

Day 1

Module 1

FOUNDATION OF POLICY-MAKING AND EVIDENCE USE

OVERVIEW

 **SESSION OBJECTIVES**

At the end of this session 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 making policy
- Identify tactics for reaching policymakers in the right way and at the right time
- Know and demonstrate how to draft a policy question

 **TIME**

4 hours 10 min

 **ACTIVITIES**

- A. Introduction to evidence-informed policy making: Interactive presentations and group activity: [40 min]
- B. Barriers and facilitators: Group Discussion [25 min]
- C. The context of policy making: Interactive presentation [30 min]
- D. Steps in policy development: Interactive presentation [25 min]
- E. Policy windows and reaching policymakers in the right way at the right time: Interactive presentation and facilitated discussion [30 min]
- F. Defining and developing the policy question: Presentation and facilitated discussion and case study [25 min]
- G. Practical Application Exercise 1: Participants refine their policy questions [15 min]
- H. Participants presentation: Participants share their refined policy questions and receive feedback [45 min]
- I. Session reflection and evaluation [15 min]

 **MATERIALS**

- Session 2 PowerPoint
- Markers

| ■ Sticky note

ADDITIONAL RESOURCES

Coffman, J. (2007). Evaluation based on theories of the policy process.

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>

SUPPORT tools for evidence-informed health policy making (STP) 4: using research to clarify a problem. <http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-S4.pdf>.

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>.

Module 1

ACTIVITY A: DEFINITIONS AND VALUE OF EVIDENCE-INFORMED POLICY

ACTIVITY OBJECTIVES

At the end of this activity participants will:

- Define the terms and role of evidence in policy making
- Describe the importance and value of evidence informed policy making

TIME

40 min

ACTIVITIES

- A. Interactive presentation and small group brainstorm: Review definitions of data, evidence, and evidence-informed policy making and identifying examples [25 min]
- B. Guided discussion: Value of evidence-informed policy making [15 min]

MATERIALS

- PowerPoint with definitions
- Markers
- Flipcharts for small groups

STEPS

Interactive Presentation -Defining key concepts and terms

1. Ask the group if they were able to review the definitions for *evidence informed policy making (EIPM)*, *evidence*, *data*, and *policy* sent as part of the pre-reading and also in their handbook. Also, this is a section that can be reduced to save time by referring participants to read this on their own or in small groups with no report back.
2. Ask for a volunteer to summarize the definition for *data* (without looking at their participants' guide). Ask the group if they have anything to add or change to the suggested definition. Show slide with the definition and compare to what has been generated by participants. Note any additions or differences.
3. Check with participants to clarify understanding or additional

comments from the group.

4. Repeat the same process for evidence, evidence-informed decision-making, and policy.

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>.

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>.

Policy

A *policy* can be defined as a course or principle of action adopted or proposed by a government, party, business, or individual. Source: Oxford Dictionary

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 Organisation (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/.

Why is policy important?

Policy is a core function of public health. It is through policy (and also education and research) that the health and well-being of the public (individuals, communities, and countries) can improve.

"Policies, strategies and plans are not ends in themselves. They are part of the larger process that aims to align country priorities with the real health needs of the population, generate buy-in across government, health and development partners, civil society

and the private sector, and make better use of all available resources for health – so that all people in all places have access to quality health care and live longer, healthier lives as a result.” ---

-Source: WHO (Accessed 2016). *Why are national health policies, strategies and plans important?* <http://www.who.int/nationalpolicies/about/en/>.

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 policy making (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.

5. Ask if someone can articulate why we use the term *evidence-informed* instead of *evidence-based*.

Build on their answer to summarize that evidence-informed policy making recognizes that, **in the end, policy will not always succeed in being based on research evidence – but that at least a broad range of evidence was considered as part of the policy making process.**

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.

Group activity: Examples of evidence-based and evidence-informed decisions [20 min]

6. Ask participants to count off (1, 2, 3) and split into three small groups and go to different areas in the room or area. Have them decide amongst themselves who will serve as their group's facilitator, timekeeper, scribe, and presenter.

For 10 minutes, have them share examples from their own experience of decisions, policies, protocols that were either evidence-based or evidence-informed. These can be from work or personal life.

The facilitator should have an example of each on hand ready to use if people are struggling. Refer to Handout 2, *Examples of health policy making processes in Kenya*, for two real-life examples from the Participant Guide.

