



Getting research into policy at international level and in Ghana: the case of genital herpes treatment

Key Points

- Investigations into herpes simplex virus type-2 (HSV-2) as a cofactor of HIV acquisition, transmission and disease progression generated the political will necessary to reform international HSV-2 treatment policy.
- Playing a pivotal role at both the international level and within the Ghanaian policy context were 'policy networks' created either formally (WHO) or informally (Ghana) around the subject area.
- Within the Ghanaian sexual health policy network, there is often a single individual or 'policy entrepreneur' who generates momentum for policy change.
- Donor influence was cited as the single strongest impetus (or impediment) to policy change in Ghana.

Background

Herpes simplex virus type-2 (HSV-2) is the most common cause of genital ulcers. The drug acyclovir shortens the duration of HSV-2 episodes if taken early (episodic therapy), and prevents recurrence if taken for longer periods (suppressive therapy). The 2003 World Health Organization (WHO) Guidelines for the Management of Sexually Transmitted Infections (STI) recommended that episodic therapy of genital herpes with acyclovir be added to the management of genital ulcer disease (GUD) in low-resource settings, but only where at least 30% of GUD is caused by HSV-2 [1].

Past research has shown a clear cofactor effect between HSV-2 and HIV, whereby infection with HSV-2 increases the likelihood of HIV acquisition and/or transmission, while HIV-related immune-suppression increases the severity and duration of herpetic lesions. Therefore, in 2001, WHO, UNAIDS and other scientists recommended that interventions to control HSV-2 be tested to see if they can help to prevent HIV [2].

In 2008, results from randomized controlled trials (RCTs) in Ghana, Central African Republic, Malawi and South Africa showed that HSV-2 episodic therapy with acyclovir had some impact on HIV shedding in ulcer lesions, no impact in reducing HIV viral levels in the plasma and genital secretions, and modest effects on ulcer healing [3,4,5]. Despite these generally disappointing results, a WHO Expert Meeting to update the international STI guidelines recommended the inclusion of anti-herpetic therapy for all GUD patients, regardless of HSV-2 prevalence, based on clinical benefits and patient quality of life and the cost-benefit ratio of adding acyclovir to syndromic management in most settings [6].

In Ghana, the National AIDS & STI Control Programme

(NACP) had been using the older 1994 WHO STI guidelines, which did not include acyclovir for syndromic management of GUD. While acyclovir is available in Ghana, it is mainly available in the private sector. Competing health priorities and the chronic nature of herpes (an incurable disease) have been cited as major obstacles in translating WHO recommendations into national guidelines.

The purpose of the research

The translation of research into policy is rarely linear, and may only occur when a 'policy window' is created – when a problem is recognized, a solution available, and there is sufficient political will [7]. Alternative theories hold that policy change relies on key networks of actors who must take up policy change agendas, but also be linked into the necessary decision-making structures [8,9,10].

Adapting these two models, the objectives of this study were: (1) to evaluate the process by which findings of recent research influenced guidelines formulated by WHO, and (2) to investigate the policy transfer process from international guideline formulation to policy development in Ghana.

Methods

Two sets of in-depth interviews were conducted with: (i) attendees of the WHO Expert Meeting to update the GUD syndromic management guidelines in Montreux, in April 2008 – interviewees included senior WHO officials, WHO programme staff and researchers from across the globe; and (ii) high-ranking sexual health government officials, leaders in the non-profit public health sector and distinguished researchers in Accra, Ghana, in July 2008.

Key research findings

International level policy changes

- Policy-making on genital herpes management included three distinct groups of decision makers, each with a slightly different agenda: (a) researchers, who were interested in the strength of the research findings and the implications for future research, in addition to promoting evidence-based policy; (b) policy makers, who wanted clear recommendations for policy change; and (c) programme managers, who wanted to provide acyclovir treatment to the communities they serve based on the high herpes burden.
- Despite the health-centric focus of WHO, evidence of the efficacy of acyclovir for treating herpes was not sufficient to change international policy. It took the increased international attention on HSV-2, based on its observed cofactor effect with HIV, to get it on to the WHO/international agenda. Although the RCT results were inconclusive, they did provide a powerful platform to discuss the role of genital herpes in the HIV epidemic. The high prevalence of HSV-2 among GUD (knowledge generated from the trials), and a projected positive cost-benefit profile of treating herpes lesions based on economic modelling, supported a decision for policy change.

International-to-national policy changes

- Policy makers in Ghana often gave more weight to international research than to national due to the wider dissemination of research findings and the potential influence on donor funding. However, local researchers suggested that changes in practice may at times occur before national policy shifts have had time to take place, with some evidence of peer network influence thanks to some local researchers connected to the international research agenda.
- In Ghana, national policy is often driven by donors' interests as the health sector, particularly in the area of prevention, is largely dependent on foreign aid. According to local respondents, if a donor pays attention to a specific issue, it gains national importance, and if a donor de-emphasizes an issue, it may be ignored to accommodate a competing priority. As there was no clear evidence that HSV-2 therapy was effective for HIV prevention, donors have not provided funding for procurement and delivery of acyclovir, or emphasized it in policy recommendations. This provides a barrier for acyclovir to be adopted for syndromic management of HSV.
- Even without donor funds, Ghanaian respondents stated how policy change can also occur if there is a key individual, well placed in national policy-making bodies, whom the

researcher knows personally and can contact to generate political will at the national level. This highlights the importance of 'policy entrepreneurs' [10] and the networks between researchers and policy-influencing individuals. Through this route, policy changes appear to be met with conditions that the policy will be highly visible and good for public relations, be beneficial to the population, and have few cost implications – either having no additional cost, saving money in the long run, or potential to attract additional donor funding.

Strategies to facilitate evidence uptake in Ghana

The policy network in Ghana appears largely informal, but represents the single most powerful factor in affecting STI policy change in Ghana, after donor funding. The existence of this group presents an opportunity to disseminate study findings and exert pressure on policy makers in an effective manner. Early engagement of researchers with policy makers in research may facilitate policy implications of research findings at the outset. In addition, engagement with donors is needed as they are influential in driving the health agenda and funding availability for access to drugs, such as acyclovir for HSV-2 treatment.

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