18th ISSTDR, London, 2009

Abstract

Getting research into policy: including HSV-2 treatment in WHO GUD management guidelines and the case of Ghana

Burris HF¹, Adu-Sarkodie Y², Parkhurst J¹, Opoku BK², Mayaud P¹

¹ London School of Hygiene & Tropical Medicine, London, UK

² School of Medical Sciences, Kwame Nkrumah University of Sciences & Technology, Kumasi, Ghana

- **Objectives** This study explores the mechanism through which research influences policy, looking specifically at HSV-2 treatment policy in light of the acknowledgement of a co-factor effect between HSV-2 and HIV. It ultimately seeks to identify mechanisms through which evidence informs national policy in the developing world context, with Ghana as a case study.
- Methods Data from this study was collected in spring/summer 2008 through interviews conducted with researchers, program managers and policy-makers at both the WHO conference to update GUD treatment guidelines in Geneva, and in Ghana.
- **Results** The major findings of this study were that international policy changed as the result of an accumulation of evidence, and with the strong involvement of policy-makers throughout the research process. In addition, the investigations into HSV-2 as a co-factor of HIV generated the political will necessary to reform HSV-2 treatment policy. Policy transfer is top-down; however, the call for research was the result of a bottom-up process in which the observed synergy between HSV-2 and HIV in developing countries informed the international research agenda. Playing a pivotal role in the Ghanaian policy context are intellectual clubs, groups of professionals linked through congenial relationships. These 'clubs' serve as the primary conduit of information between researchers and policy-makers, for whom communication is lacking, and may serve as the main internal agent of change nationally. Local research agendas are often set by external pressures, such as donor priorities, and these pressures are cited as a further barrier to the communication between researchers and policy-makers, and so research and policy, within Ghana.
- **Conclusion** International policy was only able to change due to the policy window provided by HSV-2's link with HIV. National policy in Ghana changes in response to donor pressure, due to an influential champion or due to the power of intellectuals clubs.