EJ2NCQ

**Role and use of evidence in policymaking: an analysis of case studies from the health sector in Nigeria**

Dr ENYI ETIABA, HEALTH POLICY RESEARCH GROUP, COLLEGE OF MEDICINE, UNIVERSITY OF NIGERIA, enyi.etiaba@unn.edu.ng

(1)Prof. Obinna Onwujekwe, Health Policy Research Group, College of Medicine, University of Nigeria, Enugu Campus, obinna.onwujekwe@unn.edu.ng, P.M.B. 01129 Enugu, Nigeria. (2)Dr. Nkoli Uguru,Health Policy Research Group, College of Medicine, University of Nigeria, Enugu, Campus, nkuguru@gmail.com, P.M.B. 01129, Enugu, Nigeria (3)Dr. Giuliano Russo,Instituto de Higiene e medicina Tropical (IHMT), The Nova University of Lisbon, Lisbon, Portugal, grusso@ihmt.unl.pt (4) Dr. Chinyere Mbachu, Health Policy Research Group, College of Medicine, University of Nigeria, Enugu Campus, chinyere23ng@gmail.com, P.M.B. 01129, Enugu, Nigeria (5) Dr. Tolib Mirzoev, Nuffield Centre for Internaltional Health and Development,Leeds Institute of Health Sciences, University of leeds, Leeds, UK, t.mirzoev@leeds.ac.uk (6) Prof. BEnjamin Uzochukwu, Health Policy Research Group, College of Medicine, University of Nigeria, Enugu Campus, bscuzochukwu@gmail.com, P.M.B.01129, Enugu, Nigeria.

Background: Health policymaking is a complex process and analysing the role of evidence is still an evolving area in many low- and middle-income countries. Where evidence is used, it is greatly affected by cognitive and institutional features of the policy process. This paper examines the role of different types of evidence in health policy development in Nigeria.

Methods: The role of evidence was compared between three case studies representing different health policies, namely the (1) integrated maternal neonatal and child health strategy (IMNCH); (2) oral health (OH) policy; and (3) human resource for health (HRH) policy. The data was collected using document reviews and 31 in-depth interviews with key policy actors. Framework Approach was used to analyse the data, aided by NVivo 10 software.

Results: Most respondents perceived evidence to be factual and concrete to support a decision. Evidence was used more if it was perceived to be context-specific, accessible and timely. Low-cost high-impact evidence, such as the Lancet series, was reported to have been used in drafting the IMNCH policy. In the OH and HRH policies, informal evidence such as experts’ experiences and opinions, were reported to have been useful in the policy drafting stage. Both formal and informal evidence were mentioned in the HRH and OH policies, while the development of the IMNCH was revealed to have been informed mainly by more formal evidence. Overall, respondents suggested that formal evidence, such as survey reports and research publications, were most useful in the agenda-setting stage to identify the need for the policy and thus initiating the policy development process. International and local evidence were used to establish the need for a policy and develop policy, and less to develop policy implementation options.

Conclusion: Recognition of the value of different evidence types, combined with structures for generating and using evidence, are likely to enhance evidence-informed health policy development in Nigeria and other similar contexts