THE DEVELOPMENT AND PROSPECTS OF EVIDENCE-BASED HEALTH POLICY

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Abstract: Evidence-based health policy emphasizes formulating health policies and regulations based on "evidence". It is a more scientific and objective decision-making model, which is conducive to improving the scientific nature, pertinence and effectiveness of policies and promoting the rational allocation of health resources. On the basis of analyzing the basic connotation, methods and practices, and research status of evidence-based health policy, this article proposes issues and countermeasures for the development of evidence-based health policy. The study believes that: clarify the cognitive fallacies of evidence-based health policies ; master health policy research methods and improve the quality of evidence; strengthen the awareness of evidence-based decision-making and pay attention to the practice of evidence-based health policies; promote disciplinary integration, exchanges and cooperation, and scientifically transform research evidence, etc. It is a top priority for the development of evidence-based health policies in our country.
Keywords: Evidence-based health policy; Evidence-based health decision-making; Evidence-based medicine; Evidence-based practice guidelines; Evidence-based social science; Systematic review

1. THE CONNOTATION OF EVIDENCE - BASED HEALTH POLICY

Evidence-based health decision-making (EBP) originates from evidence-based medicine (EBM). In 1990, the internationally renowned journal "Journal of the American Medical Association" published an article "Practice Policies: Where Do They Come From?", in which David Eddy first proposed that "health decisions should be based on evidence"[10-11]. In 1997, the concept of evidence-based health care (EBHC) in the field of public health gradually matured, and began to explore how to conduct evidence-based decision-making and management[12]. After nearly 20 years of development, evidence-based health decision-making has been summarized by domestic and foreign scholars as: carefully, accurately, and wisely applying the best available research evidence to specific health issues, and formulating policies based on local actual conditions and people's service needs. Develop practical health policies[3, 13-14]. Generally speaking, health decision-making can be divided into macro-decision-making and micro-decision-making. Macro- decision-making is about groups and health systems, including health policies and regulations, evidence-based public health and health management, etc.; micro-decision-making is for individuals or individuals. Such as clinical decision-making, medical decision-making, etc.[15]. Evidence-based health policy (EBHP) is a macro-level health decision-making, which is different from clinical decision-making. Its core idea is to formulate health policies and regulations based on "evidence"[15]. Its focus is no longer a specific disease or medical treatment, but an entire health system or population.

However, macro does not mean that it is not specific. In the process of evidence-based decision-making, it is particularly important to clarify the connotation of health policies and the main health contradictions to be solved. For example, the " Strategy to Expand Children's Medical Insurance Coverage in Urban and Rural Areas " is more in line with the requirements of evidence-based health policies than "expanding medical insurance coverage". Therefore, evidence-based health policies should clarify at least three details, namely : (1) the specific health problems targeted, which is the key to clarifying and formulating policy implementation goals, such as the problem of low medical insurance coverage for children in urban and rural areas ; (2) The target population for policy implementation, based on health issues, helps to define the environment and scope of policy implementation, such as children's medical insurance in urban and rural areas ; (3) The best feasible evidence, mainly considering the results of evaluated research, such as on Systematic reviews of the effects of interventions to expand children's medical insurance coverage in urban and rural areas, etc., regardless of the form of research results, need to be based on the quality of evidence, the balance of benefits and harms, the wishes and values of stakeholders, resource utilization, feasibility, etc. It can be used only after comprehensive consideration, and these details are also elements for evaluating policy effects. In addition, policies should also reflect characteristics such as class, authority, practicality, scientificity, integrity, and dynamics[16].

Evidence-based health policy is a new type of decision-making concept and model formed with the continuous development and widespread dissemination of evidence-based medicine and evidence-based concepts. Once it emerged, it has attracted widespread attention from researchers, policymakers and implementers in various countries.[1]. In 1999, the British Blair government published the "White Paper on Government Modernization", proposing that "the current government should make better use of evidence and research methods to formulate policies, and focus more on policies that can have long-term effects"[2]. At the 2005 World Health Assembly, the World Health Organization (WHO) called on member states to establish or strengthen information conversion mechanisms to support evidence-based health decision-making, and advocated developing countries to formulate health policies based on their own national conditions and valuable evidence.[3]. In 2007, Kevin Rudd, then Prime Minister of Australia, pointed out that

