

Using a policy brief in a policy dialogue that engages key stakeholders

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Advanced workshop for policy makers: Using policy briefs in health policy-making

WHO EMRO

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Knowledge to Policy (K2P) Center



Knowledge to Policy (K2P) Center is established at FHS / American University of Beirut (AUB), Lebanon



K2P is a KT platform that bridges the gap between research and policymaking and promotes evidence-informed policymaking



The center shapes and impacts policies by providing context-specific solutions to complex policy issues, convening high profile dialogues and engaging in capacity-building.



Designated as WHO Collaborating Center for Evidence-Informed Policy and Practice



Recognized as global mentor institute for supporting organizations and entities in evidence to policy work

Knowledge Translation Products

- A knowledge translation product (e.g. policy brief) on itself might not be instrumental to promote widespread uptake, implementation or impacts on health
- Need for **knowledge uptake activities (e.g. policy dialogues)** to facilitate process of translating evidence into policy and action
- Policy briefs and policy dialogues are two of the most widely used complementary approaches to supporting the use of research evidence in policymaking

Policy Dialogues

Increasing interest in the use of policy dialogue as a strategy for supporting evidence-informed public policies:

- Research evidence is only one input into the decision-making processes
- Need for locally contextualized ‘decision support’ for policymakers and stakeholders
- A variety of actors, not just policymakers, can act and contribute significantly to decision-making processes

Policy Dialogues

Policy dialogues play important role in supporting evidence-informed policymaking:

- Provide a platform that brings together different stakeholders (e.g. policymakers, researchers, practitioners, civil society organizations) from different sectors (e.g. health, education, social, economy) to address a priority policy issue and foster discussions around the problem, various policy options to address the problem, and key considerations for implementation
- Allow research evidence (from pre-circulated policy briefs) to be brought together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue
- Create opportunity for policymakers and stakeholders to discuss, contextualize and determine what the research evidence means in light of the tacit knowledge and real world experiences that they bring to the discussions; and pave the path for action moving forward

Key features of Policy Dialogues

- ✓ Address a high-priority policy issue
- ✓ Provide an opportunity to discuss different features of the problem, including – where possible – how it affects particular groups
- ✓ Provide an opportunity to discuss options for addressing the problem
- ✓ Provide an opportunity to discuss key implementation considerations
- ✓ Provide an opportunity to discuss who might do what differently
- ✓ Are informed by a pre-circulated evidence brief
- ✓ Are informed by discussion about the full range of factors that can inform how to approach a problem, possible options for addressing it, and key implementation considerations
- ✓ Bring together many individuals who could be involved in – or affected by – future decisions related to the issue
- ✓ Aim for fair representation among policy-makers, stakeholders and researchers
- ✓ Engage a facilitator to assist with deliberations
- ✓ Allow for frank, off-the-record deliberations
- ✓ Do not aim for consensus

Impact of Policy Dialogues

Perception and acceptability

- Policy briefs and policy dialogues are very well received, regardless of the countries in which they are used, the system issues that they address or the group of “actors” that is investigated
- Participants tended to view the policy briefs and deliberative dialogues in general – as well as each of their key features – very favorably.

Influence on intentions and policies

- Had direct impacts on policymakers’ and stakeholders’ agendas, policies and actions across a wide range of settings and topics/issues (+12 countries)
- Led to strong intentions to act among dialogue participants

Timing of Policy Dialogues

Policy dialogues can be used at different stages of policy development and implementation

- **Policy development:** In this case, they are conducted early in the policymaking process, and focus primarily on clarifying and framing the problem and identifying feasible solutions (policy options), e.g.
 - Addressing Medical Errors in the Lebanese Healthcare System
 - Promoting Access to Essential Healthcare Services for Syrian Refugees in Lebanon

- **Policy implementation:** When the circumstances or problem enable a longer time frame. In this case, they can be conducted later in the policymaking process, and may focus on the benefits and drawbacks of the policy options and implementation consideration, e.g.
 - Informing Salt Iodization Policies in Lebanon to Ensure Optimal Iodine Nutrition
 - Integrating Palliative Care into the Health System in Lebanon

