Bridging the Research-Policy Divide

AusAID-ALA Fellowship Program
NCEPH-Australian National University

27 September 2012
The Faculty

Gabriele Bammer

Mahomed Patel

David Mcdonald

Romeo Gundran
Train-the-trainer
The Coordinators & Sponsors

Yasmin Idriss

Noela Mcdonald

Terry Hull

Adrian Sleigh

Kamalini Lokuge
Bridging the Research-Policy Divide
“A 6-Week Learning Experience”

Policy Models (9)
Case Studies
Policy Briefs and Policy Influence Plan
Today’s Presentation
Making a Difference

1. Achievements from 2010
2. Health emergency in China
3. Animal health in the Philippines
4. Maternal and child health in Cambodia
5. Integrated Family Court System in Indonesia
6. Sexual and reproductive health in Thailand
7. HIV/AIDS in China
8. Medical tourism in Thailand
University-Government Partnership to Strengthen Veterinary Services in the Philippines

Romeo S. Gundran
Dean and Professor
College of Veterinary Science and Medicine
Central Luzon State University
Achievements from 2010

1. Memorandum of Understanding between the Government and the University
2. Strengthened Training Curriculum and Team
   a. Applied Veterinary Epidemiology Training (AVET)
   b. Bridging the Research-Policy Divide Training
3. Strengthened National Networking
13 Graduates in 2011

- 5 International Participants
- 3 Private Sector
Bridging the Research-Policy Divide Training

Joint Activity:
South Asia Field Epidemiology and Technology Network, Inc. (SAFETYNET) and
College of Veterinary Science and Medicine
Central Luzon State University
June, 2012

Customised Curriculum: Shorter, Specialty-based, Screening
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>Dr. Mej Villareal</td>
<td>Veterinarian II, NMIS</td>
<td>For Sale? Hot Meat and Double Dead Meat</td>
</tr>
<tr>
<td>Dr. Rosemarie Antegro</td>
<td>Senior Veterinarian, BAI</td>
<td>Elimination of Canine Rabies through Dog Population Control</td>
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<tr>
<td>Dr. Jeneveve Suliva</td>
<td>Veterinarian II</td>
<td>Why Ilocos Norte remains on the Top List on Canine Rabies</td>
</tr>
<tr>
<td>Dr. Samuel Comia</td>
<td>City Veterinarian</td>
<td>Herd Closure: An Option to Swine Disease Eradication</td>
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<tr>
<td>Dr. Suzette Ferry</td>
<td>City Veterinarian</td>
<td>Save the Ruminants, Launch Strategic Deworming</td>
</tr>
<tr>
<td>Dr. Jhonabeth Pajarillaga</td>
<td>Veterinary Quarantine Officer</td>
<td>Improving Transhipment Protocol of Imported Animals in the Country</td>
</tr>
<tr>
<td>Dr. Julieta Parairo</td>
<td>City Veterinarian</td>
<td>Strengthening the Capacity of LGU Meat Inspectors in Tarlac City</td>
</tr>
<tr>
<td>Dr. Arnold Lopez</td>
<td>City Veterinarian</td>
<td>Establishing the Veterinary Office in Olongapo</td>
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</table>
Expansion of Research-Policy Training in Southeast Asia

In Partnership with

1. 2010/2012 Fellows
2. SAFETYNET
3. FAO, OIE
4. SEA Vet Schools
5. Potential Australian Partners
   - ANU-NCEPH
   - AusAID?
   - ACIAR?
   - DAFF?

“Together we can do great things”
Development is Research Utilized

Linking research to policy is a key to development
Using the stages model to understand the policy processes for health emergencies

Yadong Wang
School of Health Management and Education
Capital Medical University
China

Bridging the Research-Policy Divide
AusAID Australian Leadership Awards Fellowship 2012
Yadong Wang

Professor, School of Health Management and Education, Capital Medical University, Beijing

Member:

Health Emergency Management Committee, Ministry of Health, China
Health Policy Consulting Committee, Beijing Health Bureau
8 activities describe the policy process.

Based on stages model, I’d like to present two experiences about policy process.
1. Enhancing Emergency Medical Services (EMS) in Beijing

Problem - 2004

Poor efficiency and effectiveness e.g.

