West African Health Organisation

REGIONAL EVIDENCE-BASED POLICYMAKING GUIDANCE FOR ECOWAS COUNTRIES:

Process of evidence use in health policymaking

February 2021

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REGIONAL EVIDENCE-BASED POLICYMAKING
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West African Health Organisation (WAHO)

175, Avenue Ouezzin Coulibaly

01 BP 153 Bobo Dioulasso 01

Phone: +226 20 97 57 75

Email: wahooas@wahooas.org

www.wahooas.org

Burkina Faso

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Foreword

Professor Stanley Okoko

Director General,
WAHO

In 2014, three Canadian institutions, Global Affairs Canada (GAC), the Canadian Institutes of Health Research (CIHR) and the International Development Research Centre (IDRC), launched the initiative called “*Innovating for Maternal and Child Health in Africa*” to contribute to the improvement of maternal and child health in Africa through research.

In a quest for research findings to be used to influence policy and practice in maternal and child health, the initiative promoted the establishment of an innovative structure called the Health Policy and Research Organisation (HPRO), which aims to facilitate collaboration between policymakers and researchers, provide support to researchers in capacity building skills, and enhance the use of research findings in policy development. The West African Health organisation (WAHO) applied and was selected for the project “*Moving of maternal, newborn and Child evidence into policy (MEP). in West Africa*”

The implementation of the project was supported by ECOWAS Ministers of Health who participated at workshops on baseline situational assessment, and on setting-up frameworks to enhance information exchange between researchers and policy developers. The Honourable Ministers adopted as a resolution in June 2017 in Abuja, the recommendation mandating the use of evidence in all policy documents, national strategies and national standards and care protocols within our region. The adoption of this resolution was one of the key outcomes of the project, and reflects a deep understanding by the Ministers of the importance of using research evidence in decision-making.

This guidance, produced in response to the adoption of the resolution, responds to the need expressed by stakeholders in Members States to have a practical tool to support the use of evidence in the formulation of policies and strategic documents within the Ministries of Health of ECOWAS Members States. I hope that the country actors will own this guidance, adapt it in decision-making processes and adapt it to the context of each country for effective use. This guidance will be regularly updated in the light of emerging knowledge, contextual realities and feedback from Members States.

Professor Stanley Okolo

Acknowledgements

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Core Working Group: These individuals were substantively involved in initiating, writing, compiling, editing and translating the guidance:

Professor Issiaka Sombié (West African Health Organisation), Professor Jesse Chigozie Uneke (African Institute for Health Systems & Health Policy, Ebonyi State University, Abakaliki, Nigeria), Dr Ermel Johnson (West African Health Organisation).

Regional validation: these individuals attended the regional workshop in July 2019 for validation of the guidance and provided comments:

Dr Alexis Bokossa (Director of Research Training and Traditional Medecine, Ministry of Health, Bénin), Dr Robert Frank Zannou (Director of Maternal and Child Health, Ministry of Health, Bénin), Dr Gauthier Tougri (Head of Knowledge Management and Transfer Unit, Ministry of Health, Burkina Faso), Dr André Yolland Ky (Director of Family Health, Ministry of Health, Burkina Faso), Dra Maria da Luz Lima (President of National Public Health Institute, Cabo Verde), Dr Alphonse Kouame Kouakou (Ministry of Health and Public Hygiene, Côte d'Ivoire), Dr Samba Ceesay (Ag Director of Health Services, The Gambia), Dr Alexander Kpakpo Moffatt (Research Officer, Ministry of Health Policy Unit, Ghana), Dr Mamadou Dan Diallo (Research and Data Analysis Officer, Ministry of Health, Guinée), Dr Cesario Lourenço Martins (Senior Researcher, CSB, Guiné Bissau), Jackson Dikena Garmonyoun (Ministry of Health, Liberia), Sakina Habou Ocquet (Head of Studies and Research Division, Ministry of Public Health, Niger), Dr Brooks Godwin Asuquo (Head of Research Division, Department of Planning, Statistics and Research, Federal Ministry of Health, Nigeria), Dr Adeniran Abosede (Head of MCH Division, Family Health Department, Federal Ministry of Health, Nigeria), Dr Joan Shepherd (Ministry of Health, Sierra Leone), Dr Baguilane Douaguibe (Researcher, Gynecologist at University Teaching Hospital Tokoin, Togo), Dr Abdoulaye Diallo (Ministry of Health and Social Welfare, Senegal), Dr Omar Sarr (Director of Department of Maternal and Child Health, Ministry of Health and Social Welfare, Senegal), Professor Rosalie Diop (Senior Researcher, IPDSR, University Cheick Anta Diop of Dakar, Senegal).

List of abbreviations

AGORA:	Access to Global Online Research in Agriculture
AHILA:	Association for Health Information and Libraries in Africa
AIM:	African Index Medicus
ARDI:	Access to Research for Development Innovation
CSOs:	Civil Society Organisations
DARE:	Database of Abstracts of Reviews of Effectiveness
DEC:	Development Experience Clearinghouse
ECOWAS:	Economic Community of West African States
FAO:	Food and Agriculture Organisation
GOALI:	Global Online Access to Legal Information
HPAC:	Health Policy Advisory Committee
LMIC:	Low and Middle Income Countries
MNR:	Mean rate
NGOs:	Non-Governmental Organisations
NHS:	National Health Service
NITAG:	National Immunization Technical Advisory Group
OARE:	Online Access to Research in the Environment
RRS:	Rapid Response Service
SCs:	Steering Committees
SHA:	Stake Holder Analysis
UN:	United Nations
USAID:	United States Agency for International Development
WHO:	World Health Organisation

Introduction to the Guidance

The present Guidance is in line with the four strategies and followed a transparent and systematic approach in its design. The Guidance is adapted to West African contexts and validated using standard scientific methods, considering all available evidence. Local factors that may influence the effects of all options recommended to address their feasibility were taken into account in its development.

The production of the Guidance is largely based on knowledge translation approaches that bridge the gap between research evidence and its application to policy-making. Consequently, the Guidance will be very relevant and useful to decision makers, as it incorporates the complex interrelations of the health system components, and the numerous contextual factors that may influence the effectiveness of policies.

Objective of the Guidance

The main objective is to develop an adapted guidance for the use of evidence in development and implementation of health policies, plans and protocols adapted to the context of ECOWAS countries

Guideline vs Guidance

In line with the report of Bosch-Capblanch and colleagues [1] and from the Handbook for Supporting the Development of Health System Guidance [2], the use of “guidance” is recommended instead of “guideline”. Bosch-Capblanch and colleagues [1] recommended the use of the term “guidance” rather than “guidelines”, as health systems and the evidence on health systems are highly context sensitive. According to them, health systems guidance statements refer to policy options that are accompanied by assessments of the quality of evidence supporting them and the potential for unintended harms, and by discussions of implementation and contextual issues [1].

To provide a more in-depth understanding of what a health policy/health systems Guidance represents, five important points were made in the Handbook for Supporting the Development of Health System Guidance [2] as follows:

- (i). *“Guidance is defined as the systematically developed body of knowledge, integrating research evidence and descriptions of the types of other considerations needed to inform decision making about appropriate health system arrangements in specific settings”.*
- (ii). *“Guidance is used as distinct from guidelines to clarify that the process of supporting evidence informed judgements for health systems issues is different in a number of respects from the process of developing clinical guidelines”.*

(iii). *“Guidance is understood as the whole body of knowledge that informs policy decisions on health systems arrangements”.*

(iv). *“Guidance is understood as a ‘policy-oriented’ product (as opposed to a ‘research product’) ready to be used by global and national policy making initiatives as well as by health care providers, the population affected by health systems policies and other stakeholders”.*

(v). *“Guidance bridges (translates) research synthesis (and other types of evidence) and policy needs for evidence and supports decisions about how to organize health systems and how to get effective programs”.*

According to Bosch-Capblanch and colleagues [1] and other authors [3,4], An evidence-informed health system and policy Guidance tackles health sector problems using the following four important strategies:

- (i). Framing health systems problems;
- (ii). Systematically retrieving, translating, and packaging the best available evidence on interventions and implementation issues;
- (iii). Using this evidence to recommend and formulate—in a deliberative process—options to solve problems and to inform policy-making, the level of decision-making where different courses of action are considered;
- (iv). Providing insights on the strategies that can be followed in order to implement and evaluate a given health systems policy.

