Workshop on

POLICY COMMUNICATION

1 - 3 March 1997

- A REPORT -

สถาบันวิจัยระบบสาธารณสุข

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in the name of

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Table of Contents

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EXECUTIVE SUMMARY

The need for this policy communication workshop was mainly two fold: to maximize investment on research by using findings to mobilize relevant policy communication and equip a group of technical people with the capacity to organize effective policy communication.

The workshop was well attended by a multi-disciplinary group of 25 research co-ordinators, senior researchers and experienced practitioners from reputed institutions. It was organized into lectures, groups discussions and presentation of outputs from each of the working groups. Dr. Nancy Yinger, a highly qualified lecturer with vast international experience in this subject, was able to successfully create an in-depth understanding of the subject among the participants. Her stimulating presentation evoked active interaction among them. The small working groups' session enabled better demonstration of the techniques to be used in their respective fields of interest. The subjects dealt with included, nutrition, children's development, mental health, accidents and civil society. Well-structured proposals to conduct policy communication on these topics were developed and submitted.

For further development, it is suggested to the Health System Research Institute to: 1) decide on the significance of policy communication in the Thai public health context and the level of investment in order to create an effective mechanism as well as a self-sustaining critical mass required for the efficient transfer of accumulated knowledge; 2) support the National Health Foundation to manage informal networking of this trained group in order to monitor and assist them in their interventions and put their experiential learning into a training package for others in the public health system; and, 3) support the proposed policy communication plans which deem fit within the scope of HSRI's priority.

Background and Rationale

In order to translate the ideal aim of human-centered approach to development and effective action, which is the heart of Thailand's Eighth National Socio-economic Development Plan, it is well recognized that efficient use of both available knowledge and wisdom will be necessary. Nevertheless, several researchers and practitioners opine, that though they have contributed valuable knowledge and have learnt lessons which can be very helpful for the country's developmental process, the utilization of this knowledge has yet to become a reality. One reason might be the lack of a good mechanism which links knowledge(from research and experiential learning) to action in the country. Also, the existing attempts have been operated rather non-systematically which has generated overall poor results.

Therefore, the National Health Foundation(NHF) and the Division of Communication and Behavioral Sciences, INMU with the financial support of the Health System Research Institute(HSRI) attempted to take an initiative to make that link more effective. It is believed that by giving an opportunity to a group of selected researcher-practitioners to learn from an experienced scholar and exercise their thinking on the issue systematically, might be a positive and effective step towards linking knowledge and action to improve health.

Goal of the workshop

To initiate and strengthen the link between knowledge and action in order to shift the human-centered approach as stated in the Eighth National Development Plan from a paragon to concrete steps of action.

Objectives of the workshop

1. To learn and exchange experiences on the process of policy communication;

2. To reflect on the lessons learned and apply them in five important areas namely: nutrition, children's development, mental health, accidents and civil society;

3. To promote informal networking so as to reinforce policies which will enhance human-centered development especially in the area of public health and quality of life.

The workshop's content, process and immediate outcomes

I. CONTENT

1. Introduction

Dr. Nancy Yinger explained that policy communication is a communication process which aims particularly at "policymakers". Policymakers can be anyone who can modify and/or implement policy and program design; anyone who can mold public opinion; or anyone who is an obstacle to successful implementation of a new policy or program. This communication process can be implemented by high level policymakers at the national level who normally focus on the rationale for a particular policy and key program components. It can also be implemented at the organizational or project level if the key focus is on implementation.

This communication process can be helpful particularly in making policymakers aware of the need for a new policy or program. It can also enable them

to understand the policy content and help to come to a consensus which is vital for effective interventions. To be effective in this process, it is essential that the communicators(researcher-practioners) become aware of the policymakers's stereotype of researchers, ovecome their own stereotype of policymakers, and understand the policymakers' decisionmaking context. This communication process is said to most effective when it is designed by using *audience-centered approaches*.

2. Six steps in a policy communication plan

2.1 Identification of communication objectives and message content.

This is very important to be clear about the problem the communicator is going to adress, identify the rationale and knowledge behind the issue and state clearly the policy objectives. Policy communication objectives should be clear to the communicator or else they will not be clear to the audience. These objectives should be expressed in a way that the communicator who knows exactly what will happen, what action can be expected, if the communication efforts are to be successful. In general, for any communication activity, it is sufficient to identify only two to three key points. Pretesting of the messages is said to be helpful to ensure the audience's comprehension. It is also important that the messages state very clearly about any actions the communicator wants the audience to take on knowledge-based information.

2.2 Identification of the target audience

The key to this is deciding: who can directly affect policies and programs concerning the issue of interest. They will be the primary audience of the policy communication. The secondary audience represents those who can influence the primary audience and those who need to be stopped from being obstacles. Usually

more than one group will be identified and the communicator will need to be able to prioritize among those that they identify.

The communicator will need to know what the primary audience has in mind about the issue of interest, their particular bias that either supports or opposes the recommendations, their concerns especially those which relate to the issue of interest, their information channel and all about their influence on the issue of interest. Research in these areas is a pre-requisite for effective policy communication.

2.3 Identification of the best source for the messages

It is important to select the most appropriate person(s) and/or organization to deliver the message(s) to the identified audience. The best source is the one which the audience perceives as credible or the one who is skilled in working with that audience to effect a particular change. For example, this might be an authority from a related organization or the media; it might be a key member(s) of the target audience; or, an outsider who is seen as dedicated to the audience but not directly involved.

2.4 Determination of channels and formats

At this step, the communicator identifies the means by which the messages can derive the best from the identified source to the audience. For policy communication, personal communication and printed materials are usually the two principal channels. However when appropriate, television, radio, electronic media, workshops, seminars, or, conferences can be considered. The format of a message presentation must be appropriate to the audience, source and channel. For example, the communicator might use the overhead and slide projector for a presentation in a workshop, develop a press release or fact sheet for publication in widely-read newspapers and magazines and projections through television or radio. In general, a

combination of channels and formats is said to be more effective.

2.5 Development of implementation plan.

To be effective, activities needed for each step, a time frame, responsibility for each task and a budget will need to be specified and detailed appropriately. This implementation plan is important for operation, monitoring and evaluation.

2.6 Monitoring and evaluation

This step helps to know whether everything is working as planned or if there is need for any adjustments in the policy communication plan in order to achieve acheive the expected outcomes and finally to know whether the effort has yielded any results. This can be done by assessing the process(What had been done and how well), outcome(any changes that will help to achieve the objectives) and impact(the change as it is attributed to the strategy) of the communication.

II. PROCESS

This workshop which was organized by the National Health Foundation(NHF) and the Division of Communication and Behavioral Sciences, INMU with the support of the Health System Research Institute was aimed at selected researcher-practitioners who can play important roles in five areas namely nutrition, children's development, mental health, accidents and civil society. Twenty-four individuals were identified and invited to participate. Although all had accepted the invitation, a few could not participate in the workshop due to unavoidable circumstances. However, most of them sent their representatives. So, the actual participants at the workshop were twenty-five in total.

The workshop started at 9 AM on the first of March with a brief opening speech by Prof. Dr. Aree Valyasevi. Afterwards, Dr. Anuchat Pongsumlee took an active role as the workshop's facilitator. Dr. Nancy Yinger shared her knowledge and experience by lecturing, citing examples from her work, assisting small working groups and commenting on the participants' actual exercises. The participants actively learned from Dr. Yinger as well as from each other and interacted effectively. They took up the group excercise seriously and were engaged in effective brainstroming and discussions after each presentation. On the first night of the workshop, there was a special discussions on the concept of civil society initiated by Dr. Anuchat Poungsumlee. On the second night, the participants agreed to work additional hours to present some of the group work. The workshop ended at almost 1 PM on the 3rd of March. At the end, all participants expressed appreciation of what they had learned from the workshop, from Dr. Nancy Yinger and from each other. They also expressed their commitment to implement their policy communication plan to the best of their abilities. Dr. Nancy Yinger was delighted that her knowledge and experience could be beneficial to those particularly committed individuals and offered any further assistance if required. Finally, Prof. Dr. Aree Valyasevi kindly acknowledged to Dr. Yinger and allthe participants, that the outcome of the workshop could possibly make a significant mark on the country's progress.

Observations from other members of the workshop taskforce, Dr. Chanpen Choprapawon and Assoc. Prof. Paibul Suriyawongpaisal are included in the annex.

III. IMMEDIATE OUTCOMES

Five policy communication plans were submitted by the Workshop participants and are as follows:

Nutrition

Iron Deficiency Anemia

Topic Iron Deficiency Anemia

Brief statements Iron Deficiency Anemia (IDA) is **widely prevalent** among several valnerable groups, especially women and children. IDA has **detrimental consequences** on learning ability, the productivity and reproductive ability. The economic returns for investing on blanket supplementation of Iron is estimated to be as much as **100x.**

Effective implementation is also feasible. Implementing programs to improve IDA situation will significant contribute to **Human - Centered Development,** which is the heart of the Eighth National Economic and Social Development Plan.

Objective Starting a national program for blanket supplementation of Iron.

Who will help to get started

The voluntary taskforce group (11-12 people) from Ministry of Public Health, Institute of Nutrition, National Health Foundation etc.

Primary Audience	Secondary Audience
* 1. Director General of Ministry of Public Health	* 1. Her Royal Highness
* 2. Premanent secretary of Ministry of Public Health	* 2. Prime Minister, Deputy Minister, Ministers of Health and Education.
* 3. National Economic and Social Development Board	* 3. International experts, agencies, Children Foundation, UNICEF Ambassador
4. ONPEC	* 4. Press and television programs
5. PCMO	5. Department Supervisors of the Ministry of Public Health and of the Ministry of Education
	6. Phamaceutical companies

* *High priority audience*

Communication Strategies

Audience	Messages	Sources	Channels
Primary Audience			
1. Director General and Division Director of the Ministry of Public Health	1. How/Why blanket supplementation - Magnitude of IDA - Cost benefits - Low adverse effects 2. The systems - Feasible - Effective compliance 3. "You" are the initiator of the concrete action plan (heart of the 8th Plan).	Credible senior researchers and professional figures - Prof. Aree Valyasevi - Prof. Kraisid Tontisirin - Dr.Somsakdi Chunharats	Interpersonal, with policy memo
2. Permanent secretary of the Ministry of Public Health	1. Feasible in the existing system. 2. "You" are the initiator of policy change. 3. Informed of Her Royel Highness's interest and support. 4. Cost benefits. 5. Set up taskforce on national IDA control.	Senior respected professional figure (Prof. Aree Valyasevi)	1. Press 2. Interpersonal, with policy memo

Communication Strategies

Audience	Messages	Sources	Channels
3. National Economic and Social Development Board	1. IDA on human development. 2. Why : blanket supplementation of Iron. 3. Cost benefits. 4. Contribution to the 8th plan.	Senior professor figures - Prof. Prawes Wasi - Prof. Aree Valyasevi	Interpersonal, with policy memo
4. ONPEC	1. Education reform needs good human foundation. 2. Iron supplementation will increase children's performance. 3. Contribute to a better generation of healthy mothers.	1. Researchers professionals 2. Senior respected profession figures - Prof. Aree Valyasevi - Prof. Kraisid Tontisirin - Prof. Prawes Wasi	1. Consultative meetings 2. Interpersonal, with policy memo 3. Policy symposium with provincial health officers and education officers
5. PCMO	1. National policy 2. High level blessing 3. What, Why, How (details of operation procedures)	1. Taskforce 2. Director General, Division Director of the Ministry of the Public Health	1. Letter from the Permanent secretary(Policy blessing) 2. Annual technical meetings of the Department of Health (1998)

Communication Strategies

Audience	Messages	Sources	Channels
Secondary Audience			
1. - Her Royal Highness - Deputy Minister - MP	1. 8th Plan 2. Cost benefits 3. Education Reform	1. Prof. Aree Valyasevi 2. Dr. Nevin S. Schrimshaw 3. Prof. Prawes Wasi	1. Interpersonal, with policy memo 2. Press
2. - International agencies, experts, UNICEF Ambassador	How to facilitate IDA movement.	Taskforce	1. Interpersonal, with policy memo 2. IDA documents
3. - Press - Television programs	1. "Sentimental" Why 2. What and How	1. Credible presenter 2. Taskforce	Press conferences (press releases, multimedia)

Communication Strategies

Audience	Messages	Sources	Channels
4. - Department Supervisors of the Ministry of Public Health - Supervisors of the Ministry of Education	1. How to assist or support PCMO and education officers. 2. Support movement.	1. Director General 2. Taskforce	Consultative meetings
5. Phamaceutical companies	1. What and Why 2. How to participate and support	1. Taskforce 2. Ministry of Public Health 3. Commitee of gorvernment and non-government officers (provincial level)	1. Interpersonal 2. Press 3. Half day meetings

Evaluation : by the end of eight months

1. Permanent secretary	Adoption of policy
2. Director General	Commitment to carry out plan of action
3. NESDB	Include IDA in the National Policy
4. Steering committee	National IDA program
5. Taskforce	National IDA program
6. Documents	- 1 position paper
	- 6 policy memos
	- 2 press releases
7. News on IDA programs	

After eight months

1998 : 20 provinces incorporate IDA in the action plan.

1999 : Nationwide action plan built in the fiscal budget year of 1999.

2000 : Reduce 50% of baseline prevalence among the target group.

Budget

1. Taskforce activities	120,000 Baht.
2. Key people of taskforce (5,000 Baht X 12 people X 2 Baht)	120,000 Baht
3. Policy memos and press releases (10,000 Baht X 8 pieces)	80,000 Baht
4. Press conferences	120,000 Baht
5. Secretarial works	30,000 Baht
6. Management costs	30,000 Baht
Total	**500,000 Baht**

Remark : *Only for high priority audience on the list.*

Children's Development

Children's Development

Topic Delayed development of children under 5 years of age undermines the capacity of the Thai population.

Key research finding The physical (gross and fine mortor), social and intellectual development of Thai children is delayed.

Objective Policy makers need to be aware and understand that the development of children under 5 years, is the milestone of human capacity.

Outcomes

1. Policy makers make statements that at every level of development programs for children have to be estabished.
2. Key strategies will be developed and announced to the public.

Primary Audience

1. His Majesty the King
2. Supreme patiarchs
3. Cabinet

Secondary Audience

1. Cabinet member's wives
2. Head of Political parties
3. Public figures
4. Magical monks

Communication Strategies

Audience	Messages	Sources	Channels
Primary Audience			
1. His Majesty the King	Delayed development of Thai children under 5 years of age undermines the capacity of Thai population.	World experts, who are specialists, in children's development. - Dr.Pierce, Dr.Nittaya Khotchapakdee, Dr.Chanika Tuchinda are appropriated to be sources.	1. Through His Majesty the King's Principal Private Secretary by fact sheets and documents. 2. Radio and television program (Talk shows, Interviews, Special scoops) 3. Newspapers and magazines (Press releases, Articles) 4. Internet , in the government web site 5. CD-rom
2. Supreme patriarchs	Thai society should seriously adopt a holistic approach in children's development.	1. Phra Dhammapidok 2. Prof. Aree Valyasevi 3. Dr. Nittaya Khotchapakdee	Face to face discussions

Communication Strategies

Audience	Messages	Sources	Channels
3. Cabinet	Delayed development of Thai children under 5 years of age undermines the capacity of the Thai population. From recent surveys, 30% of Thai children under 5 years of age are reported to have delayed development.	1. Dr. Kanala Kantaprap (the second spokesperson) 2. Dr. Nittaya Khotchapakdee 3. Dr. Chanika Tuchinda 4. Forum of NGOs working with children	1. Fact sheets 2. Reports 3. NGOs seminars 4. Radio and television programs (Talk shows, Interviews, Special scoops) 5. Newspapers and magazines (Press releases, Articles)
Secondary Audience			
1. Cabinet wives	As wives and mothers they play a crucial role in laying the foundation for children development.	1. Dr.Chanika Tuchinda 2. Professional speakers 3. Skillful speakers 4. Jewellery store owners 5. Fortune tellers 6. Fashion company owners 7 National Fortune Teller Society	1. Gala dinner 2. Fashion shows 3. Face to face discussions

Communication Strategies

Audience	Messages	Sources	Channels
2. Head of Political parties	Delayed development of Thai Children under 5 year of age undermines the capacity of the Thai population. From the recent surveys, 30% of Thai children under 5 years of age are reported to have delayed development.	1. Prof. Prawes Wasi 2. Dr. Chanika Tuchinda 3. Dr. Nittaya Khotchapakdee 4. Prof. Aree Valyasevi	1. Seminars 2. Workshops 3. Fact sheets (send to the Secretary General of the parties) 4. Radio and television program (Talk show, Interviews Special scoops) 5. Newspapers and magazines (Press releases, Articles)
3. Public figures	Delayed development of Thai children under 5 years of age undermines the Thai population	Researchers	1. Face to face discussions 2. Fact sheets 3. Seminars
4. Magical monks	Thai society should be more serious with respect to child development, through a holistic approach.	Donors	1. Fact sheet through donors 2. Seminars

Budget for the first step

1. Fact sheets		
- Consultants	100,000	Baht.
- Documentation	100,000	Baht.
2. Preparation of articles		
- Consultants	2,000	Baht.
3. Workshops		
- Travelling expenses	45,000	Baht.
- Meetings	18,000	Baht.
- Communication expenses	5,000	Baht.
4. Arrangement of radio programs		
- Consultants	10,000	Baht.
- Meetings	9,000	Baht.
5. Arrangement of television programs		
- Consultants	10,000	Baht.
- Meetings	9,000	Baht.
6. Salary for the secretary	90,000	Baht
Total budget for the first step	**398,000**	**Baht.**

Remark *: The expenses of CD-rom is not included.*

Budget for the second step

Total cost of communications and launching the campaign for Gala Dinner	**2,000,000**	**Baht.**

Evaluation of Communications for Children's Development Policy

1. Review Communicaton Plan : Including objectives, time, budget etc.
2. Evaluation : Performance and Outcome.
3. Identify sources of information to construct measurable indicators.
    3.1 National surveys and small sample surveys.
    3.2 Media reviews.
    3.3 Administrative data.
4. Measurable indicators
    4.1 Output indicators
        4.1.1 Communication objectives established
            - Children's Development Policy estabished (for example; in National plan)
            - Raise public awareness on Children's Development Policy (measured by the number of seminars, speeches, conferences etc.).
        4.1.2 Audiences receive messages which are clearly linked into Children's Development Policy issues relevant for different target audiences (measured by questionaires and interviews).
    4.2 Outcome indicators
        4.2.1 Demonstrated support for Children's Development Policies by key national and public awareness campaigns.
            - Positive statements in public speeches (measured by the number of speeches).
            - Children's Development Policy incorporated into the 5 years plan, established institutions which are directly responsible for children's development with complete resources.
        4.2.2 Improvement of quality and increased frequency of media presentations.