- Call-response time too long
- Complaint rate high

Need

A policy to strengthen EMS in Beijing
Two independent EMS networks in Beijing

Phone number 120 network

Phone number 999 network
Outcome of my research on EMS

Better understanding of problems, causes and solutions

Some recommendations e.g. better coordination accepted and implemented

Efficiency improved 2008

Other recommendations being discussed in the media and by other stakeholders.

Legislation being developed.

Emergency Medical Service System Act of Beijing
2. Policy for health emergency preparedness at the community level
Theory of change

Assumptions

1. Rapid response and other capacities
2. Preparedness plan is implemented
3. Policy is adopted

Policy brief
Better guidelines + recommendations for dissemination and implementation of guidelines

Results of evaluation

Adequate to revise policy

No

- Social, economic and political costs minimised
- Strengthened emergency preparedness
- Better preparedness plan
- Revised policy
University - Government Partnership on Research, Knowledge & Technology Transfer to Improve Animal Health
A USEFUL POLICY MODEL
Bounded-Rationality Model

- Government identified the problem
- Existing policy was reviewed
- Research was conducted to answer the gaps
- Research findings → Knowledge transfer to stakeholders
- Policy Change

Fasciola Control Policy for Smallholder Production

TIME BOUND
LIMITED FUNDS
LIMITED HUMAN RESOURCES

2010-2012

RESEARCH SUPPORT FOR EVIDENCE BASED POLICY
LACK OF AFFORDABLE, RAPID DIAGNOSTIC TESTS FOR PRIORITY ANIMAL DISEASES

PROBLEM

CAUSES

TOOLS

Existing diagnostic tests:
- Labor intensive
- Time intensive
- Expensive

WORKLOAD

No time to develop rapid diagnostic test

Too many samples

PARTNERSHIP

Weak government partnership with University-based Veterinary Researchers

STAFF

Low salary

SOLUTIONS

Develop rapid diagnostic tests

Prioritize diseases requiring rapid diagnostic tests

Research agenda, policy and funding

Strengthen govt. partnership with University-based veterinary researchers and funding agencies

Incentives from research collaborations

University

Government

Partnership
POLLICY INFLUENCE PLAN

INTERMEDIATE OUTCOME
Improved animal health management

FINAL OUTCOME
Improved economy
Improved food security
Improved public health

IMMEDIATE OUTCOME
Strengthening University-Government Partnership to Promote Research, Knowledge & Technology Transfer for Animal Health and Diagnosis

OUTPUT 1

• 1/3 of university vet colleagues commits to join
• University adopts policy

OBJECTIVE 1: Adopt policy by university.

ACTIVITIES
Promote policy brief for revision and adoption by vet colleagues and university officials

OUTPUT 2

• Identify priority animal diseases
• Both Gov’t (DA-BAI) and University adopts policy

OBJECTIVE 2: Adopt policy by the gov’t.

ACTIVITIES
• Promote policy brief for revision and adoption by the BAI Director
• Signing of policy adoption by both University & Government
Strengthening Clinical Management of Newborns in Cambodia

Bridging the Research-Policy Divide
National Centre for Epidemiology and Population Health (NCEPH)
Australian National University (ANU)
BUN Srang

• Clinical Doctor and Public Health Specialist

• Head of Bureau of Prevention & Control in Department of Communicable Disease Control (CDC), Ministry of Health

• Secretary of Task Force for Maternal and Child Health

• (acting) Deputy-Manager of Cambodian Applied Epidemiology Training (AET)
Framing the problem

• Taking every child into account!

• Estimated 39,000 preventable deaths annually
Trends of Under-5 Mortality, Cambodia

![Graph showing trends of under-5 mortality in Cambodia from CDHS 2000 to Target MDG 2015. The graph illustrates a decrease in mortality rates over time.]
Newborn Deaths 2010

- Vietnam: 12
- Thailand: 8
- Australia: 3

Death per 1,000 Live Births
Causes of neonatal deaths (0-28 days)

- Infections: 59%
  - Bacterial sepsis
  - Pneumonia
  - Diarrheal Diseases
  - Tetanus

- Other causes: 41%
  - Asphyxia
  - LBW/Premature
  - Congenital malformation
  - Birth Trauma

This pie chart illustrates that infections account for 59% of neonatal deaths, while other causes account for 41%.
Focus of my policy brief

- Technical Supports
- Motivation of Health Workers

- Improve Performance of Health Workers
- Improve Health System
- Increase utilization of health facilities
Stakeholder analysis

