SECTION 5

MANAGING IMPACT

Ideally, projects are able to take Responsive Dialogues through to the intervention and/or the policy space. However, no matter the exit point for the specific project, a basic aim is to always lay the foundation for sustainability through establishing relationships with community, stakeholders, policy-makers, and/or funders, who can assist with taking the outcomes forward. See the Introduction for more about entry and exit points.

Sooner or later, the Responsive Dialogues project will come to an end. Hopefully, this has been clearly communicated to participants so that everyone is well-prepared for this. More importantly, through the relationships that have been built up throughout all the processes, the learnings from the project can be taken forward.

This section provides guidance on the following:

Module 9: Evaluating evidence and options for impact
Module 10: Piloting co-created solutions
Module 11: Disseminating evidence to a wider audience
Module 12: Translating evidence into policy recommendations

9
MODULE

EVALUATING EVIDENCE AND OPTIONS FOR IMPACT
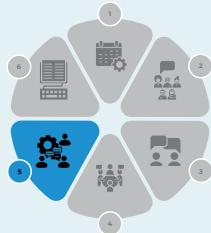
This module focuses on evaluating all the evidence once all Conversation Events have been completed, discussing the evidence with the community and with stakeholders, and deciding on how to take the findings from the Responsive Dialogues project forward.

This module provides guidance on the following:

- What is involved in evaluating the evidence?
- How to compile a structured report?
- How to share evidence and options for impact?

What is involved in evaluating the evidence?

After Conversation Events Sets are completed, the core implementation team, and a few selected stakeholders (if possible), review all the data collected from the beginning of the Responsive Dialogues project through to the end of the Conversation Events Sets. The evidence is then analysed, learnings are highlighted, and options for impact are discussed.

The steps below are a recommended process for gathering and evaluating evidence from the Conversation Events Sets. The same process, with some adaptation, can be used for evaluating evidence from the entire Responsive Dialogues project.

Step 1: Gather and review data from Conversation Events Sets

- Gather and review all documentation and material from the various Conversation Events Sets. See Module 8 for more on documenting evidence.
- Map the content, processes, participants, and all other relevant information collected and analysed in each Conversation Events Set. See Module 1 for suggested mapping methods to adapt.

Step 2: Assess evidence

- Assess the evidence you have. Evidence includes written notes and documents, photos, visuals, PowerPoint presentations, digital audio recordings, structured templates, mind-mapping tools, and so on. See Module 8 for more.

- Assess whether you need more evidence and how you will obtain it. This may include interviews with participants, community members, or facilitators, re-running some more Conversation Events, or conducting further research. See Section 1 (M&E Framework) for suggested data collection methods.

Step 3: Analyse and make sense of the evidence

- Use visualisations and mapping tools to help make sense of all the information gathered, such as drawing causal pathways between root causes and drivers of antimicrobial resistance (AMR) and mapping these to solutions. See Module 1 for more on causal pathways.
- Interrogate the data from each Conversation Events Set. Compare the original aims and objectives with the outcomes or results achieved. Were the aims and objectives achieved in each Conversation Events Set? If yes, what helped or facilitated their achievement? If not, what happened? What was missing/ different? What were the challenges?
- Compare the evidence from each Conversation Events Set. Look for patterns, connections, similarities, and differences. What was common to all of them? What was different?
- Identify the key findings, observations, and insights that emerge across the Conversation Events Sets.
- Group similar key findings and insights into thematic categories. For example, Participant groups and context; Facilitation team; Processes and approaches; Co-created solutions; Challenges; and Stakeholder engagement.
- Highlight specific findings and insights in each thematic category that are particularly meaningful or have a strong impact. Identify envisaged approaches for influencing AMR policies and strategies at local, regional, and national levels.
- Retain the voices of participants and stakeholders through quotations and recordings.

See Module 8 for more on documenting and analysing the Conversation Events. See the Introduction, *Developing a Monitoring and Evaluation Framework.*

How to compile a structured report?

Create a structured report that captures the essence of the findings and reflections of the Responsive Dialogues as a whole. This is useful not only for organising findings but also for presenting feedback to stakeholders. It could also form the basis of documents for wider dissemination.

