



Enhancing knowledge transfer and exchange: Reflections from the Seattle workshop on evidence-informed policymaking

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Abstract

This paper identifies key insights from the international Decision Support Initiative (iDSI) workshop on Supporting Evidence-Informed Policymaking, held in Seattle (October 2015), drawn from the full report of the workshop ([Lavis, 2016](#)), with additional reflections on how iDSI aims to implement these best practices. The five key areas for iDSI to address are: *knowing the policy context, enhancing knowledge brokers, enhancing evidence producers, better communication, and aligning theories of change*. iDSI is already conducting a number of activities in these areas and will continue to do so throughout 2016-2018, to support evidence-informed priority-setting in low and middle-income countries, and to strengthen institutional capacities for sustainable knowledge transfer and exchange.

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With thanks to John Lavis and Jessica Shearer

Photography: Ryan Li

Introduction

On 5-7 October 2015, NICE International hosted the international Decision Support Initiative (iDSI) Workshop on Supporting Evidence-Informed Policymaking, at the Bill & Melinda Gates Foundation (BMGF), Seattle. The workshop was led by Prof John Lavis (McMaster Health Forum) and Dr Jessica Shearer (PATH), and aimed to share learning and spur reflection about how development initiatives, funders and governments can together support evidence-informed priority-setting in health.

The workshop brought together policymaker and technical representatives from Thailand, Indonesia, India, Tanzania, Ethiopia, as well as various initiatives and organisations working in the priority-setting space globally and in these countries, including iDSI and its partners, BMGF, PATH, Disease Control Priorities Network, Institute for Health Metrics Evaluation, Joint Learning Network for UHC, Priorities 2020.

Presentations from the workshop can be downloaded [here](#), and the full report from the workshop, which synthesises the published literature and insights from the presentations and ensuing discussions, here ([Lavis, 2016](#)). The final agenda and list of participants can be found in the Appendices.



Best practice principles highlighted in the workshop, and reflections for iDSI

The following table lists best practice principles for supporting evidence-informed policymaking (excerpted directly from the full report), and reflections on how iDSI could implement them in supporting countries' priority setting in health (as well as identifying examples where iDSI is already doing work in line with best practice)

<i>Best practice principles</i>	<i>Reflections for iDSI</i>
<p>Knowing and articulating the policy context</p> <p>Knowing your context is important because different types of policy decisions and different ways of making and influencing policy decisions likely warrant different approaches to supporting evidence-informed priority setting. This means asking:</p> <ul style="list-style-type: none"> • what types of policy decisions are you trying to inform with research evidence? • where and how are such policy decisions made? • who and what influences these policy decisions? • how would you define evidence-informed policymaking in this context? <p>Establishing what success looks like means coming to an agreement of what constitutes evidence-informed policymaking and then finding appropriate measured based on this definition.</p>	<p>Routinely consider these contextual questions in planning and delivering all country-level iDSI activities (both practical support and knowledge products) aimed at influencing policy, particularly recognising:</p> <ul style="list-style-type: none"> • differences in policy context between candidate iDSI partner countries • the different goals and required approaches for national and sub-national governments in iDSI focus countries such as South Africa and India • important target audiences for capacity building other than those iDSI has traditionally engaged with; such as the media, patients and the public, and the judiciary • existing or potential knowledge brokers in countries (including evidence generators, e.g. research units, who also serve or could serve a brokerage function), whose capacities and connections could be leveraged and developed to maximise iDSI's policy impact. <p>The questions around "types of policy decisions", and how "end-to-end" iDSI's offering and theory of change should be (e.g. should it include implementation science) was also raised at the recent iDSI Steering Group meeting (Beijing, Oct 2015). Indeed iDSI is already operating or planning work in a number of these areas, for instance:</p> <ul style="list-style-type: none"> • research on constraints and delivery platforms (Imperial) • impact evaluation of HTA and the value of implementation (Glasgow University) • implementation of clinical quality standards in Vietnam and India (NICE International). <p>Nonetheless we recognise the need to make our offering explicit, and NI (Ryan Li) is developing a thinkpiece to outline the different levels of priority-setting (broadly ranging individual interventions to the health system level), with examples of where and how iDSI have engaged at each level. This can be discussed through future iDSI governance arrangements (e.g. Board meetings) and inform iDSI activities.</p> <p>iDSI (Ioana Vlad, London School of Hygiene and Tropical Medicine) is presently developing a stakeholder scoping tool, and we will aim to use this routinely in our country practical support work. This tool will be informed by political science and social network analysis, include a checklist of different kinds of stakeholders (including recognising knowledge brokers), and visual mapping of their i) influence over, ii) support towards evidence-informed priority-setting.</p> <p>The iDSI Capacity Building report (in preparation) includes further details around the planned capacity building activities for different target audiences.</p>

