Chapter 6

Capacity for evidence filtration and amplification
Key messages

- Filtering and amplifying evidence is an increasingly important reality in the policy process.
- A range of organizations are involved in the filtering and amplification function with different motives, legitimacy and ways of working.
- There is little knowledge about this function, however, and less so about the capacity requirements of the varied organizations involved.
- Civil society organizations involved in this work, and policy-makers responding to them, need to be able to map the political context.
- There is potential for an increasing role in low- and middle-income countries for knowledge broker organizations.
Introduction

Old assumptions that the outputs of research will feed cleanly into policy-making are now widely accepted as naive. We are all familiar with examples of evidence that has been ignored in developing policy processes. It is clear that the links and dynamics between research and policy-making are complex and only partially understood. Where we previously assumed a somewhat straightforward influence of objective research on a transparent policy-making agenda, a rich literature is now analysing several complicating factors, as represented by the analytical framework at the core of this Review. This chapter discusses two functions – filtering and amplification – that help explain why some research output is picked up by policy-makers, whereas other research never influences decisions on the policy-making agenda. As information and ‘evidence’ proliferates, this function is becoming increasingly important helping policy-makers to choose which issues to focus on.

‘Filtering’ and ‘amplification’ are terms that have previously been used in discussions about the way in which civil society networks try to influence policy (Perkin & Court 2005). For this chapter we propose the following definitions.

- Filtering is a function through which stakeholders determine which research is most relevant as the evidence base for their respective arguments in the policy-making process.
- Amplification is a function through which stakeholders seek to make the evidence base of their arguments generally accepted as a means of increasing influence on policy-making.

Filtering and amplification occur in the context of the ideological and strategic politics of health. Research and policy-making across all sectors are influenced by political value judgements:

- Research–policy links are dramatically shaped by the political context. The policy process and the production of research are in themselves political processes from start to finish. (ODI 2004, p. 2)

While it is clear that research evidence is likely to constitute one among multiple influences on health policy-making, the quality of democratic processes is likely to be enhanced if stakeholders in policy debates develop their positions and arguments based on evidence, as well as political incentives, public opinion and budgetary considerations.

This chapter seeks first to understand how research evidence is filtered and amplified by different actors, particularly civil society organizations. It does this through exploring both the theoretical literature as well as a number of current examples from the health sector. The second half of the chapter addresses current capacity constraints that affect how evidence is filtered and amplified, and what could be done to enhance capacity among civil society organizations, researchers and policy-makers to increase the influence of research on policy-making.

Filtering and amplification: a brief review

We begin by providing an overview of the functions of filtering and amplification.

Filtering – selecting and organizing evidence

The filtering function of a network allows unmanageable amounts of information … to be organized and used in a productive way. Filters ‘decide’ what information is worth paying attention to. Media content editors often carry out filtering functions by ‘deciding’ what is disseminated to the general public. Filtering networks can provide policy-makers with a similar service. (Mendizabal 2006, p. 5)

Networks and organizations can filter evidence on different criteria, such as:
traditional scientific research criteria, including validity, reliability, generalizability, minimization of bias, methodological rigour and testing causal hypotheses;

social construction criteria, including acknowledging and taking into account the development of and influences on research-generated knowledge, including issues such as doing justice to particular cases or transferability of knowledge across contexts;

artistic and evocative criteria, including the extent to which new or novel perspectives are provided, aesthetic quality and interpretative vitality, creativity, authenticity, and the ability to connect with and move audiences; and

critical change criteria, including an increased consciousness about inequalities and injustices: their source and nature, representation of the perspectives of the less powerful and identification of strategies for change (adapted from Patton 2001, cited in Kuruvilla (2005)).

Stakeholders will select evidence on the basis of one or more of these criteria so the filtering of evidence, to a considerable degree, is based on value judgements and politics. While traditional scientific research criteria are, in one sense, more objective than the other types of criteria proposed, the choice to rely on such criteria can itself be politically motivated. Kuruvilla exemplifies this point with the People’s Health Movement (PHM). On the basis of social construction and critical change criteria, the PHM challenges the data that are filtered and amplified by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), with the intention to ask the broader and more political questions of why global health targets are not being met, and health and development are not prioritized sufficiently on the global policy agenda (Kuruvilla 2005).

