



EVIDENCE-BASED PUBLIC HEALTH POLICY & PRACTICE - 5002

Academic year 2026-2027

Doctor of Public Health (DrPH) Programme

DrPH Compulsory Taught Module

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MODULE AIM AND OBJECTIVES

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.

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;

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 the co-Director of Transforming Evidence, an international collaborative aiming to bring together the interdisciplinary communities which study the production and use of evidence. Further details:

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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. Tolib has 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 Chair of the Board of the [Health Systems Global](#), a membership society which organises biannual Global Health Systems Research Symposia. Further details:

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Module Administrator

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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 taught over 10 weeks, in the main through approximately three-hour online sessions on Monday and Tuesday afternoons (14:00-17:00). 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.

MODULE ASSESSMENT

The module will be assessed through one assessed summative module assignment, preceded by non-marked formative assessment. Both are described next.

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 to the minister of health on behalf of a non-governmental organisation, designed to get a research-driven issue onto the government's health policy agenda. 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 10, with verbal feedback provided in the session from the teaching team and from fellow students.

Module assignment

The summative assignment relate to the main themes of the module. The purpose is for students to demonstrate their ability to:

- identify and/or refine a suitable review objective and/or question(s);
- critically appraise a systematic review relevant to a policy topic;
- summarise the findings and their policy, practice and research implications in a succinct and policy-friendly briefing note.

This assignment is up to 4,000 words in length, including tables and figures but excluding references and appendices. Assignments which are over 10% the limit will receive an automatic deduction of one mark, with no discretion. It is possible to attach tools you have used (e.g. a quality appraisal tool) as an appendix outside the word limit.

The assignment is due to be submitted via Moodle by 4pm on 29 January 2027.

The student will choose a topic likely to be of interest to a minister of health in a country of their choice. This assignment consists of three tasks: (a) select an appropriate policy issue, identify an existing evidence review on the topic and to conduct an appraisal of the review, (b) reflect on the applicability of the review to the policy issue and to identify any other information that might be

necessary for inclusion in the policy briefing and (c) write a short policy briefing to a minister of health on the implications of the review.

(a) Identifying a policy issue and appraising a systematic review

First, you need to identify a policy issue of relevance to the ministry of health in a particular context. This can be either your country of origin or where you have worked recently or a country you know well.

Then, you need to identify a recent systematic review relevant to the briefing you will prepare and appraise this systematic review. The appraisal should cover not only methodological quality but also consider other dimensions of quality such as policy relevance, acceptability and equity. You are highly encouraged to use an established appraisal tool as part of the appraisal, but the output should be in written narrative form.

As a guide only, this part of the assignment can be approximately 1,500 words.

(b) Reflecting on applicability of the review to the policy issue and strategy to gather further information

You then are expected to reflect on the applicability of the review to the identified policy issue within its context.

Following that, you need to devise a strategy to gather any relevant additional information required for your policy briefing (for example, demographic information, cost information, data on public and or professional perspectives) and to write this up as part of the assignment. The list of potential additional sources can be presented as a table of sources with a commentary on their potential contribution.

As a guide only, this part of the assignment can be approximately 1,000 words.

(c) Developing policy briefing on the findings of the review to the Minister of Health

You are expected to prepare a short policy briefing for the Minister of Health summarising the findings of the systematic review, then setting out their relevance and implications for the country, and recommending an appropriate course of action within the current policy environment (which could include a 'do nothing' option).

It should be written in plain, jargon-free English. Bear in mind that the Minister is likely to be a very busy person, may not have a scientific training and has to deal with many different issues every day, so it has to be evident from the first sentence why s/he should read your paper and what decisions, if any, s/he is being asked to take.

As a guide only, the policy briefing can be approximately 1,500 words, including references.

Submission process

Please submit via Moodle a Word document, with LSHTM cover sheet, which should state an accurate word count for the assignment, related to the requirement for each assignment. **Note:** A grade penalty is applied to assignments that are over the required length. Please check the regulations for the current guidance.

Assessment criteria

Your assignments will be independently and anonymously assessed by two members of staff. You will receive written feedback as well as a grade for your assignment according to the scheme below.

Grade point	Descriptor	Typical work should show evidence of ...
5	Excellent	Excellent engagement with the topic, excellent depth of understanding & insight, excellent argument & analysis. Generally, this work will be 'distinction standard'. → NB that excellent work does not have to be 'outstanding' or exceptional by comparison with other students; these grades should not be capped to a limited number of students per class. Nor should such work be expected to be 100% perfect
4	Very good	Very good engagement with the topic, very good depth of understanding & insight, very good argument & analysis. This work may be 'borderline distinction standard'. → Note that very good work may have some inaccuracies or omissions but not enough to question the understanding of the subject matter.
3	Good	Good (but not necessarily comprehensive) engagement with the topic, clear understanding & insight, reasonable argument & analysis, but may have some inaccuracies or omissions.
2	Satisfactory	Adequate evidence of engagement with the topic but some gaps in understanding or insight, routine argument & analysis, and may have some inaccuracies or omissions.
1	Unsatisfactory / poor (fail)	Inadequate engagement with the topic, gaps in understanding, poor argument & analysis.
0	Very poor (fail)	Poor engagement with the topic, limited understanding, very poor argument & analysis.

