidence address the policy question? How can you it be made accessible?

Timing

- Is the brief to identify an issue or refine a policy already planned? Can it be delivered 'in time'? Is there scope for a long term link around the issue?