

Health Researchers and Policy Makers: A Need to Strengthen Relationship

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The World Health Organization has recognized the need to use more rigorous processes to ensure that health care recommendations are informed by the best available research evidence. Developing recommendations make little sense if they are not used. Thus, effective strategies to promote the appropriate use of recommendations by decision-makers are important.¹ Discussions internationally have also been focusing on how to develop mechanisms to support the use of research evidence in developing clinical practice guidelines, health technology assessments, and health policy.²

Decision makers on health issues have to address a series of difficult questions when choosing programs and policies: What is the likely disease burden that might be prevented or reduced? Which programs and policy options are likely to result in meaningful improvements in health? How will the benefits be distributed among the affected groups? Which potential solutions are appropriate and feasible for a specific situation? In implementing the decisions they need to consider issues like political and technical feasibility, the fit between strategy and the community context, and cost and cost-effectiveness?³

It needs to be understood that health researchers and policy-makers have different perspectives towards resources and time frames regarding availability of research findings. They operate under different settings, each with its own professionalism and limitations. It is noted that "policy-makers rarely convey clear messages about the policy challenges they face in their specific context to allow for timely and appropriate research agendas. Researchers on the other hand often produce scientific evidence which is not always tailor-made for application in different contexts and is usually characterized by complexity and grades of uncertainty."⁴

Researchers cannot in advance predict the utilization of their evidence in terms of interpretation and usefulness for decision makers, but they can influence policy outcomes if they engage with the policy community as a stakeholder or via other stakeholders.⁵ Thus, according to van Kammen et al "initiatives are needed to facilitate interaction between researchers and policy-makers to foster greater use of research findings and evidence in policy-

making and to narrow the 'know-do gap'. Knowledge brokering is designed to close the know-do gap. It differs from other strategies, such as 'researcher-push' or 'policy-maker-pull'. It starts with the recognition that creating knowledge and formulating policy are two different processes. The focus of knowledge brokering is not on transferring of the results of research, but on organizing the interactive process between the producers (researchers) and users (policy-makers) of knowledge so that they can co-produce feasible and research-informed policy options. Knowledge brokering is a two-way process that aims to; 1) encourage policy-makers to be more responsive to research findings, and 2) stimulate researchers to conduct policy-relevant research and translate their findings to be meaningful to policy-makers."⁶

There is growing literature on research synthesis techniques that are focusing on policy makers' unique concerns. They are different than the established methods of summative systematic reviews to answer well-defined clinical effectiveness questions. Admittedly, as Lomas notes "the task is more challenging- demanding and often impatient clients, questions that need ongoing negotiation and depend as much on context as on content, literatures with unclear boundaries, multiple relevant methodologies and few generally agreed upon standards for quality. There are, however, those who are rising to these challenges and trying to develop methods for interpretive synthesis for the benefit of policy makers. These methods have the potential to get social science and health services research contributing to healthcare management and policy as effectively as the Cochrane Collaboration brings epidemiologic and economic research to the provision of clinical care."⁷

A recently published study to understand the perspectives and attitudes of policy-makers towards the use and impact of research in the health sector in low- and middle-income countries used data from 83 semi-structured, in-depth interviews conducted with purposively selected policy-makers at the national level in Argentina, Egypt, Iran, Malawi, Oman and Singapore.⁸ Policy-makers interviewed for this study were unequivocal in their support for health research and the high value they attribute to it. However, they stated that there were structural and informal barriers to research contributing to policy processes, to the

contribution research makes to knowledge generally and to the use of research in health decision-making specifically. Major findings regarding barriers to evidence-based policy-making included poor communication and dissemination, lack of technical capacity in policy processes, as well as the influence in political context. Policy-makers had a variable understanding of economic analysis, equity and burden of disease measures, and were vague in terms of their use in national decisions. Policy-maker recommendations regarding strategies for facilitating the uptake of research into policy included improving the technical capacity of policy-makers, better packaging of research results, use of social networks, and establishment of fora and clearinghouse functions to help assist in evidence-based policy-making.⁸

The researchers hope to see research evidence become action in the form of a new policy, program or decision but not always are these hopes realized. But they need to realize that research evidence is only one of the factors in decision-making. There are other issues to be tackled like the governmental vision, political challenges, resource constraints, different lobbyists, traditional values, beliefs etc. Martens and Roos make it explicit that policy makers pay more attention to research findings if they have invested their own funds and time.⁹ They urge researchers to take efforts in building relationships with policy makers, because there are inevitable tensions between what the two parties need and do. Research findings must make sense to the decision makers and so researchers must be able to communicate the same in simple terms by means of short policy briefs.

Hope this article helps to stimulate the researchers to uninhibitedly share their perspectives with the policy makers and vice versa. This would serve to further strengthen the existing relationship between the researchers and policy makers to achieve desired health outcomes in Oman and similar countries in the region.

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