

## Communicating health research: how should evidence affect policy and practice?

Stronger links between researchers, policy makers and practitioners and increased southern research capacity are the keys to relevant evidence being taken up

### Introduction

Interest in evidence-based policy and practice has grown in development circles. Recent studies exploring the factors that affect the influence of research on policy suggest that there is both the potential to negotiate and communicate more effectively in policy networks on the one hand, and a pressing need to address the dominance of policy making processes by powerful elites on the other.

There is a need to:

- strengthen the networking between researchers, policy makers and practitioners in a way that promotes ongoing dialogue throughout the research process
- improve the dissemination and repackaging of research for a range of different audiences
- strengthen southern research capacity
- find appropriate ways to promote networking that counter-balances the power of prevailing policy networks in policy making
- learn from work at the 'research-practice boundary' and the various forms of 'embedded' critical enquiry beyond formal academic research programmes
- evaluate research impact more robustly.

### Bridging the gaps

A flurry of recent work has sought to understand the factors that affect the influence of research on policy. These studies identify a common set of issues and challenges and draw attention to a gap between research and its role in influencing policy (Stone, 2002; AHPSR, 2004; Graham, 2004; Court, Hovland and Young, 2005). There is a broad consensus on the importance of communicating research results effectively and on the need to more effectively link researchers and policy makers in an ongoing dialogue about both research results and research priorities. At the same time, questions of power and politics complicate any neat relationship between the clearer picture of health challenges that is

### Key points

- There is a gap between the intended beneficiaries of research and the people who commission and carry out research.
- Communicating research is essential but includes more than disseminating research findings.
- Networking and capacity development can make stronger links between research, policy and practice.
- Power affects who can participate in research and policy networks – elites dominate policy making processes.
- Evidence can be generated locally by combining critical enquiry with robust evaluation methods. Southern capacity development is needed to facilitate this.

promised by research and scientific enquiry and the enlightened policy measures which would hopefully flow from such knowledge. Not least of the challenges is the apparent remoteness of the policy making process from researchers and practitioners in the South and from the health priorities of developing countries.

The acknowledged gap in flows of research information has led to initiatives such as the appropriately titled Getting Research into Policy and Practice (GRIPP) – a collaboration of research programmes concerned with operations and health systems research – and the Global Development Network (GDNet), which devotes particular attention to supporting southern researchers and research institutions to raise the profile of southern based research, and provide greater scope for 'home-grown' policy for developing and transitional countries.<sup>1</sup>

<sup>1</sup>A range of initiatives in other areas of development include early work by the International Institute for Environment and Development (Garret and Islam, 1998) and the studies of the impact of research on policy making developed by the International Food Policy Research Institute (Ryan, 1999).

A review of the UK Department for International Development (DFID) research strategy (CIMRC/DFID, 2003) identified four principal gaps in the flow of development research information:

- between the international research community and international policy makers and practitioners
- between the international and national levels
- between national level researchers and national level policy makers and practitioners
- and between all of the above and end users.

Most problematic is the gulf between those who commission the research and those who conduct it, and the supposed ultimate beneficiaries (Hovland, 2003).

### Linking researchers and policy makers and the role of networks

The need to strengthen linkages between researchers and policy makers is a common theme in recent work on research–policy dynamics. A strategic evaluation of public policy research supported by International Development Research Centre (IDRC) concluded it was important to encourage close interaction between researchers and policy makers during the design and conduct of the research as well as during dissemination of the results (IDRC, 2004). The most successful networks brought together a wide cross-section of researchers, decision makers, non-governmental organisations (NGOs), and affected stakeholders, and encouraged relationships that lasted beyond a particular research project (IDRC, 2004). The relationship between policy makers and researchers however, is not always an easy one. There are important

occupational cultural differences between the two (Graham, 2004:3) and it has been suggested that they may have unrealistic expectations of one another: “Where the one group feels nobody listens, the other feels their opposite numbers have little to say” (Stone, 2002:5).