Example of Policy Dialogue from K2P Center



Example of Policy Dialogue from K2P Center

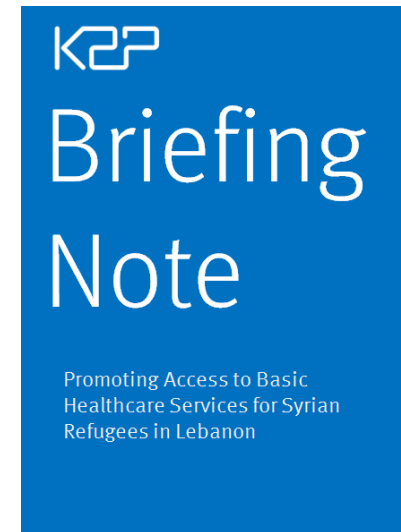
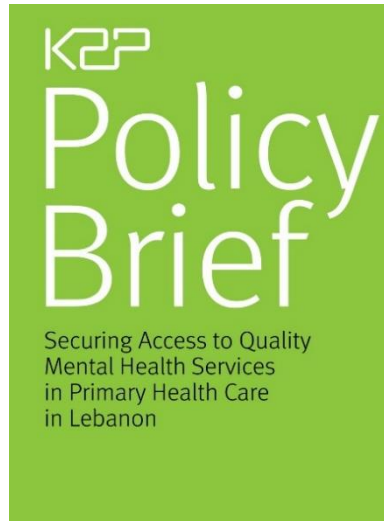


Preparation for Policy Dialogues

- Evidence Synthesis document (e.g. policy brief)
- Stakeholder selection
- Seating arrangements
- Dialogue facilitator
- Post-dialogue activities

Preparation for Policy Dialogues: Evidence Synthesis Document

- Policy dialogues should be informed by pre-circulated **evidence synthesis document (typically policy brief)** on the policy issue
- Document pre-circulated at least 2 weeks prior to the dialogue



Modalities for Presenting the Evidence from Policy Briefs during the Dialogue



Preparation for Policy Dialogues: Stakeholder Selection

- A policy dialogue should be inclusive and involve fair and balanced representation of stakeholders & experts (around 18-25 participants)
- Selection of stakeholders is dependent upon their:
 - Degree of involvement in/knowledge about the issue/problem and its relevant solutions;
 - Ability to constructively engage in discussions and to articulate the problem and its possible solutions;
 - Ability to champion actions recommended from dialogue;
 - Representation of a range of interests, expertise and perspectives and can inform on the political, economic and on-the-ground realities of implementing the policy.
 - Role in implementation (policy implementers can help identify enablers or barriers to implementation, potentially gaining their early buy-in for any policy change)
 - Balance across parts of the country, provider groups, and gender
- Depending on the context, invitations should be sent four weeks to three months prior to the dialogue date

Know your stakeholders & their Positions

| Public | Influencers | Decision/Policy makers |
|---|---|--|
| <ul style="list-style-type: none"> → Who is affected by the health problem? → Who has a hand in the solution? | <ul style="list-style-type: none"> → NGOs (local or international) → Advocate groups → Religious leaders → Media (social, print and audiovisual media) → Private sector → Researchers → Professionals in the field | <ul style="list-style-type: none"> → Ministries (minister? General Director? Program coordinator? Staff?) → Governmental organization → Orders and syndicates → Parliamentarians → Prime minister → Municipalities → Governor |

Stakeholder Selection Framework

Sampling Framework:

- Policymakers (i.e., elected or appointed officials)
- Manager in a healthcare institution
- Manager in a community-based organization
- Member of a health provider association or group (e.g. order of physicians, order of nurses, order of pharmacists, syndicate of hospitals)
- Representative of other stakeholder groups
- Researchers
- National and international non-governmental organizations
- Patient/consumer /affected populations

Example of Stakeholder Selection

K2P Policy Dialogue: Promoting Access to Essential Health Care Services for Syrian Refugees in Lebanon

- The Dialogue hosted 25 diverse stakeholders from multi-disciplinary backgrounds:
 - Policy and decision makers, representatives from relevant ministries (ministry of public health and ministry of social affairs),
 - UN agencies representatives (World Health Organization – WHO, United Nations Refugee Agency – UNHCR), International Red Cross Committee – ICRC, Medicine du Monde - MDM, International Medical Corps – MC-
 - Local non-governmental organization representatives (Amel, Caritas Lebanon Migrants Center - CLMC , etc.),
 - Primary care directors and Kaza doctors
 - Researchers and public health scholars.