Box 6.1 gives an example of the selective use of evidence in policy discussion on HIV/AIDS in South Africa.

Amplification – communicating evidence

The evidence that has been selected through the filtering function must be amplified effectively in order to impact policy-making. Filtering and amplification are two sides of the same coin. Journal editors, for example, filter prospective texts and allow some to go through a peer-review process that determines whether or not they will be published; all of this is done mainly, if not only, on the basis of traditional scientific research criteria.

The mass media serve a similar function for the broader public, but the selection criteria are often less clear-cut. Newspaper editors play much the same role as academic journal editors in that they may select certain pieces of research out of a broad range of other forms of information for dissemination in their newspaper. Some media may have a distinct HPSR profile, whereas others search for whatever information will contribute to a ‘good story’ about health issues.

Amplification does not occur only, or even primarily, through media – a variety of other communication channels can be used to amplify messages. Personal face-to-face meetings can be extremely influential in determining which research results are listened to. Advocacy groups can amplify messages based on research through targeted advocacy campaigns that may aim to mobilize public opinion around issues as diverse as the need to scale up development assistance in health, or raise awareness and action about medical malpractice. Box 6.2 gives an example of the media’s role in amplifying evidence.
CHAPTER 6  CAPACITY FOR EVIDENCE FILTRATION AND AMPLIFICATION

BOX 6.1 THE IMPLICATIONS OF FILTERED EVIDENCE FOR HIV/AIDS POLICY IN SOUTH AFRICA

HIV/AIDS treatment policies in South Africa have been heavily contested despite the fact that advocates on all sides of the debate have drawn upon evidence. The history of the debate illustrates well how different filters can be applied to evidence for different purposes.

In 2000, South African President Thabo Mbeki chose to support the assertion that there was no link between the HIV virus and AIDS (thereby denying the existence of a clinically defined disease) by drawing together a range of ‘expert researchers’, including representatives from the so-called AIDS ‘dissident’ community. Research conducted by certain expert panel members questioned, in complex biomedical terms, the processes by which HIV caused AIDS and also called into question the efficacy of antiretroviral (ARV) therapies. This ‘evidence’ concerning the toxic nature of ARVs, though discredited by the mainstream (western) scientific community, was also disseminated by ANC Today, the Web-based newspaper of the African National Congress (ANC).

In 1998, the Treatment Action Campaign (TAC) was launched in South Africa, in response to the ANC government’s refusal to provide zidovudine (AZT) to prevent mother-to-child transmission (MTCT) of HIV; it has since become a powerful civil society organization working for the public provision of AIDS treatment. Partly due to TAC efforts, but also due to political pressures, the government initiated MTCT pilot sites in 2001 and a national roll-out of ARVs at the dawn of the campaign for the 2004 general elections. Further support for MTCT has come from the local research community involved in MTCT studies that have provided the evidence and scientific legitimacy for the focus. The local TAC campaign has been strengthened by an ever-growing network of global AIDS activism (Fourie 2006).

Taken in the context of a young post-apartheid state, Schneider (2002 p.153) interprets the denial of the link between HIV and AIDS as an attempt by President Mbeki to challenge western orthodoxy and dominance, taking the fundamentals of biomedical research into the political arena in “a battle between certain state and non-state actors to define who has the right to speak about AIDS, to determine the response to AIDS and even to define the problem itself”. Schneider & Fassin (2002) also point to the fact that AIDS in Africa is still approached predominantly through a behavioural and neo-liberal perspective that fails to systematically address the social, economic and historical determinants of the epidemic.
Organizations and networks involved in filtering and amplification in health

The role of civil society organizations and networks

A variety of organizations may be involved in filtering and amplification functions. For example, in disseminating their research findings, researchers may also actively identify messages that they believe are policy-relevant and ensure broader amplification of these messages. Policy advisors within health ministries may also actively identify key research findings and communicate them to policy-makers. However, this chapter focuses in particular on civil society organizations and the role that they play in filtering and amplification.

