

Translating research into policy and practice – barriers and opportunities in an ageing world

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Welcome to the second edition of *Population Horizons*, the renamed *Horizons* journal from the Oxford Institute of Population Ageing. As global population change, involving significant shifts in fertility and mortality, begins to have profound impacts on the twenty-first century world, and attracts significantly increased attention, from researchers, policymakers and service providers, the consensus is over the need to identify effective responses. However (as Lloyd-Sherlock points out in this edition), ‘most policy-makers do not read academic journals, and few academics have close, continual engagement with policy-makers’. The aim of the redesigned Journal is to address this issue, by providing a forum where the research community can engage with policymakers and practitioners, an opportunity to analyse, discuss and challenge theory and practice relating to demographic change.

This edition examines one key aspect of population change, that of global ageing and its implications. The challenges for researchers and policymakers are examined here through a variety of lenses, global, regional and national, highlighting some of the key outcomes. At both national and global levels, an increased emphasis on demonstrating efficacy in policy and practice, and the availability of increasingly sophisticated research methodologies, have focussed attention on the importance of evidence-based policymaking and practice. The questions which inform this edition therefore examine the extent to which robust research-generated evidence has influenced policy and practice in responding to the challenges and opportunities of ageing populations, and the degree to which other types of evidence have been influential. Part one of the journal consists of commissioned articles, part two is made up think

pieces and a data visualisation which illustrate and comment on themes raised in part one.

Population ageing has in the past been seen as a phenomenon of the affluent countries in the global “north”. Now however, it is recognised as a worldwide phenomenon, with the greatest impacts potentially in the rapidly developing regions of Asia and Latin America. Sidorenko points out that the challenge to policymaking of these unprecedented shifts of global population distribution towards older ages was highlighted in the United Nations’ Madrid Plan of Action on Ageing (MIPAA, 2002). He highlights some of the challenges involved in translating research in to policy and practice, including the way in which evidence emerging in a number of areas of research often leads to differing and potentially contradictory conclusions, and the barriers between researchers and policymakers. Noting the attempts to bridge these gaps, at international and national level, by UN bodies, national research institutions and NGOs, Sidorenko concludes that these efforts remain fragmented and insufficient, and revisits the concept of a global agency, possibly under UN auspices, as a catalyst for sustainable collaborations. In a comment on Sidorenko’s article which draws on a review of policy development in a number of countries in the Asia-Pacific region, Stefanoni and Williamson reinforce the point that, even where research functions exist, evidence of the use of research evidence to inform policy is to be found only in a small number of cases.

Lloyd-Sherlock considers the barriers against effective connections between policy and research in the critical arena of long-term care (LTC). He notes that, notwithstanding the growing policy challenge presented by LTC for many countries, and

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the consequent opportunity for academic research to influence policy-making, in practice both research initiatives and engagement between researchers and policymakers remain limited. This is the case, he argues, whether the issue is defining the problem, identifying solutions or influencing policy formation. He points to a failure even to achieve an agreed definition of LTC, a lack of consensus in high-income countries about effective LTC policy and practice, and a lack of spaces for engagement between academics, policy-makers and practitioners in LTC. In the absence of robust evidence, policy-makers may fall back on simplistic formulations (such as the assumption of a direct relationship between population ageing and care dependency).

Kowal and Byles show that, despite overarching ‘fundamental unknowns’ regarding the health of ageing populations, even where there is a substantial evidence base this is not necessarily sufficient to prompt action. They argue that prevention and management of non-communicable diseases (NCDs) is a global priority, given their impact both on social and economic participation of older adults, and the costs for health and social care systems, using the example of hypertension to demonstrate how uneven policy responses can be. Evidence of the prevalence and impact of hypertension, the development by the World Health Organisation (WHO) of patient management guidelines on the basis of that evidence and data showing the positive impact of community screening and integrated care programmes have all failed in many countries to elicit an effective policy response.

A particular problem which Kowal and Byles note is that it is limited understanding of the nature of chronic disease, as opposed simply to supply-side interventions such as drugs and services, which may be a limiting factor. Focussing on the policy response in Ghana, they show how data from WHO’s Study on Global Ageing and Adult Health (SAGE) ‘opened the door’ for a policy discussion and initiatives by the government of Ghana to raise public awareness of the health needs of older adults, integration of ageing and health into community health worker training and improved health insurance coverage for older people. Other national and regional examples reinforce Kowal and Byles’ point that reliable data from informed

research needs to combine with political will to achieve policy impact.

The impact of limited public understanding of chronic disease is illustrated by the visualisation of SAGE data provided in part two of this edition. Analysis of the data on hypertension in over-50s in six middle-income countries found that awareness of hypertension could be significantly lower than measured levels. The differences between the two are particularly stark in Ghana and South Africa, while across all six countries women show higher measured levels of hypertension, but also higher awareness, than men.

A lack of political will is central to Vera-Sanso’s analysis of the absence of an effective national framework in India to address the exigencies of later life, especially for the poorest in Indian society. She makes the point that evidence has had little or no impact on policymaking on ageing in India at two levels. Government generated research typically applies age limits, so that data is not collected on older people. Research showing the poor health outcomes suffered by older people on low incomes has likewise not had an impact in policy responses. Furthermore, international agreements such as MIPAA, with its developmental focus, together with its accompanying, evidence-based guidelines for implementation, have, says Vera-Sanso, elicited little response in India. She points out that the Government of India’s draft National Policy for Senior Citizens, which is reflective of MIPAA’s developmental approach, has not been implemented, and that budget reductions affecting the national pension budget indicate of a retreat from a developmental approach to ageing by the government. Finally Vera-Sanso argues that a key barrier to progress to a more rights-based conception of ageing in India (and indeed elsewhere) is the way economies are conceived, measured and managed. Vital unmonetised services, often provided by older people, ranging from caregiving to petty trading are not included in the internationally agreed System of National Accounts (SNA).

To complement these analyses, part two includes a comment on the neglect of population ageing in countries where the proportion of older people is as yet relatively low. Knodel and Teerawichitchainan emphasise that nevertheless the growing numbers of older persons will pose challenges to national

health, welfare and other support systems. In these circumstances, neglect of research and response in these countries is, they believe, seriously misguided. This need for attention to and investment

in data collection and analysis, and arguably the establishment of a global hub to support both research and policy learning, are themes which run throughout the contributions to this edition.