

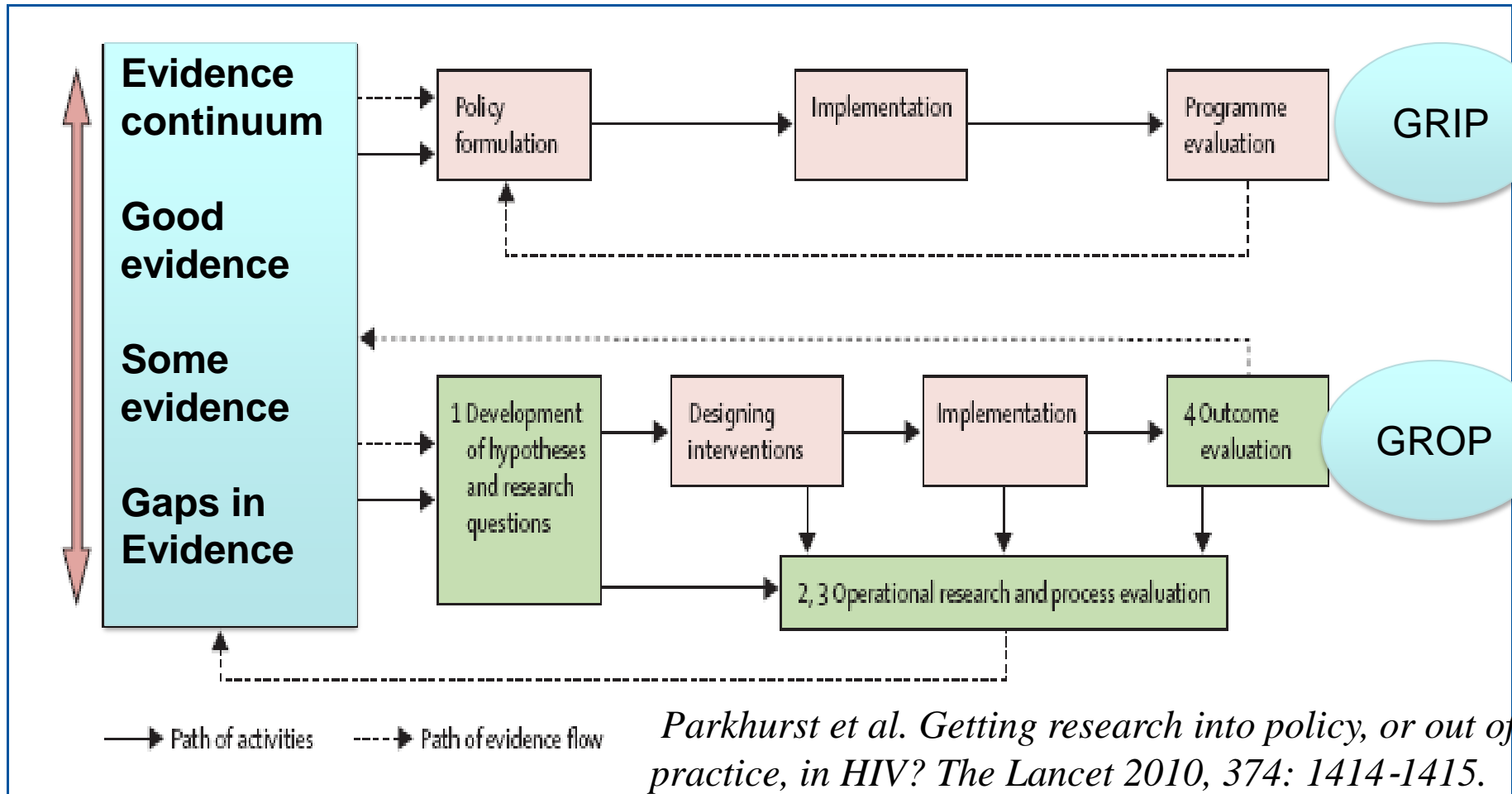


Moving Research into Policy

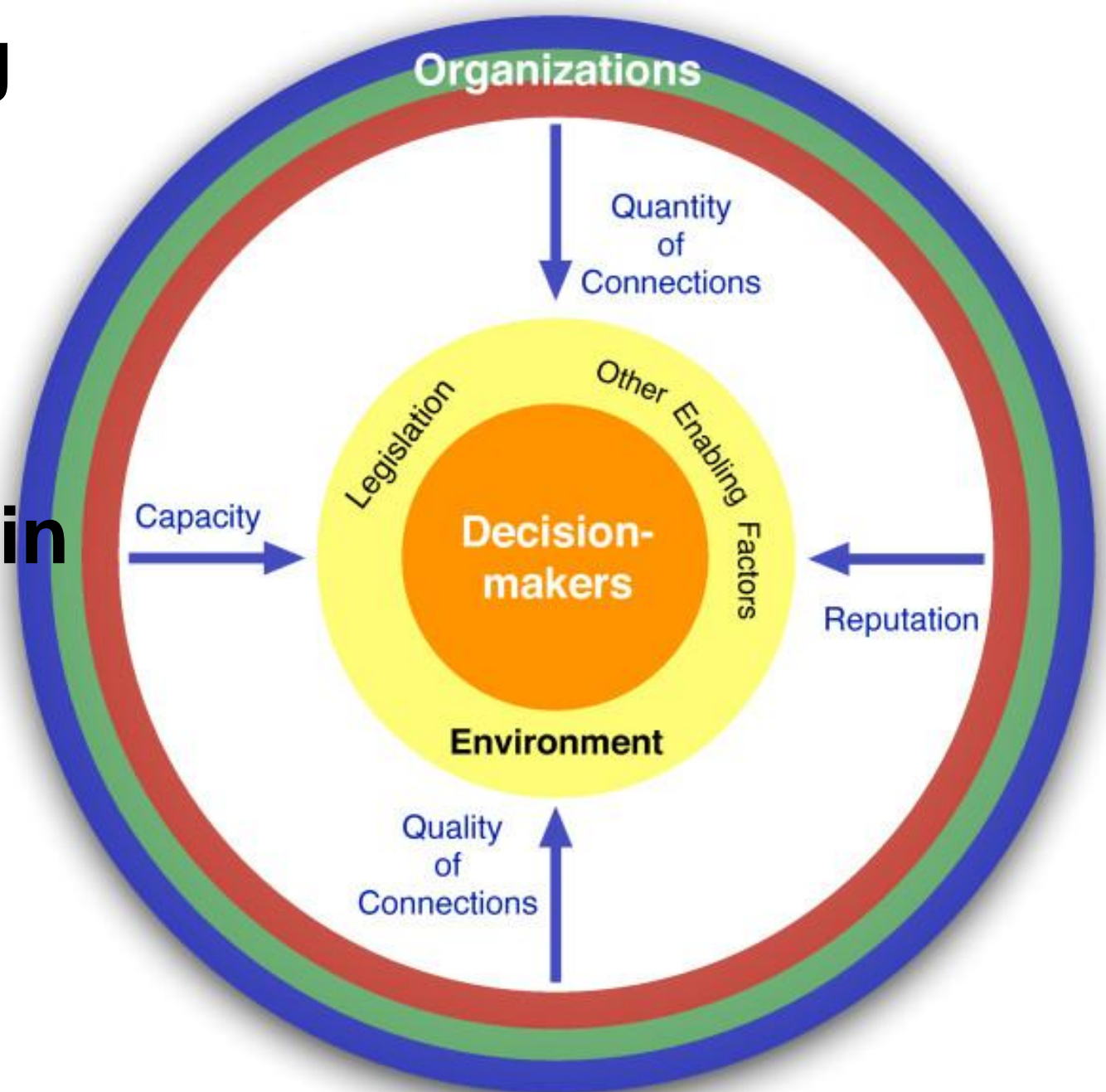
*emory.edu/ACAD_EXCHANGE/
2004/octnov/reflection.jpg*

Prepared by Noni MacDonald,
Dalhousie University, Halifax, Canada

Getting Research into Policy



Embedding Research into the Decision-making Processes in LMIC



Barriers to Moving Research into Policy

Barrier	Example
1. Lack of value placed on prevention	Only a small percentage of the annual health care budget is allocated to population-wide approaches.
2. Insufficient evidence base	The scientific evidence on effectiveness of some interventions is lacking or the evidence is changing over time.
3. Mismatched time horizons	Election cycles, policy processes, and research time often do not match well.
4. Power of vested interests	Certain unhealthy interests hold disproportionate influence.

Brownson et al Am J Public Health. 2009; 99(9): 1576–1583.

Hennick & Stephenson. Journal of Health Communication. 2005; 10:163–180

Barriers to Moving-2

Barrier	Example
5. Researchers isolated from the policy process	Lack personal contact between researchers and policymakers. Researchers not see it as their responsibility to think through the policy implications of their work.
6. Policymaking process can be complex and messy	Evidence-based policy occurs in complex systems. Decision-makers often rely on habit, stereotypes, and cultural norms for the vast majority of decisions.
7. Individuals not understand the policymaking process as a whole	Transdisciplinary approaches are more likely to bring all of the necessary skills to the table.
8. Practitioners lack the skills to influence	Much of the formal training contains insufficient or no emphasis on policy-related

