Evidence-Informed Policymaking

Understanding the Barriers and the Outcomes we seek

AFIDEP
African Institute for Development Policy
Bridging Development Research, Policy and Practice

The African Institute for Development Policy

August 2018

Table of Contents

Contributors:

AFIDEP Staff (Nyovani Madise, Eliya Zulu, Rose Oronje, Bernard Onyango, Nurudeen Alhassan, Hleziwe Hara, Eunice Mueni) and Isabel Vogel (Independent Consultant)

African Institute for Development Policy (AFIDEP)

Kenya Office: 6th Floor (Block A), Westcom Point Building,
Mahiga Mairu Avenue, Off Waiyaki Way, Westlands
P.O. BOX 14688-00800, Westlands,
Nairobi, KENYA

Malawi Office: Area 6, PLOT #6/3
Off Maula Prison Road Lilongwe 3
P.O. BOX 31024,
Lilongwe 3, MALAWI

Contact Person: Dr Eliya Zulu. Eliya.zulu@afidep.org

Photos: CIFOR/Flickr

Background

Evidence-informed policymaking (EIPM) has received considerable attention in the last two decades, but the information on how to measure the outcomes of EIPM activities is patchy. The challenge of measuring the effectiveness of EIPM interventions exists because policymaking in the public sector is a complex process, requiring many diverse actors such as policymakers, practitioners, knowledge intermediaries, researchers, civil society organisations, and funders to weigh different types of evidence in ever-changing contexts of political priorities, competing interests, cultural values, and limited resources.[1,2] Even the notion of what constitutes "evidence" itself is a contentious issue, but most EIPM experts lean towards the broader definition: "***the available body of facts or information indicating whether a belief or proposition is true or valid***"[i]. This way of viewing what constitutes evidence accommodates concepts of appropriateness for policymaking, context-specificity, and acknowledges the importance of priorities and interests.[3,4] Similarly, what counts as an "outcome" in evidence-to-policy efforts very much depends on the position, sphere of influence and perspectives on evidence held by the actors involved. Some of these actors may be targeting specific changes in the substantive content of policies, while others may be focusing more on reforms of the systems and processes, others still may be targeting change measured in terms of health, economic, or education outcomes. These underlying perspectives and different outcome priorities shape the many different strategies and tools for facilitating EIPM which include:

a) **Capacity building** for policymakers to generate demand for research evidence and how to appraise evidence; institutional capacity building to instil a culture of evidence use; or training workshops for researchers and knowledge experts on how to effectively engage with policymakers to maximise the impact of their work;

b) **Relationship building** between researchers, knowledge brokers and policymakers for better understanding of the policy process and brokering of research evidence into the policy ecosystem;

c) **Co-production of knowledge** by involving policymakers in the knowledge generation process, from formulation of relevant research questions, through to drawing out policy recommendations from the findings;

d) **Technical assistance** in the design of evidence-informed policies and programmes;

e) **Synthesis of research evidence** and dissemination in formats that are relevant for a range of audiences including policymakers, the media, the public and so on.

[i]Online Oxford Dictionary, https://en.oxforddictionaries.com/definition/evidence. Accessed 6th August, 2018.

The Policymaking Process

As EIPM is an area that is seeing increasing interest and investment by a range of stakeholders including policy makers, civil society organisations, funders and multilateral development partners, there is need to explore ways of measuring impact which, while being rigorous, are flexible enough to accommodate different types of outcomes and the changing contexts of the policymaking sphere.