Have groups return and take turns sharing for 2-4 minutes each the examples they came up with. Use chart paper to record local examples that could be referred to over the course of the training.

7. Identify and discuss commonalities, differences, or key points and note that next we'll be looking at real-life examples of policy making in their country next. Also followed by the indicators and advantages of EIPM.
8. Transition to discussing the indicators of evidence use by asking participants to name what the indicators were in the country examples; that's if participants have already referred to these examples. Use this to ask for a broader list of ways we know that evidence has been used. Answers may include:

B. Facilitated Discussion: The value of evidence-informed policy making

1. Explain that the advantages of using an evidence-informed

approach to policy making have been widely discussed by researchers and policymakers. It is a “hot topic” with common arguments to support the use of evidence application throughout the policy making cycle. Further, shifting to evidence-informed policy making is a process that requires sustained attention and resources.

2. Ask participants to share aloud some advantages to using an evidence-informed approach to policy making.

Make the following points if not raised by participants: [slides - “**Evidence in Policy making Helps to:...**”]

- 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.

Often, policy is understood as a written document. However, a more comprehensive understanding considers policy as a dynamic process of decision-making and a fundamental part of a strong health system.

3. Summarize by saying that evidence can help you do the following as part of policy making: [slide]

- 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
- Explain the need for certain decisions or impetus for actions
- Show reasons for choosing one of many competing arguments;
- Increase confidence in decisions that are eventually made;
- Help build consensus.

Adapted from 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>.

Evidence Application Indicators:

1. Explain that we will talk more about evidence application in Session 6: Applying Evidence, but to start off with the same understanding, ensure the group understands that applied evidence can appear in different ways. Perhaps the most commonly revered or understood is in a clear, written policy recommendation. But there are other examples, which can have just as much – or even more – real-life impact.
2. Ask participants to reflect on their own experience and name where they might see evidence applied – even if not in a policy.
3. If a hint is needed, remind participants that policy change (the actual document) can take a long time. In the interim, what might occur or what other types of documents that indicates new evidence is being used?
4. Compare what the group came up with this list:

Indicators of Evidence Use:

- New policies or amended policies
- Recommendations adopted by implementing (and other) institutions
- Guidelines revised to reflect the evidence
- Influencing the upstream policy dialogue
- Inclusion on agenda of technical working groups or other key meetings
- Changes in level of funding
- Number of policies, programs, or products developed on basis of this study
- Frequency & quality of interactions with high level policy makers
- Incidence of similar projects

- Changes made to program or services
 - Scaling of the original program within geographic area
5. Transition to next subsection, barriers and facilitators of evidence informed decision-making.

Module 1

ACTIVITY B: THE CONTEXT OF POLICY MAKING

ACTIVITY OBJECTIVES

At the end of this activity participants will:

- Describe context and sources of information that influence policy making

TIME

30 min

ACTIVITIES

Interactive presentation: Context of policy making and using evidence/information [30 min]

MATERIALS

- PowerPoint presentation

STEPS

Context of policy making and using evidence/information [30 min] Interactive presentation

1. Acknowledge that we will not be spending much time on the context of the policy making. There is a great deal written on the subject, some information is in their Participants' Guide, and they, the participants, are already experts in understanding the complexity of policy making.
2. Use presentation slides and include the following points:
 - a. 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-

