Swiss Learning
Health System

Effective interventions to strengthen capacity for evidence-informed policymaking in Swiss health authorities

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Policy Briefs and Stakeholder Dialogues of the Swiss Learning Health System

The Swiss Learning Health System (SLHS) was established as a nationwide project in 2017. One of its most important objectives is to bridge research, policy, and practice. For this, an infrastructure supporting learning cycles will be provided. Learning cycles enable the ongoing integration of evidence into policy and practice by:

- continuously identifying issues and questions that are relevant to the health system,
- summarizing and providing relevant evidence from research, and
- presenting potential suggested solutions and courses of action.

Key features of the learning cycles in the SLHS include the development of policy briefs that serve as a basis for stakeholder dialogues. Issues or questions that are identified to be further pursued are monitored for potential implementation and eventually evaluated to inform new learning cycles and to support continuous learning within the system.

A policy brief describes the respective issue or respective question by explaining the relevant contextual factors and describing a number of (evidence-based) suggested solutions or recommendations. For every suggested solution or recommendation, the policy brief explains relevant aspects and potential barriers and facilitators to their implementation.

During a stakeholder dialogue, a group of stakeholders discusses the issue or the question, the proposed recommendations, and possible barriers and facilitators presented in the policy brief. The aim is for all stakeholders to develop a common understanding of the issue and collaboratively discuss and compile potential courses of action for the solution of the issue.

Key Messages

- The use of evidence (i.e. research and data) in health policymaking is limited
- Interventions that aim to build capacity of policymakers and policy organizations for using evidence have been implemented but proof of impact is still limited
- Yet, future initiatives that aim to increase evidence use can draw on a considerable amount of recommendations, such as:
  - To be effective, capacity-building interventions may address the individual, interpersonal, organizational and the institutional level (i.e. wider societal context)
  - Interventions are preferably targeted and tailored for local context
  - Sufficient resources should be provided for effective implementation of capacity-building interventions
  - Simple strategies can be as effective as complex, multi-faceted interventions
  - Building a supportive environment for change and selection of participatory approaches for development and implementation of interventions are commendable
  - Strategies may include partnering with researchers, development of skills and provision of infrastructure and processes for eased research access and use
- This policy brief aims at providing recommendations on effective interventions to build capacity for evidence-use and the implementation thereof to increase the relevance of research in policymaking in Swiss health authorities.

The Challenge

Policymakers have to consider various factors and information types when making decisions about policies, health service management and delivery, often within complex environments addressing ambiguous problems [1]. Research and data (i.e. evidence) can be an essential input to policy- and decision-making but stakeholder interests, public opinion, ideology, values and emotions may essentially influence how policymakers think and decide [2, 3]. Apart from this, policy organizations such as health authorities can be limited in resources to gather and process evidence. Research has however, identified levers and according measures to support policymakers and policy organizations in using evidence. One approach is to invest in the capacity to use evidence. This policy brief is about recommendations for effective interventions to build capacity for evidence-use and the implementation thereof to increase the relevance of research in policymaking in Swiss health authorities.

Approaches to Foster Evidence Use

To foster evidence-informed policymaking, global and national initiatives have been launched and programs and tools have been developed [4]. Programs and networks such as the Evidence-Informed Policy Network EVIPNet from the World Health Organization (WHO) have been central to stimulate efforts and gave rise to many resources to support evidence use in policy (see box below for example tools to ease access to evidence). Institutions such as the European Observatory on Health Systems and Policies and the Swiss Health Observatory have been relevant in providing information for sound health system decision-making. The institutionalization of policy evaluation, the promotion of health technology assessments and the universal access to high-quality medical research provided by Cochrane are other examples to support decisions informed by research and data in Switzerland. However, approaches to foster the relevance of evidence in policymaking go beyond the provision of more and better information. Initiatives such as the Swiss Learning Health System (SLHS), for example, aim to integrate policymakers throughout the research process in order to increase the relevance and applicability of health system evidence for policy and practice.

In recent years, numerous targeted strategies to translate evidence into policy, i.e. "knowledge translation" strategies have been developed and proved to be effective; for example, in changing the attitudes and awareness of policymakers towards research by increasing the research needs of policymakers and leading to policies that are better informed by research [5, 6]. The following list provides a rough overview of types of strategies to strengthen evidence use:

1. create a supportive environment and value research in policy,
2. align research production to the needs of policymakers,
3. invest in "push efforts" to bring research to policymakers,
4. facilitate access to research,
5. build policymakers' capacity to engage with and use research, and
6. establish regular exchange between research producers and policymakers [7, 8].

