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LONDON SCHOOL *of* HYGIENE & TROPICAL MEDICINE



EVIDENCE-BASED PUBLIC HEALTH POLICY & PRACTICE (EBPHP)

AUTUMN 2024

Doctor of Public Health Programme

London School of Hygiene and Tropical Medicine

DrPH Compulsory Module

Module Organisers: Kathryn Oliver and Tolib Mirzoev

DrPH Course Administrator: Frank Grisolia

DrPH Programme Directors: Nicki Thorogood and Joanna Schellenberg

AIM

EBPHP aims to explore the making of public health policy and shaping of public health practice, with particular reference to the place of evidence in these processes.

OBJECTIVES

By the end of the module, students should be able to:

1. demonstrate an understanding of the contexts and processes of public health policy making across different settings and countries, in particular, the relationship between evidence/research, and policy;
2. use their understanding of how different groups involved in public health policy may approach the same issue from different perspectives to advocate more effectively for evidence-informed public health policies.
3. distinguish between generating evidence, eliciting values and making decisions;
4. understand the process of undertaking a systematic review of studies, drawing out the policy implications, and assessing the quality and relevance to policy of such reviews;
5. make persuasive recommendations for policy or practice change to improve the public health based on the best evidence available;

CONCEPTUAL OUTLINE: FROM EVIDENCE TO POLICY AND PRACTICE CHANGE

Leadership in public health policy and practice requires two types of skills – those concerned with leadership and management of organisations and networks, and those relating to improving and shaping policy and practice by accessing, understanding, applying, disseminating and facilitating the use of evidence for better public health outcomes. The compulsory taught modules on the DrPH programme focus on these two types of skills.

The aim of EBPHP is to develop the necessary analytic skills for producing and evaluating evidence-informed policy and practice. These cover understanding public health policy making and making, mobilising and using evidence. Since the evidence base is constantly changing and developing, the emphasis is on practical, generic skills rather than substantive findings in particular areas of public health.

The advent of electronic databases allows easier and cheaper methods to identify the relevant scientific studies on a public health issue, and it is important to understand how best to do this. It is also important to understand the limitations of such evidence, especially as there is often very useful information and experience that remains outside the more formal, peer reviewed literature. It is essential to be able to discriminate between evidence of different standards, and to weigh appropriately the evidence from different types of research and study designs, as well as from other sources.

Decision making in public health policy and practice involves many different groups, some scientific, some managerial and some representing political or other group interests. Better public health policy and practice requires that evidence be accessible in the different forms needed to inform each of the groups involved in the decision process. For example, to influence political decision-makers, it is usually necessary for the arguments to be presented

concisely. For scientific users, the emphasis is more on completeness and fully referenced reviews, and, for everyone, especially the general public, the need is to ensure that the presentation is clear and free from unnecessary jargon. An important skill is to be able to present the evidence to each of these groups in ways which make it useful for their decision making, and which ensure that the essence of the case remains intact.

Public health leaders are often involved in commissioning and managing applied research, and it is important to develop skills in ensuring that the research undertaken is appropriate to meeting the needs of policy and practice. It is also important to ensure that it uses rigorous methods, and has the best chance of providing robust and useful answers. The ability to develop and undertake primary research is taken forward in the Organisational and Policy Analysis (OPA) (RS1) and in the Thesis (RS2) components later in the programme. As preparation for these, the current module aims to teach students how to appraise the quality and relevance of existing research so that they can better design and carry out their own projects in the future.

The emphasis in this module is less on teaching skills in methods of hands-on, primary research, than on skills in identifying how best to synthesise and use existing evidence in a policy environment, and helping students to become more effective evidence-informed public health practitioners.

TEACHING STRATEGY

The module is organised in three blocks. In the first block, we will advance our understanding of how policies are made and by whom within different circumstances and contexts. In the second block, we'll cover about who makes evidence and how that's mobilised to meet the needs of policymakers and practitioners. And in the third block, we will turn our attention to thinking about how evidence is actually used in policy, exploring the role of systems, but also looking at values that influence evidence use.