Who is this guidance for?

The targeted end users of this Guidance are policy/decision makers in the West African sub-region at local, sub-national, national and regional levels. These include elected policymakers (e.g., Presidents, Governors, members of parliament), appointed policymakers (e.g., Ministers, Commissioners, and Directors-General), career policymakers (e.g., Heads of departments, Programme managers, senior officials) and civil sector policymakers (e.g., Traditional rulers, Religious leaders, leaders of NGOs/CSOs). The Guidance is tailored in a simplified manner to enhance easy understanding by West African policymakers, many of whom may not be specialists in health policy and health systems. In addition to these intended users, the Guidance can be of practical benefit to any other individual or person interested in improving their knowledge and skill in evidence informed policymaking.

Content of the Guidance

The guidance contains 14 steps for developing an evidence-based policy document. At each step, possible questions to be raised, actions to be taken, sources of information and the process for moving to the next steps are described.

1. Properly define/refine the policy problem, state policy questions
2. Identify and review existing similar policies
3. Review contextual issues (contextualization)
4. Initiate policy priority setting
5. Consider political acceptability of the policy
6. Access, retrieve, assess, and synthesize evidence
7. Commission research/engage researchers/ co-produce evidence and policy/ use rapid response services
8. Perform stakeholders' analysis & Convene stakeholders' engagement event
9. Use of policy advisory/technical/steering committees
10. Develop policy briefs and undertake policy dialogue
11. Draft the health policy document
12. Subject the policy document to internal and external review
13. Obtain official endorsement of the policy by government
14. Institute monitoring, evaluation and review mechanism for the policy

How to use this guidance?

This guidance is developed to serve as a support tool for research evidence utilisation in policymaking and health policy formulation. Thus, each step gives necessary information to help decision-makers understand the process. This might require seeking external support from experts, researchers, and knowledge brokers to perform some activities in a bid to move the policymaking process forward.

STEP 1. PROPERLY DEFINE/REFINE THE POLICY PROBLEM, STATE POLICY QUESTIONS

The foundation for evidence-informed policymaking is proper definition of the policy problem or policy question. It is important to have a clear and unambiguous perspective of the policy objectives before moving to the next stages of the policy development. It will certainly be very difficult to identify the correct and relevant evidence if the policy questions are not well defined. According to the Malawi's Ministry of Health Guidelines for Evidence Use in Policy-making [5], being clear on the policy issue calls for a good understanding of where the issue lies in the policy-making process/cycle, i.e.:

- (a). Is the issue on the national political agenda or do you need evidence to put the issue on the agenda (i.e. agenda-setting stage)?*
- (b). If the issue is already on the political agenda, do you need evidence on the possible policy options for tackling the issue (i.e. policy formulation stage)?*
- (c). If there is already a policy for tackling the issue, but it is not being implemented or the implementation is ineffective? (i.e. policy implementation stage)*
- (d). If the policy on the issue has already been implemented, and evidence is needed to know how well the implementation tackled the issue, what worked and what did not in order to revise the policy or put in place a new policy in addressing the issue (i.e. policy evaluation stage)?*

The World Health Organization publication on Designing and Conducting Health Systems Research Projects [6], classified the broad policy questions of interest to policy-makers as follows:

Policy formulation

- (i). What is the nature and extent of problem X?*
- (ii). What happened before in response to problem X, and what were the consequences?*
- (iii). What were the unexpected consequences?*
- (iv). What are cost-effective responses to the problem?*
- (v). How long will it be before the impacts of response Y are seen?*

(vi). How can popular and political support be sustained until the impacts are seen?

Policy implementation

(i). What happens in practice when policy Y is implemented, and why?

(ii). Do policy implementers have the same understanding of the problem that the policy aims to address, and the same policy goals, as the policy-makers? If not, how does that difference affect policy implementation?

(iii). Is the organizational response adequate/sustained?

Proper definition and refining of policy problems/questions may require extensive interaction with key stakeholders and citizens affected (or to be affected) by the policy issue. It may also require review of literature and careful/objective assessment of prevailing situation and circumstances to determine if the issue is of serious public health concerns and merits the investment of resources (time, money, work force etc.) to move to other stages of policy development.

STEPS 2. IDENTIFY AND REVIEW EXISTING SIMILAR POLICIES

Health policies may be developed for any one of the following reasons: when there is a problem that requires to be addressed and no existing policy to do that; when there is outdated/obsolete, harmful, or ineffective policy that requires reviewing; and for the purpose of strengthening the implementation of a good policy to continue to generate the expected outcomes. Whatever the situation, as part of the process of evidence- informed policymaking, it is important to identify and review existing/similar policies when embarking on policy development. The review may include similar health policies that have been developed in other settings. Reviewing what has been done previously is a vital step towards extracting valuable lessons for the development of a new policy.

In conducting a review of a policy document, the following should be considered:

- (i). Relevance of the health policy to current health situation prevailing in the population.
- (ii). Efficiency and effectiveness of the policy in terms of its implementation
- (iii). Impact of the policy on the health outcomes and in terms of achievement of the policy objectives.

STEPS 3. REVIEW CONTEXTUAL ISSUES (CONTEXTUALIZATION)

It is a well-established fact that policymaking is not a linear process and does not occur in a vacuum. Every society has its own peculiar contextual characteristics, which must be understood and taken into consideration during policymaking. It is important to state that no effective policy can be made if contextual factors are not taken into consideration in the policy formulation process. Contextual factors may be environmental or organizational.

In a recent report [Peacock](#) and [Bentley \[6\]](#), noted that contextual factors such as different sources and types of evidence used, organizational context and decision-making structures, and the wider interests of patients, the public and politicians can influence decision making process. They further argued that to better understand these influences, especially in terms of policymaking, one needs to take a wider view, using lenses from a range of disciplines, including but not limited to psychology, management, ethics and political economy [7]. In another recent report, [Mijumbi-Deve](#) and [Sewankambo \[8\]](#) highlighted some important contextual factors that must be taken into account in policy development process including relationship between the producers or suppliers and the end users, network effects, culture referring to the norms and values of the environment, power (perceived and/or actual), and high compatibility with current norms and work processes.

Organizational contextual factors that have been found to influence the policymaking process include internal organizational structure – centralization, complexity, formalization, interconnectedness, organizational slack, and external characteristics of the organization [9]. According to the Guidelines for Evidence Use in Policy-Making published by the Kenyan Ministry of Health [10], for policy-making to be effective, civil servants involved in policy development not only need all the ‘traditional’ attributes (knowledge of relevant law and practice, understanding of key stakeholders’ views, ability to design implementation systems), but they must also understand the context within which they (and the policy) have to work. The report further noted that this means understanding not only the way organisations’ structures, processes and culture can influence policy-making, but also understanding the priorities of government and cabinet secretaries, and the way policies would work out in practice [10].

In a study in Ghana on the health policy agenda setting and formulation on free antenatal care in government facilities, Koduah and colleagues [11], observed that contextual factors served

as bases for policymaking process and included: political ideology, economic crisis, data about health outcomes, historical events, social unrest, change in government, election year, austerity measures, and international agendas. Authors concluded that influencers of policy agenda setting must recognize that the process is complex and intertwined with a mix of political, evidence-based, finance-based, path-dependent, and donor-driven processes [11]. The contextual factors that are likely to influence a health policy in a given population must be carefully identified and taken into consideration when developing a policy document.