Types of Evidence and Policy

Policy change often involves
both **science** and **art**

Quantitative
evidence numerical
data

e.g. causes of
neonatal deaths in
rural Uganda

maybe powerful

Qualitative evidence
non-numerical
observations

e.g. FGD –
traditional birth
practices about
cord care

Stories maybe
powerful

data and story together very powerful

Health Compass

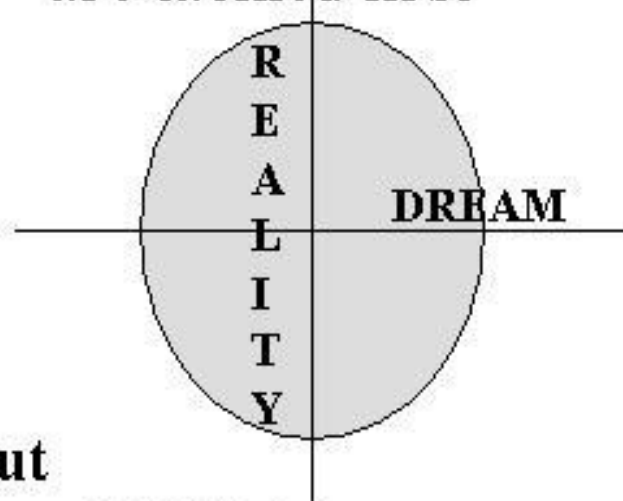
*C. Boelen,
Towards Unity for Health,
WHO, 2000*

RELEVANCE

Degree to which
important problems
are tackled first

QUALITY

Address person's
health needs
Evidence based but
no longer
determined solely
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EQUITY

