Brokering evidence during a crisis: Lessons from Ghana

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Project blog

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As Covid-19 devastated lives and livelihoods around the world, policymakers needed timely and relevant evidence to inform decisions on how best to manage the spread of the virus and mitigate its impact. At the onset of the pandemic President Akufo-Addo assured Ghanaians that "[his] government's policy and measures will…be driven by the science…", but this commitment proved easier said than done.

At the time of the pandemic, FCDO's SEDI programme was working with a few Ghanaian government institutions in Ghana to strengthen different aspects of evidence-informed decision-making. As the severity of the pandemic became clear, the programme pivoted to respond to the emerging needs of policymakers as they took decisions on how best to mitigate and manage the effects of Covid-19. As a result, the progamme supported the Ghana Health Service (GHS) to partner with the COVID-19 International Modelling Consortium (CoMo Consortium) to develop a Covid-19 epidemiological model for Ghana. The GHS took a leading role in implementing government policy, and gathered timely public health data, drawing on data from two major labs responsible for testing samples from the Southern and Northern Sectors and clinical evidence being provided by the World Health Organization (WHO). The CoMo model was designed to draw on this to develop a country specific Covid-19 epidemiological model for Ghana which could support the formulation of strategies to mitigate the incidence of Covid-19

So, what have we learned from brokering evidence for policy decision making in Ghana since the outbreak of the COVID-19 in Ghana? **While evidence is necessary, its supply is not sufficient to ensure uptake.** A few lessons and insights are worth drawing out:

Expert committees were the go-to approach for drawing on emerging evidence, but politics played a huge role in whether evidence was used or not. With the proliferation of evidence emerging from both domestic and international sources, evidence brokers were needed to bridge the gap between research and public policy decision-making. In Ghana, a National Covid-19 team was established to lead the effort, a former Deputy Director-General of the WHO was brought in as the Presidential Coordinator for the Covid-19 response programme, and a new Deputy Minister of Health with an extensive background in medicine and public health was appointed to the Health Ministry to boost the country's response against the Covid-19 pandemic. In such a highly politically differentiated environment, however, their proximity with policymakers raised questions about the transparency,

rigor, objectivity and independence of their analysis and policy prescriptions. Other scientists, the public and opposition politicians openly challenged the validity of their recommendations around major policy decisions – such as lifting the partial lockdown and reopening schools – and expert institutions like the Ghana Medical Association publicly doubted the scientific basis for the government's key decisions. And with Ghana's elections scheduled to take place barely nine months after the country recorded its first case of Covid-19, political considerations seem to have heavily influenced the policy direction. Despite the rising number of cases, the government lifted the lockdown, and some experts observe that decisions around voter registration and the parliamentary primaries ahead of the elections went against the scientific evidence. It was also widely speculated Covid-19 cases were being underreported ahead of the elections. Beyond these, the "infodemic" and the competition between health and economic objectives, significantly complicated the evidence brokering process for Covid-19.

The cultures and incentives within government institutions vary, their ability to align around clear policy questions matters and this is rarely straightforward. Our own experience was that even when quality evidence abounds, the internal incentives structures of multiple actors need to align. The health sector is one of the few sectors with a well-organized evidence ecosystem, and Ghana was able to gather credible clinical data on Covid-19 over a relatively short period through the District Health Information Management System (DHIMS) and other newly introduced data receptacles across the length and breadth of the country. However, we quickly found that the provision of necessary technical support and resources wasn't sufficient. It needed to align with political incentives for evidence use and uptake, in order to ensure meaningful and sustainable uptake of evidence. Additionally, if clear policy questions couldn't be agreed, the available evidence was either overwhelming or too generic to be of value. It took more time than initially anticipated to agree on where leadership for the Covid-19 modelling work would sit within government, and how collaboration between national bodies and CoMo, as an international collaboration, would function before work could get underway. In the

end, the CoMo modelling efforts helped the GHS and relevant stakeholders to better understand epi modelling as a policy tool, the policy questions it could help address and how it could translate into decision-making.

Brokering trust-based relationships between stakeholders is key to enhancing more sustainable access and use of evidence. Prior to CoMo, the non-pharmaceutical interventions in Ghana were largely implemented without the support of any locally driven scenario modelling. On the back of trust that had been established between FCDO and OPM, and between ACET and the government through long histories of collaboration, SEDI was widely perceived as a trusted and honest broker with the technical heft to convene diverse stakeholders. Due to sensitivities around access and use of Covid-19 data – which was exacerbated by tensions around the elections and political parties' efforts to gain political capital from the crisis – SEDI worked with FCDO's Ghana country office to build trust and broker strategic relationships among crucial stakeholders within government institutions and academia, drawing lessons from previous unsuccessful attempts to build such models in Ghana. As a result, SEDI was able to establish a technical working group with trusted stakeholders, gain unfettered access to credible data on Covid-19 and kickstart consultations on priority policy questions and how to ensure uptake of digested evidence from the model into decision-making processes.

Honest independent knowledge brokers have a crucial role in policy uptake and public trust in policy directives and there needs to be a high degree of trust to enable effective evidence brokering (i.e., bridge the link or facilitate collaboration between producers and users of evidence). While the demand for evidence increased, the volume and speed of supply of evidence emerging from the pandemic seemed to have inundated policymakers. The very large amounts of trusted and untrusted information generally posed a challenge for uptake and integration into established decision-making processes. Public sector institutions struggle to translate large swathes of evidence into policy formulation, and in a highly politically polarised environment it can be all too easy to dismiss evidence as

partisan. In this context, the role of independently constituted evidence intermediaries will always be crucial in policy uptake and ownership in Ghana. CSOs, thinktanks, and NGOs often have the technical expertise to translate evidence into accessible policy briefs. Public trust in government policy direction is often higher when the recommendations of these honest brokers are in sync with that of governments. This became apparent at the height of the crisis, as evidence brokers like the WHO and the West African Centre for Cell Biology of Infectious Pathogens undertook independent research on the speed of transmission or broke down available evidence on Covid-19 for easy assimilation by the public. These and a number of virtual events organized by various thinktanks to engage the public on emerging issues from the Covid-19 crisis, were well received by the public.

It's helpful to be reminded that evidence alone cannot resolve the complex trade-offs between policy areas, politics, government staff incentive structures and complexity of implementing policy choices. Independent honest evidence brokers to facilitate uptake of evidence during and post the Covid-19 crisis were important, but even more crucial is an unwavering leadership commitment to promote the transparent use of evidence by influencing processes, systems, and culture of policymaking at the national and subnational levels, as underscored in [SEDI's Political Economy Analysis of evidence use in Ghana](.).