



APPENDIX 8: CASE STUDY ON THE AGREEMENT MECHANISM

Title of the case study:

The development of bipartisan evidence standards in the US: The Teen Pregnancy Prevention Programme as a mechanism for building agreement on what constitutes evidence for policy decisions.

What mechanism is the case about?

Mechanism: Building mutual understanding and agreement on policy-relevant questions and the kind of evidence needed to answer them.

This mechanism emphasises the importance of building mutual understanding and agreement on policy questions and what constitutes fit-for-purpose evidence.

What happened (description of the background to the case and its key features)?

There are more calls now more than ever for increased investment in interventions that are evidence-based. With intensifying calls, more pressure is levelled on policy-makers to find and use programmes that are backed by strong evidence for purposes of policy decisions. However, for a potential intervention to meet the status of 'evidence-based' is also a matter of challenge. For example, there isn't enough agreement on what should be the benchmark for an adequate standard for evidence in policy-making. This case is about the Teen Pregnancy Prevention Programme. It demonstrates the important, yet difficult path taken in measures for building and clarifying what constitutes evidence for policy decisions. This case illuminates on levels of evidential rigour and standards that the Teen Pregnancy Prevention Programme had to meet to attract the 'evidence-based' status.

President Barack Obama's approach to funding evidence-based initiatives centred on his commitment to only spending federal dollars on programmes which were adequately demonstrated by rigorous evaluations to effect a substantial positive impact on teenagers' mindset and sexual behavioural shift. Because of a deep partisan split on conceptualising this scourge of teen pregnancy in America and consequent challenges in agreeing on mitigation measures, this programme drew very important lines for guiding thinking on what builds consensus on what is evidence for a policy decision. Republicans stood fast on a conservative stance to interpreting and mitigating the challenge. They vowed that programmes to be funded should demonstrate evidence of sexual abstinence and that sexual activity before marriage was immoral. Democrats, on the other hand, took a liberal approach on the matter and argued that programmes to be funded show evidence of sex and birth control education. Tearing the line on partisan grounds on how the problem is to be conceptualised makes this case interesting. Moreover, soliciting agreement on what constitutes evidence for the programmes that ultimately received funding gives us much-needed education on building agreement on evidence standards for policy decisions in the evidence-based policy making (EBPM) space.



The Teen Pregnancy Prevention Programme's point of departure was to first ground itself on what it means for a programme to be evidence-based. This was done by developing a procedure that spelt out the criterion in specific terms. The procedure was then used to grade and evaluate teen pregnancy programmes as per the criterion. The important task was to find and isolate evaluations for funding that met rigorous standards. However, this came at a high price. The programme's working group had to work around translating 'evidence-based' from theory into practice, and this was no easy challenge. They were bogged down by problems they encountered in attempting to respond to the "evidence of what?" question. This seemingly trivial question required for its response that the teen pregnancy working group deliberate on which outcomes to consider important in evaluating whether the programme has a positive impact or not.

Teen pregnancy prevention programmes' outcomes vary, and they can be measured on many fronts. For example, measures of outcome can be on contraceptive use, sexually transmitted infections, behavioural attitudes and expectations, the age of initial intercourse, number of sexual partners and pregnancy itself, to count but a few. Settling the question 'evidence for what' in approving programmes for funding proved difficult because of the many measures of outcomes. This meant that they had to first fix on evidence standards to be met by candidate programmes. This altered the question from 'evidence for what?' to a more informative question of "Where do we draw the line in terms of saying, 'This is a measure that's sufficient to be evidence of an effect or a potential effect on pregnancy'?" (Haskins & Margolis 2015: 87).

The working group agreed on prioritising only behavioural outcomes. But this raises the important question of why? Why behavioural outcomes and not others? Coupled with this concern, the working group had to also decide on research designs to be used in gathering high-quality evidence to meet the evidence-based standards. For example, would the working group only consider evidence from RCTs or would their approach be open to other mediums of research evidence? Do they take on board expert knowledge? How many experts would be sufficient? The working group's own considerations on these matters capture the spirit of this point succinctly:

If you took eight very basic indicators of evidence ... [for example,] was the effect short or long term? ... Was there an effect on multiple outcomes or one outcome? Was there replication? Was it a high or medium quality study? ...and you consider using those to create categories, that ... becomes two to the eight categories, which becomes completely uncountable ... And so that becomes a challenge ... how do you take all this information and condense it down to a set of categories that a policymaker can actually work with? (ibid.)

The working group pondered on these questions and resolved to focus on only four measures of outcomes: sexual activity, contraceptive use, sexually transmitted infections, and pregnancy or birth. Their criterion for screening studies was interested in studies reporting only empirical evidence. Studies to be included had to report programme(s)' impacts on at least one of the four measures of outcome above. Lastly, the study had to be about reports on American youth age 19 or below and only studies conducted post-1989 were to count. Very important, each study was rated for quality under five criteria developed by the Institute of Education Sciences for its What Works Clearinghouse, counting among others study design and checking for possible confounding factors.

What impact did the case have? / What is the importance of the case to EBPM?

A total of 28 programmes were identified as having met the evidence standards set out; that is, at least having one significant impact on one of the four outcome measures stated above. Such



programmes were considered 'evidence-based' and were to be funded. An additional three programmes (already approved and funded prior to the evidence-based programme initiative's launch) were added to the total of 28, raising the number of overall funded programmes for the Teen Pregnancy Prevention Programme up to 31. Of the 31 programmes, the following impact was achieved: 13 increased the use of contraceptives, 21 reduced sexual activity, 5 decreased pregnancy rates, and another 5 decreased STI rates.

The working group followed a strict mechanism for identifying relevant programmes for reducing teen pregnancy. The confidence brought about by their strict standards for what constituted evidence meant that they knew that the programmes they were funding would deliver positive results and for that reason, federal money would have been put to effective use. Furthermore, ensuring that policy decisions to fund programmes working to bring down high rates of teen pregnancy in America be informed exclusively by evidence and nothing else worked well to dissolve ideological biases on the matter. Evidence of results from programmes selected delivered the desired outcomes and no other influences and this was a remarkable effort. The recorded success delivered by evidence-based programmes brought about more awareness of the potential of EBPM for good and transparent governance.

What is the relevance of the case for South Africa?

The relevance of this case to South Africa can never be downplayed. First, the case is about a societal problem prevalent in South Africa too. South Africa can learn a lot in terms of accessing and agreeing on what constitutes evidence for challenges of this nature. Second, this programme informed by evidence-based research seemed to work: it decreased teen pregnancy, something that South Africa can learn from and emulate for similar initiatives. Third, the case shows an approach to deliberate formulating evidence standards which then determine policy design. This is akin to South Africa's SEIAS approach.

Conclusion: why does this case illustrate the power of the mechanism in supporting the use of evidence?

This case illustrates the power of the 'Agreement' mechanism in supporting the use of evidence. In a highly charged political situation, policy-makers were able to overcome partisan lines and to agree on a standard of evidence required to fund federal programmes. This indicates the power of relying on empirical evidence and of building agreement on what constitutes evidence. Ultimately, the evidence-based programme delivered positive results as pregnancy, STIs, and sexual activity rates dropped remarkably, and contraceptive use increased, which was the main mandate of the programme. This is a case about evidence use which delivered as per the initiative's desires.

References

Haskins, R., & Margolis, G. (2015). The Teen Pregnancy Prevention Initiative. In *Show Me the Evidence: Obama's Fight for Rigor and Results in Social Policy* (pp. 67-101). Brookings Institution Press.