

Getting research into policy and practice

Experiences from sexual and reproductive health, HIV and AIDS

The true test of the effectiveness of health and development research is whether people use it – for decision-making, influencing, referencing, or most importantly, to bring about change.

Development actors are paying increasing attention to the question of how research, despite barriers, can fulfil its potential to improve policy and practice.

Researchers and communications experts are using innovative approaches to communicate their research but they do not often share their experiences and achievements. This issue of *insights* sets out to redress this, focusing on their experiences of working on sexual and reproductive health, HIV and AIDS globally. The articles are all based on case studies presented during a meeting at the Liverpool School of Tropical Medicine, in the UK, in May 2009.

Politics influences how open decision-makers are to using evidence-based research in formulating policy or making decisions. For example, in the field of sexual and reproductive health, social or religious attitudes and interest groups play a powerful role in politics and can encourage decision-makers to ignore new research evidence. The role of research in policy processes can also be hampered by weak capacity to assess and use research evidence or a lack of appreciation of how research can identify health problems and unmet needs, develop effective interventions, and improve the accessibility and targeting of services.

Trial and error

At the community level, **Sinead Delany-Moretlwe** describes how some trials achieved a positive impact even though the



DJ at a local radio station, presenting a programme about HIV and AIDS, Guinea Bissau. Giacomo Pirozzi, Panos Pictures, 2003

study did not find a genital herpes treatment drug, *acyclovir*, effective for preventing HIV. The process of engaging with different community groups throughout the trials increased the understanding of health research in communities where few people previously trusted biomedical research.

At the national level, **Eleanor Hutchinson** reveals how the same evidence on the effectiveness of *Cotrimoxazole* resulted in different kinds of uptake in Malawi and Zambia. This was because of the different policy processes in each country and the different roles that individual 'champions' of the policy and moments of opportunity can play in promoting the use of research evidence.

Building partnerships

Academics and research institutions will have different attributes that can help them influence policy and practice. The challenge is to identify opportunities and partnerships and use these to get people's attention and persuade them that the research is important for their work.

Johnny Gyapong describes how the Research and Development Division, by being part of Ghana's Ministry of Health, can play a critical role in policy development processes by participating in key fora. Others establish formal partnerships: **Wambura Mwita** and his colleagues in Tanzania helped create a Taskforce Committee and Technical Working Group that brought policymakers, researchers, donors and non-government organisations (NGOs) together to design policy on male circumcision. Building relationships with individuals and

establishing a personal touch can be crucial. **Rose Oranje** describes how the African Population and Health Research Center holds regular meetings and lunches for journalists, communications experts and researchers to build mutual understanding and stronger working relationships between the media and academia.

Talking things through

Sabina Rashid tells us how a BRAC workshop on sexuality raised awareness about the rights of homosexuals and transgendered people, marginalised in Bangladeshi society and neglected by policymakers. The workshop provided a platform to highlight their experiences, needs and rights, by bringing together diverse groups and creating a space for discussion, and by associating the workshop with the credibility and legitimacy that academics hold among key stakeholders in Bangladesh.

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Strategic partnerships, writes **Nana Ole Lithur**, between researchers, legal activists and parliamentarians have helped develop and draw on different strengths to improve the law on gender-based violence in Ghana. **Kate Hawkins** discusses the diversity of organisations seeking to influence policy with research and the need to work with networks such as parliamentary committees and civil society coalitions to harmonise messages and communicate them through multiple channels.

The discussions at the Liverpool workshop showed that good influencing strategies are based on critical consideration of the specific policy context, the characteristics and purpose of a research project, and whether the research issue is neglected, contested or mainstreamed. Some researchers or communications staff are using policy analysis methods when developing their research strategies or tools for evaluating the impact of their research. There may be a need to bring policy analysis into the skills set of research and communications teams.

Donor pressure

The climate for policy processes and for research projects is constantly changing and researchers and communicators need to continually adapt their strategies in response

to this, which of course takes energy and resources – human and financial. The current economic crisis has increased scrutiny of research impact as donors are under increasing pressure to justify their spending. Rapid shifts in policy, such as the US administration's stance on sexual and reproductive health, provide opportunities and challenges that researchers and communications experts need to address.

