

INTRODUCING EVIDENCE- INFORMED POLICYMAKING



**ENHANCING HEALTH
POLICYMAKING,
GOVERNANCE & RESEARCH
MANAGEMENT IN GHANA**

WORKSHOP REPORT

15-17 MAY 2019, ACCRA, GHANA

Funded by the University of Southampton

Authors:

Kirchuffs Atengble, Agnes Insor-Brown
PACKS Africa

Workshop attendees

Abbey Mercy	Ghana Health Service
Ackon Angela	Ghana Health Service
Acquah Charles	Ghana Health Service
Adam Ayamba Matthew	Ghana Health Service
Adda Rhodaly	Ghana Health Service
Agbeshie Gideon	Ghana Health Service
Amoah Emmanuel	Ghana Health Service
Angwaawie Paul	Ghana Health Service
Atengble Kirchuffs	PACKS Africa
Ayim Andrews	Ghana College of Physicians and Surgeons
Baffour Awuah	Ministry of Health
Bassanio Mathias	Ghana Health Service
Batchelor James	University of Southampton
Boahen Gifty Pokua	National Identification Authority
Agnes Insor-Brown	PACKS Africa
Brown Becky	University of Southampton
Buor Michael	Ministry of Health
Dansu Kafui	Ministry of Health
Frimpong-Manso Rita Patricia	Ghana Health Service
Head Michael	University of Southampton
Hodgson Abraham	Ghana Health Service
Kemavor Dela	Ministry of Health
Nimako Belinda	Ghana Health Service
Oksana Debrah	Ghana Health Service
Osei Ivy	Ghana Health Service
Oxford Patrick	University of Southampton
Sally Emmanuel Tettey	Ghana Health Service
Sfarijlani Jacqueline	Ghana Health Service
Yeboah Barnabas	Ministry of Health
Yorke Lovette	Ministry of Health
Zakariah Farideen	Ghana Health Service



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Left to right: Prof. James Batchelor, Agnes Insor-Brown, Dr Rebecca Brown, Dr Michael Head, Patrick Oxford, Kirchuffs Atengble

BACKGROUND

Within these three days (15-17 May, 2019) participants from the Ghana Health Service (GHS), Ghana College of Physicians and Surgeons, and the Ghana Ministry of Health gathered at the Accra Marriott hotel for a training workshop that aimed to enhance health policymaking, governance and research management within the health sector in Ghana.

The workshop was facilitated through a collaboration between experienced trainers from the Clinical Informatics Research Unit of the University of Southampton and PACKS Africa, a Pan-Africa think tank working to improve the uptake of research and other forms of evidence in policy processes. The event was funded by the University of Southampton. Topics covered included:

- An introduction to the **Evidence-Informed Policymaking Toolkit** and the Context Matters Framework (delivered by Kirchuffs Atengble, Director of PACKS Africa, Accra);
- **Building a research portfolio** using an example of infectious disease research in Ghana;
- Using the free license of **Microsoft Power BI** to create browser-based interactive and customisable visualisations (see <http://bit.ly/resinlassa> for an example from the Southampton team on Lassa Fever);
- A demonstration of the **EDGE programme**, which is a research management tool created by University of Southampton and used across the UK National Service. EDGE can host study details and provide real-time information on many variables including patient recruitment, study status, and timeframe to results (and thus new knowledge being available to decision-makers).





SUMMARY OF WORKSHOP DISCUSSIONS



DAY 1: THE EVIDENCE-INFORMED POLICYMAKING TOOLKIT

LED BY PACKS AFRICA

This session was facilitated using training toolkit for Evidence-Informed Policy Making (EIPM) developed with leadership from colleagues from the International Network for the Availability of Scientific Publications (INASP). Evidence for policymaking was defined to be any information which helps policymakers to make decisions and get results that are concrete, manageable and achievable.

It was acknowledged within the session that contextual situations define evidence, and its use in policy decisions. Together with participants, policy was defined as the following:

- Policy is a rule or regulation to guide operations;
- Policy refers to decisions about needs and wants;
- A principle an institution or individual adopts.

It was emphasised that the focus of this discussion within the workshop would be evidence and policy issues on a societal level, which is contrasted with individual level policy/decisions.

Types of Evidence

Four main types of evidence were explored in this session, namely:

- **Data** – considered as raw or unprocessed or uncontextualised information;
- **Research** – described as knowledge produced through use of rigorous methodology;
- **Citizen knowledge** – mainly knowledge produced from the perspectives of ordinary citizens;
- **Practice-informed knowledge** – situated as knowledge produced from regular practice of some individual or institutional professions, including expert opinions, grey literature, monitoring and evaluation, etc.

