



Formulating Evidence-based Public Health Policies: A Guide to Policy Makers

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DEAR EDITOR,

Over the years, owing to the emergence of infectious diseases, shooting up of lifestyle disorders, rise in the incidence of nutritional disorders, rapid growth in population, and deteriorating environmental conditions, significant weaknesses in the public health care delivery system/existing health policies have been exposed.^[1] Ideally, policymakers should be well prepared in advance to combat the rising public health concerns by formulating scientifically sound and comprehensive policies to deliver quality-assured health care services (viz. accessible and affordable) to meet the health care needs, especially of the vulnerable sections of the society.^[1,2] More than three decades have passed since the Alma Ata declaration has been approved, and even now, the principles of primary health care have not been universally implemented.^[3]

The process of planning and evaluation needs no further emphasis in today's world and is a key managerial tool to ensure successful execution of a health initiative, and thus achieve a rapid, balanced, economic and social development of the entire nation.^[2,4] Broadly, health planning has been defined as the orderly process of defining people's health needs, assessing the current scenario, prioritizing the concerns, and finally implementing measures to accomplish the desired goals.^[1] In other words, planning is a very scientific and systematic process which essentially visualizes as to where we are at present (present situation or baseline), where we want to go (the desired outcome), why we want to go there (rationale) and how we get there is (process).^[2,3]

The planning cycle consists of a series of elements, starting from the preliminary work like defining the scope of the problem with respect to time, place and person and the anticipated number of beneficiaries if the policy

is implemented;^[4] performing a situational analysis (viz. sociodemographic/economic/disease associated morbidity-mortality data);^[5] and resource analysis (viz. health manpower, money and material);^[4,6] and identifying strength-weakness-opportunity-threat related parameters in context of the proposed program.^[6,7] Once the ground information has been obtained, efforts should be taken to identify the felt needs of community and specific measures should be taken to ensure community participation through involvement of the community leaders, peers and voluntary groups.^[6,8] Subsequently, based on the community needs, disease related factors (viz. magnitude/morbidity/mortality/impact on quality of life/burden posed on the public health system), cost-effectiveness of proposed interventions, and availability of resources, the health concerns should be prioritized.^[7,9] The next step is to define the goal, objectives, indicators, and targets of the program and then formulate an appropriate action plan to accomplish the proposed goal and targets within the predefined time-limits.^[1,4,9] However, this essentially requires the involvement of trained personnel to systematically organize the manpower, material, and other logistics at the required places.^[7] Before the actual launch of the program, it is of crucial importance to undertake a pilot-run to rectify any defects that are observed.^[10] The entire program should be supplemented with periodic monitoring and supervision by trained personnel to guide the grass-root level of workers in the field.^[11] Finally, the program should be evaluated (viz. in terms of the program relevance, adequacy, efficacy, effectiveness, and efficiency) to assess the extent to which results matches with the predefined objectives.^[11] Based upon the results of the evaluation, health programs/policies can be reoriented, bottlenecks can be removed and execution can be facilitated.^[11] However, innovative strategies

well supported with multi-sectoral collaboration are the crucial elements to bring about a behavioral change among people and allow the redistribution of resources, in order to address the rising levels of chronic disease, the re-emergence of infections, environmental degradation and socially determined health inequities.

To conclude, in view of the rising incidence of public health issues and widened health inequity gaps, a significant dearth of holistic health policies has been observed. Thus, the need of the hour is to ensure formulation of evidence-based, scientific health policies well supported with elements of tangible targets, community participation, and sustained political commitment.

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REFERENCES

1. Park K. Health planning and management. In: Park K, editor. Textbook of Preventive and Social Medicine. 20th ed. Jabalpur: Banarsidas Bhanot Publishers; 2009. p. 771-3.
2. Gwatkin DR. The need for equity-oriented health sector reforms. *Int J Epidemiol* 2001;30:720-3.
3. Campbell C, Scott K. Retreat from Alma Ata? The WHO's report on task shifting to community health workers for AIDS care in poor countries. *Glob Public Health* 2011;6:125-38.
4. da Silva AS, Laprega MR. Critical evaluation of the primary care information system (SIAB) and its implementation in Ribeirão Preto, São Paulo, Brazil.

5. Cad Saude Publica 2005;21:1821-8.
6. Möller H, Dherani M, Harwood C, Kinsella T, Pope D. Health planning for the future: Comparative risk assessment of five major lifestyle risk factors: Evidence from the Wirral, UK. *J Public Health (Oxf)* 2012;34:430-7.
7. Sibbald S, Kothari A, Rudman D, Dobbins M, Rouse M, Edwards N, et al. Partnerships in public health: Lessons from knowledge translation and program planning. *Can J Nurs Res* 2012;44:95-119.
8. Lacerda JT, Calvo MC, Berretta IQ, Ortega AM. Evaluation of management for health planning in municipalities in the State of Santa Catarina. *Cien Saude Colet* 2012;17:851-9.
9. Sakeah E, Doctor HV, McCloskey L, Bernstein J, Yeboah-Antwi K, Mills S. Using the community-based health planning and services program to promote skilled delivery in rural Ghana: Socio-demographic factors that influence women utilization of skilled attendants at birth in northern Ghana. *BMC Public Health* 2014;14:344.
10. Baatiema L, Skovdal M, Rifkin S, Campbell C. Assessing participation in a community-based health planning and services programme in Ghana. *BMC Health Serv Res* 2013;13:233.
11. Sarti TD, Campos CE, Zandonade E, Ruschi GE, Maciel EL. Evaluation of health planning activities by family health teams. *Cad Saude Publica* 2012;28:537-48.
12. Milstein RL, Wetterhall SF. Framework for program evaluation in public health. *MMWR Recomm Rep* 1999;48:1-40.

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