

# **Module 1: Foundation of Policy-Making and Evidence Use**

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## Module Objectives

At the end of this module, participants will:

- Define the terms and role of evidence in policy-making
- Describe the importance and value of evidence informed policy-making
- Identify barriers and facilitators of evidence informed decision-making.
- Describe context and sources of information that influence policy making
- List steps involved in policy development
- Identify tactics for reaching policymakers in the right way and at the right time
- Know and demonstrate how to draft a policy question

The definitions presented below come from a variety of sources and help establish a common basic understanding of key terms as well as provide participants with an opportunity to react and compare them with their own or other definitions.

## Definitions: Evidence-informed policy making, evidence, data, and policy

### Evidence-informed policy making

An approach to policy decisions that aims to ensure that decision-making is well-informed by the best available research evidence. It is characterized by the systematic and transparent access to, and appraisal of, evidence as an input into the policy-making process.

-Source: Lavis, J., Wilson, M., Oxman, A., et al. (2009). *SUPPORT tools for evidence-informed health policymaking (STP) 4: using research to clarify a problem.* <http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-S4.pdf>.

The term evidence-based policy is used in the literature, yet largely related to only one type of evidence – research. Using the term “evidence-influenced” or “evidence-informed” reflects the need to be context sensitive and consider use of the best available evidence when dealing with everyday circumstances.

-Source: Bowen S & Zwi A. (2005). *Pathways to “evidence-informed” policy and practice: A framework for action.* <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020166>.

Evidence-informed policy provides an effective mechanism to establish in a scientifically valid way, what works or does not work, and for whom it works or does not work.

-Source: Sutcliffe, S. & Court, J. (2005). *ODI Evidence-Based Policymaking: What is it? How does it work?* <http://www.odi.org/publications/2804-evidence-based-policymaking-work-relevance-developing-countries>.

Public policy informed by rigorously established objective evidence.

-Source: Wikipedia (Accessed 2016). *Evidence-based policy.* [https://en.wikipedia.org/wiki/Evidence-based\\_policy](https://en.wikipedia.org/wiki/Evidence-based_policy).

## Evidence

The available body of facts or information indicating whether a belief or proposition is true or valid.

-Source: Google (Accessed 2016). *Evidence*.

<https://www.google.com/search?q=evidence&oq=evidence&aqs=chrome..69i57j69i60l2j69i59l3.976j0j4&sourceid=chrome&ie=UTF-8>.

## Data

Factual information (as measurements or statistics) used as a basis for reasoning, discussion, or calculation.

-Source: Merriam Webster (Accessed 2016). *Data*. <http://www.merriam-webster.com/dictionary/data>.

Facts and statistics collected together for reference or analysis.

Synonyms: facts, figures, statistics, details, particulars, specifics.

-Source: Google (Accessed 2016). *Data*.

<https://www.google.com/search?q=data&oq=data&aqs=chrome..69i57j69i60j69i58j69i60l3.447j0j4&sourceid=chrome&ie=UTF-8>.

## Policy

The following definitions come from the Kenya Ministry of Health's Guidelines for Evidence Use in Policy-Making (2016):

A *policy* can be defined as a course or principle of action adopted or proposed by a government, party, business, or individual. It is defined by Black's Law Dictionary (2nd Ed) as "the general principles by which a government is guided in its management of public affairs".

The World Health Organization (WHO) defines health policy as referring to "decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term".

-Source: WHO (Accessed 2016). *Health Policy*. [http://www.who.int/topics/health\\_policy/en/](http://www.who.int/topics/health_policy/en/).

### **What is the difference between "evidence-based" and "evidence-informed" policy-making?**

The difference lies in the fact that in the end, policy **will not always succeed in being based on research evidence** because of many other competing factors. However, the process needs to consider available research evidence even if this does not eventually inform the policy options chosen, i.e. evidence-informed policy making processes.

Evidence, in this definition, could be derived from research, citizens and stakeholders, and from practice and implementation. Evidence informed policy is not based exclusively on research evidence or on one set of findings. This terminology allows for the reality that sometimes research findings are considered and rejected; but the resulting policy was still evidence-informed.

