

Evidence Informed Policy In Latin America And The Caribbean: a detailed look at perceived facilitators of incorporating research evidence into public health

Research Article

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Abstract

Public health policy has a vital impact on the populations' health status and has the power to either decrease health inequities or lead to further marginalization. One of the most efficient ways of closing the equity gap is to support evidence informed policy making at all levels of government. Despite high level global calls granting health research a more prominent role within the health policy field and urging researchers, policy makers and health care providers to collaborate in the efforts to bridge the gap from research evidence to applied health policy, research evidence informed health policies are still rare. Given that successful cases of evidence informed public health policy making have not been systematically reported in biomedical journals, the research reported in this paper uses Latin America and Caribbean context as a case study and draws on the in-depth semi-structured interviews with 17 researchers, policy makers and knowledge broker who have all successfully engaged in evidence informed policy making process. The overall aim was to provide insight on their experiences and perceived facilitators of incorporating research evidence into public health policies.

Introduction

Health research played an instrumental role in reducing population's morbidity and mortality rates,¹ improving quality of life and contributing tremendously to the increase of life expectancy. Unfortunately, the increase of life expectancy was not equitable to all regions.¹ In the last 25 years, concern with inequities resulted in a number of high level international meetings followed by highly visible global resolutions, each granting health research a more prominent role within the health policy field and urging researchers, policy makers and health care providers to collaborate in the efforts to bridge the gap from research evidence to applied health policy.^{2, 3, 4} Public health decision making operates in a highly complex and multidisciplinary environment that in itself includes politics and policy making. Policy making is influenced by many factors in varying degrees such as the media, pressing times, political

climate and institutional constraints.^{5,6,7} In this overall complexity of the policy making process, research evidence is only one of many factors that influence public health policies.^{3,5,6,8-12} Therefore, today public health policies are dictated based on intuitions, standard operating procedures and expert opinions.^{8,12,13} Often, expert opinion is a determining factor,^{3,11} yet it is rarely based on current research evidence.^{8,11,12,13}

Given that successful cases of evidence informed public health policy making have not been systematically reported in biomedical journals, this article aims to provide insight on the experiences and explore perceived facilitators of incorporating evidence in public health policy by policy makers, researchers and knowledge brokers who have engaged in the process of evidence informed public health policy making.

Methodology

Inclusion criteria consisted of policy makers, researchers and knowledge brokers who had successfully incorporated evidence in public health policy within the countries of Latin America and the Caribbean on local and national levels and were affiliated with public health organizations or academic institutions or both. A purposeful sample comprised of 10 policy makers, 6 researchers and 1 knowledge broker who have effectively made evidence part of their policy making process. In-depth semi-structured interviews were carried out to engage participants in a discussion about their experience incorporating evidence in health policy. Following transcription, data was thematically analyzed as suggested by Braun and Clark.¹⁴

Results

All participants reported that to be successful in incorporating evidence into the public health policy making process, many changes had to happen on both systemic and organizational levels that support and advance new requirements for health policy development. Most of the participants referred to the 'shift change' on a political arena that allowed for evidence based health policies to become a gold standard. Participants spoke about the importance of the location of purposeful 'shift change' decision on a hierarchal level, as well as strategic planning and execution/implementation undertaken by the management to carry out proposed standards into everyday practices.

Most participants regarded the 'knowledge translation' piece as a key to successful evidence informed policy and expressed the need for both policy makers and researchers to work together and acquire additional skills in the cross-respected fields. Researchers talked about the need to be trained in the understanding nuances and complexity of the political process of policy development; and policy makers called for research skills training. As noted by one policy maker (participant 5): "Researchers must be aware of current policy agenda and both groups

must learn to spot the windows of opportunity to support evidence informed policy through consistent interdisciplinary collaboration and establishment of tools and strategies to assure sustainability". Majority of participants perceived evidence informed policy as an essential feature of equity, social justice and a protection from vested political interests. Organizational 'shift change' towards evidence informed policy, served as a gateway to equitable and efficient healthcare provision, as well as empowerment of civil societies and communities. Many participants reported evidence serving as a platform to open up a deliberate dialogue between the community and policy makers. Majority of the participants discussed how evidence informed policy allowed for gathering information according to the needs of populations, resulting in a more efficient approach. For example, one policy maker (participant 3) noted: "...research evidence gives me the opportunity to respond to the needs for the user and those are the policies that will have the most impact." Additionally, it provided scientific merit behind the rationale; allowed the use of previously discovered data and resources; provided best care for the public; and allowed decisions free of bias and emotions. Aside from population based impact of evidence informed policy, the majority of policy makers perceived it positively impacting their own work. Many found that evidence added an element of security, accountability and protection against political/economic vested interests to their jobs. Furthermore, evidence-based public health policy provided an ethical and political standpoint and allows policy makers to make decisions that are objective, free of bias and emotions.

Discussion

This paper provides an overview of perceptions and facilitators experienced by researchers, policy makers and knowledge broker with respect to successful incorporation of research evidence in public health policy making process. We found that participants' perceptions on the role of the

evidence within policy making were shaped by the institutional culture and exposure to research evidence. We identified three main components which act as facilitators in the evidence informed policy making process: changing the culture of the institution and making evidence part of the culture or so called “gold standard”; establishing ongoing relationships and communication between researchers and policy makers; developing applied technical units, where qualified specialists answer policy makers questions in an efficient manner.

Conclusions

Public health policy has a vital impact on the populations’ health status and has a power to either decrease health inequities or lead to further marginalization. One of the most efficient ways of ‘closing the equity gap’ is to support evidence informed policy making at all levels of government. Governments need to develop innovative and sustainable mechanisms that support the culture of evidence based public health leadership in order to strengthen public health systems and practices, advance health equity, and address social and economic injustices at individual, organizational, and systemic level.

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