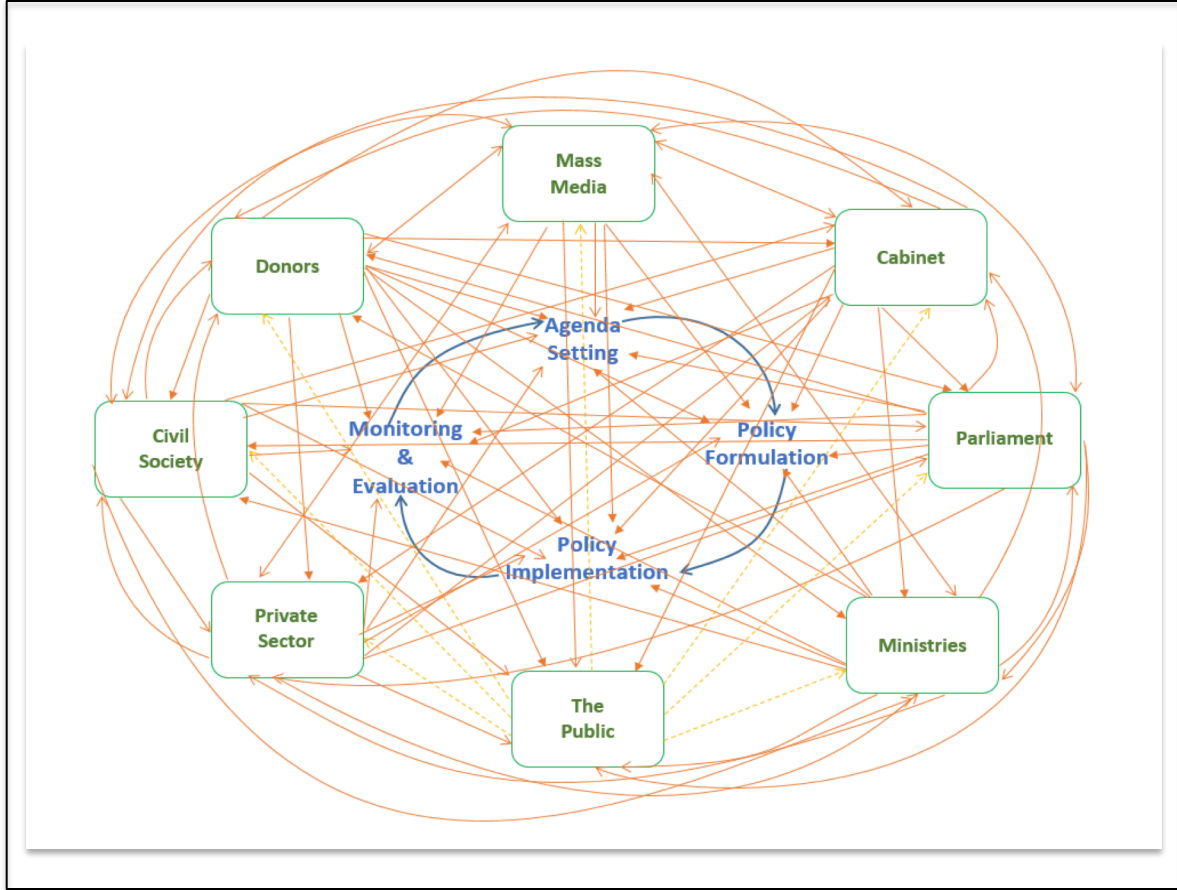
making is “the process of examining your possibilities and options, comparing them, and choosing a course of action.”

- b. 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.
- c. A fair amount of research has been conducted on the barriers and challenges associated with using research. Although there is much talk about evidence-informed policy, research evidence has to compete with a range of additional factors that influence decisions about what will become policy. These factors may include experience, expertise, judgement, values, resources, habits and traditions. As such, we must approach the complex, non-linear pathways for policy or decision making, where evidence is only one influencing factor and politics, ideology, values, and power dynamics all have equally powerful effects.

To illustrate, remind participants about their country examples of policy making they discussed earlier.

- 3. Concluding points are that: there are many factors which influence policy making, evidence is defined in ways we may not readily think of, and the context of policy making is extremely complex. EIPM is a challenge, but very important.
- 4. Transition to the next sub-section by noting that we are now moving into how to develop a policy.

Complexity of policy-making



Module 1

ACTIVITY C: STEPS IN POLICY DEVELOPMENT

ACTIVITY OBJECTIVES

At the end of this activity participants will:

- List steps involved in making policy

TIME

25 min

ACTIVITIES

Interactive presentation and facilitated discussion on how to develop policy[25 min]

MATERIALS

- PowerPoint presentation

STEPS

Interactive presentation: Steps in policy development

1. Note that we added this section based on feedback from early trainees and stakeholders who wanted to learn more about how to develop a policy. Because this process is highly unique to different countries and the various government bodies or other organizational entities, there is no “one-size-fits-all” pathway. As such, explain that we will draw on expertise from the group and the basic steps from Kenya Ministry of Health’s 2016 Guidelines for Evidence Use in Policy Making.
2. Ask participants:
 - a. Can you name steps in policy development that are likely common among different countries?
 - b. Have you been involved in developing a country policy? Can you describe the process?
 - c. Are you aware of guidance on policy development specific to your country and health sector?

Note to Facilitator: Previous participants were particularly interested in how options are generated and evaluated. We go into a bit more detail on those steps.