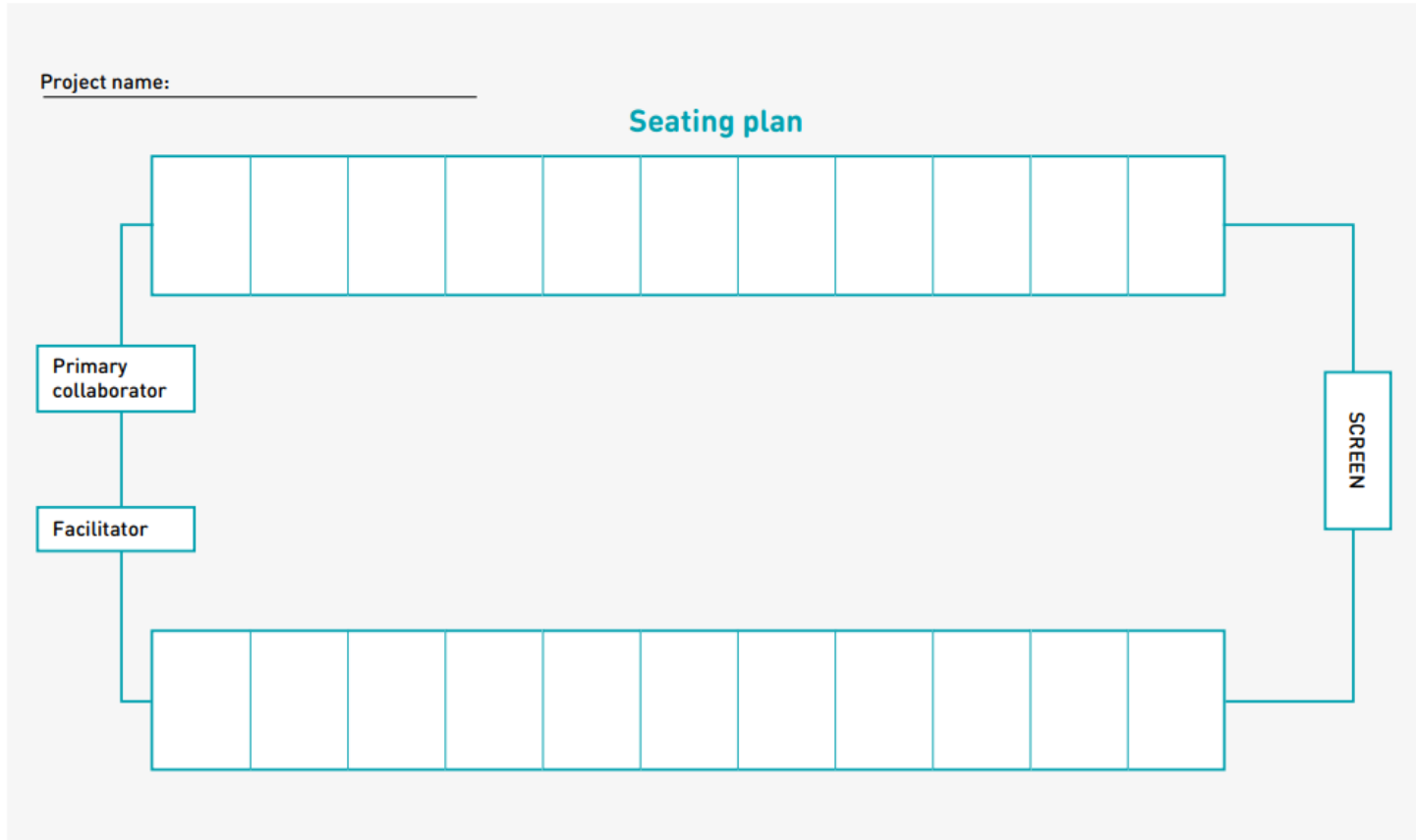
Example of Stakeholder Selection

K2P Policy Dialogue: Reducing Preventable Preterm Deliveries among Syrian Refugees in Lebanon

