





AFRICAN COLLABORATIVE FOR HEALTH FINANCING SOLUTIONS

METHODS FOR ACCESSING AND SHARING KNOWLEDGE WITHIN UHC POLICY DIALOGUE PLATFORMS





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Background

There is a growing interest about how to get knowledge into actual practice and decision-making. Knowledge indeed is useless unless it is actually put into action. Many terms have been used to designate the process of getting knowledge into action, including knowledge transfer and exchange, use of research, implementation science, knowledge translation (1). Knowledge translation (KT) is a “dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve health, provide more effective health services and products and strengthen the health care system” (2). This process occurs in a complex system of interactions between researchers and knowledge users (policymakers, practitioners) which are variable in intensity, complexity and level of engagement depending on the nature of the research, the needs of the knowledge users and the setting.

As part of its activities on multi-sectoral dialogue and continuous learning, the African Collaborative for Health Financing Solutions (ACS) project is support Universal Health Coverage (UHC) dialogue platforms to adopt evidence-informed decision making for UHC and to build learning systems. To this end, the project produced or supported the production by stakeholders of knowledge, based on the needs of these dialogue platforms.

However, the literature reports that KT activities are not always successful, due to several barriers related to the approaches and tools used, but also barriers related to the knowledge users. Moreover, the approaches used should be adapted to the local context and the need of the users (3).

To maximize the chance that this knowledge will be incorporated into decision making, ACS has conducted this rapid review **to identify best practices for making knowledge more accessible to country stakeholders involved in policy dialogue or policymaking for UHC in sub-Saharan Africa.**

This will provide actionable insights for the facilitators on how to share knowledge to the various groups of stakeholders, based on current evidence. The review will thus inform how ACS facilitators are going to package the knowledge produced in order to address priority UHC-related questions identified by country stakeholders.

Methods

This work took a rapid literature review methodological approach.

Review questions

The question we seek to answer through this review is: ***“What are the best practices for making knowledge accessible to country stakeholders involved in UHC policy dialogue or policymaking in sub-Saharan Africa?”***

To answer the research question, we further broke it down into sub-questions to help identify the key characteristics and barriers to effective KT. Therefore, our search was performed around the following sub-questions:

- What are good practices and key principles for sharing knowledge to country stakeholders involved in UHC policy dialogue or policymaking in sub-Saharan Africa?
- What are effective communication tools or strategies for making knowledge accessible to country stakeholders involved in UHC policy dialogue or policymaking?
- What are habits and practices of country stakeholders for accessing knowledge in sub-Saharan Africa?
- What are barriers faced by country stakeholders for accessing knowledge in sub-Saharan Africa?

Keywords

Based on the review question, we identified keywords for the population we are targeting, interventions for effective knowledge sharing and outcomes relevant to our objective. The Table 1 presents the keywords by these three categories. Terms have also been drawn from the MESH browser for more effective search of the databases.

Table 1: *Keywords for searching the best practices to make knowledge products accessible to the target audience, and the best communication strategies for successful dialogue platforms.*

Dimensions of the research question	Common key terms
Population	<ul style="list-style-type: none"> Country stakeholders involved in UHC policy dialogue or policymaking in sub-Saharan Africa
Intervention	<ul style="list-style-type: none"> Knowledge sharing OR Knowledge management OR knowledge exchange OR Evidence sharing OR access evidence or access knowledge OR Communication tools OR communication approaches OR Evidence-based decision making OR evidence-informed decision making
Outcome	<ul style="list-style-type: none"> Policy dialogue Policymaking for universal health coverage

Databases and languages

The search for literature was primarily performed in Google Scholar and Pubmed databases. Only papers published in English or French have been selected.

We also reached out to key informants to identify some grey literature. Lastly, we did a review of organization websites who are influential in the field of KT (e.g., "équipe renard"², EVIPNet³).

