



## THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic era and future challenges

10<sup>th</sup> International Conference for EBHC Teachers and Developers  
10<sup>th</sup> Conference of the International Society for EBHC  
Taormina, 25<sup>th</sup> - 28<sup>th</sup> October 2023

#EBHC2023



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UK

# How are decisions made?



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**JUST A MINUTE... WHY YES!! APPARENTLY I AM  
THE DECISION MAKER FOR THE COMPANY!!**



*“Don’t spread it around, but on the really tough ones,  
I just go with ‘eenie, meenie, minie, moe.’”*



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# What influences decisions?



Political complexities



Party preferences



Other evidence



Social, religious and cultural norms (acceptability)



Relative benefit/harms of other options – cost, impact, equity, speed etc...



Ecological impacts

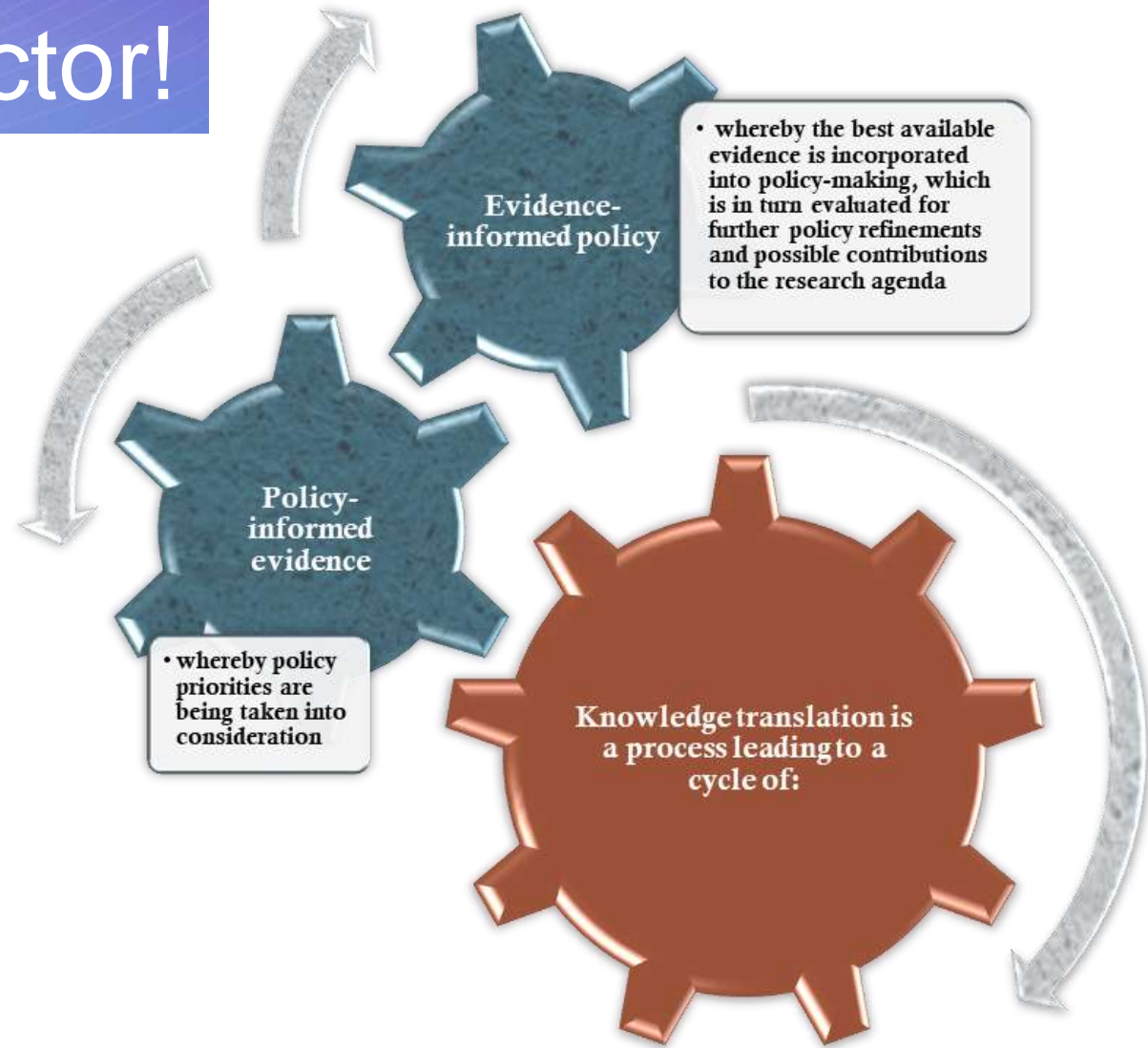
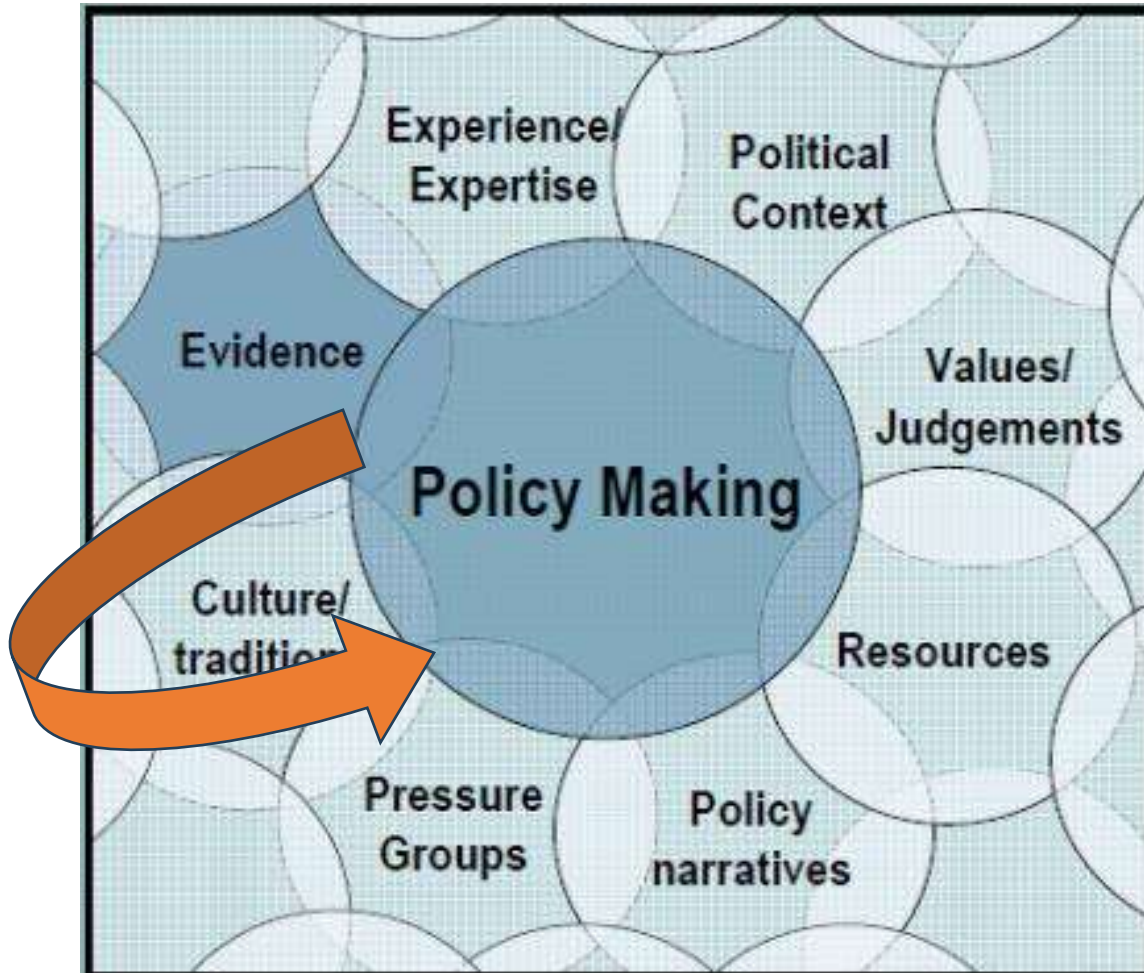