STEPS 4. INITIATE POLICY PRIORITY SETTING

It is important to initiate a policy priority setting process as a way to further establish the necessity of the development of a particular policy. Priority-setting process has been defined as a programme to generate consensus about a core set of health issues that urgently require attention in order to facilitate policy development [12]. Priority setting strategies in the health sector must account for the fact that resources are limited and that trade-offs are required to decide which health conditions deserve the most attention and which interventions should be used to address them [13,14]. Therefore, no health policy development should be commenced unless the policy to be developed is of absolute necessity. It must be noted that the policy process is not devoid of competing interests and other potential causes of conflicts. A balanced process for setting priorities can harmonize the competing interests, ground value systems, encourage problem-based learning, resolve conflict, find consensus and ultimately create a set of agreed-upon priorities [12].

Priority setting is one of the biggest challenges faced by policymakers in LMICs including West Africa. In low income countries, priority setting is known to be complicated by the following: (i) the burden of underdevelopment in these countries which increases the gap between the health needs and resources available to respond to them, (ii) the many uncertainties in priority setting due to lack of dependable information, (iii) the multiple players with various agendas, (iv) few systematic processes for decision making and, (v) multiple obstacles to implementation such as political instability, inadequately developed social sectors, weak institutions, and marked social inequalities, which make the implementation of systematic priority setting processes difficult [16,17].

In order to conduct an effective policy priority setting, it is important to take into consideration the key contextual factors (such as the social, economic and political factors) of relevance to priority setting, the people or institutions involved in priority setting, the criteria or values used in decision making and how these were identified, the information or evidence used, and a description of the priority setting process [17].

STEPS 5. CONSIDER POLITICAL ACCEPTABILITY OF THE POLICY

Policymaking can never be separated from politics. According to Oliver, science can identify solutions to pressing public health problems, but only politics can turn most of those solutions into reality [18]. In a classical report entitled: Towards a politics of health, Bambra and colleagues [19] highlighted the political nature of health in three ways:

(i). Health is political because, like any other resource or commodity under a neo-liberal economic system, some social groups have more of it than others do.

(ii). Health is political because its social determinants are amenable to political interventions and are thereby dependent on political action (or more usually, inaction).

(iii). Health is political because the right to 'a standard of living adequate for health and wellbeing' (is, or should be, an aspect of citizenship and a human right).

There has been an increasing awareness within research and policy communities that getting research into policy is not only a technical matter of knowledge translation and exchange, but also a political challenge [20, 21]. According to the Alliance for Health Policy and Systems Research, policy making is a complex and essentially political process that is influenced by several factors [22]. Politics has been defined classically as who gets what, when and how and it affects the origins, formulation, and implementation of public policy in the health sector [23]. Politics dictates the factors that affect policymaking process, for example, who is entitled to services, which are the priority areas, who will provide services, who will be subsidized, and how the budget ought to be allocated and spent [23,24]. Consequently, one of the first critical issues that must be taken into cognizance in policy development is to ensure that the policy planned has political acceptability. Glassman and Buse [23] had earlier argued that in spite of the acknowledged importance of politics in policymaking, there is also broad agreement that politics and political issues are rarely analyzed and frequently ignored at all stages of the policy identification, development, and implementation process in the health sector.

Consequently, we can categorically state that any planned health policy that fails to align with prevailing political situation and ideology, notwithstanding the use of the best available evidence in its development, is dead on arrival. This is because even the best evidence is frequently trumped by politics which can be the main driver of health policy priorities and reforms [23,25]. This explains why there are numerous calls for a better understanding of the politics of public health policymaking to improve the probability of policy implementation and

impact and to understand fully the political environments in which policymaking operate [23-26]. Concerning this matter, Greer and co-workers [27], offered two pieces of advice as follows:

(a). If we want to understand policies and outcomes, we need a more sophisticated understanding of political systems and institutions that shape the political processes and conditions for policy adoption.

(b). If we want to effectively gain access to policy decision-makers and influence their decisions, generating evidence of how political systems, institutions and processes mediate the success or failure of public health advocacy and policies is a crucial first step.

It is however, pertinent to state that understanding the politics of health policy is not an invitation to alter research results so that they align with political interests, but rather an opportunity to better match unbiased, scientific research to policy makers' priorities in order to help ensure that health services research findings are more relevant and meaningful to the decision-making audience [27]. Ultimately, health is political because power is exercised over it as part of a wider economic, social and political system and changing this system requires political awareness and political struggle [19, 28].

Politics played vital role in the success and failures of some of the policymaking and policy implementation processes recorded in some of the West African countries. In Benin, Dossou and colleagues [29] assessed user fees for caesarean sections and observed that policy development process suffered from inadequate uptake of evidence largely because the policy content and process were not completely in harmony with political goals. In Côte d'Ivoire, Blau and colleagues [30] noted that a major success factor of the National Immunization Technical Advisory Group (NITAG) in promoting effective immunization policy was the strong political will from the government.

STEPS 6. ACCESS, RETRIEVE, ASSESS, AND SYNTHESIZE EVIDENCE

After defining policy questions, reviewing contextual issues, initiating policy priority setting and considering political acceptability of the policy, the next critical step towards evidence informed policymaking is to access evidence. This requires knowledge of where to source the right and relevant types of evidence. The different types and sources of evidence are shown in figure 1 and figure 2.

Figure 1. Types of policy research relevant for policymaking. (Source: Gurung, 2014 [31]).

Figure 2. Major sources of information for policymaking (Source: Gurung, 2014 [31]).

There are other vital sources of evidence such as those available online. Many of the online sources of evidence are free of charge, while other will require subscription. Table 1 shows some of the very common online sources of evidence.

Table 1. Online sources of evidence for policymaking and their description. (Source: Using Research Evidence in the Humanitarian Sector: A practice guide [32] and Guidelines for Evidence Use in Decision-Making in the Health Sector [5]).

Online source of evidence	Description
African Index Medicus (AIM) http://indexmedicus.afro.who.int/Journals/Indexj.htm	<p>The WHO, in collaboration with the Association for Health Information and Libraries in Africa (AHILA), has produced an international index to African health literature and information sources. This index is called African Index Medicus (AIM). Printed knowledge generated in African countries is given global exposure in the AIM. It promotes African publishing by encouraging writers to publish in their country or regional journals, whereas now scientists and researchers in developing countries are competing for publication space in the few worldwide “prestigious” journals.</p>
The Cochrane Library www.Cochrane.org	<p>is published on behalf of the Cochrane Collaboration and strives to improve healthcare decision-making through systematic reviews of research on the effects of healthcare interventions. The Cochrane Collaboration identifies the strongest studies addressing a given issue, helping researchers and policymakers to separate reliable information in properly done studies from less reliable or rigorous information.</p> <p>Cochrane Collaboration Library’s five databases include:</p> <ul style="list-style-type: none"> • Database of Systematic Reviews – extremely rigorous • DARE (Database of Abstracts of Reviews of Effectiveness) – well-done reviews by others • Controlled Trials Registry – database of controlled trials, much smaller than Medline • National Health Service (NHS) Health Technology Assessment Database – summaries of Health Technology Assessments • NHS Economic Evaluation Database – appraised summaries of economic evaluations
HINARI http://www.who.int/hinari/en/	<p>HINARI Access to Research in Health Programme provides free or very low cost online access to major journals in biomedical and related social sciences to local, not-for-profit institutions in developing countries. Up to 13,000 journals (in 30 different</p>