Civil society organizations encompass all organizations, distinct from the state, the family or the market, that are formed to pursue shared interests or values (Sanders et al. 2004). In the health sector there is a range of civil society organizations, with varying degrees of formality and power. Lavalle, Acharya & Houtzager (2005) refer to a simple typology of relevant civil society organizations.

- Associations – based around geographical communities or issue-based communities, they include professional associations (such as medical and nursing associations).
- Coordinators – they bring together and coordinate other collective actors, and mediate relations with the state (such as the Christian health associations, representing mission health care providers, active in many sub-Saharan African countries).
- Advocacy nongovernmental organizations (NGOs) – they focus on transforming social problems into public issues and campaign on policy issues (such as the People’s Health Movement, or the Treatment Action Campaign).
- Service non-profit organizations – their primary focus is service provision to the public (such as mission health care providers, World Vision, Oxfam and Save the Children Fund).

Box 6.2 Amplifying Evidence Concerning ‘Mad Cow Disease’ in the United Kingdom

‘Mad cow disease’ (bovine spongiform encephalopathy, BSE) in the United Kingdom in the early to mid-1990s provides an excellent example of how the media can amplify certain research findings and push evidence into the policy arena. Research at the Institute of Environmental Health Officers had, for some time, shown that unregulated practices at abattoirs could lead to public health risks. However, the researchers’ calls for action through the established channels had not led to political action, so instead the researchers started feeding research results directly to selected journalists. Where research results alone had failed to motivate political action, public criticism in the media provided sufficient political incentives to impose stricter regulations. But politicians were equally shrewd in using the media for their own purposes. Government media releases about public health risks from BSE were ostensibly based on commissioned research, but subsequent analyses of the original research reports show that political spin doctors removed several scientific qualifications that risked causing public alarm.


http://www.ibon.org (last accessed 22 August 2007).
Think tanks – groups focus on summarizing and disseminating ideas to those engaged in making ‘real world’ decisions (Bentley 2004, p. 40), and as such can be very powerful ‘amplifiers’. Examples include the IBON Foundation,1 a think tank in the Philippines that analyses and disseminates data about socio-economic and health conditions in that country, as well as institutions in developed countries, such as the Center for Global Development in the USA and the Overseas Development Institute in the United Kingdom.

Knowledge brokers – these are organizations about whom there is increasing interest, and which are dedicated to creating links between the knowledge base and those who need to use knowledge for policy- and decision-making (CHSRF 2003). Knowledge brokers may be based in health ministries; they may also be independent organizations, such as the Regional East African Community Health (REACH) Policy Initiative. While advocacy groups are explicitly and primarily involved in advocacy, many other civil society organizations engage in policy debates, particularly when issues that they are concerned about reach the policy agenda. Through generating greater awareness and debate of political issues, civil society organizations can broaden participation in policy debates. Although there is no straightforward correspondence between the extent of democracy and the role of civil society organizations, it does seem that in more vibrant democracies there is more likely to be a greater range of active civil society organizations involved in filtering and amplifying research evidence; the rather simplistic linkage from researchers to policy-makers is most unlikely to be an accurate reflection of reality. In international health, several global actors have tried to promote civil society organization participation in policy and decision-making. For example, the Global Fund to Fight AIDS, Tuberculosis and Malaria requires the participation of representatives from the private sector as part of its Country Coordinating Mechanisms, and also reserves seats for NGOs on its own board. It seems likely that, in the future, the role of civil society organizations in filtering and amplifying research evidence will become even greater.

While many civil society organizations focus their policy efforts in their own country, an increasing number of them are active at the global level seeking to influence global level decision-makers such as the World Bank or WHO, or multinational firms, or governments of high-income countries influential in development assistance processes.

Over the past decade, a broad swathe of NGOs in developed countries that have historically had a primary focus on service delivery have increasingly moved into advocacy and policy work in recognition of the fact that their traditional development activities are ineffective and unsustainable without broader policy change (Hudson 2000; Chapman & Wameyo 2001). These groups may use research both to help define their advocacy positions and to provide additional arguments to support their advocacy activities.