As a preamble to describing outcome measures for EIPM, it is important to understand the policy process. Two schools of thought have been widely debated in the literature.[5] The first is a long-standing model of an orderly **policy cycle**, where policymakers consider evidence at each 'stage' in a logical, linear and reasoned process. In this model, evidence provides independent, neutral inputs at each stage, progressively improving the policy and its implementation. This model is heavily influenced by conventions drawn from evidence-based medicine in clinical settings, where the efficacy of treatments is established through mainly experimental study designs. In this framing, there is a hierarchy of evidence, prioritising randomised experimental designs, then systematic reviews of secondary evidence, and so on. The implicit assumption is that, because of its methods, randomised research experiments provide scientific, reliable and independent evidence that demonstrates 'what works' and therefore provides clear-cut policy prescriptions.[6,7] There is now growing acceptance even among those who favour this model that policy prescriptions are rarely clear-cut and that other considerations including politics, availability of funds, and public perceptions may be more important.[3,8,9]

The policy cycle model informs many evidence promotion programmes such as the international 3IE, J-PAL and the UK government's 'What Works Centres'. This widespread influence of this model is reflected in the results of the literature review[ii] that we conducted, where 22 articles out of 44 discussed the effectiveness of evidence and knowledge translation strategies in public policymaking from instrumental and structural perspectives, without making reference to the critical role that other factors such as politics play. Yet, even amongst these organisations, there is an acceptance that scientific evidence alone may not be sufficient to prescribe policy solutions.

The second framing of policymaking recognises that the process can be **disordered, complex and political**, involving multiple actors, where evidence is just one factor that is weighed alongside political priorities, conflicting interests, cultural values, and limited resources. In this perspective, evidence still plays a role, but this may be more limited than in the linear model. Evidence can inform, but it does not often prescribe solutions or settle debates between policy alternatives. It is just one element in a tapestry of factors influencing policy decisions, alongside political interests, strategic considerations, expert opinion, stakeholder interests, public pressure, and resource constraints.[6]

AFIDEP's experience of working with governments across Africa is that there are nuanced models that draw on both streams. The policy cycle model acts as the civil service standard for professional policymaking but sometimes, governments formulate policies and set targets as a response to global policies without necessarily looking at the local evidence. Examples of such situations include down-streaming policies from global agreements such as the Sustainable Development Goals or the African Union's Maputo Plan of Action (MPoA) for accelerating the integration of sexual and reproductive health and rights. Indeed, in our work with governments in Southern and East Africa, we often find that local evidence is sought post-facto during the five-yearly review of such agreements. Other examples of this 'messy policymaking' is in Kenya where the introduction of free secondary education was a political pronouncement (just like free primary education before it) and therefore the relevant policies and planning had to play catch-up to the political promise.

In such situations, the policy cycle model is still the guiding principle, but global political priorities may disrupt the cycle. There is an order of different policy 'tasks' that is followed: setting priorities, allocating resources, determining interventions and implementing and evaluating them. At times this order may be procedural and bureaucratic; at others it may be informal and not necessarily in linear fashion and frequently in parallel. In this nuanced perspective, evidence still plays some role, but some stages may draw on research evidence more than others. Our observation is that priority setting tends to be well-justified by relatively strong evidence while choice of intervention strategies and monitoring of implementation is often informed by weak evidence.

Finally, governments sometimes are required to act in the face of high uncertainty and ambiguity about how to address complex policy problems and this should not necessarily be interpreted as chaos or ignorance of EIPM.[10] As one expert whom we interviewed[iii] pointed out "...*the government might go in a particular policy direction, based on what was considered good evidence at the time, so your evidence has to show how it can refine and improve and not waste investment. It is important to be pragmatic.*" Those of us seeking to measure the effectiveness of EIPM interventions should be aware that policy choices are developed in a context of competing political interests and priorities (both external and internal), and availability of finances so that the influence of research evidence can vary depending on the issue and degree of contestation.

[ii]We conducted a rapid review of the literature on the effectiveness of interventions to optimize the use of evidence in public policymaking. Our focus was on papers published in the last three years but older articles were included if they were of particular relevance. 44 published papers and grey literature met our inclusion criteria.

