



TARGETING POLICY MAKERS

What Cochrane evidence do they need?

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What is the role of the OECD?

- OECD advises and supports governments
 - Increasingly also including policy implementation
 - Our main focus is on getting broader structural policies right
- OECD focus is on evidence-based advice
- Limited resources to generate high-quality evidence
- Strong reliance on evidence from research community
 - Cochrane Work can be a highly valuable resource for us

⇒ *I can talk about what the OECD needs and what I think policy makers are – or should be – looking for*



Occupational health services and policies: How widespread are they?

- Occupational health services are underdeveloped in most OECD countries
 - The Netherlands and Finland are among the big exceptions
 - The United States is another exception, but no public policy
 - Similarly, policy makers are often unaware of the role of occupational health services and policies
- ⇒ *In many countries, it will be unclear which institution or actor could provide occupational health interventions*
- ⇒ *Policy is often focused on intervening when it is too late*



Occupational health services and policies: What does the OECD think?

- OECD sees the introduction and expansion of occupational health policies as a critical step
 - Three complementary aspects: Prevention, retention, return-to-work
 - Link between health and work generally poorly developed
 - Health sector lacks work knowledge, and vice versa
 - Integration of policies & services is difficult but necessary, especially in relation to mental health issues
- ⇒ *Occupational health services as one missing link, and a key step towards prevention and early intervention*



Impact and evaluation research: Considerable knowledge gaps

- Rigorous RCTs are the exception, not the norm
- Even the collection of relevant outcome data is scarce
- Key question: “What works for whom”?
- Robust cost-benefit analyses are largely non-existent
- Available evidence is often rather unconvincing
 - Contradictory findings; limited number of studies

⇒ *Policy makers need to justify spending decisions*



Policy decisions with incomplete evidence: What is done and can be done?

- Policy makers invest in well-evaluated interventions
 - Cognitive behavior therapy (CBT); e.g. Sweden, UK
 - Supported employment (IPS); expanding from US to Europe
- Policy makers need to take risk and go for step-by-step and trial-and-error reform approaches
 - Some countries and institutions are more risk-averse than others
- Policy makers can adopt interventions, approaches and policies from other countries
 - Countries tend to think that they are different



Some (new?) challenges for occupational health services and research

- Digital revolution (“Future of Work”)
 - Outsourcing (contractors, dependent self-employed)
 - Small and medium enterprises (SMEs)
- ⇒ *Questions for which governments are seeking answers*
- ⇒ *Can they be addressed in any way in Cochrane reviews?*



Ways forward for policy makers and for researchers

- Much better and more systematic collection of relevant data on outcomes (not just inputs and outputs)
- Move to outcome-based approaches to purchasing services
 - Examples of employment services in Australia and the UK
- Ensure a certain share of the budget for every programme and policy is set aside for a rigorous evaluation
 - Examples of the United States and Germany
- Encourage Cochrane reviews on broader set of policies, not just single interventions for a particular situation
- Combine impact evaluation with cost-benefit analysis



Thank you for your attention



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