

Cross RPC meeting Strengthening the research to policy and practice interface: Exploring strategies used by research organisations working on Sexual and Reproductive Health and HIV and AIDS. Meeting Abstracts.

Theme 1. Conceptualising the research to policy and practice interface

Conceptualising influence and impact in development research

Katie Wright, DFID/ESRC Research Broker

The research influence and impact agenda within development research is becoming more prominent. This reflects a growing interest in research use/influence which goes further than ‘communicating’ research to the usual suspects towards developing embedded strategies of user engagement and seeing research as not only valuable in itself but as a driver of wider social change. Use of research based on co-production of knowledge with different sets of stakeholders has the potential to contribute to better policy and public debate. It also has the potential to make funders better informed as to how to allocate research funds. There are also political imperatives to move to practical considerations of ‘evidence’ and ‘what works’ to be balanced against whose knowledge/evidence counts. This paper simplifies some of the key debates by focusing on three main areas: (i) How has influence and impact been defined in development research; (ii) How has policy influence been conceptualised; (iii) How can research influence and impact be captured.

The research to policy and practice interface in SRH and HIV: Insights from research with RPC partners

Sally Theobald, Liverpool School of Tropical Medicine (LSTM)/Realising Rights (RR) RPC and Jo Crichton, Africa Population and Health Research Center (APHRC) /RR RPC

SRH and HIV issues are often controversial and neglected, and research evidence is complex, leading to challenges with engaging policy makers and ensuring that policy and practice is evidence-based. Many health researchers are adopting innovative approaches to engaging policy makers in their research, yet these experiences are not always shared between research institutions. This qualitative study focuses on the research communication and policy influencing objectives, strategies and experiences of four Department for International Development (DFID) funded research consortia

working on SRH, HIV and AIDS. The study combines a literature review and 22 in-depth interviews with researchers and communications specialists from the four consortia and their partners, working in nine countries. Through analysis of the data, we identified various factors that affect the processes in which research evidence interacts with policy and practice. The policy context, the characteristics of researchers, their disciplinary perspectives, the multiplicity of actors, and nature of the research evidence all play a role in policy influencing processes. Different types of research evidence, strategies and processes result in a variety of types of research impact. We highlight some of the challenges and ethical dilemmas involved in engaging with policy makers around research on SRH and HIV, and identify influencing strategies and approaches that researchers have found effective. Effective influencing strategies include making strategic alliances and coalitions and framing research evidence in ways that are most attractive to policy makers

Theme 2. Case studies of engagement in relation to a particular influencing aim

HEARD Case Study 1 - The Swaziland Emergencies Report¹

Alan Whiteside, HEARD

Background

This study carried in out in 2007, and published and widely disseminated in 2008, has had considerable impact on policy in Swaziland and beyond.

Alan Whiteside has a long engagement with Swaziland and had carried out a number of studies². H and colleagues in Swaziland felt we were not reaching policy makers and having them react to the unfolding catastrophe of the HIV/AIDS epidemic. In 2007 we decided to develop a simple hypothesis: AIDS was having a cumulative and troubling impact on the nation, but by looking only at selected indicators we were missing this.

Methodology

Our project was to collect as much data as we could, on a range of indicators, which we felt would show the impact of AIDS. Where possible we also collected comparative information on Malawi and Zambia (both had lower prevalence than Swaziland and were poorer). This was to help and be important for advocacy in the country and with donors.

The report was written and a power point presentation developed³. This was shown widely in the country (by Swazi's) and beyond (by Alan Whiteside).

In mid-2008 we commissioned an evaluation of the impact of the study⁴.

Results

The main lessons from this work will be discussed in the paper. At this stage I believe they were about making the best of available data which people could identify with. Beyond this the main emphasis was on packaging the material, the lengthy report was backed up by short articles and pithy thoughtful presentations. We also had a major communications effort to ensure that the work was widely known. It is also quite unique in that we evaluated the work.

¹ **Whiteside A, Whalley A, Naysmith S.** Reviewing Emergencies in Swaziland: Shifting the paradigm for a new era. Mbabane HEARD, NERCHA. 2007.