POWER

Local Authorities

Funding Agencies

Community

URGENCY

Minister of Health

LEGITIMACY

Health System Unit

Provincial/District Health Offices

Other sectors

Health Facilities Village Health Workers

Dir General for Health Maternal and Child Health Unit
Expected impact

• Short and medium terms:
  – Skill and knowledge of health staff
  – Coordination with other supporting services (SOP)
  – Increased utilization of health facilities (annual contact of newborn)

• Long-term:
  – Reduction of newborn death
Poor Implementation of Domestic Violence Act : Promoting Integrated Family Court System

Nursyahbani Katjasungkana
Indonesian Association of Legal Societies for Women (APIK)
Personal Background

• Woman Rights Lawyer/Activist
• Founder & currently National Coordinator of APIK & CoC (KIAS)
• Coordinator Kartini Asia Network
• Member of Parliament (1999-2004)
• Vice Chair of National Awakening Party (2004-now)
• Adviser to the NC on Human Rights
• Chair of Partnership for Good Governance
Advocacy Coalition Framework:

OUTCOME

IMPACT

POOR IMPLEMENTATION
PROBLEM TREE

JUSTICE DELAYED IS JUSTICE DENIED

EFFECTS
- Corrution, impunity by legal authorities & failure of MoWE
- Estrangement of women from legal system
- Illness
- Financial, cultural & religious barriers

PROBLEM
- POOR IMPLEMENTATION OF DOMESTIC VIOLENCE ACT

CAUSES
- Lack: of capacity, coordination, mechanism to implement the DVA
- CONFLICTING LAWS
- Legal Structure
- Legal Content
- Legal Culture
- Internalized patriarchal culture & religious teaching by community
Conflicting Laws between DVA and Marriage Laws

Root Causes
- Patriarchal Marriage Laws & Regulations
- Dual Court System & Legal Pluralism
  - General Court
  - Criminal Court
  - Civil Court
  - Shariah Court
- Civil Procedures

Solutions
- Promote a Bill on Amendment of Marriage Laws & Regulations
- To have a New Law on Integrated Family Court System
Problem: Dual Court System: Shariah & General Courts

Policy Brief is adopted by APIK & the Coalition

- Media, Academe, NC on HR/VAW
- Secular Forces/Public

The Bill is included in the list National Legislation Program 2014

Support from Ministry of Law and Ministry of WE

Support from Political Party & General Public

The Bill is accepted by Supreme Court, President and Parliament

INTEGRATED FAMILY COURT SYSTEM IS ENACTED
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>STAKEHOLDER</th>
<th>TIME</th>
<th>INDICATOR</th>
<th>Risk Prevention Control</th>
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<td></td>
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<td></td>
<td>PROCESS</td>
<td>OUTPUT</td>
</tr>
<tr>
<td>National Workshop at the APIK network</td>
<td>18 APIK’s offices &amp; 15 focal points of CoC</td>
<td>Oct 2012</td>
<td>Report of the workshop</td>
<td>Revised Policy brief</td>
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<td></td>
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<td>Send the invite and Policy Brief with a short summary 2 weeks before the workshop</td>
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<tr>
<td>Advocacy Coalition Meeting and elect the secretariat coordinator</td>
<td>15 women’s organization, member of Working Group on Pro Women National Legislation Program</td>
<td>Nov 2012</td>
<td>Report of the meeting</td>
<td>Strengthened Policy brief</td>
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<td></td>
<td>Send the invite and Policy Brief with a short summary 2 weeks before the workshop</td>
</tr>
<tr>
<td>Series media campaign and dissemination of the Policy Brief (meeting and communicating with media people, academe, Radio/TV talk show, printing and distribution of fact sheet, poster, newsletter etc), writing articles and lobbying document.</td>
<td>Media people (newspaper, TV/Radio, writer, academe. Court Monitor groups, general public</td>
<td>Week 2/3/3 of October 2012-2014</td>
<td>Documentation of materials of media campaign tool and lobbying document</td>
<td>Publications of fact sheets, articles, recording of TV/Radio talk show</td>
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<td>Clear messages in the media campaign tools and publication</td>
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<td>Ensure that policy brokers could attend the TV/radio/talk shows</td>
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<tr>
<td>4. Series of meetings with key person of religious organization and secular forces</td>
<td>Religious leader, Muslim organization and key person of secular groups.</td>
<td>November-December 2012</td>
<td>Report of the meetings</td>
<td>Their expressed willingness to support the policy process</td>
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<tr>
<td></td>
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<td></td>
<td>To ensure that policy brokers could attend the meetings</td>
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THANK YOU