Mental Health

Mental Health

Topic We should promote Psycho-Social Care for all patients, especially for people with AIDS.

Brief statement There is a lack of comprehensive planning and inadequate facilities for Psycho-Social Support in health care for people with AIDS. Presently due to lack of incentives and opportunities for self development, the quality of care is adversely affected and the counsellors are "burned out".

Objectives

1. The National Policy requires a provincial plan for the Psycho-Social Care for people with AIDS (included implementation and evaluation).
2. The National Policy requires an institution plan to provide professional, emotional and "spiritual" support to counsellors.

Primary Audience

Objective 1

1. Minister of Public Health
2. Permanent secretary
3. Supervisor of the Ministry of Public Health
4. Provincial Chief Medical Officers
5. Director of Institutes

Objective 2

1. Provincial Chief Medical Officers
2. Director of Institutions

Secondary Audience

Objective 1 + 2

1. Religious leaders
2. Media
3. People with AIDS
4. Patrons
5. Donors agencies
6. Colleagues
7. Trainers
8. Medical doctors

Communication strategies

Audience	Messages	Sources	Channels
<u>Primary Audience</u> 1. Minister of Ministry of Public Health 2. Permanent secretary 3. Supervisor of the Ministry of Public Health 4. Provincial Chief Medical Officers 5 Director of Institutes	1. This is a priority problem. 2. We have neglected these people (patients and counsellors). 3. We can improve our services. 4. We can demonstrate how advanced we are (to the world). 5. We can benefit.	1. Deputy Directer General, Department of Mental Health 2. Director Generals 3. Permanent secretary Health Officers 4. Provincial Health Officers 5. Director General, Department of Mental Health	1. Personal meetings 2. Document No.1 (Present argument with reason and evidence for overall objective 1 and 2) 3. Permanent Secretary Meetings 4. Document No.2 (supporting documnets in setting up counselling services in hospitals and quality assurance) 5. Videos 6. Newspapers 7. Regular meetings

Communication strategies

Audience	Messages	Sources	Channels
Secondary Audience 1. Religious leaders 2. Media 3. People with AIDS 4. Patrons 5. Donor agencies 6. Colleagues 7. Trainers 8. Medical doctors	1. We can improve our services. 2. You can improve your career opportunities (through performance). 3. Your (junior) colleagues need your support. 4. This will bring benefits to all.	1. Deputy Director-General, Department of Mental Health 2. Director-Generals 3. Permanent secretary 4. Provincial Health Officers 5. Director General, Department of Mental Health	1. Personal meetings 2. Document No.1 (presents argument with reasons and evidence for overall objectives and support objectives 1 and 2) 3. Permanent Secretary meetings 4. Document No.2 (supporting documents in setting up counselling services in hospitals and quality assurance) 5. Video 6. Newspapers 7. Regular meetings

Budget

	1997	1998
1. Document No.1 for Ministry of Public Health, Permanent secretary, people with AIDS.	200,000 Baht *(Already started)*	
2. Document No.2 (supporting documents is setting up counselling services in hospitals and quality assurance) for the provincial plan and the people with AIDS.		75,000 Baht
3. Document No.3 (supporting documents : Planning process in AIDS counselling (manual).		300,000 Baht
4. Document No.4 (What is Counselling and how it can help people ?)		500,000 Baht
5. Documentary videos		300,000 Baht
6. Newsletters for counsellors	150,000 Baht *(Already started)*	
7. Trainer's networking (Meetings, Communications)		200,000 Baht
8. Seminars for the directors (5 provinces in the first year)		250,000 Baht
9. Surveys		
- Attitude of health workers		200,000 Baht
- Counsellor's need		100,000 Baht
10. Trainer's action plan		100,000 Baht
Total	**350,000 Baht**	**2,025,000 Baht**

Evaluation (by the end of 8 months)

1. Quality assurance system in the counselling processes.
2. Attitude surveys of the health workers.
3. Publish articles.
4. Television programs.

Accidents

Accidents

Topic Use of seat belt results in reduction of traffic injuries and deaths.

Brief Statements

1. The law came into effect since January 1, 1996.
2. Two consecutive roadside surveys revealed that the use of seat belt was declining in 1996.
3. This implies a low concern of the public and the police.

Objectives All the car drivers and the front seat passengers buckle up only during travel in urban districts and big cities (population over 1 million).

Why urban districts ?

1. Easy to enforce the law.
2. The law enforcement activities become more visible than those in rural area. Thus making the program more tangible so that the policy makers could claim more credit.

Outcome The actors (Secondary Audience) will relevant take actions.

Primary Audience	**Secondary Audience**
Cabinet	1. Police Department, Ministry of Interior 2. Ministry of Public Health 3. Ministry of Education 4. Business sector (Insurance, Firm) 5. Public in general

Communication Strategies

Audience	Messages	Sources	Channels
Primary Audience Cabinet	General information 1. Loss of 100 billion Baht/year. 2. 17,000 people killed /year. 3. 100,000 people injured disabled/year. 4. 10% of traffic injuries could be attributed to non-use of seat belt. Key to success 1. Clear target setting. 2. Instruct key government agencies to take relevant actions. 3. Resource allocation.	NHF	1. Press releases 2. Public forums 3. Personal contacts 4. Newspapers 5. Articles 6. Mass media - Television - Radio

Communicaton Strategies

Audience	Messages	Sources	Channels
Secondary Audience			
1. Ministry of Interior/Police Department	1. General information 2. Responsibility 3. Image	1. Professional organizations 2. Researchers 3. Public figures and personalities	1. Publications 2. Mass media 3. Seminars
2. Ministry of Public Health	Saving more resources for other activities.		
3. Ministry of Education	1. Safety Education Program 2. School bus		

Communicaton Strategies

Audience	Messages	Sources	Channels
4. Business sectors - Insurance	1. General information 2. Social contributions 3. Reduction of compensation 4. Increasing social image	NHF	1. Press releases 2. Conferences 3. Personal contacts 4. Fact sheets 5. Newspapers
- Other business agencies	1. Increasing image 2. Human resources and performance		
5. Public in general	"Click it or ticket" 1. General information 2. Personal benefits	NHF	1. Public media 2. Radio programs 3. Television programs 4. Publications 5. Forums

Budget

1. Public forums	620,000	Baht
2. Press releases	70,000	Baht
3. Personal contacts	90,000	Baht
4. Television and radio	120,000	Baht
5. Overheads (20%)	180,000	Baht
Total	**1,080,000**	**Baht**

Civil Society

Civil Society

Topic A research and development project on Civil Society.

Brief statements We are in the process of submitting a research project (project development step). The issue of Civil Society would be a very big topic, since several people will be involved in this project. We need a lot of commitment from the stakeholders (to think with us and learn with us). We hope that at the end of 8 months we would not only have a research program on paper, but we would have a group of people with clarity who will be interested in this project and will show commitment towards it.

Objectives To convince the stakeholders to fully participate in the R and D Project on Civil Society.

Primary stakeholders

1. - Researchers and project staff
   - Researchers from outside
   - Local researchers
   - Local leaders and groups development institutes,
2. - Social figures
   - Funding agencies

Secondary stakeholders

1. Ministry of Education
2. Ministry of Interior and Ministry of Finance
3. NGOs (Part A) (Local Sodsri Foundation)
4. University
   - University officers
   - University administrators and executives
5. NESDB
   - NGOs (Part B)
   - Media
   - Central business sectors
6. International Civil Society Organization

Communication Strategies

Audience	Messages	Sources	Channels
Primary Audience			
1. Researchers and project staff - Researchers from outside - Local researchers - Local leaders and groups	1. Understanding of - What is civil society - How important are they ? -What do we want to use Knowledge and research to strengthen civil society movement? 2. Research methodology and conceptual framework "Social technology"	Project team	1. Meetings 2. Two training programs and workshops (concept and methodology) 3. Forums 4. Data base network (computer etc.)
2. - Social figures - Funding agencies	A Society built on important and significant R and D and knowledge basis.	Project team	1. Lobbying 2. Dialogue on key issues

Communication Strategies

Audience	Messages	Sources	Channels
Secondary Audience			
1. Ministry of Education	1. Reform and Rejuvenation) - local financing - Fiscal - Administration government systems 2. Concerned laws 3. How to facilitate and support Civil Society Development.	Project team	Forum on the provincial community and choices for the future of Thailand
2. Ministry of Interior and Ministry of Finance	1. Reform and rejuvenation - Local financing - Fiscal - Administration government systems 2. Concerned laws 3. How to facilitate and support Civil Society Developmnet	Project team	Forum on the provincial community and choices for the future of Thailand

Communication Strategies

Audience	Messages	Sources	Channels
3. NGOs (Part A) (Local development institutes, Sodsri Foundation)	1. Same as other groups. 2. Role of NGOs in Civil Society Development. 3. What is good research. 4. Your interests	Project team	1. Forums 2. Fact sheets
4. - University officers - University administrators and executives - Students - Education institutes	1. Knowledge on Civil Society. 2. Rules of education institutes in Civil Society and Development.	Project team	1. Forums 2. Training 3. Fact sheets

Communication Strategies

Audience	Messages	Sources	Channels
5. NESDB	1. Forums on the role of NESDB in translating the policy into practice. 2. How to evaluate the outcome. 3. Indicators of Civil Society.	Project team	1. Forums 2. Workshops 3. Lobbying
6. - (Part B) NGOs - Media - Central business sectors	1. Roles of NGOs, media, central business sectors in Civil Society Development 2. Your interests 3. Your opinions	Project team	1. Personal and face to face contacts. 2. Press releases 3. Fact sheets 4. Bounce-back questionaires 5. Focus groups

Communication Strategies

Audience	Messages	Sources	Channels
7. UNDP and UNCAP	1. Role of International Organizations in Thailand and knowledge. 2. Your experiences of Civil Society 3. We need to learn from your country	Project team	1. Approaching key people 2. Project proposals
8. International Civil Society Organizations	Linkages and support	Project team	1. Personal contacts 2. Network building

Budget

1. - Researchers and project staff - Researchers from outside - Local researchers - Local leaders and groups	Meetings, Two training programs,Workshops, Forums, Data base network (computer)	400,000	Baht
2. - Social figures - Funding agencies	Lobbying, Dialogue on key issues	30,000	Baht
3. Ministry of Education	- Fact sheets (several issues)	10,000	Baht
	- Workshop on "Partnership on Civil Society Development	10,000	Baht
4. - Ministry of Interior - Ministry of Finance	Forum on "Provincial Community and choices for the future of Thailand."	20,000	Baht
5. NGOs (Part A)	Forums and Fact sheets	20,000	Baht
6. - University officers - University administrators/ executives - Students - Education institutes	Forums, Training and Hand outs	20,000	Baht
7. NESDB	- Forums	20,000	Baht
	- Workshop	10,000	Baht
	- Lobbying	5,000	Baht

8. - NGOs (Part B)	Face to face contacts	5,000 Baht
- Media	Press releases	10,000 Baht
- Central business sectors	Fact sheets	10,000 Baht
	Bounce-back questionaires	10,000 Baht
	Focus groups	30,000 Baht
9. UNDP and UNCAP	Approaching the key people and project proposal	5,000 Baht
10. International Civil Society Organization	Personal contacts and network building	5,000 Baht
Total		**620,000 Baht**

Reflections of the workshop and Recommendations

I. OVERALL

The workshop was reasonably good for two main reasons: 1) the participants appreciated the content provided by Dr. Yinger, and 2) we had made the right decisions in the selection of participants. I believe we have well achieved objective # 1, which was to exchange knowledge and experiences on policy communication. This exchange process occurred not only between Dr. Yinger and the participants, but also among the participants. Thus, the potential for further development in this area within the country does exist.

The workshop exercises provided opportunities for the participants to think collectively and transfer their thoughts into written documents which have not commonly been practiced in the existing system. In general, policy communication plans presented at the workshop were well thought out and could possibly be revised and adjusted into actual workplans. Therefore, the workshop at least provided the ground work for policy communication in nutrition, children's development, mental health, accidents and civil society which have been identified as important issues for the current national development process. More details on the feedback of immediate outcomes of the workshop will be addressed again in the future.

The environment and outcomes of the workshop suggested that informal networking for policy communication to support public health and quality of life movement is possible. Potential trainers in policy communication can be easily identified from this group of participants. So, there is an urgent need for a mechanism that will continue to provide a suitable environment and support for further development. The following are reflections from individuals at the end of the workshop:

"This workshop occurred at the right time. To cope well in the future, we need better decision making process. I think policy communication will be a very helpful process"

Asso. Prof. Dr. Yongyout Khachondham

"To me, policy communication is social innovation; it will be a useful tool to build a new culture in working towards better knowledge utilization"

Asso. Prof. Dr. Paibul Suriyawongpaisal

"This workshop went well because most participants have had at least some experiences in this area. We should think about forming a network so that we can strengthen ourselves and can help train others in this area."

Dr. Chapen Chuprapawon

"I see policy communication leads us to a more rational decision making"

Dr. Stephen King

"I find this workshop very helpful for my work. Now I have to think about command VS concern."

Mr. Sa-nga Damapong

"Thanks, I learnt a lot. As a person from an NGO, I am especially grateful because we really need information and knowledge for more effective implementation. I will apply what I learn to my community work. I will carry on."

Ms. Suwanna Chewapruk

"I gained a lot from the workshop. It has helped to improve my conceptualization, on how to communicate the policies to various related organizations. This workshop is really interdisciplinary in nature. And I appreciate its good atmosphere as well."

Ms. Orasuda Charoenrath

"A lot of expertise, good education, very effective, a lot of experiences, enjoyable
(very nice people), a lot of encouragement, high expectations and including evening work"

Mr. Raungsak Pinprateep

"I also learn a lot. I especially appreciate the spirit of the workshop --- to have an opportunity to be with people who are so committed. This has been a real interdisciplinary work which comes out with exciting plans. It seems to me that Thailand is going to move a step forward."

Dr. Nancy Yinger

II. IMMEDIATE OUTCOMES

2.1 Overall

Though each of the five groups was able to create exciting plans for their work and they seemed to believe that their plans were achievable if appropriate support will be made available to them, both Dr. Yinger and I shared a similar notion on the fact that we might need to be very practical, since efforts of this type have not been straightforward in our system before. In sum, we need to focus next on HOW we can translate the plans into real actions. This process will be a real exercise for this group in order to understand what it takes to create good policy communication in the Thai context. This experiential learning process is indeed important for those who will be qualified to be future trainers of policy communication.

2.2 Nutrition

It can be said that members of this group were real key actors in nutrition work in the country; this makes their policy communication plan very credible. The plans submitted by them if supported by more active members in the nutrition community and related administrators, can be translated into real actions. However, since this type of work has not been systematically implemented, those who will be responsible will need to be very careful in their operation process; the process which is usually not familiar to a specialist-driven subject like nutrition. The timeframe that had been identified for the next eight months might need be reconsidered as it is related to the manpower and resources available for the task.

2.3 Children's development

Though some members of this group have been working directly for

children, several do not exactly belong to the community at this time. This weakens the organization that will operate the proposed plan. For this reason, a reassessment will have to be done, whether the strengthening of the organization to work for children should be the first issue for policy communication in this regard or not. We are well aware of the importance of children for our future. However, the issue has been treated casually, and the group would need to figure out a strategy to make the issue of children more colorful in order to convince others in the system. The issue might need to be simple, more action-oriented with clear outcome indicators, both short and long term. The members of this group seemed to be very committed to working for children. However, with a rather weak foundation for the work, they will need to re-orient the practical aspects of their operation. At this stage, it seems to me that supporting agencies will need to be clear about the level and strategy needed for investing in children.

2.4 Mental health

Contrary to the children's group, this group has a strong foundation to support their plan. Not only can the members directly influence those in the system, they can also allocate most of the budgets needed for its operation. Nevertheless, a need to be more focussed and specific is suggested from the workshop. Dr. Yinger pointed out, that the group had put an emphasis on the first target without an alternative; in this way if the target becomes a problem then the others would follow. Personally, I wish the group would look more closely into their strategic plans and messages. It seems to me that their issues and messages are not difficult to

understand, but are very difficult to communicate. I still wonder whether the period of eight months is feasible to bring about the expected outcomes of the proposed plan.

2.5 Accidents

Only one member of the group had been directly involved with the issue. Therefore, the proposed plan needs to be reviewed by others who are actively working in this field. This issue, in fact, is most pressing of all the five selected issues for this policy communication workshop. At this stage, the plan could be judged as an exercise; its validity can only be judged by their peers. Dr. Yinger cautioned its practicability and many suggested possible strategic points. My own observation is that there is a need to differentiate policy communication from public communication. It seems to me that policy communication for accidents at this stage, should be directed to the issue of an adequate investment in order to reduce the problem.

2.6 Civil society

The problem facing this group was that the issue of 'civil society' was found to be abstracted and thus it was difficult to come up with clear actions and messages. This process-driven issue has been supported strongly from policy makers at top level; the difficult task is to convince others in the system that it is can be implemented. As in Dr. Yinger's term, their policy communication work should be focussed at the small "p" level. I found the group's plan questionable in term of its operation. In simple words, I still could not figure out how the group will possibly make what they had planned become a reality. Part of this might be caused by my present inability to comprehend 'civil society' itself and limited knowledge about organizations which might support the work.