Note that key aspects of evidence-informed policy include:

- Evaluation of research findings to determine which programs have solid evidence of positive or negative outcomes;

- Support of rigorous evaluation for innovative programs that are new or previously unstudied, to build the number of research-proven interventions.

## The Value of Evidence-Informed Policy Making

1. The advantages of using an evidence-informed approach to policy making have been widely discussed by researchers and policy makers. The advantages include, among others:
  - Helps ensure that policies are responding to the real needs of the community, which in turn, can lead to better outcomes for the population in the long term
  - Can highlight the urgency of an issue or problem, which requires immediate attention. This is important in securing funding and resources for the policy to be developed, implemented and maintained
  - Enables information sharing amongst other members of the public sector, in regard to what policies have or haven't worked.
  - Can reduce government expenditure which may otherwise be directed into ineffective policies or programs which could be costly and time consuming
  - Can produce an acceptable return on the financial investment that is allocated toward public programs by improving service delivery and outcomes for the community
  - Ensures that decisions are made in a way that is consistent with our democratic and political processes, which are characterized by transparency and accountability.
2. Evidence can help you do the following as part of policy-making:
  - Make good investment decisions
  - Increase efficiency in performance and service delivery
  - Raise additional resources
  - Strengthen programs and improve results
  - Ensure accountability and reporting
  - Improve quality of services provided

*“Where did the field get the idea that evidence of an intervention’s efficacy from carefully controlled trials could be generalized as THE best practice for widely varied populations and settings?”*

*Larry Green*

To ground understanding of what evidence use looks like, the list below outlines only some of the ways that evidence utilization may manifest. It is not always a clear change in a policy document. What are other ways in your experience?

## Indicators of Evidence-Informed Policy Making may include:

1. New policies or amended policies
2. Recommendations adopted by implementing (and other) institutions
3. Guidelines revised to reflect the evidence

4. Influencing the upstream policy dialogue
5. Inclusion on agenda of technical working groups or other key meetings
6. Changes in level of funding; new donors
7. Number of policies, programs, or products developed on basis of evidence
8. Frequency and quality of interactions with high level policy makers
9. Incidence of similar projects
10. Changes made to program or services
11. Scaling of the original program within geographic area
12. Your suggestions?

