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AN INTEGRATIVE APPROACH OF KNOWLEDGE TO ACTION WITH POLICY MAKERS IN A SMALL PACIFIC NATION

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ABSTRACT
Objective: This action-oriented project aimed to i) enhance the evidence-informed decision-making skills of policy-makers and advocates in the Pacific nation of Fiji and ii) enhance awareness and utilisation of local and other evidence in the development of policies that potentially improve the food and physical activity environments. The approaches used capitalize on innovative partnerships in translating results of the Pacific obesity study to policies that aimed at improving population health. This paper will describe the engagement processes used between health researchers and policy makers in Fiji.

Activities: Selected partners from government and non-governmental organizations with potential to make or influence policies that improve the eating and physical activity environments. High level meetings organised with Ministers or Permanent Secretaries of selected government organisations and Chief Executive Officers from non-governmental organisations seeking endorsements to the partnerships. Focal points were delegated who nominated participants that are engaged in policy making. A number of very senior officers who were familiar with the process of policy making from each organisation were recruited to provide timely advice and guidance on how best to address the obesity research results into policies and how to embed evidence-informed decision making process. Individual participants selected relevant policy topics and apply evidence-informed decision making processes in formulating policy briefs.

Deliverables: Outcomes of policy briefs

INTRODUCTION
A critical tool in all health promotion efforts is policy6,8. It is important however that all policy-development for health is well-justified and reasoned. The recent World Cancer Research Fund report on policy initiatives1 stated that “Changes and developments in public policies and programmes have costs and possible harms as well as benefits. Furthermore, policy-makers have many pressing priorities. Proposals for new policies and actions need to be based on sustained evidence of need and on the best evidence of critical problems and effective solutions. This is especially so when proposals involve substantial expenditure or substantial changes in existing policies and practices. Lists of unexamined policy options are not a sound basis for effective programmes. Evidence of effectiveness needs to be produced and scrutinised before a strong and confident case can be made.” The use of evidence to inform and guide actions has largely developed from the medical field where high quality evidence such as data from randomised controlled trials is commonly available to guide medical practice. Similarly the use of evidence in policy-making is intended to ensure rationality in the process3 and to provide policy-makers with a more comprehensive and validated set of options, than would be available without the use of evidence5, therefore many recommend it as an integral part of policy-making6,7.

The effective transfer of research evidence to policy makers, practitioners and wider populations is therefore an important component of obesity-reduction campaigns. There is however a significant problem with the lack of evidence use in policy-making.
One of the main obstacles to the use of research-based evidence in policy-making is believed to be...
the presence of a gap between those who produce research and those who use it. This hampers communication and dissemination of research findings. For example, how many health staff are able to access and regularly read key medical journals?

Canada has been at the forefront of efforts to tackle this global problem. The Canadian government created the Canadian Institute of Health Research (CIHR), which has a role of championing knowledge translation (KT). Its website is an excellent resource for those wishing to learn more about knowledge translation and broking. Knowledge translation is about making users aware of knowledge and facilitating their use to improve health and health care policies and systems. “Knowledge brokers” are tasked to facilitate the transfer of research and other evidence, between researchers and decision makers. It is increasingly recognized that “evidence” in planning and policy decisions must include other factors like the availability of resources, political context and values, to making information more available, accessible and attractive to decision-makers capacity to use research. This approach reflects the assumption that barriers to decision-makers’ use of evidence include the availability of data, accessibility and user capacity.

Knowledge-exchange in Fiji
Knowledge Exchange (KE) involves interaction between decision makers and researchers that results in a better understanding of each other’s work, new partnerships, and the use of research-based evidence in policy and decision-making. It is therefore considered a more collaboratively-based approach to knowledge translation as it recognises the importance of two-way communications between researchers and policy-makers. NCDs are a substantial problem in Fiji, and policy interventions could potentially be important tools to help tackle the issue. Evidence-informed policy development would be of particular benefit, and an innovative project was started in 2009, entitled TROPIC (Translational Research on Obesity Prevention In Communities) which aimed to progress and embed the use of evidence-informed policymaking for obesity prevention in Fiji. This is an ambitious approach, particularly given the complexity of the task, to incorporate research evidence in policy and practice decisions. This research is combining practical implementation processes with intensive evaluation efforts to assess the potential effectiveness of the knowledge broking process in the Fiji context.

The following key organizations that have the potential to influence the health of Fiji citizens have been selected and endorsed to participate in this knowledge-exchange process in TROPIC: 1) The Ministry of Health 2) The Ministry of Education 3) The Ministry of Primary Industries (Agriculture) 4) The Ministry of Women, Social Welfare and Poverty Alleviation 5) The Consumers Council of Fiji and 6) The Fiji Council of Social Services. This project is two years into its three year implementation plan, baseline has been collected and intervention programmes are in progress.

Even at these early stages, many lessons have been learned along the way. Establishing networks so that participating organisations can draw from their own strengths come with many challenges, mainly due to the complexity of individual organisation cultures, the substantial capacity building needs, and the time needed to orient all the related organisations towards common goals. The lead times are long and the efforts needed to create the trust and partnerships are substantial, but in the end, it is these relationships which provide the backbone for the programs and their sustainability. Each organisation is different, and this requires substantial flexibility in designing the intervention approach.

CONCLUSIONS
The TROPIC project is a complex research endeavour across six partner organisations. The outcomes of the TROPIC project will guide future obesity prevention efforts towards improving evidence-informed policy-making in all Pacific Island Countries, and this will be particularly
important in the Pacific region where obesity prevalence rates are the highest in the world and other non-communicable diseases are a huge burden on health care resources.

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