<p>Enhancing knowledge brokers’ reach, convening power, and sustainability</p> <p>‘Knowledge brokers’ can push for improvements on both the evidence-supply side (e.g., communicating research evidence effectively, both by packaging it better and by disseminating it in a more planned way) and on the evidence-demand side (e.g., advocating for the creation of institutional mechanisms that privilege the use of research evidence and building capacity to find and use research evidence efficiently).</p> <p>Social network analysis can help to identify existing or potential knowledge brokers as well as their contacts among those working on both the evidence-supply side and evidence-demand side.</p>	<p>At the global level, ensure that network thinking is integral to the iDSI Monitoring, Evaluation & Learning (MEL) framework. Jessica Shearer has been working with iDSI to develop and pilot methods and tools for measuring the ‘network’ level of iDSI, i.e. the ‘effective partnerships’ in the iDSI Theory of Change, and will be presenting pilot network assessment findings in 2016. As iDSI itself plays the role of knowledge broker in global and national contexts, network thinking will help us understand and manage tradeoffs between parallel objectives (such as efficiency, effectiveness, and country ownership), and identify and foster more diverse connections for innovation.</p> <p>At the country level, we shall include social network analysis as indicated above as a routine part of scoping for country practical support projects. This will focus on identifying and influencing the key players at the country level who are strategically best placed to support iDSI as to enable “better decisions for better health”. iDSI will continue to support the strengthening of institutional mechanisms for evidence-informed policymaking. In particular we shall focus on building the technical and institutional capacity of knowledge brokers in countries, including the capacity to convene and hand-hold other evidence producers together with evidence consumers (decision makers).</p> <p>In summary, network thinking can both help iDSI become a better knowledge broker (globally and at country level), and also help us identify other knowledge brokers (at country level).</p>
<p>Enhancing evidence producers’ policy-relevance</p> <p>Support the evidence supply-side in various ways, including to:</p> <ul style="list-style-type: none"> • cite signals that you’re hearing from at least some parts of government that research evidence is valued as a key input to the policy process and ‘audit’ key decisions by government against the research evidence available at the time of the decision; • organize and act on research priority-setting processes and conduct research in partnership with policymakers and stakeholders to ensure that research is relevant to policymaking (Lomas et al., 2003) • communicate research evidence effectively, both by packaging it better and disseminating it in a more planned way • developing or using one-stop shops for local evidence and using one-stop shops for pre-appraised global evidence 	<p>The evidence supply-side for iDSI includes iDSI delivery partners at the international level (e.g. academic partners subcontracted to deliver knowledge products), as well as LMIC technical and academic partners at the country level. Some of the best practices listed here are the very essence of iDSI practical support, where iDSI delivery partners work hand-in-hand with LMIC decision makers as well as researchers to generate, synthesise and adapt global and local evidence in a context- and policy-relevant way (for example, HITAP working with Indonesian partners to develop and articulate the policy relevance of HTA analyses; NI working with Chinese counterparts to adapt international clinical guidelines into rural clinical pathways and payment systems).</p> <p>With respect to knowledge products, to ensure that iDSI economic evaluation research continues to be demand-driven, HITAP has in 2015 surveyed LMIC researchers on high-priority methodological and technical issues (Luz et al, in preparation). Based on these identified issues, HITAP is now developing the GEAR (GEAR (Guide to Economic Analysis and Research) database, an innovative and interactive wiki platform that allows aimed at LMIC researchers and technical advisers, and which can both serve multiple functions as:</p> <ul style="list-style-type: none"> • a one-stop shop for health economic methodology evidence, presented in an accessible format (e.g. tabular presentation of different global and national reference cases for economic evaluation); • a rapid response service, with a 7-day response time to retrieve evidence for questions that are not yet in the wiki but have been answered elsewhere; • a “development marketplace” or “matchmaker ” whereby