Changing attitudes

Ensuring that research findings impact on policy and practice can be challenging and time-consuming. It requires careful consultation, negotiation and partnership building. Policy engagement is not just about communicating results. It is about communicating and building partnerships at all stages of the research process, during project design, fieldwork and analysis as well as at the end.

It can also be about contributing to longer-term social processes, such as changing attitudes to sexual rights. This takes time and energy but is a necessary investment: the growing attention on the research-to-policy-and-practice interface will continue to gather momentum. There is a need to continue to build the capacity of everyone involved – individuals and communities, policymakers, researchers, and intermediaries – to engage

with research-to-policy processes and to increase the funding available to take this work forward and further share experiences of what works, what does not and why.

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See also

Lessons Learned from Health Researchers and Communications Specialists at an International Meeting on Strengthening the Research to Policy and Practice Interface, Policy Briefing, by Olivia Tulloch, Jo Crichton, Sally Theobald and Kate Hawkins, 2009 (PDF)
<http://tiny.cc/12t6A>

Cross RPC Meeting on Strengthening the Research to Policy and Practice Interface: Exploring Strategies Used by Research Organisations Working on Sexual and Reproductive Health, and HIV and AIDS, Liverpool School of Tropical Medicine, UK, 18th to 19th May 2009
<http://tinyurl.com/yzh5sq5>

Investing in the future

Communicating HIV trial results in South Africa

Randomised controlled trials are considered the gold standard for evaluating the effectiveness of new interventions. Communicating the results of these trials presents challenges for researchers who need to work with stakeholders to prepare for potentially positive outcomes, while at the same time living with the knowledge that trials may show no effect.

Donors are placing increasing emphasis on the need to communicate research results to policymakers. In an ideal world, researchers conduct research to provide evidence to guide policy change. Once the research is completed, there is an expectation that policymakers will either accept the evidence or that informed advocates will use the evidence to lobby for policy change. There may be challenges to this model.

In many low-and middle-income countries for example, there may be mistrust of science, shortage of skills in government to interpret research results, and a weak media which hampers debates. In these situations, researchers are often required to mediate

these tensions and go beyond their traditional role.

In South Africa, several important lessons have been learnt about communicating the results of four HIV prevention trials which evaluated the potential role of *acyclovir* treatment in preventing HIV transmission. *Acyclovir* is a widely available antiviral drug that is used to suppress genital herpes and is mainly taken in tablet form.

These trials showed that treatment with *acyclovir* did not prevent HIV acquisition or transmission—results which were disappointing and which meant that no change to policy would be required. Yet the investments in building partnerships and communicating these research results did lead to some positive outcomes.

- Researchers demonstrated the importance of research for informing policy.
- Communities developed a greater understanding of the research process and gained the confidence to handle multiple outcomes.
- Stakeholders from government and communities and researchers came together to discuss the implications of these results.
- Important bodies, such as the National AIDS Council, were supported to anticipate these results and consider the implications.

These processes built trust between

policymakers, researchers and communities, creating an enabling environment for future partnerships.

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See also

Effect of Aciclovir on HIV-1 Acquisition in Herpes Simplex Virus 2 Seropositive Women and Men Who Have Sex With Men: A Randomised, Double-blind, Placebo-controlled Trial, *The Lancet*, 371: 2109-2119, by Connie Celum, *et al*, June 2008
<http://tinyurl.com/yj6bqct>

Impact of Aciclovir on Genital and Plasma HIV-1 RNA in HSV-2/HIV-1 Co-infected Women: A Randomized Placebo-controlled Trial in South Africa, *AIDS*, 23(4): 461-469, by Sinead Delany, *et al*, February 2009

Influencing legislative change for sexual violence survivors in Ghana

As a human rights lawyer, I was commissioned by a research organisation, the INDEPTH Network, to work with a team to assess the laws and policies governing sexual and reproductive health (SRH) in Ghana.

