MOVING BEYOND RESEARCH TO INFLUENCE POLICY WORKSHOP
University of Southampton, 23-24 January, 2001
DAY1 Presentations and Discussions

Welcome and Opening Address - by Professor Ian Diamond (Research Director of Opportunities and Choices)

An Introduction to the Research Policy Interface
John Townsend
FRONTIERS

The plenary session provided an introduction to the research/policy interface. Different types of research and models for influencing policy formation were discussed, and then those who are easily missed out of these processes identified. The international community is increasingly aware of the need to link knowledge to policy and this was illustrated through a number of examples including: the WHO and evidence based health care, and DfID linking knowledge to development partnerships. This was all the background to the workshop but the overview did touch on topics that discussed in detail later. For example, the different ways that knowledge can be used, ways to improve the influence of research on policy, how research can show that it influenced policy and what are the challenges to influencing policy.

Powerpoint presentation.

PROMOTING THE USE OF REPRODUCTIVE HEALTH RESEARCH RESULTS
Chair: Roger Ingham (Safe Passages)

Overview Presentation: Promoting the Use of 'Reproductive Health Results' Towards greater synergy'
Peter Aggleton
Thomas Coram Research Unit
Institute of Education, University of London

In his overview and introduction to the first session, Peter Aggleton focussed on the broad field of sexual health research, which he saw as encompassing reproductive health enquiry, stating it was important to differentiate carefully between the two, since "sex implies far more than reproduction". Such a distinction raises important questions of terminology. How an issue is defined ultimately influences its meaning, scope and applicability.

In order to encourage researchers to adopt a critical and context specific approach to their work, two models were presented - the dominant model and the alternative model. The dominant model (seen as being prevalent in much existing reproductive health research) most usually involves rich nations "identifying" problems in poor countries, sending in their researchers, and then "transferring" knowledge learned to the poor ones. Communication in this model is usually one way -- from rich country to poor, rather than there being any on-going dialogue between them. Such an approach is seen as presenting a number of problems, not least whether the real problems are being addressed by the research and hence, whether context specific explanations, programmes and interventions are achieved.

An alternative more collaborative approach aims to identify problems and issues in local terms. Projects and approaches are jointly developed with on site training and support, and the joint analysis and dissemination of information, i.e. a two-way relationship. With this approach the researcher needs sensitivity in order to understand how individuals view themselves and hence make the research relevant to those it is intended to involve. Researchers are able to develop networks, right from the start of the research project, with those able to implement the findings. The role of the rich countries in this model is to facilitate enquiry through financial support and limited technical support.

Peter also highlighted the need to recognise the 'denial' of certain fields of research, at both governmental and local levels, a concern especially pertinent in relation to sensitive topics such as sex work, sexual diversity and homosexuality.

The relationship between research(ers) and policy makers was discussed, their different agendas sometimes making for difficult relationships. Policy makers tending to be more focused in their needs than researchers, and researchers need to take account of this, and the reasons for it. In order for maximum synergy between them there is a need for sensitivity, dialogue and understanding. A relationship of trust needs to be built in order for policy to be developed and implemented.

This leads to a reassessment of what is required of a researcher in terms of personal qualities, and in order to develop "an informed yet critical humility".

Powerpoint presentation.

Case Study Presentation: Promoting the Use of Reproductive Health Research Results: A multi-sectoral workshop for priority-setting in Youth SRH research in Peru
Carlos Caceras
Departmento de Salud Publica, Universidad Cayetano Heredia, Lima

This presentation described a workshop (made up of governmental bodies, academics and NGOs) that arose from a widespread belief that the State had an official obligation to youths especially via the provision of health services. The objectives of the workshop were to assess the information available relating to youth health issues and, to discuss the need to carry out and utilise research, and to identify priorities.
Initial work discovered that while there was some information relating to youth health available, it was largely confined to the urban areas, not well known, its diffusion delayed, and utilisation very limited. From these findings there developed an improved use of information via a budget for the diffusion of results, the provision of trained professionals in all areas (not just urban), a support network of researchers was developed and coalitions built. The second stage of the workshop concerned prioritisation, through a review of available research, identifying five priority topics being selected. The outcome of the workshops was the publication of memos made freely available to all. There was no formal evaluation of the project, but it was spoken of and seen as pioneering.

