

Five key knowledge brokerage activities for cross-country learning in health

Policy brief

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Every country in the world experiences challenges with its health system. No matter the strategy, implementation seems expensive and imperfect, even though high quality healthcare is a valued and often a core component of society —quite literally a lifeline. The core principles behind universal health coverage, or UHC (which all UN member states have agreed to pursue), is to offer more services to a larger proportion of a population, paid for in such a way that getting sick does not push citizens into poverty.¹ Exactly how to achieve UHC, however, is unclear. Could countries learn from each others' experience along the way?

Global trends have created unprecedented opportunities for this. The internet has made a wealth of information about experiences in other countries available. There is thus theoretically no need to reinvent wheels or repeat mistakes. And yet learning from another country is much more complicated than it initially seems. How exactly does a busy director of planning or a minister of health go about gathering such information? With all the differences between one health system and another, how do they discover which countries have had relevant experiences, learn from them, and work out how to act on it?

For the past 18 months, Learning for Action Across Health Systems has tried to understand how information about health systems experiences (both successes and failures) spreads between countries, focusing on sub-Saharan Africa. The project, funded by the Bill & Melinda Gates Foundation, asked policy stakeholders (such as politicians, ministers, and civil servants), academics researching health systems, and people working for international organisations (such as the World Bank, WHO, and bilateral donors) about their views and relevant experience on this topic.

In addition to providing insights into the factors hindering and enabling learning between countries, one of the stand-out benefits of the Learning for Action project has been to flag up that learning across countries is the perfect arena for knowledge brokerage.

What is knowledge brokerage, and why is it needed?

Knowledge brokerage is the process linking the producers and users of knowledge in a way that enables useful communication between the two – for example a researcher and a politician. The knowledge broker's job is to understand both the technical details of the knowledge being produced and the practical details of the questions being asked. They help make the laboratory results relevant in the local context and ask the researcher to adjust their experiments to better match the questions.

This is not a new phenomenon, but it may be a service that is undersupplied. One study of seven African schools of public health found a low self-reported capacity to communicate research findings about health systems to diverse audiences such as the media and general public, but higher confidence regarding links with policy leaders. Only one out of the seven had a formal knowledge brokerage strategy.ⁱⁱ Another more recent study sent separate surveys to research institutions and ministries of health. The research institutions identified the lack of core funding, definitional clarity, and academic incentive structures as significant constraints. In contrast, the ministries of health identified a lack of locally relevant evidence, poor presentation of research findings, and low institutional prioritisation of evidence use as significant constraints to evidence uptake.ⁱⁱⁱ

Knowledge brokerage can help bring these two worlds together. It is all the more important in the 'learning from other countries' process because the producers and the users are one step further removed from each other.

Five knowledge brokerage activities to consider

1. Rapid response

A near-immediate response by a broker to a policy stakeholder's question was highly valued by the 'decision maker' category of policy stakeholder (i.e. politicians and ministers). Their interests may focus on very specific questions, and they are likely to be subject to strict time constraints for making a decision or providing a public statement. Such a response is generally informed by the knowledge of the broker themselves and only requires a minor evidence review between question and answer. It may be given in written form, but may also happen over the phone or face to face.

2. Evidence synthesis

If there is a bit more time, a few weeks can be spent compiling an answer. This variety of synthesis appears most appreciated by civil servants looking to present recommendations to decision makers, and generally provides an account of the global evidence base and its relevance to a current policy concern. The Alliance for Health Policy and Systems Research have worked with various institutes around the world to help them develop this skill, and have published their general guidelines.^{iv}

3. **Facilitation of policy dialogues**

These are a means of gathering punctual, discreet advice from a trusted, respected source in a safe environment. Current or former stakeholders from other countries can share their personal experiences and lessons learnt regarding policy success and failure, navigating the political arena, etc. Dialogues can also be coordinated between policy stakeholders within one country to create space for internal co-digestion of information or knowledge sharing.

4. **Facilitating the use of existing platforms**

Knowledge brokers can act as a guide through the complexities of the available platforms that already exist to help countries learn from each other (global networks, databases, etc.). At least 170 such platforms already exist. They have the potential to be a great global resource, but understanding where to find what information is a skill in itself and puts many busy policy stakeholders off.

5. **Health in Transition reports (HiTs)**

Also known as Health System Reviews, HiTs are country-based reports providing a detailed description (with some analysis) of the health system and recent reforms. They are produced by academic and policy stakeholder country experts based on a standardised template. They can be a useful resource for others to learn from your system and are also a baseline from which to compare one system with another. Over the last 20 years, a body of comparable information about health systems in Europe,^v Asia, and the Pacific^{vi} has grown. Why are these not being done in sub-Saharan Africa?

Managing the link between evidence, policy, and implementation is a skill in itself. For the researchers, decision makers, funders, and beneficiaries who want to see this done successfully, research must not just be of good quality; it must also ask the right questions and be presented to the right people, at the right time, in the right format, by the right people. Knowledge brokers, through simple activities and services such as those described above, can help. This applies to all kinds of evidence to policy processes, but is especially true when one country embarks on the daunting task of trying to learn from another.

For more information, please visit www.learningforaction.org.

ⁱ www.who.int/universal_health_coverage/un_resolution/en/.

ⁱⁱ <https://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-12-20>.

ⁱⁱⁱ <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0261-1>.

^{iv} www.who.int/alliance-hpsr/resources/publications/rapid-review-guide/en/.

^v www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits/full-list-of-country-hits.

^{vi} www.searo.who.int/entity/asia_pacific_observatory/publications/hits/hit_home/en/.

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