4. Review the steps in the policy development process:

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/analyse 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

- Source: Kenya Ministry of Health's 2016 Guidelines for Evidence Use in Policy Making

5. For steps 7 and 8, go into more detail on options, which was of special interest to previous participants:

- a. Develop a comprehensive set of options. This requires research evidence, particularly evidence from systematic reviews, best practices, and local evidence on what works
- b. Critically evaluate each policy option by comparing the relative merits associated with each possible policy option, including: costs, benefits, risks, and other relevant impacts.

6. Remind participants that it is important to note that sometimes the steps are iterative and may not necessarily occur in a strictly linear

fashion or chronological order. This famous quote illustrates that point:

“Laws are like sausages. You should never watch them being made.”
- Honoré Mirabeau, 1918

7. Transition to the next sub-section by noting that we are now moving into discussion about policy windows and reaching policy makers.

Module 1

ACTIVITY D: BARRIERS AND FACILITATORS

ACTIVITY OBJECTIVES

At the end of this activity participants will:

- Identify barriers and facilitators of evidence informed decision-making.

TIME

25 min

ACTIVITIES

A. Group Activity: Barriers and facilitators of evidence use [25 min]

MATERIALS

- Session 2 PowerPoint
- Policy making examples: adolescent health and malaria
- Flip charts for small groups
- Chart stands or tape
- Markers

STEPS

Facilitated discussion: Barriers and facilitators to using evidence in policy making [25 min]

1. Ask the group to review one of the country policy making examples; see Handout 2 which shares two examples of policymaking processes in Kenya (i.e. Summary of the Change of Malaria Treatment Policy in Kenya in 1998, and the Making of the Adolescent Reproductive Health Policy of 2003 (Handout 2 is found in the Handouts and Readings section of the Participant's Guide). Give them about 10 minutes to read the examples.
2. Ask the group to identify the barriers and facilitators of evidence use for each policy making example. Take 15 minutes to get their ideas and discuss.
3. The discussion should include some of the following **[slides]**:
 - a. **Barriers** - lack of availability to research, lack of relevant research, having no time or opportunity to use research evidence, policymakers' and other users not being skilled in research methods, and costs.

- b. **Facilitators** - access to and improved dissemination of research, existence of and access to relevant research, collaboration and relationships between policymakers and research staff. Other facilitators include:
 - i. Timely, relevant and clear research and evaluation with sound methodology
 - ii. Results that are congruent with existing ideologies, and that are convenient and feasible
 - iii. Policy-makers who believe evidence can act as an important counterbalance to expert opinion
 - iv. Strong advocates for research and evaluation findings
 - v. Partnerships between policymakers, decision-makers and researchers in generating evidence
 - vi. Strong implementation findings
 - vii. Implementation is reversible if needed
4. Ask participants:
 - a. To think about and comment on the distinction between political barriers versus technical barriers.
 - b. List these on flip charts. Identify the distinction in their lists. Which seem harder to deal with?
 - c. With regard to facilitators, ask participants for their views on what appear to be “low hanging fruit” in their real-life work settings? What facilitators appear to be relatively easy or accessible solutions to encourage using evidence in policy making?
5. Check with whole group for any question, additions or comments.
6. Note that barriers and facilitators will come up again in the next activity on the context of policy making.

Module 1

ACTIVITY E: POLICY WINDOWS AND REACHING POLICYMAKERS AT THE RIGHT TIME

 **ACTIVITY OBJECTIVES**

At the end of this activity participants will:

- Identify tactics for reaching policymakers in the right way and at the right time

 **TIME**

30 min

ACTIVITIES

Presentation and group discussion: Reaching policymakers [30 min]

 **MATERIALS**

- Session 2 PowerPoint

 **STEPS**

Presentation with group discussion: Reaching policymakers in the right way and at the right time [30 min]

1. Begin by acknowledging that the topic of *reaching* policymakers is also an example of applying evidence. Discussing this topic could come in Session 6: Applying on the last day of training – but it also fits with the discussions here related to the context of policy making and how to develop policy.
2. Acknowledge the complexity, and remind participants of the two examples of the policy making on the adolescent reproductive health policy and the Malaria change of treatment discussed earlier in Session 2.
3. Explain that theory on how ‘policy windows’ are created includes the concept that there are two important domains to consider with reaching policymakers:
 1. The policy system
 2. The human element
4. Explain the two domains with the content below:

a. The Policy System

Address the political systems domain by noting that a first step 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 policymakers at the right time is to identify the “policy window” in the process of policy making.

b. The Human Element

Now address the human element domain by noting understanding the basics of the political system and those specific to your topic of interest is essential BUT not enough. It is essential to cultivate relationships, networks, and know how your colleagues and policy makers like to work.