Some general feedback on previous assessments

1. Not everyone remembers to provide a brief executive summary at the beginning, or, if they do, sometimes it does not include the key recommendations. Many students take too much space summarising the findings of the previous review and not enough space on the policy advice related to the specific context of the country and the minister.
2. It is essential that a briefing to a minister tries to answer these questions: why should I care about this now (often this is well done); what are you asking me to do and what decisions do I need to make (this is usually less well done); what are the likely costs and benefits of the options you are giving me (not always included)? Ministers often like to be given some options in relation to a specific recommendation (e.g. carry out on a pilot basis, phased roll-out, full roll-out, etc.) and to have some ability to extricate themselves from an initiative if it turns out not to work particularly well. However, this may be different in an emergency situation.
3. There is no need to provide much, if any, detail of the methods of the review in the policy paper. It would suffice to say that the review was carried out using internationally accepted, rigorous standards and has confined itself to the best studies available (or that the best studies said).
4. It is essential to give the Minister a sense of the *amount*, *relevance* and *quality* of the evidence you have used to reach your conclusions even if this is just a one sentence statement. S/he does not need to know the detail underlying your assessment of these features of the evidence.

5. It is important to make it clear when you are going beyond the review's evidence to rely on other sources of data (e.g. country-specific information) to recommend lines of action.
6. While commissioning more research can be beneficial for improving policy responses to public health issues, one needs to strike a sensible balance between recommending that 'more research is needed' before any action can be taken, recommending actions that can themselves be evaluated in order to learn more, and acting based on the best available evidence that an intervention could plausibly work and then monitoring the consequences. There is a tendency in the policy briefs to focus excessively on doing more research. Don't let the search for perfect evidence become paralysing.
7. The aim of the review is to synthesise the available evidence of effectiveness from any part of the world (taking account of the quality of the evidence) and the purpose of the policy brief is to apply this knowledge to provide advice relevant to a particular context. The review can include discussion of which types of interventions were either more effective or more likely to be suitable in different places but is not intended to be presented in relation to a particular country setting.

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 TIMETABLE

Date	Week / contents
	Orientation week
23 Sep	Introduction to EBPHP
	Week 1
	Objective: Demonstrate an understanding of the contexts and processes of public health policy making across different countries
28 Sep	Introduction to the public health policy process: theories and frameworks for health policy analysis (Lecture and class discussion)
29 Sept	Public health policy in different contexts (Group work)
	Week 2
	Objective: Understand the roles, interests and engagements of different policy actors in public health policies
5 Oct	Introduction to public health actors in the policy process (Lecture and class discussion)
6 Oct	Stakeholder analysis and mapping (Group work)
	Week 3
	Objective: Problem and solution framing and the role of evidence
12 Oct	Changing paradigms of evidence for health policies – question framing and problem prioritisation (Lecture and class discussion)
13 Oct	Defining questions for (insightful) public health policy analysis (Group work)
	Week 4
	Objective: Understand how to mobilise evidence 1. Relationships
19 Oct	Evidence and relationships (Lecture, pre-recorded case study and class discussion)
20 Oct	Advocating effectively for evidence-informed public health policies and practice (Group work)
	Week 5
	Objective: Understand how to mobilise evidence 2. Organisations and systems
26 Oct	Evidence use systems and professionalisation of evidence use (Lecture and discussion)
27 Oct	Mapping evidence systems (Group work)
	Reading week
2 Nov	Self-study week
	Week 6
	Objective: Understanding the contributions of different types of research evidence to health policy making
9 Nov	The wide range of types of research evidence that can inform policy: from modelling to history and anthropology (Panel discussion)
10 Nov	Appraising research evidence for policy use (Group work)
	Week 7
	Objective: Understanding the contributions of different types of evidence – synthesis
16 Nov	How to undertake a systematic review of studies, drawing out the policy implications, and assessing the quality and relevance to policy of such reviews; (Lecture, pre-recorded case study and class discussion)
17 Nov	Using review evidence in policy: acquiring and evaluating the quality of existing evidence related to the effectiveness, efficiency, equity and acceptability of public health policies and interventions (Group work)
	Week 8
	Objective: Consider different evidence use theories and frameworks
23 Nov	Different theories and frameworks for understanding research use (Lecture and class discussion)
24 Nov	Applying and critiquing a framework (Group work) Assessment briefing and Q&A – assign groups
	Week 9
	Objective: Consider ethics, values and evidence use
30 Nov	The role of ethics and values in evidence use (Lecture and class discussion)
1 Dec	Making a persuasive case for a policy change (Group work)
	Week 10
	Objective: To consolidate learning from the module
7 Dec	Formative assessment preparation
8 Dec	Formative assessment group presentations

WEEK 1 - Understanding the contexts and processes of public health policy making

Lecture

Learning objectives are to:

1. Discuss the different elements of health policies, including different stages of and key influences on the policy processes
2. Understand the contents of health policy analysis, including key models and frameworks
3. Be familiar with key methodological considerations in conducting health policy analysis

Outline

Health policymaking is a complex process of setting the policy agenda, formulating and then implementing policy decisions to address public health issues. Multiple contextual facilitators or constraints shape the duration and nature of health policy processes and the resultant policy contents. Different policy actors engage in policy process, reflecting their relative powers, interests and agendas. Frameworks and theories help understand and analyse health policies. These can focus on one or more aspect of health policies.

This session will introduce the concept of health policymaking, provide examples of different manifestations of health policies and introduce key frameworks and theories for health policy analysis. The session will also provide broad methodological considerations for conducting health policy analysis.