Paper Selection

A pair of ACS researchers conducted the initial search of literature for possible inclusion. Three pairs of reviewers did the subsequent review of the selected literature. Each set of reviewers received a third of the selected literature for review for inclusion based on the inclusion and exclusion criteria presented in Tables 2 and 3.

Table 2: *Inclusion criteria*

Content of the paper	Type of evidence
<ul style="list-style-type: none"> Reporting experiences of knowledge sharing or knowledge management in a context of policymaking or policy dialogue Presenting specific communications tools or approaches for sharing knowledge with country stakeholders involved in policy dialogue or policymaking Reporting habits, preferences or barriers faced by in-country stakeholders in accessing to knowledge 	<ul style="list-style-type: none"> Research paper (Case study, cross-sectional study, cohort study, qualitative study, etc.). Project or intervention

¹Medical Subject Headings: <https://meshb.nlm.nih.gov/search>

²<https://www.equipe-renard.org/>

³<https://www.who.int/evidence/en/>

Table 3: Exclusion criteria

Content of the paper	Type of evidence
<ul style="list-style-type: none"> • Not related to knowledge sharing, knowledge exchange, communications tools or accessing knowledge • Related to stakeholders who are not involved in policy dialogue or policymaking for UHC (example: papers related to knowledge sharing to health professionals for their clinical work) 	<ul style="list-style-type: none"> • Opinion papers • Editorials • Papers presenting interventions without providing details

Data extraction

Relevant data were extracted according to the review sub-questions, using a data extraction form stored in an excel sheet. The data extraction form was broken down into columns by the following categories: title of the paper, year, country, language, type of paper, good practices and key principles for sharing knowledge to country stakeholders, stakeholders habits in accessing knowledge (channels used, area of interest), barriers faced by country stakeholders in accessing knowledge, tools/strategies/approach for making knowledge accessible to country stakeholders involved in UHC policy dialogue or policymaking, effectiveness of the communication tools/strategies/approach/mechanism in terms of knowledge sharing, strengths of the tool/approach/mechanism, limits of the tool/approach/mechanism, acceptability in sub-Saharan Africa context, main institution(s) or project that have developed the tool/approach/mechanism (if relevant), other relevant information.

Data summary

We provide a synthesis of good practices and key principles for sharing knowledge to country stakeholders involved in UHC policy dialogue or policymaking in sub-Saharan Africa. We also provide a list of the main communication tools and approaches that were found to be effective for

making knowledge accessible to country stakeholders involved in UHC policy dialogue or policymaking. Additionally, we provide a synthesis of habits and practices of country stakeholders for accessing knowledge and barriers they face.

We have combined the principles and communication tools available on the supply side (the push mechanisms) with the habits, practices, and barriers we found on the demand side (the pulls mechanisms) to recommend the best practices for making knowledge available to the country stakeholders.

Results

Habits and practices of country stakeholders for accessing knowledge

Habits in determining the topics of research

Many papers reported that the policymakers and other stakeholders participate in the determination of research objectives, usually through consultation by researchers. In some cases, the policymakers initiate research (4).

Channels to access knowledge, and ways knowledge is shared through these channels

Country stakeholders involved in policymaking access knowledge in several ways. The most reported by the papers we reviewed were the **participation in dialogue platforms** and the **participation in workshops** where research work is disseminated. Participation in dialogue platforms can take several forms. It can be online discussion platforms or communities of practices (5,6), KT platforms (7,8), or country-based dialogue platforms related to some health system topic (for example a UHC committee) (5). Within, these platforms stakeholders access knowledge in the form of experience shared during the discussions (5,6,9), research synthesis (for example evidence or policy briefs, (8)) or other resources shared.

Regarding the workshops, research results are shared with stakeholders, usually in a passive way (10,11). There are, however, instances where the

workshops take the form of a deliberative dialogue in which the stakeholders engage more actively with research results (12).

Other ways through which stakeholders access knowledge include training (13), reading non-academic reports (eg. Newspapers), reports from national and international agencies, information on the internet and websites, reading work from researchers and peers and reading research article published in scientific journals (14).

