

GETTING RESEARCH INTO HEALTH POLICY AND PRACTICE

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# Values and the politics of evidence

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[www.lshtm.ac.uk/groups/grip-health](http://www.lshtm.ac.uk/groups/grip-health)



## Evidence and ‘what works’

“It is a fundamental principle of good public services that decisions are made on the basis of strong evidence and what we know works...”

In medicine, we do have a longstanding culture of using robust evidence to inform commissioning and clinical decisions...

[in establishing the] What Works centres, we are expanding this culture into other areas of social policy: crime reduction, active and independent ageing, early intervention, educational attainment and local economic growth” HM Govt What Works Report – page i

See also: <https://www.gov.uk/what-works-network>



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# Andrew Mitchell (2010)

“We need a fundamental change of direction – we need to focus on results and outcomes, not just inputs. Aid spending decisions should be made on the basis of evidence, not guesswork. ..

When it comes to international development, we will want to see hard evidence of the impact your money makes. Not just dense and impenetrable budget lines but clear evidence of real effect.”

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## Moving beyond ‘Evidence Based Policy’ and ‘Doing What Works’

- Of course evidence is important; But...
- Current calls for evidence often remove politics from the equation, as *values* are seen as antithetical to *evidence*.
- There is a difference between:
  1. Having one’s values influence one’s understanding of a body of evidence; and
  2. *Valuation of a body of evidence* to judge the desirability of a given social outcome.

**Bias**

**Decision making**

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# Depoliticisation

- Failure to recognise the difference, and removal of all political considerations risks:
  - Ignoring multiple social needs;
  - Skewing agendas to those well funded/researched;
    - Obscuring systems of dominance;
  - Sacrificing complex long term goals for short term impacts;
  - Obscuring how politics shapes bias (and therefore being able to anticipate and mitigate);

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## Key principles

- The use of evidence for policy is a *political* process;
  - See: Harold Lasswell: Politics: who gets what when how?  
<http://www.amazon.com/Politics-Who-Gets-What-When/dp/0844612774>
- *Policy making involves decisions.*
  - *Choices* between competing (possible) outcomes;
  - *Choice* involves *valuation*;
  - *Competing and contested values* are the heart of *politics*.
- Evidence exists for a range outcomes; Need to consider *multiple evidence bases* in political decisions.

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# 'WHAT WORKS'.... TO DO WHAT?

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## Evidence ≠ policy importance

See: Burls et al. *Br J Gen Pract.* 2001 December; 51(473): 1004–1012. For  
Meta analysis of 'Viagra' data

- Ignoring politics prioritises interventions simply because they have a bigger evidence base of effectiveness:
  - Not because they are more important;
  - Nor because they are socially desirable.
- Larger evidence bases exist for issues where research has been funded:
  - Those with powerful and wealthy supporters;
  - Those which align with existing power structures;
  - Those which are more conducive to study;
- Evidence bases are constructed by social agents who need to define what to study and how to classify it.

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# Evidence and competing values

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## Does evidence convince?

Canadian PM and INSITE safe injection site, Canada

“Mr. Harper said earlier this year he is philosophically opposed to safe-injection sites but would wait for evidence of InSite’s effectiveness before making a decision.” 2006

<http://www.canada.com/nationalpost/story.html?id=705ef83a-3939-490f-967c-3b26cd729cbd>

- “Insite saves lives. Its benefits have been proven. There has been no discernible negative impact on the public safety and health objectives of Canada during its eight years of operation” (Canadian Supreme Court, 2011)
- “I’m disappointed,” said Prime Minister Stephen Harper, who has made a war on crime and illegal drugs a central policy of his government. “The preference of this government in dealing with drug crime is obviously to prosecute those who sell drugs and create drug addiction in our population and in our youth,”

<http://www2.macleans.ca/2011/10/07/are-we-ready-to-subsidize-heroin/>

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## Contesting the evidence?

- Arguing that harm reduction perpetuates drug use;
- Arguing that harm reduction diverts funds from abstinence programmes;
- Arguing that drug sellers benefit from harm reduction programmes;
  
- Challenging overdose data;
- Citing high cost of harm reduction projects;
- Challenging the scope and benefit (numbers reached);
- Relying on experts with contrasting views (e.g. Vancouver police officers) who claim it is ineffective.