Essential reading

Gilson, L., Ed. (2012). *Health Policy and Systems Research. A Methodology Reader*. Geneva, Switzerland, Alliance for Health Policy and Systems Research, World Health Organization.

Walt G and Gilson L. (1994). Reforming the health sector in developing countries: the central role of policy analysis, *Health Policy And Planning*; 9(4):353-370

Recommended reading

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

Baumgartner, F. & Jones, B. (1993) *Agendas and Instability in American Politics*, Chicago, London, University of Chicago Press.

Gaventa, J. (2005) Reflections on the Uses of the 'Power Cube' Approach for Analyzing the Spaces, Places and Dynamics Of Civil Society Participation and Engagement, Sussex, Institute of Development Studies, University of Sussex.

Helfrich CD, Weiner BJ, McKinney MM, Minasian L. 2007. Determinants of Implementation Effectiveness: Adapting a Framework for Complex Innovations. *Medical Care Research and Review*, 64: 279-303

Kingdon JW. (1984). *Agendas, Alternatives, and Public Policies*. New York, Harper Collins Publishers

McKee, M., et al (2000). "Health policy-making in central and eastern Europe: lessons from the inaction on injuries?" *Health Policy and Planning* 15(3): 263-269.

Niessen, LW., EWM. Grijseels and FFH. Rutten (2000). "The evidence-based approach in health policy and health care delivery." *Social Science and Medicine* 51(6): 859-869.

Omar, M., et al (2010) Mental health policy process: a comparative study of Ghana, South Africa, Uganda and Zambia. *International Journal of Mental Health Systems*, 4, 24

Parashar, R., Gawde, N., & Gilson, L. (2020). Application of "Actor Interface Analysis" to Examine Practices of Power in Health Policy Implementation: An Interpretive Synthesis and Guiding Steps. *International Journal of Health Policy and Management*,

Sabatier, P. A., & Weible, C. M. (2007). The advocacy coalition framework. *Theories of the policy process*, 2, 189-220.

Sheikh, K., Gilson, L., Agyepong, I. A., Hanson, K., Ssengooba, F. & Bennett, S. (2011). Building the Field of Health Policy and Systems Research: Framing the Questions. *PLoS Medicine*, 8, e1001073.

Walt G. (1994). *Health policy: An introduction to process and power*. London, Zed Books Ltd

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.

Practical

In 2007 Vietnam passed its National Law on Domestic Violence with an effect from 2008.

Before the session, please do some research online to find out more about the context of this policy, its objectives, people involved in the development and implementation of this policy, its achievements and key influences it faced.

The following questions should help you to structure your research:

1. What was the nature and extent of the problem? What factors affected recognition of domestic violence as a policy issue in Vietnam?
2. What was the policy trying to achieve? What were its goals and mechanisms of change? To what extent the policy goals have been achieved so far?
3. Which individuals or organisations were involved in policy initiation, development and implementation, and how? Were there any supporters and opponents, and why?
4. How was the policy developed (i.e. what were the key events leading to policy approval) and how it is being implemented?
5. Which facilitators and barriers affected this policy, and how?

Please bring your notes covering each question with you to the class as these will be used during the session.

In class you will work in small groups to discuss a specific aspect of health policy using relevant frameworks for health policy analysis from the preceding lecture, before presenting and discussing with other groups and then reflecting on the main learning from this week.

WEEK 2: Understanding and examining policy actors in public health policy

Lecture

Learning objectives are to:

1. Understand the roles and influences of different policy actors within health policy processes
2. Critically engage with the concept of power, and discuss different forms and manifestations of power
3. Explain the use and significance of stakeholder analysis in intervention or project planning and analysis
4. Understand stakeholder analysis techniques to identify relevant stakeholders, understand their importance, powers, agendas and roles

Outline

Policy actors are central to individuals and organisations, who can engage directly or indirectly in developing and implementing health policies. Engagement (or not) of policy actors in health policy processes reflects their interests, agendas, relative powers and resultant influences. Policy actors can form groups and networks, to consolidate and harness their collective powers and influences over policy decisions.

This session will introduce the concept of policy actors, their roles, powers and influences over health policy processes. This will be followed up by an overview of stakeholder analysis, a process for understanding the roles, influence, interests and interactions between stakeholders (individuals or organisations who can influence or be influenced by a certain issue or decision), illustrated by examples from various health-related disciplines.

Essential reading

Varvasovszky, Z. and R. Brugha (2000). "How to do (or not to do)...A stakeholder analysis." *Health Policy Plan* 15(3): 338-345.

Sriram, V., S. M. Topp, M. Schaaf, A. Mishra, W. Flores, S. R. Rajasulochana and K. Scott (2018). "10 best resources on power in health policy and systems in low- and middle-income countries." *Health Policy and Planning* 33(4): 611-621.

Recommended reading

Balane, M. A., B. Palafox, L. M. Palileo-Villanueva, M. McKee and D. Balabanova (2020). "Enhancing the use of stakeholder analysis for policy implementation research: towards a novel framing and operationalised measures." *BMJ Global Health* 5(11): e002661.

Koduah A, Baatiema L, Kretchy IA, et al. Powers, engagements and resultant influences over the design and implementation of medicine pricing policies in Ghana. *BMJ Global Health* 2022;7:e008225.

Community Tool Box <http://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/main>

Knai, C., et al. (2013). Reported barriers to evaluation in chronic care: Experiences in six European countries. *Health Policy* 110(2-3): 220-228.