Online source of evidence	Description
	<p>languages), 29,000 e-books, 70 other information resources are now available</p> <p>to health institutions in more than 100 countries, areas and territories, benefiting many thousands of health workers and researchers.</p>
POPLINE® www.popline.org	<p>contains the world's most comprehensive collection of population, family planning and related reproductive health and development literature. An international resource, POPLINE helps programme managers, policymakers, and service providers in low and middle income countries in development-supportive agencies and organisations gain access to scientific articles, reports, books, and unpublished documents.</p> <p>POPLINE is a free resource, maintained by the Knowledge for Health (K4Health) Project at the Johns Hopkins Bloomberg School of Public Health/Centre for Communication Programmes and is funded by USAID.</p>
PubMed www.pubmed.gov	<p>comprises more than 24 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites. National Centre for Biotechnology Information, US National Library of Medicine host PubMed.</p>
Research for Life http://www.research4life.org/	<p>is the collective name for five programmes –HINARI, AGORA, OARE GOALI and ARDI– that provide developing countries with free or low cost access to academic and professional peer-reviewed content online. Eligible libraries and their users benefit from online access to over 44,000 peer-reviewed international scientific journals, books, and databases; full-text articles which can be downloaded for saving, printing or reading on screen; searching by keyword, subject, author or language; resources available in several languages; training in information literacy and promotional support. Research4Life is a public-private partnership of the WHO, Food and Agriculture Organisation, UN Environmental Programme, World Intellectual Property Organisation, Cornell and Yale Universities and the International Association of Scientific, Technical and Medical Publishers.</p>
World Health Organisation (WHO) resources http://www.who.int/en/	<p>The WHO has a wide range of information resources on global and country-specific health issues. Specific resources can be found in WHO's Global Health Observatory (http://www.who.int/gho/en/) and Publications (http://www.who.int/publications/en/) pages. The</p>

Online source of evidence	Description
	Observatory contains disease statistics, data repository, and analytical reports on global priority health issues.
Google Search (www.Google.com)	Commonly referred to as Google Web Search or just Google, is a web search engine owned by Google Inc. It is the most-used search engine on the World Wide Web, handling more than three billion searches each day. The order of search on Google's search-results pages is based, in part, on a priority rank called a "PageRank". Google Search provides many different options for customised search, using Boolean and other options specified in a different way on an advanced search page.
Google Scholar (https://scholar.google.com)	This is a freely accessible web search engine that indexes the full text of scholarly literature across an array of publishing formats and disciplines. Google Scholar index includes most peer-reviewed online journals of Europe's and America's largest scholarly publishers, plus scholarly books and other non-peer reviewed journals. It is estimated to contain roughly 160 million documents.
Development Experience Clearinghouse (DEC) (https://dec.usaid.gov/dec/home/Default.aspx)	USAID's DEC is the largest online resource for USAID-funded technical and project materials; makes nearly 200,000 items available for review or download, and continuously grows with more than 1000 items added each month. The DEC holds USAID's institutional memory, spanning over 50 years; including documents, images, video and audio materials. The DEC collects research reports, evaluations and assessments, contract information, tutorials, policy and planning documents, activity information sheets, and training materials. The idea of evidence-informed is to look at everything. Conducting searches in multiple databases ensures that one gets all sides of the issue.
Social Systems Evidence https://www.socialsystems.evidence.org/	Social Systems Evidence is the world's most comprehensive, continuously updated repository of pre-appraised, synthesized research evidence about the programs, services and products available in a broad range of government sectors and program areas, as well as the governance, financial and delivery arrangements within which programs and services are provided and the implementation strategies that can support getting these programs and services to those who need them.
Health Systems Evidence https://www.healthsystemsevidence.org/	Health Systems Evidence is the world's most comprehensive, continuously updated repository of research evidence about governance, financial and delivery arrangements within health systems, and about implementation strategies that can support

Online source of evidence	Description
	change in health systems. It supports policymakers, stakeholders and researchers who want access the best available research evidence in a timely manner through a number of features, including: a powerful search engine and sort function to ensure the most relevant results are quickly identified.
Campbell Collaborations (https://www.campbellcollaboration.org/)	The Campbell Collaboration promotes positive social and economic change through the production and use of systematic reviews and other evidence synthesis for evidence-based policy and practice.
The International Initiative for Impact Evaluation (3ie) (www.3ieimpact.org)	This was established in 2008 and now offers four searchable databases Online. Two of these, the 3ie Database of Systematic Reviews and the Database of Impact Evaluations catalogue evidence of the effectiveness of interventions in the humanitarian sector.

After identifying the relevant sources of evidence, the next step is to search and retrieve the needed evidence to be used in the policy process. In the Guideline for Evidence Use in Decision-Making in the Health Sector [5], seven steps were outlined for conducting an evidence search (Table 2)

Table 2: Steps in conducting an evidence search (Source: Guideline for Evidence Use in Decision-Making in the Health Sector [5])

Steps	Description
Formulate what one is looking for into a question because that will focus the need and define relationships	In other words, what is one really trying to find out? The structure of a search strategy should be based on the main concepts being examined in a review. Generally speaking, a search strategy to identify studies will typically have three sets of terms: 1) terms to search for the condition of interest, i.e. the population; 2) terms to search for the intervention(s) evaluated; and 3) terms to search for the outcomes (optional).
Brainstorm all the terms that could be used in the question.	Look at any references that appear to be right on target and see what terms they use. Group terms and decide how to put terms together , that's where the question will help. What Boolean operators should be used and how should they be logically arranged? (Boolean terms are discussed in the next section).

Brainstorm the databases relevant for the search.	<p>Once decisions have been made regarding which databases will be searched, the following key decisions will need to be made as well:</p> <ul style="list-style-type: none"> • The limiting features available to target primary studies only (for example, use of document type codes). Keywords such as “study” or “studies” or “control group” may be used to limit the results to empirical research • The study designs that will be included, if that is a need • Any geographic considerations • The time period that one is interested in (keeping in mind that retrieval tools have different beginning dates and may not index very old material) • Language of publication that is to be included
Launch the database search	Using appropriate combination of keywords, commence the search of the evidence.
Evaluate the results of the search.	If nothing is helpful, there may be a couple reasons: there may not be much out there, the search terms could be wrong, or the relationships are not right. Go back, refine search terms, and try the search again.
Record the search strategy	Recording the search strategy is a good practice even if one is not writing a manuscript or conducting a systematic review (where it would be a requirement). Recording the basic fields of information in the strategy is not necessarily for reporting, but to help one know what one has already done and what still needs to be done. This helps avoid repeat work and is particularly helpful if the search effort extends over many months or is done by more than one person.
Document the references.	One can use an Excel spreadsheet or even a Word document to collect and organise references. Reference manager software makes this task much easier and enables one to add notes to references, cite references and create bibliographies more easily. There are many programmes available. Some free ones are Zotero, Mendeley, and basic versions of Endnote (Endnote Online).

In assessing the strength of evidence, it is important to know that all evidence are not of equal strength. Assessing the strength of evidence is a challenging task, and requires the application of technical knowledge and individual judgement [33]. Assessment of the overall strength of a body of evidence with reference to a particular policy or business case is directly linked to the quality, size, consistency and context of the body of the evidence [5]. The principles of research quality are shown in Table 3.

Table 3: Principles of research quality (Source: DFID. How to Note: Assessing the Strength of Evidence. [33])

Principles of quality	Associated questions
Conceptual framing	<ul style="list-style-type: none"> • Does the study acknowledge existing research? • Does the study construct a conceptual framework? • Does the study pose a research question or outline a hypothesis?
Transparency	<ul style="list-style-type: none"> • Does the study present or link to the raw data it analyses? • What is the geography/context in which the study was conducted? • Does the study declare sources of support/funding?
Appropriateness	<ul style="list-style-type: none"> • Does the study identify a research design? • Does the study identify a research method? • Does the study demonstrate why the chosen design and method are well suited to the research question?
Cultural sensitivity	<ul style="list-style-type: none"> • Does the study explicitly consider any context-specific cultural factors that may bias the analysis/findings?
Validity	<ul style="list-style-type: none"> • To what extent does the study demonstrate measurement validity? • To what extent is the study internally valid? • To what extent is the study externally valid? • To what extent is the study ecologically valid?
Reliability	<ul style="list-style-type: none"> • To what extent are the measures used in the study stable? • To what extent are the measures used in the study internally reliable? • To what extent are the findings likely to be sensitive/changeable depending on the analytical technique used?
Cogency	<ul style="list-style-type: none"> • Does the author ‘signpost’ the reader throughout? • To what extent does the author consider the study’s limitations and/or alternative interpretations of the analysis? • Are the conclusions clearly based on the study’s results?
Reproducibility	<ul style="list-style-type: none"> • To what extent can the study be reproduced? • Can similar results be obtained if the same methods are used?

