



Programme for Research & Capacity Building  
on Sexual & Reproductive Health & HIV  
in Developing Countries



## LESSONS LEARNT FROM HEALTH RESEARCHERS AND COMMUNICATION EXPERTS AT AN INTERNATIONAL MEETING ON STRENGTHENING THE RESEARCH TO POLICY AND PRACTICE INTERFACE

### Introduction:

The mechanisms for getting research into policy and practice are receiving increasing attention from health researchers and donors. Participants from the Department for International Development (DFID) funded sexual and reproductive health and HIV/AIDS Research Programme Consortia (RPCs) met at Liverpool School of Tropical Medicine (LSTM) on 18<sup>th</sup>-19<sup>th</sup> May 2009. The meeting provided an opportunity to exchange learning on communicating research findings for policy and practice.

Research organisations are adapting to an increasing focus on communications. This has led to the acquisition of new skills and the implementation of novel communications techniques. Meeting participants presented case studies to illustrate the types of engagement that have been prompted by their research; some tracked policy impacts, others presented the communication strategies they have used, and described the strengths and challenges involved.

The meeting was led by Jo Crichton from the African Population and Health Research Center (APHRC) and Sally Theobald from LSTM. The meeting allowed them to gather feedback and reflect on findings from their qualitative research with RPC partners on the research to policy and practice interface. The two day meeting involved clustered presentations, plenary discussions and group work to develop an agenda of further work in this area.

### *DFID Research Programme*

*Consortia (RPC):* The UK Department for International Development (DFID) seeks to improve integration of research, knowledge, policy influence and country research capacity. RPC were set up in response to these objectives to produce research that is relevant to international development policy with an emphasis on communications. Each consortium brings together a number of partner organisations to carry out research across a broad theme in multiple Southern contexts. The RPC research supported by DFID is pro-poor with an equity focus; SRH and HIV is one of several core themes supported. More information is available at:  
[www2.dfid.gov.uk/research/](http://www2.dfid.gov.uk/research/)

Attendees included researchers, communications experts, activists and DFID staff members from around the world. This meeting is part of a larger research project. The aim of this paper is to distil the lessons from the meeting and present findings. The meeting focused on research on sexual and reproductive health (SRH) and HIV/AIDS in institutions from the North and South, but the discussion was of broader relevance for those concerned with getting research into health policy and practice.

*“Engage with beliefs, engage with programmes, engage with academia, engage practice”*



**Examples of presentations** (see website for copies of all presentations)

**Conceptualising influence and impact in development research**

**'Sex Sells' Everything from Cars to Toothpaste... Could it also Sell Safer Sex and Empowerment?**

**HSV-2 Treatment and HIV Infection: International Guidelines Formulation and the Case of Ghana**

**Playing the role of a 'boundary organisation': getting smarter with networking**

## Main messages:

**Context:** The operating environment plays a crucial role in shaping how research evidence is used, and this varies between district, national and international levels.

**Complexity and multiplicity of actors:** The health sector is increasingly complex in terms of actors, funding and programme mechanisms and channels of influence. Presenters described their engagement not only with traditional policy makers from health ministries or other elected politicians but with users of health services, community representatives, other government ministries, researchers and programme managers.

**Relationships:** Close personal or institutional relationships with policy makers helped some researchers to play strong roles in policy and programme decisions. Others found decision makers harder to influence and concentrated on increasing their receptivity and capacity to use research evidence or influencing standard setting organizations like the World Health Organization (WHO).

*"Credibility of the message bearer was as important as the message itself." Participant working with Ghanaian parliamentarians.*

**Coalition building and strategic alliances:** The media and advocacy organisations were cited as important partners who can help develop communications strategies, 'packaging' information appropriately and creating new ways of reaching target audiences. Advocates, skilled at identifying windows of opportunity for influence in policy processes, can be useful allies. Relationships with intermediary organisations take time to build and are two-way. Close interaction with end users of research can help inform the design of communications approaches.