III. RECOMMENDATIONS TO HEALTH SYSTEM RESEARCH INSTITUTE

1. Long-term

Policy communication, if systematically implemented, can be a good enforcement for rational decision making to improve health and well-being of the population. Nevertheless, there is no direct road from knowledge-based information to action. The Health System Research Institute(HSRI) needs to decide the importance of the link between research and action and based on that what level of investment should be made available to this endeavour. If this link is so important, in what way would it be most effective as part of Thai public health system; what would be the characteristics of its workers; and what would be needed to create the self-sustaining critical mass required for the efficient transfer of accumulated knowledge.

2. Immediate-term

HSRI should consider support National Health Foundation to manage informal networking for this group at least for the period of one year in order to:

1) monitor and assist each other in their interventions, and,

2) put their experiential learning into a training package for others in the system.

HSRI should decisively consider support of implementation of the proposed policy communication plans as it deems fit within the scope of HSRI's priority.

ANNEX


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List of Participants

1. Dr. Nancy Yinger	Senior Demographer, International Center for Research on Women, Washington, D.C.20036 U.S.A.
2. Prof. Dr. Sakorn Dhanamitta	Senior Consultant, Division of Communication and Behavioral Science, Institute of Nutrition, Mahidol University, Salaya, Phuttamonthon, Nakorn Pathom 73170
3. Prof. Dr. Aree Valyasevi	President, Executive Board of National Health Foundation. 1168 Phaholyothin 22, Ladpao, Jatujak, Bangkok 10900
4. Mr. Sa-Nga Damapong	Senior Nutritionist, Division of Nutrition, Department of Health, Ministry of Public Health, Nonthaburi 11000
5. Assoc. Prof. Dr.Yongyout Kachondham	Senior Technical Advisor, Health Systems Research Institute, Ministry of Public Health, Thivanonth Rd., Nonthaburi 11000
6. Dr. Pattanee Winichagoon	Head, Division ofCommunity Nutrition, Institute of Nutrition, Mahidol University, Salaya, Phuttamonthon, Nakorn Pathom

7. Dr.Suttilak Smitasiri	Head, Division of Communication and Behavioral Science, Institute of Nutrition, Mahidol University, Salaya, Phuttamonthon, Nakorn Pathom 73170
8. Dr. Yongyud Wongpiromsarn	Director, Bureau of Mental Health Technical Development Department of Mental Health, Ministry of Public Health, Thivanonth Rd., Nonthaburi 11000
9. Dr. Prawate Tantipiwatanasakul	Psychiatrist, Suangprung Hospital, Muang District, Chiangmai
10. Dr. Stephen King	Assistant Dean of Education, College of Public Health, Chulalongkorn University, Phyatai Rd., Bangkok 10330
11. Asst. Prof. Dr. Anuchart Poungsomlee	Coordinator, Research and Development Program on Civil Society, Faculty of Environment and Research Study, Mahidol University, Salaya, Phuttamonthon, Nokorn Phathom 73170

12. Asst. Prof. Orathai Ard-Am	Institute of Population and Social Research, Mahidol University, Salaya, Phuttamonthon, Nakorn Pathom 73170
13. Ms. Benjamas Siripatra	Director of the Local Development Institute, 693 Bamrungmuang Rd., Pomprab, Bangkok 10100
14. Assoc. Prof. Dr. Paibul Suriyawongpaisal	Secretary General, National Health Foundation, 1168 Phaholyothin 22, Ladyao, Bangkok 10900
15. Mr. Sanga Intajak	HE + HCF Program Coordinator, National Health Foundation, 1168 Phaholyothin 22, Ladyao, Jatujak, Bangkok 10900
16. Ms. Penchan Pradubmook	Research manager, Health Systems Research Institute, Ministry of Public Health, Thivanonth Rd., Nonthaburi 11000
17. Dr. Chanpen Choprapawon	Secretary General -Sodsri Saridwongsa Foundation/Coordinator, National Health Foundation, 1168 Phaholyothin 22, Ladyao, Jatujak, Bangkok 10900

18. Ms. Sumana Visalyaputra	Psychologist, Somdej Chaopraya Hospital, Somdej Chaophaya Rd., Klong-sarn, Bangkok 10600
19. Ms. Orasuda Charoenrath	First Grade Officer, The Office of His Majesty's Principal Private Secretary, The Grand Palace, Na Phralan Rd., Bangkok 10200
20. Mr. Ruangsakdi Pinprateep	Managing Director, Children Welfare and Development Institute, 169/175 Soi Watdeeduad, Chalansaniwong 12, Bangkokyai, Bangkok 10600
21. Ms. Suwanna C	Manager of "Ban-Dek" Program, The Foundation of Children 225 Ban-Dek, Nakornsawan 60140
22. Mr. Kitjakaan Chuaychuwong	Creative Consultant of the Division of Communication and Behavioral Science, Institute of Nutrition, Mahidol University, Salaya, Phuttamonthon, Nakorn Pathom 73170
23. Ms. Nattamon Prompieam	Asst. Public Relations Manager, The Regent Cha-Am, Petchaburi Province

24. Ms. Sopak Sirimachan

National Health Foundation, 1168
Phaholyothin 22, Ladyao, Jatujak,
Bangkok 10900

25. Ms. Siripattra Jindathai

Division of Communication and Behavioral
Science, Institute of Nutrition,
Mahidol University, Salaya,
Phuttamonthon, Nokorn Pathom 73170

Nancy V. Yinger

Expertise **Population and Gender; Population Policy; Demographic Trends, Reproductive Health; Family Planning Program Effectiveness; Policy Communications.**

Professional experience

1995- **Senior Demographer**

International Center for Research on Women, Washington, D.C.

Design and conduct research projects, using qualitative and quantitative approaches on reproductive health including such issues as women's health priorities, the unmet need for family planning, safe provision of IUDs sexuality empowerment and decisionmaking, and quality of care; manage and provide technical assistance to research projects carried out by researchers in developing countries; support research dissemination and policy-communications activities by writing research reports, synthesis paper, and journal articles and by giving presentation in technical and policy setting; participant in fraising.

Project management:

The Unmet Need for Family Planning, 1995-1997. A USAID-funded, three-year, three-country research program. Countries highlighted with *below.

Safe Provision of IUDs in Research-Poor Settings, 1995-1999. A four-year, three-countries research program, funded by the Mellon Foundation and carried out collaboratively by ICRW, the Population Council, AVSC, International, and the Pacific Institute for Women's Health. Countries highlighted with **below.

Country experience:

Guatemala, 1996. Co-managed research project that used qualitative and quantitative methodologies to analyze the unmet need for family planning in a peri-urban community of Guatemala City, carried out by Estudio 1360 S.A. Assisted with the analysis and policy recommendations. *

India, 1996-1997. Managed a research project on the unmet need for family planning in two districts of Uttar Pradesh, carried out by the Social and Rural Research Institute. Assisted with the analysis. *

Mexico, 1996-1997. Work with Mexican Institute for Family Studies (IMIFAP) to conduct community-level studies in three sites of people's knowledge of and attitude towards reproductive tract infections and their relationship with family planning methods, particularly the IUD. Designed the methodology, monitored all aspects of the research process and provided assistance with the analysis. **

India 1996-1997. Monitored one of four ICRW-sponsored studies of adolescent sexuality, by providing the researcher from the Tata Institute for Social Science, with technical support. Participated in technical workshops held for the four teams at key points in the research process.

Nigeria 1996-1997. participated in research program designed to examine women's participation in household decisionmaking in seven spheres including children's education, nutrition and health. Assisted with a series of analysis workshops and supervised one of three research teams.

Kenya, 1997. Managed a research project carried out by the Network for AIDS Researchers for Eastern and Southern Africa (NARESA) to carry out community-level studies in two sites concerning people's knowledge of and attitudes towards reproductive tract infections and their relationship with family planning particularly the IUD. **

1990-1995 **Director of AID Cooperative Agreement and Deputy Director of International Programs.**

Population Reference Bureau, Washington, D.C.

Directed USAID-funded communication project to support LDC population policy development and implementation; researched, wrote and edited booklets and other print and audio-visual materials (clients also included World Bank and UNFPA); supervised extensive media activities; managed and provided technical support for other projects including assistance to LDC institutions to strengthen their capacity to communicate population information; provided outreach to media and development community by answering information requests, giving interview and making presentations and carried out administrative duties such as fund raising, budgeting report writing, personnel management and project evaluation.

Country experience:

Cote D'Ivoire, 1991. Served as population economist on team writing the project paper for USAID's first bilateral population project with Cote D'Ivoire.

1985-1990 Associate Director of the IMPACT Project

Population Reference Bureau, Washington, D.C.

Researched, wrote, and edited print and audio-visual materials for policy audiences and the media; managed sub-projects and provided technical assistance to LDC institutions to strengthen their capacity to communicate population information; participated in report writing, outreach, budgeting, and fund raising. Promoted from Research Editor (1985-1987).

Country experience:

Bangladesh, 1986. Carried out needs assessment for policy communication activities in collaboration with ICDDR, B.

Nepal, 1986-1989. Managed a joint sub-project with The Future Group to prepare educational materials for District Public Health Officers and to update and disseminate a RAPID computer-based presentation. Worked with the Ministry of Health and two NGOs in Kathmandu: New Era (for the RAPID Madel) and the Nepal Studies Center (for preparation of three booklets). Activities included policy-communication needs assessment, technical assistance on content of RAPID presentation, high level policy briefings, writing and editing, and project oversight.

Kenya, 1987. Assessed and wrote booklets about two successful family planning activities in Kenya: The Family Planning Private Sector Project and Chogoria Hospital.

Madagascar, 1987-1988. managed a joint sub-project with The Futures Group to assist development of a national population policy by the

Planning Ministry's Population and Development Unit. Activities included technical and financial support for a series interministerial meetings; financial and technical support preparation and dissamination of background papers including a survey on the status of women; and technical assistance on the content of policy.

The Sehel region of Africa, 1988-1989. Managed a sub-project with the Center for Applied Research for Population and Development (CERPOD) in Mali to improve communication to policymakers on population policy issues. Provided technical assistance and production support for a series of 4 booklets, the development of a journalist network, and evaluation activities.

India, 1989. Visited Tata Iron and Steel Company, Jamshedpur twice to assess their family welfare department and wrote a booklet describing their successes for dissemination throughout India.

1984-1985 Economist/Demographer

U.S. Agency for International Development, Africa Bureau, Population Division, Washington, D.C.

Evaluated country population strategies and project documents; provided technical assistance to AID missions in Africa, including project design; carried out special research projects as needed; and provided general assistance to AID population projects in francophone Africa. (On contract at USAID through the U.S. Department of Agriculture Graduate School.)

Country experience:

Malawi, 1984. Participated in a joint World Bank/USAID Population Sector Needs Assessment Team. Drafted sections and prepared all the tables for the final report.

The Sahel, 1985. Participated in team to develop the first USAID-funded regional population project. Wrote the project Identification Document, carried out needs assessment in the Gambia, Mauritania, Mali and Senegal and drafted sections of the project paper including the workplan and the economic and financial assessments.

Swaziland, 1985. Assisted the Family Life Association of Swaziland to assess their client records, including design of a coding scheme to computerize the information, analysis of the data and preparation of an evaluation report.

Burkina Faso, 1985. Assited the USAID Mission to prepare the Project Paper for a family planning project. Wrote the demographic, social and economic assessments.

1981-1982 **Research Assistant**

The Word Bank, Washington, D.C.

Updated a population sector report on Kenya, Summer 1981; analyzed a population survey from Bangladesh, Summer/Full 1982.

1980 **International Economist**

Office of Raw Materials, U.S. Department of the Treasury,

Washington, D.C.

Wrote report on STABEX and provided research support, June to August 1980.

1980 **Administration,**

Political Science Department, Northeastern University, Boston, MA.

Managed Masters in Public Administration Program. January to May, 1980.

1978-1979 **Senior Research Assistant**

Center for Science and International Affairs, Harvard University,

Cambridge, MA.

Worked on research project on weapons production in developing countries.

1978 **Freelance research and editing projects,**

Washington D.C. and Boston, MA, March to November 1987.

1977-1978 **Editor, Arms Control Today.**

The Arms Control Association, Washington, D.C.

Responsible for all aspects of the production of a monthly eight-page newsletter, including writing/editing, layout, distribution and staff supervision. Promoted from Assistant Editor, 1974-1976.

Education Ph.D., Population Dynamics, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, MD. 1984.

M.A., International Relations, School of Advanced International Studies, The Johns Hopkins University, Washington, D.C. 1976.

B.A., Cum Laude, Asian Studies, Carleton College, Northfield, MN. 1974.

Publications *

1995 Yanagashita, Machiko and Nancy Yinger, The World's Women, 1995 (datasheet).

1994 Editor, A Population Prespective on Development: The Middle East and North Africa (Produced for the World Bank).

Author, Family Planning: a Development Success Story (Produced for the World Bank).

Editor of Sinding, et al., Seeking Common Ground: Demographic Goals and Individual Choice.

1993 Editor, Family Planning Programs: Diverse Solutions to a Global Challenge (a packet of 35 four-page case studies produced in 1993 and 1994).

Co-Author, Success in a Challenging Environment: Fertility Decline in Bangladesh (Produced for the World Bank).

1992 Author, Africa: Demographic and Health Surveys Chartbook..

Editor, Adolescent Women in Sub-Saharan Africa: A Chartbook on Marriage and Childbearing.

Editor, Fertility and Family Planning in Latin American: Challenges for the 1990s.

Co-Author, The UN Long-Range Population Projections: What They Tell Us.

1990 Co-Editor, series of 10 booklets on various population and development themes for Ghana, 1986-1990.

Editor, High Infant Mortality and the Plight of Street Children (in Latin America).

Editor, Family Planning and the Health of Mothers and Children (in Latin America).

"U.S. Policy Discussed", Population Today, Vol. 18, No.1.

Book review of: Population Transition in India, Vols. 1 & 2, in Population Today, Vol. 18, No.1.

Book review of: Preventing Maternal Deaths, edited by Erica Royston and Sue Armstrong in Population Today, Vol.18, No.3.

Book review of: In the U.S. Interest: Resources, Growth and Security in the Developing World, edited by Janet Welse Brown in Population Today, Vol.18, No.4.

"Demographers Page: Focus on Maternal Mortality", Population Today, Vol.18, No.5.

Book review of: Population Growth and Poverty in Rural South Asia, edited by Gerry Rodgers in Population Today, Vol.18, No.7/8.

1989 Co-Author, The Tata Steel Family Welfare Story: Benefits for Company and Community.

Editor, National Family Planning a Good Option.

Author, Mali Demographic and Health Survey 1987 Summary Report.

"A Grey Land in a Red Ocean?", Population Today, Vol.17, No.7/8.

1988 Co-Author, Contraceptive Safety: Rumours and Realities.

Author, series of three booklets on population and development in Nepal, 1988-1989.

Editor, Helping Each Other: The ZNFPC's Kubatsirana Project.

1987 Editor, Madagascar.

Co-Author, Making Community Distribution Work: The PCEA Chogoria Hospital.

Co-Author, New Paths to Family Planning: The Family Planning Private Sector Program of Kenya.

Book review of: Fertility In Asia: Assessing the Impact of Development Projects, Population Today, Vol. 15, No.10.

Book review of: Family Planning within Primary Health by F. Curtiss Swezy and Cynthia P. Green, Population Today, Vol. 15, No.6.

What's up in Kenya (Besides Population), Population Today, Vol.15, No.11.

1986 Author, Family Planning Services: Options for Africa.

Editor, Population Trends in Africa.

Author, Bring Family planning to the People.

Editor, The Zimbabwe Reproductive Health Survey: Information for Population Action.

Author, Family Planning Saves Lives.

"Spotlight: Burkina Faso", Population Today, Vol.14, No.5.

1983 Principal author, "Third World Family Planning Programs: Measuring the Cost", Population Bulletin 38, 1 (Washington D.C; Population Reference Bureau, 1983).

Co-Author, "The Influence of Public Policy Changes on Levels of Female Sterilization in Costa Rica" Studies in Family Planning, September-October, 1983.

Summary from the first day workshop

Reported by

Assoc. Prof. Dr. Paibul Suriyawongpaisal

Why do we need a policy communicatiom training workshop?

- To maximize the investment on research by using the findings to mobilize relevant policy commitment.
- To equip a group of technical people with the capacity to organize an effective policy communication.

Potential future benefits from the workshop are:

- a set of well organized proposals to carry out policy communication in a certain field.
- a group of trained technical people to share their expertise and experiences.

Who attended the workshop?

The attendants of the workshops came from various institutes and disciplines. Many of them were research coordinators, senior researchers, and experienced health communicators. These people were well aware of the importance of transforming research into actions. Some of them had first hand experiences in communicating research findings to policy makers e.g. Prof. Aree Valyasevi, Dr. Suttilak Samitasiri. Some of them were at the stage of contemplating a strategy and plan to communicate with policy makers. Hence, it is fair to say that most of the attendants possessed enough prerequisites for the workshop. This means it is very likely that they will bring the lessons to practice.

How was the workshop organized ?

The workshop was organized into three major consecutive activities i.e., lectures, small group discussions and presentation of outputs from each small group. The lectures

aimed to introduce the key concepts and principles to organize policy communication activities. Interesting and vivid examples were used to elaborate those concepts and principles. Dr. Nancy Yinger, the lecturer, is highly qualified and experienced in the topic. In fact, she is a master in policy communication with 18 years first hand experience in the international community. The inputs from her thus successfully created an in depth understanding among the attendants. Her presentation was so stimulating that many attendants actively shared their experiences and ideas.

To further increase understanding in the technique, the attendants were assigned to work in small groups on their own subjects of interest using the inputs from the lectures and handouts. Those subjects were iron deficiency anemia, promotion of seat belt use, children's development, civil society and mental health.

Outputs from each group were then presented to the workshop forum where ideas and experiences were actively shared.

What came out from the first day activities ?

On the first day, the following topics were addressed: the definition of policy communication and policy makers, indentification of communication objectives and audience indentification and analyses. Based on these topics, the small group were working actively and came up with well structured components of the proposal to conduct policy communication. Details of the outputs are presented in the annex.

What were the reactions from the attendants ?

