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Policy Brief
no. 5 | 2021

How to bring evidence from research into policy? Lessons from five global public health projects

In public health, evidence generated by research can form the basis of effective new laws, regulations and standards. For a variety of reasons, research evidence is often unable to reach policy makers, regulators and practitioners. Findings from in-depth interviews with researchers from five public health projects in low- and middle-income countries provide insights into different strategies that facilitate collaboration and communication between stakeholders, including policy-makers and practitioners.

Photo: Group discussion with women living in proximity of an industrial gold mine in Tanzania © Andrea Leuenberger.

KEY MESSAGES

Strategies to foster uptake of research into policies and development practices:

- Involve relevant stakeholders in a participatory way from the formulation of the research project to its implementation

- Promote co-creation, through equal partnerships and a transdisciplinary approach

- Develop research dissemination products for uptake by policy-makers and regulators

- Raise awareness about the planned research to maintain stakeholder interest and build up alliances of support

Translation of research evidence into effective policies and regulations often faces a number of challenges. To better understand effective dissemination, evidence was collected from five r4d public health projects in eight low- and middle-income countries. All projects aimed to have their findings incorporated into policy, which made it crucial for them to reach non-academic stakeholders; the strategy used to reach these stakeholders varied from project to project and was not always outlined at the design phase. The results of the present analysis are useful for researchers and research funders from different domains, not only for public health, as they provide guidance on three strategies to promote the uptake of research findings into policy.

STRATEGY 1:

Stakeholders directly engage with and seek evidence from researchers

In Lesotho, the project was implementing a clinical trial to test an innovative approach to deliver same-day antiretroviral treatment for HIV. During the trial, the project was contacted by the International AIDS Society (IAS) and the World Health Organization (WHO) about its findings. As soon as the results were available, the IAS and the WHO used them to update their global guidelines for HIV therapy. As a result, several HIV programs in Sub-Saharan Africa also adopted the updated guidelines. In this case, there was a window of opportunity where policy-makers were looking for evidence to address a specific issue, and reached out to a project that addressed that topic.

"Policy uptake was facilitated by engaging all stakeholders from the very beginning and in all phases of the project."

STRATEGY 2:

Different stakeholders are involved in the design phase and throughout implementation of the project

Two r4d projects served as examples for this strategy. The first is a project on health system governance for inclusive and sustainable social health protection in Ghana and Tanzania. At the start of this project, a Country Advisory Group was formed, including representatives of the main stakeholders of the social health protection systems, such as national policy makers, healthcare providers and members of the national health insurance fund. The research questions emerged from interactions with the Country Advisory Group. Although the experience was slightly different in Ghana and Tanzania, in both contexts stakeholders from varied levels of government, non-governmental organizations and private industry were included in discussions during workshops and meetings, facilitating the project design, its implementation, dissemination and uptake of the research results. Contact with stakeholders was active and regular, even beyond the stage of setting the study objectives. In Ghana, research revealed two issues which were of particular relevance to local policy-makers. In Tanzania, the government scaled up to national level an innovative public-private partnership to improve the pharmaceutical supply chain.

The second example relates to Burkina Faso, Mozambique and Tanzania, and focuses on health impact assessments for engaging in natural resource extraction. In this case, stakeholders from the government, civil society, private sector and research community were involved from the outset through their participation in regular workshops and meetings. Additionally, the project was organized into two streams, an 'impact research stream' and a 'governance stream'. These two streams worked in parallel and had regular interactions: the first stream focused on generating evidence to support the uptake of health impact assessment in Africa, and the second

Partner countries of the five research projects included in the analysis.

studied the policy landscape and identified pathways to translate evidence into policy. This approach facilitated the dissemination of research findings into policy at both national and local levels.

In both projects, policy uptake was facilitated by engaging all stakeholders from the very beginning and in all phases of the project.

STRATEGY 3:

A participatory and transdisciplinary research approach is used and researchers, affected communities, practitioners and policy-makers co-produce knowledge and inform policy
Two projects used this third strategy that involved co-creating projects using a participatory approach in which policy stakeholders and practitioners were part of the research and implementation team, developing research questions and implementing interventions together with the researchers. The main difference to the second strategy is that the collaboration is more intense both within and beyond the transdisciplinary research consortium.

The first example comprised a project to set up integrated animal-human disease surveillance in Maya communities in Guatemala with two parallel medical systems: modern western and traditional Maya medicine. National, local and traditional authorities and community members were involved in all stages of the project, starting with the identification of research questions and the proposal development. Mutual learning was key to facilitating culturally pertinent and socially robust responses. This early and active involvement facilitated the acceptance of the research findings and, consequently, their dissemination and uptake. The key result of this project was that it enabled an open discussion between the two medical systems. Subsequently, an unprecedented collaboration between government authorities and communities developed into three joint responses, namely:

- Collaboration between local teachers and the Ministry of Education to implement education campaigns

- Human and animal health authorities, together with traditional Maya medicine specialists, generated communication strategies at regional levels

- Government authorities created a policy framework for a OneHealth approach.

The second case study examined the double burden of non-communicable and neglected tropical diseases at primary healthcare level in vulnerable populations in Mozambique, Nepal and Peru. The participation of community members, primary healthcare workers, and regional and national health authorities in co-creation enabled the methodology to be designed according to each context. In the process, stakeholders developed high levels of trust in the methodology and the data generated which, in turn, facilitated the uptake of the results into policy.

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RECOMMENDATIONS

Based on these findings it is of key importance to:

- Involve relevant stakeholders such as policy-makers, practitioners or civil society at all stages of research, from the formulation of the research project to its implementation
- Establish and maintain regular platforms of exchange between relevant stakeholders
- Emphasize and establish research dissemination products for uptake by policy-makers and regulators
- Raise awareness about planned research to attract stakeholder involvement
- Promote co-creation, equal and sustainable partnerships through a transdisciplinary and participatory research approach.

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CHALLENGES TO RESEARCH UPTAKE IN HEALTH POLICY IDENTIFIED BY R4D RESEARCHERS

1. Substantial amount of time required of researchers for results translation and to develop policy and advocacy products for different audiences

2. Question of representativeness of individual studies in case they are not scaled up or national-level studies, which means they may be highly context specific

3. Frequent changes of governmental staff hinder collaboration and uptake – this requires extra time and effort to establish relationships of trust and to maintain a continuous exchange

4. Diverging interests between researchers, researcher funding bodies and stakeholders (e.g. project timeframe may be insufficient to actually lead to policy changes, researchers not having the necessary skills to influence policy or advocate for change etc.)

References

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LINKS TO PROJECTS ANALYSED

Improving the HIV care cascade in Lesotho: Towards 90-90-90 – A research collaboration with the Ministry of Health:
www.r4d.ch/modules/thematically-open-research/hiv-care-cascade

Health systems governance for an inclusive and sustainable social health protection in Ghana and Tanzania:
www.r4d.ch/modules/public-health/health-systems-governance

Health impact assessment for engaging natural resource extraction projects in sustainable development in producer regions (HIA4SD):
www.r4d.ch/modules/public-health/health-impact-assessment

Intercultural transdisciplinarity in Guatemala and Peru: A North-South-South learning platform for culturally pertinent public health provision systems for indigenous populations:
www.r4d.ch/modules/thematically-open-research/culturally-pertinent-health-provision

Addressing the double burden of disease: Improving health systems for non-communicable and neglected tropical diseases:
www.r4d.ch/modules/public-health/addressing-double-burden-disease

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