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Module

TRANSLATING EVIDENCE INTO POLICY RECOMMENDATIONS

This module focuses on one of the central aims of Responsive Dialogues – to facilitate inclusive policy-making that takes into account public perceptions and local realities in the area of AMR. It involves translating the community-driven learning and evidence to advocate for policy-makers to implement new AMR policies or to tailor existing AMR policies into contextually relevant policies.

This module provides guidance on the following:

- What is 'evidence' in the context of Responsive Dialogues?
- What evidence is presented to policy-makers?
- When to feed evidence into policy-making processes?
- How to engage key stakeholders in taking recommendations forward?
- How to communicate policy recommendations?

What is 'evidence' in the context of Responsive Dialogues?

Getting a policy recommendation accepted by policy-makers depends on many factors. When a recommendation is based on strong **evidence**, is cost-effective to put into practice, and takes account of international and national best practice, as well as public opinion, it has a better chance of being accepted. So, when developing policy recommendations, it's a good idea to connect the results and evidence from Responsive Dialogues with the work, evidence, and research of others in the field.

What evidence is presented to policy-makers?

There are several types of evidence to consider in your policy recommendations, with the first two types below being those generally generated through Responsive Dialogues.

- **Practice-informed evidence:** This is knowledge gained from individuals and organisations with experience in addressing specific issues. This might include research evidence, lived experiences, and the voices of participants from communities. It can be found in formal documents and evaluations, as well as in informal settings, such as meetings and consultations.
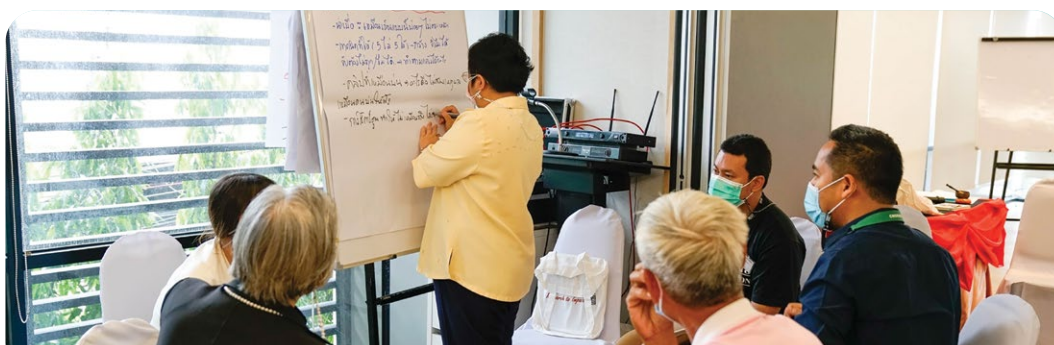
Photo: Thailand Responsive Dialogues project.

Example from a Responsive Dialogues project

In the **Thailand** project, practice-informed evidence was co-developed with input from AMR experts, stakeholders attending workshops, and the Bangkok Health Research and the Ethics Interest Group.

Some of the research evidence and practice-informed evidence resulted in the following issues being identified: low public awareness on AMR; the need to increase knowledge/understanding of AMR; further research needed into effective communication and the target audiences; content of media information not including optimal outcomes for all target groups; and too much jargon used.

- **Citizen or participatory evidence:** This is evidence held by communities/citizens, based on their direct experiences and understanding of their challenges. It may be shared in Conversation Events, stakeholder consultations, or community meetings. However, its influence is sometimes limited by more powerful actors framing or marginalising it.
- **Data:** This is factual information that may be qualitative (verbal or descriptive) or quantitative (measured and analysed statistically).

Examples from Responsive Dialogues projects

In the **Thailand** project, the following factual data/background data from Thailand's National Strategic Plan on AMR, framed the challenges of AMR in Thailand:

"The use of antimicrobials in Thailand in the human, animal, plant, and environment sectors is one of the highest in the world. It has contributed to approximately 88 000 cases of antimicrobial resistance (AMR) in humans each year, with a 40% death rate, and an economic impact equivalent to US$1,200 million" (Thailand's National Strategic Plan on AMR 2017–2021).

In the **Zambia** project, as part of the project outputs, a policy brief was generated and distributed to policy-makers with key co-created policy recommendations.