Barriers faced by country stakeholders

Individual level barriers

At the individual level, the most frequently barrier reported is the stakeholders' limited capacity to search for, appraise the quality and understand research results (4,8,15–21).

Other barriers at the individual level are (in descending order of the reporting frequency):

- Lack of time to search for and use evidence (17,18,21,22);
- Lack of trust in the researchers and research findings. Stakeholders' may perceive the scientific content as presenting only partial conclusions or as not being of good quality or relevant (21,23–25);
- Stakeholders' beliefs about the utility of evidence use (4,21,26); Stakeholders' beliefs about which type of research or which type of evidence is relevant (6,21). Indeed, research evidence is not always the most valued form of evidence, and stakeholders may rely more on practical experience shared by peers;
- Political factors and conflicts of interest, for instance ignoring evidence that is not in their favour (17,22,23);
- A poor reading culture (24,27);
- Perception of information as a source of power which hinders the sharing of the knowledge by those who have it (5).

Organizational level barriers

At the organizational level, the most frequently reported barrier is the **lack of a supportive environment** that encourages the search for and the use of research and poor organizational capacity. Indeed, the procedures that

may discourage stakeholders in the search for evidence. Several papers reported a lack of incentives to seek evidence, for instance not a criterion for promotion (8,14,21,28). Other factors contributing to the lack of supportive environment are the lack of managerial support and leadership (12,18,28), a bureaucratic culture, a limited decision-space for policymakers and political pressure (17–19,26,29), a high turnover within the organization (8,21), inflexible and non-transparent policy processes (21,22,29) which don't encourage efforts to seek evidence, a poor demand for research evidence and a poor culture of evidence use (4,15,16,26,29).

Many other barriers were described at organizational level, most of them being related to the availability of resources. These are:

- A limited access to scientific journals because of the need to pay some articles (16,18,21,22,25,27,30);
- A limited access to the internet (18,22,27);
- The lack of funds to finance or to access research that is relevant to the stakeholders (4,16,21,23,27–29);
- The absence of an effective and systematic mechanism for collating priority issues and knowledge needs (9,10).

Barriers related to research and researchers' characteristics

These barriers mainly concern the quality and relevance of the research evidence for policymakers and the way they are disseminated. They include:

- The complexity and lack of clarity of research results (18,21,22,25) and language barriers, with most research being published in English (18,22,25);
- Insufficient knowledge sharing skills (7,8,11,22,25,27,31);
- Insufficient efforts from researchers to disseminate their research or build links with the policymakers (8,29,30);
- The lack of timeliness and quality (4,21,22,32);
- Researches or evidence not addressing the high priority policy issues faced by the stakeholders (8,18,21,23,24);
- Researches not providing practical answers to the policy issues (21,22);

- Insufficient assessment of the effectiveness of KT activities, especially for what works or not (8,21,33);
- A significant proportion of local African research is not being accessible (not published in highly indexed journals, or not published at all) (30).

Some papers argue that many of the barriers cited above stem from the lack of interaction between researchers and stakeholders involved in policymaking (4,12,25,26,28).

Main approaches used to share knowledge to country stakeholders

Networks, platforms and community of practices

The literature widely acknowledges the usefulness of KT networks and platforms. Networks are ‘formal or informal structures that link actors (individuals or organizations) who share a common interest on a specific issue or a general set of values. A network might be virtual (e.g., a web-based portal) or physical (a group that meets in person), or a combination of the two (7).

KT networks and platforms may involve various stakeholders including decision-makers, researchers, civil society organizations (CSOs) and international actors. They may be at a local, national or international level. Examples of international initiatives include World Health Organization Evidence-Informed Policy Networks (WHO EVIPNet) (22), Cochrane Africa (34), EVIDENT platforms (18,30).

KT platforms need to be sector-wide and integrated and institutionalized within policymaking processes (27).

