ROLE AND USE OF EVIDENCE IN POLICYMAKING:
AN ANALYSIS OF CASE STUDIES FROM THE HEALTH
SECTOR IN NIGERIA

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BACKGROUND

❑Nigeria is the most populous black nation with an estimated population of 170 million.

❑Divided into 6 geopolitical zones, 36 states and the Federal Capital Territory (FCT) and 774 local government areas (LGAs).

❑Operates a three-tier health care system

       Tertiary   (Federal level)

       Secondary (State Level)

       Primary   (Local Government level)

BACKGROUND

NIGERIA GEO-POLITICAL ZONES

POLICY MAKING IN NIGERIA

❑All health policies are made at the federal (national) level, developed by the Federal Ministry of Health (FMoH).

❑Policy Approval is by the Federal Executive Council (FEC) - made up of the President of Nigeria (as the chairman) and his Ministers.

❑Some policies are adapted by states to their context.

❑Historically, most policies in Nigeria are deliberate choices, based on political mechanisms or government oversight, and usually lack appropriate information i.e. weak research-to-policy linkages

HEALTH SECTOR REFORM POLICIES

Three of these policies include:

❑ The Integrated Maternal Neonatal and Child Health
   (IMNCH) Policy

❑ The Oral Health Policy

❑ The Human Resources for Health (HRH) Policy

BRIEF DESCRIPTION OF POLICIES-IMNCH

❑Developed in 2007.

❑Overall objective is to reduce maternal, new born, and child morbidity and mortality in line with the MDGs 4 and 5;largely a product of a global agenda.

❑Developed within the framework of the National Health Sector Reform Program (HSRP) to address the most common conditions responsible for maternal and under-5 mortality in Nigeria.

BRIEF DESCRIPTION OF POLICIES- ORAL HEATH

❑ Developed and in 2012 in Nigeria.

❑ Through multi-stakeholder participation of experts in OH, WHO, and medical practitioners in the three tiers of the health system.

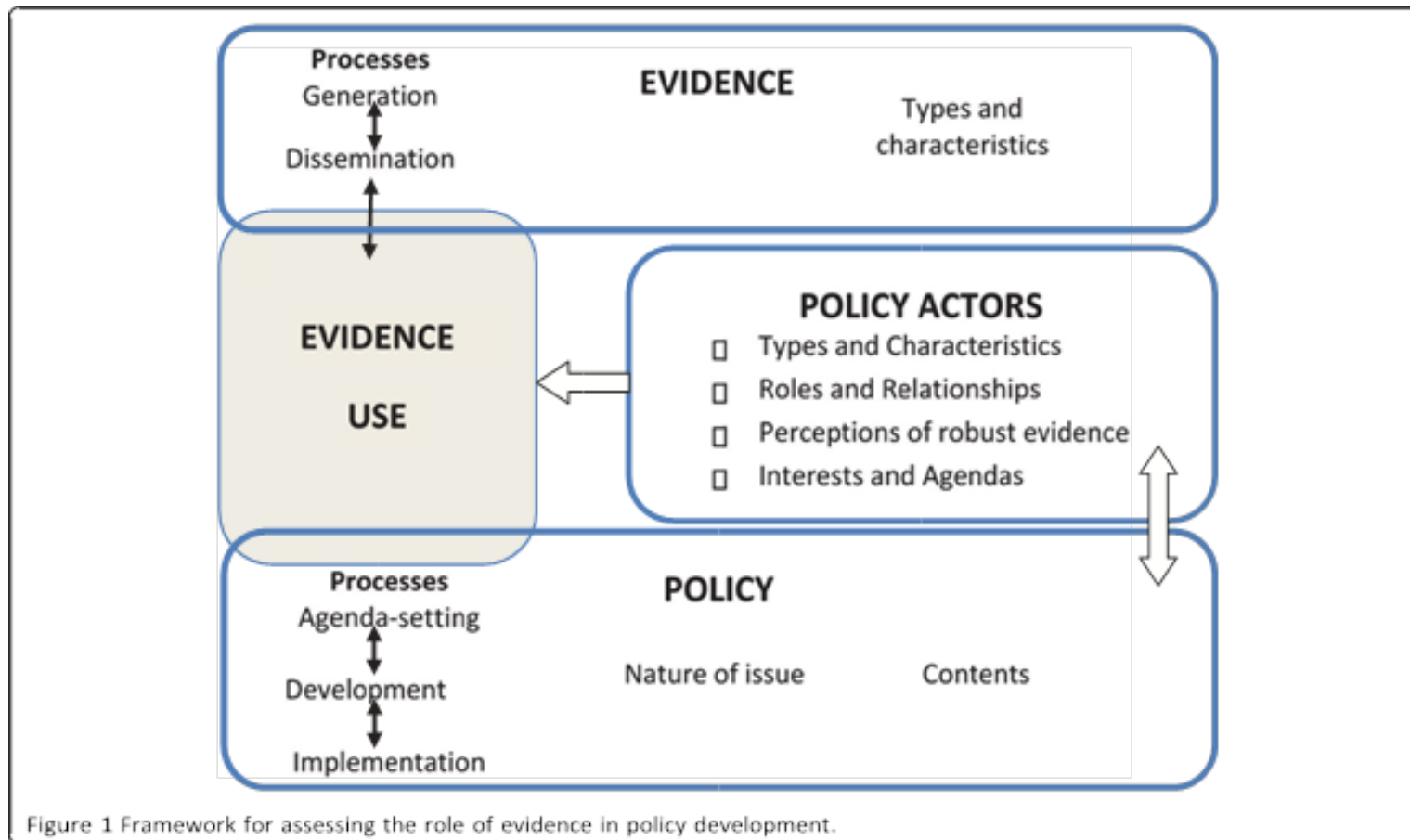❑ Intended to achieve optimal OH for at least 50 % of Nigerians through five strategies.

