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Report from Parallel Session – Communicating Research

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Introduction

Communication matters. Without communication of research, findings are unlikely to have an impact on improving the health of poor and vulnerable people. This was the key message that came from this session on communicating health research. Communicating research to policy makers, other researchers and communities contributes to better development practice and makes you a better researcher. As Caroline Nyamai-Kisia from Afri-Afya, Kenya said, "Health research is only useful if put into action. Getting research put into action means communicating it effectively to all levels."

Some central themes to emerge during the session were:

- communication should be an integral part of research, not an add-on
- use strategic alliances and networks to communicate with others
- use a range of tools to reach different audiences
- build capacity in the South to strengthen research and communication processes and local agenda setting

Nand Wadwhani introduced the panel and asked the audience to indicate who they were. They included researchers, policy makers, NGO and field practitioners, broadcast media, journal editors, a librarian and a communicator.

Panel presentations

Communicating research to different people

Ingie Hovland from the Overseas Development Institute presented findings from a literature review on communication of research for poverty reduction and suggested that lessons from here could be applicable to the health sector.

ODI's Research and Policy in Development (RAPID) programme explores the role of research in policy making and relationships between researchers and policy makers. Findings from the literature review found that there are two ways of research improving policy making: instrumental and incremental. The instrumental way aims to have a direct impact, and the incremental

way makes small changes gradually. Both have advantages. The incremental way is more important in the long term but can be very challenging. Communication is very important here as communicators bring into the public domain new questions, issues, and language which over time have an impact.

Ingie noted that communication is needed to improve the value of the research to poor people and because it makes for better research. She said, “If you are able to communicate research well you can contribute to the greater good. If we communicate well, we are better researchers as we engage more effectively in the field. We don’t add communication on at the end because we ought to but because it will help us in our research.”

ODI’s literature review for the UK Department for International Development (DFID) looked at how do we best communicate research? The literature was divided into three areas: Communication to policy makers, communication to other researchers and communication to ‘end-users’.

The communication of research findings to policy makers is critical. Recommendations from the report include the need to strengthen researchers’ communication skills. Researchers need to think about key communication issues from start of project. Who are the audiences? How will we do this? Which people will I invite to comment on the research design so that they will feel part of the process? It was also found that research commissioned by DFID was more likely to be recognised. So this emphasises the need for close collaboration with policy makers. Invite them to workshops, send them policy briefs. However strengthening policy uptake is challenging – you as a researcher might be doing everything right, but policy makers still don’t take it up for various reasons, mostly around capacity. Again, there is a need to create strong alliances with policy makers.

Ingie noted that most researchers communicate to other researchers instinctively. There is a need to link research to capacity in your own organisation and make use of research networks. Communication of research is more than dissemination but don’t discard dissemination. It can have a very important function. le ID21 plays a very important role in disseminating research findings to policy makers and practitioners globally. It is a free research reporting service that addresses policy solutions on a range of issues.

Finally, communication to ‘end users’ was considered. End users can mean poor people or ‘beneficiaries’ in developing countries or NGOs working with the poor. One way of doing this is by incorporating communication activities into the project design. It is very typical for project researchers to use funding for communication activities to run a workshop at the end of the programme. But in fact communication should be incorporated from the very start. Ingie recognised the problems that researchers face. Talking from personal experience she said, “As

a researcher it is difficult to engage end users because it is hard to create space for others to have a genuine input.”

Ingie concluded by saying that because of the different influences on policy making there is also a need to create an ‘enabling environment’. As a researcher, you might be doing every thing right but in a hostile environment you stand very little chance of succeeding. Alone you cannot change the environment, but strategic alliances through networks can help.

Communicating research – an overview

Robin Vincent from the Exchange Programme at Healthlink Worldwide started his presentation by asking audience members to talk to the person sitting next to them about a challenge they have faced in communicating research. This stimulated thinking around some of the issues covered in the session, relating it to real challenges that people have.

Based on findings from a literature review, he discussed a broad overview of some of the aspects of effective communication, asking ‘what do you need to do as a researcher?’ Again, there was an emphasis on communication as a process from the start of a programme, not added on at the end. He also discussed the role of policy networks, noting that there is an overriding political influence. This is a challenge to researchers who think that research should be evidence based. Rob said, “Knowing that it is a political process, what do you do? It is important to work the networks and talk to policy makers. But we also need to ask ourselves, ‘who is talking to who?’” Southern policy makers and researchers have less access to networks and are less able to gain access to knowledge and people. This ultimately means they are left out of critical research processes. The work of Council on Health Research for Development (COHRED) demonstrates the need to build the capacity of Southern research institutes to carry out locally relevant research and be able to set their own agendas.

