Translating Research Findings into Policy briefs

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Report by Isabelle Wachsmuth and Renée Larocque
From 24 to 27 June 2013, the Global Health Research Initiative organized a workshop with their Africa Health System Initiative (AHSi-RES) Program. The workshop entitled: “Translating Research Findings into Policy Briefs” was held in Moshi, Tanzania with the organization support of the Kilimanjaro Center for Community Ophthalmology (one of AHSi-RES grantee). A total of 34 participants (researchers and decision-makers) attended the workshop. Participants included members of the EVIPNet Tanzania Country team, research teams from the AHSi-RES programme from Mali, Malawi, Kenya, Burkina Faso, Tanzania, Zambia and Uganda and facilitators who are part of our EVIPNet pool of trainers for Africa, Robert Marie and Pierre Ongolo Zogo from EVIPNet Cameroon and Rhona Mijumbi from EVIPNet Uganda.

The workshop objectives were to:

- consolidate skills in using evidence to identify and describe a problem, potential solutions, and implementation considerations
- consolidate skills in preparing an evidence brief for programme or policy decision making and organizing a policy dialogue
- prepare a draft evidence brief (2500 words) for decision making based on the project results and available global evidence

The workshop was the opportunity for each of the 10 AHSi-RES teams to work collaboratively with their associated decision-maker toward the finalization of a policy brief addressing the issue they have been working on.

To allow the finalization of the policy brief, the workshop was structured around theoretical presentation and protected writing time. As teams are encouraged to hold policy dialogue once the policy briefs are completed, a mock policy dialogue was organized to expose the team to the needed preparation for such type of event. The mock policy dialogue was very successful in demonstrating the positioning of different stakeholders and how to manage the dialogue with large audience.

The workshop was very interactive and used learner centered approach. The support of videos (from SURE set of material) was extremely valuable and useful. The interaction between the policymakers and researchers was extremely useful too.

During the workshop, the teams have been exposed to the evidence to action gap, increasing their understanding that evidences are only one aspect that feed into policy decision making process. Factors such as priority cost and cost effectiveness, alternatives options, timing, lobby, public at large and presentation are other factors to take into account and to be addressed in the policy brief. Good policy brief needs to be extremely well written, provide a clear description of the issue. Suggested solutions needs to be clearly described and backed up with a mix of global and local evidence. Implementation barriers, benefits and side effect need to be acknowledged as well as cost effectiveness.

Another take home message from this workshop was the importance of the relationship between researchers and decision-makers. This relationship is to be built on a continuous basis to infuse trust between the parties. Policy influence is not an end of project activities it is a process to be nurtured in the long term.

The collaboration and participation of Isabelle Huguet-Wachsmuth from WHO EVIPNet in Geneva, was the opportunity for the team to learn more about the EVIPNet platform and work in Africa. GHRI has been planning with WHO EVIPNet to publish the policy brief written by the teams on the EVIPNet website as soon as they are finalized.
1 - Topics of evidence briefs for policy are under finalization process by each research team (AHSI-RES)

Some of the topics addressed by the teams are:

- the management of the HRH in terms of motivation, retention and performance with a health systems perspective
- provider performance as well as quality improvement perspective
- the scaling-up strategies as well as introduction of innovations (such as mobile and telemedicine technology) into organizations
- task shifting of different cadres of health workers including community health workers
- human resources for mental health care

2 - Lessons learned and recommendations from the workshop

1 – Importance to establish confidence in evidence brief for policy writing for researchers, one of the key skill in EIPM. Continuum learning is the way to get this confidence and to improve efficient communication and dialogue with policymakers

2 – Formulate the relevant questions to clarify and express clearly the problem and to reflect about implementation considerations, one of the main challenge for the improvement of all health systems in Africa

3 – Simulation of policy dialogue is important exercise and help to engage and involve policymakers and it is critical to create the appropriate conditions for the dialogue and be sure policymakers will be able to express their perspectives and to share their tacit knowledge

4 – Negotiation skills are the way to influence and communicate with policymakers and need to combine managerial and technical skills in EIPM (5/34 people want to be sure Make it happen)

5 – Use strategy to create market pull to use research to create new technologies

6 – Build on communities and find strategies to have effective exchange between these communities

7 – Define exposure or knowledge dissemination strategies, experience or the use of knowledge for positive attitudes, behavior, expertise or knowledge use to reach new level of competence and embedding or understand the complexity of linkage between knowledge (part of goals based KT framework)

8 – It is about transmission and exchange of information and use the research results to think with different perspectives or to act with another way because the process is not the same. It is constant and intense dialogue and consistency is one of the main key factor of success for long term commitment and to get the interest of the audience. For the minister need to be just 5 bullets points or for programme managers may be 25 pages are necessary. Focus attention to the challenges on the evidence brief for policy and improve accountability.

9 - Define clearly desirable effects like health benefits and undesirable effects as well. It is important to highlight pragmatic solutions and how to tackle the public issue (know about problems, know what works, know how to put in practice, know who to involve, know-why and why the intervention is working)

10 – Every step in the action need to have knowledge assessment and adapt the knowledge to the local context and monitor how the knowledge is used

11 – The key factors affect policy-making
3 - Lessons learned about new knowledge from LMICs in EIPM

What factors influence policy:
1 – Interaction between different stakeholders
2 – Timing and timeliness
3 – Skills and expertise
4 – Networks and trust improve the use of EIPM
5 – Mitigate the use of jargon
6 – the quality of relationships
7 – lack of support by the management and front-line
8 – Clear and targeted messages and provide effective communication

Exercise on what influences decision making in policy-making process?
1 – lack of evidence to make or use policies
2 – lack of use of research results by policymakers
3 – depend on environmental factors like social and demography data
4 – Too strong competitive demand and not enough time to reflect why that didn’t worked. Many agencies at country level do interventions without consultations with ministry of health
5 – recognition of gaps and resources available (based on cost of actions)
6 – Acceptability by populations related to financial and social costs
7 – Cost and cost-effectiveness
8 – the level of knowledge and understanding
9 – Position of stakeholders
10 – Interest of stakeholders and level of involvement/commitment

4 - Lessons learned on the type of evidence
1. Non-financial resources can be more important specifically human resources in rural area
2. Social determinants are more at local level and if it is real problems and what are the resources for the scale-up
3. Global evidence to know if it was efficient in another countries
4. Medical fraternity constituency and show quality and not quantity
5. Difference between skills and theories and to manage the arrogance
6. Global evidence on effectiveness and how are implemented in different settings
7. Global and local evidence are necessary and need to be applied
8. What type of interventions works, where its work and in what type of context at country how that can work, what are the limits and barriers.
9. Difference between improvement of existing interventions and to set-up new interventions
Conclusion Simulation of policy dialogue

The workshop was very interactive and used a learner-centered approach. The support of videos (from SURE set of material) was extremely valuable and useful. A mock and simulation of policy dialogue on alternative options to address the HRH crisis was done and very successful as well to understand the positioning of different stakeholders and how to manage the dialogue with large audience. The interaction between the policymakers and researchers was extremely useful as well.