Buttivant, H. and C. Knai (2012). Improving food provision in child care in England: a stakeholder analysis. *Public Health Nutr* 15(3): 554-560.

Lukes S., 1974, *Power: A Radical View* ed.1, Macmillan: London.

Knai, C. and M. McKee (2010). Tackling childhood obesity: the importance of understanding the context. *J Public Health* 32(4): 506-511.

Topp, S. et al. (2021). "Power analysis in health policy and systems research: a guide to research conceptualisation." *BMJ Global Health* 6(11): e007268.

Pansardi, P. and M. Bindi (2021). "The new concepts of power? Power-over, power-to and power-with." *Journal of Political Power* 14(1): 51-71.

Kennon, N., et al. (2009). Who really matters? A stakeholder analysis tool. *Extension Farming Systems Journal* 5(2)
(http://www.csu.edu.au/data/assets/pdf_file/0018/109602/EFS_Journal_vol_5_no_2_02_Kennon_et_al.pdf).

NHS Institute for Innovation and Improvement (2008). Stakeholder analysis.

http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/stakeholder_analysis.html

Lehmann, U. and L. Gilson (2013). "Actor interfaces and practices of power in a community health worker programme: a South African study of unintended policy outcomes." *Health Policy and Planning* 28(4): 358-366.

Practical

For this session, you will be assigned to work in small groups on one of the policy issues from the list below:

1. Provision of mental health services at community and primary health care in Ghana
2. Ensure equitable provision of obstetric care in Vietnam
3. Cross-sectoral measures aimed at reducing the alcohol use in Russia
4. Ensuring equitable access to essential primary healthcare services in the USA
5. Improving the NCD control in Bangladesh

Before the session, do some online research and identify published and unpublished evidence on policy actors who were involved in (a) development and (b) implementation of the respective policy, strategy or programme. More specifically, please summarise what you can find with regards to the following:

- a. Which actors were involved (directly or indirectly) in the policy development or implementation, and in what roles?
- b. What actors' interests and agendas can you identify with regards to policy development or implementation?
- c. Which influences did each actor have during policy development or implementation? In what way these influences shaped the policy processes?
- d. What were the actors' relative powers, and what determined these powers?

Please bring your notes for you to use during the session.

During the class, please assemble in your respective groups and share and discuss your notes within your group. You will need to summarise results of your discussions in a format for stakeholder analysis. More specifically, please map the policy actors and indicate actors' roles, influences and relative powers using one or more tables or a three-dimensional diagram. In your group, you need to decide whether to utilise one of the standard formats presented during the lecture or adapt one for the purposes of this exercise. Please summarise results of stakeholder analyses separately for (a) policy agenda-setting and/or development, and (b) policy implementation.

Each policy issue will be examined by two different groups. In the feedback, you will need to compare results across the groups and reflect on relative strengths and limitations of approaches used by the groups.

WEEK 3: Problem and solution framing and the role of evidence

Lecture

Learning objectives

1. To understand how and why some policy problems become sufficiently important issues to rise to the top of the policy agenda
2. To identify key influences on the prioritisation of different policy issues
3. To critically reflect on how to frame appropriate policy problems and solutions in the context of agenda-setting
4. To explore the role of different types of evidence during the policy agenda-setting process and discuss the most appropriate evidence to deploy for different types of policy problems and solutions

Outline

Agenda-setting is often presented as the first stage of the complex policy process, preceding policy formulation and followed by implementation. Some ideas get the attention of governments and consequently inform government policies, whereas other ideas do not get translated into government policies. Persuasive and appropriate framing of policy-relevant problems and their solutions is a major determinant of effective agenda-setting, which of course is also influenced by further factors such as political priorities, ideological trends, the resource environment, societal pressures and the stage of the electoral cycle.

This session will provide an opportunity to reflect on how to frame policy-relevant problems and solutions, and how to seek and present appropriate, relevant evidence in support. The session will cover the key theories and frameworks for understanding and explaining agenda-setting, complemented with specific examples of different policy issues which did or did not get onto the policy agenda. It will also include discussion of most relevant evidence for different policy problems and their responses.

Essential reading

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

Peters BG. *Advanced introduction to public policy*. Second edition. Cheltenham: Edward Elgar, 2021, Chapter 4, pp71-85

Recommended reading

Beck EJ and Mays N *Some Lessons Learned* in Beck EJ, Mays N, Whiteside A and Zugina J (eds). *The HIV Pandemic: local and global implications*. Oxford: Oxford University Press, 2006: pp757-776

Bradley, M. (2008). "On the agenda: North-South research partnerships and agenda-setting processes." Development in Practice 18(6): 673 - 685.

Greer, S. L. (2010). "Standing Up for Health? Health Departments in EU Health Policy Formulation." Social Policy & Administration 44(2): 208-224.

Ha, BTT., T. Mirzoev and M. Mukhopadhyay (2015). "Shaping the Health Policy Agenda: The Case of Safe Motherhood Policy in Vietnam." International Journal of Health Policy and Management 4(11): 741-746.

Heywood, M. (2009). South Africa's treatment action campaign: combining law and social mobilization to realize the right to health. *Journal of Human Rights Practice* 2009; 1(1): 14-36

Kingdon, J. W. (1995). Agendas, Alternatives, and Public Policies. New York, Harper Collins.

Peters, D. H., K. S. Rao and R. Fryatt (2003). "Lumping and splitting: the health policy agenda in India." *Health Policy and Planning* 18(3): 249-260.