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## Values, Politics and Evidence

- Different social outcomes are important depending on value system:
  - Different evidence bases are relevant and given different emphasis in political arguments.
  
- But... Values also shape our interpretation of existing evidence bodies:
  - Framing and discourse to construct internally consistent narratives;
  - Selective focus on pieces of evidence that align with our views (confirmation bias, affect heuristic);
  - Aversion to, and avoidance of, cognitive dissonance;

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# The 'subtle politics' of evidence

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## Thinking about Thinking: Cognitive Heuristics

- Humans typically don't think 'rationally' or 'analytically'; but relationally and associationally:
- **Availability Heuristic** - decision making is aided by utilizing the memory of similar cases and the ease of recall of similar situations;
- **Representativeness heuristic** – we draw conclusions based on the perception of similarity between a given situation and a prototypical (or stereotypical) one;
- **Affect heuristic** - judgments are influenced by existing positive and negative 'affective' feelings .

See: D. Kahneman:  
[Thinking Fast and Slow](#)

And  
 Glovich et al: [Heuristics and Biases: The psychology of intuitive judgement](#)

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# Implications: Bias

- **Illusory correlation** - “we tend to see particular events or particular attributes and categories as going together because we are predisposed to do so” (Sternberg 1996)
- **Confirmation bias** - “the seeking or interpreting of evidence in ways that are partial to existing beliefs, expectations, or a hypothesis in hand” (Nickerson, 1998)
- **Cognitive dissonance theory**

“Epidemiological errors and mistaken conclusions clearly occur all the time. But ... they will be more likely to occur when they are the result of heuristics aligning conclusions with existing values” (Parkhurst, 2013, Book chapter in Global HIV/AIDS Politics, Policy, and Activism)

See: Kahneman et al: Judgement under uncertainty: Heuristics and biases

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# POVERTY AND HIV

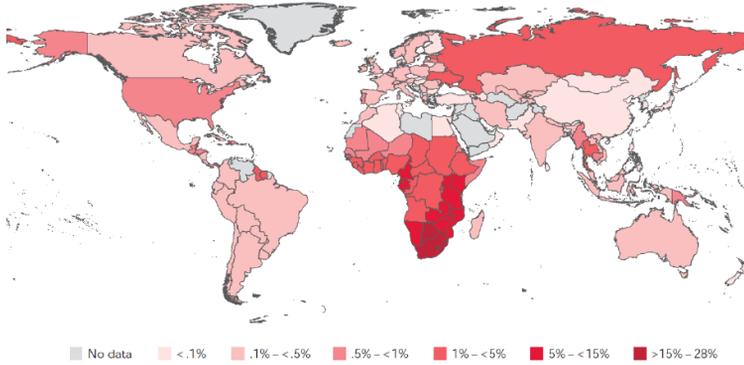
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**GLOBAL REPORT**

Figure 2.4

**Global prevalence of HIV, 2009**



Source: UNAIDS.



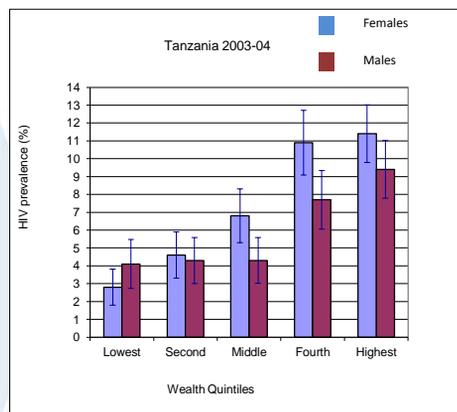
“widespread poverty and unequal distribution of income that typify underdevelopment appear to stimulate the spread of HIV”

World Bank,  
Confronting AIDS 1987



For data showing increasing HIV prevalence with increasing GNP in Africa, see J Chin (2007) The AIDS Pandemic