BRIEF DESCRIPTION OF POLICIES-HRH

❑Developed in 2006

❑Also on a backdrop of the National HSRP

❑By a variety of stakeholders in health in both public and private sectors following world health reports devoted to addressing the global HRH crisis.

❑Geared towards addressing key challenges in HRH, including planning, recruitment, production, utilization, and retention of health workers.

METHODS

- Role and use of evidence was compared between these three policies using a case-study approach.

- 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.

FRAMEWORK

Figure 1 Framework for assessing the role of evidence in policy development.

DATA COLLECTION METHODS

Data collected between December 2012 and July 2013.

Two methods:

Document reviews and

In-depth interviews.

Document reviews were used to identify the different evidence available around a particular policy and inform the development of the initial list of respondents.

DOCUMENT REVIEWS

A total of 27 documents were reviewed, covering
all three case studies and include:

- ❑ Key policy statements,
- ❑ Policy dissemination documents,
- ❑ Published consultancy reports,
- ❑ Published and unpublished monitoring and evaluation reports,
- ❑ Academic publications,
- ❑ Research reports,
- ❑ Policy briefs, grey literature (e.g. consultancy reports), and health statistics including health management information system reports, and
- ❑ Country-level publications on websites of the relevant agencies (e.g. FMOH, WHO).

IN-DEPTH INTERVIEWS

Participant types and number interviewed			
Participant Groups	**IMNCH**	**OH**	**HRH**
Public policy makers and government officials	5	3	5
Academics/Researchers	1	4	1
Professional groups	1	0	1
Civil Society Organizations (CSOs)	1	1	2
Development Partners	2	1	2
Health Workers	0	0	1
Total	10	9	12

DATA ANALYSIS

❑A thematic framework analysis was performed, which included

❑stages of familiarization with the data, coding, indexing and charting of data, mapping and interpretation.

❑Findings from the various documents reviewed were synthesized and analysed based on the thematic areas.

❑ All audio recorded interviews were transcribed verbatim by the interviewers and coded using a coding tree.

❑Thematic areas: (1) respondents perception of evidence,

❑(2) types and characteristics of evidence, (3) role of different types of evidence, (4) actors, and (5) contextual influences on evidence and policy processes.

❑NVivo10 software was used to aid the data coding and analysis.

FINDINGS

Summarised under two main sections:

❑ Types of evidence used across the three case studies

❑ Role of evidence in the development of the three policies

TYPES OF EVIDENCE

The following types of evidence were used across the three policies:

❑Survey reports
❑Research publications
❑National and international policy documents
❑Systematic reviews
❑Reports of programs
❑Proceedings from expert consultation meetings
❑Experience and opinions of experts and policymakers
❑Epidemiological reports
❑Documents on lessons learned from international experiences and best practice guidelines

TYPES OF EVIDENCE

Types of evidence	IMNCH	OH	HRH
Survey reports, situation analysis, national data sets, institution data sets	√	√	√
Research Publications (national & international)	√	√	√
Existing policy documents (national)	√	x	√
Epidemiological reports	√	x	x
Systematic review reports	√	x	x
Proceedings of expert consultation meetings	√	√	√
Lessons from international experience and best practice guidelines (policies and publications)	√	√	x
Health management and information system data	x	x	x
Monitoring and evaluation reports	x	x	x
Expert and policymaker opinions and experiences	√	√	√

ROLE OF EVIDENCE

Stages of policy development	IMNCH	OH	HRH
Information gathering	National survey reports, institutional data, epidemiological reports, research publications, aggregated data from states	Institutional data, research publications, lessons learnt from international experience	Institutional data, situation analysis reports, research publications
Agenda setting	Publications of best practices, e.g. Lancet series, systematic review reports, research publications	WHO publications, national survey reports, research publications, publications of best practices	Situation analysis reports, research publications
Development of policy draft	Expert consultation reports, existing policy documents	Experiences and opinions of experts, expert consultation reports	Expert consultation reports, experiences and opinions of experts, existing policy documents
Review of policy draft	Expert consultation reports, synthesis of previously collected information	Expert consultation reports, synthesis of previously collected information	Expert consultation reports, synthesis of previously collected information
Approval of policy document	Expert consultation reports	Expert consultation reports	Expert consultation reports

CONTEXTUAL INFLUENCES

Key influences on evidence use include:

❑ Global considerations/movement

❑ Existing policy guidelines

❑ Burden of health needs /National considerations

CONTEXTUAL INFLUENCES

Contextual Factors	IMNCH	OH	HRH
Global considerations/movement	WHO partnership for maternal, newborn and child health movement provided support for partner countries to develop an IMNCH strategy	There was an international push towards development of oral health policies in Africa	Inability to meet the international standard for health worker to population ratio International move to resolve HRH crisis especially in Africa
Existing policy/guideline/framework	Prior existence of the reproductive health policy and child health policy Existence of implementation strategy for the child health policy	Fragmented drafts of previously written policies which had not been adopted	Existence of health sector reform plan which emphasized the need for equitable distribution and health worker retention
National considerations	Ongoing National health sector reform plan which showed areas of need	Presence of policy champion	Policy champion and ongoing health sector reform plan

KEY MESSAGES

❑ 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.

❑ Identification of contextual influences at all stages of evidence generation and use is essential towards development of evidence-based policies.

REFERENCE

Full Free Text at:

Obinna Onwujekwe, Nkoli Uguru*, Giuliano Russo, **Enyi Etiaba**, Chinyere Mbachu, Tolib Mirzoev, Benjamin Uzochukwu, **Role and use of evidence in policymaking:**

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THANK YOU.