² **Desmond C, King J, Tomlinson J, Sithungo C, Veenstra N, Whiteside A.** Using an Undertaker's Data to Assess Changing Patterns of Mortality and their Consequences in Swaziland. *African Journal of AIDS Research* 2004; 3(1) pp43-50.

Whiteside A, Desmond C, King J, Tomlinson J, Sithungo C. Evidence of AIDS mortality from an alternative source: A Swaziland case study. *African Journal of AIDS Research* 2002; 1(1-4) pp37-40.

Whiteside A, Andrade C, Arrehag L, Dlamini S, Ginindza T, Parikh A. The Socio-Economic Impact of HIV/AIDS in Swaziland, Mbabane, HEARD, NERCHA, 2006.

Whiteside A, Hickey A, Tomlinson J, Ngcobo N. What is Driving the HIV/AIDS Epidemic in Switzerland? and what more can we do about it? Report prepared for the National Emergency Response Committee on HIV/AIDS and UNAIDS, Mbabane, 2003.

- 3 **Whiteside A, Whalley A, Naysmith S.** Reviewing Emergencies in Swaziland: Shifting the paradigm for a new era. 2007. Can be accessed: <http://www.heard.org.za/view-document-details/914-microsoft-powerpoint-swaziland-emergency-presentation.html>
- 4 **Henry F.** 'Assessing the Impact of 'Reviewing 'Emergencies' for Swaziland: Shifting the Paradigm in a New Era'. Draft HEARD Report. 2009.

Bringing Sexuality Out in the Open: Building a Platform in Bangladesh¹

Mahrukh Mohiuddin, Farah Mahjabeen and Sabina Faiz Rashid, BRAC University

As a member of the Realising Rights project and part of on-going efforts to build awareness, capacity and advocacy; the Centre for Gender, Sexuality and HIV/AIDS at the School of Public Health, BRAC University has been working consistently since 2007 to build a platform to allow for discussions on Sexuality and Rights at the national level. Based on an initial meeting and conceptual framework developed at the Institute of Development Studies in mid 2005 and with funding from DFID, the Centre embarked on a series of activities to bring out into the open discussions on Sex, Sexuality and Rights! A small local level workshop to critically reflect on this theme in 2007 led to an International workshop on Gender and Sexuality in Dhaka with speakers from CSBR Turkey, India, Pakistan, USA, United Kingdom, Kenya and Bangladesh. With a lot of hard work and informal and formal networks, the Centre managed to have over 150 participants from many different fields, academics, activists, lawyers, students, researchers, media-persons, artists, public health and development practitioners. The aim was to build awareness, challenge preconceived notions and inspire people to rethink and push boundaries. The initiative received an enthusiastic feedback from this conference from participants, funding organizations and also from the media. This conference was funded by Realising Rights and was one of main themes of our project. The conference generated interest from International Women's Health Coalition (IWHC), New York and the Centre has received future funding for Sexuality awareness-building activities in 2009. Two of the authors received training from CREA which was funded by IWHC, and member partner -- Coalition for Sexual and Bodily Rights in Muslim Societies (CSBR) in 2008. Presently a pilot research on sexuality and rights is being conducted with the urban youth, people belonging to non-conforming sexuality, and marginalized urban residents to inform workshops and research and advocacy efforts. Funding from IWHC and Realising Rights in 2009 is supporting the Centre organize two local level workshops on this topic – training of media professionals, academics, researchers and NGO professionals with a monitoring of their influence on their work and policy in the future. The Centre has planned further research and advocacy activities for 2009-2010.

- 1 Centre for Gender, Sexuality and HIV/AIDS at the James P Grant School of Public Health, BRAC University, Dhaka, Bangladesh.

'Sex Sells' Everything from Cars to Toothpaste... Could it also Sell Safer Sex and Empowerment?

Wendy Knerr, The Pleasure Project/Taking Action for Sexual Health

The Pleasure Project presents its sexual health research, publications, trainings and presentations using edgy and erotic language and images, aiming to build a bridge between public health practice and people's real sex lives. With support from the Realising Rights RPC, it published the second edition of *The Global Mapping of Pleasure: A directory of organizations, programmes, media and people who eroticize safer sex*, which presents case studies about innovative sexual health programmes around the world using provocative images, language and design. Since its publication in June 2008 the *Mapping* has been requested more than 15,000 times on The Pleasure Project's website, and been well received by a wide range of audiences around the world, including at the International AIDS Conference in Mexico.