Powerpoint presentation.

Case Study Presentation: Promoting the Use of Reproductive Health Research Results
Yasmeen Sabeeh Qazi
Pakistan Voluntary Health and Nutrition Association (PAVHNA), Pakistan

This session described the success of the community-based approach taken by PAVHNA in Pakistan. It has worked at macro and micro levels to try and bridge the gaps between NGOs and both the private and the private sectors. Yasmeen cited three success stories. In two the results directly affected national policy. One of these studies had revealed the positive impact on women of working outside the home, and the other, the need for a change in family planning provider training to improve contraceptive uptake.
In the third case, the process through which the research was disseminated was described. The research in this case was health provision for adolescents, whose needs were not addressed by health service providers. The organisation held meetings at local, regional and national levels. Journalists attended these meeting and as a result the work firmly placed in the public domain. The study carried out a rapid needs assessment of both adolescents and their parents. This was made less difficult, as they were accepted at the community level, having built up a relationship of trust. The outcome of the study was to recommend the training of peer leaders, and a national

workshop to disseminate the results was held. Again, there was media coverage and the policy makers and donors were successfully sensitised to the needs of adolescents. This led to a national programme being initiated.

Word presentation.

Plenary Discussions: Key issues on utilisation of RH research results

The following issues were raised from the floor:
- The importance of progress reports to keep policy makers informed and for quick dissemination.
- The need to consider the social, political and cultural environment in which the research will be used.
- Need to communicate research so that it can be understood by the lay person, the language of the consumer as opposed to the provider.
- The importance of the social structure of what is being researched in order to locate the policy context.
- The need to increase the involvement of policymakers.
- Need to recognise that while a closer relationship between researchers and policy makers is a way forward, this can be time consuming and expensive.
- Funders need to be aware that researchers need to involve policy makers from the inception of the research.
- The dominant research approach is also common in developed country contexts.

Key comments from the cards:
- The planning for dissemination should be an integral part of research funding.
- Communication is a continual two-way flow of information whose messages should be driven by the audience.
- Multiple channels and formats of communication are needed and context specific approaches made.
- The term 'policy maker' needs to be more broadly defined.
- Advocacy is actually undertaken by a multitude of actors.
- The format, timing, and language of dissemination are critical for effective communication.
- Lessons should be learnt from previous good practice.

COMMUNICATING REPRODUCTIVE HEALTH RESEARCH RESULTS
Chair: John Worley (DFID)

Overview Presentation: Communicating Research to Policymakers: The road to inaction is paved with research reports
Lori Ashford
Population Reference Bureau, Washington

The overview presentation examined "Why there is a communication gap between researchers and policy makers?" and it was pointed out that it has to be remembered that researchers and the policy makers have different roles. For the most part researchers do not address policy maker's needs, their work being more likely to be instructed by a funding body, than a policy maker. Another reason for this gap, that was highlighted, is that research results are not presented in a convincing and concise form that is easily accessible to, and therefore able to make an impact on, the policy makers.
Linked to the comment on the influence of funding agencies, funding constraints also limits the ability of researchers to disseminate results in a focused, context-specified manner. On the part

of the policy makers, they have short time horizon and need quick results. Yet, they do not realise that time pressure on the researcher may affect the quality of the research.

The following recommendations were made to improve communication between researcher and policy maker. Researchers should formulate a strategic plan for communicating the results of their study. Each separate study requires clarity of objectives, for example, who is the target population, what is the message for this particular population, what are the most effective formats for results, and most importantly what are the timings of presentations of the results. There should be multiple channels of communication, e.g., print media (reports, data sheets, etc) and electronic media (TV and internet). Presentations made must be free from any technical jargon and should be written objectively. The printed material should be attractive, clear, short and must contain a one page summary.