Barriers to Evidence Use

One way that EIPM outcomes are framed is from the perspective of efforts to address 'barriers' to evidence use at different points in the EIPM process. From the literature review and interviews that we conducted, the most common barriers mentioned are: lack of specialist technical skills among decision makers to access, apply and appraise research; an absence of organisational systems, incentives and time for decision makers to use evidence; weak links between researchers and policymakers; and lack of policy-oriented knowledge translation and communication of research.[11-13]

In the literature, EIPM outcomes were conceptualised in terms of a reduction of 'barriers' at different levels in the EIPM system:

- **Individual skills and behaviours:** This level is the focus of many interventions such as capacity building (e.g. training and mentoring) and generating demand for evidence, leading to outcomes of improved awareness, skills, capacities and behaviours around evidence use – with skills change being the most readily measured, and behaviour change more difficult to track.

- **Organisational systems and structures:** Structures and systems that enable, incentivise and reinforce evidence use behaviours (for example, knowledge translation, improved access to relevant evidence through knowledge repositories and data systems), or the development of procedures, tools and guidelines for evidence use, leading to strengthened systems. Establishing specialist policy and research units within ministries is a more ambitious approach to improving the organisational environment for evidence use.

  AFIDEP has recently concluded a project to strengthen the capacity for evidence use in health ministries and parliaments in Kenya and Malawi. Policy makers were very excited that we helped them to develop guidelines to help them institutionalise the practice of evidence use. However, they did not roll-out the guidelines to the rest of the institutions, possibly waiting for other projects to come and support this roll-out effort.

- **Networks and other types of structured interactions between policy and evidence actors:** There are many diverse interventions that focus on building links and more frequent interaction between research, policy, civil society and business actors, ranging from policy dialogues (or what we call Science-Policy Cafes at AFIDEP) through to formal networks, and organisational structures such as advisory boards and knowledge translation platforms (KTPs). These interventions are seen as leading to outcomes relating to improved links between policymakers and researchers. However, the outcomes associated with network interventions are challenging to track because of their intangibility e.g. cognitive outcomes associated with social learning, the role of leaders and champions in policy advocacy across social networks, and the complexity of causal links between network involvement and behaviour change.

- **Institutional level – the wider ecosystem of actors, agencies and stakeholders involved in policy processes:** There are fewer interventions focused at this level, which can cover a wide range of approaches. Examples include i) strengthening civil society evidence actors such as think-tanks and NGOs; ii) strengthening research and policy analysis units within government ministries and parliament; iii) a cabinet level evaluation department; or iv) creating interagency institutional arrangements between government, non-governmental agencies and international development partners.

Other interventions at this level seek to strengthen institutional leadership for evidence use and ensure that there are functional libraries or access to online evidence databases and related infrastructure such as internet connectivity. These interventions are seen as leading to a range of outcomes at all levels, including: improved supply and brokering of research evidence into the policy ecosystem; establishing formal norms, regulations and incentives for evidence to be used in policymaking; strengthening actors' ability to generate, broker and scrutinise evidence and policy decisions; and holding government to account through actions of parliamentary committees and civil society involvement. Tracking outcomes at the institutional level can be challenging due to the interaction of multiple factors in complex contexts.

Our experience of working with policymakers in Africa has led us to acknowledge the following ***additional challenges*** to the policymaking process:

- Evidence use in policymaking may be due to the **individuals occupying leadership** positions. When such individuals get transferred to another ministry or department, this can mean an end to a thriving culture of evidence use.

[III]We conducted interviews with about 24 EIPM global experts, policymakers and funders on how to measure interventions for EIPM and what the barriers are.

- **Lengthy, bureaucratic processes of developing policies** can lead to delays in launching and adopting policies to the extent that the data and evidence used at the start loses its currency. For example, the Kenya Health Sector Policy of 2014-2030 and the Kenya Research-for-Health Policy have been in draft form since 2015.

- **There is a degree of inertia in many government agencies and weak accountability systems** which affect the quality of work done in the policy process. The accountability systems within these agencies are weak –checking the quality of data before this is used in decisions often does not happen. **Data and evidence are often not a priority** for many governments and as a result, fewer resources are put into the generation and translation of evidence.