SRH rights and policy were not very visible in policy and received little attention or prioritisation by politicians or government officials. Our assessment showed that sexual abuse and domestic violence survivors could not afford the fee they were required to pay for medical reports and examinations. This meant that:

- A large proportion of cases could not be completed and prosecuted.
- Some health facilities refused to treat survivors who had not been referred to them by the police.
- Survivors were unable to access the few post-traumatic stress services available at the police Domestic Violence and Victim Support Unit.

Furthermore, post-exposure prophylaxis was not offered to those survivors who did present themselves

at health care facilities, thereby exposing them to the risk of HIV infection.

We shared our findings widely with parliamentarians, regional directors of health, social services, the Commission on Human Rights and Administrative Justice and traditional, religious and women leaders, in the capital Accra and in two regions. We also worked with the media using statistics and compelling human stories to generate wider interest.

At the same time as our dissemination activities, a Bill on Domestic Violence was being considered in Parliament. This provided an excellent opportunity to influence parliamentarians. As parliamentarians are busy people, we researched their interests and chose short focused presentations from credible and well-known researchers and legal advocates, and ensured we were available for follow-up. The choice of message bearer was critical. We made clear recommendations that could easily be followed by the Parliamentarians.

Parliamentarians acted on the research findings and amended the Domestic Violence Bill to include a provision that mandates health care providers to provide free medical treatment to sexual abuse and domestic violence survivors, pending a complaint to the police and the issuance of a report. Sexual violence survivors can receive free medical treatment whether or not they have reported a sexual violence case to the police.

Policy change does not always lead to practical change: participants in regional workshops stated that fees are still demanded by health providers who are not aware of law changes. There is a need to work with the Ghana Health Service to ensure the law on free medical treatment is enforced.

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See also

Working With Parliamentarians on Sexual and Reproductive Health in Ghana, Realising Rights Case Study 2, July 2009 (PDF)
<http://tinyurl.com/134w8r>

Building ownership of research in Ghana

The Research and Development Division (RDD) is the research arm of the Ghana Health Service. Previously named the Health Research Unit, the RDD was established over 20 years ago with the aim of building research capacity within the Ghana Health Service to conduct policy-relevant research.

By being situated within the Ghana Health Service, RDD has good access, through meetings with senior management and progress reports, to different programme managers and directors. They have used this to encourage collaboration with senior managers within the Ghana Health Service throughout the cycle of research: from setting agendas to discussing policy relevance.

RDD have applied this approach to research conducted within the Addressing the Balance of Burden in AIDS (ABBA) Research Programme

Consortium on HIV and orphans and vulnerable children (OVCs) with the following aims:

- to tackle the lack of knowledge and awareness of policy guidelines for OVCs
- to better identify OVCs in communities and consider changes to how interventions are implemented
- to build awareness of organisations and services provided for OVCs.

The research focus was agreed following national and regional meetings that brought together key stakeholders including policymakers, people living with HIV and AIDS, and orphanage managers. These meetings took careful planning and skilled facilitation to manage and reach consensus between people with different views on research priorities.

RDD provided regular updates of preliminary research findings to those

working with OVCs and had ongoing interaction with users of research findings to ensure that suitable formats for dissemination were being used. The success of RDD's approach points to the value of collaboration and dialogue with multiple stakeholders as a means of taking ownership of a research process and making it more likely that research findings are relevant and used by different groups. The work on OVCs has led to a greater awareness of the existence of policy guidelines for OVCs in Ghana, and has informed RDD's decision to use documentaries as an effective way to disseminate findings.

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Policy change does not always lead to practical change

Knowledge intermediaries

Communicating sexual and reproductive health research

Policymakers in the UK struggle to take up and use information on health in developing countries. Researchers and the private and non-government sectors are engaged in ever more sophisticated marketing and advocacy campaigns which can leave policymakers overwhelmed.

The Realising Rights research consortium, funded by the UK Department for International Development (DFID), is working to try and ensure that its research is used in policy and practice. Many of the topics that the programme focuses on are neglected, contested or ignored.