## **The Context of Policy-Making**

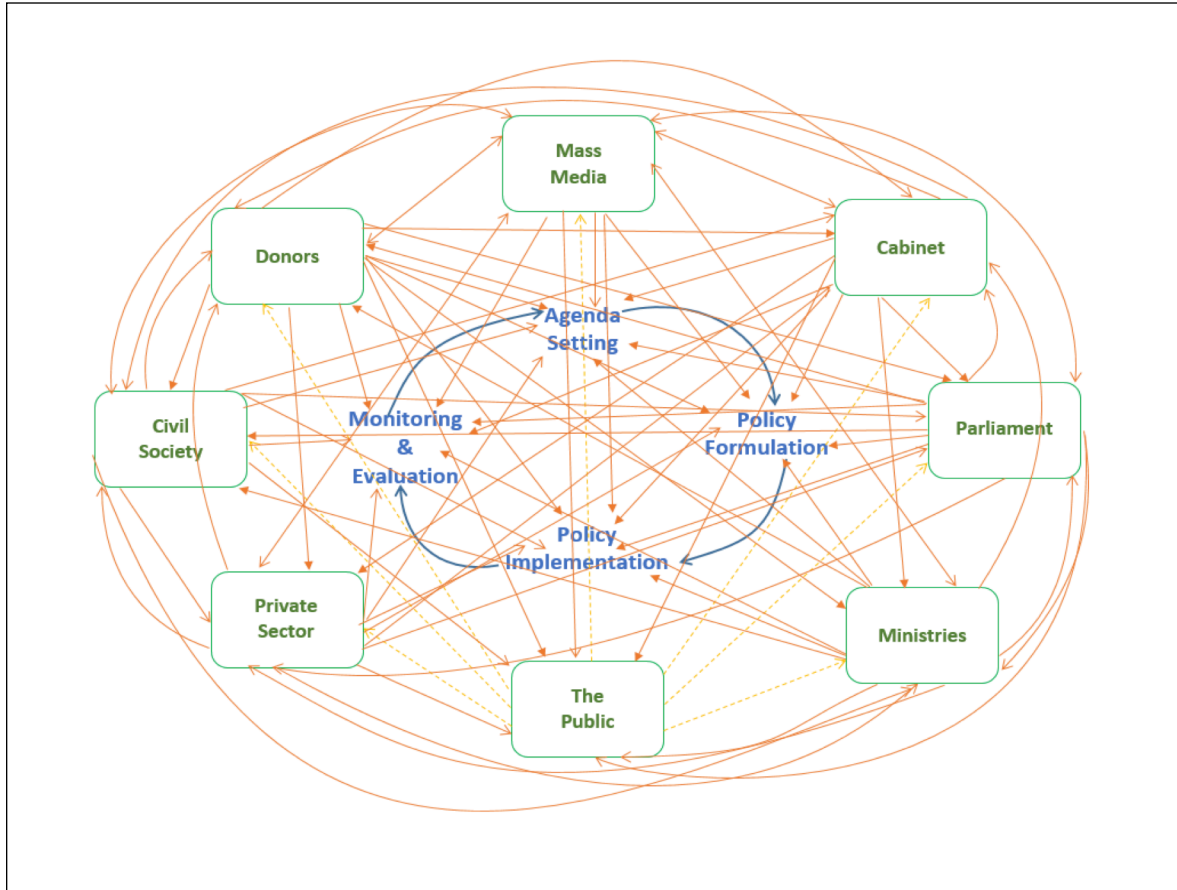
Policy-making is a complex process, influenced by with many actors, factors and interests. To effectively bring evidence to this process, it is important to understand its complexity.

Making decisions in a policy context is a political and complex process influenced by many different kinds of information, priorities, and contextual factors (the figure further below attempts to depict this complexity). One definition of decision-making is “the process of examining your possibilities and options, comparing them, and choosing a course of action.”

The complexity of policy-making has to be understood in the context of the four broad stages of policy-making, namely, agenda setting, policy formulation, implementation, and evaluation. Handout 3 explains the key focus of each of these components and the different evidence needs in each of the stages.

A fair amount of research has been conducted on the barriers and challenges associated with using research. Research evidence has to compete with a range of other factors that influence decisions about what will become policy. These factors may include experience, expertise, judgement, values, resources, habits and traditions.

### Complexity of policy-making

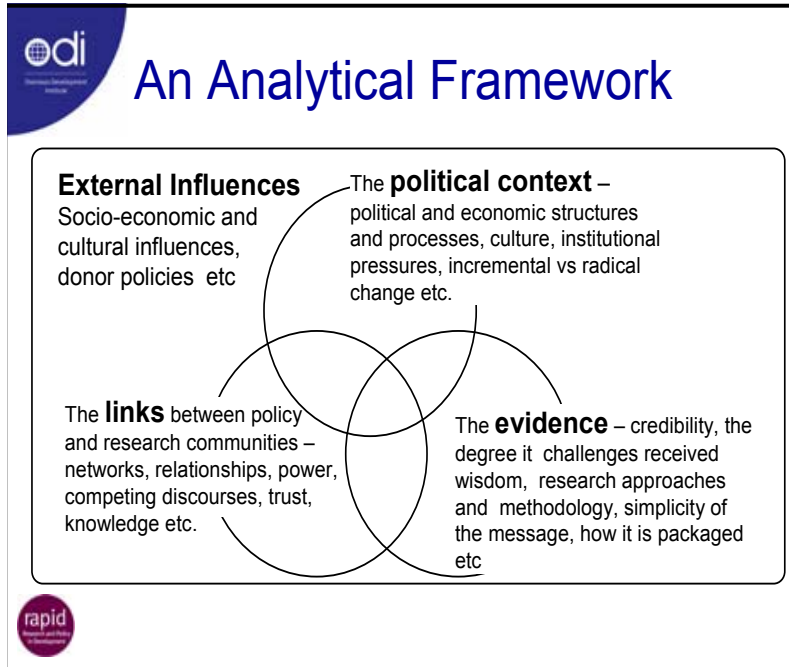


Refer to Handout 2 on 'Examples of health policy-making processes in Kenya' in the Handouts and Readings section of this Guide for further illustrations of complexity in policy-making.