"evidence-based decision-making is the core of government reform"[4]. On April 16, 2015, the U.S. Congress proposed a bill to establish the "Evidence-Based Policymaking Commission" to ensure that the federal government is based on evidence when formulating funding policies and interventions, and at the same time evaluates the effectiveness of federal programs and tax expenditures[5]. The internationally renowned journal "New England Journal of Medicine" published an article "Evidence-Based Health Policy " in 2017, further emphasizing the basis of "evidence" to formulate health policies and health regulations[6]. China elevated "Healthy China" to a national strategy at the Fifth Plenary Session of the 18th CPC Central Committee. In October 2016, the Central Committee of the Communist Party of China and the State Council issued and implemented the "Healthy China 2030" Planning Outline, setting the goal of achieving people's health, advocates "integrating health into all policies"[7-8], puts forward higher requirements for the formulation of national health policies[8], and also starts a new journey of evidence-based health policies in China[9]. In view of this, this article starts from the concept and connotation, methods and practice, and research status of evidence-based health policy, and analyzes the research issues and development strategies of evidence-based health policy, with a view to formulating health policies and development strategies suitable for China's national conditions for managers and decision-makers. Provide reference for future planning.

2. AN EVIDENCE-BASED APPROACH TO HEALTH POLICY

2.1 Systematic Review of Health Policy

Evidence is at the heart of evidence-based health policy. Systematic reviews (SR) are an important means of evidence-based medicine and are listed as the highest level of evidence in the evidence grading standards[17]. They are also the most frequently cited source of evidence in health system guidelines and decision-making practices[18]. It uses strict and systematic methods to comprehensively collect, evaluate, and analyze research results that meet the inclusion criteria for a specific research problem, and presents comprehensive and reliable conclusions to guide decision-making and practice[19]. Based on the research field, research questions, types of original studies included, statistical analysis methods, and results presentation formats, systematic reviews are divided into quantitative systematic reviews and qualitative systematic reviews. The quantitative systematic review uses the Meta analysis method to combine and analyze the results of homogeneous studies, and has higher requirements on the type and result form of the original research, which can provide rigorous and reliable evidence for decision-making; the qualitative systematic review uses Meta - ethnography, theme Comprehensive and critical interpretive integration and other methods can qualitatively analyze and synthesize relevant research results. It is not limited to the type and result form of the original research, and can explore and analyze research problems in multiple dimensions, such as the environmental factors of policy implementation and resource utilization. Analysis, etc., can complement each other with quantitative systematic reviews and provide a broader reference for decision-making. Internationally, evidence-based health policy experts led by Andy Oxman, Simon Lewin and John Lavis also launched a series of papers on the Evidence-informed Decision Support Tool (STP) in 2009, which provided a solid methodological foundation for promoting evidence-based health decision-making.

2.2 Evidence-Based Guidelines for Health Policy and Grade Method

Health decision-making is more susceptible to confounding factors than clinical decision-making. Health policy guidelines are recommendations developed at the health system level that can help determine appropriate solutions to health problems in different contexts and assist policy practice. The GRADE method can not only reasonably evaluate the quality of systematic reviews as evidence, but also comprehensively consider factors such as evidence quality, balance of benefits and harms, stakeholders' wishes and values, resource utilization, feasibility, etc., to provide correct guidance for the formation of recommendations in health policy guidelines. direction, has become the core technology of guideline development, and is recognized and used by more than 100 guideline development agencies and organizations such as WHO, the British National Institute for Health and Clinical Excellence (NICE), and the American Centers for Disease Control and Prevention (CDC). For example, in 2010, WHO extensively collected research evidence and examples from various countries, and used the GRADE method to evaluate the quality of the included evidence and grade the strength of recommendations, and formulated the world's first policy guideline on rural health and health human resources, including a total of 16 relevant items. Policy recommendations on attracting and retaining rural health human resources are designed to address the problem of insufficient health human resources in rural and remote areas that plagues countries around the world.

2.3 Scientific Implementation of Evidence-Based Health Policies

Implementation science is an emerging interdisciplinary discipline that was created to solve the problems faced in the practical promotion of evidence-based intervention programs, so as to promote the rapid, convenient and low-cost transformation of evidence-based intervention programs and benefit the target population faster and more efficiently. The scope is wider. In the field of health care, it is regarded as a systematic method to promote the application of research results into clinical, organizational and policy practice. Implementation science focuses on how to efficiently transform effective intervention programs. As far as the implementation of health policies is concerned, it involves any aspect of policy implementation, such as the selection of effective policy programs, implementation conditions,

implementation scope, implementation strategies and methods, Implementation procedures, monitoring and evaluation of results, etc. Currently, the methods involved in implementation science cover ten aspects including monitoring, impact assessment, economic evaluation, health system research, operations research, quality improvement, health system engineering, communication research, stakeholder and policy analysis, and social marketing.