It is important to find ways to bring research closer to local decision making. Some examples of how this has been done effectively include the International Development Research Centre (IDRC) who found fruitful collaborations with policy makers at different levels. IDRC’s Tanzania Essential Health Interventions Project (TEHIP) used research to look at the local burden of disease and were able to link planning accordingly. CIET International (Community Information, Empowerment and Transparency) is an impressive example of an organisation that uses local evidence based planning and carries out cycles of research into different subjects. It then socialises the evidence through local media and dialogue processes.

Rob then showed the short film made by IDRC called ‘Research Matters’ that was made at last year’s Global Forum for Health Research 8. People interviewed on the film gave their impressions of why research matters and a clear theme to emerge was that communication of research matters too. Research is not useful

to people in developing countries unless the findings lead to real changes. Research needs to be communicated at all levels to make a difference.

Communicating research into practice

Sharmila Mhatre then discussed some key lessons from her work around communicating research to practice. This was based on her experiences from previous years of working at community level with CIET and now IDRC working to 'make research matter.' Some of the key lessons learned are firstly that there really is no blue print. There are tools you can use and there are 'dos and don'ts' but it is really important to realise the social and political context. This is how you can make research matter.

A key part is trust and relationships. Policy makers, researchers, the media, communities need to build good relationships with each other but this does not get built overnight, it takes years. She also suggested that the aim of researchers should not be to get a paper published but because you want to make a difference. The timing of communication is also a critical element of the research process. Sharmila said, "You need to think: when do you get media people in? When do you get the governor in? Is this a good opportunity to introduce this? You need to understand the timing of when to be a catalyst. If you have trust and relationships and your agenda is to give technical assistance, it will work."

Another key lesson is that you need to build on what policy makers know as this gives more substance to the evidence. A range of tools are important. In one programme, communicating with donors like the World Bank and decision makers at provincial and federal levels was not working despite special training session to get decision makers to read data effectively. Sharmila noted "When we started to show the data on a free web based mapping programme that identified geographical locations, they were able to engage properly and said things like I know what is happening in that district or that place."

The researchers also used 'Workshopping' to help to get evidence on the table and into action. The chairs of the workshops were key decision makers and key officials. We provided technical support by providing easily accessible information. Using the media also proved to be effective. In South Africa there was a large sexual violence programme. They used evidence to make radio programmes produced in several languages. They then introduced radio programmes in to school curricula. Again timing was important. The radio programmes were introduced into the schools in 2002 but they had started knocking on the door of the ministry in 1997. Sharmila also suggested the use of video. It is important that we hear researchers as we get the information from them.

Challenges in communicating health research lessons.

Caroline Nyamai-Kisia of Afri-Afya in Kenya presented some of the challenges that they have had in communication health research. Afri-Afya is committed to communicating up-to-date relevant health information to rural communities because as Caroline said, "Health research used properly can be a powerful tool for development." She continued, "There is a paradox of information poverty in the face of information overload."

In discussing the challenges of doing so, she noted the poor communication between research organisations and action organisations. Secondly there is poor communication between both of these organisations and communities. There is often a lack of access where one party may not have access to the other. Where they do meet, there is sometimes poor communication. Caroline noted that a major barrier is language as researchers can use very technical language.

Afri Afya tries to overcome this by approaching research institutions to find out evidence on local health issues. They then repackage the information and apply it to community health using a combination of appropriate tools ranging from Information Communication Technology approaches to drama. They make sure that there are clear actionable messages through appropriate channels of communication to allow research based evidence to get through to communities.

The challenges are many including the quality of information, people taking research seriously and then being able to use findings effectively and timeliness in responding to communities needs. There are broader issues of culture, gender and power to engage with too, so the process is not a simple one.

The results however have been encouraging with increased community discussion on sensitive issues on HIV and AIDS, increased uptake of Voluntary Counselling and Testing (VCT) and increased community participation in health activities and the management of health facilities.

Discussion

The discussion following the presentations covered a range of issues related to communicating health research. Many of these were the challenges that participants were asked to think about during the earlier part of the session.

