Scientific researchers are often frustrated by the barrier of great publications but their failure to influence policy makers for impact in healthcare and public health! The Evidence informed health policy (EIHP) training seeks to impart how to use evidence from research into an implementable policy brief (1). Some of the barriers that have been cited include: inadequate skills in policy brief development, its absence in health professionals’ curricula, expensive courses; lack of understanding of politics in health, poor communication skills and silo-closeted approach to health problems (2). Through the Structured Operational Research and Training Initiative (SORT IT) a collaboration between the University of Nairobi, Department of Obstetrics and Gynaecology and the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) based at World Health Organization selected a group of faculty members who were trained in 2016/2017 on EIHP. This is the third workshop held by the Department but inaugural amongst postgraduates in their Master’s Program. They were trained on how to convert their scientific publications into policy briefs. The course was facilitated by faculty -SORT IT Alumni over a two-day period immediately after completion of their scientific manuscript writing. The processes used modified training materials that ensured a course milestone policy brief was realized.

The introductory lectures laid emphasis for the need for identifying the target audience; having a broader outlook to health beyond the science but embracing politics, legislature, expert opinions, cost implications, governance, service delivery, health disparities, multisector engagement and advocacy (1). Secondly, gain understanding that policy has a cyclic nature with entry at any point from problem framing; formulation; adoption; implementation, evaluation and review. In some instances, requiring rapid results synthesized.

The workshop used the processes outlined in the evidence informed policy framework (3) that required the researcher review their problem statement (evidence gap) conduct a root cause analysis on the effects and consequences had it been left unaddressed. The evidence gap was further visualized in the context of politics, expert opinions, legislature, socio-economic, cultural and environment for a more holistic approach (4). In Addition to their research outcome explored and evaluated systematic reviews (5)(6) to prioritize the actions required. Implementation of the actions, enablers and barriers such as: service delivery, cost implications, governance and health disparities informed their decision making (7). This has culminated in the ten policy briefs hereby attached covering areas in safe motherhood and screening for cervical cancer.

It is expected that the gap between the researcher and the policy maker can be eliminated to facilitate a closer working relationship to address improving health and wellbeing with no one being left behind.

References:


6. SURE Checklist. Checklist for making judgements about how much confidence to place in a systematic review of effects http://www.3ieimpact.org/media/filer_public/2012/05/07/quality_appraisal_checklist_srdatabase.pdf