The module is taught over 10 weeks, in the main through approximately three-hour online sessions on Monday and Tuesday afternoons. Each week involves a mixture of more formal lectures and less formal interactive or practical sessions (e.g. appraising the quality and relevance to public health practice and policy of different types of research evidence), usually in small groups. Typically the split will be lectures and class discussions on a Monday and group work on a Tuesday. Monday sessions will include lecturers from the teaching team and presentations from guest speakers. Generic skills and overarching principles are reinforced and made relevant through the use of case studies and practical examples. As DrPH students are drawn from with a wide range of backgrounds and areas of public health practice, some teaching will involve restating some of the basic principles underlying the different parts of public health practice but there will also be opportunities to learn directly from fellow students.

All students are expected to develop and weekly update a module portfolio during the taught modules. The idea of this portfolio is to be a combination of (a) contents of case studies to be used across different practical sessions of the modules and (b) reflective notes on learning and progression throughout the modules together with planned follow-up actions such as plans for further reading.

In addition to doing the essential readings for each session, some extra preparation is required before specific sessions (e.g. preparing a group work presentation). Please read the details of each session well ahead of time. A detailed timetable and outline of each session will be available at the start of the module.

Assignment

The module has one assignment (4000 words) which relate to the main themes of the module and will be marked as the formal summative assessment for the module. Students are encouraged to start thinking about how and when you are going to do the work required for the assignment since it will each require a considerable amount of time to prepare.

This assignment consists of three tasks: a rigorous appraisal of an evidence review, a strategy to gather additional information for a policy briefing and a policy briefing. The student will choose a topic likely to be of interest to a minister of health in a country of their choice. The first task will be to identify an existing evidence review on the topic and to conduct an appraisal of the review. The appraisal should cover not only methodological quality but also consider other dimensions of quality such as policy relevance, acceptability and equity. The second part of the task is to consider the applicability of the review to the policy challenge and to identify any other information that might be necessary for inclusion in the brief (for example, demographic information, cost information, data on public and or professional perspectives). The list of potential additional sources can be presented as a table of sources with a commentary on their potential contribution. The final task will be to write a short policy briefing on the implications of the review prepared for a minister of health in a country of the student's choice.

Formative assessment

There will also be a formative assessment in class time to help students prepare for the assignment. For this piece of work students will receive feedback rather than a mark. This formative assessment is based on the elements in the module that focus on the policy making process and the deployment of evidence in that process. Students are asked to prepare an 'agenda setting' or influencing strategy on behalf of a non-governmental organisation, designed to get a research-driven issue onto the policy agenda of a ministry of health. This strategy should include a stakeholder mapping and analysis exercise, and an assessment of the different types of evidence which might support your proposed strategy.

Students can choose any topic and/or policy area in the field of public health where they think that current practice does not reflect the best evidence of effectiveness, and any country setting. They need to do this assessment in small groups.

The group presentations will be presented to the class in week 11, with verbal feedback provided in the session from the teaching team and from fellow students.

Late submissions, extensions and extenuating circumstances

Students are reminded that those who hand in assignments late will be penalised unless an 'Extension' has been granted. The mark for any assignment submitted up to one week late without an agreed extension will be lowered by one grade. Assignments submitted more than one week late without an agreed extension will be considered a failure and students will have to resubmit the assignment at the next opportunity to be able to complete the taught component of the DrPH and move on to the next stage.

Extensions can only be granted in circumstances that are *unforeseen, exceptional, short-term* events, which are *outside a student's control* and have a negative impact on their ability to prepare for or take an assessment. They cannot be claimed for circumstances that are not deemed exceptional or which could have been prevented or foreseen by the student.

Requests for extension must be submitted prior to the deadline for submitting the assessed work. Students can claim 'Extenuating Circumstances' if the assignment has been submitted but they feel that extenuating circumstances have put them at a disadvantage. Requests for

'Extenuating Circumstances' have to be submitted within 3 calendar weeks of the assignment deadline.