Evidence-Informed Policy

An evidence-informed policy was concluded to be a policy where the entire outcome is informed by different pieces of evidence, and having been juxtaposed with political, cultural, and economic realities. The classical definition by Newman, Fisher, and Shaxson (2012) was adopted: “Evidence informed policy is that which has considered a broad range of research evidence; it considers other factors such as political realities and public debates. It is not exclusively based on research. In some cases, research evidence may be considered and rejected”.

Evidence-Based Policy

Therefore, in contrast, an evidence-informed approach to policymaking was recommended beyond an evidence-based approach, which was explained to be an approach to policymaking whose outcome results from the use of any single piece of evidence. The basic difference is reflected in the use of multiple and contrasting pieces of evidence by an EIPM approach, distinguished from the use of a single body/piece of evidence by an evidence-based policymaking (EBPM) approach. In addition, an evidence-informed approach to

policymaking takes into account the fact that evidence is only one of a number of important factors that influence policymaking.

In conclusion, participants were encouraged to consult different types and pieces of evidence when faced with policy decisions, and should also ensure that evidence gets to inform the process, despite the need to consider other competing influences such as politics, economics and culture.

THE CONTEXT MATTERS FRAMEWORK AND MATRIX

The Context Matters Framework is a tool used to diagnose the situation of evidence use within government agencies. Developed by colleagues from Politics & Ideas (Accra, Ghana) and INASP, the tool has been deployed in two pilot initiatives in Peru and Ghana. The framework considers both internal and external factors to address visible and invisible changes related to evidence uptake in policymaking environments. The framework has six dimensions, which are: macro context factors, intra and inter relationships, organisational capacity, organisational culture, management processes, and other resources.

Based on our experiences during pilots of the framework and further engagements, PACKS Africa introduced a matrix to serve as a quantitative instrument to guide deployment of the framework. Participants were informed about the pilot of this complementary tool (the Context Matters Matrix) at the Parliament of Ghana and the Ministries of Health in Ghana and Kenya, as well as with the Ghana Health Service (GHS).

The Matrix is an evaluative and advocacy tool extensively informed by the Context Matters Framework. Process for implementation of the Matrix pilot are given below:

- Develop a guide for interpreting the data to be collected;
- Design data collection instrument;
- Hold a pre-data collection workshop;
- Collection of data and analysis;
- Generation and distribution of reports/publications.

Participants were guided by the facilitator to complete an online survey, experiencing the basic tool for data collection onto the Matrix. In all there were 139 Questions to assess 22 factors, which were categorised into the 6 dimensions. It took participants between 5 and 60 minutes to complete the survey. They were informed that implementation of the data collection component of the process (which continues till October 2019) was going to engage them for cascading and reference to colleagues with their organisations. In response, participants recommended that ethical clearance from the Ghana Health Service and an authorisation letter from the Ministry of Health be secured for that purpose. Some feedback was also shared by participants, having had first-hand experience of the tool.

DAY 2: HOW TO BUILD A RESEARCH REGISTER AND ASSESS YOUR PORTFOLIO

DEMONSTRATIONS FROM THE RESEARCH
INVESTMENTS IN GLOBAL HEALTH
STUDY (RESIN, LED BY UNIVERSITY OF
SOUTHAMPTON, UK)

An introduction was made to participants on the need to build a research register and assess the portfolio to inform decision-making. For example, knowledge of the R&D landscape will show what research is ongoing or completed, what institutions have specific skills and expertise, and when new knowledge will emerge that can be included in policy and planning. They were thereafter given printed Activity Instructions to guide them through 4 different hands-on activities.

This session of the training included:

- A **research register** relating to internationally funded projects on infectious diseases in Ghana as an example;
- How Resin collates **funding data** from international funders;
- How to **categorise each award** by disease, geography and type of science along the research pipeline;
- How to **create filters** by disease area;
- **Combining the data** with other open datasets such as the Global Burden of Disease study, to illustrate level of research activity alongside cases and deaths from each disease;
- How to **set research priorities** using the findings;
- How to bring **new knowledge from research** into decision-making process in near real-time.

All resources used in this workshop can be retrieved from the website:

<http://researchinvestments.org/trainingghana>

One of the main sources of research investments data is the Dimensions database, owned by ÜberResearch,

<https://app.dimensions.ai/discover/publication>

This is a privately-owned database, with an open-access section for publications.