Owing to the stimulating lectures and dynamicity of the small group activities, the attendants actively participated in discussions and shared experiences. For example, the content and utilities of the summary were discussed. It was suggested by an attendant that the key contents should be what, why and how. What, means the nature of the proposed problems or issues which a researcher would like to share with the policy makers. Why, means the significance of the problems or issues to the country. And how, means the

alternatives to solve the problems. Dr. Nancy stressed that the key findings from research with correct and vivid interpretation are far more important to the policy makers than the methodology. The policy makers usually judge the validity of the findings from the credit of the source of information. So the presentation of research work to the policy makers should be in reverse to that to the academic community.

Summary from the second day workshop

Reported by

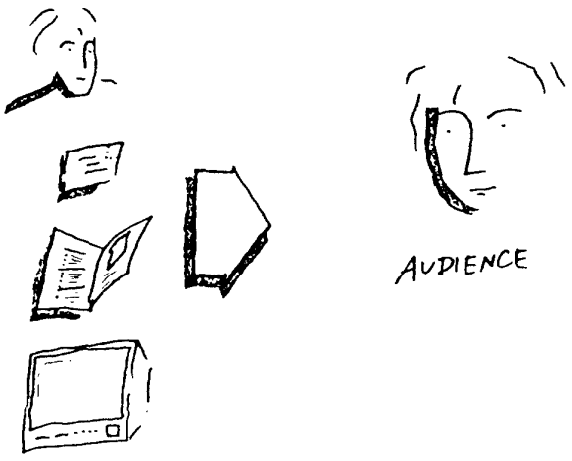
Dr. Chanpen Choprapawon

Today's session is learning with Nancy's session. She began with the summary of yesterday's session and then showed some material as an example e.g. policy communication program in Ghana etc.

Determine the channels

We usually use a combination of channels eg. booklets and face to face discussion, etc. Before selecting channel, we must ask questions : e.g. Does that channel work for that target audience : mail wouldn't reach them, target audiences don't watch television.
When working with media, we will lose some control over the message and need to feel comfortable with that :

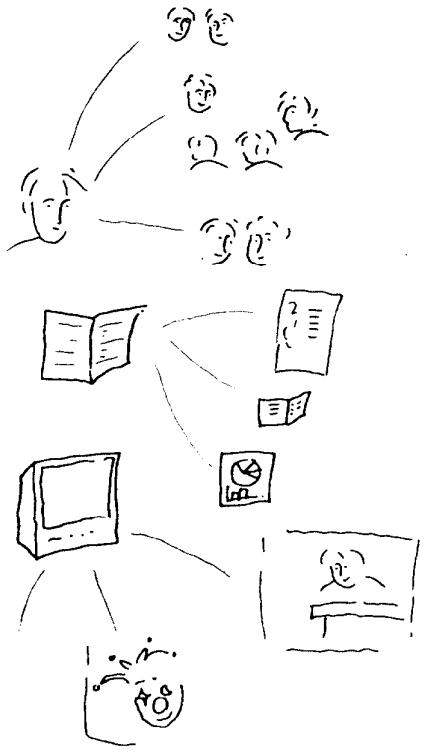
FIGURE 1.



Choose the best formats

When selecting channels, we must choose the format in which a message is to be presented, that must be appropriate to the target audience, source and channel, e.g. TV and radio spots, press-release, fact sheets, etc.

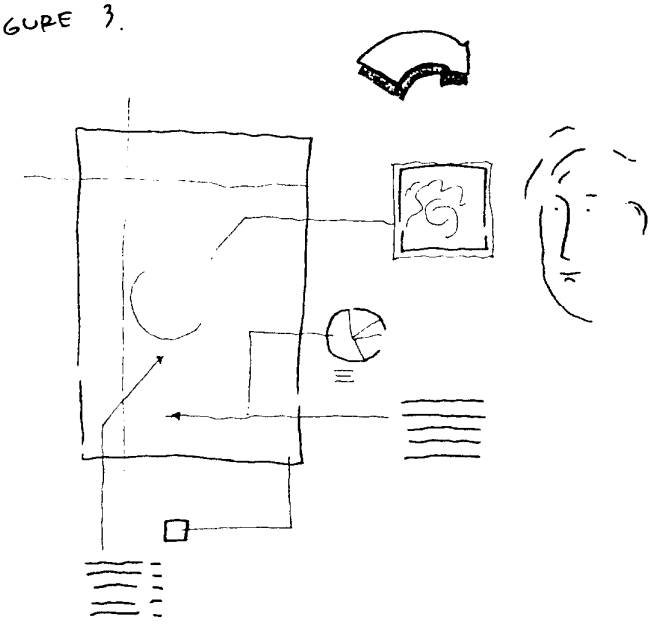
FIGURE 2.



Hints on materials design

It must be in easy to read, information should be concise and brief, colorful, innovative, clear before designing the material, and we must understand the target audience and try to design material appropiate for them.

FIGURE 3.

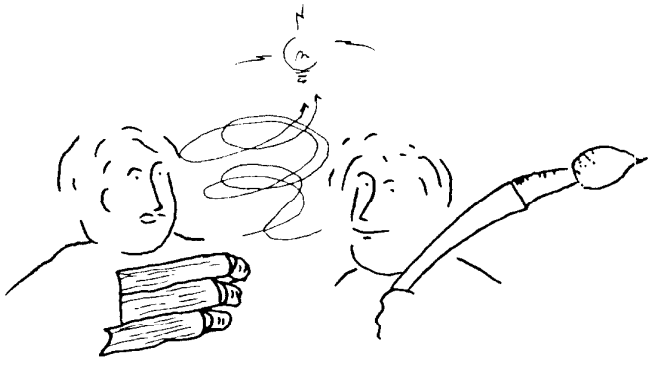


Working with the media

Format of working with the media are news releases, news conferences, press events, journalists' networks, workshops / seminars. Forming the networks with journalists will especially work very well. We must find out who is the gate keeper of the media, who controls the media, and then work with the gate keepers .

People have different geographics of learning, so few important points, should be conveyed, most important we must be obsessive about the details on typos and language. Especially, when one would like to convey for different racial and ethnic groups, one must be aware of different views, perception of the pictures and messages.

FIGURE 4



Pretesting the materials (messages to format)

Some method for pretesting the message and formats include: set meeting of the review board, evaluate the first material for redesigning the next one. The pretesting would give a good assessment whether the material is appropriate and convey the right message to the target audience.

Making a good presentation

Objective is to connect between the information and the audience's concern. Steps of good presentation:-

Step 1 List objectives.

Step 2 Focus in the audience.

Step 3 Determine the message.

Step 4 Organize information.

Step 5 Design the look of presentation.

Step 6 Organize the delivery.

Using mix presentation between text and graphics.

Questions and comments

1. It is quite trustrating during the design and pretesting step when someone tries to do something unskilled e.g. interaction between the artist and the technical person. Both must have good attitude to work together in order to adjust the message and the format of presentation.

2. Team work is important to establish a good environment of creativity and dynamism.

3. Carefully consider what kind of material is best for information, then select the best channels and format.

4. Thailand is still lacking in capacity on policy communication as the HSRI, TRF covers a lot of issues, but few efforts to invest on policy communication are made. There must be an organized a team, to work full time on policy communication.

5. Major pitfalls of policy communication is that researchers mostly concern themselves with the completeness of the messages and then communicate it effectively.

Conclusion for this session

Policy communication is very important in order to make use of the research findings for the country. TRF and HSRI or other funds must invest in this capacity to develop this skill with several departments and establish networks to push the movement of policy communication.

Questions

1. So do we need to evaluate inputs to assess that it is cost effective ?

We may compare the cost the lost from that problem e.g. traffic accident, and must think thoroughly about it.

2. Do we develop a hypothetical framework to see how much money would be saved if behavior is changeds. This is very difficult to communicate; it is crucial to calculate but very difficult to communicate.

Group should revise their work and go ahead with the worksheet. Add sources of funding for each activities in the budget worksheet, and also include an evaluation plan.

Framework of the input put into the table form

Issue/Topic

Brief statement

Objective (1)

Audiences - Primary Audience

- Secondary Audience

Message

Sources

Formats/Channel

Strategies (separate for each audience)

Budget

Objective (2)

(the same as objective 1)

A WORKSHOP ON

POLICY COMMUNICATIONS

1-3 MARCH 1997

REGENT CHA-AM

WORKSHOP LEADER: DR. NANCY YINGER
SENIOR DEMOGRAPHER
INTERNATIONAL CENTER FOR
RESEARCH ON WOMEN, USA.

ORGANIZED BY: NATIONAL HEALTH FOUNDATION AND
DIV. OF COMMUNICATION AND
BEHAVIORAL SCIENCE, INSTITUTE OF
NUTRITION, MAHIDOL UNIVERSITY

SUPPORTED BY: HEALTH SYSTEMS RESEARCH INSTITUTE

Agenda: Policy Communications Workshop

Saturday, March 1

9:00-10:00:
Introduction: What is policy communications

10:00-12:30
Identifying communications objectives
- **Background**
- **Full group discussion or Small group exercise using worksheet**

12:30-13:30 lunch

13:30-15:30
Audience identification
- **Background**
- **Full group discussion or Small group exercise using worksheet**

15:30-16:00
Small group presentations and/or review

Sunday, March 2

9:00-12:30
Sources, Channels and Formats
- **General introduction**
- **Pointers on materials design**
- **How to make an effective presentation**
- **Working with the media**

12:30-13:30 Lunch

13:30-14:30
How to evaluation communications activities

14:30--16:00
Developing a communications strategy: small group sessions

Monday, March 3

9:00am-10:00am
Review, questions and discussion

10:00-12:00
Small group work on an overall strategy

12:00am-1:00 pm Lunch

1:00pm-2:00pm
Participant's plans for follow-up (presentation of small group exercises) and evaluation of the workshop

2:00pm-2:30pm Closing ceremony

WHO ARE "POLICYMAKERS?"

- Anyone who can modify and/or implement policy and program design

- Anyone who can mold public opinion

- Anyone who is an obstacle to successful implementation of a new policy or program

POLICY WITH A CAPITAL "P"
VERSUS
POLICY WITH A SMALL "p"

Some messages are best communicated at the national level, to high-level policymakers - like the need for a national nutrition policy. These are capital "P" POLICIES; focus is on the rationale for a particular policy and key program components.

But not all policy is Capital "P." Many important policy changes are incremental and can be introduced at the organizational or project level. Focus is on implementation.

Both kinds of policy are necessary. Without good POLICY, people won't be aware of or have the incentive to implement good policy; without good policies, the best POLICY is meaningless.

WHY COMMUNICATE WITH POLICYMAKERS?

Providing information can

- **Make policymakers (and the public at large) aware of the need for a new policy or program**
- **Lead to an understanding of the policy content**
- **Help decision-makers come to a consensus**
- **Guide the development of an implementation plan**
- **Assist in implementing policies and improving, expanding and sustaining outcomes**

THE RESEARCH-POLICY GAP:
THE ROAD TO INACTION IS PAVED WITH RESEARCH REPORTS

The utilization of research in the policy process has long been a concern among researchers and policymakers alike. Researchers frequently lament that research is under-utilized (if used at all) by policymakers, who just as frequently point out that the research in question is unusable. The research-to-policy gap is manifested by stereotypes and assumptions about the decision-making process.

1. Stereotypes

Researchers' stereotype of policymakers. They

- don't read
- reach hasty conclusions
- take action unsubstantiated by data
- distrust research
- have a limited, political perspective
- should be able to and take responsibility for drawing implications from research

Policymakers stereotype of researchers. They

- study issues with little relevance to immediate social problems
- avoid policy implication of research
- are prone to professional "fads" or "methodological gimmickry"
- communicate in highly technical or jargony ways
- provide impractical recommendations based on generalities about broad theoretical matters
- have little appreciation of policymakers' problems

2. Assumptions about decisionmaking

Researcher assumes that the policy process is information-based and rational:

- Problems are distinguishable from each other
- Goals, values and objectives are prioritized
- Alternatives are examined
- Cost/benefit analysis is done for each alternative
- Alternatives and consequences can be compared
- Alternative chosen will maximize attainment of goals, values or objectives

Policymakers face a different set of political realities:

- Problems are neither clearly defined nor distinguishable
- Conflicting values do not permit comparison or weighing
- The policymakers' time and resources are limited
- Past decisions frequently foreclose some future alternatives

Decision making is more likely to be incremental than "rational" and the extent to which policy-making is inherently political is frequently underestimated:

- Political considerations and data are intertwined in the selection of goals and objectives
- The alternatives most likely to be considered differ only marginally from existing policies
- Evaluation of alternatives are limited to those considered most important
- The problem is continually redefined
- There is no single decision or right solution for a problem
- Policy is directed toward amelioration of immediate problems

CLOSING THE GAP:
WHAT CAN RESEARCHERS DO TO MAXIMIZE THE USE OF THEIR FINDINGS?

1. Involve the intended consumers from the beginning of the research project:

- Be sensitive to the varying interests, orientations, backgrounds, and constraints of the intended consumers
- Invite and accept input regarding the research question, the methodology, and the timing and presentation of findings

2. Be informed about the political and bureaucratic pressures that influence the policy process:

- Political and Social pressures
- Economic Conditions
- Procedural requirements
- Previous commitments
- Time pressures
- Personally held values.

3. Develop a strategic policy-communications plan, grounded in effective communication techniques

STEPS IN A POLICY-COMMUNICATIONS PLAN

1. Identify the communications objectives and content of messages
2. Identify the target audiences
3. Identify the best source for the messages
4. Determine channels and formats
5. Develop activities budget and timeline
6. Evaluate

Underlying Principle

Good policy communications rely on audience-centered approaches

IDENTIFY THE OBJECTIVES

1. State the problem your research is trying to address

2. Identify key research findings

3. State the policy objectives

(Prepare Checklist for Analyzing Policy Objectives)

Identifying Policy Communication Objectives

Policy communication objectives should be clear to the communicator or they will not be clear to the audience. They should be expressed so that they answer the question: If your communication effort is successful, what will happen? What will people do?

Use the space below to identify key research findings and policy or program implications. Identify two possible communication objectives and expected outcomes that you feel are important, given your context.

State the topic:

List key research findings:

Identify policy and program implications:

List Objectives and Expected Outcomes:

Objective 1. _____

_____

Expected Outcome(s): _____

_____

Objective 2. _____

_____

Expected Outcome(s): _____

_____

Checklist for Analyzing Policy Objectives

Criteria	Objective 1	Objective 2
List objectives		
√ Is there adequate quantitative and qualitative data to show that reaching the objective will result in real improvement in the situation?		
√ Is the objective achievable? Even with opposition?		
√ Will the objective gain the support of policymakers? Do they care about the objective deeply enough to take action?		
√ Will you be able to obtain resources to support work on the objective?		
√ Can you clearly identify the target decision makers? What are their names and positions?		
√ Is the objective easy for decision makers to understand?		
√ Does the objective have a clear timeframe that is realistic?		
√ Do you have established relationships with key individuals or organizations needed to reach your objectives?		
√ Would program beneficiaries and the public be supportive of your proposed objectives?		

Additional criteria		
Additional criteria		

Sample Case Study:
Identifying Policy or Program Objectives for a Communication Strategy

State the problem: **Malnutrition among children under age 5 is contributing to high infant and child mortality**

Identify key research findings: **Neonatal mortality is strongly associated with iodine deficiency; nutrition education can enhance child survival in areas where adequate food is available.**

Policy Objectives

1. **Start a national program to fortify salt in the next 2 yrs.**
2. **Start nutrition education programs for mothers in district health clinics in the next year.**

Checklist for Analyzing Policy Objectives

Criteria	Objective 1	Objective 2
List objectives	**Start a national program to fortify salt in the next 2 yrs.**	**Start nutrition education programs for mothers in district health clinics in the next year.**
√ Is there adequate quantitative and qualitative data to show that reaching the objective will result in real improvement in the situation?	Research shows that salt is produced and processed centrally and also consumed throughout the country by high-risk groups. Data also show that neonatal mortality is strongly associated with iodine deficiency.	Case studies have shown that nutrition education can enhance child survival in areas where adequate food is available. Results depend on the effectiveness of education program and the compliance of mothers.
√ Is the objective achievable? Even with opposition?	Opposition to the cost of salt fortification could slow the time frame for achieving the objective, but it is achievable. Producers may oppose the regulation and quality control of salt production.	This objective is easiest to achieve because it does not involve working with many decision-makers, only with the Ministry of Health and the district health system. Men may oppose if they are not involved early on.
√ Will the objective gain the support of policymakers? Do they care about the objective deeply enough to take action?	Policymakers may be concerned that salt fortification will increase the price—leading to public opposition. Food producers may resist if they have to share the costs. On the other hand, this objective could appeal to policy makers because it is tangible, makes sense, and could have a major impact on child survival.	Aside from a few women leaders, most policymakers do not care about educating women, even if it is for child survival. However, education programs are popular with donors at the moment and could attract additional funding for the health budget.

√ Will you be able to obtain resources to support work on the objective?	Donors are not interested in food fortification at the moment. It would be necessary to find other funding or have organizations use their own funds to work on this objective.	Donors and other funders are very interested in nutrition education. It would be easy to raise funds for this objective.
√ Can you clearly identify the target decision makers? What are their names and positions?	The Prime Minister, Finance Minister, Minister of Agriculture and Minister of Health would all have to approve a gov't-sponsored salt fortification program.	The Minister of Health and District Health Officers would be involved in starting a nutrition education program.
√ Is the objective easy for decision makers to understand?	Yes, the link between iodine deficiency and child mortality has been well documented.	The link between nutrition education and child survival is more difficult to demonstrate.
√ Does the objective have a clear timeframe that is realistic?	The timeframe to begin a salt fortification program is the next two years. It is realistic.	The time frame to begin the program is one year. It is an opportune time to introduce such a program because District Health Officers are developing their five-year plans.
√ Do you have established relationships with key individuals or organizations needed to reach your objectives?	The support will be needed of the salt producers since they must implement the national program.	Women's organizations and donors will be supportive of this effort.
√ Would program beneficiaries and the public be supportive of your proposed objectives?	The public might oppose the objective if it increases salt prices.	Women and the general public would be supportive of the program.
Additional criteria		
Additional criteria		

DEVELOP THE MESSAGES TO BEST COMMUNICATE YOUR POLICY OBJECTIVES

For any one communications activity, identify only two to three key points -- and make them well.

Pretest your message. Will your audience hear the message the same way you do?