Rossa-Roccor, V., Giang, A., Kershaw, P. (2021) Framing climate change as a human health issue: enough to tip the scale in climate policy? *Lancet Planetary Health*, 5:e553-e559. doi: 10.1016/S2542-5196(21)00113-3

Sabi, S. C., & Rieker, M. The role of civil society in health policy making in South Africa: a review of the strategies adopted by the Treatment Action Campaign. *African Journal of AIDS Research* 2017; 16(1): 57-64

Mottiar S, Lodge T. How social movements survive: the Treatment Action Campaign and the South African state, 2009–2016. *Social Dynamics* 2017; 43(1): 103-117

Yang, X. and X. Qian (2016). "Political Impetus: Towards a Successful Agenda-Setting for Inclusive Health Policies in Low- and Middle-Income Countries; Comment on "Shaping the Health Policy Agenda: The Case of Safe Motherhood Policy in Vietnam"." *International Journal of Health Policy and Management* 5(4): 275-277.

Practical

You will need to work in small groups of 4-5 people. Each group will be assigned one policy issue from the list below:

1. Protecting maternal and child health, especially for marginalised and vulnerable communities
2. Ensuring mental health wellbeing at primary health care level
3. Introducing social health insurance within a low-income country
4. Addressing health effects of rapid and uncontrolled urbanisation
5. Addressing lifestyle risk factors of NCDs (diet and physical exercise)

Your group is a multi-stakeholder forum representing civil society organisations, non-governmental organisations, the private sector and associations of nurses, midwives and doctors. You need to agree a specific country of focus for this exercise.

The session will include three parts. Each part will involve first discussing and reaching agreement in smaller group (about 15 minutes) and then sharing and discussing results with the wider class (about 40 minutes), before moving onto the next part.

- Part 1: How you will frame this policy issue (main problem and potential solutions)? What viewpoint(s) or perspective(s) inform your framing, and how? What will be the anticipated impact of the particular frames you have chosen?
- Part 2: What key policy questions will you raise to attract attention and political commitment to this issue? To whom and how will you advocate to get the issue on the policy agenda?
- Part 3: What information (evidence) will you need to support your argumentation for agenda-setting? Where you can feasibly obtain this evidence and what resources will you require to obtain this evidence?

After all three parts, you will reflect on the importance of problem and solution framing with regards to evidence-informed policymaking, and the key learning points from this week.

WEEK 4: Understanding how to mobilise evidence 1: Relationships

Lecture

Learning objectives are to understand:

1. The main discourses about evidence in the evidence-based medicine, policy and practice movements
2. Analyse different approaches to knowledge translation and exchange
3. The importance of relational working for evidence production, mobilisation and use
4. Mechanisms which use relational thinking and practice to mobilise evidence

Outline

This session will explore the different generations of thinking about evidence use: linear, relational and systemic. You will be introduced to examples of these different modes of practice in evidence use, and consider the strengths and weaknesses of these approaches. This session will explore what we mean by evidence, and the different ways in which evidence is shaped for, and used in policy and practice. We will pause to consider what are the multiple concerns that arise around a given challenge (home schooling during a future pandemic) and the implications for the types of research evidence that might be required to support policymaking. We will discuss the history of the evidence-based movements in medicine, policy and practice, and how this led to the different interpretations of evidence we find in each movement. Using examples, we will explore how evidence is produced, by whom, and for what purpose. We will discuss the main strategies employed by researchers to increase the use of research evidence, and how these relate to our understanding of what types of evidence count and why. We will discuss the different roles of researchers and scientists when attempting to increase the use of evidence, and the implications in terms of governance and ethical research practices.

Essential reading

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)

Recommended reading

Douglas, H. (2005) Inserting the public into science. In: *Democratization of Expertise?* Dordrecht: Springer, 153-169

Durant, D. (2011) Models of democracy in social studies of science. *Social Studies of Science* 41(5), 691-714

Kumpunen, S., Bridgwood, B., Irving, G. *et al.* Workplace-based knowledge exchange programmes between academics, policymakers and providers in the health and social care sector: a scoping review and mapping exercise. *Humanit Soc Sci Commun* 10, 507 (2023). <https://doi.org/10.1057/s41599-023-01932-3>

Practical

For this session, you will be working on advocating more effectively for evidence-informed public health policies and practice. The objective of this session will be to develop a meaningful relationship-based strategy to achieve a policy change. To do this, we will use last week's stakeholder map as a starting point.

We will convene in plenary at 2.00 to run through the exercise.

1. We will review what an advocacy strategy looks like. In our case, we are aiming to improve evidence use in the policy area, using the same topics and groups as you were in last week.
2. Working along, you will review your stakeholder maps. You will need to:
 - a. Identify a realistic goal for your advocacy activities
 - b. Consider what needs to be part of an advocacy strategy
 - c. Assess and summarise the context, evidence base, feasible policy or practice targets
 - d. Identify which stakeholders you will need to engage with, and explain their needs and priorities
 - e. Describe your strategy to engage effectively with all necessary actors.
3. At 3, we will open your groups from last week for you to present your ideas to each other.
4. At 4 we will reconvene in plenary to share reflections about the process of identifying feasible policy targets, what you need to know in order to develop an effective stakeholder engagement strategy, and the role of evidence in this process.