### The RAPID conceptual framework for evidence use in policy

ODI has developed a framework for understanding research-policy links. It is based on an extensive literature review, conceptual synthesis, and testing in both research projects and practical activities. The framework clusters the issues around four broad areas:

- Context: Politics and Institutions
- Evidence: Approach and Credibility
- Links: Influence and Legitimacy
- External Influences



For more details on the RAPID model refer to a summary paper in the Handouts and Readings section of this Guide entitled: ‘*The RAPID framework for assessing research-policy links*’

### Stages of the policy process and evidence needs

The policy making process comprises four main stages, namely, **agenda-setting, formulation, implementation, and evaluation** (see table below). Evidence can inform any of these stages of the policy-making processes. T



**Table 1: Components of policy process and different evidence issues**

Stage of the policy process	Description	Different evidence issues
Agenda setting	Awareness and priority given to an issue	The evidence needs here are in terms of identifying new problems or the build up of evidence regarding the magnitude of a problem so that relevant policy actors are aware that the problem is indeed important. A key factor here is the credibility of evidence but also the way evidence is communicated.
Formulation	There are two key stages to the policy formulation process: determining the policy options and then selecting the preferred option (see Young and Quinn, 2002: 13-14)	For both stages, policymakers should ideally ensure that their understanding of the specific situation and the different options is as detailed and comprehensive as possible; only then can they make informed decisions about which policy to go ahead and implement. This includes the instrumental links between an activity and an outcome as well as the expected cost and impact of an intervention. The quantity and credibility of the evidence is important.
Implementation	Actual practical activities	Here the focus is on operational evidence to improve the effectiveness of initiatives. This can include analytic work as well as systematic learning around technical skills, expert knowledge and practical experience. Action research and pilot projects are often important. The key is that the evidence is practically relevant across different contexts.
Evaluation	Monitoring and assessing the process and impact of an intervention	The first goal here is to develop monitoring mechanisms. Thereafter, according to Young and Quinn (2002), 'a comprehensive evaluation procedure is essential in determining the effectiveness of the implemented policy and in providing the basis for future decision-making'. In the processes of monitoring and evaluation, it is important to ensure not only that the evidence is objective, thorough and relevant, but also that it is then communicated successfully into the continuing policy process.

Source: Adapted from Pollard and Court (2005).

### Important Steps in Policy Development

There are various steps in the policy development process, starting from identifying a policy issue to evaluating implementation. It is important to note that sometimes the steps are iterative and may not necessarily occur in a strictly linear fashion or chronological order. The Kenya Ministry of Health *Guidelines for Evidence Use in Policy-Making* (2016) lists the following steps as necessary in health policy development:

- Step 1. Identify a policy issue
- Step 2. Preliminary considerations before starting the actual policy development
- Step 3. Assemble a policy development team
- Step 4. Identify/analyze problems and issues to be addressed in new/revised policy
- Step 5. Conduct an analysis of stakeholders to be involved in the policy development process
- Step 6. Set goals and objectives of the envisioned policy
- Step 7. Identify policy options to achieve the goals and objectives

- Step 8. Appraise and select policy options
- Step 9. Draft the policy
- Step 10. Deliberate draft policy with stakeholders
- Step 11. Validate and obtain official endorsement
- Step 12. Launch and implement policy
- Step 13. Monitor, evaluate, learn and revise policy as needed

Elsewhere, the Center for Global Development has listed the following as the steps involved in policy change:

1. Choose an important problem that can be solved.
2. Find the right person or persons to lead the team.
3. Get the money.
4. Recruit the team.
5. Sharpen the problem definition and begin working on the solution.
6. Establish a small secretariat to do the real “work.”
7. Names matter: brand early and carefully.
8. Communicate with stakeholders early and often.
9. Circulate a consultation draft—and pay attention to the feedback!
10. Refine the product and activity mix to suit the goal.
11. Identify key decision makers and ways to reach them.
12. Hand off the initiative to others—or not.