Point out that each policymaker has different ways they like to be contacted. Take time to check how they prefer to receive information. Knowing background of policy makers informs communication strategies.

Show slide with quotes:

“Policymakers believe that the most important contributions scholars [and experts] can make are ... as informal advisors or creators of new knowledge. However, severe time constraints limit their ability to use such scholarship in any but its’ very briefest presentation.”

Source: Mendizabal, E. (2014). What do policymakers want?

One systematic review of how evidence and information influence decision-makers found that the absence of personal contact between researchers and policymakers and the lack of timeliness or relevance of research were the most common constraints.

Source: Innvaer, S. (2002). Health policy-makers’ perceptions of their use of evidence: a systematic review.

The important take-aways from these quotes are:

1. Each policymaker has different ways they like to be contacted. Take time to check how they prefer to receive information. Knowing background of policy makers informs communication strategies.

2. Timeliness is a critical element in influencing policymakers. In sum, it is essential to cultivate relationships and optimize opportunities.

Consider sharing a real-life example from Kenya, which illustrates how the personal element can come into play in policy making: Several years ago, it happened that two ministers of health (Profs. Nyong'o and Mugo) were unfortunately suffering from cancer. Given their realities and interests at the time, they influenced great momentum and attention to strengthening Kenya's health system for tackling cancer. Policies passed quickly in parliament.

4. Return to policy window theory and ask for someone to define a "policy window."
5. Show slide of noted public policy analyst John Kingdon's definition: "policy window" as the point at which policy issues move onto the government agenda and toward decision and action.
6. State that capitalizing on the policy window is the thing that will catalyse the rest of the steps (accessing evidence, appraising evidence, etc.)
7. Introduce and explain Kingdon's policy window model using the content below:

According to 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?).

This model posits three streams which are always simultaneously ongoing. When the three streams converge, a policy window opens, and a new policy may emerge. 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>

Source: 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>

Detail on the three streams: The problem stream focuses the public's and policy-makers' attention on a particular problem, defines the problem, and calls for a new policy approach (or else the problem fades). Attention comes through monitoring data, the occurrence of focusing events, and feedback on existing policies, through oversight studies or program evaluation.

The political stream is where the government agenda is formed: the list of issues or problems to be resolved by government. This occurs as the result of the interaction of major forces such as the national mood, organized interests, and dynamics of public administration (jurisdictional disputes among agencies, the makeup of government personnel, etc.). The players are often quite visible, as members of the administration, appointees and staff, Congress, media, interest groups, those associated with elections, parties and campaigns, and public opinion. A consensus is achieved among those groups and a bandwagon effect or title effect occurs as everyone wants to be in on the policy resolution and not excluded.

The policy stream is where alternatives are considered and decisions are made. Here the major focus is intellectual and personal; a list of alternatives is generated from which policy makers can select one. Policy entrepreneurs and others play a role, such as academics, researchers, consultants, career public administrators, Congressional staffers, and interest groups. Trial balloons are sent up to gauge the political feasibility of various alternatives, either publicly or privately. They must be acceptable in terms of value constraints, technical constraints, and budgetary constraints. Consensus is developed through rational argument and persuasion (not bargaining). Tilt occurs when a plausible solution begins to emerge.

When these three streams converge, a policy window may open, because of a shift in public opinion, a change in Congress, or a change in administration, or when a pressing problem emerges. Any one stream may change on its own, but all three must converge for a policy decision to emerge.