This presentation will highlight the process involved with producing and disseminating *The Global Mapping of Pleasure* and with taking a positive, erotic and, in many cases, taboo approach to sexual health research, education and advocacy, including:

- finding and commissioning gender- and culture-sensitive 'erotic' images;

- working with the sex industry and erotic media producers while keeping strong ties to the development and public health sectors;
- the complexities of communicating erotic safer sex approaches across cultures and contexts (e.g.: exploring different definitions of ‘sexual pleasure’, ‘erotic’, ‘sexy’ and even ‘sex’, and debunking myths about the impossibility of discussing of sex and pleasure in ‘conservative’ environments).

Since the Pleasure Project’s launch in 2004, its research has been published in the *Lancet*, *Reproductive Health Matters* and the journal *Development*, while at the same time its approach has drawn media attention from mainstream publications such as the *Washington Post*, *The Guardian*, *The Times*, *Sydney Morning Herald* and *Cosmo*. This presentation will touch on the benefits as well as the challenges of the ‘pleasure approach’ and the organisation’s efforts to influence sexual health policy and practice.

Working with parliamentarians on SRH in Ghana: Strategies and Lessons learnt

Nana Oye Lithe, Lawyer, Ghana / RR RPC

The INDEPTH network commissioned research to assess the legal and policy framework on SRH in Ghana. The findings revealed unfulfilled legal obligations concerning reproductive health and rights and public ignorance of laws and legal rights. SRH was not on the policy agenda and had low visibility on the political landscape, so political intervention was recommended. The research found, for example, victims of sexual abuse and domestic violence have to pay for medical reports and examinations after assault, and that payment was hindering investigation of sexual abuse and domestic violence cases. These and other key findings were disseminated to key stakeholders including parliamentarians, regional directors of health, social services, the Commission on Human Rights and Administrative Justice, traditional, religious and women leaders. Dissemination workshops took place outside Accra, to enable discourse and facilitate discussion at regional level. Media discussions were used to generate interest and present a compelling human story. The dissemination coincided with the Domestic Violence Bill in parliament; the debates surrounding the Bill provided a timely opportunity to present a case to Parliamentarians. The Parliamentarians acted on the research findings and amended the draft Domestic Violence Act to include provision which mandates the health care providers to provide free medical treatment to victims of sexual abuse and domestic violence. Despite the success in changing policy challenges remain; regional workshops revealed fees are still demanded by health providers and health providers not aware of the law. A need to work with the Ghana Health Service to enforce law was identified. Credibility, choice of message bearer and a ‘connect’ are critical for effective action to take place.

From Advocacy to Social Marketing: The Amajuba Child Health and Wellbeing Research Project

Tim Quinlan, Research Director, HEARD

This presentation outlines the history of HEARD’s efforts to achieve the practical aim of one of its principle projects. The ACHWRP has two aims. One is scientific: to document and compare material and psycho-social welfare of orphans and non-orphans in a locality via three annual surveys of approx 700 children and their caregivers). The second is practical: to facilitate the development of a district child welfare management plan.

Work with regard to the second aim began with an outcome mapping exercise, leading to an advocacy plan and activities and, finally, to a social marketing exercise.

The presentation will discuss reasons for the adaptations, the research that informed the adaptations, progress to date, the logic and content of the social marketing exercise and progress to date (full results will be available only in September 2009).

Testing for Syphilis in Pregnancy – Policy vs. Practice

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Background

Syphilis in pregnancy is a major cause of adverse pregnancy outcomes including abortions, stillbirths, and congenital syphilis. The control of syphilis in pregnancy can help in the achievement of MDGs 4, 5, and 6. To this end, many countries in Africa have developed policies to address this. In Ghana, such policy was developed over 10 years ago and includes the routine screening and treatment of all pregnant women attending antenatal clinics for syphilis. However, anecdotally there is a dichotomy between policy and practice at health facility level in many parts of the country, including the Ashanti region. This pilot study sets out to assess the antenatal syphilis screening programme in the Ashanti Region of Ghana and its operational realities at the antenatal clinic.