Although individual civil society organizations often play active roles in filtering and amplifying research evidence, much of the literature ascribes the filtering function mainly to policy networks that are viewed as “formal or informal structures that link actors (individuals or organizations) who share a common interest on a specific issue or who share a general set of values” (Perkin & Court 2005, p. 3). Such networks can involve differing degrees of collaboration and interaction (Chapman & Wameyo 2001). In low- and middle-income country contexts, policy networks are often informal in nature. They may form around a single issue (see Box 6.3 on tobacco control in Thailand) or be made up of a somewhat fluid group of actors who are broadly engaged in health policy debates, and through repeated interactions establish working relationships that amount to a network. In issue-specific networks, stakeholders
might strategically seek to bring additional members into the network to reinforce or complement existing network members. Such policy networks can facilitate information exchange, promote coordinated advocacy campaigns and, through repeated interactions, promote trust between network members. All these functions have significant implications for how research evidence is picked up and disseminated.

BOX 6.3 BUILDING POLICY NETWORKS FOR TOBACCO CONTROL IN THAILAND

During the late 1980s a series of royal decrees in Thailand limited tobacco advertising and enforced labelling of tobacco as a harmful product. These had been supported by local NGOs such as Action for Smoking and Health (ASH Thailand), an NGO established in 1986 under the auspices of the Rural Doctor Society.

During the early 1990s the Thai Health Systems Research Institute (HSRI) provided a renewed focus on the issue of tobacco consumption. This was particularly important given arrangements under the General Agreement on Tariffs and Trade (GATT) and pressures on Thailand to open up its tobacco markets.

Research provided clear evidence on the epidemiology and trends of tobacco consumption, the cost of tobacco-related illnesses, and income and price elasticity based on Thai household surveys. This evidence served as a platform for effective health promotion strategies. In 1994–1995 the Tobacco Office and HSRI facilitated a forum for exchange of experience, and visits between Thailand and VicHealth, an Australian tobacco control NGO. At the first biennial HSRI conference in February 1995, the VicHealth Chief Executive Officer was invited to speak about the Australian experience with tobacco control. A notable outcome of this informal Thai-Australian collaboration was confidence among Thai partners about the feasibility of a dedicated tax-for-health movement. As a result of conviction and commitments by Thai anti-tobacco champions, multiple stakeholders were involved in consultations, with the aim of achieving a dedicated tobacco tax for health promotion. A policy recommendation to establish such a mechanism was made to the government in 1996.

In 1999, the Minister of Finance established a Health Promotion Foundation funded by a dedicated tobacco and alcohol tax. This tax represented a major shift from the conventional central pooling of all government tax revenues. It took another two years for the drafting of a bill for consideration by the House of Representatives and Senate. Finally, the Thai Health Promotion Foundation Act of 2001 was promulgated, and the organization ThaiHealth was launched in October 2001.

Critical success factors in the founding of ThaiHealth include evidence-based advocacy by civil society organizations and political support from the Ministry of Finance. Lessons learned from VicHealth were valuable, and provided a context for such movement in Thailand. However, the process was an internal one, spearheaded by national anti-tobacco champions. More recent evidence drawn from national household surveys suggests that tobacco consumption has been reduced as a result of these measures.

Sources: Chantornvong & McCargo (2000); Tangcharoensathien et al. (2006).
Finally, the media are vital to the functioning of civil society. Professional and academic journals, such as the *Lancet* or the *American Journal of Public Health*, are the targets for many researcher-led dissemination activities. But other forms of media, such as television news and daily newspapers, are often more effective in reaching larger audiences.

**Understanding the basis of civil society organization legitimacy**

While the accountability structures and hence the foundations of legitimacy for government are clear (if not always perfectly functional), the accountability and legitimacy of civil society organizations may be unclear, and vary widely across different types of organizations. It is important to understand the basis of legitimacy for civil society organizations involved in filtering and amplification – both from the perspective of policymakers, who need to assess how legitimate a voice a particular civil society organization brings to the policy arena, and from the perspective of the civil society organization itself. The civil society organization needs to ask itself with what legitimacy it is seeking to influence the policy-making agenda, and then build its advocacy strategy around the answer to that question. The literature identifies several possible bases of legitimacy for civil society organization advocacy with respect to health policy (Kuruvilla 2005).