It is important to assess the usability and transferability of evidence to be used in policymaking. The African Institute for Development Policy (AFIDEP) identified two major considerations (ie., Applicability and Transferability), to address when determining how to use specific evidence within a particular institution or geography [34]. According to AFIDEP, applicability refers to the feasibility of an innovation in a particular setting, in other words, is it possible to

implement it in your country or organization? . Transferability refers to the generalizability of an innovation. In other words, is the innovation relevant to your context, and is it likely to generate the same type of impact in your setting as it did where it was tested? [34]. In a publication titled: Tool for Assessing Applicability and Transferability of Evidence, Ciliska [35], described the construct, factors and questions to ask when assessing the applicability & transferability of evidence (Table 4). The steps to take when synthesizing evidence is shown in Table 5.

Table 4. Assessment of Applicability & Transferability of evidence (Source: Ciliska. Tool for Assessing Applicability and Transferability of Evidence [35])

Construct	Factors	Questions to Ask
Applicability (feasibility)	Political acceptability or leverage	<ul style="list-style-type: none"> • Will the intervention be allowed or supported in current political climate? • Will there be public relations benefit for local government? • Will this program enhance the stature of the organization? • Will the public and target groups accept and support the intervention in its current format?
	Social acceptability	<ul style="list-style-type: none"> • Will the target population be interested in the intervention? • Is it ethical?
	Available essential resources (personnel and financial)	<ul style="list-style-type: none"> • Who/what is available/essential for the local implementation? • Are they adequately trained? • If not, is training available and affordable? • What is needed to tailor the intervention locally? • What are the full costs (supplies, systems, space requirements for staff, training, technology/administrative supports) per unit of expected outcome? • Are the incremental health benefits worth the costs of the intervention?
	Organizational expertise and capacity	<ul style="list-style-type: none"> • Is the current strategic plan/operational plan in alignment with the intervention to be offered? • Does this intervention fit with its mission and local priorities? • Does it conform to existing legislation or regulations (either local or provincial?)

		<ul style="list-style-type: none"> • Does it overlap with existing programs or is it symbiotic?) • Any organizational barriers/structural issues or approval processes to be addressed? • Is the organization motivated (learning organization)?
Transferability (generalizability)	Magnitude of health issue in local setting	<ul style="list-style-type: none"> • Does the need exist? • What is the baseline prevalence of the health issue locally? • What is the difference in prevalence of the health issue (risk status) between study and local settings?
	Magnitude of the “reach” and cost effectiveness of the intervention above	<ul style="list-style-type: none"> • Will the intervention broadly “cover” the target population?
	Target population characteristics	<ul style="list-style-type: none"> • Are they comparable to the study population? • Will any difference in characteristics (ethnicity, socio-demographic variables, number of persons affected) impact intervention effectiveness locally?

Table 5. Steps for synthesising evidence (Source: Southwestern Illinois College. Success Center Tips for Summarizing, Paraphrasing, and Synthesizing [36])

Steps	Description
Identify	<ul style="list-style-type: none"> • Identify the role of a synthesis in your writing as well as the kind of information readers will need.
Read	<ul style="list-style-type: none"> • Gather and read your sources, preparing a summary of each. Find the important ideas in all pieces of evidence.
Focus	<ul style="list-style-type: none"> • Decide on the purpose of your synthesis, and draft a summary of your conclusions about how the sources relate. • Summarize before you synthesize.
Think	<ul style="list-style-type: none"> • Think about what you know about these important ideas. • Can you add something the authors have not mentioned? • What are your own ideas about the information? • What observations can you make about this information?
Arrange	<ul style="list-style-type: none"> • Select a sequence for the sources in your synthesis.

	<ul style="list-style-type: none"> • Think about how you can rearrange or reorganize the information in a new way.
Write	<ul style="list-style-type: none"> • Draft your synthesis, combining your summaries of the sources with your conclusions about their relationships. • Combine them in one summary.
Visualize	<ul style="list-style-type: none"> • Diagrams are especially helpful tools for synthesizing data. • By visually representing relationships you are seeing, you can communicate many concepts on one page.
Revise	<ul style="list-style-type: none"> • Rewrite so that your synthesis is easy to read and readers can easily identify the sources of the various ideas.
Document	<ul style="list-style-type: none"> • Indicate clearly the sources for your synthesis using a standard style of documentation.

The synthesis of evidence is very important but even more important is making use of synthesized evidence. In this regard, Donnelly and colleagues [37], outlined four principles to make evidence synthesis more useful for policy which can help policymakers and others to commission, do, share, appraise and use evidence syntheses. These principles are summarized in Table 6.

Table 6: Principles to make evidence synthesis more useful for policy (Source: Donnelly et al. [37])

Principles	Description
Inclusive	<ul style="list-style-type: none"> • Involves policymakers and is relevant and useful to them. • Considers many types and sources of evidence. • Uses a range of skills and people.
Rigorous	<ul style="list-style-type: none"> • Uses the most comprehensive feasible body of evidence. • Recognizes and minimizes bias. • Is independently reviewed as part of a quality-assurance process.
Accessible	<ul style="list-style-type: none"> • Is written in plain language. • Is available in a suitable time frame. • Is freely available online.
Transparent	<ul style="list-style-type: none"> • Clearly describes the research question, methods, sources of evidence and quality-assurance process. • Communicates complexities and areas of contention. • Acknowledges assumptions, limitations and uncertainties, including any evidence gaps. • Declares personal, political and organizational interests and manages any conflicts.

STEPS 7. COMMISSION RESEARCH/ENGAGE RESEARCHERS/ CO-PRODUCE EVIDENCE AND POLICY/ USE RAPID RESPONSE SERVICES

In the event of scarcity of evidence especially local or context specific evidence, one effective way to generate policy relevant evidence is for policymakers or the Ministry of Health is to commission a research. Researchers can be commissioned by the Ministry of Health to conduct research which will provide specific local or context specific evidence required for the formulation of policy. Because evidence to policy link ought to be a continuous never-ending process, the need for policymakers to engage researchers and work in partnership cannot be overemphasized.

One of the major factors responsible for the problem of translating research evidence into policy is the huge gap existing between researchers and policymakers, which results in a lack of proper understanding of the concepts and the application of evidence-informed policymaking by decision makers [38].

Uneke and co-workers [38] noted that there is a dire need for partnership/collaboration between researchers and policymakers in order to (i). acquaint policymakers of evidence regularly produced by researchers and also to carry researchers along in the policymaking process; and (ii). align researchers more specifically to operational problems inherent in the health systems from the policymaking perspective. Uneke and co-workers also suggested that the types of partnership can include: joint committees involving representatives of researchers, policymakers, knowledge brokers and other stakeholders; and informal partnerships of researchers and policymakers. It is very important for policymakers to take the lead in establishing the relationship between them and researchers. The work of the researchers will greatly benefit the policymaker and vice versa and would eventually facilitate the co-production of evidence and policy. If this relationship is established, it will facilitate the co-production of evidence and policy.