<ul style="list-style-type: none"> convene stakeholder dialogues, citizen panels and other deliberative processes that are informed by research evidence but also consider the tacit knowledge and real-world views and experiences of stakeholders 	<p>potential researchers and funders can identify and take up unaddressed research questions.</p> <p>If successful, this could be a model for iDSI to expand further for aspects of priority-setting evidence to support policy decisions, outside of economic evaluation, such as those around political economy and ethics.</p> <p>In general, to enhance the usefulness and timeliness of iDSI products for decision-makers, we should:</p> <ul style="list-style-type: none"> Ensure that all research papers have associated lay versions for targeted audiences, e.g. policy briefs aimed at policymakers Encourage iDSI technical delivery partners to participate in rapid response and other demand-driven capacity-building activities, e.g. delivering tailored training workshops as part of larger practical support projects in LMICs. Include LMIC representatives as well as broader stakeholders in the dialogues and consultation throughout development of iDSI products, e.g. as with CGD Health Benefits Plans roundtable, and HITAP and their various practical support outputs (HTA analyses in Vietnam and Indonesia, and recently engaging WHO global and regional representatives in the consultation for the methods research priorities database) Include plans to apply knowledge products in the context of LMIC practical support projects (preferably at the outset as part of research proposals), e.g. applying evidence-informed cost-effectiveness thresholds in Indonesia as part of HTA development <p>To help iDSI research partners articulate the policy-relevance of their proposed research, target audiences and dissemination plans, iDSI is piloting a brief research proposal template (see Appendix 2) for delivery partners to complete prior to embarking on iDSI-funded research, with a view to rolling this out for all new knowledge products from 2016. In future, consider including these as subgranting conditions or incentives for iDSI delivery partners.</p> <p>The iDSI Equity and Ethics Working Group with its proposed activities for a Wellcome Trust Collaborative Grant bid (due Mar 2016) is an exemplar of how we envision all iDSI researchers going about knowledge translation. For example, eliciting ethics and equity objectives from stakeholders in China and Indonesia; and dedicated activities towards optimal approaches for stakeholder engagement that consider research evidence alongside tacit knowledge.</p>
<p>Better communication for better health Communicate research evidence effectively, both by packaging it better and disseminating it in a more planned way.</p> <p>Case studies can be very powerful.</p>	<p>In addition to the consultation and dissemination activities already undertaken by iDSI (e.g. the stakeholder workshops held by HITAP), the next phase of iDSI will include dedicated communications capacity in-house within the iDSI Secretariat (NICE International). This personnel will play an important role in:</p> <ul style="list-style-type: none"> developing the iDSI communications strategy as well as supporting iDSI partners in day-to-day knowledge translation activities (such as editing policy briefs, publishing blog posts and newsletters around iDSI products) coordinating and leveraging the capacities and reach of comms teams among iDSI core partners (CGD, HITAP, PRICELESS) as well