The Dialogue hosted 20 diverse stakeholders from multi-disciplinary backgrounds. These included representatives from

- Ministry of Public Health (MOPH)
- United Nations High Commissioner for Refugees (UNHCR)
- National Collaborative Perinatal Neonatal Network (NCPNN)
- Federation of Arab Obstetrics and Gynecology Societies
- Order of Midwives
- Order of Nurses
- Lebanese Society of Obstetrics and Gynecology
- Local and international nongovernmental organizations (NGOs) such as Makhzoumi
- Foundation, Amel Association, International Medical Corps, Médecins Sans Frontiers, and WHO
- Directors of hospitals, primary health care centers, physicians, researchers, and students

Preparation for Deliberative Dialogues: Seating Arrangement



Note. The seating plan is prepared by the dialogue coordinator to ensure maximum interaction between stakeholders.

Preparation for Deliberative Dialogues: Seating Arrangement



Preparation for Policy Dialogues: Dialogue Facilitator

Dialogue facilitator can make or break a policy dialogue:

- You have to understand your context including the participants, local health system (e.g. general understanding of major governance, financing, delivery and implementation arrangements related to topic, and decision-making processes)
- Familiarize yourself with the topic of discussion/policy brief
- Navigate local politics (e.g. analyze the probability of political flare-ups and be able manage them if they arise)
- Respect policy dialogue process including its preparation phase.
- Be well-prepared (80% of effort is made prior to policy dialogue)
- Maintain the 80:20 rule- participants should be able to talk for 80% of the time and the facilitator for 20%.
- Exercise a different set of skills are important, e.g. skills in conflict resolution and in managing politics behind the policy dialogue.
- Try to be concrete about tangible next steps

Preparation for Policy Dialogues: Dialogue Facilitator

The **opening of a dialogue session** is critical as it sets the tone for the rest of the dialogue:

- Transparency is key
- Introduce yourself
- Provide a brief overview of the hosting center and its role in evidence-informed decision-making.
- Disclose any potential conflict of interest.
- Provide a clear introduction to the topic (based on the policy brief) – this is a crucial element to set the scene and to ensure people’s engagement.
- Explain the purpose of the dialogue and the expected outcomes (set expectations early on)
- Provide a brief rationale for the selection of participants.
- Introduce participants or have them introduce themselves briefly.
- Outline the rules of the policy dialogue to participants.

Preparation for Policy Dialogues: Dialogue Facilitator

Set the rules of engagement

- Non-attribution rules are important when dealing with complex issues that involve high stakes in order to establish safe ground for the exploration of ideas and values, as well as to promote trust among participants:
- The Chatham House Rule refers to the situation when you agree to freely use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed. This rule ensures meeting confidentiality and, as such, facilitates the free speech in important meetings.
- Do not allow media and or non-participants to attend
- Not aiming for consensus, particularly when discussing a complex policy issue. While a policy dialogue is not expected to reach a consensus on any decision , it could conclude with the stakeholders making commitments to undertake a set of concrete actions.

Managing Conflict of Interest and competing ideas during a dialogue

Conflict of interest and competing ideas are almost inevitable in policy dialogues:

- Nature of deliberative dialogue is such that it openly promotes input and voice from multiple and divergent perspectives, which inherently brings differing (and often competing) views and ideas to the table
- Conflict (and tension) can also arise if participants harbor distrust or feelings of ill-will
- Given that deliberative dialogues allows for competing ideas as part of the process, the goal then is to clarify and manage potential conflict to the extent possible while increasing mutual understanding

Managing Conflict of Interest and competing ideas during a dialogue

Several approaches can be utilized to help clarify and manage conflict of Interest and competing ideas during a policy dialogue:

- Draw a power/interest matrix: Explore to understand the power and interest of stakeholders, including their values, perceptions and abilities to influence the direction of the policy, and anticipate behaviors/dynamics during the policy dialogue
- Create an overview table that includes information on participants' backgrounds, biography, achievements, interests, social attachments and affiliations and so on. This may be helpful to avoid attempts to manipulate discussions towards certain, pre-formulated conclusions.
- Ask participants to disclose any potential conflict of interest at the beginning of the policy dialogue (when introducing themselves). Disclose any conflict you may also have!
- Make sure the dialogue discussions remain grounded in evidence (from the policy brief)

Managing Conflict of Interest and competing ideas during a dialogue

- Ensure facilitator enables a structured process while encouraging mutual understanding and innovative thinking within the group. This helps foster trust and reduce potential tension
- Maintain transparency throughout the process
- Demonstrate neutrality to assist participants in expressing and developing their ideas. Allow them to create and innovate. Do not influence the discussion.
- Call out of people to make sure everyone is heard (and avoid domination by few/one-sided discussions)
- Draw from individuals who are not able to articulate themselves well enough.
- Make participants comfortable and confident and encourage them to contribute to the discussions.

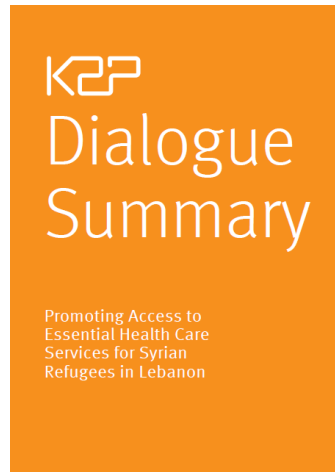
Post-Dialogue Activities

Following the policy dialogue, additional activities may be needed to promote the use of evidence in policy and action.

Activities include but are not limited to the following:

- Prepare a policy dialogue summary (see next slides).
- Update the policy brief based on the policy dialogue report and share this with participants.
- Evaluate the policy dialogue based on the pre-post evaluations sheets filled by participants
- Establish a feed-back loop to enable participants to stay in touch, clarify points, or raise concerns and provide support as needed to overcome barriers to implementation process.
- Conduct a post-dialogue survey to identify actions taken by stakeholders since the dialogue (see upcoming slide).

Post-Dialogue Activities: Dialogue Summary



- Dialogue summary is a tool used to outline the results of the discussions during the policy dialogue. It forms the road map for how to move forward with tackling this priority issue, based on the deliberations around the evidence document.
- The dialogue summary is shared with participants of the policy dialogue and widely disseminated.
- Completed within a maximum of two weeks after the policy dialogue date.
- Disseminated to all the dialogue participants via email, as well as other key strategic stakeholders and partners

Post-Dialogue Activities: Dialogue Summary

Post-dialogue summary along with the revised Policy Brief will be used by each stakeholder organization as guiding policy document and that they will communicate internally and externally with relevant bodies, agencies and department, in order to push agendas and advocate for improvements.

Post-Dialogue Activities: Post-Dialogue Survey

- Six months after the deliberative dialogue, a short survey can be circulated to key policy dialogue participants from different agencies that championed the issue targeted in the evidence document in the country, each in their own capacity.
- The survey will follow up on the deliberations that took place, track progress, identify actions taken by stakeholders and implementation issues and challenges that be encountered in translating into action the elements that were discussed at the dialogue


Facilitation

Challenges that might occur during a policy dialogue and possible recommendations to avoid and/or solve these challenges.

| Challenges | Solutions |
|---|---|
| Irrelevant participant contribution | ✓ Interrupt the participant politely, if needed |
| | ✓ Re-direct the dialogue toward the main topic |
| Tension among participants during the dialogue | ✓ Calm down participants |
| | ✓ Re-elucidate the main purpose of the dialogue and the importance of accepting and understanding each other's perspectives |
| | ✓ Avoid getting defensive and engaging in discussion that are out of control |
| | ✓ Redirect the dialogue to its main topic |
| Relevant Participant not showing up | ✓ Plan Properly |
| | ✓ Organize follow-up conversations (“mini-policy dialogues”) with the selected stakeholders. |