The strategy

Using intermediaries to communicate research is a strategy that has received increased attention in recent years. The media is a traditional means of broadcasting research findings, acting as amplifiers or multipliers of messages. In addition to using the media, Realising Rights targets parliamentary and civil society networks and knowledge intermediaries in the UK to encourage research uptake. The main intermediaries have been:

- the UK Network on Sexual and Reproductive Health
- the All Party Parliamentary Group on Population, Development and Reproductive Health
- the Institute of Development Studies (IDS) Knowledge Services
- DFID's Research for Development portal.

The approach is based on the

understanding that policy processes are often 'messy' rather than linear and well ordered. The use of intermediaries tries to ensure Realising Rights' messages reach decision-makers through multiple routes or pathways.

The complexity of the bargains, compromises, advances, reversals, second thoughts and changes that constitute the policy process, coupled with its inherently political nature, make the monitoring of opportunities to influence a full-time job. Realising Rights sought to work with intermediaries who map and navigate the policy realm as part of their remit. Because research and policy cycles are rarely synchronised, Realising Rights placed its research on online web platforms that would outlive the project and help to secure a legacy – potentially prompting the uptake of evidence in the future.

What has been learnt?

This approach has allowed Realising Rights to:

- influence agendas – such as raising the profile of neglected issues like congenital syphilis amongst parliamentarians
- frame messages and research in ways that better suit target audiences – health advocates have advised Realising Rights of opportunities to showcase its research
- communicate its research through online and email products with a wider reach and coverage than is possible through Realising Rights' own website – using IDS Knowledge Services has provided

access to its extensive contacts lists and networks.

This approach also has its challenges. Translating research into products and activities that are easily accessed by policymakers is time intensive and working with networks is based upon long-term relationship building. When you are working as part of a coalition it can be difficult to assess the impact the research is having and whether any impact can be attributed to the programme, and hence its donor. Finally, using research in this way creates questions about intellectual property and who owns ideas.

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See also

Knowledge to Policy: Making the Most of Development Research, Sage/IDRC, by Fred Carden, 2009
www.idrc.ca/en/ev-135779-201-1-DO_TOPIC.html

From Muddling Through to Muddling Up – Evidence Based Policy Making and the Modernisation of British Government, *Public Policy and Administration*, 17(3): 43-60, by Wayne Parsons, 2002
<http://ppa.sagepub.com/cgi/content/abstract/17/3/43>

Using Intermediaries to Communicate with DFID, PowerPoint Presentation, Liverpool, by Kate Hawkins, May 2009
<http://tiny.cc/hbEWX>

Policy processes are often 'messy' rather than linear and well ordered

Teenage girls reading 'Style & Substance', a magazine for young Kenyan women, Kisumu. Sven Torfinn, Panos Pictures, 2004

Useful weblinks

Healthlink Worldwide, UK
www.healthlink.org.uk

Influencing Policy, Eldis Resource Guide
www.eldis.org/go/topics/resource-guides/influencing-policy

Knowledge Services, Institute of Development Studies, UK
www.ids.ac.uk/go/knowledge-services/our-services

Relay programme, Panos London, UK
www.panos.org.uk/relay

Research and Policy in Development, Overseas Development Institute, UK
www.odi.org.uk/programmes/rapid

Research for Development: Communications Corner, Department for International Development, UK
www.research4development.info/communicationsCorner.asp

Research Matters, International Development Research Centre, Canada
www.idrc.ca/research-matters



Scaling up male circumcision for HIV prevention in Tanzania

HIV and AIDS remain the most important public health problems in Tanzania.

Promoting effective interventions that prevent new infection and control the epidemic is a priority. Male circumcision is effective in preventing HIV in men. However, there have been some challenges in scaling up circumcision services in Tanzania.