A very vital evidence to policy strategy is the engagement of rapid response services (RRSs) when they are available. RRSs are designed to receive policy and decision questions and respond to these with the best available research evidence in summarized and contextualized forms within short periods of time, for example, less than 28 days [39]. Depending on the country structure it can be situated in the research unit. According to [Mijumbi-Deve and Sewankambo](#), [8], RRSs improve the timeliness and relevance of research evidence for policymaking and they are also thought to improve contact and interaction between users and

producers of research evidence, the lack of which has been cited as a barrier for the use of research evidence during policy and decision-making. In Burkina Faso, the RRSs facilitated the use of research evidence in policymaking and largely reached the consolidation phase of the institutionalization after project leaders, convinced policy-makers of the importance of the service [42].

STEPS 8. PERFORM STAKEHOLDERS' ANALYSIS & CONVENE STAKEHOLDERS' ENGAGEMENT EVENT

Policy actors also known as stakeholders have important roles to play in shaping evidence to policy link. To enable the success of evidence informed policymaking, stakeholders' analysis (SHA) is very imperative. According to Ruhe [43], SHA is designed to provide an organization with information to evaluate and understand stakeholders in term of their relevance to a policy or specific activity of the organization. The use of SHA as a systematic technique for gathering insights relating to a proposed policy formulation, reform, or action is gaining increasing recognition worldwide. This is because SHA gathers these insights by identifying, categorising and analysing individuals or groups that are likely to have a 'stake' (be affected by, or have an interest in) a proposed policy [44-46]. SHA should identify actors who are decision-makers as well as those impacted by the policy issue/action being considered; essentially all whose interests, actions and motivations influence the environment [43]. SHA has been developed to better understand stakeholder power and positions around specific new policies or actions, and assess the likely implications for the acceptability of new policies or interventions [44].

After performing the SHA the next step is stakeholders' engagement. There is evidence to suggest that stakeholder engagement is the key in both implementation and translational sciences which includes tailoring best evidence for policy and practices for specific populations [47]. Jansen and colleagues [48] have provided a checklist for stakeholder engagement and participation. The checklist is shown in Table 7.

Table 7. Checklist for stakeholder's participation and engagement (Source: Jansen et al. [48])

Stakeholder issues	Questions to ask
Identification of potentially adversely affected stakeholders	<ol style="list-style-type: none"> 1. Who may experience a health loss as a result of a negative decision? 2. Who may experience a health loss as a result of a positive decision? 3. Who may be adversely affected because they are responsible for communicating the decision? 4. Who may be adversely affected because they are responsible for implementing the decision?
Comprehensive stakeholder inclusion	<ol style="list-style-type: none"> 1. Are all relevant stakeholders informed about the possibility and procedures of participation? 2. Is participation organized in a way that effectively and efficiently facilitates the inclusion of stakeholders? 3. Are efforts made to include all relevant, especially difficult-to-reach, stakeholders?

Stakeholder issues	Questions to ask
	4. Can stakeholders participate in the identification and topic selection of health services for evaluation? 5. Can stakeholders participate in the scoping of relevant questions for evaluation? 6. Can stakeholders participate in the development of recommendations? 7. Can stakeholders participate in the evaluation of decisions? 8. Are alternative non-participatory strategies used for inclusion of stakeholders' values?
Meaningful stakeholder participation	1. Are stakeholders fully and in time informed about the available evidence? 2. Is argumentation and evidence presented in a way that is understandable to all relevant stakeholders? 3. Can stakeholders freely voice their perspectives (ie, no stakeholder is allowed to dominate a discussion or activity)? 4. Are stakeholder perspectives addressed in respectful and courteous ways? 5. Do stakeholders have sufficient time to provide input? 6. Are stakeholder perspectives equally accounted for in the deliberation? 7. Is it clear to all stakeholders involved how their input is going to be considered, scrutinized and put to use? 8. Can stakeholders actively interact in the deliberation? 9. Is further evidence collection considered when judged relevant and feasible?
Transparent communication of recommendations and/or decisions	1. Is information provided on the underlying argumentation and process to come to a recommendation and/or decision? 2. Is input from stakeholders documented and addressed explicitly? 3. Are recommendations and/or decisions clearly communicated? 4. Are stakeholders informed in time on the recommendation and/or decision?
Appeal and evaluation	1. Can stakeholders easily make an appeal on the underlying argumentation or process? Are appeals documented and publicly accessible? 2. Are appeals handled consistently and are justification provided in an understandable way? 3. Are mechanisms in place to revise decisions or the process based on appeals?

The findings from the review of peer review publications on the evidence to policymaking process in some of the West African countries clearly show the importance of stakeholders participation in the success of evidence to policy process. For instance, in Benin, Hounbo et al. 2017 [49] assessed Governance of Healthcare Technology Management and noted that

interactive and analytical tools of action research can be used to integrate knowledge amongst actors or groups, and that the policy development process was characterized as bottom-up, with a central focus on the participation of diverse stakeholder groups. In another study from Benin, Lee et al. 2015 [50] while assessing vaccine policy, it was observed that the change required identified in-country "champions," and orchestration of a coordinated set of steps that heavily involved key stakeholders. In Cape Verde, Nabyonga-Orem et al. 2016 [51] assessed health policy dialogue and observed that, ensuring stakeholder participation, improving stakeholder harmonization and alignment, providing a guiding framework and facilitating stakeholder analysis in policy dialogue offered the opportunity to improve stakeholder participation in policy development and promote aid effectiveness.

STEPS 9. USE OF POLICY ADVISORY/TECHNICAL/STEERING COMMITTEES

The use of policy advisory/technical/steering committees in promoting evidence to policy process is well established. This mechanism is recommended for use to West African policymakers because of the numerous positive outcomes reported across the sub-region. In Nigeria, Uneke and colleagues [52] assessed the role of a health policy advisory committee (HPAC) in bridging the divide between research and policy. They described the HPAC as a mechanism that catalyses information and experience sharing and provides an excellent platform for long-term interaction between researchers and policymakers. The Nigerian HPAC was designed as a forum for government, and other stakeholders (policymakers, researchers, civil society organizations) to make use of the best available research evidence for recommendations to the health ministry for government's health policy and health sector development [52]. The HPAC can function as a health coordination mechanism designed to standardize and develop a sector wide approach in the development of evidence-informed health policy and the strategies for implementation [52-54].

Other recommended mechanisms similar to the HPAC which are capable of facilitating evidence to policy process are policy technical groups and policy steering committees. In Côte d'Ivoire, Blau and colleagues [30] described the tremendous success a National Immunization Technical Advisory Group achieved in promoting evidence to policy process regarding immunization and vaccines. Similarly in Ghana, Howard and colleagues [55] examined the functionality of National Immunization Technical Advisory Groups (NITAGs) and noted that the NITAGs had an important and valued role within national immunization decision-making. In Burkina Faso, Keita et al. 2017 [56] assessed the role of steering committees (SCs) in the promotion of evidence to policy process and observed that SCs provided technical assistance to researchers during the implementation phase and facilitated the transfer and use of the findings.

STEPS 10. DEVELOP POLICY BRIEFS AND UNDERTAKE POLICY DIALOGUE

The use of policy briefs and policy dialogues are major strategies of achieving evidence to policy link. In Nigeria, policy briefs and policy dialogues have been used to promote evidence informed policymaking [57,58]. Lavis and colleagues [59], noted that policy brief is an effective evidence-packaging mechanism and a new approach to improving the policy-making process by supporting evidence-informed policy-making. They also asserted that policy briefs make it easier for policy-makers and other stakeholders to determine whether and how the available research evidence align with their own beliefs, values, interests, or political goals and strategies [59]. According to a number of previous reports, an effective policy brief makes evidence concise and understandable; explains why the evidence is important; and describes evidence-informed policy options that would be suitable actions for policy-makers to take [60-62]. Because of the growing interest on the use of policy briefs in evidence-informed policymaking, a case has been made for the enhancement of the capacity of policymakers in the development and production of policy briefs [57].