Be very clear and specific about the actions you think your audience should take based on your research.

Note: This step can, and perhaps should, come after you have identified your key audiences: messages can then be developed specifically for that audience according to their level of expertise, etc.

AUDIENCE IDENTIFICATION

Primary: Who can directly affect policies and programs concerning your issue of interest?

Secondary: Who can influence those policymakers?

Who needs to stop being an obstacle?

Examples of Audiences

- **Political leaders**
- **Government officials -- national and local**
- **Ministry officials**
- **Educators**
- **Religious leaders**
- **Nongovernmental organizations**
- **Program managers**
- **Members of the press**

Questions to ask yourself:

- What does your primary audience know about your issue?
- Do they start with a particular bias (that supports or opposes your recommendations)?
- What issues are they particularly concerned about; how do those issues relate to your issue?
- How does your audience like to receive information -- news reports, technical papers, policy briefs, speeches?
- What secondary audiences are particularly important sources of information/opinion to your primary audience?
- Who might throw up roadblocks or oppose your recommendations?

(Complete audience worksheet)

Segmenting Policy Audiences

Policy Map 1: Who Are Your Audiences?		
Advocacy objective	Key decision-maker(s) (primary audience)	Groups/individuals who could influence the decision-maker(s), including opposition (secondary audience)

Segmenting Policy Audiences

Policy Map 2: What Do Your Audience Know and Think?			
Objective:			
Audience	Audience Knowledge about issue/objective	Audience beliefs and attitudes about issue/objective	Issues that the audience cares about (may be unrelated to your issue)

DETERMINE THE BEST SOURCE FOR YOUR MESSAGE

Who will be most credible with your target audience?

- **You as the researcher**
- **The head of your organization**
- **A member of your target audience who has already "bought into" your message**
- **The media**
- **A celebrity (movie star or radio personality)**
- **Someone from outside your country, who would be perceived to have no political stake**

DETERMINE THE CHANNELS

Channels are the means by which your message gets from your source to your audience(s).

There are two primary types of channels:

1) media
- **television and radio**
- **print (newspapers, booklets, factsheets)**
- **electronic (computer-based)**

2) inter-personal
- **face-to-face meetings**
- **workshops**
- **seminars**
- **conferences**

Channels can (and probably should) be combined: a booklet can be presented to a policymaker at a face-to-face briefing, or a computer presentation can be made at a seminar.

Questions to ask yourself:

- How much personal contact do you need to best get the message across?

- Will busy policymakers take the time to attend a workshop or seminar?

- If you rely on media, how will you know if your target audience receives your message, e.g. does the mail system work well enough to delivery your booklets or will they mostly be lost? or how do you know if your target audience watches a particular TV show?

- If you rely on newspapers, TV and radio, are you prepared to lose some control over the message?

CHOOSE THE BEST FORMATS

The format in which a message is presented must be appropriate to the audience, source and channel.

Examples of formats:

- **Television and radio spots, talk shows, special programming/videos**
- **Press releases, ready-to-adapt news articles**
- **Computer graphic presentations, slides, overheads**
- **Fact sheets, wall charts, booklets**
- **Policy memos, personal letters to high-level policymakers**

Hints on materials design

- **Glitz works:**
  Colorful, well-designed materials catch people's attention

- **Clarity is innovative:**
  Avoid "High-Tech" graphics

- **Present a few key messages:**
  Most policymakers are too busy to read more than a few pages

- **Lose no opportunity to convey a point:**
  Use photo captions, side-bar quotes, clear titles for graphics

- **Be obsessive about the details:**
  Typos and poor language are very distracting

PRETESTING

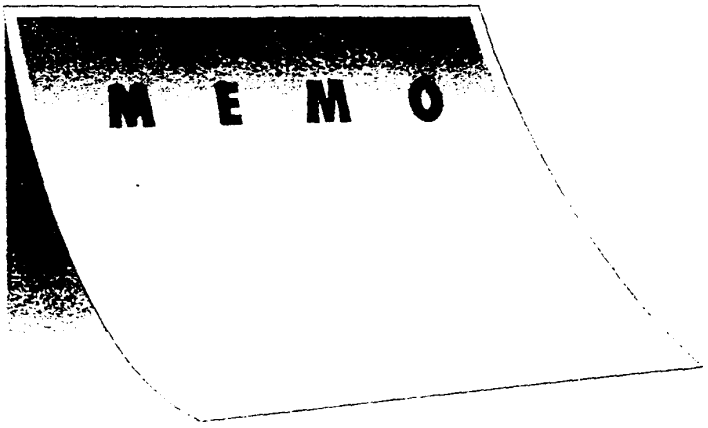
If at all possible, pretest your message(s) and format(s). Ideally messages and their formats should be as near to final as possible before pretesting.

Despite its importance, pretesting can be an expensive and time consuming step. As a rule of thumb, the more elaborate and expensive the activity (e.g. the development of a video), the more important it is to pretest.

If a full pretest is not possible, there are some low-cost, quasi-pretest techniques:

- Ask members of your target audience to serve as a review board
- If you plan to do a series of materials, evaluate the format/design of the first one (say using a bounceback questionnaire) and use that feedback to redesign the next one.

How to Write an *Effective* Policy Memorandum



HOW TO WRITE AN EFFECTIVE POLICY MEMORANDUM

This session will cover:

1. The purpose of policy memos
2. Understanding the audience
3. Characteristics of an effective policy memo
4. Sample formats
5. Case study exercise

PURPOSE OF POLICY MEMOS

To improve the basis on which policy decisions are made

A communication tool that serves to:

- provide busy policymakers with information they need to do their jobs
- break down complex issues into essential facts
- evaluate alternative courses of action
- provide recommendations for action

WRITING AN EFFECTIVE POLICY MEMO REQUIRES UNDERSTANDING THE NEEDS AND MOTIVATIONS OF DECISION MAKERS

- their need to master complex, substantive issues in a short period of time
- their need to make decisions based on partial or imperfect information
- their motivation to satisfy their bosses or constituents

CHARACTERISTICS OF DECISION MAKERS

The higher up in the hierarchy....

- the less the policymaker knows about any one issue
- the less he/she is able to read about or focus on one issue
- the more he/she will prefer oral briefings to written
- the more he/she will be influenced by political considerations

SOME DECISION MAKERS...

- Decide based on gut reactions or instincts
- Take the advice of the last person he/she spoke to
- Do their homework and ask good questions
- Are overly concerned with details

Know for whom you are writing!

POLICY DECISIONS IN MOST COUNTRIES ARE BASED ON A COMBINATION OF...

1. Seniority, personal relationships, and making deals

2. Rational ideas and arguments offering technically sound solutions

CHARACTERISTICS OF AN EFFECTIVE POLICY MEMO

Content

A policy memo should...

- Explain why the issue is important; why a decision needs to be made
- Provide the essential facts and supporting evidence
- Provide clear courses of action
- Give some assessment of the political environment

EFFECTIVE POLICY MEMO (Cont.)

Format

A policy memo should:

- Be no longer than 3-5 pages
- Contain all essential information in first paragraph
- Limit use of technical jargon
- Contain simple tables or charts when needed
- Preferably be accompanied by an oral briefing

WHEN WRITING A MEMO, ASK YOURSELF...

- What is the principal message being conveyed?
- What do I want the policymaker to remember?
- Are the recommendations feasible? Convincing?
- What are the political risks to the decision maker if the recommendations are followed?

SAMPLE FORMAT

DECISION MEMORANDUM

TO:

FROM:

SUBJECT:

DATE:

SUMMARY

Why this memo is written

Why a decision is needed

What key information is contained in the memo

What course of action is recommended

BACKGROUND

Brief, essential points that explain how this issue has evolved or become a concern

ISSUES

Key issues to be addressed by decision maker: one to three, at most

What position(s) others have on these issues

OPTIONS

Plausible courses of action, along with pros and cons of each

The risks/potential opposition that might result from choosing an option

RECOMMENDATION

Your recommended course of action and why

SAMPLE FORMAT

INFORMATION MEMORANDUM

TO:

FROM:

SUBJECT:

DATE:

SUMMARY

Why this memo is written

What key information is provided

BACKGROUND

Brief, essential points that explain how this issue has evolved or become a concern

ISSUES

Key issues and their implications for policy

Who cares about these issues/what their positions are

CONCLUSION

What you want the policymaker to remember

How the issue is likely to evolve in the future
(i.e., will it require future attention or action?)

Making a good presentation

The essence of an oral presentation is not the information you give but the connection you make between the information and your audience's concerns.

Step 1: List your objectives

- Why do you want to give this presentation
- What do you hope to gain
- How will you know if you have succeeded

Step 2: Focus on the audience

- Focus on what your audience needs to know - not what you know
- Consider the audience's motivations
- Decide what you want the audience to do as the result of the presentation

Step 3: Determine the message

- List the key points first
- Assess the technical level of the audience
- Determine the amount of time for delivery

Step 4: Organize your information

- Create an outline that matches your objectives
  - This is how I perceive the problem
  - This is how I define and analyze it
  - These are the alternative solutions
  - Here are my criteria for evaluating them
  - Here are my conclusions

Step 5: Design the "look" of your presentation

- Choose a style that supports the tone
- Decide the best way to display the data
- Check for consistency
- Use simple terminology

Step 6: Organize your delivery

- Announce your topic clearly
- State your objectives up front
- Give an outline of your presentation
- Use transitions at the beginning and end of each major section
- Do not read your presentation; speak naturally
- Maintain eye contact with your audience
- Be energetic; show the topic interests you
- Project your voice

Working with the media

News releases

News conferences

Press events

Journalists networks

Workshops/Seminars

1. **Make the information newsworthy and readable: newly released data or human interest stories**

2. **Start a dialogue: journalists assess information differently than do researchers. Don't try to train them how to write press stories**

3. **Bring top-level editors together -- the people who decide what goes into the paper may be more important than the reporters who write the stories.**

EVALUATION OF STRATEGIES

- **PROCESS** -- What did you do and how well did you do it?

  This is the easiest, but doesn't tell you if you met your objectives.

- **OUTCOME** -- Did the activities bring about the changes that will *help* achieve the expected objectives?

  There are many ways to measure outcome, some simple; some elaborate. Every communications project should have some outcome evaluation.

- **IMPACT** -- To what extent can the change be attributed to the strategy?

  It is difficult to measure impact in part because it can only be done over time. We won't be discussing it here.

PROCESS EVALUATION:

Did You Do What You Said You Would Do?

WORKSHOP --

- How many of the people you invited attended?
- Who were they?
- Did the people you most wanted to attend come?

TECHNICAL REPORTS --

- Did your audience receive them?
- Did they read the reports?
- Did you "miss" anyone who should have received it?
- How many people wanted other copies?
- How many unsolicited requests did you get for the report?

How Well Did You Do It?

WORKSHOP

- What did the participants think of it?
- Was it convenient?
- Was the message clear?
- Was it given in such a way that the audience was convinced?
- Would they likely take action based on the message?

TECHNICAL REPORT

- Did the reader think the findings were convincing?
- Were the recommendations presented in such a way that the reader thought they were something relevant to him/her and were "doable"?

HOW TO KNOW IF YOU ACHIEVED YOUR OBJECTIVES?

WORKSHOPS and OTHER PERSONAL COMMUNICATIONS

- Before/after questionnaire
- Follow up telephone interview
- Focus groups

TECHNICAL REPORTS AND OTHER MEDIA

- Bounce-back questionnaire
- Track requests for report
- Interview recipients
- Follow-up telephone survey
- Pre/post survey re: press coverage of your issue
- Content analysis (for press)

CHAPTER VII. EVALUATING COMMUNICATION DIRECTED TO INFLUENTIALS[33]

Influentials are individuals who by virtue of their role and/or status in society can have an impact on the success of FP/RH programs, either directly by shaping the policy environment or indirectly by influencing the attitudes and behavior of clients or potential clients. They constitute a special audience for IEC activities that differ not so much in terms of the IEC techniques used, but in terms of the kinds of messages the projects seek to convey.

I. GROUPS DEFINED AS "INFLUENTIALS"

Projects have typically subdivided the category of "influentials" into three groups, as follows:

- **Policymakers in high-level positions (including political, civic, and religious leaders)**

  The purpose of communication activities directed at this group is to evoke their support and advocacy for family planning and family planning programs and to increase the priority that they give to family planning. Communication can accomplish this by heightening policymakers' awareness that family planning benefits and is important to their constituents and for society or the nation in general. It is also useful to direct communication to mid-level technical staff who provide information to higher-level policymakers. It may be easier to reach the former and they serve as conduits of the information "upward."

  Particularly in an environment of declining donor resources, the sustainability of FP/RH programs requires conviction and commitment on the part of government officials to increase levels of program funding, as well as to use existing resources more efficiently. Because of the trend in many countries toward decentralized decision-making and budgetary authority, policymakers at district and provincial levels, in addition to those at the central level, are important audiences for communication activities.

  Religious leaders constitute a special subgroup of policymakers. Some may respond with enthusiastic public advocacy of family planning; others will be opposed. In the latter case, directed communications may at least disabuse them of inaccurate perceptions and encourage them to drop negative positions.

---

[33] This chapter was prepared by Jane Cover and Nancy Yinger. Ward Rinehart and Bryant Robey provided numerous comments that have been incorporated into this text.

- **Community influentials (opinion leaders, including religious authorities, educators and service providers)**

  This group is included in our list of important influentials because of their direct contact with clients and potential clients of family planning and reproductive health services. The attitudes of community leaders toward these services can strongly influence the behavior of the individuals with whom they interact, particularly in traditional rural communities. In socially circumscribed environments where exposure to new ideas is limited, non-traditional attitudes and behavior may be discouraged by the community both through an individual's social networks and through the voices of its leaders.

  Because of their status, community leaders who are favorable toward new ideas can encourage innovators among their contact networks, who otherwise lack social support for the adoption of a new health behavior. People often turn to well-educated community influentials, like teachers, health care providers, "village elders," and local religious leaders for advice. Thus communication activities designed for groups like these help them to provide accurate advice on family planning and reproductive health issues.

  Family planning and other health care providers have long been an important audience for communication to update their technical knowledge and refresh their training. Increasingly, media are being used to reach providers. For example, a radio series is teaching providers in Nepal better counseling techniques. At the same time, communication to providers covers much more than technical information. In a variety of formats and media, communication can combat providers' biases against certain clients (e.g., the unmarried) or certain methods. Communication can help enhance providers' pride in their professionalism and thus improve performance. And by depicting exemplary providers, dramatic presentation can show providers how they should act on the job (and show the public what to expect of a good provider).

- **Journalists**

  Journalists -- including broadcasters, print journalists, reporters, editors and publishers -- play a unique role in the transmission of information to men and women of reproductive age, as well as to influentials. Specifically, FP/RH programs are able to present more convincing messages if the news media, an independent sources of information, confirms these same ideas. Programs need to find news in FP/RH in order to attract the attention of journalists; that is, they need to practice effective media relations. Journalists are trained to present issues briefly, accurately, and with a human face. As such, their role in the information diffusion process is key (Robey and Stauffer, 1995).

  The intent of communication activities that address journalists is to (1) encourage sustained media coverage for the FP/RH program by drawing their attention to the newsworthiness of FP/RH stories and (2) to improve the accuracy of media coverage by

increasing journalists' access to appropriate technical information. Activities with journalists include press releases, workshops, and published supplements over a period of several years, among others. In those countries where there is political controversy over FP/RH, it may be particularly important to provide journalists with a steady flow of accurate information that allows them to counter any misinformation put forward by those wishing to discredit FP/RH programs.

Journalists welcome receiving information and participating in collaborative projects, since it provides them with more in-depth knowledge about an important current topic, makes them better equipped to discuss it objectively, and in some cases provides them with material (i.e., a story). However, as a group they are very sensitive to being a conduit for propaganda or to being "used" to plant information. They strongly resist efforts to "control the message." Programs can encourage more informed and objective coverage by developing trusting relationships with journalists and then helping them to be accurate and complete.

II. CHANNELS USED TO REACH INFLUENTIALS

A variety of channels is used to communicate with these different categories of influentials. The choice depends on the audience a project is trying to reach and whether communication activity is to be participatory.

Most of the channels outlined below would not be used alone. Rather each would be used in combination with at least one other in the context of a wider policy communication or advocacy project. For example, a booklet might be produced, then used in high-level presentations and summarized in a press release. Evaluators would want to review the overall project design, or communication strategy, to see if the combinations made sense and if there was synergy among the different activities that could lead to a wider impact.

Presentations

Audiences: high-level policymakers, journalists

Presentations are a way to convey information quickly and in person, but without a significant amount of interaction with or feedback from the audience. Presentations may be made to a large group or to a single highly influential individual; they may take the form of a speech or a high-tech computer simulation; they may be supported by sophisticated print materials or rely on effective oral presentation. The design of a communication activity would assess the best techniques to reach a particular audience, given their time constraints, level of technical knowledge, and so forth.

Brief video presentations are an increasingly common way to reach influential people. Whether organizational videos to promote a specific organization or issue videos to make a case for a specific action, these materials today compete with print as a means to attract policymakers' attention. Such videos can also be reused in various gatherings, aired on network television, or used in educational institutions. As the role of such videos increases, evaluation of their effectiveness becomes more important.

Workshops

Audiences: community leaders, journalists, leading health professionals

Workshops provide the most participatory channel to communicate with influentials, in that they usually result in an end product (for example, an action plan, updated service guidelines, or a newspaper article). They generally have the dual objective of sharing information and developing skills. Workshops often last for several days. Workshops are a potentially effective technique for journalists, in that the longer time period allows the journalists to interact with technical experts, ask questions, and put the content through their "propaganda filter." Workshops also facilitate the development of networks among community leaders or journalists that reinforce the content of the workshop over time.[34]

Workshops or seminars can be particularly effective in reaching policymakers in the medical establishment who can have a crucial influence on practice throughout a country (e.g., the officers of the medical association and committees advising the Ministry of Health).

Print Materials

Audiences: policymakers, community leaders, journalists, leading health professionals

Print materials have the potential to reach a high percentage of the target audience, especially if they are mailed. However, there is little personal contact and thus no guarantee that the recipient (1) receives the material (given the poor quality of mail systems in many countries), (2) reads the material, (3) understands the content, and (4) is persuaded by it. Evidence about print material does indicate that people appreciate receiving it, and that if it has been properly designed for a particular audience in terms of relevant content and level of sophistication, people will make use of it.