The University of Southampton managed to secure 5 free licenses for Ghanaian colleagues to use, in relation to the funding portal, and these groups have been contacted separately. When contracts are signed, the 5 contacts will be distributed to workshop attendees.





DAY 3:

RESEARCH MANAGEMENT AND GOVERNANCE TO SUPPORT POLICYMAKING AND DECISION-MAKING

LED BY UNIVERSITY OF SOUTHAMPTON, UK

Morning Session- Using Microsoft Power BI

Microsoft's Power Bi is a powerful tool for data visualisation, applicable both in online and offline platforms.

Participants were introduced to the application, and guided to do the following activities:

- Visualise their research portfolios and health burden data in **Microsoft Power BI**, using data imported from Excel and other widely-available software;
- **Create a web link** that can be sent to all relevant stakeholders and colleagues;
- Interact with the browser-based (online) visualisations to **produce customised visualizations**.

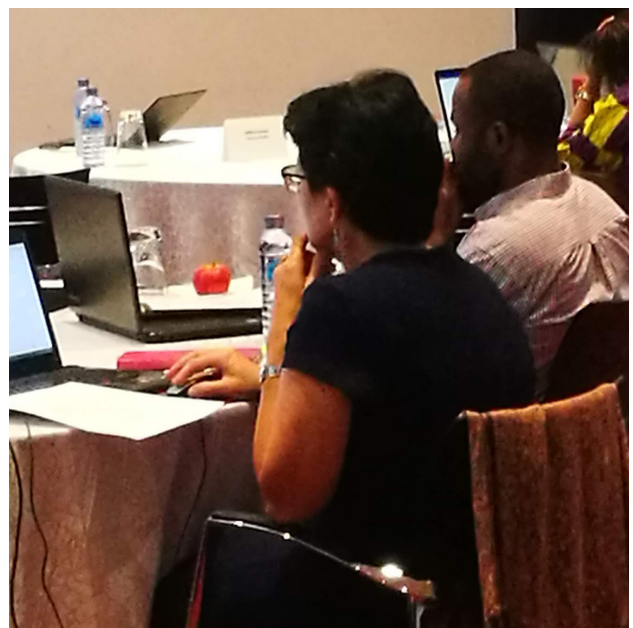
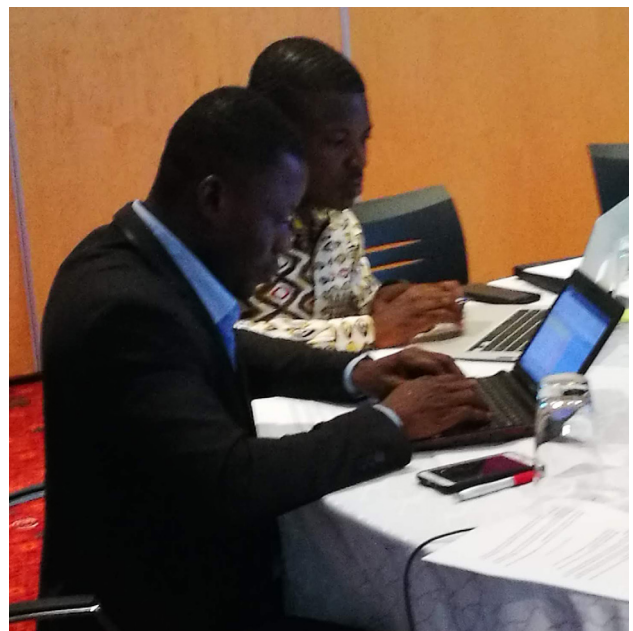
A complete research management tool - EDGE

EDGE is a research management tool, with potential application in low- and middle-income countries. The creation of EDGE database and its expansion to cover about 90% of the UK National Health Service was briefly talked about, along with integration into international settings including Canada, Belgium and New Zealand. Participants were then taken through hands-on training to effectively use EDGE.

The activities included:

- How **EDGE supports research** and policymakers;
- How to create entries of research projects in the **EDGE programme** and how to extract data that shows study progress, recruitment of patients, time completion, when results are expected and many other interesting findings.

The Clinical Informatics Research Unit, University of Southampton, are in provisional discussions with Ghana Health Service colleagues about the use of EDGE in Ghana, to support managers and policymakers in the administration and conduct of research.





Report authors

Kirchuffs Atengble, Agnes Inor-Brown
PACKS Africa, Accra, Ghana
info@packs-africa.org
www.packs-africa.org

Event organised by:

Clinical Informatics Research Unit
Faculty of Medicine
University of Southampton, UK
www.the-ciru.com

Contact:

Dr Michael Head
m.head@soton.ac.uk