To provide national leadership, coordination, resource mobilisation and advocacy, the Tanzanian Ministry of Health, with support from World Health Organization (WHO), formed two bodies (the Taskforce Committee and Technical Working Group) to oversee the scaling up of circumcision services in the country. These bodies were formed through a series of consultative and inclusive processes involving multiple partners. Members of the oversight bodies were selected on the basis of experience in policy formulation, implementation and advocacy issues, and technical competence in circumcision issues.

The two oversight bodies took the following steps and decisions:

- establishing national leadership to scale up circumcision services
- designating a focal person at the Ministry of Health to coordinate day-to-day work
- drafting circumcision guidelines for health practitioners and using these to train service providers
- preparing sites for the roll out of circumcision services in Kagera, Iringa and Mbeya Regions
- applying to the Global Fund for

HIV, Tuberculosis and Malaria for funding to roll out male circumcision services nationwide.

Tanzania's National Institute for Medical Research (NIMR) reviews, synthesises, and presents evidence to ensure that decisions are based on strong evidence. NIMR conducted two sub-studies to assess the acceptability and feasibility of carrying out safe circumcision services in health facilities and to explore the role of traditional circumcision service providers in the national strategy. Findings from these studies show:

- There is a high level of acceptability in both traditional and non-traditional circumcising populations.
- Traditional circumcisers play a key decision-making role in traditional circumcising populations and should have a role to play in the national strategy.
- Health systems need strengthening for the effective delivery of circumcision services.

The presentation of NIMR's findings before the two oversight bodies has led to the development of an enabling policy, plan of action and implementation strategy. However several challenges remain, such as the integration of traditional and clinical-based male circumcision, and inherent limitations within the public health system.

The introduction and scaling up of circumcision services requires actions from several key stakeholder groups. The technical working group ensured

the active participation of policymakers, donors, advocacy groups, researchers and implementing partners. It was this partnership that was crucial in setting into motion the drive to roll out circumcision services in Tanzania.

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The introduction and scaling up of circumcision services requires actions from several key stakeholder groups

See also

Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial, *PLoS Medicine*, 2(11):e298, by Bertran Auvert, et al, 2005
<http://tinyurl.com/qhsbug>

Male Circumcision for HIV Prevention in Men in Rakai, Uganda: A Randomised Trial, *The Lancet*, 369: 657-666, by Ronald H. Gray, et al, 2007
<http://tinyurl.com/ykydw9s>

Male Circumcision for HIV Prevention in Young Men in Kisumu, Kenya: A Randomised Controlled Trial, *The Lancet*, 369: 643-656, by Robert C. Bailey, et al, 2007
<http://tinyurl.com/2z9trf>



A man in Tanzania listens to an HIV and AIDS radio programme as part of the Strategic Radio Communication for Development project. Bob Msangi, Photoshare, 2008

Research Programme Consortia

This edition of *insights* includes contributions from four UK Department for International Development-funded Research Programme Consortia.

Addressing the Balance of Burden in AIDS
www.abbarpc.org



Evidence for Action
www.evidence4action.org



Programme for Research and Capacity Building in Sexual and Reproductive Health and HIV in Developing Countries
www.lshtm.ac.uk/dfid/aids



Realising Rights
www.realising-rights.org



Bringing sexuality and rights into the open in Bangladesh



Members of the VAMP sex worker collective in India talk to the press after a demonstration against proposed law reform to criminalise the purchase of sexual services. Copyright: Veshya Anyay Mukti Parishad, 2009

In Bangladesh there is an environment of conservatism and a culture of collective denial of the existence of same-sex sexualities, which stifles public debate. The lack of protection of sexual rights of homosexuals and transgendered people results in harassment, silence, shame and fear. This pushes the issues underground.

Since 2007, the Centre for Gender Sexuality and HIV/AIDS at BRAC University in Dhaka, has been working to create a climate of open discussion on sexuality and rights and to put in place mechanisms for monitoring influence on policy and practice.