The Overseas Development Institute’s (ODI) RAPID model (Court, Hovland and Young, 2005) of how research affects policy usefully summarises and illustrates the mutual and varying influence of three sets of factors:

- political context and institutional pressures
- the character of evidence, including its credibility and the way it is communicated
- and the role of networks and links in communities of policy makers and experts.

Case study research highlighted a fourth domain of ‘external context’ including donor influences on research policy interactions, research funding mechanisms and the impact of international politics (Court, Hovland and Young, 2005:168). Networks and linkages were identified as important both for enhancing influence and legitimacy. A key aspect of legitimacy is whether research is perceived to link the perspectives and realities of poor people to potential ‘pro-poor’ policies, and if so, what systems of accountability link the generation of research to poor constituencies (Court, Hovland and Young, 2005:47).

Studies of ‘policy networks’ show that for governments and policy makers prevailing issues of concern and current ways of framing and understanding problems are influenced by ‘policy communities’. In the health field these networks may be made up of “practitioners (health professionals), researchers (academic epidemiologists or parasitologists) or commentators (medical journalists)... pharmaceutical companies, hospital administrators, any interest groups and members of government” (Walt, 2004:110). The process is not consensual however, and competing coalitions advocate for different interests (Walt, 2004:110-12).

At the same time, individual ‘champions’ or ‘policy entrepreneurs’, such as the ‘connectors’, ‘mavens’ and ‘salesman’ identified by Malcolm Gladwell in *The Tipping Point*, play important roles in the way ideas and information circulate and have influence in these networks (Court, Hovland and Young, 2005:44). The experience of a number of research institutes highlights the importance of chance encounters in networks between individuals struggling with similar issues from different perspectives (Chetley, 2003:3). The challenge, suggests the Canadian Institutes of Health Research (CIHR), is to “cultivate such encounters, making them happen routinely rather than by chance” (Chetley, 2003:3). Amid the current enthusiasm for this reciprocal and emergent character of networks (Engel, 1993; Starkey, 1998; Church et al, 2003), Manuel Castells provides a cautionary voice. He notes that the contemporary world is one where there is a small global elite that is highly networked, and large ‘black holes’ – groups of people who are neither part of influential networks, nor linked through connectivity to the rest of the globe (Castells, 2000). Power relations affect the ability of researchers, policy makers and practitioners to set the terms of access to ‘policy networks’, to set the agenda and focus of dialogue, and to initiate action on the basis of the issues raised.

#### Practical steps to strengthen links between research, policy and practice

- Researchers should seek input early in the research planning process from policy makers and intended users and beneficiaries of the research.
- Researchers should specify the principal audiences for the research and aim to provide accessible summaries for these audiences, and any key messages that are relevant to policy.
- An explicit communication strategy for the research should identify roles and responsibilities for communicating the research between researchers, research managers, and any people who bring additional communication expertise.
- Commissioners of research should include support for capacity development of researchers to facilitate networking with stakeholders and communication of research, particularly for southern researchers.
- Funders of research should earmark a proportion of their support to organisations involved in applied critical enquiry beyond academia.
- Research communication lessons can be learned from development work in agriculture, natural resources management, disaster relief, advocacy and other disciplines.

Southern researchers may find it particularly difficult to access such networks of influence, given the resources and commitment needed to participate, and the way participation is limited by power.

### The power of political context

The overriding influence of political context on the uptake of research into policy is apparent in much of the recent work on research–policy dynamics. Research institutions and research are one small factor in a much wider range of competing influences impacting on policy (Walt, 2004).<sup>2</sup> Health policy making involves a negotiation among competing interests within government and policy-making circles that varies in different political settings according to the character of the state and the prevailing balance of power between the executive, civil servants, military and judiciary.<sup>3</sup> So called ‘incrementalist’ models have suggested there is a gradual and uneven process of small, negotiated changes as policy makers ‘muddle through’ (Lindblom, 1959) and policy gradually becomes ‘enlightened’ (Weiss, 1977) by concepts and ideas percolating through (Walt, 2004:181). The case studies investigated by the RAPID programme support this incrementalist view, particularly the development of the Poverty Reduction Strategy Paper (PRSP) initiative and the rise of the sustainable livelihoods approach (Court, Hovland and Young, 2005:157).

