

Adequately Planning for Policy Engagement: A Long-term Investment



August, 2022

© Ludwig-Maximilians-Universität München

POLICY ENGAGEMENT – A TREND THAT’S HERE TO STAY

Researchers are increasingly encouraged to engage with policy-makers and practitioners to enhance the real-world impact of their work. This is partly due to concerns about research waste and research that never gets taken up by decision-makers and remains “on the shelf”. Integrated knowledge translation (IKT) intends to address this problem by involving decision-makers as early as project inception and continuously throughout the research process. It also requires researchers to tailor research in response to demands for evidence.

OPPORTUNITIES, PRACTICALITIES, & PITFALLS

Research funders are increasingly requiring researchers to incorporate knowledge translation (KT) into their research activities. Such activities have also been defined as deliverables for the BMBF-funded *Research Networks for Health Innovations in Sub-Saharan Africa* (RHISSA).

However, whilst there is a strong push towards decision-maker engagement it is often not clear how researchers should plan for and undertake this engagement. This includes deciding on whom to approach, when, and how, as well as deciding when *not* to engage. These decisions have relevant budgetary and organisational implications, given that engagement with decision-makers can require substantial staff time, financial and other resources.

CEBHA+ is a BMBF-funded research network (2017-2022) with partners in Ethiopia, Germany, Malawi, Rwanda, South Africa, and Uganda. CEBHA+ embedded an IKT approach that consisted of the continuous, “integrated” involvement of decision-makers, facilitated by a thorough stakeholder mapping and analysis. It also included the development of targeted engagement strategies, monitoring and adaptation of IKT activities^{1,2}. The project has undergone a mixed-methods evaluation which will provide useful evidence-based guidance for others embarking on (I)KT^{1,2}.

The directors and PIs of the RHISSA networks should:

- 1 **Design** an appropriate KT approach that outlines aims, roles and responsibilities.
- 2 **Identify** key staff members or researchers at each implementing site who are motivated to lead on KT activities.
- 3 **Schedule** regular KT meetings to discuss progress.
- 4 **Ensure** all researchers have access to KT training & resources, KT experts, and workshops, e.g. the courses provided at Stellenbosch University ([link](#)).



← Africa Evidence Network ([link](#))



← CIHR KT resources ([link](#))

“So to me it's so obvious. I can't/ it's like obvious that you should have a KT strategy. Whether you call it IKT or whatever [...]. But you should have a strategy [for] your stakeholder, the users of the evidence that you produce.”

CEBHA+ researchers highlighting the potential and the pitfalls of policy engagement in the IKT evaluation study²

“Knowledge translation, [...] I think it's quite demanding from [a] resource-poor country like ours. [...] You know, there's hundreds of researchers. There's very few MoH policy-makers.”

Sustainability, Impact and Investment Implications

Researcher engagement with decision-makers, including policy engagement, can have many positive effects, including building sustainable partnerships, access to contacts, information, and networks, as well as new skills for those involved. Ideally, this engagement leads to an increased consideration of research evidence in decision-making and improved population health. Effective KT may thus reduce research waste and contribute to the efficient allocation of scarce resources in research and health systems.

Navigating the policy-making sphere can be daunting for researchers, who may lack an overview of the decision-making systems and who may face limited responsiveness from decision-makers or – on the contrary – be overwhelmed by decision-maker demands. Staff turnover and budgetary constraints may present further challenges when planning KT activities. Many researchers also lack training and confidence in decision-maker engagement.

Fortunately, there is now a wealth of resources and courses available to train and prepare researchers for these endeavours, typically available at low cost. Investing in staff training for KT and clarifying KT roles and responsibilities should therefore be prioritised at the onset of a research project. These efforts are likely to pay off as they (i) help allocate the resources earmarked for KT economically, (ii) plan for effective engagements, and (iii) have long-term benefits for the research team beyond a single project.

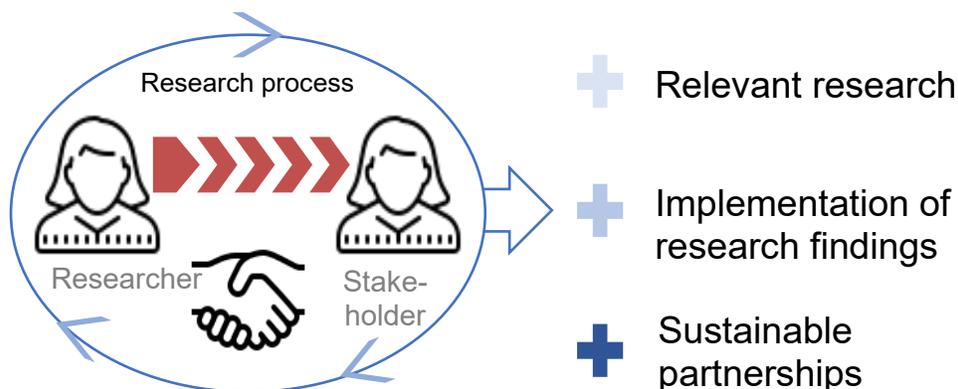
Key Findings

1 Decision-makers value **continuous engagement**, particularly being approached early on in the research process and hearing back from researchers when results become available.

2 Decision-makers need to see a **benefit** in the engagement, which matches their personal interest, provides them with an opportunity for personal growth or serves the public good.

3 Undertaking a **thorough stakeholder mapping** and analysing stakeholders' power and interest, can be very helpful to inform the research team's stakeholder engagement.

4 **Regular team meetings** dedicated to discussing stakeholder engagement have been important to plan, refine, and adapt, or scale back activities.



Integrated knowledge translation (IKT) is conceptualised as an ongoing relationship between researchers and decision-makers that continues throughout and beyond the research process.

References: ¹ Pfadenhauer, L.M., Grath, T., Delobelle, P. et al. Mixed method evaluation of the CEBHA+ integrated knowledge translation approach: a protocol. *Health Res Policy Sys* 19, 7 (2021). <https://doi.org/10.1186/s12961-020-00675-w>; ²Sell, K., Osuret, J., Bayiga, E., Rehfuess, E., Pfadenhauer, L.M. Development and implementation of a systematic IKT strategy in NCD research in Southern and Eastern Africa: A process evaluation, *forthcoming*

This Issue Brief was developed with support from the Center for Evidence based Health Care (CEBHC) at Stellenbosch University.

Credits: Contributors include K. Sell, L.M. Pfadenhauer, B.E. Balugaba, S. Kasenda, T. Mpando, P. Delobelle, N.S. Jessani.



Contact

Prof. Dr. Eva Rehfuess
rehfuess@ibe.med.uni-muenchen.de
Elisabeth-Winterhalter-Weg 6, 81377 Munich, Germany

<https://ihrs-en.ibe.med.uni-muenchen.de/index.html>
<https://www.cebha-plus.org/>

Twitter: @psph_munich