Striving to make
high quality care
available to all

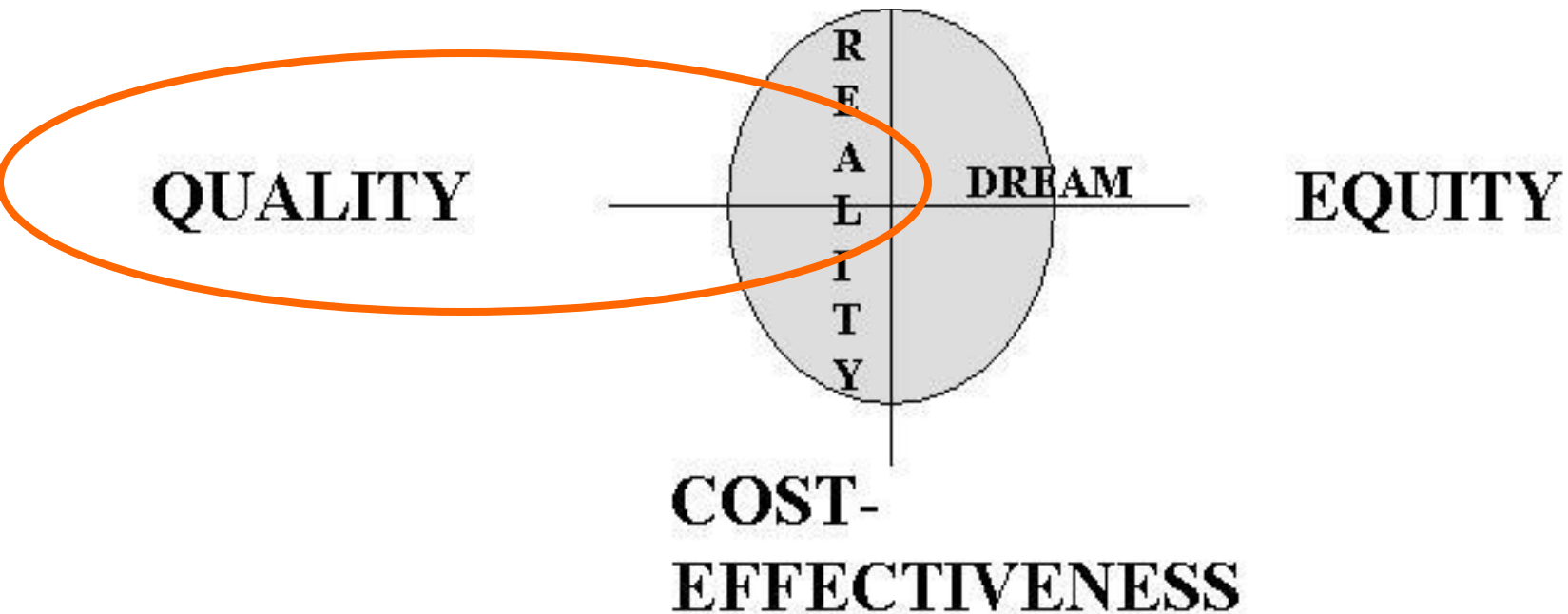
COST- EFFECTIVENESS

Making best use of
available resources in
delivering a given service

USA: Health Compass

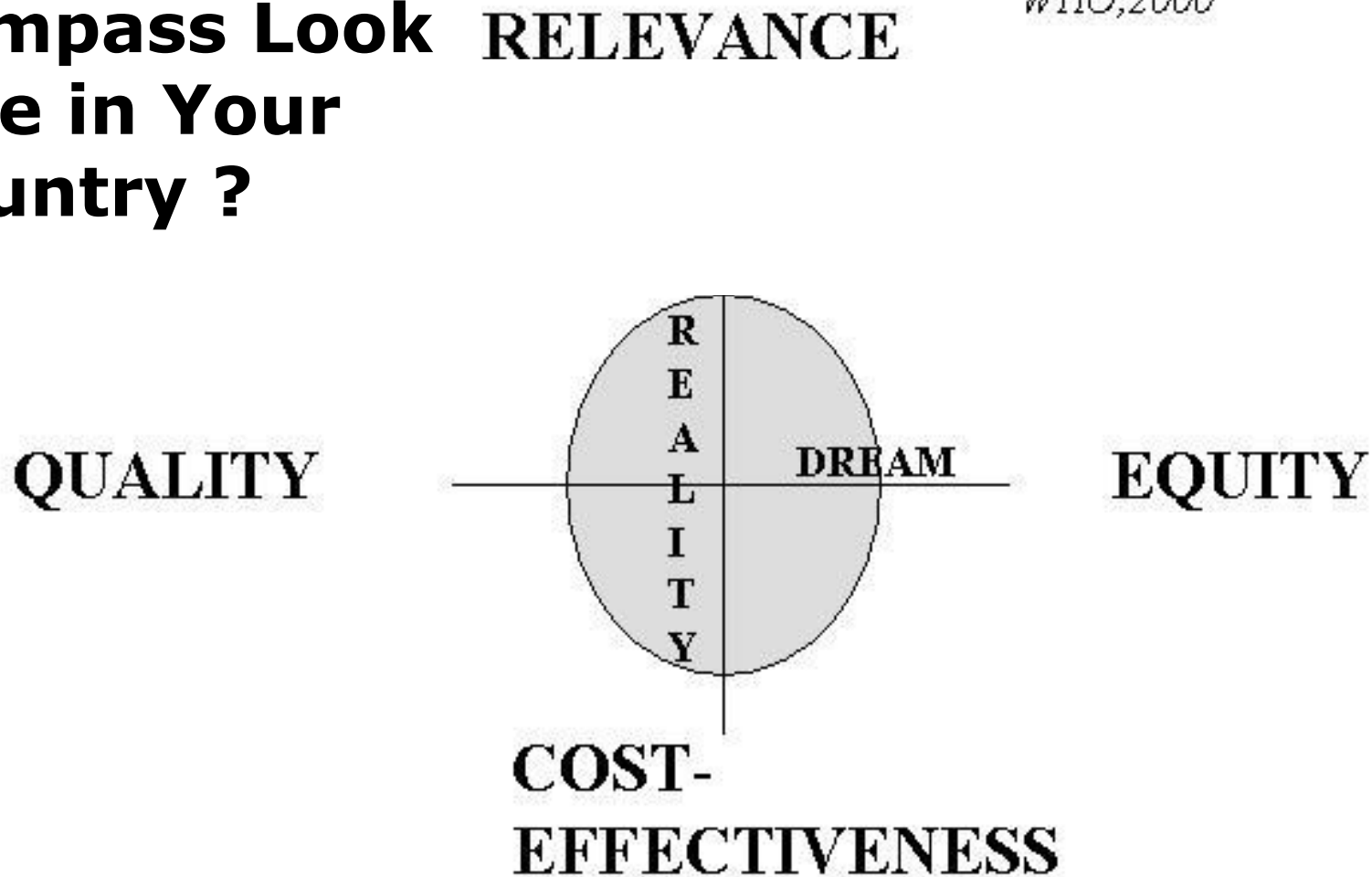
*C. Boelen,
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RELEVANCE



What does the Health Compass Look Like in Your Country ?

*C. Boelen,
Towards Unity for Health,
WHO,2000*



Moving Research into Policy

Check Where on health compass? ✓

What research?

Who are key policy players?

What factors influence policy ?

How to influence?

What Research?

- Bearing in mind health compass

Is this a specific research question that should /could be translated into policy?

- Speculate on different answers to the question
– how this might change this?
- Once decide important for policy
–at what level? Where (community, district, national) and who ?
- Then look for key players

Who are key policy players?- what if local, regional, national?