3. CURRENT RESEARCH STATUS OF EVIDENCE BASED HEALTH POLICY

3.1 Current Status of International Research

Internationally, evidence-based health policy research and practice are developing rapidly. In May 2018, a subject search was conducted on the Web of Science core database using "Evidence-basedHealthPolicy" as the keyword, and 93 relevant documents were found. The first article was published in 1996. Since then, the number of publications has shown an increasing trend year by year. In 2016 and 2017 has the most publications, both with 10 articles. These documents include 74 journal articles, 3 conference abstracts, and 16 other document types; they are published in 42 journal publications, among which "LANCET" has the largest number of articles (6 articles, 6.5%), followed by "SOCIAL SCIENCE MEDICINE" (5 articles, 5.4%) and "EVIDENCE POLICY" (4 articles, 4.3%); involving 31 research directions, and the top five are "Public Environmental Occupational Health" (31 articles, 33.3%), "General Internal Medicine" (22 articles, 23.7%), "health care scientific services" (18 articles, 19.4%), "biomedical social sciences" (6 articles, 6.5%) and "other topics of social sciences" (6 articles, 6.5%). The institution that published the most research was WHO (7 articles, 7.5%), followed by the University of Rotterdam (5 articles, 5.4%), Harvard University (4 articles, 4.3%), University of London (4 articles, 4.3%), and the University of Toronto (4 articles, 4.3%), etc.; the authors participating in the study are from 44 countries (regions), with the top five being the United States (28 articles, 30.1%), Australia (14 articles, 15.1%), and Canada (10 articles, 10.8%), the United Kingdom (9 articles, 9.7%), the Netherlands (8 articles, 8.6%) and Germany (8 articles, 8.6%), and my country has 6 articles (6.5%). The Cochrane Collaboration and the Campbell Collaboration are currently internationally recognized independent non-profit international organizations that produce, preserve, and disseminate high-quality systematic review evidence. The Cochrane Collaboration was established in 1993 and has become the source evidence base for evidence-based decision-making and practice for WHO and various countries. As of May 2018, the Cochrane Library has included 10,256 full texts of systematic reviews (CSRs), including 208 CSRs on the theme of "Health Systems and Effective Practice" and 102 on the theme of "Public Health". A study of 99 CSR documents related to health policy in 2013[27]found that most CSR was related to implementation science (73%), while only about 15% of CSR related to economic management and government management were mainly research topics. Focusing on public health (34%), theoretical discussion (18%), hospital management (17%), medical insurance (12%), drug policy (9%), community health (7%), rural health (2%), etc. The Campbell Collaboration was established in 2000 to produce, preserve and disseminate high-quality systematic review evidence in the social sciences. It currently has offices in education, law, social welfare, international development, disability, knowledge translation and application, nutrition, and methodology. It includes 8 special topic series, including more than 300 registered topics, 147 full-text systematic reviews, and 62 research proposals. It has developed into a world-renowned think tank platform for evidence-based public decision-making.

3.2 Domestic Research Status

China Science Citation Database (CSCD) was founded in 1989. It collects core and authoritative journals published in the fields of mathematics, physics, chemistry, astronomy, earth science, biology, agriculture and forestry science, medicine and health, engineering technology and environmental science in China. The representative database currently has accumulated 4,983,669 paper records and 64,703,487 citation records[29]. In May 2018, a fuzzy search of the database using the keywords "evidence-based decision-making" and "evidence-based policy" yielded 31 research documents. There was no obvious pattern in their publication times. The first article was published in 2004 and the second in 2008. has the largest number (6 articles, 19.4%), and the number of publications in the past five years (2013-2017) is 11, accounting for about 1/3. These documents were published in 10 journal publications, among which "Chinese Journal of Evidence-Based Medicine" had the largest number of articles (19 articles, 61.3%), followed by "Chinese Health Policy Research" (4 articles, 12.9%); the disciplines involved Fields include: preventive medicine and hygiene (18 articles, 58.1%), clinical medicine (6 articles, 19.4%), pharmacy (2 articles, 6.5%), Chinese medicine (2 articles, 6.5%), and safety science (1 article, 3.2%) and other disciplines (2 articles, 6.5%); the authors participating in the research come from 26 institutions, among which Professor Li Youping of Sichuan University participated in the most published research papers (5 articles, 16.1%).