WEEK 5: Understanding how to mobilise evidence 2: Organisations and systems

Lecture

Learning objectives are to:

1. Discuss scientific advisory structures and processes in public health policy, and their governance
2. Analyse a number of recent initiatives to improve the way that evidence is used for policy and practice decisions in health

Outline

In this session we will follow on from the linear and relational models to thinking about systems for knowledge use. We will explore evidence governance, the structures and infrastructure required to support evidence for policy, and go through examples of systems interventions to promote evidence use. We will particularly focus on professionalisation of evidence use in health and related sectors, and discuss implications for workforce planning, systems innovation and quality improvement across policy and practice.

In the second half of the session, there will be a presentation from Jonathan Breckon, based on his PhD research on the role of professional bodies in supporting evidence use.

Essential reading

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

Sarewitz, D. (2004) How science makes environmental controversies worse. *Environmental science & policy* 7(5):385-403

Recommended reading

Macnaghten, P., Chilvers, J. (2014) The future of science governance: publics, policies, practices, *Environment and Planning C* 32: 530–548

Mirzoev, T., et al (2017). Contextual influences on the role of evidence in health policy development: what can we learn from six policies in India and Nigeria? *Evidence & Policy: A Journal of Research, Debate and Practice* 13(1): 59-79

Oliver, K., Pearce, W. (2017) Three lessons from evidence-based medicine and policy: Increase transparency, balance inputs and understand power. *Palgrave Communications* 3(1):.43

Oliver, K., Lorenc, T. & Innvær, S. New directions in evidence-based policy research: a critical analysis of the literature. *Health Res Policy Sys* 12, 34 (2014). <https://doi.org/10.1186/1478-4505-12-34>

Pielke Jr, R. (2015) Scientific ethics: science under the political steamroller. *Nature* 519: (7543): 290

Practical

To prepare for this session, please read the following reviews:

Oliver K, Innvaer S, Lorenc T, Woodman J, Thomas J: A systematic review of barriers to and facilitators of the use of evidence by policymakers. BMC Health Serv Res. 2014, 14: 2-
<https://link.springer.com/article/10.1186/1472-6963-14-2>

Orton L, Lloyd-Williams F, Taylor-Robinson D, O'Flaherty M, Capewell S: The use of research evidence in public health decision making processes: systematic review. PLoS ONE. 2011, 6: e21704-

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0021704>

In groups discuss the different factors that influence policy making and any differences you identify in the conclusions of the two reviews. Use the learning from the first part of the session to develop your own country specific system map. In the last part of the session we will be sharing our maps first in groups and then for a small number of people to share in plenary.

READING WEEK

Please use this time to reflect on the module so far, and an opportunity to explore specific issues of your interest in more detail through essential and recommended reading. Feel free to discuss emerging insights and changed viewpoints with your fellow classmates, and please remember to include some reflective notes in your portfolio.

WEEK 6: Understanding the contributions of different types of research evidence to health policymaking

Lecture

Learning objectives are to:

1. Understand the contributions of different types of research evidence to health policy making
2. Understand that the selection of research methods is not always driven by best fit with the research question and why this happens
3. Consider different approaches to assessing the quality of different types of research evidence
4. Consider how research evidence is used alongside other types of knowledge (such as lived experience and policy knowledge)

Outline

There are a wide range of types of research evidence that can inform policy: from modelling to history and anthropology. This session will provide an opportunity to hear from colleagues at the school who specialize in generating different types of evidence for health policy making. The session will provide an opportunity to reflect on the strengths of the different types of evidence, the value attributed to them and the ways in which they can support health policy making. It will also consider how different research evidence types interact with other forms of knowledge.

Essential reading

Fraser, A and Davies, H (2019) Systematic approaches to generating evidence. in Boaz, A, Davies, H, Fraser, A and Nutley, S. *What Works Now: Evidence-informed policy and practice*. Policy Press: Bristol

Nutley, S, Davies, H and Hughes, J (2019) Assessing and labelling evidence in Boaz, A, Davies, H, Fraser, A and Nutley, S. *What Works Now: Evidence-informed policy and practice*. Policy Press: Bristol

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

Recommended reading

Clare Herrick & Kristen Bell. (2020) Concepts, disciplines and politics: on 'structural violence' and the 'social determinants of health', *Critical Public Health*, DOI: [10.1080/09581596.2020.1810637](https://doi.org/10.1080/09581596.2020.1810637)

Katherine E Kenny. The biopolitics of global health: Life and death in neoliberal time. *Journal of Sociology*. 2015;51(1):9-27. doi:[10.1177/1440783314562313](https://doi.org/10.1177/1440783314562313)

Mirzoev, T. et al. (2013). Role of evidence in maternal health policy processes in Vietnam, India and China: findings from the HEPVIC project. *Evidence & Policy: A Journal of Research, Debate and Practice*. 9(4), pp.493-511.

Sandra Nutley, Alison Powell and Huw Davies (2013). *What counts as good evidence?* [Alliance for Useful Evidence](http://www.alliance4usefulevidence.org/assets/What-Counts-as-Good-Evidence-WEB.pdf). Retrieved from: <http://www.alliance4usefulevidence.org/assets/What-Counts-as-Good-Evidence-WEB.pdf>

Penfold RB, Zhang F. Use of interrupted time series analysis in evaluating health care quality improvements. *Acad Pediatr*. 2013 Nov-Dec;13(6 Suppl):S38-44. doi: 10.1016/j.acap.2013.08.002. PMID: 24268083.

Practical

One approach to considering what weight to give to research evidence is to appraise it for its quality. This is important as one of the strengths of research as a source of knowledge is the rigorous, transparent standards by which it is conducted. In this session you will be given a research paper to appraise. You will be given time in the session to read the paper, but may want to look at it in advance.