Methods

Simple random sampling was used to select health facilities in 21 districts in the Ashanti Region. Health care practitioners in the antenatal clinics of these facilities were interviewed on their knowledge of the policy, its practice and operational difficulties.

Results

210 antenatal clinics out of 464 were studied. Only 3.3% of facilities routinely screened pregnant women for syphilis. Many health professionals involved with antenatal care did not know of the existence of this policy. Other challenges to universal screening were the lack of logistics, lack of human capacity to do the testing, inability of clients to pay for the service, and difficulty in partner notification. 61% of facilities studied had well implemented programmes in HIV PMTCT.

Conclusion

As in many African countries with policies on the control of syphilis in pregnancy, the practice at facility level in the Ashanti Region is different from the policy. There is a missed opportunity in not tagging syphilis screening in pregnancy to well resourced HIV PMTCT programmes. The future lies in integrating the control of syphilis in pregnancy to HIV PMTCT programmes.

Theme 3. Linking research evidence and policy in policy processes

Getting Research to Policy: The experience of REACH Trust

Ireen Namakhoma, Lot Nyirenda, Grace Bongololo, Bertha Simwaka, REACH Trust

Research for Equity and Community Health (REACH) Trust is a Malawian NGO working to promote equity in health through conduct of research that is close to policy, and is multidisciplinary. We aim to influence policy

through research that informs debates around improving access to services that is evidence based and is utilised by policy makers.

Under the Addressing the Balance of the Burden of AIDS (ABBA) Research Programme Consortia we have used different ways to interface with policy makers and implementers throughout the research process. This has involved strengthening communication with policy makers from the project formulation stage, implementation and sharing of results. The different channels used have included setting up of research steering committee representing multiple stakeholders from Ministry of Health, National AIDS Commission and Civil Society groups including PLWHIV to create broader research ownership, holding dissemination meetings with policy makers and implementers such as parliamentarians, Ministry of Health Officials, Local District Assemblies and health workers amongst others. In addition we have presented our research finding in different Technical Working Groups and conferences. We have also developed policy briefs and published a newspaper article. We reflect on the opportunities and strengths of different approaches in this presentation. Multiple ways of sharing information have shown to be more effective in reaching different types of policy makers and stakeholders.

Informing Policy through Research: The Ghanaian Abba-Hru Experience

Prof Johnny Gyapong, Ato Selby and Kwakwo Anakwah, Health Research Unit, Ghana

Even though Ghana has a long tradition of research, the use of research findings in policy making is not always guaranteed. It has to address health system challenges; research results produced must be linked to health policies and programs and must contribute to improvements in health care delivery. The Health Research Unit (HRU) has facilitated this process in Ghana in the last two decades.

As a collaborating partner of the ABBA RPC on HIV/AIDS, the HRU has used this position and its substantial experience in dealing with policymakers to feed research outcomes on the ABBA project into HIV/AIDS policy in Ghana. To help achieve this goal, activities undertaken so far include, setting the research agenda in Ghana from onset in collaboration with policy makers and stakeholders through regional and national dialogue meetings; regular and continuous updates on the preliminary findings and outcomes to participants of studies and organizations (both governmental and not for profit) working with AIDS orphans and vulnerable children (OVC); continuous interaction with end users of research findings and policy makers for the development of effective formats for dissemination of research outcomes. In so doing, HRU intends to foster ownership of ABBA research and its outcomes by policy makers and stakeholders hence increasing the probability of its use in policymaking.

These initiatives have already contributed to the increase in awareness at the central level of the needs of the health sector in the scale-up of HIV/AIDS services at the regional level (in the region of highest HIV prevalence). Also, interactions with persons living with HIV and organizations during the OVC study have lent to a greater awareness of the existence of policy guidelines for OVC in Ghana and HRU's decision to use documentaries as one of the effective ways of disseminating findings of the OVC study.