In terms of the research process, the need to communicate policy makers necessitated additional staff, potentially including a communication specialist, editor and production staff. In addition it is important to have networks with journalists and send them data and information regularly. Communication is a continuous process.

Powerpoint presentation.

Case Study Presentation: Effective Dissemination of Operations Research Results; FRONTIERS experience
Monica Wanjira
FRONTIERS/Kenya

The need for a dissemination strategy was again highlighted. Targeted audiences have to be carefully identified, and messages communicated in a simple and precise manner. Via an effective dissemination strategy it is possible to reach the target audiences in the most effective way with most useful information, and to facilitate the ability of stakeholders to use the results. The dissemination strategy should be outlined at the design stage of project. As the strategy should be designed keeping in mind the psychological and the cultural aspects of the target audience. In the case of FRONTIERS, the following communication channels are used: Organised events, like meetings, Networking with journalists, media.

Outcomes of the FRONTIERS dissemination strategy include: increased familiarity of the audience with the objectives of FRONTIERS, and various international organisations for example WHO and USAID requested FRONTIERS present their work at the international level.

Case Study Presentation: Public education and advocacy against unsafe abortion; A case study of Nepal
Anand Tamang
CREHPA, Nepal

The background to this study is that, due to unsafe abortion, the maternal mortality rate in Nepal is one of the highest in the world. Abortion is criminal offence punishable with imprisonment. Previous research has highlighted a lack of awareness of the legal status of abortion in Nepal, and the public health burden of illegal abortions. In order to address these issues an advocacy campaign was launched. The programme, Public Education and Advocacy Programme (PEAP), was launched in 1998, and sought to pave the way towards legalisation of the abortion The presentation clearly outlined the different strategies used in this advocacy campaign, including through printed media (posters, brochures, etc), press conferences, radio programmes, electronic media and via communities (workshops, drama). On a different level the campaign also included networking with Ministry of Health.

The outcome of this campaign has been recognition from both the Government and the community. The Government health plan now includes PEAP related strategies, the Ministry of Health has accepted and now 'owns' the IEC materials designed for the PEAP campaign, and the issue is soon to be considered by the legislature.

Powerpoint presentation.

Plenary Discussion

Following the presentations, the following issues were raised by the chair, John Worley (DFID).
- What should researchers do in avoiding the dissemination of misinformation?
- What systems would help to ensure that good quality research is communicated?
- What to convey to policy makers in the form of analysis, so that they can make decisions?

The following responses were heard from participants:

Dealing with misinformation:
- Researchers should cultivate links with journalists, since they know well the psychology of dealing both with community and government.

Communication:
- Avoid the overloading of information, only provide when needed, and this should be done in a timely way.
- Special care is required in handling the sensitive issues like abortion, especially when considering what language is used.

Policy makers:
- Policy makers may need to know results that may not otherwise be publish.
- The researchers should know correctly what their role is and what the policy makers expect.
- Results have to be conveyed to the policy makers by keeping in mind the cultural and the social setting of the country.

Key comments from the cards
- There is a need to promote evidence based practice
- What is policy? How do we define/conceptualise 'policy'?
- Who are the policy makers? There is a need to recognise that policy makers are ever changing at the high level, and it is therefore necessary to work at all levels.
- Academics need to recognise the need for participatory dissemination, publication in journals is not sufficient.
- There are a number of ways that communication between researchers and policy makers can be improved, but researchers are not necessarily the best policy communicators and there may be a need for mediators.

EVALUATING THE QUALITY AND IMPACT OF REPRODUCTIVE HEALTH RESEARCH
Chair: Ian Askew (FRONTIERS/Kenya)

Overview Presentation: Evaluating the Quality and Impact of Reproductive Health Research
Jane Bertrand
FRONTIERS Program, Tulane University

In this overview session a concise background to evaluation was presented, starting with the need to evaluate. This need is driven by donors, the need to identify 'what works', and to examine if studies impact service delivery or not. The overview specifically concerned operations research. There followed a detailed description of the approach used by FRONTIERS to evaluate operations research. Three different types of indicators are collected; process, impact and contextual factors. The data collection instrument is designed to yield a numerical score (e.g., quantify) each indicator of process and impact for each project reviewed, as well as qualitative or narrative data that justifies the score. The scoring system allows one to identify those projects that have influenced service delivery or policy.