The first task is to read the paper and to note any observations about its quality. This will be in the form of written notes. We would then like you to conduct a more structured appraisal of the paper using an established quality appraisal tool. We have provided a tool for you to use (below). However, if you would like to you can identify another tool to use or apply more than one. In the final part of the session we will invite you to join groups to discuss what you thought of the paper and how you found the appraisal tools. We will come back together at the end to share any points of reflection.

The following study will be used in the practice session:

Laverty AA, Kypridemos C, Seferidi P, et al. (2018) Quantifying the impact of the Public Health Responsibility Deal on salt intake, cardiovascular disease and gastric cancer burdens: interrupted time series and microsimulation study. *J Epidemiol Community Health* 2019;**73**:881–887
<http://dx.doi.org/10.1136/jech-2018-211749>

The appraisal will use the *Effective Public Health Practice* tool <https://www.ehphp.ca/quality-assessment-tool-for-quantitative-studies/>

WEEK 7: Understanding the contributions of different types of research evidence to health policymaking 2: Synthesis

Lecture

Learning objectives are to:

1. Understand how to undertake a systematic review of studies, including drawing out the policy implications
2. Assess the quality and relevance to policy of systematic reviews

Outline

Synthesis is considered a key tool of evidence informed policy making. This session will cover the different types of evidence synthesis available to policymakers and the stages involved in conducting a systematic review. We will discuss the strengths and weaknesses of syntheses and the ways they are incorporated syntheses into the policy process.

Essential reading

Pope C, Mays N, Popay J. *Synthesising Qualitative and Quantitative Health Evidence: A Guide to Methods*. Open University Press, 2007

Petticrew M, Roberts H. *Systematic reviews in the social sciences*. Oxford: Blackwell, 2005

Recommended reading

Thomas J, et al. (2004) Integrating qualitative research with trials in systematic reviews
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC404509/>

Arksey, H. and O'Malley, L. (2005) Scoping studies: towards a methodological framework, *International Journal of Social Research Methodology*, 8, 1, 19-32. Open URL link to the article:
<http://www.journalsonline.tandf.co.uk/openurl.asp?genre=article&eissn=1464-5300&volume=8&issue=1&spage=19>

Gilson, L. (2014). "Qualitative research synthesis for health policy analysis: what does it entail and what does it offer?" *Health Policy Plan* 29 (s3): iii1-iii5.

Haby et al. (2016) What are the best methodologies for rapid reviews of the research evidence for evidence-informed decision making in health policy and practice: a rapid review
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5123411/>

The Cochrane Handbook on the Cochrane Collaboration website has useful guidance and resources, especially for effectiveness reviews, <http://ph.cochrane.org/>

Other useful guidance is contained in:

Systematic Reviews: CRD's guidance for undertaking reviews in health care. Centre for Reviews and Dissemination, University of York, 2009 http://www.york.ac.uk/inst/crd/index_guidance.htm

Practical

For this session, you will be comparing two reviews on the same topic.

Thomas J, Sutcliffe K, Harden A, et al. Children and healthy eating: a systematic review of barriers and facilitators. 2003. In: Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]. York (UK): Centre for Reviews and Dissemination (UK); 1995-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK70020/>

Thomas J, Harden A, Oakley A, et al. Integrating qualitative research with trials in systematic reviews. BMJ (Clinical Research ed.). 2004 Apr;328(7446):1010-1012. DOI: 10.1136/bmj.328.7446.1010. PMID: 15105329; PMCID: PMC404509. Available from: <https://europepmc.org/article/PMC/404509>

The reviews focus on health eating in children and young people. The first hour will be available to you to read the papers and prepare for the group work exercise. Then in group you will discuss:

1. What are the key messages articulated in each review?
2. What are the implications for policy and practice?
3. What is the added value for policy makers of bringing these two reviews together?
4. What are the limitations of the reviews as evidence for policy?

In plenary we will discuss how evidence synthesis can inform policy.

WEEK 8: Evidence use theories and frameworks

Lecture

Learning objectives

1. Appreciate the many existing theories and frameworks that have been developed to map the relationship between evidence, policy and practice
2. The reflect on the strengths and limitations of the different approaches
3. To consider how you might apply a framework in understanding real world evidence to policy problems.

Outline

In this session we will consider different evidence use theories and frameworks: the relationship between research, and policy and practice, and the assumptions underpinning the concepts of 'evidence', 'policy' and 'politics'.

Essential reading

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

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

Recommended reading

Vivian Tseng: Research on Research Use: Building Theory, Empirical Evidence, and a Global Field (WT Grant Digest, Issue 7) – The Use of Research Evidence (uremethods.org)

Jonathan Shepherd (2014)_The evidence ecosystem: How to achieve more effective services. JPS_What_Works.pdf (cardiff.ac.uk)

Nilsen, P. (2015). "Making sense of implementation theories, models and frameworks." Implementation Science **10**(1): 53.

Practical

For this session, groups will debate frameworks and models to consider how useful they are in helping decision makers and researchers in supporting evidence informed decision making. In plenary each group will briefly present their model and talk about its strengths and weaknesses.