- There is a strong **consultancy culture** in many African governments, where any technical work including policy development is contracted out to "experts", some of whom have very limited understanding of the political economy or EIPM principles.

- Many African governments claim to have no **funding for conducting policy processes** or creating their own policy analysis units. As a result, they rely on multilateral agencies such as the WHO to convene policy processes and to provide financial and technical advice. This is particularly true when countries are requested to domesticate international commitments –whether this is a genuine lack of funds, low priority attached to engaging in this process, or conflicting interests between domesticated preferences and international policies is unclear.

Insights into these challenges can be found in two evaluations of institutionally targeted evidence initiatives in LMIC settings.[11,14] The evaluation of the Demand-Driven Evaluations for Decisions (3DE) programme, piloted in the ministries of health in Zambia and Uganda in 2012–2015, highlighted several lessons that relate to these challenges.[14] The evaluation found that there had been an over-estimate of policymakers' capabilities to clearly articulate 'demand' for evaluation evidence and that they needed more building of evaluative thinking and capabilities before being able to shape an evaluation study and use the findings. The importance of locating the programme in a local organisation was highlighted, since local knowledge translation organisations were perceived as better able than a remote team to respond rapidly to policy 'windows', navigate political economy dynamics and engage stakeholders in evidence and policy processes.

Barriers to Evidence Use: Lessons from the BCURE projects

The three-year evaluation of BCURE[iv] in six LMIC countries11 confirmed the usual barriers, and found additional structural challenges, including statistical data that is patchy in coverage and variable in quality, national research systems that reflect international funders' priorities rather than national policy agendas, with low incentives for researchers to engage with domestic policy agendas. The evaluation's findings confirm the importance of working politically. In addition, programmes had greater success where they located an entry point in a sector or government institution, took advantage of a window of opportunity for partnership, and built on existing institutional relationships. The importance of working with local organisations was underlined as the programmes had most success where they 'accompanied' government partners in a flexible, tailored, collaborative way that promoted ownership, and strengthened partner capacity through 'learning-by-doing'. All six BCURE projects used training as a key intervention, but in the limited settings where this led to changes in behaviour to access and use evidence routinely, this was often because projects succeeded in influencing outcomes at multiple levels, for example, building self-efficacy, providing tools that facilitated staff to do their jobs more easily, and tapping into or generating organisational incentives to reinforce behaviour change.

AFIDEP's specific experience of implementing a BCURE project in Kenya and Malawi led to the following lessons:

- While individual capacity (in terms of knowledge, skills, confidence and commitment) is the foundation of effective evidence use, **EIPM interventions also need to target other actors and levels in the system**, for example, developing organisational processes, engaging senior leaders' support and catalysing wider incentives for people to change ways of working, making sure interventions join up and outcomes at different level reinforce each other to have a system-wide effect.

- A traditional view of public policymaking is that of a national level activity. Countries with decentralised systems (for example Kenya) **have struggled with inadequate capacity for policymaking at sub-national level**.

- Most visible changes to individuals' training were seen where there was **strong leadership and a critical mass of individuals who received training** (for example research departments of parliament).

[iv]Building Capacity to Use of Research Evidence (BCURE) was a three-year DFID programme implemented by six projects whose focus was on building capacity to make evidence informed decisions.

Furthermore, the programme's design to provide follow-up support and mentorship to trainees over a one-year period was instrumental in motivating them to put into practice the skills and knowledge they had acquired. Many of the trainees have gone on to become strategic evidence ambassadors in their organisations, counties and even regionally.

Our experience resonates with what we have learnt from the literature. Witter et al's 3DE evaluation is that externally supported evaluation and evidence processes should aim not only to increase instrumental use of evaluation evidence; they should also build capacities for government institutions to meet their evidence needs in ways that infuse productive norms of transparency, accountability, participation, and importantly equity, into the governance of policy processes.[14]

Much of the EIPM literature language has now moved away from the language of 'barriers' to look at how evidence use is considered within the policy process as a whole, and also how policy processes themselves are governed. However, the notion of barriers remains persistent in EIPM interventions, especially those in LMIC settings. Part of the reason for this may be that in LMIC settings, these barriers and constraints to evidence use are still major.