Getting Research into Policy - Herpes Simplex Virus Type-2 (HSV-2) Treatment and HIV Infection: International Guidelines Formulation and the Case of Ghana

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Objectives

We evaluated the impact of recent trials into the synergy between HSV-2 and HIV on genital ulcer disease (GUD) treatment policy, as formulated by the World Health Organization (WHO); and we investigated the policy transfer process from international guideline formulation to national policy development, with Ghana as a case study. In addition, of interest was the relationship between research conducted locally (within Ghana) and national policy development, paying special attention to the Ghanaian policy context, in an effort to better understand the climate within which policy change occurs at a national level and how researchers can best contribute to this process.

Methods

Data from this study was collected April-August 2008 through interviews conducted with researchers, program managers and policy-makers at both an Experts Meeting to update WHO guidelines for the management of sexually transmitted infections (STI) including genital ulcer disease (GUD) in Montreux, Switzerland, and in Accra, Ghana. The data collected was reviewed within the context of existing theoretical frameworks for evidence into policy and policy transfer.

Results

We found that, in line with WHO's stronger and more recent stance on developing evidence-based guidelines, international guidelines were changed as a result of an accumulation of research, some of which had been discussed, commissioned or supported by WHO, and with the strong involvement of policy-makers throughout the research process. Ironically, despite the lack of conclusive clinical data to support the incorporation of HSV-2 treatment in the management of GUD in resource-constrained settings, guidelines were modified to include HSV-2 management, based on epidemiological data showing HSV-2 as the dominating aetiology of GUD in most settings and investigations into HSV-2 as a cofactor of HIV transmission. Modelling and cost-effectiveness data supporting the potential impact of HSV treatment/suppression provided further evidence to harness the political will to reform the guidelines.

At the country level (Ghana case study), policy transfer appeared top-down, strongly influenced by the international guidelines put forward by the WHO, often with little regard for research conducted locally. There is a clear distinction between operational research and clinical research in Ghana and local clinical research appeared to play the exclusive role of confirming international findings. Research participants, however, cited several examples in which operational research directly influenced national policy due to its site-specific nature. In addition, most operational research cited served to streamline medical costs. Clinical research agendas are often set by external pressures, such as donor priorities, and these pressures are cited as a further barrier to the communication between researchers and policy-makers, and so research and policy, within Ghana. Playing a pivotal role in the Ghanaian policy context are 'intellectual clubs', groups of professionals linked through congenial relationships. These 'clubs' serve as the primary conduit of information between researchers and policy-makers, for whom communication is lacking, and may serve as the main internal agent of change nationally. 'Clubs' also play a role internationally: the select group of experts invited to participate in the WHO meeting can easily be considered a more formalized type of intellectual club and many attendees self-identified as such.

Conclusions

International policy was only able to change due to the policy window provided by the mounting evidence of the role of HSV-2 in furthering the HIV epidemic. National policy in Ghana changes in response to donor pressure and funding. However, identification of an influential champion or tapping into the power of intellectuals clubs would ensure national ownership and a probably faster translation of international research into policy process. The ability to identify key individuals and through them tap into these clubs could serve to support national research agendas, clinical as well as operational, and serve to expedite the inclusion of evidence, collected either nationally or internationally, into policy.

Justin Parkhurst, LSHTM, Eleanor Hutchinson, LSHTM, Di Gibb and Susan Hoskins from the MRC Clinical Trials Unit in London and 'EFA country partners'.

In 2000, the promising results of two research trials into the use of cotrimoxazole prophylaxis in HIV infected patients in the Cote d'Ivoire were rapidly translated into WHO and UNAIDS provisional recommendations for Africa. These were supplemented by international paediatric guidelines in 2004 (WHO, UNAIDS and UNICEF) and detailed guidelines for adults, adolescents and children in 2006 (WHO). While the publication of policy at international level was remarkably quick, at national level in sub-Saharan Africa, countries with high burdens of HIV/AIDS show remarkably different histories of the uptake and use of cotrimoxazole prophylaxis. Some nations developed policies soon after initial evidence and recommendations were available, while others did not see policy change for several years. Common explanations for the lack of take up of evidence is the existence of a 'know-do' gap, whereby policy makers are not yet aware of the evidence base for changes in clinical practice. Yet the case of cotrimoxazole prophylaxis uptake in Africa illustrates that the know-do gap model may be limited in its explanatory power. Policy development is not simply a function of providing evidence to policy makers. Instead, policy making is a process that relies on multiple factors that must converge in particular ways for change to occur – factors such as windows of opportunity for policy change, or having key individuals take the initiative to press for change. This study compares the policy history and policy formation process for cotrimoxazole in these African nations. It draws on key policy analysis frameworks to show how their insights may be necessary to provide an understanding of the differential take up at policy level of an efficacious, cost effective, life saving intervention.