	<p>as our core funders (BMGF, DFID, Rockefeller)</p> <ul style="list-style-type: none"> • capacity building for iDSI delivery partners, e.g. workshops for our academic partners in writing for policymakers <p>The iDSI website (‘iDSI in Action’ section) is already updated with case studies of our practical support in our flagship countries including China, Vietnam, Indonesia and India, following the narrative of the iDSI Theory of Change. Consider producing an annual “Better Decisions, Better Health” book (along the lines of CGD’s Millions Saved series) to showcase examples of better priority-setting and lessons learnt, with calls for submission from wider LMIC partners.</p> <p>Consider dedicated evaluation of communication and dissemination activities, in order to identify what is most cost-effective and useful. This could be tied in more closely with the wider iDSI MEL framework, which already will include routine monitoring of knowledge product downloads from the iDSI website.</p>
<p>Aligning theories of change to sustain institutional capacity building</p> <p>Share theories of change and monitoring and evaluation plans and push for alignments where possible, and that can provide the types of long-term financial support required to create and sustain the institutional and technical capacity needed for evidence-informed priority-setting.</p>	<p>Make the iDSI MEL framework (Theory of Change, MEL strategy, indicators, assessment tools) and evaluations (annual self-assessments, and deep-dive evaluations) available as global public goods on the iDSI website, whilst being mindful of issues around sensitive and/or confidential information in relation to stakeholders at the country-level.</p> <p>Continue dialogue with iDSI’s main funders, BMGF and DFID, as well as engagement with other global development agencies such as WHO, the World Bank, the Global Fund, Gavi, to influence their strategies for supporting health systems strengthening for priority-setting. In particular, maintain close links with funders so that the ongoing development and refinement of our MEL framework can also inform funders’ M&E activities, e.g. to develop a unified scorecard on use of evidence and capacity building in different countries across different initiatives. We have already made progress in this area in 2015 through our interaction with SEARO, who has adopted the iDSI Theory of Change in their country-level HTA support as a result of iDSI engagement.</p> <p>Continue to engage with other priority-setting initiatives such as JLN, DCP-3, IHME and Priorities-2020, at a minimum keeping each other informed regarding planned activities in overlapping countries, and considering joint activities where appropriate (e.g. iDSI contribution to JLN-convened workshops; iDSI adopting or adapting DCP-3 or IHME produced evidence in delivering its practical support with country partners)</p>

Conclusion

In iDSI's mission to support evidence-informed priority-setting for better health in LMICs, it should seek to enhance knowledge transfer and exchange by focusing on five key areas: *knowing the policy context*, *enhancing knowledge brokers*, *enhancing evidence generators*, *better communication*, and *aligning theories of change*. The paper has outlined recommendations (drawn from the research literature as well as those arising from the participant discussions at the Seattle workshop; [Lavis 2016](#)), and reflections on proposed activities that would allow iDSI to implement such recommendations. Even though the next phase of iDSI will not include a dedicated budget line for 'knowledge transfer and exchange', in practice iDSI is already conducting a number of said activities and will continue to do so throughout 2016-2018. Rather similar to 'capacity building', knowledge transfer and exchange is best not considered as a single activity, rather it is a complex, iterative process encompassing a multitude of players and processes. Knowledge transfer and exchange should be embraced as a principle across all of what iDSI produces and provides, whether practical support to countries or knowledge products based on robust academic research.

At the national level, the end goal for iDSI will be to strengthen countries' institutional capacities for sustainable knowledge transfer and exchange. At the global level, given that iDSI is uniquely placed as a global knowledge broker in its own right at the interface between funders, LMIC decision-makers, technical delivery partners, and other global development initiatives, it too has a role in cultivating new partnerships and innovations in areas such as monitoring and evaluation; and disseminating learning to as well as learning from funders and other development initiatives. In doing so, we hope to enhance the overall alignment and effectiveness of the global network of initiatives in the priority-setting space, and to further our mission of helping LMICs make better decisions for better health.