- **Moral.** Advocacy groups can claim legitimacy on the basis of the values and ethical imperatives that motivate their advocacy. For example, advocacy for upholding fundamental human rights in the provision of health services in relation to a politically marginalized group of the population may be based on moral legitimacy.

- **Technical.** Advocacy groups that hold unique professional expertise and experience in the relevant policy field may legitimately have an impact on policy since their professional opinions may be crucial for policy success.

- **Political.** Advocacy initiatives may derive their legitimacy from successfully mobilizing public support for their cause through various forms of political activism.

- **Representative.** Advocacy efforts can gain legitimacy by being based on mandates given by a specific community to influence policy-making on their behalf.

Policy advocacy is more likely to get access and be effective if it combines two or more of these sources of legitimacy. Box 6.4 reports on a study of United Kingdom-based development advocacy NGOs and their legitimacy.

**Building capacity for filtering and amplification**

Developing capacity to filter and amplify research evidence is particularly important for civil society organizations who are actively engaged in these functions. However, it is also important that other actors understand this function, and the role that civil society organizations can play in filtering and amplifying research evidence. We look first at how civil society organizations understand the broader political landscape and hence how best they can situate themselves, and their use of research evidence within this landscape. This section also considers the issue from the other side, in terms of how researchers and policy-makers can best understand the role of civil society organizations in filtering and amplifying research, with respect to a particular policy issue, and accordingly how best to deal with such organizations. We then examine the capacity needs of civil society organizations in terms of filtering and amplifying research evidence. Much of this chapter has focused on the role of civil society organizations in communicating evidence as part of a process to achieve their own (advocacy) goals. However, there is increasing interest in the establishment of knowledge brokers.
within the health sector. Such brokers have as their primary mandate the objective identification, assessment and synthesis of research evidence, and the communication of summaries of such evidence to policy-makers. The final section considers the role for such knowledge brokers, and how their capacity may be enhanced.

Understanding the political context

Civil society organization perspectives

Effective participation by civil society organizations in policy discourse requires an understanding of the political context. That political context will differ not only from country to country but also from issue to issue. For example, while some high-profile and highly contested issues — such as health worker compensation — may engage a broad set of actors in an open and widely publicized discussion, other, perhaps more technocratic issues, such as procedures for allocating government health budgets, may be debated within smaller and more closed policy circles. Civil society organizations need to start with a solid understanding of the formal rules of the policy-making process; however, advocacy strategies also require an understanding of the real political dynamics at play in a particular policy arena.

We discussed earlier the different foundations for civil society organizations’ claims to legitimacy. The bases from which a civil society organization draws its legitimacy should also affect how it operates in the policy arena. For example, civil society organizations that derive their legitimacy on technical grounds are probably under stronger pressure to produce evidence-informed arguments than those that derive their legitimacy from political or representative perspectives. Civil society organizations also need to consider whether the legitimacy that they claim for themselves is acknowledged or disputed by policy-makers. Issues of trust and reputation appear to be critical in determining whether policy-makers listen to outside voices (Innvaer et al. 2002). It is also important to understand the nature of

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**BOX 6.4 BASES FOR CIVIL SOCIETY ORGANIZATION LEGITIMACY IN UNITED KINGDOM DEVELOPMENT ADVOCACY**

In a study of 31 United Kingdom-based development NGOs engaged in advocacy, including health NGOs, it was found that:

- 15% claimed legitimacy based upon moral arguments, i.e. that they were upholding basic moral rights;
- 50% claimed legitimacy on the basis of their links with developing countries and the technical expertise and experience derived from these links; and
- 30% claimed legitimacy on representative grounds, with 10% referring to their organizational structures and governance, including democratic membership, and 20% stating that they were ‘speaking for’ developing countries.