Source: Center for Global Development [www.cgdev.org](http://www.cgdev.org)

## **Facilitators and Barriers to Evidence Use in Policy-Making**

Evidence is not optimally used in policy-making for many reasons. This makes it important to understand the factors that enable or increase the use and consideration of evidence (i.e. facilitators) as well as those that hinder evidence use (i.e. barriers) in policy-making processes. A fair amount of research has been conducted on the facilitators and barriers of evidence use and we will draw on this.

### ***Facilitators of evidence use***

Several factors and conditions have been documented as facilitative of research use in policy-making. On the supply-side of evidence, these factors include existence of relevant and timely research that is well packaged for use by policymakers, implementers, and the general public, as well as wide dissemination of the research. On the demand-side of evidence, these factors include policymakers having interest and motivation to use research evidence, having access to research evidence, and having the institutional capacity and individual technical skills to access, appraise, interpret, synthesise and apply research evidence. At the interface of policymakers and researchers, an important facilitating factor is the existence of collaboration and relationships between policymakers and researchers. Other facilitators of evidence use include:

- Results that are congruent with existing ideologies, and that are convenient and feasible
- Policymakers who believe evidence can act as an important counterbalance to expert opinion
- Strong advocates for research and evaluation findings

**Barriers to evidence use**

Study conducted in Kenya and Malawi under the SECURE Health programme on the status of research use in the MoH and Parliament identified various barriers to research use as captured in the table below (SECURE Health, 2014).

*Table 2. Barriers to evidence use identified by health sector policymakers in Kenya*

<b>Type of Barrier</b>	<b>Ranking of barriers</b>
<b><i>Access barriers</i></b>	
Lack of a mechanism for accessing research evidence: <ul style="list-style-type: none"> <li>• Poor dissemination and packaging of research evidence</li> <li>• Lack of access to research evidence</li> <li>• Lack of or inadequate research evidence</li> <li>• No repository</li> <li>• No subscriptions to journals</li> </ul>	1
Poor data quality and a deficient health information system	2
Lack of or limited access to operations research or research in some specialised fields	3
<b><i>Institutional barriers</i></b>	
Inadequate funding to support the generation and use of research evidence in decision-making	1
Understaffing	2
Weak leadership for evidence use in decision-making	3
Weak institutional linkages with research institutions	3
Lack of institutional forums for communicating research evidence to top-level decision-makers	4
Lack of equipment, software and systems to support sourcing and using research evidence and data.	5
Politics and personal interests driving decision-making	6
Lack of guidelines for research evidence and data use	7
Inadequate institutional incentives for promoting evidence use in decision	8
Suspicion about motives of research funders and the validity of their research evidence	8
<b><i>Individual barriers</i></b>	
Inadequate technical skills	1
Inadequate time due to competing demands	2

Other barriers not captured in the table above include lack of motivation by policymakers to use evidence, contextual politics and cultural interests and values, as well as supply-side barriers to research use, including research evidence being irrelevant, untimely, and not well-packaged and widely disseminated.

In the Handouts and Readings section of this Guide, you will find two examples of policy-making processes in Kenya: one on the making of the adolescent reproductive health policy, and the second one on the change of malaria treatment policy (Handout 2). These examples illustrate some of the barriers and facilitators of research use in policy-making as well as the complexity of the policy-making process.

### Reaching Policymakers at the right time

Time is an important factor in getting evidence into policy – if a policymaker gets the evidence at the time when they need it, then the chances that they will use it are high. You need to know when a ‘policy windows’ opens for research uptake. Kingdon (1984; 2003) has defined policy window as:

“**policy window**” as the point at which policy issues move onto the government agenda and toward decision and action.