Communities of practice are a type of platform, which “gather key stakeholders (e.g., policymakers, practitioners, researchers) around a specific area of interest, to share and co-produce relevant knowledge in order to strengthen implementation” (19). These platforms combine other approaches such as face-to-face workshops, online discussion fora, webinars, training courses, collaborative research and activities, and combinations of many of these approaches (6,19).

Deliberative dialogues

Deliberative dialogues - also called ‘policy dialogues’ or ‘stakeholder dialogues’ - are a KT approach that brings different health actors (researchers, policymakers, implementers, donors) together to deliberate about a problem, the options for addressing it, and key implementation considerations. They are often informed by pre-circulated knowledge products such as evidence briefs, reports or short documentaries based on the evidence available for the specific health policy issue of interest (3,4,8,35).

They are considered as one of the most effective commendable tools, as they facilitate interactions between researchers, policy-makers and stakeholders, and provide an opportunity to consider the best available global and local research evidence alongside the tacit knowledge of the key health-system “actors” (8,24,36).

Capacity-building activities

Capacity building of individual researchers and policymakers is key to improving their knowledge, attitudes and skills in evidence-informed policy-making. Training is effective in sharing expertise and promoting the use of evidence to influence policy and practice (26,33,37). They can take different forms such as:

- **Short courses** (18): online and/or face-to-face training program on specific KT subjects (systematic review, translating evidence into country-specific recommendations, policy brief development etc.)
- **Capacity-strengthening (training) workshops** (3,4): aim to help policy-makers and other stakeholders' access and use research evidence on their own as part of a systematic approach to examining priority issues and to inform a policy-making process.

Knowledge brokering

Knowledge brokering is a KT approach where an intermediary called a knowledge broker (individual or organization) plays a formal (usually paid) role in bridging the gap between researchers and decision-makers in order to facilitate the uptake of evidence in the policy-making process.

Knowledge brokers are known to be effective in providing support to various stakeholders through personal contacts, in order to integrate evidence-based knowledge more effectively into decision making (12,22,25,26,28,38).

Advocacy

This approach involves one-on-one, face-to-face discussion of research results and “case-making” with policymakers and program managers for evidence-based decisions (4,5,10,39). It can be undertaken by researchers themselves or by policy champions.

Champions are people who emerge usually informally within an organization or institutional context and promote evidence uptake in decision-making. They have been proven to be effective in achieving the outcome of improved use of evidence within organizations or institutional environments (26).

Effective communication tools for making knowledge accessible to country stakeholders

Evidence briefs for policy

An evidence brief for policy – also called “evidence briefs” or “policy briefs” – is a synthesis of different types of research evidence to clarify a problem and its causes, describe what is known about the possible ways to address the problem, and identify the key implementation considerations of each of these options. (3,24,40).

Evidence briefs are used as primary inputs for deliberative dialogues and can generally be prepared in a few weeks or months. Unlike most summaries of single reviews or studies, they can put the relevant data in the context of a particular health system.

Evidence briefs are often based on systematic reviews and other synthesis of research findings. Systematic reviews are considered as the source of the highest quality of evidence for decision-making, since their results are of greater confidence and less bias compared with the ones of individual researches (3,41,42). With other evidence synthesis approaches, it is considered as the basic unit of KT. However, they focus on average results,

and do not take into account distributional effects that are likely to occur in implementing these interventions (42).

Information and communications technology tools

Information Communication Technology (ICT) tools (visual, oral, print, and recreational) contribute to the establishment of knowledge-sharing networks and improve health-seeking behaviors among community members. They help to create a structured environment where knowledge related to specific topics can be shared with relevant actors. They also offer an effective information-sharing opportunity to the providers at the district and community levels (6,9).

Publication in peer-reviewed journals

It has been historically emphasized as the best channel for disseminating knowledge due to the rigor in the process of their publication, ensuring evidence quality. This is reinforced by the fact that it is a requirement for academic professional growth. However, many barriers limit the use of peer-reviewed articles as effective tools of KT: scientific language not often understood by policy-makers, limited accessibility for policy-makers (3,39).