What is the change that we seek?

Our vision at AFIDEP is to **instil a culture of evidence use in decision making** so that the right investments are made towards development, thus enhancing people's general wellbeing. Specifically, we seek to change the **belief system and values of policymakers** to a culture where evidence is always considered when making policy decisions. For this to happen, policymakers, among other things, must create an environment within their institutions that supports, motivates, and enables evidence use on a daily basis. The major challenge is that measuring cultural change is quite difficult if using conventional impact philosophies while indicators of an enabling environment can be easily measured (for example changes to systems and procedures, increased funding allocation for evidence use, and changes to government structures). Nevertheless, it is still possible to identify outcomes for the cultural shift to evidence use.

Outcomes for cultural shifts to evidence use in policymaking

The choice of outcomes very much depends on the underlying perspectives and the strategies and tools for facilitating EIPM. The outcomes sought are sometimes intangible. For example, conceptual uses of evidence are as important as instrumental uses, but conceptual impact[V] is often difficult to trace back to any particular intervention. Also, evidence use in formulating or implementing the policy is not an end in itself; it is the effectiveness of the policy at improving people's lives that is the end goal. Therefore, assessing the full impact of EIPM is really only possible when a policy has been formulated and implemented and its effectiveness evaluated. This requires a long timeframe to be able to see such impacts.

Drawing from AFIDEP's experience and the literature, we offer the following suggestions for outcomes that demonstrate a **culture of evidence use**:

- **Demand for and use of evidence**. Policymakers should regularly demand evidence which i) responds to particular policy questions; ii) provides greater conceptual understanding of issues; and iii) is relevant for different stages of the policy process. Policymakers should also be open to diversity of views from researchers rather than always relying on one group of researchers. Where capacity to understand research evidence is weak, policymakers should be willing to develop their capacities.

  This outcome can be used to capture a wide range of EIPM interventions including networking between researchers and policymakers, capacity building for evidence use and framing policy questions, and government agencies taking ownership of the policymaking process e.g. Technical Working Groups that are initiated and led by the government (as opposed to donor-driven) is another sign of EIPM.

- **Institutionalisation of EIPM**. Government agencies and departments develop and adopt policies and guidelines on evidence use in decision making with clear leadership of this culture from the top. There is demand for rapid synthesis or systematic reviews conducted either internally or commissioned, there may be departmental libraries or subscriptions to journals to encourage evidence use. This outcome is related to the demand for use of evidence.

- **Funding for research, knowledge translation and R&D for industry**. Even in times of austerity budgets, policymakers who value EIPM will make

[V]Conceptual use of evidence refers to contributing to understanding of policy issues, reframing debates; instrumental use refers to influencing the development of policies and/or practice, shaping legislation, or altering behaviour.

some investments to promote the generation and use of evidence for better policies. Currently, African governments have committed to spending one percent of their GDP on R&D, but most countries spend between 0.02 and 0.79 percent of GDP on R&D, with Kenya having the highest spend at 0.79 percent.[15] The World Bank estimates the average for the world to be around 2.2 percent and for USA and OECD to be between 2.6 and 2.8 percent.