Appendix 1. List of workshop participants

First Name	Last Name	Company	E-Mail
Workshop facilitators			
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iDSI team (supply side)			
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Priorities 2020 team (supply side)			
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BMGF (intermediary/funder)			
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Appendix 2. iDSI template for research proposals

International Decision Support Initiative

Brief outline of research workstreams

For all responses, please note suggested maximum word counts

1. Proposed research topic

<i>Research question</i>	<i>Leading institution(s)</i>	<i>Principal Investigator(s)</i>

2. What is the scope of this work?

*Please briefly describe **what activities this work will involve over each year of the grant (2016-2018)** and **what outputs you expect this work to lead to** (200 words)*

3. What is the policy relevance / expected policy impact of this work?

*Please outline how you expect this work to **influence policy** or resource allocation decisions (in a specific country or internationally) with a description of whom you aim to influence and how (200 words)*

4. Who is the target audience for this work? (100 words)

5. How do you propose to engage and get buy-in from LMIC decision makers (including policymakers and/or clinicians) in the development of this work?

Please provide details of whom you aim to engage and how you will do so at each stage of the research project as applicable, including: scoping, project design, data collection, data analysis, drafting, dissemination, and implementation (200 words)

Such activities may include (but are not limited to):

- a) Informal discussions, formal interviews/meetings or surveys with decision makers to understand their needs*
- b) Topic selection and scoping workshops involving decision makers*
- c) Submission of research or funding proposals via formal channels (e.g. LMIC ethics boards, other official research regulatory bodies); and involving decision makers and institutions as named collaborators in research proposals*
- d) Stakeholder roundtables or panel discussions to invite decision maker input into the development process*

- e) *Inviting decision makers to be co-authors*
- f) *Stakeholder consultation workshops, and other means of consulting decision maker feedback on draft products*

6. How do you plan to engage and get buy-in from academics and researchers from LMICs in the development of this work? (200 words)

Please provide details of whom you aim to engage and how at each stage of the research project as applicable, including: scoping, project design, data collection, data analysis, drafting, dissemination, and implementation. Please indicate their current place of work (200 words)

Such activities may include (but are not limited to):

- g) *Informal discussions, formal interviews/meetings or surveys with LMIC researchers to understand their needs*
- h) *Topic selection and scoping workshops involving LMIC researchers*
- i) *Involving named LMIC academic collaborators in research proposals*
- j) *Inviting LMIC researchers to be co-authors*
- k) *Stakeholder consultation workshops, and other means of consulting LMIC researcher feedback on draft products*

7. What other stakeholder engagement and capacity building activities (if any) are planned for this work?

Please provide details of activities, with a description of whom you aim to involve and how (200 words)

8. How might the outcome of your stakeholder engagement activity be monitored over the course of this work? What role do you envisage you (or other iDSI partners) would take in this process?

Please provide details of any existing or planned mechanisms to monitor and evaluate engagement with key stakeholders (200 words)

9. How will this work be disseminated amongst various key stakeholders?

*Please provide details of proposed **dissemination or knowledge translation** activities and outputs with a description of who you aim to influence and how (250 words)*

Dissemination or knowledge translation activities and outputs may include (but are not limited to):

- a) *Publications for technical audience (e.g. technical reports, peer-reviewed journals)*
- b) *Events for technical audience (e.g. academic conferences, dissemination workshops)*

c) Accessible and applied versions for non-technical audience (e.g. lay summaries, policy briefs, targeted implementation plans)

d) Other accessible versions for non-technical audience (e.g. blog, social media)

e) Stakeholder dialogues for non-technical (e.g. policymaker roundtables, 1-to-1 with ministers, citizen panels)

10. Who might be suitable reviewers of this work?

Please list the names and contact emails (where known) of **at least two people (including at least one person from an LMIC where possible)** you think would be suitable to review the technical content and the policy-relevance of this work (50 words)

11. How will you propose to link this research to existing or planned iDSI practical support projects in LMICs?

Please indicate the country/countries or region(s) where your research could potentially be applied, the kinds of capacity development (such as training) or implementation activities envisioned, implementing partners (if known) and any role you envisage for other iDSI partners (150 words)

12. Please provide details of collaboration with other partners (where relevant)

Please list any **collaborating institutions, iDSI partners or researchers** contributing to this work and an outline of the contribution they will have (150 words)

<i>Partner</i>	<i>Contribution to research</i>
<i>(e.g.: HITAP / Mahidol University)</i>	<i>(e.g.: support drafting project plan / local data collection)</i>