Experience with introducing the policy of male circumcision into South Africa through the South African National AIDS Council.

Eugene Sickle, Reproductive Health Research Unit (RHRU)/ PEPFAR / SRH/HIV RPC, South Africa

Background

Male circumcision is traditionally practiced in many parts of sub-Saharan Africa and a number of high HIV prevalence countries are developing and implementing male circumcision policies.

There exists strong supporting epidemiological evidence as to the effectiveness of male circumcision as a prevention strategy. This compelling and consistent evidence is derived from three randomised controlled trials (RCTs) in South Africa, Tanzania and Uganda. All three trials show male circumcision to be highly efficacious (50-60%) in protecting men against HIV, with protection sustained for 42 months (Tanzania), without behavioural disinhibition being shown. Furthermore, the WHO recommends male circumcision "as a new additional prevention strategy for HIV prevention in men".

This paper reviews the process for the adoption of male circumcision as an HIV prevention policy.

Context

A discussion of the translation of male circumcision research and evidence into policy and then practice within the South African context is impossible without an understanding of The South African National AIDS Council (SANAC) and traditional male circumcision. SANAC is the pre-eminent national advisory body, providing strategic and political guidance to the government on issues of policy on HIV and AIDS. SANAC has endorsed the The National Strategic HIV and AIDS Plan for 2007 – 2011 (NSP). The main goal of the five-year plan is to reduce the rate of new HIV infections and male circumcision is endorsed in the NSP as an "add-on" prevention strategy. Furthermore, for many South Africans, male circumcision is an integral part of the culture and the initiation of boys into manhood. This practice is the domain of traditional leaders and traditional healers within the South African context. The development of a male circumcision policy must be respectful of the important roles played by traditional and religious practices regarding male circumcision. This requires an ongoing dialogue with traditional leaders, traditional healers and faith-based sectors about what male circumcision may mean for amending and improving the practice of traditional interventions as well as for the evolution

of custom. It is generally accepted that male circumcision programmes should be developed with guidance from traditional and religious leaders.

Policy Development

The incontrovertible evidence in support of male circumcision as a strategy for the reduction of HIV transmission means that South Africa has a human rights and ethical duty to develop a national male circumcision policy. In concert with this, South Africa also has a responsibility to share this information in a clear and concise manner with the public. On the basis of the evidence derived from the RCTs, researchers and WHO set a comprehensive policy agenda. Broad-based advocacy, led by researchers (such as RHRU), civil society, key figures within government and SANAC, resulted in agreement that the development of a policy should be prioritised. This required in-depth dialogue across numerous sectors of society, and significant mediation of negative voices.

This process led to the development of a National Department of Health discussion document building on the WHO recommendations. An expert working group was constituted, providing technical advice from UNAIDS, WHO and research organizations. Key to the advancement of this process was a series of engagements between scientific experts and traditional healers and leaders to assess buy in for male circumcision. Simultaneously, the NDOH was tasked with conducting a nationwide situational analysis on male circumcision. These activities culminated in the RHRU hosting a national consultative policy conference at which the NDOH was mandated to prepare draft policy on male circumcision.

The Policy

The aim of this policy is to improve male sexual & reproductive health and reduce new HIV infections through the provision of safe, accessible, sustainable and voluntary clinical male circumcision services in South Africa.

The key objectives of the policy are:

- a) To provide a framework for policy makers and implementers to support introduction of safe, accessible, sustainable and voluntary clinical male circumcision services in South Africa
- b) To integrate safe clinical male circumcision practices with traditional male circumcision practices and to introduce safe clinical male circumcision practice in traditional settings
- c) To create an enabling environment for the implementation of safe, accessible, sustainable and voluntary clinical male circumcision services in South Africa
- d) Mobilise men in accessing male circumcision services
- e) Introduce and scale up male circumcision services in health facilities

Conclusion

The translation of research on male circumcision into policy has required key stakeholders to navigate a complex set of relationships and interactions. Through broad-based consultation a deeper understanding of the benefits of male circumcision in the context of HIV prevention has been achieved. In building on this process, community messaging is essential to ensure full understanding about what male circumcision offers, and to discourage the use of unsafe male circumcision services.