Depending on the members of the core implementation team and the facilitators, you could assign roles for writing different parts of the report, or use a collaborative approach. Each person could take responsibility for writing up specific themes or sections based on their expertise or interest. Consider presenting some information as tables and figures and include quotes, anecdotes, or examples from the Conversation Events that illustrate the points you are making. See Section 6 for a *Suggested Structure for the Report.*

How to share evidence and options for impact?

Share the evidence that emerges from your analysis with the wider stakeholder group and with participants who participated in the Conversation Events. Discuss the possible options for impact and agree on the way forward. It is especially important to get input from stakeholders and participants so that they can guide and take ownership of the next steps of the Responsive Dialogues project.

Potential next steps might include:

• Moving into another Responsive Dialogues cycle
• Piloting potential solutions and then scaling up (see Module 10)
• Disseminating evidence to a wider audience (see Module 11)
• Translating evidence into policy recommendations (see Module 12).

The core implementation team documents the way forward, including who has agreed to take responsibility for ensuring that the options/activities are implemented.

Depending on the project objectives and the funding, some of these options may fall within the scope of work of the existing Responsive Dialogues project. For example, piloting of a co-created solution may be an option for some Responsive Dialogues projects where a prototype that was tested yielded positive outcomes. See Module 7 for more on prototyping.

Future **ownership** of the options may be taken up by others. This could include 'champions' or people with a specific interest and involvement in AMR. If ownership for options/activities falls outside the scope of the existing project, then all relevant information is handed over to the future owners so that maximum benefit is derived from the evidence and learnings from the Responsive Dialogues project. Additional funding may need to be raised to carry out some of the options.

> **GLOSSARY**
> **Ownership:** A key dimension of co-creation – those who participate in the co-creation process have a right to own the outputs/solutions of that process. Taking ownership may happen incrementally over a period of time, as participants take more and more control. With the right of ownership, comes the responsibility to act on the ownership, i.e. to invest in the process and provide input at each stage.

One of the most appropriate ways to share findings and outcomes is by convening a Stakeholder Feedback Workshop. This could be a standalone event or piggy-backed onto another AMR/other event, as explained in the country example that follows. See Section 6 for the guidelines, *Organising and Running a Stakeholder Feedback Workshop.*

Example from a Responsive Dialogues project

After the conclusion of the Conversation Events in the **Zambia** project, the core implementation team held a management meeting to discuss the final feedback on the Conversation Events. They reviewed new information using a PowerPoint presentation. The team then collaboratively delved into analysing the data, which included coding qualitative data, and cleaning and organising data.

The Responsive Dialogues project was evaluated using the project specific monitoring and evaluation (M&E) tool and this was included in the project's final report.

The findings from the data analysis were presented to the final Stakeholder Dissemination Workshop which was convened immediately after the ReAct Africa Conference 2023, in Lusaka. Thereafter, a policy brief was developed and shared with key policy-makers and actors.

The final Stakeholder Dissemination Workshop in the Zambia Responsive Dialogues project.

Photo: Posh Media.

Checklist of guidance in this module

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

Activities	Yes	To do
Evidence is gathered, analysed, and evaluated		
Evidence is shared with stakeholders and the community		
Options for the next steps in the project are discussed		

10 Module PILOTING CO-CREATED SOLUTIONS
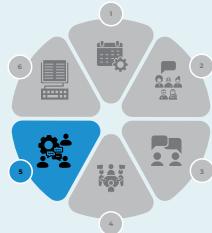
The purpose of a pilot is to show feasibility rather than to deliver a specific goal. Piloting the co-created solutions that have been prototyped by participant groups during the Conversation Events (see Module 7) helps to test them on a small scale, before scaling them up more widely. The results of piloting will reveal what elements might need adaptation or changing, and what this means in terms of financial, material, and human resources.

This module looks at the piloting process and how to analyse the pilot so that the findings can feed into scaling up, sustainability, and policy recommendations. It highlights who may carry out the pilot and the importance of advocating at an early stage, with funders and other sources for financial support of and beyond piloting.

This module provides guidance on the following:

- What are the benefits of piloting a co-created solution?
- Who will carry out the pilot?
- How to plan the piloting?
- How to collect and analyse data?
- How to share the findings of the pilot?
- How to advocate for resources for piloting and beyond?

What are the benefits of piloting a co-created solution?