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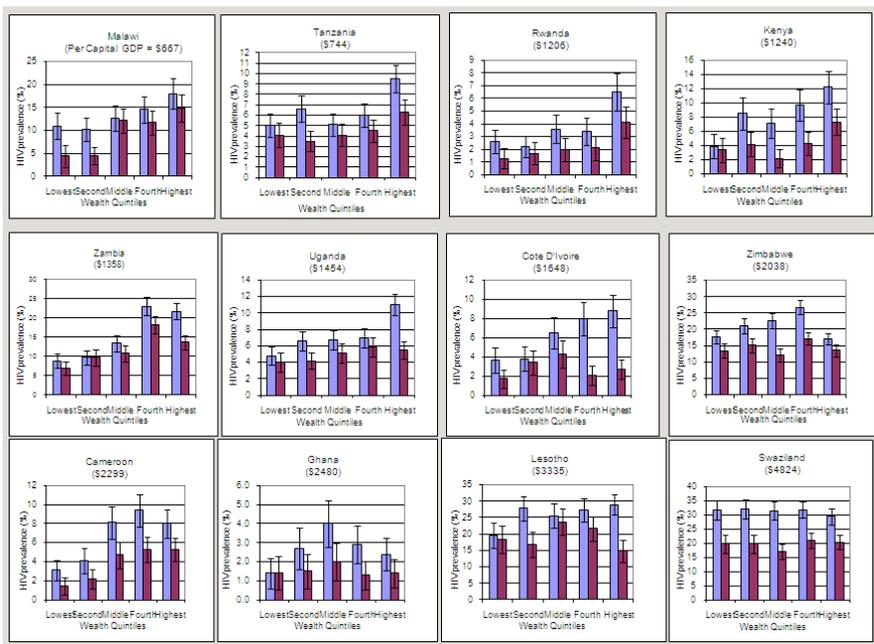


Source: Demographic and Health Survey, 2003-2004  
[www.measureDHS.com](http://www.measureDHS.com)

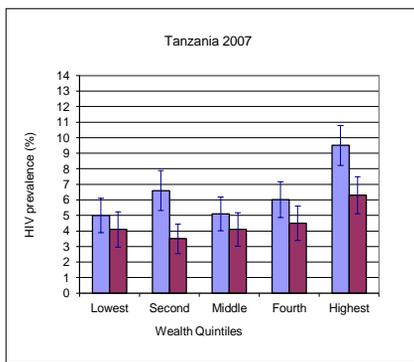
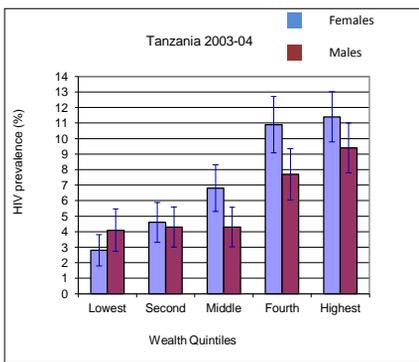
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DHS Data, presented in Parkhurst (2010), *Bulletin of the WHO*



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## Gender inequality fuels HIV?

Country	Gender Inequality Score*	HIV Prevalence (%)**
Sierra Leone	0.755	1.6
Papua New Guinea	0.762	0.9
Central African Republic	0.763	4.7
Liberia	0.766	1.5
Saudi Arabia	0.77	..
Mali	0.794	1.0
Afghanistan	0.797	..
Niger	0.801	0.8
D.R. Congo	0.802	1-2***
Yemen	0.835	0-1***

\* UNDP data

\*\* UNICEF data

\*\*\* UNAIDS data

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## Why does this sit so badly with us?

- It appears to justify *imposed* isolation for the sake of HIV prevention;
  - Yet: *justification* implies *valuation* with respect to other possible outcomes
- Most of us do not value HIV prevention above (to the exclusion of) other core *normative* values:
  - Poverty reduction is an important value to us;
  - Freedom and equality are important values to us.

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Case study see: Parkhurst, J.O. (2012). Framing, ideology and evidence: Uganda's HIV success and the development of PEPFAR's 'ABC' policy for HIV prevention. *Evidence and Policy*, 8, 19-38.

# ABC FOR HIV PREVENTION

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## ABC as 'evidence based?'