The first point to be raised was that what we are actually talking about is dialogue rather than communication from researcher to community. Communication means an engagement which constitutes part of the research process. It is not simply a research process with communication afterwards. The dialogue is important in terms of generating knowledge and the process of the dialogue and engagement is an important capacity building process which in turn is a key part of the research. Caroline responded by saying that communication is a two way process. Dumping information on people is not well received. She noted that early speakers had said that the better we can engage the people the more effective the research. Another audience member commented, "It is now

fashionable to do communication at the end of a programme. There are entities like knowledge translation, knowledge networks etc. Part of our responsibility as researchers is to get the information out.”

Someone else raised the issue of different types of research communication. One type is to make research findings available to all who might need it and the open access movement has massive role to play in this area. The other area is getting research findings into practice. In terms of specific bio-medical research, we need to be humble about the potential influence of any singular piece of research. In the media, singular pieces of research can be sensationalised and these findings could cause scare mongering. He argued for systematic reviews before advising on policy and practice changes.

Another man drew people’s attention to an example of excellent health communication in Bangladesh. The Bangladesh Rural Advancement Committee (BRAC) took oral re-hydration solution (ORS) to every single mother in Bangladesh and now ORS is used most here than in any other country. He noted that collaboration between science and communities is vital if you want to communicate research.

A participant from Kenya working in psychiatry and mental health told that in Nairobi, the best way to communicate is to engage stakeholders and consumers right from the beginning. At the end they feel they own the research more than the researcher which leads to better implementation. Another woman said, “We need to translate research findings to policy makers and we need to share what we have done. We have a community advisory board so we can partner with the communities.”

A major challenge raised was how can you translate research to the policy level? Robin Vincent replied by suggesting using very clear language and policy digests that are short. Working with networks is also important. Healthlink Worldwide has been producing policy digests and disseminating them and also holding roundtable meetings to look at emerging research and set research agendas together. He said, “This can be expensive and time consuming but it really gets dialogue going.”

A key challenge raised by a man from Uganda is that although depth of engagement with policy makers is desirable, it is not always feasible. “We for example are too small to enter into a very big engagement.” Sharmila responded by saying that she recognised his problem. She said, “As an international person I can travel and meet people and institutions, but a lot of my colleagues were not able to do this for political and access reasons.” She suggested that one way of overcoming this is to partner with someone who make connections and communicate on your behalf.

One observation from an Indian audience member was that researchers know their subject and research is often reported in the media. But there is little understanding by healthcare providers and end users about the research and whether it is ok to use it. An information consultant added that end users can include health care practitioners and the ultimate consumers who are both ill and healthy people.

Ruth Stern of Cape Town Equity Gauge - Global Equity Gauge Alliance (GEGA) talked about their work. They use a combination of monitoring and assessments, advocacy and community participation. She said, "We are trying to look at how we are building on community knowledge as part of the research and also having a strong advocacy component so we are thinking about communicating it effectively. In terms of the media, we have done training with journalists on equity issues and also what communication can do so that what they communicate has an equity angle."

Carline Nyamai-Kisia asked a question back to the audience, "What do media people think about the misgivings of researchers?" The senior editor of the Public Library of Science responded by saying that they work closely with researchers. In their journal, there are summaries attached to each paper that are aimed at communities, and there are also papers for a general medical audience. He argued that journal editors have a responsibility to be better at disseminating research papers. They can do this by making journal papers accessible. The open access movement is therefore very important. He emphasised that the global public research enterprise should be for the public good. Research is usually published under extremely restrictive copyright laws making communication of research to all very difficult. There are some radical licences that publish everything under a creative commons license meaning you can share your research publicly. He made a final plea to researchers to stop giving their work to corporate journals that make money out of it and publish their work in publicly available journals.

Summary

The overwhelming message from panellists and members of the audience is that communication matters in research. Communication should not be seen as an add-on at the end of a project but should be an integral part of research processes. Good communication strengthens research and means that it has an impact where it is needed most in developing countries. Nand Wadwhani concluded the session by reminding us that 10 minutes from the hotel where the conference is based are some of the poorest slums in India. Research should be aimed at making a difference to poor people who live in places like this and elsewhere. That is why we are doing it. Unless we communicate our research effectively, there will be little chance of those changes happening.