There is also a growing interest in identifying interactive knowledge-sharing mechanisms that allow research evidence to be brought together (via policy briefs) with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about high-priority issues [59]. The need for the promotion of locally contextualized 'decision support' mechanism in policymaking necessitated the increasing recognition of use of interactive knowledge-sharing processes [63,64]. Policy dialogue is one outstanding interactive knowledge-sharing platform that plays vital role in the promotion of evidence to policy link. Policy dialogue is a new and evolving approach to supporting evidence-informed policymaking [65]. It is a deliberative process that aims at strengthening the quality and rigor of policy thinking; identifying the most context-resonant framing of a particular issue; and exploring ways in which new knowledge can empower end users thereby assisting policy makers to explore strategic options for health system reform [66].

The outcome of some of the studies conducted in parts of West Africa reviewed in Chapter 3, section 3.1, clearly showed that the use of policy briefs and policy dialogues are effective mechanisms that greatly promoted the evidence to policy link. In Ghana, Araujo de Carvalho and co-workers [67] reported that policy briefs were developed and were used to define priority problems and health system responses to ageing and health. It was observed that the framework was useful for engaging stakeholders to develop evidence-informed policies on ageing and the

terms used in the tools need to be adapted to local contexts [67]. In Cape Verde, Nabyonga-Orem and colleagues [51] observed that policy dialogue offered the opportunity to improve stakeholder participation in policy development and promoted aid effectiveness. In a second study from Cape Verde, Dovlo and others [68] noted that policy dialogues have proved to be an effective tool in health sector management and could be a crucial component of the governance dynamics of the sector. They highlighted the dialogue success factors to include: the use of innovative approaches, good facilitation, availability of resources for dialogues, good communication, and consideration of different opinions [68]. In Guinea, Kwamie and Nabyonga-Orem [69], while assessing the role of policy dialogue in evidence-informed policymaking, noted that policy dialogue improves harmonization in terms of fostering information exchange amongst partners. According to them, the Policy dialogue processes which facilitated evidence to policy link was well implemented (i.e., well-facilitated, evidence-based, participatory, and consisted of recurring meetings and activities) [69]. Lavis and colleagues [59] outlined the important questions to consider in the development of a policy briefs, the structure a policy brief, questions that can be used to guide how to organise and use policy dialogues, and an example of an approach to policy dialogues as shown in tables 8 to 11.

Table 8. Questions that can be used to guide the preparation and use of policy briefs to support evidence-informed policymaking (Source: Lavis et al. [59])

1. Does the policy brief address a high-priority issue and describe the relevant context of the issue being addressed?
2. Does the policy brief describe the problem, costs and consequences of options to address the problem, and the key implementation considerations?
3. Does the policy brief employ systematic and transparent methods to identify, select, and assess synthesised research evidence?
4. Does the policy brief take quality, local applicability, and equity considerations into account when discussing the research evidence?
5. Does the policy brief employ a graded-entry format?
6. Was the policy brief reviewed for both scientific quality and system relevance?

Table 9. An example of the outline of a typical policy brief (Source: Lavis et al. [59])

Items	Key components
Title	Could possibly be in the form of a compelling question
Key messages	<ul style="list-style-type: none"> • What is the problem?

(possibly as bullet points)	<ul style="list-style-type: none"> • What do we know (and not know) about viable options to address the problem? • What implementation considerations need to be borne in mind?
Report	<ul style="list-style-type: none"> • Introduction that describes the issue and the context in which it will be addressed • Definition of the problem such that its features can be understood in one or more of the following terms: <ol style="list-style-type: none"> 1. The nature and burden of common diseases and injuries that the healthcare system must prevent or treat 2. The cost-effective programmes, services and drugs that are needed for prevention and treatment, and 3. The health system arrangements that determine access to and use of cost-effective programmes, services and drugs, including how they affect particular groups • Options for addressing the problem,

Table 10. Questions that can be used to guide how to organise and use policy dialogues to support evidence-informed policymaking (Source: Lavis et al. [65])

<ol style="list-style-type: none"> 1. Does the dialogue address a high-priority issue? 2. Does the dialogue provide opportunities to discuss the problem, options to address the problem, and key implementation considerations? 3. Is the dialogue informed by a pre-circulated policy brief and by a discussion about the full range of factors that can influence the policymaking process? 4. Does the dialogue ensure fair representation among those who will be involved in, or affected by, future decisions related to the issue? 5. Does the dialogue engage a facilitator, follow a rule about not attributing comments to individuals, and not aim for consensus? 6. Are outputs produced and follow-up activities undertaken to support action?
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Table 11: An example of an approach to policy dialogues (Source: Lavis et al. [65])

<ul style="list-style-type: none"> • Participation should be voluntary, confidentiality is assured, and anonymity safe-guarded • Dialogue should be characterised by twelve features and these should be the focus of the questions in the formative evaluation survey. <p>The dialogue should do the following:</p>
--

- Address a high-priority issue
- Provide an opportunity to discuss different features of the problem, including (where possible) how these affect particular groups
- Provide an opportunity to discuss three options to address the policy issue
- Provide an opportunity to discuss key implementation considerations
- Provide an opportunity to discuss who might take what action
- Be informed by a pre-circulated evidence brief that mobilises both global and local research evidence about the problem, three options to address the problem, and key implementation considerations
- Be informed by a discussion about the full range of factors that can inform how to approach the problem, options to address the problem, and the implementation of these options
- Bring together many parties who would be involved in, or affected by, future decisions related to the issue
- Ensure fair representation among policymakers, stakeholders, and researchers
- Engage a facilitator to assist with the deliberations
- Allow for frank, off-the-record deliberations by following the Chatham House Rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed", and
- Not aim for consensus

STEPS 11. DRAFT THE HEALTH POLICY DOCUMENT

In drafting the policy document, it is important to keep the language simple and strait forward without losing the intent of the policy. Unnecessary jargons must be avoided with the understanding that many readers of the policy documents may not be specialists in the health issues the policy is addressing. A typical health policy documents has a number of features that should be taken into account when writing the policy document. In Table 12, a number of health policy features are described. The list is by no means exhaustive but more items can be included depending on the setting and the type of policy issues addressed.

Table 12: The features of a typical policy document

<i>Features of Policy</i>	<i>Working Definition</i>
Policy Title:	Name of the policy that suitably defines its function(s) and contents
Source of policy	Origin or authority from whence the policy emanates
Date of production	Effective take off date of the policy
Preface	Author's explanatory remark of content of the policy
Foreword	Introductory remark for the policy
Acknowledgement	Formal note that accords recognition to individuals or group who aided realization of the policy.
Policy lifespan:	Period of time a policy is meant to last before its expiration.
Contributors	Describes all the individuals, agencies of government, etc who participated actively in the policy development
Acronyms:	Words framed from initial or starting letters of a named entity.
Roles/levels of responsibility	Describes the task/duty undertaken by each member of the policy development
Executive summary	Refers to technical summarization of the policy and may include: background, policy statement, objectives, methodology and implementation consideration
Background concepts	Brief introduction of the subject matter for which policy is meant and definition of key factors
Policy statement	Outline of identified issues for which the policy is meant to address
Policy goals & objectives	Statement of a desired future state, condition, or purpose, the policy is set to achieve
Policy scope	Describes the coverage area of the policy.
Policy justification/ rationale	Reason that expresses or establishes the basis for which a policy