Knowledge Translation (Policy Briefs and Policy Dialogues) in the EMR


Use of health systems evidence by policymakers in eastern mediterranean countries: views, practices, and contextual influences

[Fadi El-Jardali](#) , [John N Lavis](#), [Nour Ataya](#), [Diana Jamal](#), [Walid Ammar](#) and [Saned Raouf](#)

BMC Health Services Research 2012 12:200

<https://doi.org/10.1186/1472-6963-12-200> | © El-Jardali et al.; licensee BioMed Central Ltd. 2012

Use of health systems and policy research evidence in the health policymaking in eastern Mediterranean countries: views and practices of researchers

[Fadi El-Jardali](#) , [John N Lavis](#), [Nour Ataya](#) and [Diana Jamal](#)

Implementation Science 2012 7:2

<https://doi.org/10.1186/1748-5908-7-2> | © El-Jardali et al; licensee BioMed Central Ltd. 2012

Received: 16 August 2011 | **Accepted:** 11 January 2012 | **Published:** 11 January 2012

Frequently reported barriers to use of research evidence

- **Lack of an administrative structure for supporting evidence-informed health policymaking processes**
- Limited value given to research
- Lack of research targeting health policy
- Lack of funding and investments
- Lack of trained policymakers in accessing and using evidence
- Political forces

Frequently reported facilitators to use of research evidence

- Availability of health research and research institutions
- **Communication and networking between policymakers and researchers**
- Qualified researchers
- Research funding
- Easy access to information

Potential strategies to improve use of research evidence

- Increasing funding and investments to support evidence to policy activities
- Producing policy- relevant research evidence and improving packaging and dissemination of research
- Building the technical capacity of policymakers
- **Increasing communication and exchange between policymakers and researchers**

[Eastern Mediterranean Health Journal](#) | [Past issues](#) | [Volume 24, 2018](#) | [Volume 24, issue 7](#) | Engagement of health research institutions in Mediterranean Region

Eastern Mediterranean Health Journal

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Eastern Mediterranean Health Journal

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Engagement of health research institutions in knowledge translation in the Eastern Mediterranean Region



Fadi El-Jardali,¹ Ahmed Mandil,² Diana Jamal,¹ Lama BouKarroum,¹ Samar El-Feky,² Mohamed Nour² and Mazen Al-Abbar¹

 [PDF version](#)

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Cairo, Egypt. (Correspondence to: Fadi El-Jardali: fe08@aub.edu.lb).



575
research
institutions
in EMR



223
responded



Coordination of national health priorities

23.9% of funders frequently issue calls for proposals based on national/regional priorities

Funding sources

Majority submitted **<10 proposals**

83.1% of institutions in LMICs receive funding for <10 proposals

80% of non-academic research centers least likely to receive regional funding

National planning for health research



49.1% of institutions aware of national health research priorities

70.2% of proposals did not address national health research priorities

Dissemination of research findings

Frequently used methods

Seminars and conferences

Peer-reviewed scientific journals

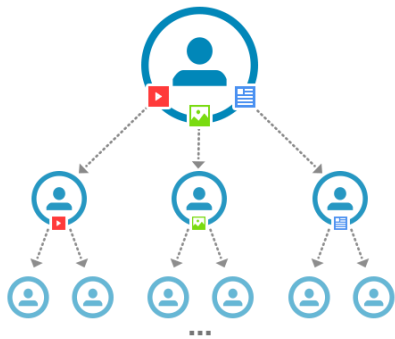
Institutional website

Rarely used methods

48.4% Policy Brief

48.4% Policy Dialogue

48.4% Letters to policymakers



64.1%

58.8%

58.7%

Reflecting on K2P Experience

Examples of K2P Policy Dialogues

- Integrating Palliative Care into the Health System in Lebanon
- Strengthening Child Protection Practices in Healthcare Institutions in Lebanon
- Strengthening Emergency Medical Services in Lebanon
- Reducing preventable Preterm Deliveries among Syrian Refugees in Lebanon
- Alcohol Drinking among Lebanese Youth: Delaying Initiation and Reducing Harm
- Improving the Prescribing Quality and Pattern of Pharmaceutical Drugs in Lebanon
- Informing Salt Iodization Policies in Lebanon to Ensure Optimal Iodine Nutrition
- Addressing Medical Errors in the Lebanese Healthcare System
- Addressing Limitations to Equitable Access to Healthcare Services for People Living with HIV in Lebanon
- Promoting Access to Essential Healthcare Services for Syrian Refugees in Lebanon
- Securing Access to Quality Mental Health Services in Primary Health Care in Lebanon
- ETC.