The development of effective community messaging will require participatory formative research, using qualitative approaches that seek to understand the behaviours, intention, knowledge, beliefs and values, social norms, cultural imperatives, and perceived risk of men and women in relation to male circumcision. This research is needed to inform the design of programmes and communication, which is a key element for effective translation of policy into practice.

From Research To Practice: Scale-Up of Male Circumcision For HIV Prevention In Tanzania

Introduction

Data from the randomised controlled trials show that male circumcision significantly reduces men's risk of acquiring HIV from their female sexual partners. The National Institute for Medical Research (NIMR) Mwanza in collaboration with the Ministry of Health (MoH) of the Government of Tanzania are planning the scale up of the national provision of voluntary male circumcision services for HIV prevention.

Methods

A consultative meeting to discuss and develop a national strategy for male circumcision scale-up with a clear operational plan was organized. This meeting resolved that a situation analysis should be conducted to inform the policy framework and provide the information that would be useful in creating an enabling environment to allow voluntary scale-up of male circumcision services.

Results

Two committees have been formed to oversee the male circumcision programme scale up. A national strategy with clear operational goals developed and an officer coordinating male circumcision programming efforts appointed. The situation analysis to generate information that would facilitate the design and set-up of effective policies, regulations and programmes is underway. Preliminary findings from the situation analysis will be presented.

Theme 4. Communications strategies and approaches

Designing and implementing an RPC Communications Strategy – lessons learnt from Evidence for Action's experience

Annabelle South, Programme Communications Manager, Evidence for Action

Communicating research to influence policy and practice has become increasingly important to both researchers and funders in recent years. With the introduction of the 'Research Programme Consortia' (RPC) funding mechanism, DFID included a requirement that each consortium should develop a communications strategy. The Evidence for Action RPC has seven partners from Africa, India and UK, including academic organisations, research institutes and NGOs. These partners have varying levels of experience of communicating research strategically.

In the process of developing the communications strategy of the RPC, each partner designated an individual (mostly researchers) to be the communications focal person. A workshop was organised involving the communications focal people to develop a communications strategy for each partner country, and overall. In preparation for the workshop focal people carried out a stakeholder mapping exercise with colleagues from their organisation. The workshop involved exercises to identify the audience; the desired changes; forces for and against change; developing a strategy; the message and the messenger. It also sought to develop capacity in key areas. A Communications Community of Practice was also launched, as a forum for communications focal people to share experience, ideas and support. The draft strategies were then taken back to partner organisations for consultation and revision before being finalised.

This process enabled country-specific strategies to be developed, and strengthened the capacity of communications focal people to plan strategic communications. It has resulted in strong buy-in from communications focal people, who have in some cases acted as advocates within their organisation for communicating research. The Community of Practice is a useful means of support, making use of the expertise available within the consortium. Focal people have great enthusiasm but limited time for communications activities, which has been a challenge in implementing the strategy.

Negotiating Networks and other Intermediaries: An exploration of the role of research in the rush to meet DFID information needs

Kate Hawkins, IDS

Given the relative inaccessibility of DFID policy staff, and their difficulties in filtering, digesting and applying the vast amounts of health related information that is aimed at them, using likeminded intermediaries to amplify research messages and provide routes into DFID appears a sensible communications strategy.

This presentation will introduce the routes by which the Realising Rights Research Programme Consortium has tried to reflect its learning back to DFID including:

- The UK Network on Sexual and Reproductive Health and Rights
- The All Party Parliamentary Group on Population, Development and Reproductive Health
- Research 4 Development and other DFID brokered spaces
- The DFID financed knowledge services based at the Institute of Development Studies

The presentation will explain how these routes to influence, through networks and knowledge services in the UK, inter-relate, overlap and compete. It will provide examples of the kinds of compromises and reciprocal acts necessary when utilising these kinds of partnerships. It will demonstrate how Realising Rights has translated research into more accessible messages and formats to meet the needs of these intermediaries. It will outline the additional benefits of this style of working as well as its challenges. Finally it will explain some of the difficulties in evaluating impact and attributing success when this method is used