Additional political pressures on policy makers – the need for congruence with existing values, public acceptability, and the receptivity of politicians for example – affect which option eventually becomes policy (Kingdon, 1984). Implementation of policy raises another set of questions, since implementers – what Lipsky (1980) called street level bureaucrats – may re-define objectives in the light of the local context.

Walt argues that although the routine sectoral or ‘micro’ policies can be influenced by many groups ultimately a very small group of elites control most policy making at all levels of society, and almost exclusively control policy making at the macro level (2004:10). A powerful example of this is the health policy in the UK developed in the 1980s which was based on the ideology of the Thatcher government; the administration made no attempt to be informed by evidence or commissioned research (Klein, 1990, in Walt, 2004:196). Another is the mismatch between the burden of illness in developing countries and the investment in health research focused overwhelmingly on health problems of industrialised countries – the so called ‘10-90’ gap that the Global Forum for Health Research has done much to raise awareness of.

Anthropologists of policy have also explored how power relations influence policy. Policy discourse shapes the way problems are understood in a way that tends to rationalise and conceal powerful underlying interests. Certain policy ‘key words’ and ‘mobilising metaphors’ help to frame what is ‘thinkable’, and thus do-able (Shore and Wright, 1997).

<sup>2</sup>A similarly complex picture emerges from work looking at environmental policy processes, where there is a complex interplay between political interests, competing discourse and the agency of multiple actors (Keeley and Scoones, 1999: 32-33).

<sup>3</sup>Ministries of health have a relatively low status compared to other ministries competing for treasury funds.

In fact ‘good policy’ may be more about legitimising and mobilising political support for a particular policy model than an actual framework for practice and activities on the ground, the latter being more affected by local political and institutional dynamics (Mosse, undated). The ‘urge to simplify’ may be overwhelming for policy makers, making them reluctant to allow for decentralised or contextual decision making (Sutton, 1999:29). There is also an increasing institutional tendency for policy makers to be ‘generalist bureaucrats’ who then need to rely on experts, scientists and advisors, which may be an important factor underlying contemporary concerns to enhance research–policy linkages (Stone, 2003:3).

### The character and credibility of evidence

Diane Stone reminds us that the production of research is part of an ongoing negotiation over “the kind of knowledge that is produced and the kind of knowledge that dominates” (Stone, 2002:19). Research reflects the politics, values and assumptions of the researchers and those commissioning the research, as does the kind of evidence that is considered credible. The preference for statistics and what is seen as hard data remains widespread in policy circles: a colleague from a Kenya-based NGO said in an evaluation workshop: “The higher you go the more people want to see numbers.”

Research has the most impact on policy when it is topically relevant to the pressing policy issue of day and is operationally useful (Court, Hovland and Young, 2005:161; Hennink and Stephenson, 2004). At the same time, the reputation of the people conducting research may be as important as the rigour of the methods used (Walt, 2004:199). A trusted source of information will be more readily accepted (Court, Hovland and Young, 2005:35). And policy makers are much more likely to be engaged with research they have commissioned themselves (Hennink and Stephenson, 2004; Court, Hovland and Young, 2005:162). The other side of this coin however, is that private foundations and bilateral and multilateral donors have a disproportionate influence over research priorities and funding (Walt, 2004:198).

### Effective research communication

The importance of effective communication is unanimously emphasised in recent work on research–policy dynamics. Two main aspects of communication are highlighted: one is appropriate dissemination of results, the other is paying attention to the ongoing communication and dialogue throughout a research effort (Stone, 2002; Askew, Matthews and Partridge, 2001; AHPSR, 2004; IDRC, 2004; Court, Hovland and Young, 2005).