-Source: California State University Long Beach (2002). *Models of public policy-making*.
<http://web.csulb.edu/~msaintg/ppa590/models.htm>

8. Take a couple of minutes to solicit for any comments on the model. Prompts include: Does the model seem logical? Make sense? Anything missing? Does it work in a linear fashion in real life?
9. Ask participants what they do - or can do - with evidence to couple the streams? In their jobs, how do they help bring about a policy window, or to leverage one that has already been opened. Some examples of professional influence might include:
 - Networking
 - Talking one-on-one
 - Engaging with the system
 - Writing documents and strategies
 - Preparing a document for a technical working group (TWG)
 - Serve on steering committee or task group for TWG
 - Getting on the agenda/presenting at TWG or other key audience

- Working with partners who develop policy documents
 - Packaging information
10. If relevant, share that previous participants challenged Kingdon's model, particularly the apparent absence of beneficiaries of public policy. Yet those groups often play a role in creating a policy window for change.
 1. Does it excludes the 'beneficiaries' of public policies?
 2. Where might beneficiaries voices and efforts come into play?
 3. In your experience, do beneficiaries often play a role in creating a policy window for change?
 11. Wrap up by noting that Kingdon's model is a well-known one but not the only one. We like the simplicity. Inquire if participants know of other models that describe the way to getting to "the point at which policy issues move onto the government agenda and toward decision and action (policy window).
 12. Transition to the next sub-section by explaining that we are moving away from theory and context and moving into defining the policy questions which prepares us to seek evidence.

Module 1

ACTIVITY F: DEFINING AND DEVELOPING THE POLICY QUESTION

 **ACTIVITY OBJECTIVES**

At the end of this activity participants will:

- Know and demonstrate how to draft a policy question

 **TIME**

1 hour 25 min

 **ACTIVITIES**

- A. Presentation and facilitated discussion: Defining and developing a policy question - [25 min]
Case study
- B. Practical Application Exercise 1: Participants refine their own policy questions [15 min]
- C. Participant Presentation: Participants share their refined policy questions and receive feedback [45 min]

 **MATERIALS**

- Flip charts for small groups
- Markers
- PowerPoint presentation
- Participant's own policy issue
- Case study

 STEPS

Presentation and facilitated discussion: Defining the Policy Question [25 min]

1. Introduce by stating that our next objective is to understand how to develop a policy question
2. Show slides and cover the following:
3. Explain that the first step in the EIPM process is to clearly define your practice question or problem. This is also the first step in developing a search strategy which is covered in Session 3: Accessing. 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 cannot start looking for the relevant evidence without knowing what you need it for. In other words, what is your evidence need? What is the question you are trying to answer by seeking out evidence?
4. Ask for volunteers to define what a policy question is. Answer on slide:
 - a. A question of what needs to be done to respond to a specific public issue. (You might also consider this a policy statement.)
 - b. A question that generates information for addressing or responding to a specific public policy issue/concern
 - c. A way to clarify what evidence you need to search for.
 - d. For example: How can we address the frequent cholera outbreaks in community X?

Note to facilitator: Remember that participants should have identified a policy question or issue to work on prior to coming to the workshop. This was done as part of the pre-training work and done in collaboration with their supervisor or organizational leadership.

5. Point out that questions on health policy may focus on:
 - a. A risk factor, disease or condition
 - b. Programs, services or drugs currently being used to address a condition
 - c. Current health system arrangements within which interventions are provide
 - d. Current degree of implementation of an agreed upon course of action (e.g. a policy or guideline)

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>.

6. Ask what is the difference between a research question and a policy question?
7. Acknowledge that there is a fine line between the two. In short, a

research question asks, “what is the situation?” and a policy question asks, “what do we do about the situation?”

8. Review these distinctions:
 - a. Research question generates information for understanding/explaining a phenomenon
 - b. A policy question generates information for addressing or responding to a specific public policy issue/concern
 - c. Policy questions are often broader than research questions – a policy question often has more than one research question
 - d. A policy question moves the research to the next level – what to do with the new research evidence? (the so what question?)
 - e. See table on slide for examples and distinctions between research and policy questions.
9. Check for comprehension.

Developing a comprehensive and answerable policy problem or question

1. Start by showing the slide with an image titled, Identifying Needs for Research Evidence, from the 2009 SUPPORT Tools.
2. Explain that this is a graphic way of representing where we are in the process and how the question generates the information needed to take a decision.
3. Remind participants that while the graphic notes “research” evidence, we have an expanded definition of evidence. We covered this earlier in the definitions of data, evidence, EIPM, etc. Evidence could be derived from citizens and stakeholders, and from practice and implementation – not just research. Policy decisions are 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.
4. Use slide to point out and go over the steps in developing a policy question:
 - 1) Identify policy issue. What specific concern does MoH/Parliament want to address? Ineffective interventions/programs? Lack of existing policy for a neglected/emerging issue? Inadequate investments?
 - 2) Frame a question that generates evidence for addressing the issue. Try starting your question with: In what ways can X be improved to... How can we address the... How effective is the... Expect an iterative process.
 - 3) As you determine the different components relevant to your

question and situation, the question may change. The stage in policy process also a factor.