HEARD Case Study 2: Playing the role of a 'boundary organisation': getting smarter with networking

Tim Quinlan, Research Director, HEARD

This presentation is about work (and planning)-in-progress for HEARD to make better use of networks as a result of limited success of exchange meetings with 'champions' in government departments to encourage greater use of research evidence in departmental development plans and programmes. The paper draws on the longstanding collaborative efforts of HEARD and the RENEWAL programme of IFPRI to engage officials in relevant departments on research findings that could and should inform policies and programmes to address population vulnerability in southern Africa.

It involves applying 'learning organisation' principles to a network mapping exercise, both of which will inform a review to devise new ways of using HEARD's network to achieve its strategic aims.

The presentation outlines the form and content of HEARD and RENEWAL's work as boundary organisations, limitations, and the nature of the current agenda to overcome those limitations.

Engaging media in communicating research on sexual and reproductive health and rights in sub-Saharan Africa: Experiences and lessons learned

Rose Oronje, Chi-Chi Undie, Eliya Zulu, Jo Crichton, APHRC

This paper describes the experiences of the African Population and Health Research Center (APHRC) in engaging the media in communicating its research on sexual and reproductive health and rights (SRHR) to policymakers, practitioners and the general public in sub-Saharan Africa. Our work with electronic and print media involves the following three strategies: 1) building their capacity to use research and report on SRHR in an informed manner; 2) working with them as intermediaries in communicating research; and 3) enhancing their interest in and motivation for reporting on SRHR issues. We have employed a wide range of activities in our media strategy, including organizing training events, holding awards for good reporting, collaboration with

professional media associations, organizing regular informal meetings and field visits, providing technical assistance to TV drama shows and building relationships with individual journalists, as well as more conventional approaches such as circulating press releases, providing interviews, and inviting journalists to dissemination meetings. The paper describes these media engagement activities, examines the successes and challenges involved, and presents lessons learned.

Effectiveness of linking sexual and reproductive health services with HIV services: strength of evidence and research gaps

Alejandra Trossero IPPF on behalf of Lucy Almers¹, Debbie Bain Brickley¹, Gail Kennedy¹, Laura Packel¹, Alicen Spaulding², Caitlin Kennedy³, Michael Mbizvo⁵, Lynn Collins, Kevin Osborne⁶

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Background: Links exist between sexual and reproductive health (SRH) and HIV/AIDS, and it is believed that linking SRH and HIV services will improve HIV prevention and care outcomes. Yet the strength of the evidence has not been assessed. We present results of a systematic review evaluating the effectiveness of linked SRH and HIV services.

Methods: We used a standardized protocol to identify, acquire, and extract study data. SRH services were defined as family planning, maternal/infant care, gender-based violence, and sexually transmitted infections (STIs). HIV services included testing, prevention of mother-to-child transmission, clinical care and psychosocial support. Inclusion criteria for the studies were based on: (1) published in peer-reviewed journal from 1 January, 1990 through 17 March, 2007; (2) post-intervention evaluation data; and (3) pre-post or multiple-arm study design. Studies were identified through electronic database searches and hand searches of journals. We also identified unpublished studies, termed promising practices, through web-based searches and assistance from experts.

Results: We identified 225 studies and include 58 studies in the final analysis, 35 peer-reviewed studies and 23 non-published promising practices. 6 of 58 studies used a randomized control design; most studies compared linked programs to no program. The majority of studies included HIV testing as part of the integration; fewer studies evaluated integration of other HIV services. Few studies sought to answer a research question specifically about SRH and HIV service integration. Among studies with research questions directly related to integration, none were designed specifically to compare integrated services to the same services offered separately, no study measured stigma outcomes, and of the few reporting cost outcomes, only two calculated cost-effectiveness.

Conclusions: Despite the call for linkages between SRH and HIV programming and services, significant gaps remain in the evidence. Rigorous research allowing for the direct comparison of linked versus unlinked SRH and HIV services is urgently needed to inform programs and policy. Cost analysis and economies of scope when integrating services will also need to be further explored.