Blogs

Blogs and popular media articles are social engagement tools which can be useful in knowledge sharing process. They bear the potential of allowing the communication of key messages to a broad audience, including practitioners and policy actors, for relatively low cost; and for being relatively easily accessible (43).

Good practices and key principles for sharing knowledge to country stakeholders

Empowering actors for accessing evidence and evidence-based decision-making

Evidence-based decision-making requires that stakeholders have access to and are able to use evidence. Literature reports that it is therefore essential to invest in building actors' capacity to produce, access, understand and use evidence (15,22,44). These capacity strengthening efforts should target both policy-makers, implementers and researchers

since capacity strengthening is needed for both researchers to generate better evidence and for policymakers and implementers to better use available evidence (10,46). These efforts should cover various areas such as knowledge production and knowledge sharing capacity; as well as the capacity of decision-makers to access and use knowledge (9,10,33,44).

Building organizational capacity

Studies suggest that the sustainability of evidence-informed policymaking requires strengthening institutional capacity (16,44) to enhance ownership and better application of evidence. This generally involves support to infrastructure and setting formalized organizational processes and structures for KT (6,31).

Interaction among stakeholders

Understanding and addressing knowledge needs

A successful translation and dissemination of research evidence requires that a wide range of stakeholders are effectively and continuously engaged throughout the process of knowledge generation and its application (4,17). Stakeholder analysis has been identified as a key point in this engagement process. It has been helpful to identify relevant stakeholders and adequate and specific strategies for spurring the demand for research amongst knowledge users and to address knowledge need amongst decision-makers.

Stakeholder engagement is best applied within networks that allow active contact with stakeholders through periodical updates on the research and policy process (4,18).

Building trust between researchers and policymakers

For a KT process to be successful, there is a need for effective collaboration, and trust between researchers and policymakers (4,18,22). This trust-based relationship can be strengthened through:

- Periodic meeting bringing together both researchers and policymakers to promote dialogue between them (23);
- Co-production: involving policymakers in the planning and execution of health researches and involving researchers in the decision-making

process. This allows for ownership and uptake of the knowledge that emerges from research on the one hand, and for ensuring that policies are actually informed by the available evidence (19,32,39,40);

- Appointing experienced people with research skills at decision-making positions (23).

Tailoring key messages to the audiences

One included paper reports that KT strategies need to be tailored to specific audiences, contexts and stages of the policy process (33). Key messages must be summarized for different target audiences and fashioned in common language and digestible formats to minimize the effect of superficial understanding. The ability of researchers to summarize very complicated scientific language into simpler but easy and ready-to-use material for policy-makers is seen as a key facilitator of research uptake into the policy (10).

Timeliness, quality and credibility

Research evidence needs to be timely and of high quality if it is to stand a good chance of being used as an input in policymaking. Indeed, lack of timeliness is presented by several authors as a key barrier for the uptake of research findings by policymakers as the latter usually have time pressure (17,18,40). The credibility of the researchers also determines the acceptance of the research findings by various stakeholders. This credibility, as viewed by the knowledge users, can be determined by several factors such as their experience in the targeted area, their institutional affiliation, previous work, or even their perceived neutrality (4,17,18,24,30). All these elements may impact the use of the knowledge by stakeholders.

Using media

Media actors may be critical in the promotion of evidence-informed policy, given their capacity to mobilize communities to demand policy evolution (11,27). Despite the limited evidence on use of mass media in knowledge sharing, there is a growing evidence of platforms using social media as KT channels. Social media can help to build connections between communities, to effectively engage stakeholders, to enhance the process

of information dissemination and exchange, and to amplify the effect of that information (45,46). However, media can distort scientific findings, and this need to be taken into account when designing media-based KT strategy (11).

