



ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI)

National Data Management Centre for Health

Evidence Translation Draft Guideline

May, 2020

Addis Ababa

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Section 1: Introduction

Information is Liberating” Kofi Annan, a late United Nations General Secretary General. Information helps for nation building when it comes from the right source and well managed. Information can come from different sources for public consumption. The source of information can be a person, thing, or place from which information comes, arises, or is obtained¹. At the same time a synthesized and analyzed data can be used as source of information.

Ethiopian Public Health Institute has established a National Management Center (NDMC) for health in 2017 in order to pool all health and health related data available in the country, to process, manage and analyze the data with standard scientific methods and techniques to produce policy relevant findings at national and subnational level².

One of the objectives of the establishment of National Management Data Center is bridging people who have data and people who use the data through evidence translation undertakings. Translation of evidence into practice, policy, and population health strategies is made operational through interactive process and relationships among stakeholders including organizations, health care delivery systems, and individuals³. NDMC produces quality and strong evidences to inform high level decisions including policy at the Federal Ministry of Health and other stake holders.

Section 2: Objective of the Guideline

The objective of this Evidence Translation Guideline is:

- helping as roadmap in executing the work of evidence translation,
- helping NDMC as abiding document in using media and communication and managing information,

¹ https://en.wikipedia.org/wiki/Information_source

² National Data Management Center for health: Working Guidelines, 2017, Addis Ababa

³ Increasing the Translation of Evidence in to Practice, Policy, and Public Health Improvements: A Framework for Training Health Professionals in Implementation and Dissemination Science. [Accessed 30, January 2020].

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307591/>

- directing the flow of information and decision making regarding the type of information to be shared and not.

Section 3. Scope of the Guideline

The scope of this guideline includes all evidence translation activities derived from analyzed data/analyzed evidence by National Data Management Center (NDMC) and the center is mandated to. This can be evidences generated from data that are owned by EPHI and other entities. The guideline also provides clear guidance on how to translate sensitive evidences.

Section 4. Responsibility of NDMC

Regarding preparing and sharing evidence information, NDMC shall have the following responsibilities:

1. NDMC has responsibility of overseeing and monitoring the roles and activities of Evidence Translation Unit.
2. NDMC shall give direction and agenda for Evidence Translation Unit.
3. NDMC shall decide which evidence should be published out for public and which is private to the institute.
4. NDMC shall control and monitor the handling of sensitive evidence information in order to comply with the internal and external legal affairs.

Section 5. Definition

5.1. Evidence Translation

Evidence translation is an active process in which translators identify, filter, interpret, adapt, contextualize and communicate evidences for the purpose of decision making. At NDMC, this involves translating research evidences (output) in to policy, action or practice. NDMC's evidence translation concerns with sharing of evidence generated from analyzed data and synthesized information to inform decision for Federal Ministry of Health and other stake holders. In addition to this analyzed data can be shared to the general public through media: social media

platforms, print, broadcast and other means. When it comes to public health, evidence should be translated in to effect through producing evidence/policy brief in a very clear and understandable language.

5.2. Policy brief/Evidence brief

Policy brief is a short document that presents the gist of the findings and recommendations of a research. It is mainly produced for policy makers to influence the decision making bodies in order to consider evidence as milestone. Evidence based policy action always ends with the benefit of public. Data and statistics should drive planning and provision of all public health services, which are necessary to protect and promote the public's health and to prevent disease⁴. In order to meet the need of policy makers, presenting evidence in the form of very precise, clear and taking policy brief is very important.

Evidence-based policy briefs (or "evidence briefs for policy) bring together global research evidence (from systematic reviews) and local evidence to inform deliberations (policy dialogues) about health policies and programs. These policy briefs begin with a description of a policy problem, then summarizes the best available evidence to clarify the size and nature of the problem, describe the likely impacts of key options for addressing the problem, and inform considerations about potential barriers to implementing the options and strategies for addressing these barriers⁵.

Section 6: Data vs Information vs Evidence

According to this guide line, data is defined as the collection of facts and details like text, figures, observations, symbols or simple description of things, event or entity gathered with a view to drawing inferences. It is the raw fact, which should be processed to gain information. It is the unprocessed data, that contains numbers, statements and characters before it is refined by the researcher.

For public health interventions, evidence typically refers to the effectiveness of an intervention in achieving an outcome that will create lasting changes in the health

⁴ Sarah B. Macfarlane and Carla AbouZahr. (2019). The Palgrave Handbook of Global Health, Data Methods for Policy and Practice. Palgrave Macmillan.

⁵ <https://www.who.int/evidence/sure/policybriefs/en/>

of the population. Evidence is usually published in scientific literature such as in professional journals, books, or government reports⁶. Evidence can also be published in different forms such as policy/evidence brief.

This guideline describes information as processed, organized, specific and structured data, which is presented in a given setting. It assigns meaning and improves the reliability of the data, thus ensuring understandability and reduces uncertainty⁷.