There are two important factors in theory of how policy windows open: (1) the policy system and (2) the human element.

#### *The Policy System*

A first step in reaching policy makers at the right time is to **understand the basics of the political system** where you intend to have influence. That includes the differing roles of parliament compared to government, how laws are made, the role of the civil service.

It is also important to **understand how policy is made on your topic of interest** and what relevant policy processes are on-going. There may be a special team responsible for your topic or that responsibility is devolved to local government bodies. Therefore a first step in knowing how to reach policy makers at the right time is to identify the “policy window” in the process of policy-making.

Capitalizing on the policy window is the thing that will catalyze the rest of the steps (accessing evidence, appraising evidence, etc.).

Source: <https://aaep.osu.edu/sites/aaep.osu.edu/files/paper29.pdf>

#### Kingdon’s model of the policy window



Galligan, A. & Burgess, C. (2003). *Moving rivers, shifting streams: Perspectives on the existence of a policy window. Occasional Paper Series #29.* <https://aaep.osu.edu/sites/aaep.osu.edu/files/paper29.pdf>

According to John W. Kingdon's policy window model, three 'streams' must be aligned for a matter to be dealt with in the public policy arena:

1. The problem stream (is the condition considered a problem?)
2. The policy stream (are there programs or solutions that can be implemented?), and
3. The political stream (are politicians willing and able to make a policy change?).

When these three streams come together, a window of opportunity is open and action can be taken on the subject at hand. This appears quite linear, but we recognize that in real life it is often a bit more complex or cyclical. These three streams operate largely independently, although the actors in each can overlap. A policy window opens when at least two streams come together at a critical time. The likelihood of successful agenda setting or policy change increases if all three streams—problem, proposal, and politics—are linked together.

-Source: Coffman, J. (2007). *Evaluation based on theories of the policy process*. <http://www.hfrp.org/evaluation/the-evaluation-exchange/issue-archive/advocacy-and-policy-change/evaluation-based-on-theories-of-the-policy-process>

### ***Human element in reaching policymakers***

Existence of meaningful relationships between policymakers and the producers of evidence has been shown to be important in enabling use of evidence. One systematic review of how evidence and information influence decision-makers found that **the absence of personal contact** between researchers and policy-makers and **the lack of timeliness** or relevance of research were the most common constraints (Innvaer et al 2002).

The most important point here is that it is essential to cultivate relationships and optimize opportunities in efforts to enable use of evidence in decision-making.

The information below helps you get started with defining what your policy question is. In other words, what is your evidence need? What is the question you are trying to answer by seeking out evidence?

### **Defining and Developing a Policy Question**

Policy decisions are typically made as a result of a variety of inputs and influences, including research findings, ideology, politics, personal experience or knowledge, intuition or conventional wisdom, and vested interests and advocacy. Therefore, it is important to remember that evidence is only one of many factors that are used to design policies. However, evidence is a critical input to making informed decisions about effective policies and programs.

The first step in Evidence-Informed Policy-Making (EIPM) process is to clearly define your practice question or problem. This is also the first step in developing a search strategy. Think of it this way – before you can proceed to find evidence to inform your decision, you must have a clear idea about what your decision point or policy objective is. You may acknowledge that evidence is an important part of the

policy equation, but you cannot start looking for the relevant evidence without knowing what you need it for.

Formulating this question can be an iterative process as you determine the different components relevant to your question and situation. Questions in public health policy can be related to one or more of the following:

- A risk factor, disease or condition
- The programs, services or drugs currently being used to address a risk factor, disease or condition
- The current health system arrangements within which programs, services and drugs are provided,
- The current degree of implementation of an agreed upon course of action (e.g. a policy or guideline)

Health research and evidence can be helpful in answering some of those questions by:

- Explaining the need for certain decisions or impetus for actions;
- Showing the reasons for choosing one of many competing arguments;
- Increasing confidence in decisions that are eventually made; and
- Helping build consensus.