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[34] However, there are risks in investing too heavily in workshops for journalists. It may be more cost-effective to teach journalists to "find" the newsworthy aspects of FP/RH stories, rather than make FP/RH experts of them. As Robey (1996) pointed out, "today's journalist expert on family planning may be tomorrow's sports writer."

A. Booklets

Two of the basic assumptions about influentials, especially high-level policymakers, are that they are very busy and that a lot of people are vying for their attention. Thus, if print materials are going to catch some of that attention, they have to be attractive, eye-catching, well designed, and clearly presented. As a first step, the design has to "persuade" the policymakers and other influentials to at least pick up and peruse the material. An effective way to do this is a brief, glossy booklet that makes a limited number of points supported by solid data and clear easy-to-read graphics. "Family Planning Saves Lives," produced by the Population Reference Bureau, is an example of such a booklet. Booklets can be mailed and/or distributed during presentations or workshops.

B. Technical publications, reference materials

Individuals in decision-making roles may want to "get the facts" before taking a stand on a particular issue. They may want to read about issues themselves or ask their technical staff to provide background papers. The availability of relevant technical publications may influence their views. Examples of such publications in the family planning and reproductive health fields include *Population Reports*, *Contraceptive Technology*, and *Network*. Such materials are also useful for journalists who may want to have resources on hand to check facts in stories they are writing. Technical publications can be sent out by mail or distributed during presentations and workshops.

C. Press releases/policy briefs or facts sheets

Preparation of booklets and technical material can take a long time. However, there is often information that needs to be disseminated quickly, in a format designed to catch the recipient's attention. A time-honored way to do that for journalists is the press release. There are equivalent formats for other influentials -- policy briefs or fact sheets. All these formats are short, one-to-two pages, and focus on one or two key points.

Radio/Television programs and other forms of electronic communication

Audience: policymakers, community leaders, journalists

Electronic communications can be an effective way to reach influentials, in part because they are more likely to have access to radio and television. Programs can be designed with particular audiences in mind. However, there is no way to "control" whether the intended audience watches the program (and one can only determine audience composition through special surveys). Nonetheless, these modes of communication are becoming increasingly popular, and evidence suggests they are effective communication tools.

Internet and other computer linkages

Although still of limited use in many developing countries, the Internet has the potential of reaching thousands of users with information on FP/RH topics. In developed countries and in certain developing countries, it is a low-cost means of disseminating information to a large, widely scattered audience. By contrast, in other developing countries access to the Internet is costly. Because of their positions and access to technology, influentials are and will continue to be among the first to have access to this medium (although actual use of this channel may be delegated to staff members).

The Internet offers the dual advantage that it can make information available to those who may not be identified beforehand but who "self-select" to receive it (by consulting a home page of a given subject such as family planning/reproductive health); or it can be used to send selected information to a list of specific individuals through electronic mail. For example, the Population Council routinely releases updates on its operations research projects in different regions of the world through this channel. Many other USAID cooperating agencies also use the Internet in a variety of ways, or plan to in the future.

****(NOTE TO NANCY YINGER: Please decide whether to include/exclude next paragraph.)**

Providing background material for policymaker's speech

Drafting or providing background material for a policymaker's speech is one of the best ways to make the policymaker more aware of an issue and encourage advocacy. One approach is to ask a Minister to open the meeting and offer to draft his/her remarks. The concept can work in other media, too -- for example, offering a video or other visuals for a policymaker's presentation.

III. ORGANIZATION OF INDICATORS IN THIS CHAPTER

Each of the preceding four chapters focused on a specific category of communication, broadly defined (e.g., counseling, group presentations, community mobilization, mass-media campaigns). Within the chapter a series of process indicators was presented and each was described in some detail. These were followed by selected indicators of effects.

By contrast, the presentation of indicators in this chapter takes a different form. It focuses on the different channels used to reach influentials, and it lists indicators of process and effects for each channel. There is little discussion of specific indicators in this section, because they are largely self-explanatory (and in some cases overlap with indicators described in previous chapters). Also, there are no descriptions of indicators for radio/television, since the indicators of process and effects would be similar for the general public as for an audience of influentials.

PRESENTATIONS FOR HIGH-LEVEL POLICYMAKERS AND COMMUNITY INFLUENTIALS

SOURCE OF DATA

Program records; telephone and in-person follow-up interviews with policymakers (and/or their staff members) and with community leaders; content analysis of government regulations and policies relevant to the issue at hand.

INDICATORS TO MEASURE

High-level policymakers

- Number and position of persons who attend
- Percent that discuss presentation with staff
- Percent that take action consistent with message (alter budget, introduce legislation, form a committee, publicly endorse family planning or other RH intervention)
- Change in policies or regulations consistent with briefing message
- Ranking of the value or utility of the presentation compared with that of other listed information sources (either in general or in a specific decision-making situation)

Community influentials

- Number of persons who attend
- Percent that discuss presentation
- Percent that change opinions/attitudes
- Percent that take action (advocacy, etc.)

PURPOSE AND ISSUES

The objective of this type of communication (and of advocacy in general) is to raise family planning/reproductive health on the policymakers, list of priorities and to foster growth/improvement in existing programs. Assessing whether policymakers' and other leaders

have shifted their priorities can be a challenging task for evaluators, because (1) it may be difficult to get the opportunity to conduct pre- and post- interviewers with high-level officials, and (2) it is often difficult to determine the extent to which the specific intervention contributed to the observed or reported change.

Some argue that **anecdotal information** is a useful source of information on "effects." Anecdotal information is often discounted by the scientific community for evaluating IEC for the general public but may be instructive in terms of influentials. One is often working with such a small but key audience that influencing one or two people can be a major success. (Others, however, prefer more "scientific" measures of effects, even where influentials are concerned.)

Case studies constitute another useful approach to understanding the role of a specific intervention (including but not limited to this type of presentation). Knowing that a change in policy or practice has taken place, one can interview the decision-makers to find out what people, materials, and ideas contributed to the decision. That way the role of the program intervention can be gauged relative to other influences.

WORKSHOPS FOR MID-LEVEL TECHNICAL STAFF, COMMUNITY INFLUENTIALS, AND JOURNALISTS

SOURCE OF DATA

Program records; workshop evaluations; post-workshop questionnaire on related projects and outputs; observation of technical staff on the job; press clippings and broadcast monitoring (for journalists).

INDICATORS TO MEASURE

- Percent of participants who found content relevant to their work and position
- Percent of participants who reported follow-up activities to the workshop
- Extent to which technical staff change on-the-job behavior
- Extent to which technical staff make use of information communicated in workshops
- Numbers and content of press clippings and broadcasts on family planning and reproductive health

PURPOSE AND ISSUES

The three principal audiences for workshops for influentials are mid-level technical staff, journalists and community leaders. The workshop content will vary depending upon the audience. Many of the process indicators applicable to workshops can be found in (and adapted as necessary from) Chapter IV on "Evaluating Group Presentations."

With regard to effects, mid-level technical personnel may share workshop messages and information with the higher level policymakers they advise. Journalists may display a more favorable attitude toward family planning and/or use the technical information provided in the workshop in their articles and broadcasts. Community leaders may use the information to advocate improved FP/RH service delivery in their geographic area.

PRINT MATERIAL

A. TECHNICAL UPDATES AND BOOKLETS PROVIDED TO INFLUENTIALS

SOURCE OF DATA

Bounce-back questionnaires sent to influentials targeted to receive materials; telephone or in-person interviews with recipients (user surveys); requests for additional copies or related materials; built-in usage reporting systems in CD-ROM software.

INDICATORS TO MEASURE

- Number of items distributed, by category of intended recipient
- Percent that recall receiving item
- Percent that recall main message (booklet) or technical content (report)
- Ratings and ranking among users of information source in terms of frequency used, usefulness, relevance, clarity
- Percent that rate the source as credible (authoritative source)
- Percent that use information in speeches/meetings or in program design
- Percent that change opinion because of item
- Percent that report greater understanding of issues
- "Pass on": number of people who see or use each copy of material
- Percent of users who request additional copies or related informational material
- Rate of user request for services (e.g., database searches)
- Frequency of users' access to information sources (e.g., CD-ROM database)

PURPOSES AND ISSUES

One useful strategy for eliciting a frank opinion from influentials on the value of different publications or print materials is to ask them to rank the materials against other available materials (on a few key criteria). This approach provides focus to the questions.

Like any other communication technique, booklets and technical information for influentials can be evaluated in terms of the extent to which the user receives information, understands it, appreciates it, decides to put the information to use, is influenced to change practices or policies by the information, and endorses the information by passing it on to others. This process parallels the steps to behavior change that individuals follow in adopting any new behavior in response to communication. When this process is recognized as taking place within the knowledge utilization framework, it becomes clear that the extent and speed of the process depends on both the nature and quality of the communication and on other factors that determine the recipient's readiness for the information.

Evaluating technical communication with providers poses several challenges. One is assessing not just the effectiveness of the communication but also the role of "environmental" factors in determining recipients' readiness to use information. Another is the difficulty of assessing the value of the incremental contributions of new information to the knowledge base of the family planning/reproductive health field and of its practitioners. Many decisions are based on a broad base of information rather than on a few specific facts. Thus it is often difficult to attribute more objective and more accurate decision-making to specific contributions to the knowledge base.

PRINT MATERIAL (continued)

B. PRESS RELEASES TO JOURNALISTS

SOURCE OF DATA

Questionnaires sent to journalists targeted to receive press release; telephone or in-person interviews with recipients; monitoring of newspaper clippings and media broadcasts following press release.

INDICATORS TO MEASURE

- Number of journalists (or percent of those interviewed) that receive press release
- Percent of journalists interviewed that used all or part of the release in a news story[35]
- Proportion of new stories that report accurately and informatively on FP/RH matters as result of press release (or other intervention with journalists)
- Circulation/reach and audience of media that use material from press release

PURPOSES AND ISSUES

The purpose of press releases is to provide the media with text that highlights an event, clarifies an issue, or reinforces an organization's position on an issue. The indicators are designed to reflect the extent to which the press release resulted in publication of the type of information the organization sought.

Since journalists, as journalists, are not the ultimate intended audience but rather a link to both policymakers and the public, it is difficult to measure the ultimate effects of press releases or other activities in the category of media relations. Ideally, evaluation of news media relations needs to take account of the varying ability of different media and media outlets to reach influential people or the public. For example, one pick-up by a wire service can result in nationwide coverage in print and broadcast media and will thus make the story a major one in the eyes of influentials. In the Western world, one story in the *Wall Street Journal* or *The Economist* will be more influential among business leaders than dozens of stories in "home-town" newspapers.

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[35] An alternative indicator is the number of major news stories that contain part or all of the press release. This type of information can be collected via clipping services that are now available on an international basis.

INTERNET

SOURCES OF DATA

Program records; records generated by software to count number of contacts with the system; follow-up surveys with influentials.

INDICATORS TO MEASURE

- Number of communications disseminated per month (year)
- Number of "hits" per message (a "hit" means that this information was accessed by someone in the system; it would be analogous to the number of persons who look at a given story in a newspaper)
- Number that request further information via electronic mail (in response to a notice on the Internet)
- Number/percent that act on the information (based on survey responses)

PURPOSES AND ISSUES

The use of electronic communication is relatively new as a means of reaching influentials with information on population and reproductive health. Thus, experience in evaluating this communication channel is limited. However, the Internet offers a powerful, low-cost mechanism for monitoring the reach of information that is not available for conventional media: the existence of software that counts (1) the number of persons that access a particular message, (2) the number of times they access it, and (3) the host computer identification of those who access it. It does not indicate what use (if any) is made of the information; this would need to be obtained from the more conventional survey approach (although respondents could be reached via electronic mail).

To help us improve the usefulness of our materials, PRB invites feedback on publications such as ***Family Planning Saves Lives***. Please complete the questionnaire and return it to PRB along with your request for additional materials (listed on the other side).

1. How relevant is ***Family Planning Saves Lives*** to your work?

   - ☐ very relevant
   - ☐ somewhat relevant
   - ☐ not relevant, but of personal interest
   - ☐ neither relevant nor of personal interest

2. How do you intend to use ***Family Planning Saves Lives***? (*check all that apply*)

   - ☐ educational programs
   - ☐ short-term workshops/seminars
   - ☐ reference for articles or speeches
   - ☐ library
   - ☐ personal use
   - ☐ other use(s) _____

3. What topics particularly interest you? (*check all that apply*)

   - ☐ population growth trends
   - ☐ population and development
   - ☐ population and environment
   - ☐ urbanization
   - ☐ other _____
   - ☐ family planning
   - ☐ AIDS
   - ☐ child survival
   - ☐ maternal health

4. To guide our future work, what other formats for population and family planning information would be of use to you? (*check all that apply*)

   - ☐ slide shows with presentation text
   - ☐ posters
   - ☐ data sheets in wall-chart format
   - ☐ discussion guides for workshop settings
   - ☐ separate executive summaries
   - ☐ other _____

5. Additional comments _____

_____

_____

_____

(see other side to request additional copies)

Please indicate the PRB materials you would like to receive:

☐ Additional copies of ***Family Planning Saves Lives*** (Please circle how many: 1 2 3 4 5)

☐ ***1991 World Population Data Sheet*** wall-chart with current population statistics.

☐ Order form for free PRB materials

Thank you for your cooperation.
Please add an air mail stamp,
fold, and mail the folded form.
Or, place the form in an envelope
and mail to the address below.
[FAX: (202) 328-3937]

Name: _____

Organization: _____

Address: _____

_____

Country: _____

Stamp

International Programs
Population Reference Bureau
1875 Connecticut Avenue, NW, Suite 520
Washington, DC 20009 USA

In order to provide better service to journalists covering population issues, PRB welcomes feedback on ***The International Conference on Population and Development (ICPD) Media Guide***. Please complete the attached questionnaire and return it to PRB along with your request for additional materials.

1. How useful did you find the ***ICPD Media Guide***?

   ☐ Very Useful
   ☐ Somewhat Useful
   ☐ Not Useful

2. How useful was each section of the Guide?

   (1 = Very Useful; 2 = Somewhat Useful; 3 = Not Useful)

   Introduction ____
   Programme of Action ____
   Background ____
   Appendix ____

3. Were you able to use it in reporting on the ICPD?

   ☐ Yes ☐ No

   If yes, PRB would appreciate receiving copies of any articles you wrote.

4. Would you like to receive copies of any of the PRB materials excerpted in the background section?

   ☐ Yes ☐ No

   If yes, please provide the full title(s).

   _____

   _____

   _____

5. Many of our materials are available in English, French, or Spanish, but unfortunately all are not. Please indicate which of the languages would be of use to you?

   (1 = Best; 2 = Acceptable)

   English ____ French ____ Spanish ____

6. For the 1995 Beijing World Conference on Women, would you like to receive a similar media guide?

   ☐ Yes ☐ No

7. Additional comments on how to improve future Media Guides.

_____

_____

_____

Other materials you may request from PRB:

☐ ***Delegates' Guide to Recent Publications*** (a listing of materials from 40 organizations, grouped by the chapters in the Programme of Action) (English only).

(Please circle number of copies: 1 2 3 4 5)

☐ ***Conveying Concerns: Women Write On Reproductive Health*** (a compilation of the views of developing-country women journalists).

(Please circle number of copies: 1 2 3 4 5)

☐ ***ICPD Media Guide***

(Please circle number of copies: 1 2 3 4 5)

International Programs
Population Reference Bureau
1875 Connecticut Avenue, N.W., Suite 520
Washington, DC 20009-5728 USA

Thank you for your cooperation.
Please add a postage stamp, fold, and mail the folded form.
Or, place the form in an envelope and mail to the address above.
[FAX: (202) 328-3937]

Name: _____

Organization: _____

Address: _____

_____

Country: _____

PUBLICATIONS FEEDBACK ON _____

(please write in title of publication/issue no.)

INSTRUCTIONS: Please provide us your feedback on the publication(s) you have received from ARROW. If you have received more than one publication, fill up one form for each publication. You may use photocopies of this form. Please tick all relevant answers unless indicated otherwise.

1. What was your impression of the overall quality of the publication in terms of presentation, and content?

☐ Wow! Hey, take a look at this!
☐ Hmm... quite impressive
☐ Okay, I guess...
☐ Oh, another one of these...
☐ Oh no, what have they sent us?!!!

2. What was your impression of the raw material (paper etc.) used for the publication?

☐ Impressive
☐ Too flashy
☐ Not recyclable
☐ Poor quality

3. What was your impression of the presentation/layout design?

☐ Good balance of text, graphics and space
☐ Not enough graphics
☐ Good balance of different text sizes/types.
☐ Text too cramped
☐ Very practical in terms of size/packaging

4. What was your impression of the cover design/cover page/separating pages?

☐ Good/related to topic
☐ Average
☐ Poor/not related to topic

5. What did you think of the content?

☐ Finally, just what I needed
☐ Comprehensive
☐ There's just too much information
☐ There's not enough information
☐ Covers current issues

6. What did you think of the language used?

☐ Easy to understand (standard not too high)
☐ Concise
☐ Difficult to understand (standard too high)
☐ Not concise enough
☐ Will you get to the point?!!
☐ Too technical

7. Which sections/topics did you find most useful?

_____

_____

8. Which sections/topics did you find least useful?

_____

_____

9. Have you recommended this publication to anyone? If yes, state number?

Individuals: _____ Organisations: _____

10. Suggestions to improve publication: _____

_____

_____

11. Other comments: _____

_____

_____

Name: (Mr./Mrs./Ms./Dr.) _____ Post: _____

Name of Organisation: _____

Address: _____

_____

Tel: _____ Fax: _____ E-mail: _____

Date: _____ Signature: _____

Please let us know:

1. **Does the *Human Development Report* help you in your work and in staying in touch with new ideas in the international development policy area?**

   Yes ◯ No ◯

2. **Which sections do you usually:**

	read	skim	use for reference
Overview	◯	◯	◯
Main chapters	◯	◯	◯
Boxes	◯	◯	◯
Statistical tables	◯	◯	◯

3. **What do you find most useful and why?**

_____

_____

_____

4. **How could the *Human Development Report* be made more useful?**

_____

_____

_____

5. **How many other people go through your copy of the *Human Development Report* in a typical year?**

   None ◯ 1–2 ◯ 3–4 ◯ 5 or more ◯

6. **What is your field of work?**

   Academia ◯ Business ◯ Government ◯

   Media ◯ Independent consulting ◯

_____

Human Development Report Office
336 East 45th, Uganda House • Fifth and sixth floors • New York, New York 10017
tel (212) 867-4551 • fax (212) 867-3692

PUT IT ALL TOGETHER:
DEVELOP A TIMELINE AND BUDGET

Review:

1. What is your objective? What are the outcomes you would like to see as the result of your communications activities?

2. Who are your primary and secondary audiences?

3. What are the best messages to reach those audiences?

4. Who is the best source(s) to delivery your messages to the audience you have identified?

5. What channels and formats will be most effective?

6. How will you evaluate your communications strategy?

Add:

7. What are the specific activities, e.g. hold a workshop for extension workers or develop radio spots on the importance of vitamin A?

