IHTM Podcast 4: Understanding Evidence in Global Health. Transcript

Hello, we're back with the IHTM podcast series, Unpacking the Fundamentals of Global Health: towards a new generation of leadership. Our previous podcasts covered decolonization and equitable partnership and breaking down barriers in global health. Today we'll be talking about understanding evidence in global health, and we're turning the tables. So I have with me my friend and colleague Dr Caesar Atuire, who is going to be asking me questions.

Great. So I'm going to take this opportunity to ask questions to Proochista, Proochista is our Course Director for the MSc in International Health and Tropical Medicine. And we're going to start off with the title of this podcast. It says, 'Beware - Understanding Evidence in Global Health'.
Proochista, global health is moving towards evidence-based decision making. We need evidence in order to take decisions. Why should we beware and what should we beware of?

We absolutely need evidence and by no means are we saying we should not be using evidence. But the caution that is warranted is to not be enamoured by the numbers, to dig beneath those numbers, to look at and scrutinise the credibility of where those numbers come from. The credibility, the validity of what those numbers are representing, who they're representing and their relevance to the populations or to the issues that matter.

Right. So basically, you're telling us that we need to engage critically with the numbers that are thrown at us whenever we go to global health meetings. But how do we do that?

You have to - and it's very easy to not do that. So, we have to take the extra effort to ask those questions of what is the source of the data, what were the populations that this data was collected from, who was excluded? Which numbers were not available and therefore modelled? So, read the fine print, go to the graphs in the data and look at the footnotes of where they interpolated data where data didn't exist and they modelled it to fit it in, which isn't a bad thing, but it's important to know whether that's going to make a difference in representing the populations that you want to be making decisions around, and whether it matters. And we also need to be very cautious, because if we're only relying on numbers, then we risk missing those gaps. So, the absence of evidence is not the evidence of absence.

Right. That sounds very interesting because it is true that there are certain parts of the world where we have little data and certain conditions as well, where perhaps we do not have as much data as others, thinking about some neglected tropical diseases. So, you're saying that where we do not even have the data, we cannot assume that there isn't a problem.

Indeed, yes, that's exactly what I'm saying. And I'm also saying that it's risky because if you only present to policymakers the data that does exist, then the implication is that that's where the problem is. And where resources are limited, that's where limited resources will be directed, but in conditions where people don't have access to health facilities, where is data collected for health, even vital statistics, the births and the deaths? There are many countries that don't have good systems in place to be able to collect even the most basic of data on mortality. So, let alone morbidities which require a functioning health care system to be able to collect data. And it requires people to know or to have the cultures to want to access the formal healthcare sector.
So, there's an enormous amount within the space of global health, where we don't have information. And that's speaking of data alone, let alone the things that data cannot capture that matter to us in terms of health, mental health, social wellbeing. The WHO definition of health is a

complete state of physical, mental and social wellbeing, not merely the absence of disease and infirmity. Yet when we look at the health of populations, when we look at the health of countries, what's the data we rely on? - life expectancy, morbidity the top leading causes of death.
So not only death, but even the illnesses - everything is focused on the physical. So how do we capture what our organisation representing health, the WHO, says is important and vital for us to consider? How do we capture mental health? How do we capture social wellbeing in a way that is prioritised by countries?

Well, is that what qualitative researchers are trying to add to the health space or what do you think? Does that capture what you're saying is missing and quite rightly so?

I think qualitative research is very important to complement quantitative research and try to be able to discern and unveil the unknown, unknowns. There's a lot that we know we don't know, but there's also a lot out there that we don't even know we don't know.

So, take someone like myself who is not very mathematically grounded, if I go to a conference where I am listening to a presentation and somebody comes up and they have very nice graphs and data about different countries, everything well presented. How can I practise this form of critical engagement that you are suggesting that we should practise?

I think you have to ask the question of how was the data collected? Who was the data collected from? What were some challenges with the data? What was not represented in the data or even within qualitative? What voices are not heard? What are the populations you sampled? But who are the populations that never got their voice heard?

Well, that's very important. But then assuming that we are going for evidence-based decision making, what other routes do we have apart from evidence?

That's a very good question, Caesar. And I think that we do have to be honest with the fact that decision making isn't entirely based on evidence, whether that's quantitative or qualitative, that there are values embedded within any decision making, and we have to acknowledge what are our values that are informing those decisions and be reflective and open to understanding whether they’re representing the populations that we intend to serve.

I think that's a very important point that you're making. We can have all the data, we can have all the evidence, but, and I think this emerged a little bit during the COVID-19 pandemic, at the end of the day, we also need other voices. And this is where health requires the inclusion of the social sciences, the humanities, in order to be able to come up with decisions that are quite balanced.

It's like the proverbial elephant. Where different people are going to see different animals depending on where they're looking and what they're looking for.

Right.

So, we do have to work in teams. We have to work collaboratively and open-mindedly to appreciate and respect each other's perspectives.

This sounds really good. Only thing is, I think the challenge we have is that perhaps in our disciplinary training, we still need to learn the grammar of talking across disciplines and I hope that's what you're doing with the MSc IHTM Proochista - I think these clarifications about how to critically engage with data have been very, very useful. But something that keeps bothering me, perhaps because of my philosophical training, is that data, at the end of the day, describes the way things are or the way things could be, but then policy is usually about how things should be, and here we have a case

where we want to ground policy on the way things are. But they jump between the way things are and the way things should be but you don't get that from data because data is just innate, it's not going to tell me what I should do. How do you make that jump?

So, thank you for that. I think firstly again to emphasise that data is imperfect and we saw that during COVID, we saw that it was piecemeal data, it was imperfect data with lots of assumptions. Yet we still had to have leaders making decisions. The important thing is to be transparent and explicit about the assumptions and about the values, and to be inclusive about whose voices are included, given the imperfect data, or given the evidence that is available to you to make those decisions. So, transparency, inclusivity and being very reflective about what your values are, and how you're using that evidence in order to make those decisions and affect change.

I think that's very important and I agree with you entirely that data forms the ground and then you would have to make other considerations, including ethical considerations. As an ethicist, I have to bring in the ethics, right?

I think, from what we've just listened to Proochista talking about, is about paying attention to evidence: one - we need to ask critical questions, questions that may sound uncomfortable, but they are important because that is how we're going to find the hidden assumptions and also to ask ourselves, how broad is our mindset when we're dealing with problems of health? Are we taking into account the biological factors, the sociological factors, the cultural factors, the values - in order to aspire towards that aspirational definition, that the WHO puts as health, which is wellbeing social, physical and mental, and all those elements?

Thank you.

Thank you.