POLICY MAKERS

*Towards Unity for Health
WHO
C.Boelen , 2000*

HEALTH ADMINISTRATORS

HEALTH PROFESSIONALS



COMMUNITIES

ACADEMIC INSTITUTIONS

2014

Actors often Involved in Healthcare KT

Policy Makers

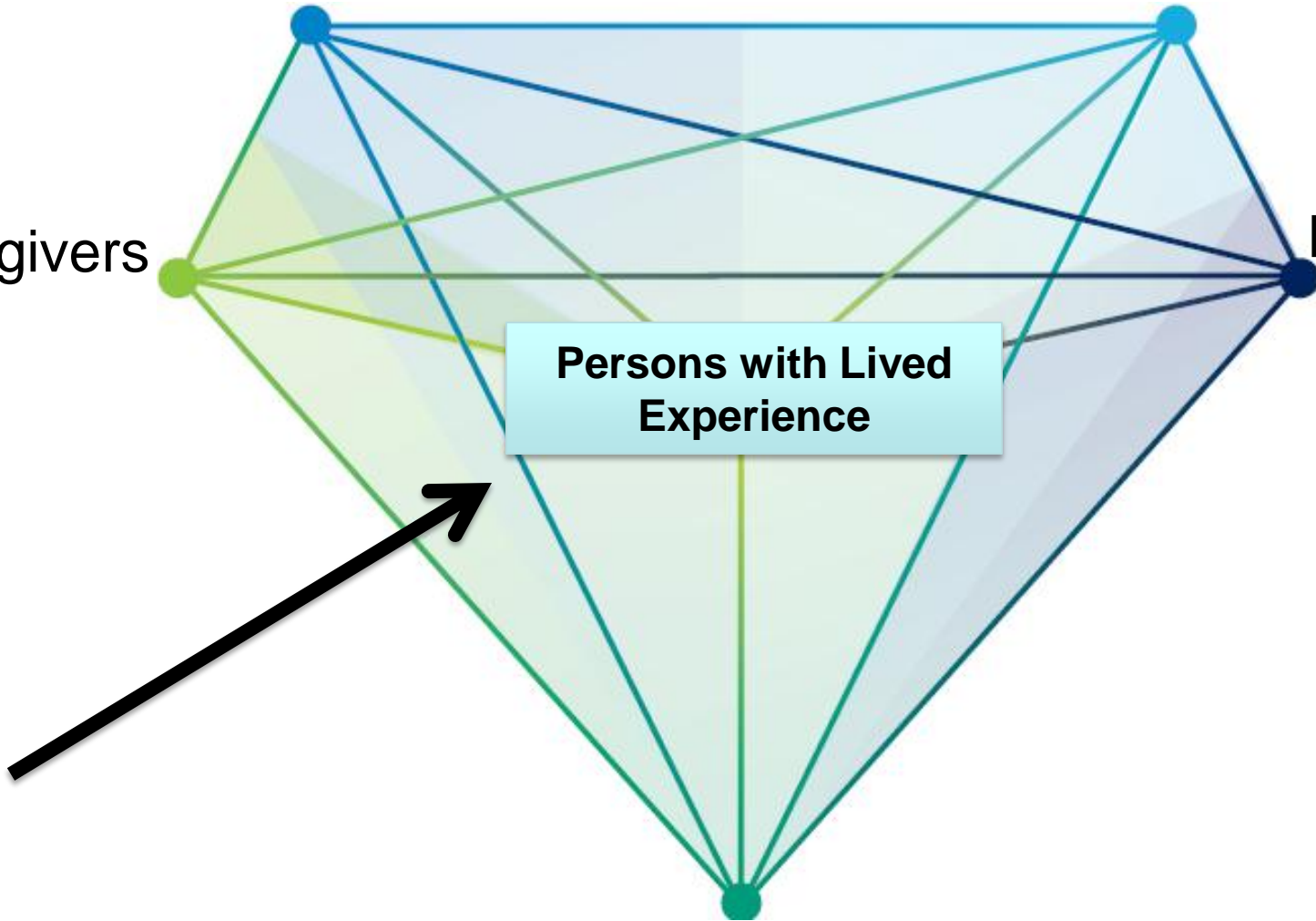
Researchers

Caregivers

Providers

Persons with Lived Experience

Other Stakeholders



Question -1

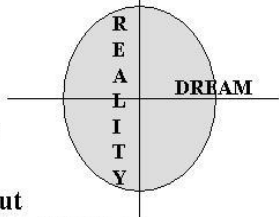
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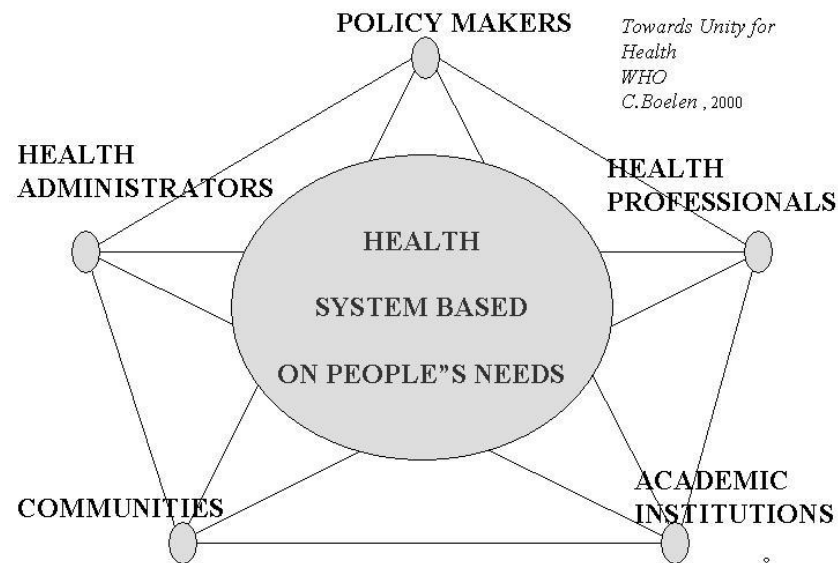
Striving to make high quality care available to all

COST-

EFFECTIVENESS