Piloting a co-created solution yields various advantages. For example, it allows you to do the following:

- Assess the solution's **viability** and effectiveness in addressing local AMR challenges
- Verify the solution's **feasibility**
- Confirm outcomes of small-scale testing
- Identify necessary resources for scaling-up

- Enable timely amendments or reject the solution, if necessary
- Create a budget for future scalability
- Demonstrate implementation on a larger scale with refinements
- Provide evidence for gaining support from key stakeholders, including policy-makers

> **GLOSSARY**
> **Viability:** The ability of something to be sustainable.
> **Feasibility:** The possibility and ability of something being done.

Who will carry out the pilot?

If solutions are to be sustainable and move towards scalability, it is important that the core implementation team or the facilitators do not take on the primary responsibility for the piloting.

Ownership for local solutions is critical and should be as local as possible, even if this involves lobbying or advocating for policy change. Those taking on ownership could include participants of the Conversation Events, community leaders/ stakeholders from Conversation Events and piloting setting, and stakeholders, including representatives from health and agriculture departments, NGOs who can support the piloting, and local and national policy-makers. However, in some ICARS projects, pilots may be carried out and funded by ICARS.

Example from a Responsive Dialogues project

In the **Zambia** project, the team did not pilot the co-created solutions, however they did learn that some of the co-created solutions were piloted by community participants and healthcare facility staff. The team continues to share the co-created solutions with stakeholders and partners with the hopes of these being scaled to national level.

How to plan the piloting?

There are fairly standard steps involved in planning a pilot, and you can use a framework or template for guidance. Remember that as the piloting of the co-created solutions is part of the Responsive Dialogues process and builds on the outcomes of the Conversation Events, this should be reflected in the various sections of the piloting plan. See Section 6 for the *Template: Pilot Plan.*

How to collect and analyse data?

In the pilot, collect data about various aspects of the solution, including the process followed and the impact the pilot had, for example, how it changed attitudes, knowledge, and/or behaviour.

Some pilot projects collect data at specific time points, for example, prior to the pilot (baseline data), during the pilot (midline data), and after the pilot (endline date). This helps to enrich the approach to the outcomes and guides the course correction required during the piloting stage.

Consider how to involve participant groups, local, and other stakeholders in analysing the outcomes of the pilot. This is an opportunity to seek out and use inputs from all those who have participated. It empowers and acknowledges local community stakeholders, while enriching local ownership of the project, as well as equitable decision-making and partnerships.

> **Key questions to guide the analysis and refine the solution:**
>
> - How did collaboration, consultation, communication, and trust work in the pilot between participants, communities, and stakeholders? How could this be strengthened for scale-up?
> - How did everyone perceive the outcomes of the pilot? What worked well? Why? How relevant was the solution to the local context?
> - What problems/challenges were encountered? Why? How did those involved work to solve these problems?
> - What needs to be changed or refined prior to scale-up?
> - How can you use this opportunity as an iterative process to pursue more sustainable solutions?
> - What assets, strengths, and resources in the community were used? How can these be enhanced for the scale-up?
> - How can you use everything that you have learnt to plan and facilitate the scale-up, with long-term goals and commitments?

See Section 6 for *The Analysis Phase* which lists further questions to guide the analysis.

How to share the findings of the pilot?

On completion of the piloting, share the findings (outcomes and process) with all stakeholders involved in the Responsive Dialogues project, including participants, communities, and others. A Stakeholder Feedback Workshop is a key opportunity to discuss this, but use other forums, including regular AMR meetings, to share this information. See Module 9 for more about *Organising and Running a Stakeholder Feedback Workshop.*

Based on the analysis, in collaboration with participants, stakeholders, government officials, and policy-makers, decisions will be made regarding the feasibility and viability of the co-created solution: either it is deemed unfeasible, requiring no further scaling; feasible without modification, allowing for immediate scaling; or necessitating contextualisation, adaptation, or modification before scaling-up.

How to advocate for resources for piloting and beyond?

While the funds of some Responsive Dialogues projects will cover the piloting of some co-created solutions, and even the next steps to scalability, in practice many projects will not have enough funding. Innovative approaches to piloting, particularly low resource solutions, include partnering with the community or with NGOs that may provide resources and funding. If the piloting shows that the solutions should be scaled up, then it may be necessary to advocate with funders and other sources for further funding.