Promoting Access to Health Services for Syrian Refugees

Priority setting



Formal priority setting exercise

January 2014

Evidence Synthesis

Effectiveness of Mechanisms and Models of Coordination between Organizations, Agencies and Bodies Providing or Financing Health Services in Humanitarian Crises: A Systematic Review

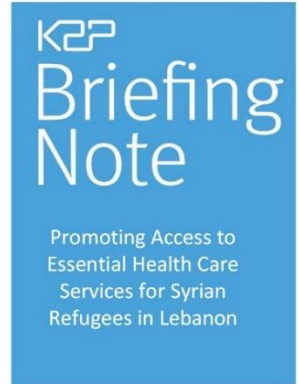
Elie A. Akl, Fadi El-Jardali, Lama Bou Karroum, Jamale El-Eid, Hneine Brax, Chaza Akik, Mona Osman, Ghayda Hassan, Mira Itani, Aida Farha, Kevin Pottie, Sandy Oliver

Coordination of health-service provision in humanitarian crises: a systematic review of suggested models

Tamara Lotfi, MD, Lama Bou-Karroum, Andrea Darzi, MD, Rayan Hajjar, BSc, Ahmad El Rahyel, BSc, Jamale El-Eid, MPH, Mira Itani, BSc, Hneine Brax, MS, Chaza Akik, DrPH, Mona Osman, MD, Ghayda Hassan, PhD, Prof Fadi El-Jardali, PhD, Dr Prof Elie A Akl, MCEB

January 2014-June 2014

Knowledge Translation



June 2014

Knowledge Uptake

Recruiting a Refugee Health Response Coordinator at Ministry of Health

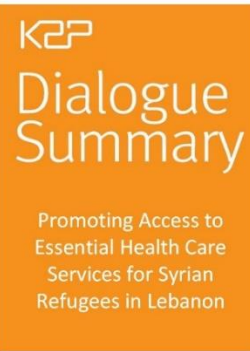
Strengthening the information systems on refugee health

Developing a strategic plan for responding to health needs of Syrian refugees

Impact



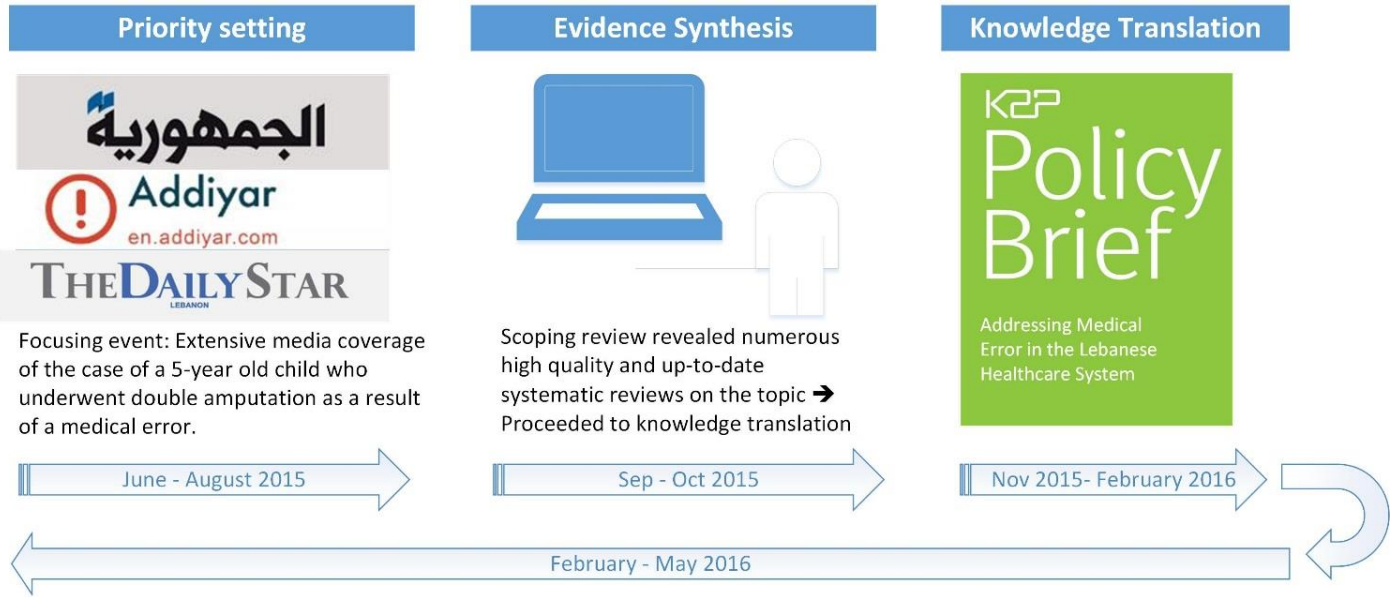
Close follow-up with Ministry of Public Health