8. Priorities and timeframe: Which activities must be done first? How long will the whole set of activities take?

9. Budget: How much will each activity cost?

(Complete the communications strategy and budget worksheet)

DEVELOPING A COMMUNICATION PLAN: SUMMARY GUIDELINES

1. DEVELOP COMMUNICATION OBJECTIVES
   (a) Identify key policy issues, constraints, and problems for which information can serve as part of the solution. [What needs to be done?]

   (b) Assess the potential role of selected information in shaping the policy environment.

2. IDENTIFY THE TARGET AUDIENCE
   Select a target audience whose views and decisions affect the implementation of policies and programs. [Who can use the information for policy change? Or help? Or stop being an obstacle?]

3. DETERMINE THE CONTENT OF MESSAGES
   (a) Identify concerns, attitudes, and knowledge levels of policy audiences through quantitative and qualitative research.

   (b) Assess the availability of required data or the need to research additional information relevant to audiences.

   (c) Identify data analysis needs including the types of analytic tools and models required.

4. DETERMINE THE MESSAGE SOURCE
   Select the most appropriate individuals and/or organizations to deliver the message to the target audience.

5. SELECT APPROPRIATE CHANNELS
   The two main types of channels are: mass media and interpersonal communication. When trying to influence many persons at one time, mass media is a good choice, if within budget. When trying to influence a small group or one or two persons, the interpersonal channel is a good choice. One or both may be used in a communication activity.

   Mass media: radio, television, newspapers, newsletters, mass mailings.

   Interpersonal: workshops, seminars, conferences, meetings, dialogue, hand-delivered or personal letters.

6. SELECT FORMATS
   Formats should be suited to both the audience and the channel used: memos, personal letters, fact sheets, booklets, wall charts, flip charts, storyboards, videos, slides, overheads, software program, press releases, posters.

7. DEVELOP THE IMPLEMENTATION STRATEGY
   (a) Establish timeframe and resource needs.

   (b) Establish message pretesting plan, including: developing a step-by-step process, pretesting the message and format with appropriate audiences, devising a mechanism for incorporating the results into the communication plan and materials, and documenting the process.

   (c) Establish distribution plan for materials.

OPTIONS
for Population Policy

These guidelines are taken from the OPTIONS Policy Paper Series #4, *Communicating Population and Family Planning Information to Policymakers*, May 1994.

EVALUATING COMMUNICATION ACTIVITIES: SUMMARY GUIDELINES

1. REVIEW THE COMMUNICATION PLAN
   (written document that describes the proposed activities, timelines, budget, etc.)

2. PLAN FOR EACH TYPE OF EVALUATION
   (performance, outcome, or impact)

3. IDENTIFY SOURCES OF INFORMATION TO CONSTRUCT MEASURABLE INDICATORS
   (national surveys, small sample surveys, focus groups, panel studies, informed contacts, media review, administrative data, requests for information)

4. SELECT APPROPRIATE AND MEASURABLE INDICATORS

Examples of performance indicators (outputs):

- ➤ communication objectives established;
- ➤ appropriate target audience selected and researched;
- ➤ messages clearly linked to population policy issues most relevant for each different target audience;
- ➤ most appropriate source(s), communication channels, and formats selected;
- ➤ messages pretested by selected recipients from each target audience;
- ➤ x number and type of communications/messages produced (e.g., x posters, brochures, x wall charts);
- ➤ x number of beneficiaries received messages; or
- ➤ mechanisms for evaluation and follow-up established and implemented (x interviews completed, bounceback questionnaires sent, etc.).

Examples of outcome indicators:

- ➤ demonstrated support for population policies by key national and departmental decisionmakers as evidenced by:
  a) positive statements in public speeches;
  b) actions which facilitate implementation of policy objectives (e.g., population policy objectives incorporated into national five-year plan, etc.);
- ➤ follow-up interviews with x number of message recipients indicate awareness of population issues, use of data in planning exercises, etc.; or
- ➤ increase in coverage and accuracy of population issues in the media.

Examples of impact indicators:

- ➤ priority programs receive a greater budget allocation from FY x to FY y;
- ➤ population policy is officially adopted and/or implemented; or
- ➤ change in resource allocation and or use (e.g., more staff assigned to family planning services; clinics or community-based programs expand accessibility of services).

OPTIONS
for Population Policy

WORKSHOP EVALUATION

Please take a moment to complete the following evaluation questionnaire. We want our workshops to be interesting and useful, and we sincerely welcome your feedback on areas where we can improve.

1. Did this workshop meet your expectations? yes no
   If "no," please explain:

   _____

   _____

2. Based on the approach to policy communications presented at the workshop, do you feel you will be able to design and implement a communications strategy? yes no

   If "no," please explain why.

   _____

   _____

3. Do you think you will include communications strategy in your future research activities? yes no

4. On a scale of 1 (not interesting or useful) to 5 (very interesting or useful), please rate the workshop sessions

   - Linking Research to Action: Background on research/policy gap

     1 2 3 4 5

- How to identify a policy-relevant message

  1 2 3 4 5

- How to identify an appropriate audience

  1 2 3 4 5

- How to identify channels and formats

  1 2 3 4 5

- How to evaluate your communication strategy

  1 2 3 4 5

- Working group sessions on putting a plan together

  1 2 3 4 5

5. Please share any additional comments.

_____

_____

Thank you.

COMMUNICATIONS STRATEGY WORKSHEET

Overall Objective:

Audiences (primary and secondary)	Messages	Sources (who will deliver the messages)	Channels/Formats

Audiences (primary and secondary)	Messages	Sources (who will deliver the messages)	Channels/Formats

COMMUNICATIONS STRATEGY WORKSHEET

Communications Activities (and description)	Priority Rank (high-med-low)	Short-Med-Long Term

Communications Activities (and description)	Priority Rank (high-med-low)	Short-Med-Long Term

COMMUNICATIONS STRATEGY WORKSHEET

Overall Objective: To foster a more supportive environment to encourage more private sector participation.

Expected Outcome: More private providers offering FP services; An increase over current level by 10% by 1998.

Audiences (primary and secondary)	Messages	Sources (who will deliver the messages)	Channels/Formats
Primary:			Interpersonal:
Cabinet of Ministers	Donors are withdrawing support. The GOJ will have to contribute an additional $1.4 million for contraceptives in 1997 to maintain service supplies. Supporting private sector involvement in FP will reduce the public sector burden (less duty and commodity costs).	Ministry of Health	Cabinet briefing papers
MOH officials		FP Program Director	Seminar
All private physicians and practitioners (obstetricians, gynecologists, pediatricians, midwives)			Brochures
	The MOH should offer training to private sector providers in selected methods (IUD,NORPLANT).	Head of Association of Private Physicians	Media:
			Radio Spots
Secondary:			
Medical Association of Jamaica	More private sector involvement means increased access to FP services.	MOH - Chief of Health Services	
Chamber of Commerce			
Large private corporations	Providing FP services reduces long-term health care costs.		

Communications Activities (and description)	Priority Rank (high-med-low)	Short-Med-Long Term
Prepare series of briefing papers for presentation in Cabinet meetings and during seminars on need to foster policies conducive to private sector involvement in FP.	High	Medium
Organize a half day seminar for Officials from MOH on projected population growth and No# of new clients anticipated annually re: shifting from public to private sector services.	High	Short
Prepare brochures for private sector on importance of adding FP services; increasing access; public sector training programs available in IUD, Norplant, etc.	High	Short
Arrange for four radio spots to present research findings from 1993 CPS and importance of continued support for FP for national development - particularly increasing private sector involvement.	High	Short

BUDGET WORKSHEET

ACTIVITY	SALARIES	CONSULTANTS	TRAVEL	MEETINGS	DOCUMEN	ION	COMMUNICATION	OTHER DIRECT COSTS	ACTIVITY SUB-TOTAL
Activity 1									
Activity 2									
Activity 3									
Activity 4									
Sub-total all activities									
Overhead (%)									
Grand Total									

SAMPLE BUDGET CATEGOR :S

ACTIVITY	SALARIES	CONSULTANTS	TRAVEL	MEETINGS	DOCUMENTAT N	COMMUNICATION	OTHER DIRECT COSTS	ACTIVITY SUB-TOTAL
Activity 1 WORKSHOP FOR EXTENSION STAFF	RESEARCHER SECRETARY	FACILITATOR	PARTICIPANTS' PER DIEM	ROOM RENT EQUIPMENT	OVERHEADS INVITATIONS	POSTAGE FOR INV.	PAPER AND PENCILS	
Activity 2 BOOKLET FOR POLICY MAKERS	RES CHER RES. ASST. SECRETARY	EDITOR DESIGNER	(NONE)	(NONE)	BUY PHOTOS PRINTING	POSTAGE	ENVELOPES	
Activity 3 PRESS CONFERENCE AND PRESS RELEASE	RESEARCHER SECRETARY	SOMEONE TO DEVELOP MAILING L IST	TAXIS TO EVENT	ROOM RENT	PHOTOCOPYIN ;	POSTAGE	ENVELOPES	
Activity 4								
Sub-total all activities								
Overhead (%)								
Grand Total								

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SECTION T

TRANSLATING RESEARCH FINDINGS INTO HEALTH POLICY

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Abstract—Evidence of the influence of research on health policy is paradoxical. While there is scant evidence that research has had any impact on the direction or implementation of widespread health reforms, research on evidence-based medicine has dramatically increased, despite limited evidence that it has affected clinical practice. These developments have occurred in the context of a general decline in state intervention and provision and a post-modern questioning of researchers' authority. Models of the relationship between research and policy range from one where empirical research rationally informs decision-making, through research incrementally affecting policy, to an "enlightenment" or "infiltration" model, which may operate on a conceptual level. Health research that contributes to large-scale socio-political change may require more methodological pluralism and greater focus on key institutional structures. Case studies reviewed suggest that dissemination is enhanced if researchers involve managers and policy-makers in the development of the framework for and focus of research and if investigators assume a responsibility for seeing their research translated into policy. Public health research is more influential if topical, timely, well-funded and carried out by a collaborative team that includes academics. Evaluations are more influential if, in addition, they are commissioned by health authorities but based on local collection of data, and instruments and incentives to implement policy are available. In some areas, such as the recent policy focus on carers in the community, researchers were largely responsible for raising this policy issue, whereas in other areas, such as the relationship between unemployment and health, researchers are just one of the groups of experts making competing claims about causality. In conclusion, clear research findings are not always a passport to policy, but researchers can reframe the way health policy issues are seen, and collaboration with policy-makers initially can enhance implementation later. Copyright © 1996 Elsevier Science Ltd.

Key words—research, health policy, policy implementation

INTRODUCTION: A PARADOXICAL RELATIONSHIP

Over the last decade health system change has been an almost universal experience in countries of the developed world. Everywhere, it seems, governments are engaged in restructuring the funding, organization and delivery of health services. In countries such as the United States where the system has been pluralistic and free-market in orientation, attempts have been made to introduce greater central direction and control. In contrast, in those countries with well-established national health services—such as the United Kingdom and Sweden—there is now widespread experimentation with a range of market mechanisms. Innovation and system change, therefore, are virtually universal features of the health scene in the developed world. Yet, the evidence that research has had any impact on this international trend is scarce indeed [1]. It would appear that the key contributory factors have been fiscal stringency, a narrow application of economic theory, shifts in ideology and values, political expediency, the failure of existing systems to undergo internal renewal, and the simple turn of intellectual fashion. All these seem to have had much more to do with the current wave of health restructuring than any measured consideration and application of the research on the effectiveness, responsiveness and fairness of health systems.

In the case of the international wave of health restructuring, therefore, we have striking evidence of policy in the making and of implementation, but little indication of any large corpus of cumulative research that might have inspired and guided these rapid developments. In the case of medical practice, on the other hand, we have something of a contrary example; a considerable amount of research evidence on the quality of practice, but little sign of its widespread implementation or adoption by clinicians. It remains to be seen whether the new purchasing organizations will increasingly purchase interventions of proven effectiveness [2]. Certainly there is change in medical practice—with a reasonably constant flow of innovation as new drugs and procedures are introduced—but this is not usually conscious, directed change occurring in response to

research and evaluation in priority areas, but rather results from a diffusion of innovation through the networks of the profession. Yet, there is a veritable industry of research designed to test the efficacy and effectiveness of many clinical interventions. It even has a name: evidence-based medicine [3]. It also has some of the characteristics of a social movement (spontaneous growth, devotion to the cause, widespread adherence, commitment to social change). Despite this, large areas in the practice of medicine seem to be largely immune to the influence of this impressive research enterprise. For example, in a recent comprehensive review of procedures in obstetrics and childbirth, evidence of value was available for only a fifth of interventions, while for a full quarter there was compelling evidence of lack of value. For the remainder, research support was either equivocal or entirely lacking [4]. This is not to deny that there are areas of high-quality practice that have a substantial basis in research [5], but these are rather the beacons of light that draw attention to the larger darkness of need.

In these two instances, therefore, we have contrasting examples of the relationship between research and policy. In the case of health restructuring there is ample evidence of sustained and vigorous policy development across a broad range of health systems, but this seems to have occurred largely in the absence of any clear and compelling body of research. By contrast, in the case of the evidence-based medicine movement we have a highly motivated, organized and productive research enterprise, yet one that seems to be making little headway in influencing the bulk of clinical work. In part, this seems to be that the strength of evidence-based medicine, the sole reliance on random controlled trials, is also its weakness. Experimental designs where study populations are matched as closely as possible do not necessarily ease the difficult questions about generalizability to the real world. For example, experimental researchers in New Zealand and elsewhere have shown for the last decade that prolonged inpatient treatment for alcohol abuse is no more effective than short outpatient treatments. Yet, policy case studies indicate that managers and policy-makers often ignore relevant research on the grounds that at key decision points the conclusions that can be drawn from RCT are too limited—even though the research may be used opportunistically at a later stage to rationalize policy decisions such as the closure of inpatient treatment facilities [6].

Further, paradoxes abound in the relationship between research and practice in medicine [7]. There is a long history of dubious treatments for which there has been no medically sound basis, even including some for which Nobel prizes have been awarded (direct injection of malaria parasites for neurosyphilis, and frontal lobotomy for various mental disorders being examples). By contrast, there is also a considerable record of research demonstrating efficacious treatments for which adoption was long-delayed (for example, the use of citrus fruit for scurvy, and intravenous fluids for cholera). Finally, there have been a great number of *effective* treatments for which no definitive scientific evidence was available—i.e. no randomized controlled trial—and yet that have proved to be highly efficacious (for example, vitamin B_{12} for pernicious anemia, X-rays to guide fractures, insulin for severe diabetes and cortisone for adrenal insufficiency).

The nature of the relationship between research and policy has been further problematized by what many perceive to be an erosion of the rationalist and progressive ideal that has sustained the orderly development of social policy in the liberal welfare states of Western Europe and North America. This erosion of sustaining beliefs has been fed in part by a decline in collectivist values and by the consequent loss of legitimacy in the role of the activist state. However, as the trend is for governments to redefine their roles as strategic rather than directly operational, recent reviews have identified governments' need to coordinate and fund larger-scale strategic research with broad policy relevance [2], [8].

A waning of the early optimism about the policy-making potential of social science research has also played a part in the changing role of research in policy-making. More broadly, the spirit of the age is one of intellectual relativism and post-modernist views that critique the medical progressivist view of history and recognize that "the activity of science is a product of the very social world it seeks to explain" [9]. Such relativism has undermined the scientific certainties of research—particularly in the social sciences—and obscured the ideological touchstones of policy-making in the health and welfare system.

What has this all to do with the issue of translating research into policy? There are clearly contextual and conceptual dimensions to this problem, as well as aspects that relate to more mechanical obstructions. Viewed from the research side, there are obviously potential obstacles to the happy synergy of research and policy. For example, the research work required for a particular policy issue may just not have been done, or if it has been done, it may have been conceptualized in a way that hinders comprehension and application. On the other side of the equation, there are obviously also issues to be addressed in the policy arena. Questions of pertinence, ideological acceptability, practicability, issue complexity, time urgency, and the play of power and of pressure-group politics all have a bearing on whether or not policy-making will be influenced by the findings of systematic research. Finally, there is the mode of transmission. Exactly how is research translated into policy? Is it by some process of natural diffusion, or should it be conceived more actively as a matter of

dissemination supplemented by a conscious programme of implementation [10]? These are just some of the issues that need to be considered in developing models of the relationship between research and policy.

MODELS OF THE RELATIONSHIP BETWEEN RESEARCH AND POLICY

Early conceptions of the potential influence of research on policy were highly idealized. They reflected the optimism and idealism of the "policy science" school of social and political research. For Lasswell [11] and his kind systematic, policy-relevant research carried out by disinterested, benign and committed investigators in the social sciences would rationally inform decision-making in the expanding domain of the modern welfare state.