-Source: Canadian Foundation for Healthcare Improvement. (2014). *Is research working for you? A self-assessment tool and discussion guide for health services management and policy organization*. <http://www.cfhi-fcass.ca/Libraries/Documents/SAT-Self-Assessment-Tool.sflb.ashx>.

Refer back to Table 1, which described the different stages of the policy-making process and the evidence needs at these stages. Your policy question will only be at one of the four stages of policy-making, and this specific stage will affect how the question is formulated, and therefore, also point toward different types of evidence needs. For example, if your policy question is at the Policy Formulation stage, a particularly useful type of evidence to answer questions at this stage is systematic reviews (more on these and other types of evidence are covered later in Modules 2 and 3). In particular, systematic reviews can help policymakers:

- Assess and rank interventions on the basis of effectiveness and cost-effectiveness;
- Show where the interventions are applicable;
- Show the relative cost of interventions;
- Show the strength of evidence on an agreed scale.

### ***Differentiating between a policy question and a research question***

There is a thin line between a policy question and a research question. To avoid the confusion, it is important to note that often a research question will ask about the situation (i.e., what is the situation), whereas a policy question will ask about what to do to address the situation (i.e., what do we do about the situation). Here are some three differences between the two questions:

- A research question generates information for understanding/explaining a phenomenon
- A policy question generates information for addressing or responding to a specific public policy issue/concern
- A policy question is often broader than a research question; in fact, a policy question often has more than one research questions
- A policy question moves the research to the next level, focusing on how the new research can be used to solve a policy problem (i.e., the so what question?)

## Additional Resources and Useful Links

*The Research Utilization Toolkit* has been developed to help researchers and practitioners address the knowledge-to-practice gap. It provides users with evidence-based information to help facilitate the research utilization process. While many of the toolkit's resources focus on reproductive health, the research utilization strategies are applicable to other technical areas. The link below focuses on evidence-based decision-making and contains guidance and tools to help make well-informed program and policy decisions and determine whether and how to adopt a new intervention. Within this tab, the subsection on scaling up evidence-based practices gives more specific guidance on how to replicate an intervention or expand it on a larger scale.

Source: K4Health. *Evidence-based decision making*. <https://www.k4health.org/toolkits/research-utilization/evidence-based-decision-making>

### *SUPPORT Tools for evidence-informed health Policymaking (STP)*

Each article in this series presents a proposed tool that can be used by those involved in finding and using research evidence to support evidence-informed health policy making. The series is intended to help such people to ensure that their decisions are well-informed by the best available research evidence. The series describes a set of tools that have been developed by the Supporting Policy relevant Reviews and Trials (SUPPORT) project, an international collaboration funded by the European Commission's 6th Framework. The series addresses four broad areas: 1. Supporting evidence-informed policy making 2. Identifying needs for research evidence in relation to three steps in policy making processes, namely problem clarification, options framing, and implementation planning 3. Finding and assessing both systematic reviews and other types of evidence to inform these steps, and 4. Going from research evidence to decisions.

Source: *Support Tools for evidence-informed health policymaking (STP)*. <http://www.health-policy-systems.com/supplements/7/s1>

This article, *Using Research Evidence to Clarify a Problem*, is part of the series, SUPPORT Tools for evidence-informed health policy making (STP), which are written for people responsible for making decisions about health policies and programmes and for those who support these decision makers. The article suggests questions that can be used to guide those involved in identifying a problem and characterising its features. These are: 1. What is the problem? 2. How did the problem come to attention and has this process influenced the prospect of it being addressed? 3. What indicators can be used, or collected, to establish the magnitude of the problem and to measure progress in addressing it? 4. What comparisons can be made to establish the magnitude of the problem and to measure progress in addressing it? 5. How can the problem be framed (or described) in a way that will motivate different groups?

Source: Lavis, J., Wilson, M., Oxman, A., et al. (2009). *SUPPORT tools for evidence-informed health policymaking (STP) 4: using research to clarify a problem*. <http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-S4.pdf>.