Planning tips

- Encourage local **communities to take ownership** and implement co-created solutions.
- **Demonstrate the impact** of the co-created solutions (and the Responsive Dialogues approach) in discussions or meetings with local partners and potential funding sources.
- Build a **broad base** of support from several funders and technical partners. Keep communicating with them throughout the project to maintain their interest and to give feedback on progress.
- **Allocate some of the Responsive Dialogue project budget** to planning the piloting and scale-up.
- **Invite selected funders** to the Stakeholder Feedback Workshop, and actively follow up with them afterwards. Take potential funders to field sites.
- Clarify who will take **ownership** of the scale-up.

Checklist of guidance in this module

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

Activities	Yes	To do
The benefit of piloting co-created solutions is understood		
Who will be involved in carrying out the pilot/s is identified		
A pilot plan is developed		
The outcomes of the pilot are analysed		
Pilot findings are shared with others		
Resources for piloting and beyond are advocated for		

11
Module

DISSEMINATING EVIDENCE TO A WIDER AUDIENCE
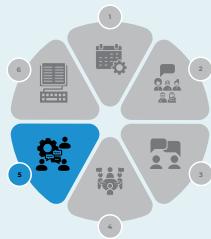
Once evidence from the Conversation Events has been shared with stakeholders (including participants of the Conversation Events), disseminate the evidence to a broader audience so that they can learn about Responsive Dialogues – the processes and outcomes. This might include, for example, the general public, policy-makers from across the One Health spectrum, NGOs, and AMR researchers.

This module provides guidance on the following:

- Why, who, and when to share evidence?
- How and what evidence to share?
- How to identify resources required to share evidence?

Why, who, and when to share evidence?

Sharing information and evidence about the Responsive Dialogues project is an opportunity for others to learn about the processes and their impact. This can assist your project and others to gain support for future projects. It is something that should be considered at the beginning of your project. It may be helpful to develop a dissemination plan that charts the who, what, how ,and when of sharing evidence. A table could be drawn up for this purpose and responsibilities allocated amongst team members.

Dissemination plan

Who (audience)	What (message)	How (approach)	When (timing)	By whom (person responsible)

> We disseminated our findings to our key stakeholders in a workshop, and thereafter we generated a policy brief to share with key policy-makers. (Zambia Responsive Dialogues project)

In addition to the stakeholders involved in the Responsive Dialogues project, there are several different audiences who can benefit from understanding the evidence and learning. Depending on the audience, you may share the evidence at different times.

Who to share evidence with and why

Audience	How they can benefit from the evidence
Civil Society Organisations/NGOs	They can use the evidence to generate support for an issue and to improve the impact of their work.
Policy-makers, government departments, researchers	They will hear the voices of those most affected by AMR and their co-created, concrete, and practical solutions to address the challenges of AMR.
General public	This is an opportunity to raise their awareness of AMR.
Wider research community	They can learn from the findings.

How and what evidence to share?

How you share evidence, the methods you use to share it, and what you share, depends on the audience you want to target.

Presentations at conferences and other AMR forums

AMR conferences and forums are useful platforms to present the evidence and learnings from the Responsive Dialogues project and the pilots of co-created solutions. They provide excellent opportunities for raising awareness and getting feedback from other researchers and project implementers.

Local conferences and forums are usually fairly accessible, and the core implementation team could present the project at various stages during implementation. At global conferences, more substantive project findings are expected and this is likely to be towards the end of the Responsive Dialogues project.

Policy briefs (policy recommendations)

See Module 12 for more on writing policy recommendations.

Publications – academic journals

Disseminate the learnings from the project to researchers by publishing in recognised academic journals – international peer-reviewed, or regional or country-level journals. The project processes and findings will be of interest to this community.

Example from a Responsive Dialogues project

The **Thailand** project published a study protocol on the Wellcome Open Research website. For the full paper, see: Poomchaichote T, Osterrieder A, Prapharsavat R et al. "AMR Dialogues": a public engagement initiative to shape policies and solutions on antimicrobial resistance (AMR) in Thailand [version 2; peer review: 2 approved]. Wellcome Open Res 2021, 6:188 (https:// wellcomeopenresearch.org/articles/6-188).