Subsequent work on the relationship between research and policy, however, has suggested that, while this model may be an ideal, it far from accurately describes the true nature of the relationship. Why this change of heart? In the first place, research into decision-making suggested that the process was more one of incremental adjustment to competing pressures than the rational formulation and pursuit of a single goal [12]. Secondly, there seemed to be little evidence of any simple or direct relationship between research and policy, nor much evidence that consciously designed programmes of intervention had a discernable or lasting impact [13]. Finally, there was a decline in commitment to a positivistic social science where an acknowledged expert had a technocratic relationship with the political process [14].

In opposition to the rationalistic ideal, therefore, Weiss [15] suggested that possibly an "enlightenment" model—in which concepts and ideas infiltrated policy-making in a rather diffuse and indirect manner—was a far closer approximation to the real nature of the relationship between research and policy. Weiss [16] has since developed her approach to encompass different uses of policy research—as data, ideas and arguments, respectively. The concept of "policy research as producer of data" goes back to the engineering approach to knowledge use, with its assumption of a relatively simple and consensual model of policy-making. By contrast, the notion of "research as ideas" is consistent with a more open and fluid model of the policy process and associated with a humanistic view of knowledge, while "research as argument" comes closer to a more partisan, conflictual and incrementalist concept of decision-making. Wittrock [17] has made a similar set of distinctions in identifying enlightenment, technocratic, bureaucratic and engineering models, with the first two giving primacy to research and the second two to policy-making and administration.

Others in this tradition have introduced debates of a wider theoretical and philosophical character to the analysis of the relationship between research and policy. Rein and Schon [18] draw on theories of discourse and constructivism to address the obdurate and recurrent nature of many policy issues. They argue for a form of "frame-reflective" policy discourse that would negotiate the contrasting perspectives that different parties bring to bear on these issues. Majone [19] has also raised issues of a more philosophic kind, arguing—after Lakatos—that we should distinguish between the policy core (which is rarely open to direct challenge and refutation) and various "protective" belts of policy commitment (which are more open to change in light of research and may eventually lead to modification of that core).

The work of Weiss and others is central to our understanding of the relationship between research and policy, particularly as this is situated in a broad historical and comparative analysis of role of the social sciences in the formation and implementation of public policy in the modern nation-state [20]. Yet, given this rich and detailed set of reflections on the role of the social sciences in policy-making, what conclusions do we draw? Assuming that we have a commitment to facilitating the translation of research into policy, what steps can we take to advance the cause?

CONSIDERATIONS OF THEORY AND METHODOLOGY

A number of investigators have approached this issue, some more directly than others. Generally, these investigators have concentrated on the question of the transmission of research, rather than on its receipt and active use. McKinlay has consistently argued for the conduct of research that can inform socio-political change [21]. This is a case for keeping policy-relevance on the research agenda. The implication here is that the predominant tenor of the theoretical and conceptual frameworks that inform social science research in the health arena tend overwhelmingly to favour application at the level of the individual or the discrete community. McKinlay wishes to put back on the theoretical and policy agenda the possibility of change at the systemic and structural level. Clearly, therefore, there is a debate to be had here about the feasibility and desirability of large-scale socio-political change and the extent to which research can be expected to influence policy in this direction.

At another level, however, McKinlay's argument is more concretely expressed as a concern with the predominant methodological precepts that inform much health research [22]. As in the case of the predominant theoretical perspective, the prevailing orientation to methodology is one that is positivist in inspiration, emphasizing the collection of quantitative information at the level of the individual and organized within tightly defined scientific parameters. Inevitably, research designs of this kind favour

application to problems that are of small scale, that eschew major issues of structural and system change, and that find their expression in incremental policy advance. McKinlay argues that research designs with fewer requirements of scientific orthodoxy are more likely to accommodate the bigger issues and more likely to lend themselves to policy applications envisaging major socio-political change. Exactly which designs are likely to prove most fruitful for policy applications of this kind is clearly a subject for further debate, but at least McKinlay has made the case for methodological pluralism and for an awareness of the wider range of application that might be open to policy-relevant research.

A theoretical orientation that is open to the possibilities for socio-political change and methodological precepts that are appropriate to the analysis of systemic and structural questions are obviously essential preconditions for the conduct of policy-relevant research. Equally important, however, is the need to embed research within a conceptual framework that will facilitate its ready translation into policy. As McKinlay has argued, a close adherence to orthodox methodological prescription carries with it a considerable narrowing of the scientific imagination. Yet, for an alternative, more inclusive methodological approach to work, conceptual guidelines are required, guidelines that will assist in defining the parameters of policy-relevance. What might those guidelines be?

The key defining attribute of policy-relevant research is its focus on institutional structure. Indeed, the development of new institutional economics, unlike the narrower neo-classical economics that had earlier dominated the fashion for health service reforms, is based on sociological and anthropological insights into the nature of organizations and exchange and provides an exciting opportunity for social scientists to enrich policy at a theoretical and conceptual level [23]. This is not to say that a concern for individual behaviour, beliefs and preferences should be absent from work with a policy focus. Obviously, to be successful, any policy intervention must receive the support of individuals, engage with their concerns, and accurately predict their responses. But if we think about the instruments of policy that might be available to, say, a government in implementing any major policy initiative, these are necessarily institutional in nature. If, for example, we take the issue of tobacco control, we can identify the key institutional areas of concern and their associated policy instruments (see Table 1). In each case major institutions of an economic, social, cultural and political character play a key role in defining the potential for policy intervention. For any research in the area of smoking and lung cancer to have policy relevance, for example, its findings must relate to one or more of these key institutional areas; in other words, the terms of the research must be embedded in a conceptual framework that will permit easy translation into policy, and for that to occur it must be couched—at one level at least—in the language of institutional analysis.

ISSUES OF RESEARCH AND POLICY CONTEXT

There are clearly theoretical, methodological and conceptual preconditions for policy-relevant research. But this is to adopt a rather formalist approach to the research enterprise [25]. There are also crucial contextual matters. In the first place, the choice of subject matter and the value orientation of the investigator are important determinants of successful application and usage in the policy arena. There need to be clear linkages between, on the one hand, the subject matter of research and how it is framed, and the predominant focus and value orientation of the policy community on the other. Even in fields such as technology assessment where the orientation would appear to be a studiously technical and rationalist one [26], there is a growing appreciation that research of this kind must have a political dimension and show sensitivity to questions of resource allocation and to wider social and political values and effects [27].

Secondly, there is the interpretation of the research role. Is the investigator prepared to move beyond reporting research results to their active dissemination, and beyond that to translating them positively into policy? In some research traditions—action research, for example—the ethic of active interaction between research and implementation is built into the investigative enterprise. Even if it is not formally built in at the start, some socially committed researchers have built such strong relationships with their research communities that they continue their personal efforts to improve the social and economic condition of these communities long after their formal research has finished. Kinloch [28] wrote

Table 1. Smoking and lung cancer: institutional context and policy intervention

Dimension	Major institutional areas	Principal focus	Policy instruments
Economic	Labour market,capitalism, profit	Tobacco industry	Increase prices, ban advertising
Social	Family, kinship, community, voluntary associations	Domestic and work arrangements	Create smoke-free environments
Cultural	Beliefs and practices, lifestyle	Mass media, recreational patterns	Buy out and replace sponsorships
Political	Power, participation	The state	Raise taxes, enact legislation, set health goals

Source: Adapted from [24].

about her continued involvement with the migrant Samoan community in New Zealand that she had studied, and Hunt [29] describes the successful efforts of her lobbying the local Scottish council to improve their housing stock. Hunt's efforts were in association with those of the people whose damp and unhealthy housing she had studied. Such accounts provide valuable analysis of the ongoing tensions and trade-offs required to translate research into policy.

The relationship between the two roles is also closer in the case where the research is either commissioned or carried out in close consultation with the potential user, although in none of these cases is application guaranteed, and in many instances there are troubling questions about the partial abandonment of traditional research norms of objectivity and independence in favour of relationships involving outright advocacy and various forms of overt political activity [25].

This intertwining of research and policy roles and the infusion of political values into the heart of the research enterprise speaks to a different concept of the policy-making process in the post-modern era as one that is increasingly viewed as inherently chaotic and value-oriented [30]. There are few dependable signposts or guidelines for translating research into policy in this environment. This is in contrast to research into the dissemination and implementation of knowledge in medical practice, where investigators are less troubled by such doubts about the rational purpose of their work. In the clinical practice [10], [31], [32], health services [33] and management literature [34] there is a considerable corpus of research on implementing findings [35]. The obstacles to successful implementation are seen more as technical than political or philosophical. While some of this work is clearly rationalist in orientation in positing a relatively simple model of information provision, acquisition and reinforcement [32], others have moved on to consider strategies of social influence and normative change [31].

There is clearly a range of contexts within which the relationship between research and policy is to be negotiated. These contexts may well vary according to the nature of the practice being targeted; the range of such contexts may vary between policy change of a systemic kind at one extreme—with all that implies for the mobilization of political consensus and resources—to the implementation of guidelines in clinical practice at the other.

CASE STUDIES

A recent study in this latter tradition is the investigation carried out by Gray *et al.* [36] into the dissemination of public health research. The investigators asked colleagues to identify "successful" and "unsuccessful" examples of the dissemination of their research work. In all, 30 case studies were identified—one example of each type provided by 15 interview informants. A number of key discriminating factors emerged in the setting, funding and organization of research. As far as the setting goes, all six projects that were carried out solely in the local health agency were judged to be unsuccessful by informants, while all four projects conducted in local health agency but in collaboration with the university were viewed favourably. The majority of projects carried out in the university, and most of those at the regional health agency, were also viewed in a favourable light. In the case of funding, the level of provision was important—the majority of poorly funded projects were judged to have failed, while all well-funded projects succeeded—as was sponsorship by the regional health agency. Finally, it is clear that the organization of the research programme was also crucial; individual projects had a high level of failure—only 5 of the 16 in this category succeeded—while those organized on a team basis had a high rate of success (10 of the 14 in this group).

The investigators then went on to consider more specific factors associated with the research process—the subject, the purpose, the research question, the methods, the calibre of the research team, the resources available, and methods of dissemination. Factors identified as being associated with success were: an issue that was topical, precisely defined and of national significance, a project carried out for reasons of personal interest or for a postgraduate qualification, and the clarity of roles in project management. Factors seen as detracting from the successful dissemination of a project were: where the purpose of the research was not openly considered or was unclear or was a purely educational exercise and the questions considered numerous or too broad; the methods were hastily contrived, not innovative or not rigorously pilot tested; researchers were inexperienced, subject to turnover, working without peer support or low morale; funding was inadequate and timescales unrealistic; and project management was affected by political difficulties and unplanned personnel changes.

In summary, from the point of view of the effective dissemination of the results of research, the ideal project is one that: addresses an issue that is topical, precisely defined and of national significance; gains the commitment of those carrying out the research; has university involvement, substantial funding and a team structure; and has experienced investigators applying appropriate methods and working in a stable, professionally supportive environment to realistic timescales.

While the Gray *et al.* study is a useful empirical assessment of investigators' views of successful and unsuccessful dissemination, it does not actually tell us whether the results of these various projects were used and had any impact on policy. An investigation that has attempted to do this in another context is the analysis by Hailey [38] of the influence of technology assessment by advisory bodies on health and practice

in Australia. Hailey reviewed a significant and representative number of technologies using as indicators of impact the outcomes of major recommendations made, citations and requests for reports, and subsequent use and deployment of each technology. Four groups were considered: 26 technologies subject to detailed assessments by advisory bodies; nine technologies dealt with through rapid appraisal; 10 guidelines for the delivery of superspecialty services; and 16 reports initiated and compiled by the Australian Institute of Health and Welfare (AIHW).

For the first group—technologies subject to detailed assessment—Hailey estimates that eight of these were influenced to a major extent; in other words, without these assessments the use and distribution of these technologies could otherwise have been very different. Key factors in shaping this major policy influence were a link to the local collection of primary data, bipartisan political support, and timely synthesis reports. In four other cases where the technologies were already being used or where decisions on their procurement had been taken, policy was influenced directly but less comprehensively. In the instance of a further seven technologies, influence was minor or uncertain. The factors identified here were professional pressures, and failures and complexities in the response at the level of government and health authority (funding, planning, or policy interest). There was no obvious policy impact in the case of the remaining technologies, in general, because these were not topics of significance at the health authority level.

The second group—technologies subject to rapid appraisal for the purposes of selective, national funding—Hailey views as being strikingly successful. In all cases recommendations were accepted by the relevant body, reflecting the need for independent and authoritative advice in the allocation of national funds. The third group—service delivery guidelines for superspecialties—have proved to be popular as a framework for planning and debate, but have tended not to be followed because of local interests. In the fourth group—the AHW reports—Hailey identifies influence on government policy, further research or professional bodies in 12 cases, but without any assessment of the likely factors contributing to these outcomes.

In summary, the best chance that an assessment has of actually influencing the way in which a new and potentially expensive technology is deployed is in a case where such an assessment occurs in a timely fashion at the introductory stage—particularly if it is commissioned by a health authority—with funding provided for trials and with the local collection of primary data. These instances account, however, for only a small minority of cases in the adoption of new technologies. In Hailey's terms these are "islands" of assessment and considered policy, with the mainstream of health technology development evolving through less formal mechanisms. The quality of research, its timeliness, its validity for the local health system, the involvement of decision-makers, the effective dissemination of results, and the availability of policy instruments and incentives are all important but rarely sufficient preconditions for its application [37]. Interestingly, in previous policy-related research comparing the uptake of new technology in Australia and New Zealand, Hailey and Roseman [38] found that the then more centralist state-funded service in New Zealand was slower to purchase new technology than the more decentralized Australian states.

The process of translating research into policy is clearly very much more complex than any straightforward model of technology assessment might suggest. This complexity also makes it a difficult area in which to conduct research of a conclusive kind. Nevertheless, one investigator who has addressed the translation of research into policy in the area of social care is Pahl [39], who starts her investigation from the premise that researchers may play a number of different roles in this process—consensual, contentious, paradigm-challenging—and that policy-making may be influenced by a number of forces, particularly economic interests, dominant pressure groups, and the mass media and public opinion. She then proceeds to consider three case studies: the reduction in long-stay provision in hospitals; the role of carers and caring; and day services for the elderly.

The decline in long-stay provision for patients in mental illness and mental handicap hospitals has been dramatic and sustained over the long term. Powerful influences on policy have been in evidence. It has been in the long-term interests of central governments to close these large hospitals, just as it has been in the short-term financial interests of local health authorities to move long-stay patients into the community. Pressure groups campaigned for the change, and the media played its part in exposing unacceptable conditions in the old institutions. Because of the complexity and long-term nature of this process, the role of research in shaping the overall policy is difficult to discern. Nevertheless, Pahl does identify something of an indirect and interactive relationship in which policy initiatives spawn evaluative research, the results of which in turn inform policy both directly and through the use made of these findings by interest groups and by the media.

A contrasting, but related, case study is Pahl's analysis of the entry onto the policy agenda of the issue of caring. This is an instance in which researchers led the way in introducing the concept into common usage, thus reshaping the terms of debate on community care. However, the impact on policy—the provision of financial and other support services for carers—has to date been limited, more because of the impact of wider economic considerations than any lack of cogency in the research evidence. In a related local study carried out by Pahl on the impact of recommendations about the

provision of day services for elderly people, it was much easier to draw conclusions about the relationship between research and policy. Pahl concludes, in the first instance, that research is much more likely to have an impact where those responsible for policy have been involved in planning the research and where the results are reported directly to the relevant decision-makers. Secondly, the impact of research can take many forms, including changes in attitude and approach. Thirdly, funding of the researcher—rather than the project as such—permits a much longer-term commitment to the project and thus enhances the chances that its findings will be influential. Finally, the advantage of local research is that it allows a much clearer linkage between research, policy and practice.

In summary, Pahl distinguishes between two kinds of policy-relevant research: "normal" science (which works within the policy framework and becomes part of the process of policy development) and investigations that are paradigm-challenging (which has to be independent and critical and has its impact in the longer term).

This exposition of case study material began with one of the more tractable examples of translating research into policy—namely, a study of the conditions for the successful dissemination of research results. From that starting point the case studies have addressed progressively more complex and more highly politicized areas of interest. The final example concerns the debate on unemployment and health, an area where the relationship between research and policy is a highly contested one. In essence, Bartley [40] treats the British debate in the 1980s on whether unemployment affects physical health as a case study of the relationship between public health research and economic and social policy. However, his interest is less in establishing the impact of research on policy outcomes than in identifying the ways in which the results of public health research came to the notice of policy-makers, and both shaped, were themselves shaped by, the debate. Bartley does not attempt to establish the real "truth" about the relationship between unemployment and health, but tries instead to understand the way in which different groups brought into the controversy lined up as they did.

His conclusion is that the question "what is the influence of research on policy?" should be re-formulated. Instead, it should address the social processes by which public claims to expertise are made by competing scientific and professional groups. Such a reformulation brings the research/policy relationship closer to an interactive one; it is an iterative process in which individuals and groups make claims about the truth and policy-relevance of some aspect of their work. The issue of how research comes to be translated into policy is instead seen as a process of social problem definition in which public debates come to be shaped by the entrepreneurial activity of scientific and professional groups seeking trans-scientific support for their claims and, in so doing, engaging in the policy arena.

CONCLUSION

In conclusion, it is possible to point to major policy swings in health where those with power or influence have rarely spoken to a health researcher, let alone followed their conclusions, while, by contrast, one can note the sudden popularity of evidence-based medicine, despite the equivocal indications that such research affects clinical behaviour. Proven treatment efficacy is not always a passport to implementation, nor lack of efficacy always a barrier.

In a post-modern world, no-one is an automatic expert, and the expectation is that most policy advice is, and should be, contestable. Researchers must be able to justify the policy implications they draw from their work. What research there is on this process suggests that applied research findings are more likely to be translated into policy if researchers, policy analysts, managers and politicians negotiate the language and the frame of reference before the research is undertaken. This does not preclude researchers helping to construct the frames of reference within which such dialogues take place. For example, there is scope for social science researchers in health to draw on their disciplinary insights to make further important contributions to the fertile theoretical debates about the way cultural and institutional rules affect organizational and individual change, not only in health-related areas but in social policy in general.

A final consideration is that the relationship between research and policy-making often involves a more fundamental relationship between researchers and policy-makers. Increasingly, research evidence points to the importance of trust and ongoing commitment between parties when research is successfully translated into action.

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