- **Research evidence:** This is formally produced evidence, using comprehensive and rigorous processes, and adhering to quality principles, for example, evidence from scientific research. It includes peer-reviewed academic work, think-tank papers, evaluations, and other well-researched materials.

What evidence will get policy-makers' attention?

Policy-makers are busy people and want to know that recommendations presented to them are based on evidence that is:

- **Accurate:** Explains the research that has been done to ensure the accuracy of evidence.
- **Objective:** Describes processes used in the Responsive Dialogues approach to produce inclusive and unbiased evidence from multiple sources.
- **Credible:** Explains who was involved in producing the recommendations to ensure its trustworthiness and credibility.
- **Generalisable:** Shows that the evidence is not limited to specific cases and how it can be scaled-up and generalised.
- **Relevant:** Determines and explains how timely, topical, and applicable the recommendations are to the policy-making process.
- **Reproducible:** Shows how the recommendations can be reproduced by others, in other contexts. This adds to the credibility and reliability of the recommendations.
- **Available:** Ensures that the evidence is accessible to all policy-makers and of a high quality, for example, that it was monitored and evaluated.
- **Rooted:** Explains how the recommendations are firmly grounded in real-world situations and experiences.
- **Practical:** Shows how the policy recommendations are feasible and affordable.
- **Cost-effective:** Explains how the costs involved in accessing and using the evidence are worth the potential benefits.
- **Brief:** Policy-makers do not have time to wade through pages and pages of documents!

When to feed evidence into policy-making processes

Policy recommendations need to be communicated at the *right* time in the policy-making process to the *right* policy-makers. While policy-making generally follows a sequence of stages, occasionally multiple stages happen at the same time (see the flow chart that follows).

See the <u>Section 1</u>, *Cross-cutting themes* for more on inclusive policy-making.

Key stages in the policy-making process

Problem identification: Policy-makers identify problems, issues, needs, and challenges that must be addressed through policy development. This may involve asking experts and stakeholders to provide input and to analyse data.

Setting the policy agenda: Policy-makers determine which issues to prioritise in the policy agenda. This involves political considerations, public opinion, and the alignment of needs with broader societal goals.

Policy analysis: Policy-makers are involved in analysing potential policy options (solutions) and their potential impacts; and in examining the feasibility, cost-effectiveness, and ethical implications of different policy approaches.

Policy development: Policy-makers develop the specific policies that will be implemented to address the identified needs or issue/s. This may involve collaboration among government agencies, service providers, researchers, advocacy groups, and other stakeholders.

Policy implementation: Policy-makers ensure that the policies that are developed are implemented. This may involve setting up the necessary infrastructure, allocating resources, and co-ordinating efforts to execute the policies effectively.

Policy evaluation: Policy-makers assess the outcomes and effectiveness of the implemented policies. This may involve monitoring key performance indicators and analysing data to determine whether the policies have achieved their intended goals.

Policy adjustment: Based on the evaluation results, policy-makers may modify, refine, or update the policies to improve their effectiveness or address any unintended consequences.

Example from a Responsive Dialogues project

The **Thailand** project was timely and relevant, as the Thailand National Strategic Action Plan on Antimicrobial Resistance (TNSAP) 2017–2021 was to be updated for the next five-year period. So, one of the objectives of the project was to provide recommendations to the TNSAP, specifically for Strategy 5 of the policy (public knowledge and awareness of appropriate use of antimicrobials). See *Recommendations for the Thailand National Strategic Action Plan 2023–2027*, which were developed as a result of the Thailand Responsive Dialogues project.

How to engage stakeholders in taking recommendations forward?

A diverse set of stakeholders are involved in policy development. Each plays a different role and has varying levels of influence in shaping and implementing policies. Who you target depends on the level of government you want to influence (local, regional, national, or international) and the nature of the policy being developed.

Although it is critical to target the key policy- and decision-makers from the One Health sectors, other stakeholders have power and influence and should be included in the processes. See Module 2 for more on stakeholder engagement.

How to communicate policy recommendations?

Policy briefs are used to make recommendations. These briefs use practice-informed findings, arising out of research evidence, lived experiences, and the voices of communities/citizens. They are short, accessible forms of communication to engage informed, non-specialist actors, such as policy-makers in the One Health sector of government ministries.