5. Highlight this last point to transition into a discussion on stage of policy development and its impact on the policy question. Use the slides to give an overview of the stages and then go into more detail in each stage.

The four stages are: Agenda setting, Formulation, Implementation, and Evaluation. While descriptions of the policy process come in many shapes, most can be categorized with those four broad stages.

6. Remind participants that while represented in linear or cyclical formats, in reality, the policy process is neither.
7. Explain that evidence is incorporated into policy making at each of these different potential points in the policy process, and the specific stage involved will affect how the question is formulated, and therefore, also point toward different types of evidence needs.
8. Cover slides and facilitate a discussion to describe example questions relevant for each of the 4 stages of policy making.
9. The table titled, 'Components of policy process and different evidence issues', was adapted from a 2005 ODI document and is found in the Handouts & Readings section of this guide as well as the Participant's Guide.
10. Ask for a volunteer to give an example of actual current public health "problem" in their country now.
11. With that issue, then ask the group into which of the policy stages effectively addressing this problem would fall into:
 - Agenda setting (*yes if decision-makers are not aware of the problem, the extent of the problem, or the need to consider the problem important*)
 - Formulation (*yes if there is awareness of the problem but lack of confidence with regard to the best options available to address it*)
 - Implementation (*yes if there is a general understanding of the best program options to address the problem, but challenges in their effective implementation*)
 - Evaluation (*yes if programs are being implemented to address this problem, but they lack adequate documentation of their effectiveness or impact, and/or there is a lack of communication of that information to the people who need it*)

Note to facilitator: If desired, go deeper into this subtopic using the "Formulation" stage as a way to illustrate the relevance of the policy stage to the type of question being asked and the evidence needed.

- a. Explain that at its core, the objective of the Formulation stage of

policy making is to determine the best option for addressing a known problem.

- b. Evidence-informed policy formulation means that you will seek out evidence to identify the potential options to address your problem, and then weigh that evidence to choose the best option possible. Then you can move toward the next stage of implementation, getting to which may involve consensus building around your chosen option, identifying the necessary resources and securing their allocation, etc.
- c. Ask this bonus question to see if participants can identify a particularly useful type of evidence document for collecting evidence about multiple options:

Bonus question: If you are in policy formulation stage – looking for options -- what is a useful type of evidence document that can help you get facts about multiple options and best options all in one place?

- d. Answer: A particularly useful type of evidence to answer questions in the Formulation stage are systematic reviews (more on these and other sources are covered later in Sessions 3 and 4). In particular, these 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.

Introduce the case study: Facilitated discussion

- 1. Use slides for this activity. Guide participants through the steps: read, consider request from superior, discuss and decide on what kind of policy question could be asked.
- 2. Pass out or have participants find the case study in their PGs. It was also sent prior to the workshop in the pre-reading.
- 3. Explain that this case study provides a topic of public health interest (FP and HIV integration) as a scenario throughout the EIPM training in group activities.
- 4. Point out that 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. 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).
5. Give the participants about 3- 5 minutes to read the appropriate section for Session 2 (about two paragraphs) from the document titled, Illustrative Case Study for Evidence Use in Policy-Making. They do not need to read the brief for this activity.
 6. Once they have read the information, participants need to come up with a question.
 7. Compare and contrast what participants generated with the potential answers provided.
 8. Check for comprehensions, questions, and clarifications about developing policy questions.
 9. Transition to the practical application exercise next.

The case study excerpt below is also found in the Participant's Guide.

Illustrative Case Study for Evidence Use in Policy-Making
Session 2 Foundation: 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.

Question for Participants [slide]: *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: *Formulate your own potential answer or contact us at eipmcourse@afidep.org for the potential answer.*

Note to Facilitator: The illustrative case study is made up of two documents. The first is a 12-page evidence brief produced by FHI360 titled, Integrating Family Planning into HIV Programs: Evidence-Based Practices. The second, is a five-page Word document created for this training titled, Illustrative Case Study for Evidence Use in Policy-Making.

G. Practical Application Exercise 1: Part 1 - Participants refine their own policy questions [15 min]

1. Ask participants to refine the policy question they identified prior to the training. Explain that now that we know what a policy question is and how to go about developing it, review and revise your policy question.
2. You have 15 minutes for this exercise. Please call on the facilitator(s) if you want to discuss this one-on-one. Participants work independently on their laptops or in their notebooks to refine their policy question
3. Refer them to the worksheet for this exercise in the Worksheets section of the Guide.