Other actors – lobbyist, activists, media, epistemic communities, stakeholders, funders



Operational practicality

# Evidence is only one factor!



Adapted from Kasonde and Campbell (2012)

# Capacity in IKT

CEBHA+



## SHORT COURSES



### Evidence-Informed Decision making

Knowledge Translation (KT) seeks to bridge the gap between research and decision-making (and the actors



### Engaging with Decision Makers

Decision-makers, whether at the household, organizational, community or network level make decisions in complex environments.



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# Issue Briefs: calls to action

IMPLICATIONS OF PROPOSED ACTIONS

CALL TO ACTION

BACKGROUND

PROBLEM STATEMENT

**POPULATION LEVEL INTERVENTIONS TARGETING RISK FACTORS FOR DIABETES AND HYPERTENSION IN SOUTH AFRICA: MOVING FROM POLICY INTO ACTION**

**Burden of NCDs in South Africa**

In 2013, the SA government committed to reduce, by at least 25%, the relative premature mortality (under 60 years of age) from NCDs by 2020 through its strategic plan for NCDs<sup>1</sup>. This can be achieved through various population-level interventions. The WHO recommend the implementation of 'Best buys'<sup>2</sup> interventions to address NCDs mortality and morbidity by addressing modifiable risk factors for CVD and diabetes such as poor diet, physical inactivity, smoking and alcohol consumption and excess body weight.