Political legitimacy was not mentioned. Some NGOs claimed legitimacy based on their organizational history. The 50% of NGOs claiming legitimacy based on their links with developing countries were largely service delivery NGOs that drew on their operational grassroots work for advocacy purposes.

policy networks and the extent to which they are open or closed, and transparent or opaque in their operations. For example, in the face of closed policy networks civil society organizations are unlikely to be easily able to gain the ear of policy-makers and may need to mobilize their political base in order to be heard.

**Policy-maker perspectives**

Policy-makers are subject to multiple competing demands to be heard. The analytical dimensions described above, particularly the basis of civil society organization claims to legitimacy and the frames used in the policy process, will also affect whether or not policy-makers should give time and attention to a particular civil society organization. If the legitimacy of a civil society organization is based primarily on its technical arguments, these arguments should be based on solid research or empirical evidence.

**Enhancing capacity to understand the political context**

The capacity needs of civil society organizations in terms of employing evidence to engage effectively in policy processes have been recognized relatively recently, and there is currently limited understanding of the exact nature of their requirements. A recent initiative outside the health sector identified an increased demand from civil society organizations in developing countries for capacity development support in order to understand policy processes better, and proposed the development of regional hubs to support civil society organizations in this manner (ODI undated). Certainly in the health sector, multiple tools for stakeholder assessment exist that enable users to map different stakeholders with respect to a particular policy issue and develop strategies about how best to approach them. Such tools could be employed to help civil society organizations map the policy environment within which they work.

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**Enhancing capacities to filter and amplify research evidence**

In order to appropriately employ evidence in policy and decision-making, civil society organizations, like policy-makers, need to be able to assess the quality of research, appraise its generalizability to different contexts and potentially synthesize research findings from multiple studies. There is no systematic evidence about the extent to which civil society organizations actually have these capacities. Some civil society organizations, such as Save the Children Fund, United Kingdom, maintain separate research or evaluation units that give them in-house capacity to identify, appraise and apply research findings. Many NGOs in developing countries also have mandates that combine research and advocacy, and sometimes service delivery, and accordingly have in-house research capacity. BRAC, for example, in Bangladesh runs major social programmes, including those concerned with health, but also has a strong monitoring and evaluation unit, and a human rights and advocacy unit. The Centre for Enquiry into Health and Allied Themes (CEHAT) in India is involved in research, action, service and advocacy on health; and has conducted many research projects. The African Council for Sustainable Health Development (ACOSHED), a West African initiative, also operates through a combination of advocacy and operational research that it undertakes itself. However, it is probably unlikely to make sense for all civil society organizations with an interest in health policies and health systems to invest in developing HPSR capacity. In some instances civil society organizations may be better off developing relationships with other

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2 See, for example, PolicyMaker, an interactive software program that allows users to identify the position of different stakeholder groups on specific policy issues and their relative power; also Nash, Hudson & Luttrell (2006).

3 See [http://www.brac.net](http://www.brac.net) (last accessed 22 August 2007).

4 See [http://www.cehat.org](http://www.cehat.org) (last accessed 22 August 2007).
organizations or researchers who can contribute to this capacity.

While there is increasing awareness of the need to inform and train policy-makers in how to identify and assess research evidence, to date very little attention has been paid by external or international actors to strengthening capacity among civil society organizations in low- and middle-income countries on their assessment and use of research evidence. However, this is not to say that there is no activity in this field. For example, the mandate of the Training and Research Support Centre (TARSC)\(^5\) in Zimbabwe is to provide training, research and support services to state and civil society organizations with a particular focus on supporting community-based work. TARSC currently houses the secretariat for Equinet,\(^6\) an initiative in Southern Africa that engages policy-makers, researchers and civil society, directly supports HPSR and aims to provide a forum for dialogue, learning, sharing of information and experience, and critical analysis in order to influence policy, politics and practice towards health equity. Formal networks such as Equinet provide opportunities both for capacity development among civil society organizations but also for networking between researchers and civil society organizations. Similarly, the People’s Health Movement has initiated activities to help strengthen research skills among activists (Box 6.5).