The Centre organised a series of activities to create visibility. It hosted a local workshop in January 2007 with affected communities, interested people and organisations to gauge levels of interest in challenging the existing situation. In July 2007 the Centre hosted an international conference on Gender, Sexuality and Rights, where over 150 health professionals, academics, activists, queer groups, students, journalists and NGO professionals discussed future research, training and advocacy ideas. With hindsight, it could be argued that the Centre quickly initiated activities aimed at building a platform for sexuality and rights, without considering the possibility of a backlash from conservative groups. Fortunately there was widespread positive media coverage of the conference in Bangladesh and encouraging responses from many different segments of society.

The Centre continued to work with and provide space for minority groups to meet and discuss advocacy strategies and to develop their own influencing agendas. The follow up meetings and workshops in 2008 and 2009, as well as the unpublicised Sexual Diversity and Coalition Building workshop organised by gay rights activists in 2009, resulted in a strong relationship of trust and confidence between sexual minority groups as well as the development of a database of key individuals and organisations.

Three key groups were targeted by the Centre for initial training: academics from outside Dhaka, journalists and sexual minority groups. Academics outside Dhaka were encouraged to offer courses on gender, sexuality and rights. Through an award system and training sessions, journalists are now writing more about sexuality, marginalised communities and transgender rights.

The Centre has received many requests from activists, journalists, researchers and minority groups for materials and resources. A striking indicator of success in breaking some of the silence was the presence of two members of a 'women who love women' organisation at a Gender and Sexuality workshop hosted by the Centre.

Research on sexuality and rights by the Centre in 2008 sought to understand local constructions of sexuality and rights and to inform workshops and advocacy efforts. Evaluation questionnaires monitored

change and progress at individual, work and community levels.

The activities have brought together people from diverse backgrounds, including those who have been invisible or silenced, and encouraged them to meet, speak freely, and critically reflect on sexuality and rights issues in Bangladesh.

While this is an ongoing process in a challenging environment, an initial platform now exists upon which marginalised groups can build and grow. This emergence may produce specific policy changes in Bangladesh in the future.

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sph/centres_initiatives/cgsha.htm

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See also

Pushing Boundaries, Star Weekend Magazine, Special Feature, Vol 6, Issue 31, August 10, by Srabonti Narmeen Ali and Elita Karim, 2007
www.thedailystar.net/magazine/
2007/08/02/sfeature.htm

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Policy champions, can link research findings to policy networks

Acting on the evidence

The uptake of research findings into policy is often subject to contextual and political factors. Research from the Evidence for Action research programme illustrates the need to use policy analysis frameworks to understand how research can play a role in policy processes.

Two research trials, showing the benefits of *Cotrimoxazole* prophylaxis in HIV-infected adults in Côte d'Ivoire in 2000, were rapidly translated into provisional WHO and UNAIDS recommendations. In 2004, evidence from a large longer-term randomised paediatric trial in Zambia endorsed these results despite high levels of bacterial resistance to *Cotrimoxazole* in the area. Paediatric guidance was updated by WHO, UNAIDS and UNICEF, and detailed definitive guidelines were published in 2006 by WHO.

Although these international recommendations were widely available, at national levels, countries with high burdens of HIV and AIDS show different histories of the uptake and use of *Cotrimoxazole* prophylaxis. Uganda and Malawi, for instance, incorporated *Cotrimoxazole* into policy in 2005, while Zambia did not until 2007, despite several trials having been undertaken there.

Evidence for Action compared the uptake of research findings in these three African countries, with in-depth work done so far in Malawi and Zambia. They found that a number of contextual and political factors could help explain the research-to-policy process in each country. Using a model developed by the Overseas Development Institute's Research and Policy in Development (RAPID) programme, the researchers investigated the nature of the evidence, the context in which policy change was happening, and the key links between influential actors.

Evidence needs to be interpreted against the local context in which the research was carried out. Yet to ensure uptake into policy and practice, findings need to be conceptualised in terms of bringing about policy change. In Zambia, for instance, the findings were initially conceptualised as a clinical matter. Yet, service provision for HIV care is increasingly done by clinical officers

(not physicians) who have less freedom to choose their own clinical practice. As such, these health workers found it difficult to use the findings, without endorsement from national guidelines.