**Implementation of population-level interventions in South Africa.**

The NCD Countdown 2030 report shows that South Africa is one of the countries that could fail to reach the United Nation's goal to lessen the burden of NCDs by 2030. Hence, there is a need to accelerate the implementation of WHO Best buys to achieve the United Nation's goal to lessen NCDs by 2030.

A desk review was conducted in 2019-2020 to take stock of population level interventions targeting risk factors of diabetes and hypertension<sup>3</sup>. The South African government has made progress in formulating policies and designing programs addressing population level-interventions as per WHO 'Best buys'<sup>4</sup>.

A qualitative study<sup>4</sup> using key informant interviews was then done to identify and understand challenges and enablers for implementation of WHO best buys for risk factors of diabetes and hypertension in South Africa. A triangulation approach for analysis of both document review and qualitative data was used.

**PRIORITY ACTIONS for NDoH**

1. Establish a multi-sectoral structure from national to community governance structures to coordinate, monitor and evaluate WHO Best buys interventions.
2. Allocate adequate funding to support effective implementation of WHO 'Best buys' interventions from province, district and community levels.
3. Develop a comprehensive M&E system to support systematic documentation and evaluation of the WHO Best buys interventions based on contextual issues and environments in which they being implemented.

TARGET AUDIENCE

RESULTS

PRIORITY ACTIONS

**NCD Countdown 2030**

**KEY FINDINGS**

1. There are a plethora of policies, regulations and programs targeting major risk factors for diabetes and hypertension implemented in line with WHO 'Best buys' interventions since 1994 (post-apartheid era).
2. Enabling factors:
  - multi-sectoral collaboration engagement;
  - community ownership & empowerment;
  - building partnerships for co-creation of enabling environments;
  - leveraging existing infrastructure of other health programs;
  - contextualisation of policies & programs;
  - community driven activism;
  - political will and leadership.
3. Challenges hampering implementation:
  - upstream policy implementation processes (eg competing interests)
  - lack of balance between economic vs health gains
  - limited funding for population-based interventions and NCDs prevention policies and programs

**IMPLICATIONS**

- Inter-sectoral Engagement
 

There is a need for engagement of stakeholders from all levels of policy making, prevention, and management from the onset of the planning stages to ensure appropriate and effective implementation of WHO Best buys interventions (i.e. Supportive policies, programs and enabling environments addressing risk factors for NCDs).
- Coordination and M&E structure
 

A functional multi-sectoral structure is needed to ensure good coordination and monitoring and evaluation of the implementation of the WHO Best buys interventions in order to achieve the UN goal to lessen NCDs by 2030.
- Allocation of funding
 

The SA government to dedicate resources and investment to support coordinated implementation as well as monitoring and impact evaluation of NCDs interventions particularly at provincial, district and community levels.

**References:**

<sup>1</sup>National Department of Health. National strategic plan for the prevention and control of non-communicable diseases 2020-2025. Draft Document. <https://www.ndoh.gov.za/ncd/ncd-strategic-plan-2020-2025.pdf>

<sup>2</sup>World Health Organization. From Evidence to 'Best Buys': Refining the Economic Impact of Non-Communicable Diseases in Low- and Middle-Income Countries. World Health Organization 2011. <http://www.who.int/nmh/publications/ncd-bestbuys.pdf>

<sup>3</sup>Uthman Alimi J, Moshkade L and Young T. Implementation of population-level interventions targeting risk factors for diabetes and hypertension in South Africa: A document review. BMC Public Health 2021; 21:2253. <https://doi.org/10.1186/s12889-021-11712-2>

<sup>4</sup>Uthman Alimi J, Moshkade L, Young T. Challenges and enablers for implementation of WHO Best buy interventions targeting risk factors of diabetes and hypertension in South Africa: A qualitative study. PLoS ONE (in press)

Best Buys Fact sheet: <https://www.who.int/nmh/publications/ncd-bestbuys-fact-sheet.pdf>

This Issue Brief was developed with support from the Center for Evidence-based Health Care (CEBHC), a Stellenbosch University Academic Consortium including Jonathan Uthman, Mimi Lissa Moshkade, Neelam Joshi, and

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# Aims

- Share the experience of building capacity in Africa for influence on policy, practice and people
- Share the experience of using issue briefs as an advocacy and action-compelling tool for NCD interventions.
- Discuss next steps in rigorous evaluation of Issue Briefs as a KT tool



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# Methods

**Stellenbosch** UNIVERSITY

**ENGAGING WITH DECISION-MAKERS: ISSUE BRIEFS FOR POLICY & PRACTICE**  
5 week online Short Course

18 APRIL - 16 MAY 2023

Decision-makers, whether household, organisational, community/ network level make decisions in complex environments. With the multitude of information that impacts their decisions, it's critical for researchers to not only understand the complexities of the decision-making environment but also to appreciate the efforts & strategies that can be employed to contribute to those decisions with evidence.