While some of these strategies aim to increase the relevance and applicability of research itself, e.g. through aligning research priorities to policy needs or by providing appropriate formats of research "products" [9-11]; or aim to strengthen research dissemination and impact from research(ers') side, e.g. through deliberate framing of problems, methods of persuasion or networking [12-14]; the remainder of this policy brief focuses on what can be done to strengthen capacity for accessing and using evidence in policy organizations, more specifically

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Examples of resources for better research access and use:

https://www.pdq-evidence.org/
Rapid access to systematic reviews of health systems evidence

http://supportsummaries.org/
Summaries on the effects of health systems interventions (from low- and middle-income countries)

https://www.healthsystemsevidence.org/
Syntheses repository of research about governance, financial and delivery arrangements and implementation strategies within health systems

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health administrations. Building capacity might be of special interest for Swiss health authorities with limited staffing and resources that might benefit from measures that can be implemented with only little resources.
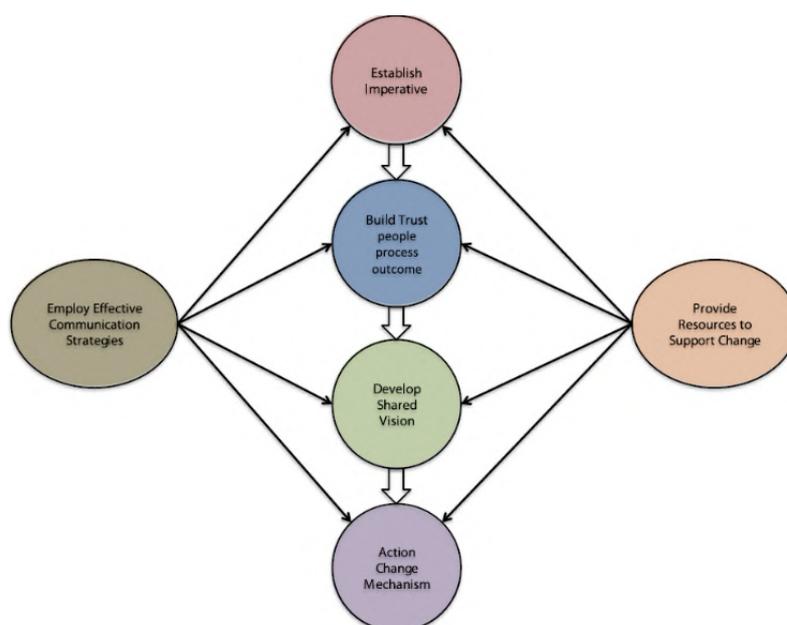
Organizational Factors Facilitating Evidence Use

Studies have identified several factors that facilitate evidence use in policy [5, 15-19]. The figure on the next page provides an overview of factors associated with increased evidence use in policy organizations, highlighting that factors concern various aspects of organizations [16]. Thus, interventions that aim to build capacity can address these factors at several levels of health administrations. These levels are:

a) the individual level of policymakers,
b) the interpersonal level, which includes relationships and networks,
c) the level of the health administration itself, and
d) the institutional level, i.e. the wider societal context that includes political and economic factors beyond the health administration [20].

Existing interventions have addressed factors on these levels mainly by aiming to support research access, policymakers' skills, organizational systems and research interaction [21]. Proposed interventions are various in their degree of complexity and resource intensity. They may promote a culture of learning but also rely on tools, for example by providing technical assistance and digital resources for better access to research [6, 22]; relationships and networks, e.g. through the implementation of knowledge brokers [23-25]; infrastructure and processes, e.g. via rapid response systems [24, 26]; or workshops and trainings, e.g. to learn appraising and applying research [27, 28]. Some of these interventions may promote learning through improving the confidence policymakers place in their ability to understand and use research, by providing inspiration and support, by increasing the value policymakers attach to research, or by facilitating work by providing supportive tools, processes and systems [20, 21]. Yet, the understanding of how these interventions work, how effective they are and how they are implemented best is still limited [29-31]. The figure below illustrates characteristics that have been associated with effective strategies to foster evidence use in policy organizations such as health authorities.