Greater attention has been paid by external, donor-funded programmes to developing capacity among low- and

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**BOX 6.5 ENHANCING THE CAPACITY OF ADVOCATES TO USE EVIDENCE**

Extract from an interview with Ravi Narayan, Former Coordinator of the People’s Health Movement

“I think several interesting developments have taken place during my period as coordinator in which I think there’s been a sort of institutional elevation of this whole idea [of linking research to advocacy]. One is the creation of the International People’s Health University. This was launched at the Second People’s Health Assembly (PHA2) by academics and researchers from all over the world. It will soon be part of every People’s Health Movement. At regional or international conferences, a week before or after, like a satellite programme, it will train young activists in understanding this sort of evidence and research. So we had 60 youngsters at PHA2 in Cuenca in Ecuador last July who came a week earlier, who looked at this evidence about globalisation and health and so on, and then formed themselves into three small groups as a follow up activity. One group is going to continue to look at trade and health issues and evidence. Another is going to look at the success and failures of primary health care programmes. And another is looking at social determinants.

These are little networks of youngsters who are upcoming public health professionals or activists or researchers or whatever. They haven’t made up their mind where they fit in the system, but they all came to the assembly and were invited to come a week earlier. And we have just agreed to evaluate what has happened since they went home, and are working on how we continue this.”


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\(^5\) See http://www.tarsc.org

\(^6\) See http://www.equinetafrica.org
middle-income country journalists engaged in reporting on health policy issues. Several organizations such as the Panos Institute and the Population Council have offered training for journalists working in the health sector, which typically incorporates some grounding in health research.

In terms of capacity to amplify research evidence, most advocacy organizations have well-established strategies for raising the political profile of an issue, from contacting a member of parliament to staging a media campaign or public demonstration. The more difficult issue, however, regards how best to amplify research evidence in a way that protects its integrity and rigour, and captures its nuances, while also giving it wider accessibility. In order to enhance the impact of research evidence, it may be re-packaged by civil society organizations for use in policy debates in ways that make researchers uncomfortable (see Box 6.6). The establishment of three-way trusted relations between civil society organizations, policy-makers and researchers can ease this process, as it provides opportunities for informal dialogue and exchange around research without the pressure of communicating research in one or two headline sentences. This section has been constrained by the lack of any clear evidence about current organizational capacity to manage research evidence (either in terms of staff skills, knowledge management systems, or leadership and governance). While an increasing number of civil society organizations are active in this sphere, there is very little, if any, systematic knowledge about their capacity. It is therefore extremely difficult to draw concrete conclusions about how best to address this area, and it is clear that further research in the area is needed.

**BOX 6.6 DIFFERING AIMS IN RESEARCH AMPLIFICATION**

Researchers and civil society organizations may not always agree on how research findings should be amplified. In particular, researchers are more likely to be concerned about the scientific basis of research results, whereas advocacy civil society organizations are likely to place greater weight on using research to support their transformational objectives. One particular example regarding research on the early phase of the Global Alliance on Vaccines and Immunizations (GAVI) illustrates this.

The Save the Children Fund, United Kingdom, supported the design and implementation of a study, carried out by United Kingdom-based researchers, into country experiences in applying for funding from GAVI (Starling et al. 2002). Shortly after the release of the study report, Save the Children UK issued a press release, without prior discussion of its contents with the researchers who did the work. The press release made a number of interpretations that went beyond the evidence presented in the report, and rather reflected the views and critiques of Save the Children UK. The researchers protested the press release, and the civil society organization later issued an apology for any confusion that may have arisen. The story illustrates how differing values and objectives can give rise to difficulties in researcher–civil society organization relations.

Promoting scientifically based ‘knowledge brokering’

Most of the civil society organizations discussed in this chapter have been formed with a specific set of shared values or objectives in mind. Few of these have focused primarily on objective syntheses of the evidence base. However the use of knowledge brokering (defined broadly as supporting evidence-based decision- and policy-making by encouraging the connections that ease knowledge transfer (CHSRF 2003)) has become increasingly talked about (if less actively engaged in) in high-income countries. Knowledge broker functions are broad but might include the following:

- facilitating exchange of information and ideas between researchers and decision-makers;
- promoting the use of research in health policy and planning;
- transforming policy issues into research questions, and thus promoting policy relevant research; and
- synthesizing and summarizing research for consumption by policy-makers.