- **Functional data and M&E systems**. Funding for regular and routine collection of data to be able to assess progress in ultimate goals such as reducing inequalities, improving wellbeing, reducing poverty and so on. The regular use of objectively derived data in decision-making is the ultimate indicator of a culture that values evidence. The quality of the data is also an important indicator of a culture that values evidence as is open access to these data, research, and policy documents.
- **Existence of functional accountability mechanisms**. These mechanisms foster a culture of interrogating evidence and therefore promoting rigorous use of evidence in programming and policymaking. Examples of accountability mechanisms include regular fora to review scorecards, public enquiries and so on.
- **Institutionalised evidence sharing platforms**. Fora to enable technical officers in government to share and hear about the latest research evidence. Examples include regular research seminars in government departments or government-sponsored (or led) research dissemination conferences and other structured ongoing engagement between government institutions and research organisations.
- **Trusted relationships** between policymakers and knowledge brokers/researchers as well as between researchers, policymakers, and industry. Although this indicator is also intangible, it is nevertheless an important sign of the acceptance of knowledge experts' role in policymaking. EIPM experts find out through such relationships how policies are actually developed which enables them to use windows of opportunity for facilitating EIPM.

Concluding Remarks

While promoting the use of evidence in specific policies is critical, the EIPM field should mainly be about inculcating a culture of evidence use in decision making so that even when the EIPM experts are not at the table, decision makers will ask the right questions about the basis of various policy positions – making sure that robust evidence is always on the table when decisions at all levels of the policy pipeline are being made.

The EIPM field can advance the measurement agenda in a specific way. To our knowledge, no tools exist to measure these outcomes, and even though developing such tools might be challenging especially for the intangible outcomes, it is not impossible. We encourage EIPM experts to work with us at AFIDEP as we seek to develop such tools that can be adapted to different contexts and at many levels of public policymaking.

References

1. GoK, et al., Guidelines for Evidence Use in Policy-Making, K. Ministry of Health, Editor. 2016: Nairobi, Kenya.
2. GoM, et al., Guidelines for Evidence Use in Decision-making, M. mINIstry of Health, Editor. 2016: Lilongwe, Malawi.
3. Parkhurst J.O and Abeysinghe S, What constitutes "Good" Evidence for Public Health and Social Policy-making? From hierarchies to appropriateness. Social Epistemology, 2016. 30(5-6): p. 665-679.
4. Weiss, C.H., The Many Meanings of Research Utilization. Public Administration Review, 1979. 39: p. 426-431.
5. Cairney, P. and K. Oliver, Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy? Health Research Policy and Systems, 2017. 15(1): p. 35.
6. Hawkins, B. and J. Parkhurst, The 'good governance' of evidence in health policy. Evidence & Policy: A Journal of Research, Debate and Practice, 2016. 12(4): p. 575-592.
7. Punton M., How can capacity development promote evidence-informed policy making? Literature Review for the Building Capacity to Use Research Evidence (BCURE) Programme. 2016, ITAD.
8. Everett, S., The Policy Cycle: Democratic Process or Rational Paradigm Revisited? Australian Journal of Public Administration, 2003. 62(2): p. 65-70.
9. Toon P., What is evidence? London J Prim Care (Abingdon). 2014. 6(5): p. 95-97.
10. Cairney Paul, Oliver Kathryn, and Wellstead Adam, To Bridge the Divide between Evidence and Policy: Reduce Ambiguity as Much as Uncertainty. Public Administration Review, 2016. 76(3): p. 399-402.
11. Vogel I. and Punton M., Final Evaluation of the Building Capacity to Use Research Evidence (BCURE) Programme. 2018, Itad.
12. Colquhoun, H.L., et al., Evaluation of a training program for medicines-oriented policymakers to use a database of systematic reviews. Health Research Policy and Systems, 2016. 14(1): p. 70.
13. Armstrong, R., T.L. Pettman, and E. Waters, Shifting sands – from descriptions to solutions. Public Health, 2014. 128(6): p. 525-532.
14. Witter, S., et al., Generating demand for and use of evaluation evidence in government health ministries: lessons from a pilot programme in Uganda and Zambia. Health Research Policy and Systems, 2017. 15(1): p. 86.
15. UNESCO, Data for Development. https://sdg.uis.unesco.org/2016/09/14/how-much-does-your-country-invest-in-research-and-development-rd/. Accessed on 23rd July 2018. UNESCO.