Figure 1: Characteristics of effective strategies to promote evidence-informed healthcare policy

Source: [29]; No changes were made to the figure. License: Creative Commons Attribution 4.0

Figure 2: Characteristics of effective strategies to promote evidence-informed healthcare policy

Recommendations and Implications

In this section, we summarize some recommendations on effective interventions and the implementation thereof to increase the use of research in policymaking. These recommendations might be useful for health authorities considering investing in capacity building to use evidence. The summary is based on findings of systematic and scoping reviews that explored how and whether these interventions worked.

Aims of Interventions and planning thereof

- Interventions should be fit-for-purpose and tailored to local context [21]; i.e. consider practice needs of health authorities
- Strive for increased access to and availability of locally relevant research that provides guidance for decision-making but which is not too prescriptive [29]
- To strengthen capacity, address the individual and organizational level but consider their reciprocal relationship, too [5, 32, 33]; e.g. by focusing on individual behaviors and attitudes towards research use and addressing the climate and culture of the health authority towards research use

Supportive Environments for Interventions

- Identify evidence-informed policymaking as a strategic priority, e.g. expressed through language or mission statements, and establish an organizational imperative of evidence use [29, 34]
- Create a supportive culture by engaging leaders and "champions" in prioritizing and supporting research use [18, 34]
- Outline personal, organizational and societal gains for engagement and consider appropriate incentivizes [29]
- Develop skills in accessing and using research but influence beliefs and leadership where prevailing culture is not valuing research [21]

Choosing and Developing Interventions

- Simple interventions can be as effective as complex multi-component strategies. Similarly, the selection, tailoring and implementation of interventions may be of more relevance than the intervention modality itself [21, 29, 35]; e.g. tailored evidence messages for policymakers can be more effective if provided solely rather than accompanied with other measures such as interaction with knowledge brokers [6]
- Consider trainings, tools, expert advice, capacity assessment and feedback, and peer networking to foster evidence use [32]
- Invest in infrastructure and access to data and research, and commission research syntheses [18, 21]
- Build structures and processes that support evidence use such as guidelines, specialized units or platforms [18, 33]
- Invest in in-house research experts, such as knowledge brokers, but consider resource needs and focus on long-term investment [21]

- Provide interactive training and support for skills and capacity development, especially for staff that might support the diffusion of innovations [18, 29, 33, 34]
- For approaches involving knowledge brokers or trainings, preferably use physical presence and support active exchange [25, 34, 35]
- Isolated interventions such as workshop provision only might be insufficient for sustainable change. Thus, consider to actively support the intervention and its goals, e.g. investing in social support and shaping conditions for learning [21]
- Partner with well recognized research experts and institutions and establish strong and long-lasting relationships but use trusted and familiar networks rather than formal connections [21, 29]
- Facilitate genuine collaboration with researchers, e.g. through the co-production of research, and simultaneously assure shared visions, expectations, ownership and benefits [21, 29]

Implementing Interventions

- Provide sufficient resources to implement measures including time and funding [18]
- Tailor interventions to organizational needs and priorities and assure that they provide a clear benefit [5, 6, 21, 33, 34]; e.g. align interventions to existing strategies and aims of the health authority
- Identify and actively involve committed staff, e.g. "early adopters and innovators", in development and implementation of interventions [21, 34]
- Carefully select who is part of such initiatives to assure mutual respect and commitment [21]
- Consider contextual factors beyond the organization that might influence how the interventions work [18, 21]

Capacity Assessment and Evaluation

- Build and implement interventions based on needs assessments and analysis of existing capacity in health authorities [21]
- Use audit and feedback to monitor development and to adapt goals [21]
- Evaluate outcomes and impact of realized interventions [35, 36]

Further Resources

Breckon J, Roberts I, Nesta's Innovation Skills team. (2016) Using Research Evidence: A Practical Guide. Alliance for Useful Evidence. →link

Green A, Bennett S. (2007) Sound choices: enhancing capacity for evidence-informed health policy: Geneva, World Health Organiza-tion. →link

Wills, A., Tshangela, M., Shaxson, L., Datta, A., and Matomela, B. (2016) Guidelines and good practices for evidence-informed poli-cymaking in a government department. Pretoria: Department of Environmental Affairs; and London: Overseas Development Insti-tute →link

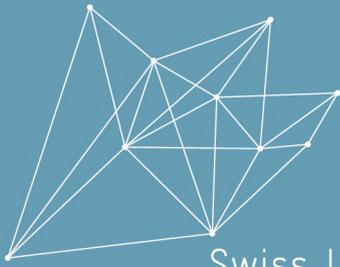SUPPORT Tools for evidence-informed health Policymaking from Health Research Policy and Systems →link

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