Researchers working in health programming (in government or in NGOs) appear to have had a particularly powerful impact on policymaking by sitting in both research and traditional policymaking circles. This is an illustration of how building links between the research community and policymaking bodies has the potential to encourage uptake of findings. Established institutions or practices that bring research findings to policymakers is one such approach, as is having key individuals or 'policy champions' working to promote change in the right circles. Researchers who also sit on NGO or government bodies may fit this role particularly well.

The attention paid to antiretrovirals earlier in the decade may have overshadowed *Cotrimoxazole*. However, in Zambia's case, later revisions of national guidelines for antiretroviral therapy provided a window of opportunity to get *Cotrimoxazole* into official policy in 2007.

This study shows:

- the dangers of assuming that policy will follow directly from research findings

- multiple conducive elements are needed for an effective research-to-policy model
- the links between evidence and policy need to be crystal clear
- key actors and mechanisms, including established institutions and policy champions, can link research findings to policy networks with positive results.

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See also

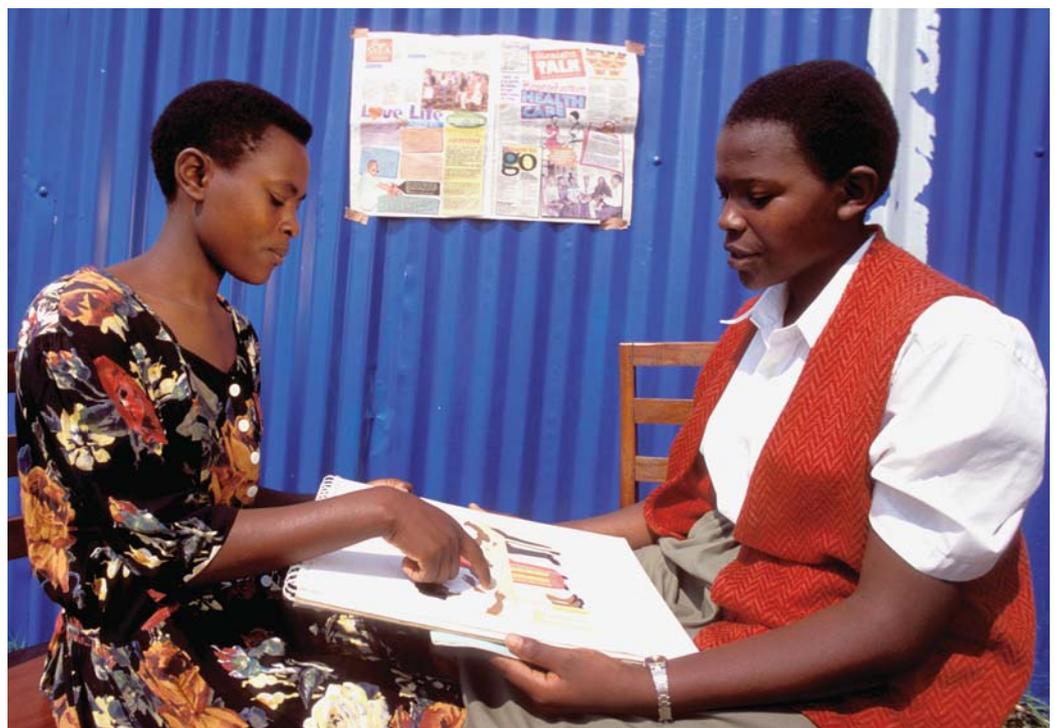
Bridging Research and Policy: Context, Evidence and Links, ODI Working Paper, 173, by Emma Crewe and John Young, September 2002 (PDF)
www.odi.org.uk/resources/download/151.pdf

Scaling-Up Cotrimoxazole Prophylaxis in HIV-Exposed and HIV-Infected Children in High HIV-Prevalence Countries, *The Lancet Infectious Diseases*, 7(10): 686-693, by Rony Zachariah, et al, 2007
<http://tinyurl.com/mo8qa5>

Building links between the research community and policymaking bodies has the potential to encourage uptake of findings

Peer educators discussing family planning and AIDS prevention, Uganda.