A systematic review of barriers to and facilitators of the use of evidence by policymakers. This is an updated systematic review on barriers and facilitators to the use of evidence by policymakers and on the state of research in this area.

Source: Oliver, K et al. (2014). *A systematic review of barriers to and facilitators of the use of evidence by policymakers*. <http://www.biomedcentral.com/1472-6963/14/2>

What is evidence-informed policy making? In this article, the following three questions are discussed: What is evidence? What is the role of research evidence in informing health policy decisions? What is evidence-informed policy making? It is part of the series, SUPPORT Tools for evidence-informed health Policy making (STP).

Source: Lavis, J., et al. (2009). *SUPPORT tools for evidence-informed healthy policymaking (STP)*. <http://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-7-S1-11>

This short article presents many broad concepts of EIPM and an actionable pathway to help both researchers and policy actors navigate the use of evidence.

Source: Bowen S & Zwi A. (2005). *Pathways to “evidence-informed” policy and practice: A framework for action*.  
<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020166>.

This 3-hour online course aims to provide the conceptual basis for data-informed decision making within an organization or program, or at the national, state, or district levels of government. Also included in the course are introductions to several tools created by MEASURE Evaluation to facilitate the use of data in decision making. The specific learning objective of the course is to improve the understanding of: the role of data in decision making, the context of decision making, the determinants of data use, and the importance of data sharing and feedback

Source: <https://training.measureevaluation.org/certificate-courses/ddu>

This is a systematic review of empirical studies that examined the complex interface between politics, policy, and the use of evidence. The review explicitly addressed the political nature of decision making, seeking to identify what is currently known about the ways in which political factors shape the uptake and use of evidence in health policy making. The need for a more explicit engagement with the political and institutional factors affecting the use of health evidence in decision-making is highlighted.

Source: Liverani, M, Hawkins, B., and Parkhurst, J.O. (2013). *Political and Institutional Influences on the Use of Evidence in Public Health Policy: A systematic review*.  
<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0077404>



## Illustrative Case Study

### Illustrative Case Study for Evidence Use in Decision-Making

This case study provides a topic of public health interest as a scenario to refer to throughout the course. Though the evidence outlined within the case study is real, some portions of the case study exercise are hypothetical (e.g., being asked by a superior to do something). The case study content is organized in a way that will allow participants to demonstrate the various practical skills involved in evidence-based decisions and policy making as applied to one consistent theme and scenario.

#### Exercise: Developing a Policy Question

##### *Background*

The integration of family planning (FP) and HIV services improves sexual and reproductive health outcomes by providing both services under one programmatic umbrella. This type of integration refers to the delivery of health services, and it is a subset of closely related but broader linkages between family planning and HIV policies, funding, programs, and advocacy.

For close to a decade, governments, normative bodies, funders, implementing partners, and communities have issued statements supporting the integration of family planning and HIV policies, programs, and services. As a result, meeting the contraceptive and other reproductive health needs of people living with HIV through the provision of integrated services is a core component of key global health frameworks. Major HIV/AIDS funders such as PEPFAR and The Global Fund increasingly encourage the integration of family planning into programs they support. For example, recent PEPFAR guidance states that “The need for family planning for HIV-positive women who desire to space or limit births is an important component of the preventive care package of services for people living with HIV/AIDS and for women accessing PMTCT services...PEPFAR is a strong supporter of linkages between HIV/AIDS and voluntary family planning and [other] reproductive health programs” (PEPFAR Fiscal Year Country Operational Plan (COP) Guidance). At the country level, some government health leaders have established national coordination efforts between reproductive health and family planning departments and HIV departments, which, in turn, have led to measurable progress in policy and practice. At least 16 countries have implemented the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages* to assess the current state of integration and develop action plans for strengthening efforts.

*Given these developments, your superior has asked you to advance FP and HIV integration in your country. What policy question can be derived from this directive and mandate?*

**Potential answer:** *What actions in my country will be the most effective for successfully integrating FP and HIV policies, programs, and services? (In other words, what does the evidence base indicate are the best policies and practices to achieve success?)*