Effective research dissemination includes: distillation of research findings, the use of plain and clear language rather than academic style (implying a reduced methodological and theoretical content), using a range of formats appropriately tailored to different audiences, using multiple media channels; and paying attention to timing. Given the important role of communication, communication training for researchers could be a valuable addition to their skills. However, there may be a danger of asking researchers to be all things to all people: “In addition to producing brilliant

## Strengthening southern research capacity

The importance of policy networks and linkages between researchers and policy makers is emerging, but equally apparent is the uneven access to international research-policy networks for southern institutions. Donors may have a particular responsibility to support researchers to establish and sustain partnerships with service and research organisations in poorer countries (Askew, Matthews and Partridge, 2001:25) and to make sure that country level decision makers are included and consulted in the research priority setting process (Hennink and Stephenson, 2004). There is a tendency for research in developing countries to be presented at international conferences or in international journals, to which government ministries and policy makers in the south may not have access (Hennink and Stephenson, 2004). Ironically, research may more easily affect macro level policies than the actual improvement of service provision on the ground (Askew, Matthews and Partridge, 2001:8).

Donor-driven research agendas may also contradict national research priorities (AHPSR, 2004; CHR, 2004; Hennink and Stephenson, 2004). This has led the Council on Health Research for Development (COHRED), set up following the 1990 Commission on Health, to focus on the development of national research systems in developing countries and the articulation of country level research priorities (CHR, 2004).

Recognition of the need for greater involvement of southern researchers has led to initiatives among European donors to improve the access of southern research institutes to existing research by supporting networks and research partnerships (CIMRC/DFID, 2003:3). GNet is an important initiative to support the networking and capacity development of southern researchers and research institutions which offers support in knowledge management, dissemination of research and knowledge sharing and communication capacity building.<sup>9</sup> The small skill base among local researchers in developing countries makes capacity development support all the more important (Hennink and Stephenson, 2004).

## Conclusions

This review of work on research-policy dynamics suggests that to strengthen research influence on policy there are three urgent needs:

- strengthen the ongoing networking between researchers, policy makers and practitioners
- improve the dissemination of research for different audiences
- and strengthen southern research capacity.

As part of this there is a need for a greater understanding of networking processes in policy and a need for more robust approaches to evaluation of research impact. Additional aspects of the research commissioning process were identified as worthy of further analysis by the IDRC case studies, such as: the role of project intent; the commissioning organisation's role and inputs; timing of research and duration of support; research context; the relative importance of dissemination and communication (subject to donor interest and demand); gender; personal qualities and relationships (Graham, 2004:3).

Given the power of elites to dominate policy making, it is important to find appropriate ways to promote networking that counter-balances the power of prevailing policy networks. This may imply support for the decentralisation both of research funding and policy initiatives and a need to strengthen work at the research-practice boundary and the tradition of critical enquiry beyond formal academic research programmes. Innovative programmes have shown it is possible to use the local generation of evidence to help set local priorities (see boxes 1 and 2). Ultimately, according greater respect to the learning processes of different development actors on the ground, and supporting and sharpening their critical capacity and ability to control their local environment, may be as important as attending to the interaction of policy makers and researchers, who share a common distance from the everyday concerns of development's 'beneficiaries'.

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**Findings** papers are snapshots of key areas of health communication to inform development practitioners and policy makers and to stimulate critical reflection.

The Exchange programme has been integrated into a new communication, networking and learning unit at Healthlink Worldwide. We look forward to receiving your feedback on our research and findings papers.

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## Key list

» [www.asksource.info](http://www.asksource.info)

### Communicating health research

A list of key organisations, articles, newsletters, books and websites on this topic is available from Source International Information Support Centre.

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research, they are now expected to write tight news releases and deliver inspiring presentations.” (IDRC, 2004).

Enhancing the communication skills of researchers needs to be balanced with drawing on the support of intermediary roles, such as research managers tasked with attending to policy impact, or specialised organisations attending to communication with different audiences. There is increasing recognition of the need for intermediary organisations that can bring a communication perspective and expertise and support effective communication of research results. A communication strategy needs to be included in the research process to identify key players and stakeholders who can usefully inform the design and conduct of a research study and potential audiences for the research. Involvement of end users in early analysis of results may also be useful (Askew, Matthews and Partridge, 2001). Taking research communication seriously means resourcing and supporting communication capacity, either within a research programme or through a dedicated communication organisation – something that needs recognition from research commissioning organisations. In the UK, DFID recommends that research consortia explicitly develop a communication strategy and spend 10 per cent of their budget on communicating research (CIMRC/DFID, 2003).