Giacomo Pirozzi, Panos Pictures



Making headlines

Working with the media to communicate research

While the mass media play a critical role in communicating information, it is often difficult to interest them in covering research. Many journalists argue that research is presented in technical formats that are difficult to understand and that researchers are sometimes elitist and or too theoretical. Researchers, on the other hand, can be wary about engaging with the media because they lack experience of working with them or fear their work will be misrepresented.

The African Population and Health Research Center (APHRC) has used innovative strategies to encourage African media to cover its research on health, including:

- enhancing media interest in and motivation for reporting on research

What has APHRC learnt?

- Effective strategies vary according to the characteristics of the media in different countries.
- For awards of excellence in journalism, ask your target journalists what kind of awards and incentives would appeal to them. Include support for journalists, such as information packs.
- Build respect and trust between journalists and researchers by creating opportunities for informal regular interaction and mutual skills building.
- Building the capacity of journalists and researchers to work together can lead to greater appreciation of each other's role and increased interest in getting research into the media.
- Journalist associations can be effective platforms for reaching journalists.

- creating opportunities for informal interactions between journalists and researchers
- strengthening the capacity of journalists and researchers to work together to ensure research is communicated in an accessible and accurate manner.

APHRC has held regional awards of excellence for African journalists to build interest and enthusiasm for reporting on research. The awards were thematic, raising journalists' awareness and knowledge about underreported issues such as sexuality. APHRC has learnt that the awards need to be carefully designed to create the right incentives and provide support to journalists. Where budgets are limited, smaller cash awards may still be valued for the prestige they offer but in other cases only larger prizes may attract entries. Having larger numbers of winning categories may encourage more journalists to apply. The awards led to increased quantity and coverage of reporting on APHRC research.

Collaborating with professional media associations and networks or building relationships with individual journalists are both effective ways of engaging with journalists. Holding regular informal meetings between journalists and researchers can help build good working relationships, for example by organising lunch discussions, informal talks and visits to research sites. APHRC was able to increase journalists' motivation by holding briefing sessions before large research dissemination meetings and producing media packs that break down technical issues in an accessible way. Helping them to identify people to interview or ways to access further resources can also be useful.

For APHRC, building capacity to report on research works both ways. Journalists need training and awareness-raising events whilst researchers need training in media skills. And journalists and researchers can help train each other, for example by speaking at training workshops or facilitating sessions.



APHRC's engagement with the media has led to two-way learning and engagement between journalists and researchers, enhanced capacity, confidence and motivation of researchers to engage with journalists and vice-versa, increased demand for APHRC's research and enhanced media coverage.

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APHRC is a partner in the Realising Rights RPC.

A journalist from Citizen TV (a leading national TV station) interviews Alex Ezeh (APHRC), in Korogocho, an informal settlement in Nairobi. Rose Oronje, 2007

See also

Engaging Media in Communicating Research on Sexual and Reproductive Health and Rights in sub-Saharan Africa: Experiences and Lessons Learned, Interview with Rose Oronje, African Population and Health Research Centre, Kenya www.youtube.com/watch?v=LWt_iG6SNrg

Engaging Media in Communicating Research on Sexual and Reproductive Health and Rights in sub-Saharan Africa: Experiences and Lessons Learned, Using Intermediaries to Communicate with DFID, PowerPoint Presentation, by Rose Oronje, *et al*, Liverpool, May, 2009 <http://tinyurl.com/yhkqdo3>

Keywords: Evidence-based, HIV and AIDS, intermediaries, influencing, policy change, research communication, research to policy and practice, sexual and reproductive health

id21 editor: **Tom Barker**
Editorial and technical support: **id21 team**
Design: **Michael Munday**
Printer: **Synergysgroup.uk.com**

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Funded by the UK Department for International Development. The views expressed in this publication do not necessarily reflect those of DFID, IDS or any other contributing institution.

IDS is a Charitable Company No.877338 limited by guarantee and registered in England.
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ISSN 1460-4205

