

Getting Research Evidence into Policy: The Need for Strengthening Linkages and Partnership between Health Policy Makers and Researchers in the Health Sectors of Developing countries

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Introduction

Getting research evidence into policy in many developing countries remains a very challenging task and huge gaps still exist between health policy makers and researchers.^{1,3} Health outcomes in these countries have been described as unacceptably low and at the centre of this crisis is a failure of health systems.^{4,5} The health systems performance in many developing countries has been described as grossly suboptimal due to increased burden of underdevelopment, political instability, weak institutions, inadequately developed social sectors, scarcity of resources and marked social inequalities.⁶ Within the last decade the World Health Organisation (WHO) and many other international agencies have intensified technical and financial support to developing countries to promote evidence informed strategies to improve the performance of their health systems.^{7,8} Subsequently, a considerable number of developing countries are

increasingly recognising the importance and necessity of evidence-based health policies as a critical requirement for the improvement of their health systems.^{5,9,10}

Nigeria is one of the countries in sub-Saharan Africa making deliberate efforts to institutionalise evidence informed health policy making process. The Nigerian evidence-based health system initiative (NEHSI) was established in recognition of the importance of evidence informed health policy making as a critical requirement for comprehensive health sector reform.¹¹ Similar evidence informed policy making initiatives exist in many sub-Saharan African countries such as EVIPNET (Evidence informed policy network) Africa; Regional east African community health (REACH) policy initiative; supporting the use of research evidence (SURE) for policy in African health systems; and getting research into policy and practice (GRIPP) program.^{12,13}

Several studies have shown that evidence

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from research can enhance health policy development by identifying new issues for the policy agenda, informing decisions about policy content and directions or by evaluating the impact of policy.^{14,15}

In spite of the recognition of the value of research evidence in policy making, most policy makers in developing countries have not actively been employing research evidence in the policy making process. Policy decisions are often made more on the basis of political ideology, structural and situational contextual factors, cost savings as opposed to cost effectiveness, pressure from interest groups and media attention than research evidence.^{3,16} One of the major factors responsible for the problem of translating research evidence into policy is the huge gap existing between researchers and policy makers.¹⁷ Research evidence rarely gets into policy as researchers and policy makers appear to lead separate lives, “travelling in parallel universes.” Additionally, most researchers in developing countries lack the knowledge of the policy making process and are producing research evidence that is irrelevant to the policy making process and even when policy relevant evidence is produced they are often inaccessible to policy makers.^{3,17} Furthermore, health policy needs, neither drives nor determine the research priority setting process, thus there is lack of ownership of health research agenda by policy makers and other major stakeholders in the health sector.¹⁸ Adding to the complexity of these challenges in the health policy making process in developing countries is the grossly deficient capacity to use information, communication and technology (ICT), particularly the use of

computer and the internet by many individuals in policy making positions. Reports from several studies have revealed that policy makers and other stake holders in developing countries are faced with major constraints and challenges in using ICTs effectively in the health sector.^{19,20} This is not surprising as the arrival of computer system and technology in many developing countries preceded the availability of computer skill and knowledge in the educational system of these countries. The dearth of ICT and mass internet connectivity in most African settings have limited the capacity of the national health management information systems to generate, analyse and disseminate information for use in decision making.²¹ A number of studies have clearly demonstrated that the lack of ICT competence among policy makers to acquire, assess, adapt and apply research evidence is a major factor hampering the uptake research evidence into health policy particularly in developing countries.¹⁹⁻²¹

Getting research evidence into policy and practice will therefore entail strengthening of linkages and fostering partnership between health policy makers and researchers. These links are limited by the lack of awareness of the important contribution research can make to the policy making process, the failure on the part of researchers in communicating research evidence to policy makers and the existence of various barriers or conflicting interests. These barriers in linking evidence to policy have been categorised into four major gaps. These are the supply gap, information or communication gap, demand gap and governance gap.²² These gaps can be bridged via improving the capacity of policy makers to uptake research evidence and educating

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