Making best use of available resources in delivering a given service

11



*Towards Unity for Health
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C.Boelen , 2000*

www.who.int/entity/hrh/documents/en/TUFH_challenges.pdf

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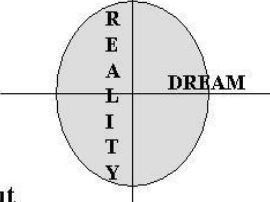
Question -2

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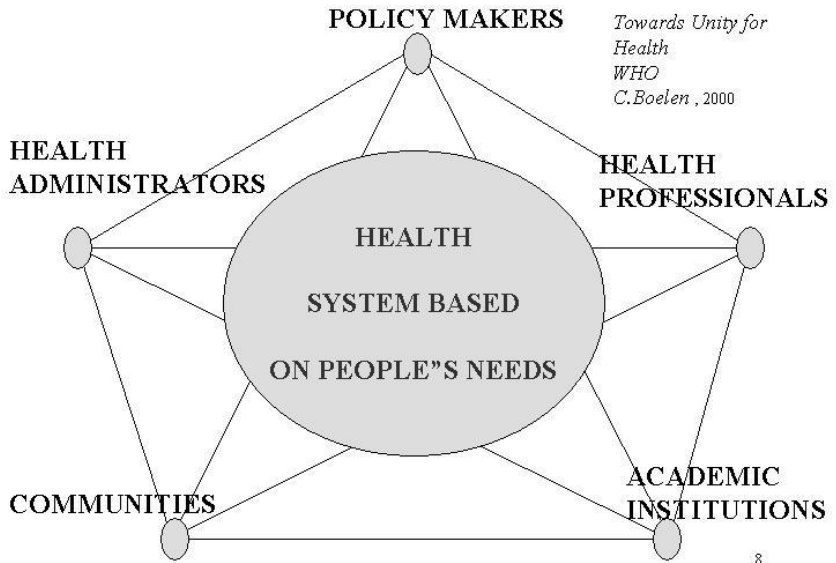


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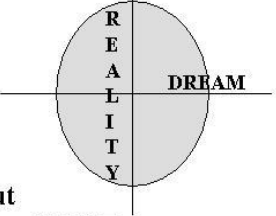
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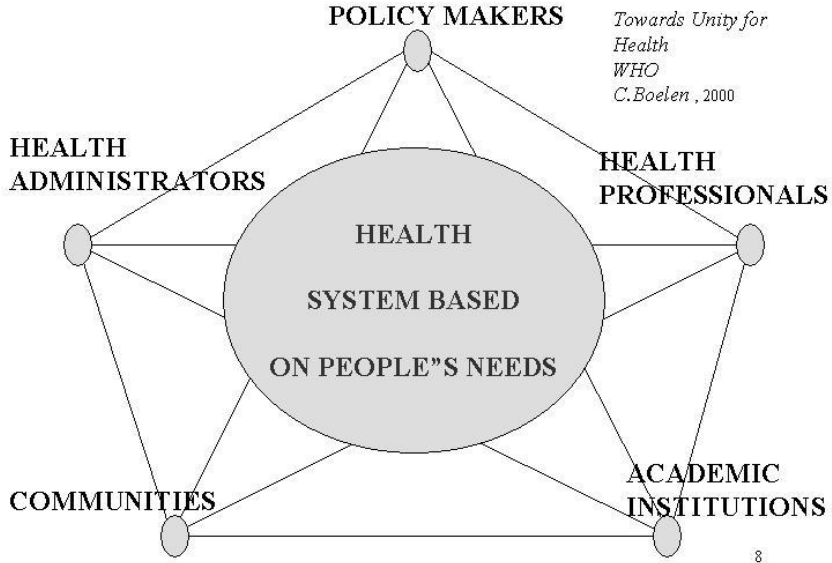