Powerpoint presentation.

Case Study Presentation: Quality and impact of Social Science and Operations Research by the Special Programme in Human Reproduction Department of Reproductive Health and Research World Health Organization
Iqbal Shah
World Health Organisation

The second case study was provided by another donor, WHO. After providing participants with background information on social science research in the Human Reproduction Programme of WHO, ways through which impact is facilitated were outlined.
Two key principles guide research that is supported by HRP; relevance to country needs and partnerships with local institutions and the Government.
Research carried out by the programme was assessed for impact in 1989, and this process is being repeated in 2001. The opportunity to evaluate the impact of funded research is currently open to bid.
In the experience of HRP three factors greatly enhance the impact of research may have: one is addressing pertinent local issues with Government involvement, the second examining sensitive issues and the third the commitment of local investigators. The presentation finished by stating that the investigator is the most important in the set of factors facilitating impact.

Powerpoint presentation.

Case Study Presentation: Evaluating the Impact of Research on Policy and Practice: Case studies of HPD funded research in Ghana and Tanzania
Sarah Hall
Health and Population Department, DFID

In 2000, the HPD Knowledge and Research Section carried out a series of case studies to examine the impact of ten HPD-funded research projects in Ghana and Tanzania. It was hoped that this would not only give some indication of how the HPD investment in knowledge contributes to the promotion of evidence based practice in developing countries, but would also give feedback on practices which facilitate the translation of new knowledge into policy.
The case studies demonstrated a wide range of impacts, and illustrated a number of examples of good practice in maximising the positive effects resulting either directly or indirectly from the research process
The case study methodology was effective in evaluating the impact of research on policy and practice, and identifying examples of good and poor practice. One of the strengths was the participation of a number of different interviewees for each study, which proved important in ensuring a comprehensive picture of impact. However, it is very time consuming, and may be more suitable for lesson learning rather than routine impact evaluation of research.

Powerpoint presentation.

Plenary Discussion

The session chairperson introduced the panel and posed the following questions for the panel to address:
- Why is evaluation needed?
- Why should it be done?
- How should it be done?
(i) Mr PK Mehrohtra focused on Indian perspective:
- That undertaking research in India has been both a risky sticky exercise
- That despite substantive research, its impact was limited to formulation of policy
- Orientation of research has been toward program outcome to hit a pre-fixed or targeted figure and not toward program process.

(ii) Prof. John Cleland (Centre for Population studies) mentioned a critical point on using a certain model for evaluation as the 1st case presenter mentioned:

- He said "There is no one model for getting research into a policy".
- He stressed that focus should be given to detailed and in-depth descriptions of situations similar to those recently carried out in Asia.
- Evaluation should focus on whether services changed or not as a result of impact

(iii) The last panel speaker was Nicola Woodward (Research Manager- NHS, UK) described the NHS experience of evaluation and monitoring.

Key comments from the cards:

- How important is it to establish causal impact?
- How is objectivity maintained?
- Evaluation should not just focus on the positive.
- Research should only be expected to change (impact upon) the things that it is designed and resourced to change
- Impact assessment should focus on a project/programmes original purpose and aims and then seek to identify added value and adverse impacts.
- A systems approach is needed to achieve policy change - not just good quality research. Evidence based culture; capacity development; and appropriate communication mechanisms (primary, secondary and tertiary).
- It's not only about evaluating the impact of research, but also the impact of other parts of the system required to support policy change.

Mr PK Mehrohtra focused on the Indian experience and observed:

· That bio-medical research in India is co-ordinated by the Indian Council of Medical Research (ICMR).
· that the procedure for obtaining approval for research design is time-consuming and frequently gets stuck in red tape.
· That health policy and decisions have not derived significant benefit from research findings.
· That evaluation of programme implementation has received more attention than research.

Powerpoint presentation.