The LSHTM Extenuating Circumstances Policy is set out in full in section 7.4 of the following: <https://www.lshtm.ac.uk/sites/default/files/academic-manual-chapter-07.pdf>

Students who want to request an 'Extension' or claim 'Extenuating Circumstances' must submit a completed Extenuating Circumstances Form and provide relevant documentary evidence in support of the claim to the LSHTM Registry, via assessments@lshtm.ac.uk. The email header should contain 'EXTENSION_firstname_surname' or 'ECs_firstname_surname', respectively. Please consult the Extenuating Circumstances Policy (see link above) for a list of circumstances that are likely to be acceptable or unacceptable and for the standard of evidence required. The Extenuating Circumstances Form can be accessed through the 'Regulations, policies and procedures' page on the School's intranet:

<https://www.lshtm.ac.uk/study/new-students/msc-research-students/regulations-policies-and-procedures>

The request will then be considered by the Extenuating Circumstances Committee for a decision.

MODULE ORGANISERS

Kathryn Oliver

Kathryn is Professor of Evidence and Policy in the Department of Health Services Research and Policy. Her work focuses on the use of evidence in policy environments, particularly looking at formal and informal science advisory mechanism, and on the different interventions and approaches used by government, funders and academia to catalyse knowledge exchange. Her projects have focused on initiatives in the US, the EU and the UK, working predominantly with national and local governmental partners. She is – with Annette Boaz – the co-Director of Transforming Evidence, an international collaborative aiming to bring together interdisciplinary communities studying the production and use of evidence.

Further details: <https://www.lshtm.ac.uk/aboutus/people/oliver.kathryn> Contact: Kathryn.Oliver@lshtm.ac.uk

Tolib Mirzoev

Tolib is Professor of Global Health Policy in the Department of Global Health and Development, with expertise in three inter-connected areas: health policy analysis, health systems assessments and capacity strengthening. His research is primarily in low- and middle-income countries (mainly South Asia and sub-Saharan Africa), where he has strong on-going partnerships. He worked with government and non-government organisations, consulted international agencies (e.g. WHO, World Bank) and advised research funders (UKRI, NIHR, EC). Tolib is an elected member of the Board of the [Health Systems Global](#), a membership society which organises biannual Global Health Systems Research Symposia.

Further details: <https://www.lshtm.ac.uk/aboutus/people/mirzoev.tolib> Contact: Tolib.Mirzoev@lshtm.ac.uk

Module Administrator

Frank Grisolia is a DrPH Administrator and works in the Teaching Support Office. Contact: Francesco.Grisolia@lshtm.ac.uk and DrPHAdmin@lshtm.ac.uk

Optional preparation for the module:

If you would like to read something in advance of the course, you could consider the following:

Buse K, Mays N, Colombini M, Fraser A, Khan M, Walls H. *Making health policy*. 3rd edition. Maidenhead: Open University Press McGraw Hill, 2023

Walt, G., Shiffman, J., Schneider, H., Murray, S. F., Brugha, R. & Gilson, L. (2008) 'Doing' health policy analysis: methodological and conceptual reflections and challenges. *Health Policy Plan*, 23 (5), 308-317.

Parkhurst J. *The politics of evidence: from evidence-based policy to the good governance of evidence*. London/New York: Routledge, 2017

Cairney P. (2016) *The politics of evidence-based policy making*. Springer (particularly chapters 1-3)

Breckon J, Dodson J. (2016) *Using Evidence: What works?* A discussion paper. Nesta <https://www.nesta.org.uk/report/using-evidence-what-works>

Petticrew M, Roberts J (2003) Evidence, hierarchies, and typologies: horses for courses *Epidemiol Community Health*. 2003;57:527–529 H

Boaz, A, Davies, H, Fraser, A and Nutley, S. *What Works Now: Evidence-informed policy and practice*. Policy Press: Bristol