Policy framework	Structural overview of a policy which describes its leaning support instruments/mechanisms
Methodology	Scientific procedure adopted in developing the policy
Policy priorities	Aspects of the policy that need to be considered first before others
Policy guidelines	Step by step protocol or procedure for implementing the policy
Use of evidence	Description of any form of knowledge, including, but not confined to research, of sufficient quality to inform decisions
Policy recommendation	Set of advise for making informed decisions
Policy Implementation Strategies	Resources, guides, ways of executing the policy to achieve its objectives
Legal/regulatory framework	Stipulates the legal implications of policy provisions which guide it limit of operation
Budgeting Issues	Plans showing how resources will be acquired and used during policy implementation
Policy dissemination strategies	Series of activities to ensure that policy is publicized.
Monitoring and Evaluation	Collection, collation, analyzing, report writing and feedback on various policy implementation activities
Supervision Mechanism	process designed to ensure that policy implementation at all levels, are proceeding according to plan

STEPS 12. SUBJECT THE POLICY DOCUMENT TO INTERNAL AND EXTERNAL REVIEW

After drafting the policy, it is very important for the draft to be subjected to both internal and external comprehensive review process. The purpose of a comprehensive review is to take an in depth look at the draft policy to: (i) determine if the policy is still needed or if it should be combined with another policy; (ii) determine whether the purpose and goal of the policy is achievable; (iii) determine if changes are required to improve the effectiveness or clarity of the policy; and (iv) to ensure that appropriate monitoring and evaluation mechanism is integrated into the policy [70]. The reviewers should be experts or specialists in the policy specific area and should include senior policymakers, senior researchers and senior practitioners. The specific guidelines to follow when performing the review of a draft policy document are shown in Table 13.

Table 13. Guidelines for review of policy document (Source: Northwestern University. [Guidelines for Reviewing Policies](#) [71]).

Guidelines	Specific questions
Continued need for policy	Is the policy still necessary in light of its stated purpose and goals? Would the document function better as procedures or guidelines?
Institutional values and objectives	Does the policy clearly and effectively communicate University values as well as the general purpose for the policy?
Effectiveness.	Does the policy function well as written, or should it be revised (e.g., by drafting it more clearly) in order to improve its effectiveness?
Unintended consequences	Has the policy any unintended consequences (i.e. hampering or interfering with operations /tasks in the health or other sectors to function efficiently)?
Interfere with or replicate any other policy	Does the policy interfere with or replicate any other existing policy?
Alignment with political and legal requirements and best practices.	Is the policy current? Does it align with political ideologies/direction of government? Does it align with legal requirements and best practices in health? Does the policy meet institutional and societal needs?
Implementation.	Is the policy being followed in practice, or is there a need to address and improve policy implementation?

Guidelines	Specific questions
6. Drafting and formatting.	Is the policy well drafted? Is it formatted in PDF, consistent with the current standard policy template?
Monitoring and Review'	Does the policy make provision or have mechanism for the monitoring, evaluation and review of the policy

STEPS 13. OBTAIN OFFICIAL ENDORSEMENT OF THE POLICY BY GOVERNMENT

As stated in section 4.5, policymaking cannot be separated from politics. Aligning the policymaking process with the political situation is one of the best ways to guarantee that the government in power will support and endorse the policy. There is no hope for an anti-government policy. No policy is likely to succeed to the implementation stages if it does not receive government's endorsement. The following are four practical steps that can be taken to facilitate government endorsement of a policy:

(i). Align the policy with the mandate and priority of the government in power.

Every government in a typical democratic setting has its mandates and priorities. The health policy planned must be consistent with these mandates and priorities. It is of no use to initiate the development of a policy that is not consistent with the mandates/priorities of the government. For instance if the central mandate of the government for the health sector is to improve maternal and child health, initiating a policy concerning ageing may not likely enjoy the full support of the government.

(ii). Engage the leaders of ruling political party as champions of the policy development process.

Political parties the world-over are known to have strong influence on policies and policymaking process. Normally, every party has its manifesto and ideologies and these are brought into governance if the gains power. It is important for the leaders of the political parties to be engaged in policymaking process, as this strategy is likely to facilitate the policy endorsement by government that is of that political party. There are numerous studies that have shown that party orientation has a strong influence of policy making process and implementation [72-75]

(iii). Involve relevant government apparatus in all stages of the policy development

It is important to engage and involve all the relevant government apparatus in all the stages of the policymaking process. The government apparatus includes ministries, agencies, departments, boards and parastatals. It is important to ensure the buy-in into and ownership of the planned policy by these government units. Their full participation in the policymaking process will facilitate government's endorsement of the policy.

(iv). Employ the process of lobbying of very influential persons in the government to drive the policy process

Lobbying is the process of attempting to influence leaders in government to support a particular course of action. Certain highly placed government officials can be engaged in the policy process as ‘champions’ of that policy. These individuals are in a good position to get the government to endorse the policy.

STEPS 14. INSTITUTE MONITORING, EVALUATION AND REVIEW MECHANISM FOR THE POLICY

There is a dearth of studies focusing on policy monitoring, evaluation and reviews. Policy monitoring, evaluation and review are critical components of the evidence-informed policymaking. Every policy that is made has set objectives and desired goals or outcomes. Monitoring, evaluation and review are essential functions to ensure that the priority health actions outlined in the policy document are implemented as planned against stated objectives and desired results [76]. The WHO publication titled: Monitoring, Evaluation and Review of National Health Strategies [77], provided a working definition of the key terms as follows:

*(i). **Monitoring:** This refers to bringing together data from all relevant sources to analyse what is happening, where and to whom. Monitoring uses a set of core indicators and targets to provide timely and accurate information to governments and partners in order to inform progress and performance reviews, and policy dialogue.*

*(ii). **Evaluation:** This refers to building upon the monitoring data but the analysis goes much deeper, taking into account contextual changes, addressing questions of attribution, and looking at counterfactual situations.*

*(iii). **Reviews:** These are based on the evidence gathered through monitoring processes and require national institutional mechanisms involving multiple stakeholders. Existing country health-sector review processes are a key entry point for assessing progress and performance, and can influence priority-setting and resource allocation. Such reviews need to be systematically linked to actions in countries and provide the basis for mutual accountability.*

To ensure that policies meet up to international best practice standard, they should have life span to necessitate policy review towards the expiration date. In addition, a regular monitoring, evaluation and review mechanism must be incorporated into the policy. According to WHO [77], regular monitoring and evaluation system is required in order to ensure that indicators are measuring what they are meant to, that data are generated according to standards, that data analysis and communication of results give the information needed by decision-makers, and that data management includes an assessment of overall data quality. The main components of policy monitoring and evaluation platform include sound policy and institutional environment; well-functioning data sources; strong institutional capacity for data collection, management, analysis, use and dissemination; and effective country mechanisms for review and action

[76].To facilitate effective policy monitoring and evaluation, the platform requires to be strengthened. Table 14 shows the steps required to strengthen policy monitoring and evaluation platforms.

Table 14. Key steps to strengthen policy monitoring and evaluation, platform (Source: O'Neill et al. [76].

1. Assess the key attributes of the monitoring and evaluation platform as required and identify priority actions to address key gaps and weaknesses; 2. Review and select core indicators and develop baseline and targets for monitoring national priorities and health goals; 3. Develop a comprehensive monitoring and evaluation plan, including alignment of disease-specific plans and identification of priority actions; 4. Cost the monitoring and evaluation plan and develop a common investment framework as the basis for government and partner investments; 5. Review and evaluate the monitoring and evaluation platform regularly.

The WHO [58] outlined some important questions as the basis for policy monitoring and evaluation. These questions are outlined in Table 15.

Table 15. Questions for policy monitoring and evaluation (Source: WHO [77])

1. Has money been disbursed as planned for the policy implementation? 2. Is the process of policy implementation happening as planned? 3. Did access to and utilization of services as contained in the policy improve? 4. Did the quality of services stipulated in the policy improve? 5. Did intervention coverage or risk behaviours improve? 6. Have health outcomes and equity improved? 7. Are services responsive to the user's needs? 8. Are people protected against financial risks? 9. What is the efficiency of service delivery (value for resources)?

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