

Collaborative research to engage policy makers

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Experience from a study conducted with the Pakistan National Tuberculosis Control Program



Mishal Khan, PhD
London School of Hygiene and Tropical Medicine
Mishal.khan@lshtm.ac.uk

Is it important to engage policy makers?

Is it the role of public health scientists to engage policy makers?

What impact does engagement have on my research and career?

Answers depend on what role and goals one has defined for themselves

Experience from a study conducted with the Pakistan TB Program

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



The Pakistan National TB Program had a budget for operational research

A team at LSHTM was approached to design and run a study that would help the NTP make resource allocation decisions

The funding was allocated to multi-drug resistant TB research but the research question was not defined

A collaborative process was followed, which has resulted in strong ownership of the (controversial) study results

Steps can be taken at each stage of the research process



**IDENTIFYING
RESEARCH
QUESTION**



**QUESTIONNAIRE
DESIGN**



**DATA
COLLECTION**



ANALYSIS

IDENTIFYING THE RESEARCH QUESTION



“Interesting paper, but we have much bigger issues to worry about”



IDENTIFYING THE RESEARCH QUESTION

- **Understood the NTPs current challenges and dilemmas**
- **Sent NTP a set of research questions from which they picked the one that was most pertinent**
 - The high costs of second line drugs is a major challenge for NTPs trying to treat increasing numbers of MDR cases
 - Procuring international quality-assured is more expensive than procuring drugs from the local market in Pakistan
 - However there are concerns about the quality and effectiveness of locally procured drugs

The Pakistan NTP have to decide whether the additional costs of purchasing international quality assured drugs is justified by improved patient outcomes

QUESTIONNAIRE DESIGN



“They didn’t include the most important factor in their study”



QUESTIONNAIRE DESIGN



- **Liaised with hospital and program managers to ensure that explanatory variables they felt were most important in their setting were included**
 - Ensured that the draft questionnaire was reviewed in person with key stakeholders
 - Understood how to best capture the information in light of the local context



“That information isn’t accurately recorded, it shouldn’t have been included”

DATA COLLECTION

- **Hired and trained local hospital staff for data collection**
 - Individuals that were trusted by the NTP to have a good understanding of the data complexities
- **Had candid discussions with them about the quality and completeness of information recorded for each variable**
 - To ensure that we understand whether some variables are more reliable than others



**“ What do these results
actually show?”**





- **Highlighted endpoints that were relevant to the key stakeholders**
 - For clinicians this included patient weight gain, side effects
 - For the NTP conversion from positive to negative on culture and default were important
- **Presented the results and statistics in a way that those without a research background could follow**
 - Many of the (senior) policy makers may have a medical background but would not had research training
 - Odds ratios and regression coefficients are therefore confusing!

Engagement needs to be built in from start to end



**IDENTIFYING
RESEARCH
QUESTION**



**QUESTIONNAIRE
DESIGN**



**DATA
COLLECTION**



ANALYSIS