A range of NGO initiatives are engaging with research communication challenges. ID21 at the Institute of Development Studies in the UK communicates international development research to policy makers and practitioners through a dedicated website, policy briefings and summaries of research.<sup>4</sup> The Relay initiative of the Panos Institute helps journalists and the media to access and make use of contemporary research.<sup>5</sup> Health communication organisation Healthlink Worldwide has developed an integrated package of research communication activities including accessible policy briefing papers, facilitated dialogue across research stakeholders, work with international media, and accessible electronic ‘information hubs’ and key lists of essential materials available electronically through Source International Information Support Centre<sup>6</sup> (Healthlink Worldwide, 2005; Exchange, 2005). There is also a rich vein of communication work in natural resources and agriculture, with a focus on how research outputs are communicated in-country and to beneficiaries (Norrish, 1999 and 2001).

### Learning from critical enquiry beyond academia

A recent DFID policy paper situates research in a broader framework of diverse forms of knowledge creation and the social infrastructure that can sustain change and innovation (Surr et al, 2002). Importantly, this emphasis brings a wider range of knowledge and evidence generating activities into view, which is particularly important for a poverty reduction approach that seeks to recognise the voice and realities of people living with poverty.

In the context of policy processes that appear remote from development challenges on the ground, a number of recent initiatives have attempted to bring the research process closer to the point of decision making. The emphasis on different kinds of critical enquiry beyond traditional academic research has a long and distinguished tradition in development work, ultimately stretching back to the work of

Paulo Freire and various forms of participatory learning and action (Chambers et al, 1997).

#### Box 1: Improving programme development through research

The Tanzania Essential Health Intervention Project (TEHIP) used research to inform the allocation of budgets and support the development of health care interventions aimed at the local burden of disease priorities in two districts. The result was a large decrease in mortality rates, particularly among children and an increase in patient satisfaction and attendance at clinics (De Savigny et al, 2004). By combining research and development functions in an integrated programme it was possible to act on research quickly and to improve programme development by responding to ongoing feedback provided by researchers.

In the examples of TEHIP and the work of CIET (boxes 1 and 2), the grounding of research in local priorities and the engagement of local people in the process of critical enquiry is carefully conceived so as not to compromise ‘scientific’ validity. Given the acknowledged disconnect between policy made at the centre and provision of services that really address local health and development priorities, these approaches deserve much greater attention and point to a different way of ensuring that research, policy and practice inform each other. There is much current learning and innovation at the ‘research-practice boundary’ but it is rarely well documented. A notable exception is the work reviewing communication of research in natural resources, from which health researchers, practitioners and policy makers may have a lot to learn.<sup>8</sup> Time for reflection allows researchers to draw out the policy relevance of their work, and to consider how it could be effectively presented to different audiences.

#### Box 2: Building local research capacity

The NGO CIET (Community Information for Empowerment and Transparency) builds scientific research capacity at community levels and supports local people to inform the decisions that affect their lives.<sup>7</sup> Its local evidence-based planning work has looked at a range of issues stretching from input into public health priorities in Atlantic Canada to sexual violence in South Africa and corruption in Uganda. A ten step process of ‘socialisation of evidence’ feeds back preliminary findings to the surveyed communities for interpretation and discussion of proposed solutions. This is followed by discussions of the evidence at regional and national levels and in the local media, with an emphasis on building strategies for action (ECDPM, 2002).

<sup>4</sup>See <http://www.id21.org/>

<sup>5</sup>See [www.panos.org.uk](http://www.panos.org.uk)

<sup>6</sup>See [www.asksources.info](http://www.asksources.info)

<sup>7</sup>See <http://www.ciet.org>

<sup>8</sup>A forthcoming Findings paper will draw on a communication synthesis study of DFID’s Renewable Natural Resources work by Pat Norrish and Abigail Mulhall.