PEPFAR's approach is through:

...use of *evidence-based prevention programs* such as the 'ABC' – Abstinence, Be faithful, and as appropriate, correct and consistent use of Condoms – [an] approach, proven successful in Uganda, Zambia, Senegal, and elsewhere... ([Office of the United States Global AIDS Coordinator, 2004](#)). (page 23)

Former head of PEPFAR, Mark Dybul *"It developed from the data, and from Africa. ABC was developed in Africa in the 90s by Uganda."*  
(permission to quote granted)

*\*NOTE - Emphasis added*

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## Critics of PEPFAR

Those of us who adhere to *science based policy* making have fought from day one through now to modify these policies (KI-US2).

[PEPFAR's approach] *wasn't the ABC model as was originally used* in Uganda, it was the ABC model as adapted by a conservative and ideological government...Because in Uganda a lot of the rapid decreases in the incidence rates were attributed to [a] *comprehensive approach to behavior change education*.(KI-US13)

*\*NOTE - Emphasis added*

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## Abstinence works?

US First Lady Laura Bush: *"I'm always a little bit irritated when I hear the criticism of abstinence, because abstinence is absolutely 100 percent effective in eradicating a sexually transmitted disease."*([U.S. Department of State, 2006](#))

*"Despite the fact that there is no evidence that abstinence until marriage programs are effective in reducing HIV transmission, Congress still required [one third of PEPFAR prevention funds] to be spent [on abstinence programs]."*

(Key informant interview 2008).

*\*NOTE - Emphasis added*

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## ABC as balanced and comprehensive

President Bush 2003

*I like to call [ABC] a practical, balanced and moral message...I think our country needs a practical, effective, moral message. In addition to other kinds of prevention, we need to tell our children that abstinence is the only certain way to avoid contracting HIV. It works every time. Children have a way of living up or down to our expectations. If we want them to lead healthy and responsible lives, we must ask them to lead healthy and responsible lives ([White House Office of the Press Secretary, 2003](#))*

Former Bush advisor:

*My understanding of the Uganda model is that it is a comprehensive approach that has targeted messages to different populations... You use all pieces: abstinence, faithfulness and condom use, and emphasize them as deemed appropriate with different audiences.*

(Key informant interview 2008)

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## PEPFAR critics

*The original ABC model was to provide correct information and comprehensive information ... it was trying to use semantics that were perhaps appropriate to the population that it was serving*  
(Key informant interview, 2008)

*ABC was being reinterpreted, and it had gone from... one of balance A, B, or C according to individuals needs, to one where it was a hierarchy - A then B then C.*  
(Key informant interview, 2008)

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# Moral politics?

- Lakoff: political debate (in USA) derives from a fundamental difference in moral position.
  - Right way to behave ;
  - Encouraging difference and inclusion.
- Both are understandable to most people
- Political argument and action makes sense when it is internally consistent with one or the other.
  - Mixing metaphors or compromises tend not to convince – humans feel most comfortable with internally consistent narratives.

See G Lakoff: [Moral Politics](#)

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## PEPFAR Supporters Underlying value – correct way to behave

Minutes of PACHA meeting:

“Dr. [Joseph] McIlhane proposed that [one of the recommendations] for youth state that youth should be encouraged to make best choices, which are abstinence and, after sexual debut, lifelong or long-term faithfulness.” (PACHA meeting 2005)

Margaret Spelling, 2004 (Bush policy advisor and later Secretary of Education):  
*[US school] programs have to focus on abstinence and the need for kids to avoid sexual activity. I think for too long we've sent mixed signals to kids. We're trying to reframe expectations that say we don't expect you to engage in sexual activity; we expect you to remain abstinent through high school.* ([CBS News, 2004](#))

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## PEPFAR Opponents Underlying value – freedom of choice of behaviours

James Wagoner, 2001 (President of Advocates for Youth)

*Instead of fear, denial, and blame, let's try **rights, respect, and responsibility**. Young people have a **right** to accurate and complete information that could protect their health and even save their lives. Young people deserve **respect**. Too often they are viewed solely as part of the problem when we should include them as part of the solution... Finally, young people have an obligation to act **responsibly**, to make safe and sound decisions about sexuality ([Wagoner, 2001](#))*

(\*NOTE - emphasis in original)