Wellcome Open Research	Wellcome Open Research 2022, 6:188 Last updated: 10 FEB 2023

Check for updates

STUDY PROTOCOL

REVISED **"AMR Dialogues": a public engagement initiative to shape policies and solutions on antimicrobial resistance (AMR) in Thailand** [version 2; peer review: 2 approved]

Tassawan Poomchaichote[1], Anne Osterrieder [1,2], Ravikanya Prapharsavat [1], Bhensri Naemiratch[1], Supanat Ruangkajorn[1], Chaiwat Thirapantu[3], Karnjariya Sukrung[3], Niyada Kiatying-Angsulee[4], Nithima Sumpradit[5], Sirima Punnin [5], Direk Limmathurotsakul [1,2,6], Phaik Yeong Cheah [1,2]

[1]Mahidol Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand
[2]Centre for Tropical Medicine & Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, UK
[3]Civicnet Foundation, Bangkok, Thailand
[4]Drug System Monitoring and Development Centre, Faculty of Pharmaceutical Sciences, Chulalongkorn University, Bangkok, Thailand
[5]Food and Drug Administration, Ministry of Public Health, Nonthaburi, Thailand
[6]Department of Tropical Hygiene, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand

Posters/leaflets

Posters and leaflets are useful ways of disseminating findings amongst community members and the general public, although it is important to take literacy levels and language into consideration. In many settings the use of culturally sensitive graphical illustrations will be useful.

Examples from Responsive Dialogues projects

The **Thailand** project developed a booklet as feedback to the participants of the Conversation Events.

In the **Zambia** project, over 500 brochures that explained Urinary Tract Infections (UTIs) and AMR were distributed to a wider community during the Conversation Events across the five sites. These were distributed via community participants and healthcare facility staff. (See example that follows.)

The project also created a key messages document that outlined important information participants wanted to relay to the communities. This document was shared with a journalist who covers AMR news from the national TV station, Zambia National Broadcasting Cooperation (ZNBC). Project staff and AMR experts were further interviewed by the journalist and aired on the ZNBC's main news.

Lastly, the project staff shared key findings and community AMR recommendations on a live radio programme that was streamed on Facebook and Youtube.

Brochure on antibiotics and UTIs, developed by the Zambia Responsive Dialogues project.
Image: Zambia Responsive Dialogues project.

How to identify resources required to share evidence?

To effectively disseminate and share your findings and outcomes, you will need people with different communication and organisational skills, as well as adequate financial resources.

It is advisable to build these requirements into your project plan right at the outset of the project. See Section 1 for more on setting up a Responsive Dialogues project.

Checklist of guidance in this module

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

Activities	Yes	To do
The importance of sharing feedback and outcomes with others is understood		
Examples of ways to share feedback and evidence are identified		
Resources required to share feedback and evidence are identified		

12 Module
TRANSLATING EVIDENCE INTO POLICY RECOMMENDATIONS
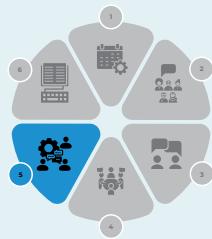
This module focuses on one of the central aims of Responsive Dialogues – to facilitate inclusive policy-making that takes into account public perceptions and local realities in the area of AMR. It involves translating the community-driven learning and evidence to advocate for policy-makers to implement 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.
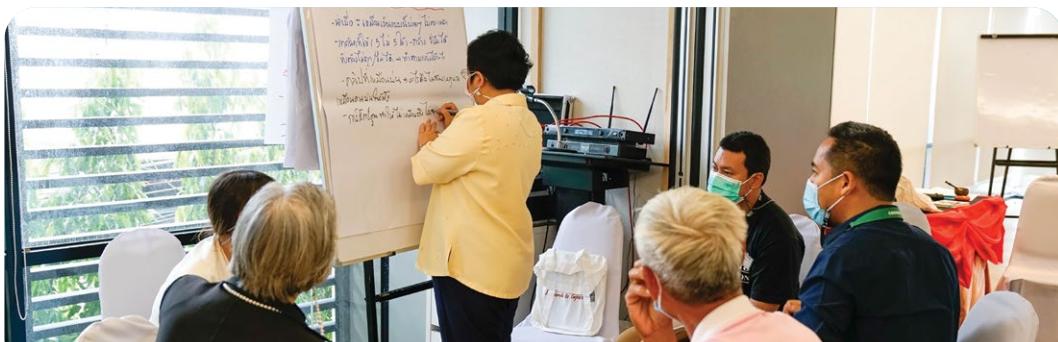
Photo: Thailand Responsive Dialogues project.

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 Section 1, *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

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		