National policy dialogue

June-August 2014

Addressing Medical Error in Lebanese Healthcare System



Knowledge Uptake

Personalized Debriefings

From research to policymaking – Center at AUB sheds light on medical errors in Lebanon

2/8/2016

Office of Communications | media@aub.edu.lb

The Knowledge to Policy (K2P) Center of the Faculty of Health Sciences at the American University of Beirut produced a policy brief showcasing the size of the problem of medical error in Lebanon and shedding light on issues of cause and accountability.

Dialogue Summary

Addressing Medical Error in the Lebanese Healthcare System

National policy dialogue

Impact

- Development of a new governance model for hospital accreditation program
- Revision of accreditation system and contractual agreements with health care organizations in Lebanon
- Incorporation of patient safety goals, indicators and training requirement in accreditation standards of hospital

Testimonials from Policymakers and Stakeholders who Participated in K2P Policy Dialogues,

Policymaker

[https://www.youtube.com/watch?v=CMjYOMxUQSI
&list=PLPZFxeutK7wOO8RN2iXISuy5tjZCmjHP0&ind
ex=28](https://www.youtube.com/watch?v=CMjYOMxUQSI&list=PLPZFxeutK7wOO8RN2iXISuy5tjZCmjHP0&index=28)

Stakeholder

[https://www.youtube.com/watch?v=euKXILeINXs&l
ist=PLPZFxeutK7wOO8RN2iXISuy5tjZCmjHP0&index
=12](https://www.youtube.com/watch?v=euKXILeINXs&list=PLPZFxeutK7wOO8RN2iXISuy5tjZCmjHP0&index=12)

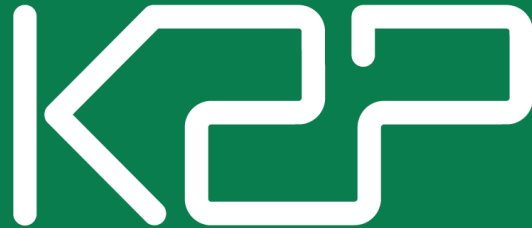
Stakeholder Perceptions on Policy Dialogues-

- Experience served as a demonstration of the knowledge translation process to policymakers and proved to be a valuable means for bringing evidence into their hands to inform critical decisions and actions
- Policy dialogue perceived as a catalyzing platform that brought together all the key stakeholders and relevant perspectives to inform deliberations about a high priority issue.
- The value added is through the policy briefs that are prepared and systematically shared with all stakeholders prior to the dialogue meeting:
- “This is quite innovative for us and it was useful to develop evidence-informed mental health policy.” - Policymakers
- Another strength is that it presented several policy options for deliberation among participants in order to arrive at the best combination of options that would fit the local context (including feasibility, acceptability, and implementability)
- Established clarity on the roles of the different stakeholders in moving the agenda forward



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Thank you.

For more information:

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