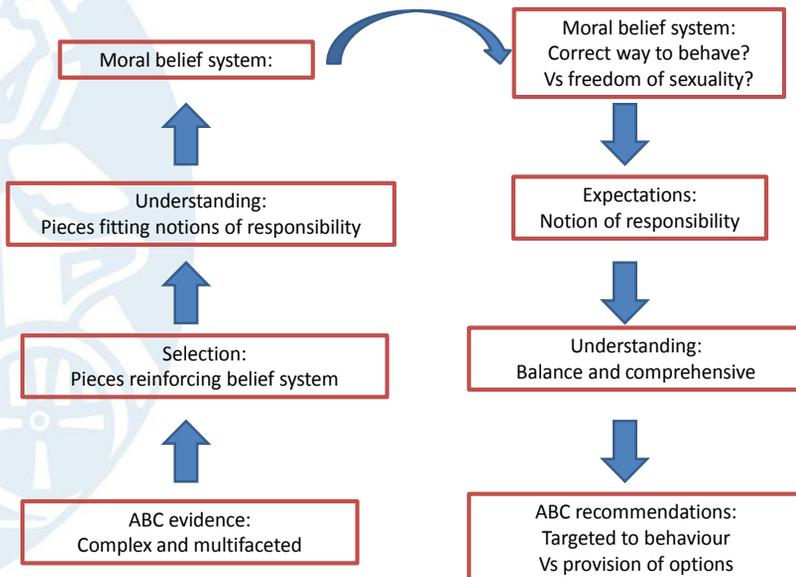
Former Clinton Administration advisor:  
*multiple elements] should be part and parcel of every prevention message that we are developing, because if someone chooses not to abstain they still should be able to understand how to reduce their harm – minimize their harm*

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## Interpretive Framing



# Implications – bias and persistent errors

- **Premature Conclusions** – where correlations or causal statements are made when limited evidence is available;
- **Oversimplification** - where complex evidence is available, but is simplified (or selectively interpreted) in ways which align conclusions with other values;
- **Depoliticization** - where the broader value implications of policy recommendations are obscured by a public health or medical discourse.

See Parkhurst 2013, Book Chapter in [Global HIV/AIDS Politics Policy and Activism](#)

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## Frame *Reflection*

To resolve ‘intractable policy controversies’ we need:

“an approach that recognizes the discrepant frames from which conflicting policy positions arise, that seeks to bring them to consciousness, and that subjects them to critical reflection...”

Schön and Rein [Frame Reflection](#) 1994

For reflexivity and the Sociology of Knowledge Also  
See: K Mannheim [Ideology and Utopia](#)

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## Works Cited

- Chin, J. (2007). *The AIDS pandemic: the collision of epidemiology with political correctness*. Oxford: Radcliffe Publishing.
- Gilovich, T., Griffin, D.W., & Kahneman, D. (Eds.) (2002). *Heuristics and biases: the psychology of intuitive judgement*. Cambridge: Cambridge University Press.
- Kahneman, D. (2011). *Thinking, fast and slow*. London: Allen Lane.
- Kahneman, D., & Tversky, A. (1974). Judgement under uncertainty: heruristics and biases. *Science*, 185, 1124-1131.
- Lakoff, G. (2002). *Moral politics*. Chicago: University of Chicago Press.
- Mannheim, K. (1936). Ideology and Utopia: An Introduction to the Sociology of Knowledge, trans. Louis Wirth and Edward Shils. *New York: A Harvest Book, Harcourt, Brace and World*.
- Parkhurst, J. (2013). The subtle politics of AIDS: values, bias, and persistent errors in HIV prevention. In R. Smith (Ed.), *Global HIV/AIDS Politics, Policy, and Activism* pp. 113-139). Santa Barbara: Praeger.
- Parkhurst, J (2010). Understanding the correlations between wealth, poverty and human immunodeficiency virus infection in African countries. *Bulletin of the World Health Organization*, 88, 519-526.
- Parkhurst, J (2012). Framing, ideology and evidence: Uganda's HIV success and the development of PEPFAR's 'ABC' policy for HIV prevention. *Evidence and Policy*, 8, 19-38.
- Schön, D.A., & Rein, M. (1994). *Frame reflection: toward the resolution of intractable policy controversies*. New York: Basic Books.

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