

# Interview with E2P Summit keynote speaker Dr Salim Abdool Karim

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Shaping policy  
and building trust  
as evidence  
emerges

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Interview with the  
Director of the Centre  
for the AIDS Programme  
of Research in South  
Africa (CAPRISA)



Dr Salim Abdool Karim

**In this Q&A, E2P Summit keynote speaker Dr Salim Abdool Karim shares his experiences with challenges and opportunities for shaping policy and building trust in science as evidence evolves.**

*Salim S. Abdool Karim is Director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban, and CAPRISA Professor of Global Health at Columbia University, New York. He is an Adjunct Professor of Immunology and Infectious Diseases at Harvard University, Boston, Adjunct Professor of Medicine at Cornell University, New York, and Pro Vice-Chancellor (Research) at the University of KwaZulu-Natal, Durban. Throughout his career, Dr Karim has put the spotlight on the importance of science as a contributor to global health and policy, fighting misinformation and science denialism by promoting access to and use of accurate information, advising governments and decision-makers on appropriate responses and educating the public.*

**Interviewer:** In your opinion, why is evidence-informed policy-making crucial, in particular, in the context of public health and infectious diseases? Can you share an example of a policy decision for which evidence played a key role in shaping the outcome and the positive impact on public health?

**Dr Karim:** When a policy is based on or informed by evidence, the rationale becomes readily apparent and is easy to justify. When this is not the case, policy-makers are at sea trying to explain why this course of action was chosen. Sometimes a policy does not need to be evidence-informed to be a good policy. But even a good policy can bite the dust because the people who have to follow the policy do not understand its logic. It does not make sense to them and they cannot relate to it as a result. Hence, even though the policy exists, nobody follows it. Being evidence-informed enhances the ability to translate that policy into action.

**Interviewer:** In the face of uncertainty and rapidly evolving circumstances, such as during COVID-19, how do you address the challenges of balancing evidence-informed decision-making with the need for swift action?

**Dr Karim:** We saw this particularly in the COVID-19 pandemic early on where there was a need to make decisions and there was no evidence base available on COVID. We therefore drew on what we knew about influenza and respiratory viruses. At that early stage, in the absence of COVID-specific data, we explained that, based on our limited knowledge, this was the best course of action that we could take. Once people were told the limitations of the evidence, they were more willing to go along with the policy.

We did that, for example, with masks in South Africa. At the ministerial committee that I chaired, I advised the Minister to adopt masks about two months before WHO recommended it. We took that decision early in April 2020 and explained that we actually did not have strong evidence for it, but had enough evidence to make the call that masks actually hold the virus back. That was good enough to begin with and what was possible at this point in time. The chances were that this was the best course of action, though we did not necessarily have all the evidence to support it.

**Interviewer:** In the context of evidence-informed policy-making, how do you navigate potential conflicts between research evidence and political considerations?

**Dr Karim:** That for me was one of the key problems. Actually, there were two key problems.

The first key problem was that, as scientists helping policy-makers, ours has always been a background job, out of the limelight. We read the literature and synthesize all of the evidence that is available, and tell the policy-makers what we surmise from it.

As a group of scientists, we can differ. We argue with each other, which is the essence of the scientific process and that, despite differences of opinion, somehow, in the end, we have to reach consensus because we have to provide some advice. We thus agree to move forward in the best interest, even if we do not fully agree with everything always. These differences are usually about the nuances, not the key substance. This aspect usually stays hidden from the public.

This backroom activity during COVID came to the front of the camera. When scientists started differing with each other, the public got confused and could not understand why they were “fighting”. “Scientists fighting” was in the headlines in Africa! Unfortunately, some of my scientist colleagues used that as an opportunity to get their minute in the sun. They played up these issues, which were minor differences, because it got them on the news.

The second problem I had to deal with was the advice we gave the Minister, and it was not followed exactly as we intended. Policy is not purely about science. If it was, why would we need politicians? Scientists are held accountable to the highest ethical and scientific standards by their peers in the scientific community. Policy-makers are directly accountable to the public, and the public want their elected officials to make the best decisions they can, taking many different constituencies into account. Let me give you a classic example.

We advised the Minister to close the churches. However, the church leaders met the President, and appealed to him that this was a time when the congregants needed God; they needed the church. “You can't close the doors of the church.” So, the President opted for a compromise –churches could stay open, but with only 50 people attending at a time! I felt that the compromise did not make sense but the policy-makers had to listen to the church leaders also, not just the scientists.

**Interviewer:** Speaking about trust, trust in public health experts and institutions is crucial. How do you foster and maintain trust with the public, and how can governments, experts and other stakeholders collaborate to combat mis/disinformation?

**Dr Karim:** The challenge that we have of disinformation, driven largely by unmoderated social media platforms, is probably one of the biggest threats that we will have to deal with over the next several years because it will impact many

things. Even though COVID was the context, it is actually about sowing distrust in science and undermining scientific discourse.

I find that it is advisable to not directly engage with the disinformation. In most cases disinformation is mostly based on giving people a scapegoat as the person to blame for causing the problem and anxiety that people are suffering. So, it is really important for us as scientists to continually put the right information on point and emphasize its persuasiveness. It helps people understand the logic of the problem so that it makes sense and their anxiety will diminish because they will understand the threat. Unfortunately, this scientific understanding does not mean that people will not search for someone to blame for the harm they are or have experienced. This is part of the narrative that we will have to deal with in the future.

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*Join the WHO Global Evidence-to-Policy Summit from 29-31 August 2023 for more insights from Dr Karim and other speakers and panelists on how to bridge the gap between evidence and policy. [Register now!](#)*