These activities have been pursued mainly in industrialized countries such as Canada and the United Kingdom, but there is increasing interest in their application to low-income country contexts, as proposed in the REACH policy initiative (see Box 6.7), and as demonstrated in the WHO Regional Office for Europe Health Evidence Network (HEN) (WHO Regional Office for Europe 2007). The approaches to scientifically based knowledge filtration and amplification are largely untested outside high-income country contexts, and as knowledge-brokering activities are pursued elsewhere, it is critical that they be evaluated and learned from.
Given the fact that in low- and middle-income countries very few knowledge broker organizations exist, this is an area where substantive yet circumspect investment is needed. Knowledge broker roles can be housed within health ministries or universities, or brokers can serve as stand-alone organizations. Careful analysis is warranted regarding where best to locate a knowledge broker function (see also Chapter 7). But regardless of the organizational home, capacity strengthening is likely to be needed in terms of establishing appropriate organizational operating procedures, governance mechanisms, staffing and access to necessary research evidence, as well as creating the essential networks between the knowledge broker in the middle, researchers on one hand and policy-makers on the other. As noted above, careful evaluation of knowledge-brokering organizations and functions is required in order to fine-tune the concepts and practices that have been promulgated in high-income countries to the diverse contexts of low- and middle-income countries.

Conclusions and recommendations

While the phrase ‘filtration and amplification’ may be an unwieldy one, it captures a set of activities which in complex societies are key to how policy-makers hear about and react to research evidence. The role of civil society and media groups in filtering research and amplifying specific findings has been seriously neglected. With heightened pressures to enhance democratization processes, and increasingly easy access to all sorts of information and evidence via the Internet, the roles of filtering and amplifying are likely to become even more important. On the one hand, this is a process that is already under way, and neither health systems researchers nor policy-makers can do much to affect it. On the other hand, the process also offers considerable potential in terms of opening up decision-making processes to evidence. As noted by Nutley (2003),

There may be some benefits from initiatives that seek to introduce more instrumental rationality into the policy-making process but there is even more to be gained from opening up policy-making processes: enabling participation by a wide range of stakeholders and citizens (p.15).

Due to the historic neglect of this function, or perhaps the fact that it is a new function that has developed relatively fast, very little is known about civil society organization capacity to engage with research evidence, and how best (if at all) to develop capacity among civil society organizations to assess and apply evidence. Understanding these issues is made even more complex because of the great variety of civil society organizations – in terms of their mandate, size and capacity. More analytical work is needed in order to understand better what role civil society organizations currently play in filtering and amplifying evidence in the health policy sphere and how their capacity may be strengthened, particularly with respect to the filtering and amplifying of research evidence. Health policy and systems research can make a major contribution in terms of casting light on the way in which civil society organizations use research and engage with the policy process.

For civil society organizations to be able to engage effectively in complex political environments, it is important that they map and understand the political context. Most HPSR advocacy initiatives will take place in political contexts where civil society organization legitimacy is unclear or disputed, and where the nature and quality of research is contested. Such complexities make it all the more important to have a solid understanding of the political context for HPSR advocacy to be successful. It is equally important for health policy-makers, and health policy and systems researchers to understand the role that civil society organizations can play in manipulating and disseminating evidence (including research), and the basis on which they are performing this function. Such an understanding should help policy-makers determine
which of the various amplifiers and messages it is most important for them to listen to, and help researchers determine which civil society organizations they may best be able to work with.

Finally, although there is substantial interest in developing more scientifically-based knowledge broker-type roles, to date only very limited implementation of such initiatives has taken place in low-income country contexts. While we are now seeing some such initiatives emerge, such as REACH in East Africa, and the Evidence-Informed Policy Network (EVIPNet) in several regions, the implementation of such initiatives must be intensified and combined with strong evaluation processes so that we can learn what works in different country contexts.

We turn now to Chapter 7 to discuss the final and ultimately most critical function in this process, that of policy-making.