

# Underutilization of Qualitative Evidence in the Production and Implementation of Health Policy in Developing Countries

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## BACKGROUND

Historically, qualitative research was rarely utilized to investigate public health problems as compared to the widely employed quantitative methods.<sup>1</sup> Public health is not only about quantitative numbers but also described qualitatively from the perspective of community beliefs and experiences.<sup>2</sup> Qualitative methods will help for thorough understanding of health system challenges and inform public health programs by examining how is the strategy working, which is going well, what are the challenges. Therefore, a depth understanding of such complexities and overarching contributors beyond numerical measures are required. Addressing such elements were not possible by a simple quantitative approach alone and qualitative exploration of the sociocultural interactions, community views, prior experiences and beliefs behind the determinants of health are essential.<sup>3</sup>

## Qualitative research in the development and implementation of health policy and guidance

Qualitative findings can be informative to production and implementation of policy as quantitative evidence does, but qualitative research in public health was little utilized.<sup>4</sup> Expert opinions often used in place of qualitative evidences during policy production and implementation. As such, the assumed speculations of societal health and anecdotal experiences of experts may lead to flawed recommendations and ineffective implementations of health policies. But evidences from well conducted qualitative studies will provide insights from the perspectives of community values and expectations. Therefore, it will enhance the effectiveness and impact of public health programs.

Even though progresses are made in using qualitative researches for decision making, generally it is underutilized in the production of public health policy and guidance especially in low and middle-income countries. Production of policy and guidance are continually required to be based on the recommendations of best available evidence. However, public health recommendations are largely based on the systematic reviews of quantitative studies which may not reflect the feasibility and acceptability of public health programs. Moreover, evidence from the higher hierarchy of evidence of quantitative studies may not

be available to implement new public health interventions in specific population groups or settings. Thus, public health policy development and implementation shall consider existing perceptions, beliefs and experiences of the community where the public health program intended to be delivered. This can be informed from the findings of either individualized qualitative studies or meta-synthesis (systematic reviews) of qualitative studies.<sup>5,6</sup> Furthermore, qualitative methods are used together with standard quantitative measures to evaluate public health policy. It may also extend up to content analysis of the policy documents to assess the content, relevance, objectives and implementation strategies. The barriers for under-utilization of qualitative research findings in health policy decision making and its mitigation strategies are summarized in Table 1.

During emergencies and unprecedented outbreaks like COVID-19 pandemic, rapid qualitative studies can help to have quick snapshot of the multidimensional public health problems and contribute to better understanding of disease outbreaks and inform emergency response<sup>7</sup> For instance, a qualitative study by Yoo *et al.* have helped to understand the global COVID-19 response similarities and differences across six countries (US, UK, China, Brazil, South Korea and Haiti) by assessing the COVID-19 guidelines in these countries.<sup>8</sup> This may enable to recognize how countries are responding to the current global crisis, lessons to share and will help to inform decisions of global health institutions including WHO and other UN organs to spur global efforts. Therefore, it will guide the decision making of public health authorities to allocate resources and set public health measures during emergency.

## CONCLUSION

The use of qualitative study in the production of public health policy and guidance is getting momentum. Despite the growing recommendation and importance of qualitative evidences, qualitative studies are still under-utilized in the development and implementation of public health policy in developing countries. Methodological limitations and various barriers were identified for underutilization of qualitative research in health policy and guidance. Therefore, new mitigation approaches and grading of recom-

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**Table 1: Summary of possible reasons to under-use of qualitative research in health policy.**

Barriers	Recommendations and mitigation strategies
Policy expert's over-dependence on the hierarchy of evidence (which does not include qualitative evidence) to produce health policy and guidance	Moving from the hierarchy to appropriateness of evidence. <sup>9</sup> There were also attempts to assess rigor and provide hierarchy of evidence in qualitative studies. <sup>10</sup>
Qualitative research has traditionally been excluded from systematic reviews which guidance and policies are regularly based on.	Systematic reviews and evidence synthesis from qualitative findings are increasing
Limited generalizability of findings to other settings (seen as subjective while quantitative finding considered as objective and trustworthy).	Evidence meta-synthesis and de-contextualization of the primary qualitative studies by third order interpretations of systematic reviews. <sup>6,11</sup>
Limited guidance on how to assess and use qualitative evidence in health policy and practice.	WHO have recommended a new approach called GRADE-CERQual (Grading of Recommendations Assessment, Development and Evaluation-Confidence in the evidence from reviews of qualitative research). <sup>12</sup>
Quantitative bias minimization criteria often applied incorrectly to qualitative studies to have grading recommendations of evidence for policy productions	
Limited number of researchers engaged in qualitative researches and meta-synthesis of evidences, particularly in LMICs. <sup>13</sup>	Promote findings from qualitative studies, establishing institutions responsible for evidence- synthesis and research translations into tailored public health policy.
Implementation and structural problems to uptake and utilize qualitative findings. <sup>13</sup>	

mendation for qualitative findings are emerging to increase the use of qualitative evidence in the production and implementation of public health policy.

## CONFLICT OF INTEREST

The author declares no conflict of interest.

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