Editorial

Evidence-Informed Policy Making in the Ethiopian Health System: Opportunities and Challenges

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Policy development is a complex and iterative process with multiple stages involving multiple stakeholders and demanding resources. In the health system, problems of various nature, often requiring evidence, trigger the policy development process. Evidence Informed Policy Making (EIPM) is believed to increase the credibility, effectiveness, efficiency, equity, trustworthiness, and acceptability of policies and interventions (1). It also facilitates a more efficient use of scarce resources in health care, reduces research waste, and improves transparency and accountability (2, 3). Hence, the interface between evidence and policy-making in the health system is becoming increasingly important. Ideally, the policy-making process would base on scientific evidence and through participating all stakeholders. But of course, scientific evidence is not the only consideration in policy decisions. Contrary to its depiction, the pathway to EIPM in the health system, in fact, in any other sector, is generally non-linear (4).

In most circumstances, including the health system, EIPM is implemented in a system that operates under a complex and dynamic environment that is challenged by uncertainty. It requires a collaborative effort between various stakeholders with divergent perspectives, capacity, interests, accountability, and power of influence (4, 5). In this process, the researchers and policymakers are the main actors. The former is engaged in leading the production of scientific knowledge while the policy maker owns and leads the process of EIPM to support decision-making. Engagement of policymakers through co-designing/co-creating the policy question and agreeing on the evidence generation process is a key aspect in the interaction between the two actors to translate the evidence into action. Therefore, it is required to use systematic approaches and iterative process so we can optimize the attributes of EIPM (1, 4-7). It is also important and necessary that the approaches we follow and the tools we use are comprehensive enough to account for diverse perspective and contexts. Moreover, they should allow flexibility in working in the complex, dynamic and unpredictable ecosystems of evidence and policy (1, 2, 4, 5). Failure to follow EIPM in the health system will result in implementing programs which are less effective and undesirable outcomes.

In the context of Ethiopia, since the implementation of the Health Sector Transformation Plan (HSTP) (8), the focus on using evidence in the policy making pathway has gained a momentum. With a recent revision of the HSTP in to Health Sector Medium Term Development and Investment Plan (HSDIP)(9), the use of evidence in program designing and implementation is also placed at the epicenter implementing all the nine strategic objectives. Furthermore, the Ministry of Health (MoH) recently has revised its organizational structure aiming to efficiently use resources and implement its programs. The restructuring has led to establishment of few new offices but more importantly organized related programs and departments together so they can optimize their implementation capacity. One of the structures newly established offices is the Policy Strategy and Research Lead Executive Office (PSR LEO) which reports directly to the Minister. This office, with its specific role of bringing together the different actors in the policy making process, including researchers and policymakers, will have a significant role in further enhancing the culture of evidence use while developing health policies and strategies in the country. There are also various knowledge translation platforms (KTPs) including the Research Advisory Council (RAC) which engages researchers and program implementers to answer policy relevant questions and provide technical advises. The RAC operates by using available evidence and routine data to answer policy questions and provide recommendations. This plays an important role especially in bridging the gap between researchers and policymakers which in most cases appear to be the main hurdle in the EIPM process. Different technical advisory standing committees or technical working groups also ensure that specific issues supported by evidence are included when policies are formulated.

However, as complex as the EIPM process is, one can mention a number of challenges. In most cases, the weak link between researchers and policymakers has remained to be the bigger challenge. As equal as its robustness, trustworthiness of an evidence relies on engagement of the end users from the very onset. Even though it requires a delicate balance on the extent of involvement, co-creating the evidence generation process greatly improves its utilization. The availability and accessibility of high-quality research and data is also one big challenge pushing policymakers to rely on poor quality evidence to inform their decisions. Another challenge is the complexity of the policymaking process. Policymakers must consider a range of factors when developing and implementing policies, including economic, social, and political considerations. At times, policy-makers may under estimate the potential of scientific contributions, inclining to their own perceptions of policy problems. Or, they may want simple answers from research in order to implement quick fixes to pressing policy challenges while ignoring the complexity of conducting research. Policy-makers needing results over relatively short time periods, and sometimes tending to use research only to legitimize political decisions or even rejecting scientific recommendations can also be additional challenges. It is also worth noting the role of special interests and lobbying in the policymaking process. In some cases, special interest groups may exert influence on policymakers by providing them with research or data that supports their agendas.

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