H. Practical Application Exercise 1: Part 2 - Participant presentations: Participants share their refined policy questions and receive feedback [45 min]

1. Break participants in groups of 4 or 5 people
2. Have each of them share their policy question in small groups. The group provides feedback on clarity of question (policy vs research question), types of evidence the person will need to answer the question, etc. Each group will be joined by one of the facilitators to enrich the discussions and feedback to participants.
3. At end of exercise, each participant should revise their policy question and share the revised question with the facilitator.

4. 45 minutes total for each participant to share his or her policy questions and receive feedback.
5. Transition to the session objectives review, reflection, and evaluation.

Note to facilitator: To maximize time, consider breaking into two groups with a facilitator in each group. Participants and facilitators offer feedback.

10. Ask if there any questions about developing policy questions.
Explain that next we will wrap up this session and do an evaluation.

Module 1

ACTIVITY I: REFLECTION AND SESSION EVALUATION

TIME

15 min

ACTIVITIES

- A. Reflection: Post-its: (1) learned and (2) still want to know; posted and read aloud [5 min]
- B. Reflection alternate activity: Notebooks: Reflect quietly and write take-aways and/or outstanding questions in notebooks
- C. Complete session evaluation form [10 min]

MATERIALS

- Slide with session objectives for review
- Post-its
- Session evaluation form
- Notebooks, paper, or Participant Guides for making reflection notes

STEPS

1. Revisit the objectives for Session 2 and check for comprehension, questions, and make note of any areas that can go on a Parking Lot chart or be addressed immediately.
2. Choose one or both of the reflection activities.
3. Remind participants that reflection is the process of fully digesting the lessons, implications, and solutions drawn from participant's experiences.

Tell the participants that each session includes a reflection activity at the end to integrate and assimilate learning. In other words, participants will have an opportunity to consider how the topics covered impacts them personally and to track their own key themes, points, learning, and remaining questions.

A. Reflection: Post-Its

1. Pass around Post-It notes in two colors
2. Ask participants to take two sticky Post-It Notes and on one of them write one thing they learned from this session – or something that

sticks in their mind -- and on the other write one thing they still want to know about. When they are finished they pass the sticky notes to the facilitator or designee.

3. The “learned/sticks out” and “still want to know” information can be read aloud by the facilitator or a volunteer.
4. The facilitator should address the “still want to know” points as is possible. This may include offering quick answers now, noting points that will be addressed in subsequent sessions, and/or adding issues to a “Parking Lot” chart paper that form a list for follow up, either during the workshop or after.
5. If pressed for time, the sticky notes can be recapped at the start of the following day by the facilitator or volunteer.
6. Check for any outstanding questions from participants before ending.

B. Reflection alternate activity: Notebook

An alternate – or additional – activity for reflection is to have participants make use of their notebooks for reflection.

1. Explain that for this reflection activity, participants will take a few minutes to write down and track key points to remember, how their learning could be applied in their jobs, tasks or “to do’s” for later, and outstanding questions that need more attention.
2. Share that this activity can be 100% confidential if they choose – they do not need to share their notebooks or written reflections.
3. Have participants use blank pages in the Participants Guide, their own notebooks, or other blank pages to reflect and make notes on the session.
4. Explain that there is value in returning to one’s written notes at a later point in time or after the workshop. Points and notes written in their own language may come in handy for: making a debrief at their workplaces; reminding themselves of tasks or priorities they want to continue exploring; or communicating to the facilitators where they need more help.
5. If needed, writing prompts might include the following. Create a

slide for these or write on chart paper:

- What did you learn that you can use in your work place?
- What would you share in a debrief at your work place?
- Are there sub-topics from that session you want to explore more?
- What ideas did this session generate for you?
- Are there tasks or “to-do’s” you want to follow up on later?
- Are there topics or areas you want to clarify with the facilitator or group?

C. Session Evaluation

1. Ensure that the slide with the session objectives is shown or otherwise reviewed.
2. Hand out the evaluation forms and remind participants that their feedback is valued and will be used. The facilitators will review feedback daily. Their names on the forms are optional.
3. Ask participant to complete the evaluation form for this session and return it to the facilitator.