WEEK 9: Ethics, values and evidence use

Lecture

Learning objectives are to:

1. Appreciate the difference between the normative and positive (empirical) foundations of public health policy making
2. Understand how values and preferences contribute to policy decisions
3. Understand how public health policy or recommendations require a blend of empirical truths and normative 'truths'
4. Understand how and why the normative 'truths' used in public health policy are often veiled, and how this affects global health policy
5. Acquire the basic skills to identify normative 'truths', and to develop and use normative 'truths'
6. Appreciate the role of cognitive biases in the interpretation of evidence, and why they matter

Outline

This session will cover the following:

This session will begin by discussing the definition of values. It will then consider the difference between normative (value) and positive (empirical) propositions followed by a discussion of some of the main values that are frequently at issue in public health policy decisions. Together, the group will consider examples of values and trade-offs in public health policy making (e.g. health vs. wealth). Finally there will be an overview of the empirical evidence on how cognitive biases, affected by our values, shape the interpretation of evidence and how organisations have (or have not) addressed these biases. In the second half of the session there will be an opportunity to hear from Justin Parkhurst. Justin has written a key text in the field exploring the relationship between evidence, values and governance.

Essential reading

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

Yamey, G., Feachem, R. (2011). Evidence-based policymaking in global health—the payoffs and pitfalls. *Evidence-based medicine*, 16(4), 97-99.

Recommended reading

Peters BG. (2021) *Advanced introduction to public policy*. Second edition. Cheltenham: Elliott, K. C., McCright, A. M., Allen, S., & Dietz, T. (2017). Values in environmental research: Citizens' views of scientists who acknowledge values. *PloS one*, 12(10), e0186049.

Lee, K., & Fidler, D. (2007). Avian and pandemic influenza: progress and problems with global health governance. *Global Public Health*, 2 (3), 215-234.

Ooms, G. (2014). From international health to global health: how to foster a better dialogue between empirical and normative disciplines. *BMC international health and human rights*, 14(1), 36.

Pielke Jr, R. A. (2006). When scientists politicize science. *Regulation*, 29(1), 28-34.

Stuckler, D., McKee, M. (2008). Five metaphors about global-health policy. *The Lancet*, 372(9633), 95-97.

Van Damme, W., Dahake, R., Delamou, A., Ingelbeen, B., Wouters, E., Vanham, G., van de Pas, R., Dossou, J.P., Ir, P., Abimbola, S., Van der Borght, S., Narayanan, D., Bloom, G., Van Engelse, I., Ag Ahmed, M.A., Kiendrébéogo, J.A., Verdonck, K., De Brouwere, V., Bello, K., Kloos, H., Aaby, P., Kalk, A., Al-Awlaqi, S., Prashanth, N.S., Muyembe-Tamfum, J.J., Mbala, P., Ahuka-Mundike, S., Assefa, Y. (2020). The COVID-19 pandemic: diverse contexts; different epidemics—how and why? *BMJ Global Health*, 5(7), e003098.

Brooks E. Using the Advocacy Coalition Framework to understand EU pharmaceutical policy. *European Journal of Public Health* 2018; 28 (Suppl 3): 11–14
doi:10.1093/eurpub/cky153

Weiss C. The Four "I's" of School Reform: How Interests, Ideology, Information, and Institution Affect Teachers and Principals. *Harvard Educational Review* 1995; 65 (4): 571–593
<https://doi.org/10.17763/haer.65.4.05530845t676w50h>

Ziegler BR, Wray AJD, Luginaah I. The ever-changing narrative: supervised injection site policy making in Ontario, Canada. *International Journal of Drug Policy* 2019; 74: 98-111
<https://www.sciencedirect.com/science/article/abs/pii/S095539591930249X?via%3Dihub>

Kubler D. Ideas as catalytic elements for policy change: advocacy coalitions and drug policy in Switzerland. In: Braun D, Busch A, eds. *Public policy and political ideas*. Cheltenham: Edward Elgar, 1999, pp116-221

McKee, M., Stuckler, D. (2016). Reflective Practice: How the World Bank Explored Its Own Biases, *International Journal of Health Policy and Management*, 5(2): 79-82 doi: 10.15171/ijhpm.2015.216

Practical

This session is divided into two parts in the first part of the session, you will look at how organisations can promote the use of research evidence to consider how they made a persuasive case for policy change. To prepare for the discussion we suggest listening to one or two of the podcasts with leaders in the field available on the Transforming Evidence website <https://transforming-evidence.org/resources>. The podcasts feature Ruth Stewart from the Africa Evidence Network, Laura Boeira from the Veredas Institute in Brazil and Eric Barent from the US Centre for Evidence Based Management. In your groups discuss what you have learnt from the podcasts in terms of opportunities and challenges for evidence use to support policy change.

We have set aside the second part of the session for you to focus on formative assessment preparation.

WEEK 10: Formative assessment and consolidating learning from the module.

Learning objectives are to:

1. Consolidate learning from the module through the formative assessment
2. Strengthen capacity to effectively interact and work in groups on joint assignments.
3. Obtain feedback on the formative assessment
4. Reflect on what has been learnt in the module and identify appropriate follow-on actions for further development

Outline

This week provides an opportunity for students to prepare and deliver the group presentations and also reflect on what they have learned during the module.

The session on Monday provides dedicated time for the groups to connect and develop the group presentation. However, you are free to connect earlier and start some preparatory work as soon as the groups have been finalised.

The session on Tuesday will include group presentations from each group followed by immediate verbal feedback from the module team and fellow students. Afterwards, you will be given an opportunity to reflect on the module including the main learning points and identification of key follow-up actions relating to plans for remainder of the doctoral studies and future professional practice.