The Centre for Evidence-based Health Care, Department of Global Health, Faculty of Medicine and Health Sciences, Stellenbosch University offers this 5 week online short course to provide researchers with the knowledge, skills and tools to contribute meaningfully to evidence-informed decision-making (EIDM).

The course is predominantly focused around creating an issue brief for a key decision-maker that delegates, seeks to inform, provide clarity for, or compel to action. Majority of the time is spent intensely working with peers and facilitators to craft a well-designed and appropriately populated issue brief taking into consideration the key stakeholder participants seek to influence. Participants will leave the course with a penultimate version and a strategic dissemination plan.

24 hours total course time commitment over 5 weeks.  
Mandatory virtual (zoom) sessions twice a week: Tuesdays and Fridays 2:00pm - 3:00pm SAST

Facilitators: Dr. Naureen Jessani<sup>1</sup> and Dr. Hannah Simba<sup>2</sup>  
<sup>1</sup>Stellenbosch University, <sup>2</sup>Ariel Ruyter University, International Agency for Research on Cancer

After completion of this course, participants will be able to:

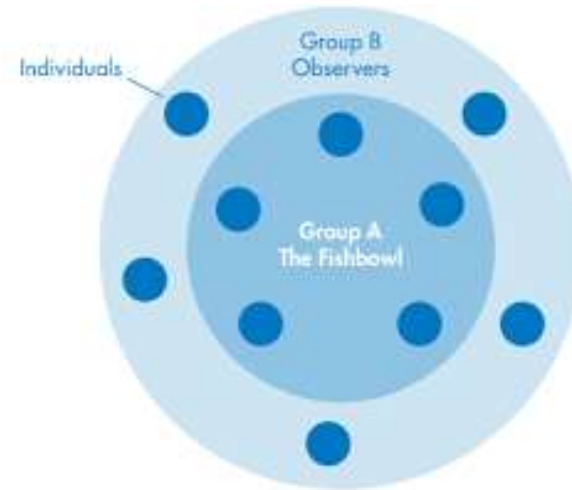
Understand the nuances of engaging with decision-makers (including policymakers & practitioners)	Appreciate the facilitators and barriers to engaging with decision-makers and how these can be managed	Take strategically about how to engage effectively with various types of decision-makers	Design and populate an issue brief relevant to a chosen decision-maker	Identify strategies to disseminate and evaluate the research output (issue brief)
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Please select "digital certificates" when you register. Printed certificates could be delayed and you would be required to courier at your own cost.  
Cost R3 000.00

**RESERVE YOUR SEAT by 1 April 2023**  
Contact: Linda Four (l.four@sun.ac.za)

Course Pre-requisite:  
Note that only applicants who have completed the prerequisite short course: "The Art, Science and Complexity of EIDM: Introduction to Knowledge Translation" will be eligible to enroll for this course. If you have not already taken the prerequisite short course, it is being offered from 7 March - 6 April 2023 in a 5 week online short course format (EIDM KT application). We also offer a 5 week online short course: Engaging with the Media: Principles and practices 22 May 2023 - 21 June 2023 (EIDM with Media application)

• Certificate  
• Email  
• Email  
• Email



2018-2023



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# Results: used issue briefs to



Influence Ministry of Health to facilitate physical activity policies during Covid-19



Facilitate a policy-dialogue with national and provincial policy makers



Partner with the Knowledge Translation Unit in the MOH to embed NCD research into policy and practice decision-making



Incorporate citizen science as a tool for engaging communities, train HCWs on CVD risk, create more visually appealing education aids



Spur police and local road traffic authorities to cater for pedestrians with disabilities.



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# Limitations

This paper is a reflection of our experience with and commentary on the value of issue briefs as a knowledge translation tool.

A formal evaluation of value and impact of the issue briefs is underway.



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# Conclusion: Issue Briefs - impactful tool for advocacy and communication



Bridge b/w evidence summary and policy brief



Primary, secondary research relevance



Address range of actors (not just highest levels)



Provide actionable S,M,L recommendations and implications

**Evidence producers  
should consider  
using Issue Briefs**

**as a veritable  
knowledge  
translation tool for  
effecting **CHANGE**  
in their contexts**



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# Thank you

## Funding acknowledgement:

The CEBHA+ project is funded by the Federal Ministry of Education and Research (BMBF) as part of the Research Networks for Health Innovation in Sub-Saharan Africa Funding Initiative. The funder did not have any role in the development of the presentation.



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