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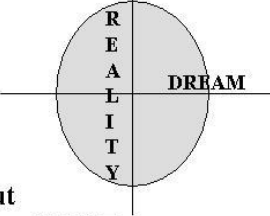
Question -3

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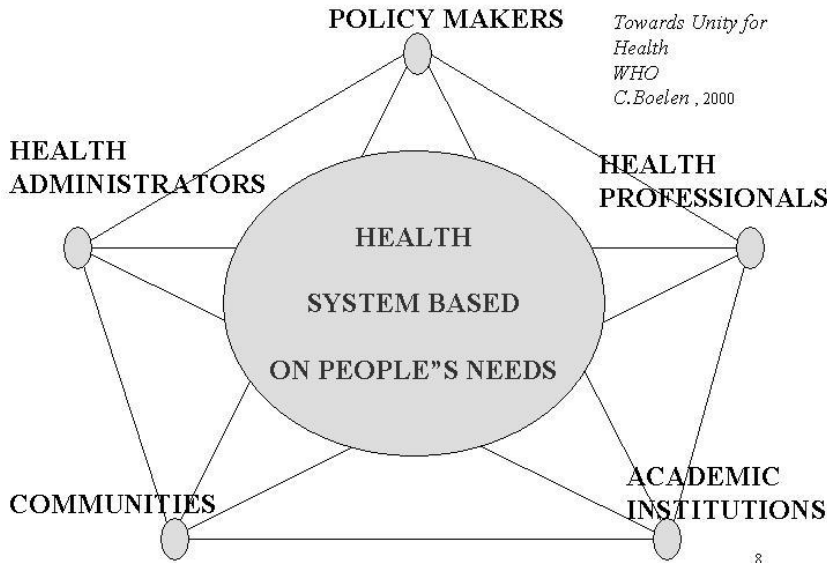


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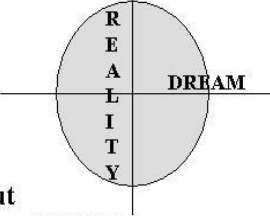
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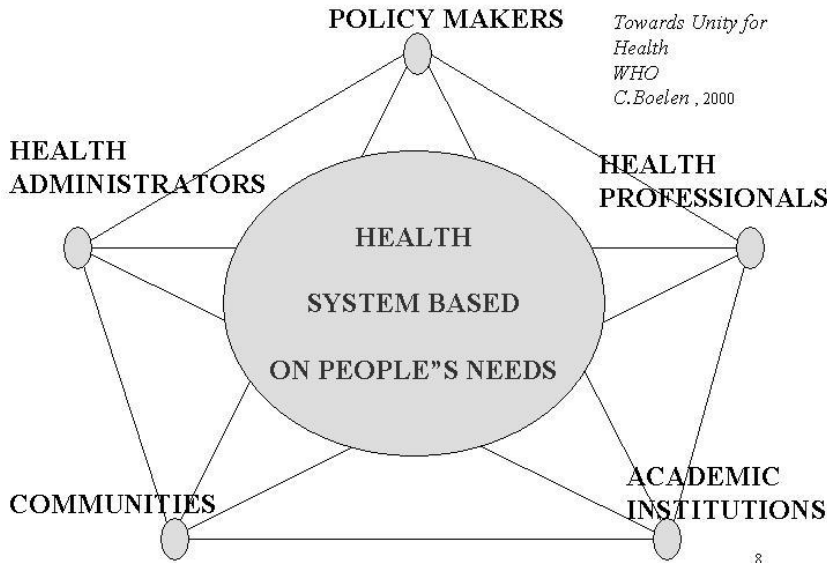


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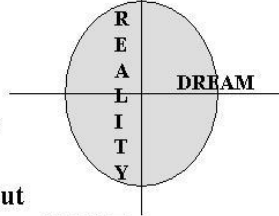
Question -5

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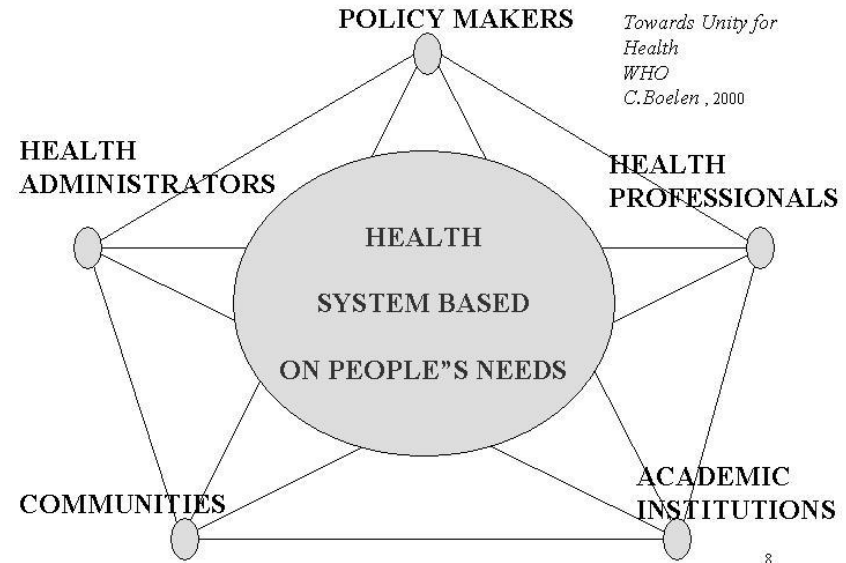


