ehpsa
EVIDENCE FOR HIV PREVENTION IN SOUTHERN AFRICA

EHPSA EVIDENCE BRIEF
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POLICYMAKERS AND EVIDENCE FOR HIV PREVENTION

> "You can do beautiful research, if it does not involve government from the beginning, if it has not involved other stakeholders from the beginning, then its uptake will be seriously limited." - *EHPSA Policymaker, November 2017*

INTRODUCTION

Policymakers are faced with the daunting task of evaluating and synthesising a wide range of evidence on HIV prevention that could inform policy and strengthen programming. This is additionally challenging for policymaking around population groups that are affected by stigma and adverse legal environments. In this context, evidence must compete with beliefs and values to influence policy.

This evidence brief explores some of the main factors affecting the way evidence is used by policymakers in HIV prevention policymaking in eastern and southern Africa (ESA). It outlines key challenges and opportunities for promoting research impact.

ABOUT EHPSA

Evidence for HIV Prevention in eastern and southern Africa (EHPSA) is a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, men who have sex with men (MSM) and prisoners, through generating evidence of what works and why, and developing strategies to inform policymaking processes.

APPROACH

This evidence brief considers policymakers from government agencies, such as departments of health and national AIDS councils, as well as multilateral and donor agencies. It focuses on the ESA region and covers EHPSA's key and vulnerable populations.

The evidence brief is based on the full report commissioned by EHPSA and produced by INASP titled *Policymakers and HIV factors affecting evidence use for HIV prevention policy for key and vulnerable populations in eastern and southern Africa.*
See **http://www.ehpsa.org/critical-reviews/policymakers-and-evidence**

The report triangulated three sources of evidence: a knowledge synthesis of published literature on the role of evidence in health policymaking in the ESA region; a survey sent to policymakers, and interviews with key HIV policymakers.

The original study was a brief review, and as such does not aim to provide robust academic findings. The findings do, however, confirm EHPSA's own experiences working with researchers and policymakers in this field.

FINDINGS

1. Key factors that affect evidence use for HIV prevention policy

- Health policymakers are supportive of the use of evidence to inform HIV prevention policy for key and vulnerable populations. However, this may not apply to other institutions outside the health sector. This presents a challenge for a multisectoral response.
- Beliefs and values around the evidence base itself are particularly important.
- Many government institutions do not have the organisational capacity to deal with evidence. Key problems here are staffing issues and internal information systems.
- Multilateral and donor institutions do have greater organisational capacity to deal with evidence but they share with government institutions the challenge of finding expertise to address the interdisciplinary nature of HIV prevention.
- Relationships between government institutions are an important factor. 'Fault lines' between national and subnational levels, and between health and non-health sectors may hamper effective implementation.
- Relationships between government institutions and local research institutions are limited. There is a perception among policymakers that local researchers lack interest in engaging with policymakers.
- Relationships between government institutions and donors are extensive and exert a significant influence on evidence use in HIV prevention policy.

2. Types of evidence preferred by policymakers

- Policymakers favour research that has been conducted in their own countries, particularly when they have been involved from the inception phase.
- Policymakers express the need for data: in the case of adolescents, the main need is disaggregating existing data; and in the case of MSM and prisoners, new data is needed to gauge the size and behaviour of the populations.
- The other main form of evidence required is operational research, particularly on combination prevention and interventions that work to scale. Policymakers and influencers expressed a need to know 'what works'.
- There are stronger information and data systems, clearer results, and more policymaker and donor attention for biomedical evidence than for other forms of evidence.
- Evidence from operational research may have more traction in countries where there is already strong data to show the size of the key populations and their contribution to the general epidemic.

3. The supply of evidence

- Multilateral organisations play a leading role in synthesising evidence for policy, and setting guidelines and policy directions for national governments.
- National Technical Working Groups are potential channels of evidence supply, but may not allow systematic or coordinated approaches to evidence.
- Donor agencies and their funding mechanisms, such as the Global Fund and PEPFAR, are important avenues of evidence supply.
- Policymakers value peer learning, which is an important channel of evidence supply.

4. How policymakers and influencers like to receive evidence

- Policymakers prefer to receive evidence in face-to-face meetings. This approach encourages a two-way engagement that allows for joint interpretation of results and identifying implications.
- Policymakers generally prefer a series of engagements and dialogues rather than a one-off event.
- Policymakers appreciate evidence briefs/policy briefs and PowerPoint presentations. These should be clear, brief, jargon-free, and ideally provided as part of face-to-face interactions.
- The 'messenger' matters: policymakers showed sensitivity to the approach of individuals who present research results.
- Messaging around HIV prevention for key populations is particularly challenging and sensitive. To have maximum impact, messages should be practical and consider taking a health rather than a rights-based approach.
- There are risks involved in communicating evidence around HIV prevention for key and vulnerable populations. These include misinterpretation of results and negative perceptions among policymakers about researchers' motivations.
- The media is an influential player in debates about HIV prevention for key and vulnerable populations. National TV, print and radio were the most popular sources of media among respondents, who engage with media in both English and other languages. However, some respondents were wary of misinterpretations by the media. They also felt that media may be a more appropriate channel for influencing public opinion rather than targeting policymakers.
- Social media did not appear to be a significant channel of communication.

CONCLUSIONS

These findings are relevant to researchers and others who wish to support evidence-informed policymaking. Key lessons on engaging policymakers include:

- Start early and engage continuously and responsibly throughout the research continuum;
- Combine face-to-face interactions with evidence briefs and PowerPoint presentations;
- Engagement is not a one-off event, it is a series of dialogues in which policymakers and researchers work together; and
- The message and the messenger matter - choose them carefully.

The review also provides insight into additional indirect pathways to policy influence. For example:

- Policymakers rely on donor and multilateral agencies to synthesise and process evidence;
- Policymakers are influenced by evidence and debates in traditional mass media; and
- Policymakers value peer learning and are influenced by 'evidence champions' in the region.

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