NOTE

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Other names that essentially fall into the category of policy briefs are policy memos, position papers, position briefings, and fact sheets.

"The purpose of the policy brief is to convince the target audience of the urgency of the current problem and the need to adopt the preferred alternative or course of action outlined and therefore, serve as an impetus for action" (Young and Quinn, 2017).

Two key questions to consider as you plan your policy brief:

- **What is the purpose of a policy brief?** The purpose can range from changing policy to raising awareness. The purpose will determine the target audience of the recommendations.
- **What does a policy-maker want from a policy brief?** Policy-makers want relevant solutions to policy problems. A policy brief should lay out realistic, evidence-informed solutions.

Key features of policy briefs

- **Provide a 'hook':** Lead in with your conclusion so that policy-makers can quickly decide whether the work has relevance for them. Keep the report short and to the point.
- **Provide a clear structure:** For example, include a title, date, summary or overview, headings and sub-headings, introduction/background, recommendations, conclusions, acknowledgements, and appendices.
- **Make it accessible:** Write in plain language without jargon, terms, or acronyms. Make is clear, accessible, and easy to read.
- **Highlight the benefits:** Focus on the practical, positive benefits that the recommendations will bring. Identify the target audience the policy recommendation is aimed at. Explain how their lives will be improved by the policy recommendations. Emphasise any wider, societal benefits, such as positive economic or environmental outcomes. Explain the integration of the One Health approach.

Structure and content of a policy brief

The structure and format of a policy brief is shaped by the aim, the target audience, and the information to be presented. The table below outlines what to include in some of the key sections.

Key sections of the policy brief	Questions for consideration	Possible responses
Purpose of policy brief	*What is the purpose of the policy brief? What aspect of the AMR policy is it aiming to address?*	Aim to convince policy-makers that there should be an AMR policy, or that the existing AMR policy needs to change/be updated.
Audience of policy brief	*Who is the policy brief aimed at? What will they need to know? Are they likely to be open to the recommendations or resistant to them?*	The audience is policy-makers who are not necessarily AMR experts or familiar with community engagement. They need scientific/technical information, as well as contextual information to understand the issue properly. They will probably need to be convinced about the issue, and might be resistant to a change in policy for various reasons.
Content of policy brief	*What information do you need to include to get the message across convincingly to the audience?*	Include focused information about: purpose of the brief; background/context of the issue; description and scope of the issue; research done, including methods used; implications of the research; recommendations based on the research; summary of main points; statement of key message; references; and contact details of the writers/experts.

Key sections of the policy brief	Questions for consideration	Possible responses
Structure of policy brief	*How could you structure this information, so it is clear and concise for the audience?*	The briefing should have at least the following components, in this order: Title of the policy brief Executive summary/summary of main points and statement of the key message – a Call to Action Introduction/identification of the problem/ description of the background or context of the problem Policy alternatives or summary of key research done on the issue, methods used, and relevant results; the implications of the research for policy/practice Policy recommendations based on implications of the research References for research, and contact details of writers/experts for follow-up
Language of policy brief	*How should you write the brief to convince the audience of the importance of the issue and action to be taken?*	Write in clear, concise, plain, and direct language. Avoid jargon. Use active, not passive verbs. Include questions to focus attention. Use shorter sentences for impact.
Format of the policy brief	*How can you make the brief easy to read and interesting to look at?*	Keep the brief short (about 1 500 words, 4 pages); use strong headings, and bullet points or tables to clarify; highlight key points in boxes or sidebars; use graphics where possible; don't crowd too much onto a page.

See Section 6 for *Template: Policy Recommendations;* and *Evaluation Criteria/ Indicators – by policy issues.*

NOTE

In some countries, the government may have a preferred template for policy recommendations.

Checklist of guidance in this module

Tick completed activities/tasks and those that still need completion.

Activities	Yes	To do
What is meant by evidence in the context of Responsive Dialogues is understood		
Different types of evidence are identified		
The right time in the policy-making stages to present policy recommendations is identified		
Key stakeholders to take recommendations forward are identified		
Policy recommendations are written and communicated to policy-makers		