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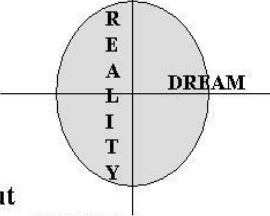
Question -6

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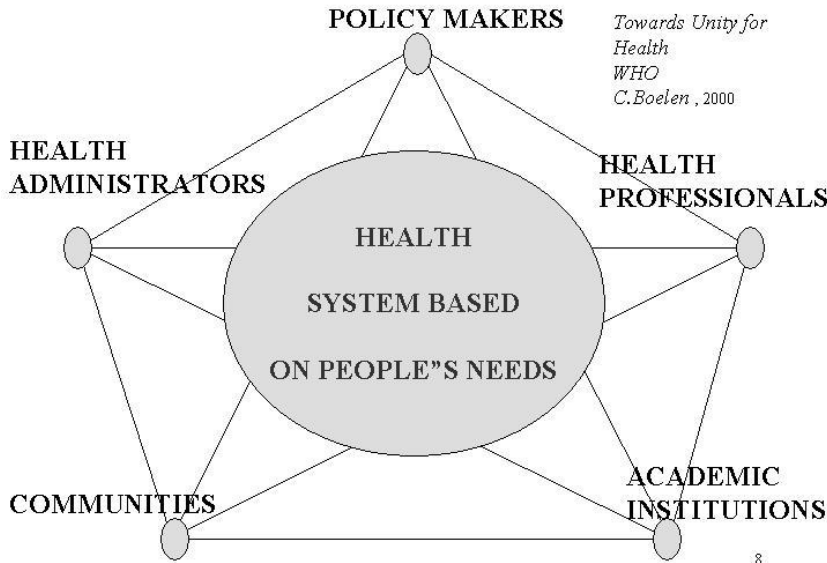


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8

Elevator Exercise !

Pretend you are accidentally on an elevator with the Minister of Health

You will have 2 minutes to tell him:

What has your research project found

Why is it important

Why this may be of interest to him/her

What if this was the Mayor of the city?

What if this was the chief in the region?

Moving Research into Policy

Handbook for Clinicians: Chapter 17

MacDonald NE. Improving the health of our children and youth: the power of partnerships and questions

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2722553/>

WHO – TB. Moving research findings into new WHO policies.

http://www.who.int/tb/advisory_bodies/research_to_policy/en/index.html

Hennink M, Stephenson R. Using Research to Inform Health Policy: Barriers and Strategies in Developing Countries. Journal of Health Communication. 2005;10:163–180.

http://www2.eastwestcenter.org/research/popcomm/pdf/2_Selected_Readings/Using%20research%20to%20inform%20health%20policy.pdf

MR Team Work on KT

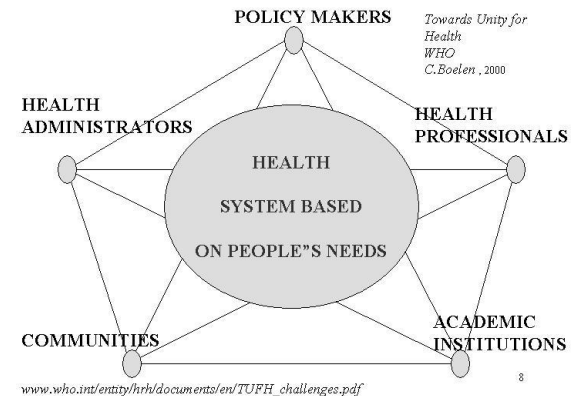
With your refined question
think about KT plan for proposal

1. Question?
2. **What transfer?**
3. **To Whom?**
4. **By whom?**
5. **How?**
6. **With what effect?**

*Very much matters who your target is and what
are their needs*

Will there be potential for policy implications?

Prepare your PPT slide for KT



MR Team Work- Day 7

Start to put the PPT of your Proposal together – **tell your story**

- a) Background – move to PPT slides
- b) Methods
- c) Budget
- d) KT
- e) Think about - next steps, title slide, team member slide
- f) Select your best orator to make your presentation