**Evidence:** Consideration of the kinds of arguments that policy makers are most receptive to can help communicators make use of the diversity of research evidence coming out of the health sector. For example, one surprising statistic had a strong impression on parliamentarians in Ghana; whereas in other settings researchers framed their research to link it to concepts or indicators that are already on policy agenda, for example the Millennium Development Goals (MDGs).

*"I am an AIDS activist, we never have the time to look at models. You (researchers) have the body of knowledge, we have the passion and force. You need to engage with civil society in a much more constructive way. Tone down your language so people can understand."*

**Types of research influence:** Research can have a variety of uses and impacts. It might contribute to a body of evidence, change attitudes and discourses, bring issues onto the policy agenda, influence policies or guidelines, or get taken up by practitioners. The research process itself may have an impact, for example through building partners' capacity or changing attitudes to controversial health issues. Context, links and evidence all interact to shape how the influence occurs.

*"It is like being in a 'screaming room'; we are just one voice, not necessarily the loudest, or the one closest to the ear. Can we change the screaming room into a choir...singing from the same sheet of music?"*

*(analogy by RPC participant on the importance of harmonising with other health and development stakeholders)*

**Attribution vs. Contribution:** How should we assess and track research influence which often results in subtle changes that are not easily measured? Participants highlighted the difficulties of evaluating the impact of research communications, given that impacts are often diffuse, and that timeframes for policy change are long. It was felt that tracking contribution may be more meaningful than attribution.

**Challenges for researchers:** Researchers at the meeting described difficulties reconciling the desire to contribute to positive change and the fact that they are often assessed solely on their research publication performance. Engaging with policy makers can be time consuming and many researchers felt they lacked confidence

working with, for example, the media. Some researchers were also alienated by communications jargon. Creating opportunities for informal interactions between researchers and media representatives was found to be an effective strategy in Kenya.

**Uncertain outcomes:** Researchers must balance planning for a positive research outcome with the knowledge that outcomes could be positive, negative or equivocal. A South African researcher described how communicating with research communities throughout the course of a clinical trial had the unexpected outcome of helping to change public attitudes towards research.

**Risks of influence:** Participants noted that communication can have unexpected and even negative impacts. Careful weighing of the scope and limitations of the research, the policy context and potential risks is important when developing communications strategies.

**Timing:** There were diverse opinions about when to do communications work, some called for the need to communicate preliminary results at an early stage, before comprehensive research evidence is available. Others stressed the importance of dialogue at the beginning of the research cycle and working with different policy makers in research agenda setting and problem formulation.

**Donors:** Donors can positively influence research communications work. The priority given to research communications by donors such as DFID and IDRC has contributed to altered thinking and practice in research institutions. Donors could consider funding coalitions for policy change, and building the capacity of both Southern and Northern institutions to assess, use and interpret research evidence for policy.

## Conclusions:

The interface between research, policy and practice is increasingly being seen as an area for research in itself with participants expressing an appetite for resources synthesising lessons from communications approaches of RPCs. Communications experts can help to enthuse and support and train researchers to do communications work. We need to continue to seize opportunities to share experiences in research communication on health.



### Researchers and communicators may find it useful to consider the following when developing communication strategies:

Undertaking reflexive assessments of the policy relevance of your research evidence, its scope and limitations and the ethical implications of communicating the research.

Carrying out strategic scoping of opportunities and levers to influence through analysis of the policy context, actors and processes, including the political or cultural acceptability of your research findings.

Assessing the nature of the research evidence and consulting with other key actors on how best to frame it in ways that increase local decision makers' receptivity.

Keeping communications strategies flexible and relevant to partners' objectives to keep them effective.

Communicators' use of creative and innovative techniques, without jargon, can help make their work less alien or off-putting for researchers.

**RPC representatives from: Realising Rights; Programme for Research and Capacity Building on Sexual and Reproductive Health and HIV in Developing Countries; Addressing the Balance and Burden of HIV/AIDS (ABBA); Evidence for Action (EFA).**

**Participants from DFID, ESRC and key organisations in the Malawi and Kenya Health Research Capacity Strengthening Initiative also attended. The meeting was facilitated by John Young from ODI.**

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