NOTHING IS IMPOSSIBLE, THE WORD ITSELF SAYS “I’M POSSIBLE”!
Improving Policy on Sexual and Reproductive Health among Young People in Thailand

Arunrat Tang
Researcher,
Research Institute for Health Sciences,
Chiang Mai University, Chiang Mai, Thailand
Case Study: Use and Perceptions of Sexual and Reproductive Health services among Young Northern Thai People (2006)

- Findings were intended to guide the development of health services to improve sexual and reproductive health among young people.

- Had research findings
- Worked with the Alliance

* Alliance is a group of people who work on young people’s sexual and reproductive health
Framing

Reproductive Health Division (Department of Health)

Bureau of AIDS, TB and STIs (Department of Disease Control)
Outcomes of providing research support

**Department of Health, MOPH**

In 2010, set up a new policy on Youth Friendly Health Services (YFHS) to cover all provinces.

There is an ongoing program on YFHS.

Young people, parents, and school teachers have benefits from this program.
Unprotected sex among young people in Thailand

Problem

Individual-level causes

- Poor knowledge on safe sex
- Bad attitudes towards condom/other protections
- Unplanned sex / unintentional sex / coercive sex
- Poor access to condom or other protections

Structural-level causes

Cultural Factors

- Gender issues
- Power relations
- Norms, values and beliefs
- Social expectations

Social Factors

- Modernization, New technology
- Urbanization, urban/rural migration
- Mass Media
- Family background
- Environment (school/workplace/community)
- Health services
- State / government policy

Economic Factors

- Family income
- Personal income/expense
- Country’s economic expansion

Causes
Unprotected sex among young people in Thailand

- Sex education (alliance* – led by Ministry of Education)
- Life skills training (alliance* – led by NGOs)
- Youth-friendly services (alliance* – led by MOPH)

* Alliance is a group of people who work on young people’s sexual and reproductive health
A new Policy on Free condoms & Easy access to condoms for young people

For change
- Sexually active young people have safe sex
- Lead to more healthy lifestyles
- Lessen health burden
  - MOPH
  - Health providers
  - Researchers/academic staff
  - NGOs
  - Young people

Against change
- Encourage people to have sex at early age
- Destroy Thai traditional ways of thinking
- Rates of HIV/STD infections and pregnancy will not decrease
  - Ministry of education
  - Parents
  - Teachers
  - Communities
  - Mass media
My Goal for Policy Change:
To get approval of the policy brief on free and easy access to condoms for young people

Steps
1. To raise awareness among the alliance on this policy brief
2. To make people or organizations that may oppose this idea understand the nature of young people’s life
3. To make all groups of people agree with the idea of free and easy access to condoms
4. To get approval of the policy brief
**Example of My Policy Influence Plan**

Objective: To make people or organizations that may oppose this idea (the target audience) understand the nature of young people’s life

<table>
<thead>
<tr>
<th>Activity</th>
<th>Stakeholders</th>
<th>Time</th>
<th>Outcome Indicator</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Identify the groups that may oppose to this idea.</td>
<td>- The alliance</td>
<td>Mid 2013</td>
<td>Groups that may oppose to this idea are identified.</td>
<td>- It may take time to find good ways to communicate with these groups</td>
</tr>
<tr>
<td>- Prepare with the alliance on how to communicate and work with these groups.</td>
<td>- The alliance</td>
<td>Mid 2013</td>
<td>Having a plan to work with the target audience</td>
<td>- It may take time. - Some target audiences still misinterpret the data/findings or evidence provided</td>
</tr>
<tr>
<td>- Communicate and share data / research findings / evidence of young people’s life with these groups.</td>
<td>- The target audience (community leaders, local authority groups, school teachers, parents, media, etc.)</td>
<td>Mid to late 2013</td>
<td>Number of groups of target audience who understand the situation of young people’s life</td>
<td>- It may take time. - Some target audiences still misinterpret the data/findings or evidence provided</td>
</tr>
</tbody>
</table>
Strengths of My Dual Roles as Researcher & Policy Maker

