



#AnserAnnualMeeting2017



How can science help SRHR policy making?

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A personal story...

- Year 2010, working at the MoH
- Growing evidence that single Niverapine not effective for PMTCT
- Mozambique implementing Option A need to move to other regimens
- Growing internal pressure from INGOs and patients groups
- But....
 - What will cost to MoH the adoption of this policy?
 - Will it work in a fragile system like Mozambique?
 - Do we need more locally produced evidence?

A personal story...

- What I learned from this event?
 - Translations of evidence to be understandable at local level is important
 - From evidence to Policy, Timing it's very important
 - The need of Research and Policy language alignment

Theory background

- Impact of research evidence on policy and practice is an agenda that has been gathering momentum:
- Agenda with three different concerns:
 - Research funders
 - Concerned with value for money
 - Development cooperation community
 - Concerned with whether the Research in the area is Making difference
 - Policy makers
 - Expressing frustrations... among other things: The seemingly over theoretical nature of much research work

Theory background

- **Policy makers** respond to multiple competing priorities to make decisions , not only considering evidence arising from scientific research
- **Policy issues** relating to **SRHR** can also be **highly politicized and sensitive**, requiring a range of additional approaches of partnerships more explicitly addressing the political nature of decision making in order to ensure research engagement
- Research **can contribute not only to decisional choices**, but also to the formation of values, the creation of new understanding and possibilities and to quality of public and professional discourse and debate

Research impact on Policy process

1. Agenda Setting

- Changes in Policy makers' priorities and attention

2. Split in Policy framing

- Changes in the way that Policy Makers understand a Problem or the possible responses to it (For example: Efforts by NGOs to reframe Reproductive rights to increase their acceptance and legitimacy among Policy makers)

3. Changes in the content of Policy

- Substantive changes in the content of Policy and /or Resources allocated (For example: The introduction of ARV in HIV treatment guidelines in developing countries)

Research impact on Policy process

4. Changes in the way Policy is delivered

- Substantive changes in the way policy is delivered to intended recipients (For example, research on need for greater donor coordination or increased voice for services users may influence the way in which decisions are made in the health sector)
- Sometimes new health evidence can impact on practice first and later become integrated into Policy, as with the adoption of new drugs to treat STIs by doctors before a change in national treatment policy (Ghana)

Three competing Rationalities

- Policy makers must balance the following rationalities to make decisions
 - Technical
 - Political
 - Cultural
- The field of SRH provides its own unique context in which these issues might play out.
- SRH presents a health field with particular strong interest group involvement

Connecting research and Policy

- “ Researchers need to appreciate that decision Making is not so much an event as it is a diffuse, haphazard, and somewhat volatile process. Similarly decisions makers need to recognize that research, too, is more a process than a product ”

Jonathan Lomas (2000)

Unique nature of SRH policy

- The often **highly politicized** nature of sexual and reproductive health and HIV issues complicates the factors influencing Policy development and implementation
- It is an arena which has a **high degree of civil society participation** and touches **upon sensitive religious, cultural and social** aspects of peoples lives

Facilitators for translating SRH Research into Policy

1. The important role of technical advisory group (Translating and adapting the research results/recommendations into national context)
2. Involvement of Policy makers in the generation of evidence or at least the implementation of feasibility evaluation
3. Involvement of the community traditional leaders, religious leaders, traditional healers etc
4. The prospect of resources availability to implement the new recommendation (Human and financial resources)

Facilitators for translating SRH Research into Policy

5. The leadership at the Ministry of Health
6. The role of advocacy groups
7. The role of media
8. The source of recommendations:
 - More at ease to adopt recommendations from WHO

Barriers for translating SRH Research into Policy

1. Structural architecture

- Is the MOH structured to assess and adopt in systematic way the new research recommendations and guidelines?

2. Political establishment

- Is the intervention viewed as politically correct. Does the new evidence goes against the ideology of the politics of the day?

3. Uncertainty

- The new research recommendation will improve the access and use of health services? It will work in the given context?

Barriers for translating SRH Research into Policy

4. Feasibility in local context

- Research done elsewhere will produce the same results in the current context?

5. Cultural and Social factors

- Particular nature of very sensitive aspects covered under SHR policy

How can science help SRHR policy making?

1. Research can help to increase acceptance by the community for policies on cultural sensitive issues
2. Networks: Research, Policy Makers and implementers, can facilitate the flow of information and speed up the adoption of new policy
3. Stepwise implementation of new policy
4. Need of clear communication/Clear message
 - Convey clear message
 - Reduce fear of failure
 - Reduce space for manipulation

Bibliography

1. *Summner et al. What shapes research inpact on policy? Understanding research uptake in sexual and reproductive health policy processes in resource poor contexto, Health Research Policy and System 2011, 9(suppl 1):s3*
2. *Jonathan Lomas (2000), Connecting Research and Policy. Spring Printemps*

Thank you