In recent years, China's policy-making and management departments have paid increasing attention to evidence-based health policy models, and the research team has continued to grow. From 2005 to 2009, the Ministry of Health (now the National Health Commission), the UK Department for International Development, and the WHO jointly designed and implemented the China Health Policy Support Project (HPSP), aiming to promote the establishment of an efficient and equitable health policy in China. and high-quality health systems, mainly including "pro-poor policy research", "knowledge management (that is, comprehensive management of policies, information and data)", "training of senior policy makers", "rapid policy development" and "policy discussion and dissemination" ", which held the first evidence-

based health policy training course in December 2005[30]. In 2010, the "Western Health Policy Evidence-Based Research Center" funded by the Chinese Medical Foundation (CMB) officially settled in Sichuan University to conduct research on health and policy issues in the western region of China, aiming to improve health strategies and policies in the western region. research capabilities to improve the health and health equity of the western population to promote the development of the national health system and health policies. The Center for Evidence-Based Medicine of Lanzhou University has been committed to evidence-based health policy research. In 2008, 2010 and 2014, it invited Professor Haluk Soydan, former chairman of the Campbell Collaboration Network, and Professor Iris Chi from the School of Social Work of the University of Southern California to Lanzhou for research. Exchange visits and carry out training work ; since 2010, it has cooperated with McMaster University in Canada to launch the Chinese version of the "Health System Evidence" database, and jointly cultivated graduate students in the direction of evidence-based health decision-making management; in January 2018, "Lanzhou The University's Evidence-Based Social Science Research Center" was officially established. It integrates the advantages of law, management, economics, education, philosophy, public health, medicine and other disciplines to promote evidence-based research in social sciences, as well as health policy research. its key direction.

4. DEVELOPMENT ISSUES AND COUNTERMEASURES FACED BY EVIDENCE - BASED HEALTH POLICIES

4.1 Inadequate Understanding of Evidence-Based Health Policies

Health policy is not simply a political slogan, and research evidence does not mean evidence-based decision-making. The article "Evidece-Based Health Policy" in "New England Journal of Medicine" points out that no study is impeccable, and any study has important policy questions that are difficult to answer clearly. Policymakers cannot wait until the evidence is sufficient or the effect of intervention is certain before proceeding. Health decisions can only be based on the best available evidence[6]. According to the GRADE method, whether a policy can take root depends on many confounding factors besides the quality of evidence, such as implementation environment, resource accessibility, stakeholder wishes, costs and benefits, feasibility, etc. In the evidence-based guidelines on retention policies for health human resources in rural and remote areas developed by the WHO, 16 policy recommendations are based on medium and low-quality research evidence, and "incorporate rural health issues into medical education syllabus" and "improve living conditions of health workers and their families and invest in infrastructure and services" "Provide a good and safe working environment" "Develop and support professional development programs" "Support the development of professional networks, rural health professional associations, rural health journals, etc." Policy suggestions such as "adopt public commendation measures to increase public recognition" were listed as strong recommendations due to factors such as good feasibility, support from stakeholders, and the advantages outweighing the disadvantages. It can be seen that the quality of evidence and evidence-based health policies do not correspond one-to-one. Taking into account relevant confounding factors, low-quality evidence can also guide health decision-making, while high-quality evidence may also be difficult to use in specific environments. To achieve evidence-based health policy, we first need to correctly understand health policy and research evidence.

4.2 Awareness of Evidence-Based Decision-Making Needs to be Strengthened

In March 2018, the author conducted a survey and analysis on websites such as the Chinese Health Commission, the British National Institute for Health and Clinical Excellence (NICE), and the American National Clinical Guidelines Database (NGC). It was found that although the number of health policy guideline releases showed a fluctuating increase trend, but the total number is only 51, and the areas of focus are relatively limited. Foreign health policy guidelines mainly focus on the prevention of underage tobacco and alcohol and health services for children, while domestic health policy guidelines focus more on food Safety, traditional Chinese medicine management, hospital management and health information management are rarely involved in other areas with more prominent health issues, such as environmental sanitation and rural health. At the same time, almost only one-third of health policy guidelines, both domestic and foreign, mention the GRADE method. As far as our country is concerned, although policymakers and researchers have gradually realized the urgency of evidence-based scientific decision-making, there is still a lack of think tank platforms to support evidence-based decision-making and practice. Most people are not interested in obtaining, producing, and utilizing reliable evidence. The method is still poorly understood. Based on this, it is very important and necessary to establish and strengthen the awareness of evidence-based health decision-making at the government level "top-down".