6.1. Contents of Evidence/Policy brief

Under this guideline, evidence policy that NDMC produces, should have at least the following contents:

6.1.1. Title

The title of the evidence briefs needs to have policy implication of recommendation by itself. As an advocacy tool, the title of the brief is an important opening element in grabbing the attention of the reader and may also be used to start communicating the essence of your message. The title should be jotted in the way it catches the attention of the audience- mainly policy makers in this sense. It should be like the head line of a news. It should be very clear, concise and free from double meaning.

6.1.2. Executive Summary

Executive summary is the gist and essential part of policy brief. Even though the brief is short, most include a one or maximum two-paragraph summary, with the aim to clearly state the core findings and recommendations in the paper and further grab the reader's attention. It normally includes clear statements on the following issues: The specific issue or problem addressed in the brief; The most striking policy failures or insights identified; The shape or main focus of your recommendations⁸. In another word, executive summary is the abstract of the policy or evidence brief. Executive summary according to this guideline should be communicated in a paragraph because it is advisable to put in one paragraph.

⁶ https://health.mo.gov/data/interventionmica/index_5.html

⁷ <https://keydifferences.com/difference-between-data-and-information.html>

⁸ Eoin Young and Lisa Quinn. (2017). International Center for Policy Advocacy, Berlin.

6.1.3. Key Findings/Rationale/Importance of the problem

This part of evidence brief explains the importance and urgency of the issue and answers “why?” In addition, it describes issues and context and should not be overly technical. It is worth noting that the length of the problem description may vary considerably from brief to brief depending on the stage on the policy process in focus.

The purpose of this element of the brief is to convince the target audience that a current and urgent problem exists which requires them to take action. The context and importance of the problem is both the introductory and first building block of the brief. Importance of the problem usually includes the following⁹:

- A clear statement of the problem or issue in focus.
- A short overview of the root causes of the problem
- A clear statement of the policy implications of the problem that clearly establishes the current importance and policy relevance of the issue.

6.1.4. Critique of Policy Option

The aim of this element is to detail shortcomings of the current approach or options being implemented and therefore, illustrate both the need for change and focus of where change needs to occur. In doing so, the critique of policy options usually includes the following¹⁰: 1) A short overview of the policy option(s) in focus 2) An argument illustrating why and how the current or proposed approach is failing. It is important for the sake of credibility to recognize all opinions in the debate of the issue.

⁹ https://www.pep-net.org/sites/pep-net.org/files/typo3doc/pdf/CBMS_country_proj_profiles/Philippines/CBMS_forms/Guidelines_for_Writing_a_Policy_Brief.pdf

¹⁰ https://www.pep-net.org/sites/pep-net.org/files/typo3doc/pdf/CBMS_country_proj_profiles/Philippines/CBMS_forms/Guidelines_for_Writing_a_Policy_Brief.pdf

6.1.5. Policy Recommendations/Recommendations

The aim of the policy recommendations element is to provide a detailed and convincing proposal of how the failings of the current policy approach need to change. As such this is achieved by including: 1) A breakdown of the specific practical steps or measures that need to be implemented 2) Sometimes also includes a closing paragraph re-emphasizing the importance of action.

Health policy makers can't create effective, fair and cost efficient public health strategies unless they understand exactly what health challenges exist in the community. Therefore, in this regard, it is the duty of NDMC to generate data and inform the policy makers the gaps in the area of public health and indicate them the right way out in the form policy recommendations.

Section 7. Sensitivity of Evidence and Translation of Sensitive Evidence

This part of the guide dictates how to communicate sensitive data/evidence. Sensitive data are certain types of data that are referred to as sensitive personal data. These are data which relate to the data subject's details like racial or ethnic origin, religious belief, physical or mental health or condition¹¹. The following ethical points should be considered when dealing with sensitive evidence/data:

1. Evidence should be identified for sensitivity before it goes out for policy action or public consumption in the form of information.
2. Evidence Translation Unit shall be directly responsible in keeping the confidentiality of information for sensitive/private data.
3. The head of NDMC shall determine the type of data that should be open to public consumption and the Evidence Translation Unit is responsible to manage and keep the confidentiality of the evidence.
4. The Evidence Translation Unit shall discuss with NDMC directorate and other concerned units before sharing the evidence either in policy brief format or in other format of sharing information.

¹¹ EPHI'S Revised Guideline for Data Management and Sharing, 2019, Addis Ababa

5. If confidentiality breach happened, it shall be resolved according to the data policy of EPHI.

Section 8. Roles and Responsibility of Evidence Translation Unit

In collaboration with evidence generation unit of the center, the Evidence Translation Unit shall execute the following activities:

1. Develop appropriate policy translation mechanisms.
2. Produce materials such as publications, policy brief, brochures, etc.
3. Create social media pages such as Facebook, twitter and LinkedIn
4. Produce content for social media and web communication.
5. Manage and update social media and website contents.
6. Produce media briefs.
7. Create evidence demands
8. Coordinate and lead NDMC's events, meetings and ceremonies.
9. Communicate with Ministry of health, other stake holders and media.
10. Distribute policy briefs to Ministry of health, stake holders and media.
11. Communicate with EPHI's Public Relation Office in order to facilitate and promote the work of NDMC.