Considering contextual factors

The political environment influences the KT process since it determines the availability of resources, trust between researchers and policymakers, and preconceptions about evidence-informed policy making, research and health. A positive environment characterized by political will and support for evidence-informed policy making will favour the use of evidence in the policy-making process. The level of decentralization and democracy in the country also needs to be considered as it may determine the stakeholders' ability to apply acquired knowledge. Understanding and addressing the political environment that supports the use of evidence in policy cycles is, therefore, crucial (3,4,10,26,30,38,44).

Other contextual factors (26) to consider include:

- Socio-cultural context: social norms underlying individual beliefs, attitudes and motivations
- The wider institutional context, including the role of international donors, private sector actors, the media and civil society;
- Historical context: the influence of historical events.

Developing a learning ecosystem

The idea behind **developing a learning agenda** is to identify the questions that require a response and the strategies to answer these questions. This approach can help to launch learning for UHC, to bridge gaps between knowledge and strategic decision-making, to avoid duplication of efforts, and to consolidate the national knowledge ecosystem (5,19).

Part of this principle is **also supporting country leaders to embrace the "learning system" vision**, which involves the institutionalization of the learning process. Our review found that even low-income countries can build strong learning ecosystems, at the cost of a continuous commitment and investment.

Another component is **combining different sources of learning and types of knowledge**, such as:

- traditional learning approaches such as 'epistemic learning' (international experts telling countries what to do), and 'learning in the shadow of hierarchy' (training and monitoring),
- 'reflexive learning' (type of learning in which one explores his or her experiences to become more conscious, open-minded, and self-critical),
- 'learning through bargaining' generated at the level of decision-makers and national UHC 'champions', let alone learning which really starts in communities

Lastly, authors also note the importance of **investing in national learning capacities** to build coherent national knowledge ecosystem, a permanent, dynamic and complementary system of actors and individuals, fully or partly, dedicated to learning for UHC.

Recommendations

The recommendations are made by matching the key principles for sharing knowledge and the stakeholders' habits and barriers in accessing knowledge. This matching helped to identify recommendations for principles that best apply in our context and to identify the approaches that may be suitable.

Recommendation 1 : Combining several approaches and tools for making knowledge more accessible

An example is to combine evidence briefs or policy briefs with stakeholder dialogue or discussion. Evidence briefs and policy briefs are good ways for packaging research findings or other types of evidence to make it more easily understood and easier to read by policymakers. Yet, they may still have insufficient clarity about which decision to take or how to apply the evidence. Also, stakeholders may not be sufficiently motivated to read them (24). Combining them with a face-to-face or online discussion may help to overcome these issues.

Moreover, as African stakeholders value practical experience shared by peers, the interpersonal exchanges during the discussions may facilitate the integration of the evidence by stakeholders. In turn, the evidence briefs can provide an objective basis for avoiding biased discussion and power imbalance during discussions. Deliberative dialogues informed by evidence briefs (8,12) are good examples of a combined approach.

Recommendation 2: Promoting coproduction

Coproduction implies on the one hand to involve decision-makers in the research process including identification of research priorities, initiation of and support to research. On the other hand, it implies involving researchers in the policy-making process from the agenda-setting to the policy formulation and implementation. Policy formulation should be based on the various policy options deriving from available relevant evidence. Coproduction, then, allows research findings to fit the need of decision-makers while ensuring evidence-informed policy-making.

Recommendation 3: Establishing a structured learning approach

Countries should be encouraged to develop a learning agenda around their UHC process, in order to bridge the knowledge gap in the policy design implementation. This agenda should comprise activities aligned to the country's specific needs. Furthermore, peer-learning strategies should be developed between countries to share experiences from one another and to reduce avoidable errors.

Recommendation 4: Exploiting innovative dissemination channels

Blogs, local journal articles and social media (Facebook, WhatsApp, etc) may help to address the challenges of accessing peer-reviewed articles by policy-makers. They may be more accessible and in a more suitable format and language for the targeted audience.

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