4.3 The Quality of Evidence is not High and the Research Field is Limited

The quality of research evidence will affect decision-makers' confidence in using evidence and their decision-making level. In the GRADE system, the level of evidence formed by randomized controlled trials is generally high, but its quality can also be reduced due to risk of bias, inconsistency, indirectness, imprecision, and publication bias ① ; the level of evidence formed by observational studies is average. It is lower, but its quality can also be improved due to large effect size, dose-effect Volume 2, Issue 1, Pp 16-21, 2024relationship, negative bias, etc.As far as the research design of health policy is concerned, randomized controlled trials are not easy to implement due to limitations of

external factors, and have also brought confusion to some researchers in terms of evidence production and quality evaluation. The survey results of health policy CSRs show that more than 55% of CSRs also considered research types such as non-randomized controlled studies, before-and-after studies, and discontinuous time series analysis in the inclusion criteria. Only 39% of CSRs conducted meta-analysis, and only 39% of CSRs conducted meta- analysis. 9.1% of CSRs were evaluated for publication bias. It can be seen that observational research has a value and significance that cannot be ignored in the production of health policy evidence. Qualitative systematic evaluation is also an important research method. There is still a lot of room for improvement in the quality of health policy research evidence. Policy researchers need to try their best to Consider production and improve the quality of evidence in terms of reducing downgrading factors and increasing upgrading factors. In addition, both the analysis results of the health policy systematic reviewand the analysis results of the health policy guidelines in this article show that the research directions and research questions targeted by the existing evidence are relatively limited, and researchers need to broaden the research field.

4.4 There is Still a Certain Distance Between Evidence-Based Decision-Making and Practice

The number of health policy studies has been increasing in recent years. How to prevent these results from being shelved and promote their rapid transformation is another challenge facing evidence-based health policy. At the same time, most of the health policy research evidence comes from developed countries in Europe and the United States. Whether it can be effectively transformed in developing countries is also an evidence transformation issue that needs to be solved urgently. From the internal conditions of evidence transformation, there is a lack of communication between researchers and decision-makers; lack of timeliness of relevant research; distrust between researchers and decision-makers; lack of financial support; quality problems in research; political instability or decision-makers High-frequency replacement and inconsistent evidence standards are important factors affecting the transformation of evidence. From the perspective of external conditions, as a carrier of evidence transformation, evidence-based health policy practice is a quite complex process, affected and restricted by many factors such as social structure, humanistic environment, economy, resources, and systems. It can be seen that the practice of evidence-based health policies cannot be separated from the joint support and development of economics, management, law, education and other social disciplines, and it is urgent to strengthen the cross-disciplinary integration. Implementation science is an emerging discipline that deserves great attention from health management researchers. It has the characteristics of multidisciplinary integration, using multidisciplinary perspectives such as management, organizational behavior, policy science, psychology, economics, and evidence-based medicine. Research methods, regardless of the theory and method of any discipline, can be included as long as they are conducive to the implementation and promotion of effective measures. Implementation science aims to improve the quality and effectiveness of health services and focuses on how to promote the effective promotion of research results and evidence-based practices, which has a great role in promoting the practice of evidence-based health policies.

5 CONCLUSION

As a scientific and objective decision-making model, evidence-based health policy can improve the scientific nature, pertinence and effectiveness of the policy and promote the rational allocation of health resources. Director Fu Wei of the National Health Commission's Health Development Research Center and his colleagues published "The Role of Research in China's Health Policy Formulation: Taking the "Healthy China 2030" Planning Outline" as an example, published in the Chinese version of the British Medical Journal (BMJ). The article "Target Setting of the Proportion of Health Expenditures as an Example" emphasizes that public policy formulation should be based on evidence; in China, health research is critical to evidence-based decision-making ; the "Healthy China 2030" Planning Outline is opening up the evidence-based A new journey in health policy formulation[9]. However, on the road to actual evidence-based health policy, there is still a certain distance between research evidence and decision-making practice. It is necessary to clearly see the current situation and shortcomings, clarify cognitive fallacies, master health research methods, improve the quality of evidence, and strengthen the follow-up. To promote evidence- based awareness, promote disciplinary integration, exchanges and cooperation, scientifically transform research evidence, and carry out evidence-based practice according to local conditions. "Co-construction and sharing, health for all" is the strategic theme of building a healthy China. With scientific decision-making and evidence-based practice, the future is promising.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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