Preventing HIV Transmission Between Discordant Couples

Zhu Qian

Bridging the Research-Policy Divide
Supported by the AusAID Australian Leadership Awards Fellowship Program
The Australian National University
• Zhu Qian

• Researcher: Director and Professor of Research Institution for AIDS/STD Prevention & Control, Center for Disease Prevention & Control (CDC) Henan province, China

河南省艾滋病性病防治研究所，河南省疾病预防控制中心

• Policy Maker: Member of Henan Province HIV/AIDS experts advisory committee.
The strengths of a dual role as both researcher & policy maker

- Information easily available, e.g., surveillance data
- Easy to get government support to conduct research
- Greater chance of policy brief being adopted by government
- Problem identified and researched
- Many opportunities to engage with government
- Push the process of policy making smoothly
The Policy Model—Multiple Streams Model

Researcher
Problem Stream

- HIV transmission between HIV discordant couples increasing since 2004 in Henan Province

1. Establish information management system
2. Regular follow-up
3. Free regular HIV tests
4. Health education
5. Offer free condoms

Policy Maker
Politics Stream

1. Reduce the incidence of HIV/AIDS
2. Curb the AIDS epidemic
How I Influenced Policy?

Communication and engagement: submitted and discussed policy brief

CDC made an alliance with OHAPC

Advocacy and lobby

NGO & Mass Media

Policy Adopted
1. Established information system on discordant couples
2. Established free HIV testing, follow-up, free condoms & education

1. Identified problem
2. Conducted trial
3. Policy brief

Advocacy for financial support

International Organizations

CDC
Office of HIV/AIDS Prevention and Control

Dept. Medical Admin. (DMA)
Dept. Financial Admin. (DFA)

2. Policy also adopted by China’s CDC.

Established:
1. Information management system
2. Methods to:
   - Regular follow-up
   - Offer free HIV tests
   - Offer free condoms
   - Health education

Outcome:
1. Decreased HIV transmission between discordant couples
2. Decreased incidence of HIV in the community.

The outcome of using research to influence policy.
Changing policy on medical tourism to improve access to health services

Cha-aim Pachanee, PhD
Researcher, Ministry of Public Health, Thailand
27 September 2012
Ministry of Public Health

Office of the Permanent Secretary

Bureau of Policy and Strategy

IHPP Thailand

A leading institution in health policy and system research, established in 2001
Research and policy change

National Health Assembly Resolution on Medical Tourism Policy, 2010

Compilation of research

National Health Assembly adopted the resolution

July 2010

17 December 2010

Endorsed by the Cabinet

12 April 2011
Harnessing ‘good’ / managing ‘bad’ differences

- Alliance among the like-minded improved negotiation power
- Using private health services to improve health care access for all

- Managed the working group with members from different interests to develop the policy
Improving access to health services for Thais in the context of increasing foreign investments in the private health sector
Force field analysis

**Force for change**

- Inadequate public health services
- Minimise staff movement from public to private
- Private sector should contribute to improve public services

**Force against change**

- Public-private partnership for resource sharing to improve access to public health services
- Cost implications
- Compromise resources for private patients
- Loss of profits
Stakeholder consultations

Propose the policy brief to the National Commission on International Trade and Health Studies (NCITHS)

Agreed & Approved (Recommendations from NCITHS)

NHC proposes the policy to the Cabinet

NHC and BOI are chaired by Prime Minister

Approved

Develop the policy brief

Revise policy recommendations

Discussion / comments / suggestions

Seek stakeholders’ final approval

Public-private partnership for resource sharing

Approved

Investment privilege for private PHC facilities registered under the UC/SSS schemes

BOI proposes the policy to the Board of Investment (BOI)

BOI is one of the stakeholders

Some members are stakeholders

NCITHS proposes the policy to the Board of Investment (BOI)

NCITHS proposes the policy to the National Health Commission (NHC)

Internal consultation at MOPH
What we have learned…

- Policy influence plan (PIP)
- Policy models
- Case study
- Framework for systematic reporting & evaluation
- Policy brief
- Stakeholder analysis
Our future plans…

• Implementing activities in the PIP
• Adding the training lessons in teaching curriculum
• Conducting in-country training
• Sharing experience through the course alumni network
We’d like to thank…

• NCEPH, ANU
• AusAID
• Course faculties and staff
Sreng, Cha-aim, Zhu, Romeo, Nur, Yadong, Arunrat, Clarissa