



Climate and health public engagement Leadership program

Topic area: Public Engagement

Session title: Public engagement in policy making

Funded by

Dalberg



Agenda

- 01 Recap (5 min)
- 02 Understanding the policymaker dynamic (20 min)
- 03 Why policymakers? (10 min)
- 04 Policymaker expectations (10 min)
- 05 Policy dialogues (10 min)
- 06 Group discussion (20 min)

We are here



Date	April 28	Week of May 8 & 15	May 25	May 26	Week of June 5 & 12	June 22	June 23
Session	Introduction to PE	Coaching & optional responsive hours	Principles and mindsets for engaging equitably in communities we work	Practice of equitable PE in communities	Coaching & optional responsive hours	Principles of engaging with policymakers	Deep dive on engaging policy-makers

Date	Week of July 10 & 17	July 27	July 28	Week of Aug 7 & 14	Aug 25	Week of Aug 28 & Sept 4	Sept 22
Session	Coaching & optional responsive hours	Principles of public engagement in fundraising	Deep dive on PE for fundraising	Coaching & optional responsive hours	Deep dive on collaboration strategies for PE	Coaching & optional responsive hours	Program closing ceremony

01

Recap

What have we learnt?

What is Community Engagement?

Community Engagement Is...

- Recognising and sharing power with communities
- Involving leaders and community organisations to play a role
- Co-production, co-use, collaboration

Community Engagement Is Not...

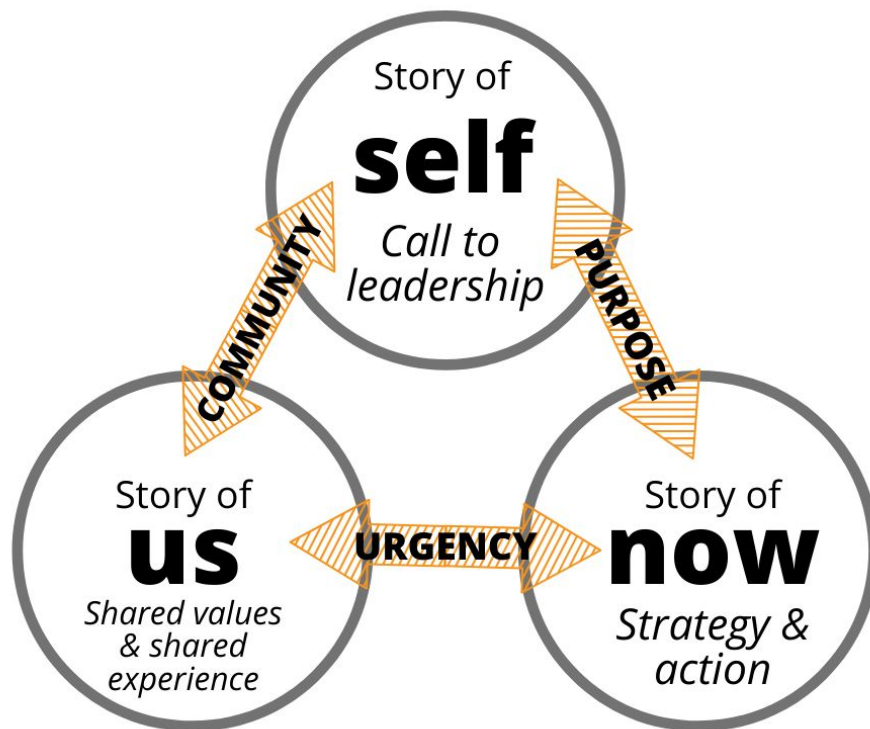
- Extractive
- Exploitative
- Competitive

02 Understanding the policymaker dynamic

02

Understanding the policymaker dynamic

The story of self, us and now



1 A story of self: Why were you called to motivate others to join you in this action? What stories can you share that will enable others to “get you.” How can you enable others to experience sources the values that move you not only to act, but to lead? *Focus on this section, trying to identify key choice points that set you on your path.*

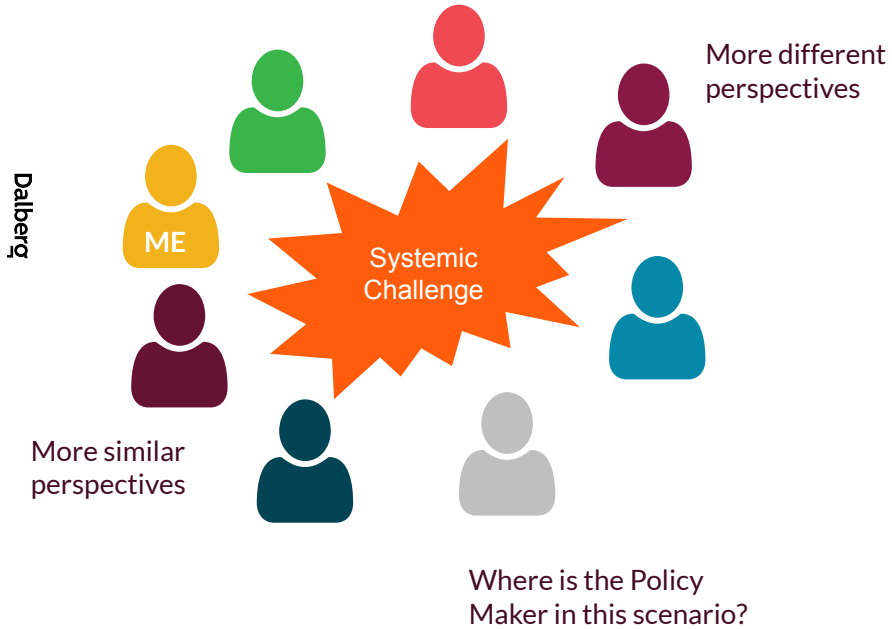
2. A story of us: To what values, experiences, or aspirations of your community – in this case your cohort at the very least – will you appeal to when you call on them to join you in action? What stories do you share that can express these values? *Describe this “us” in two or three sentences.*

3. A story of now: What urgent challenge do you hope to inspire others to take action on? What is your vision of successful action? What choice will you call on members of your community – in this case, your cohort – to make if they are to meet this challenge successfully? How can they act together to achieve this outcome? And how can they begin now, at this moment? *Describe this “now” in two or three sentences.*

Read [here](#)

02 Understanding the policymaker dynamic

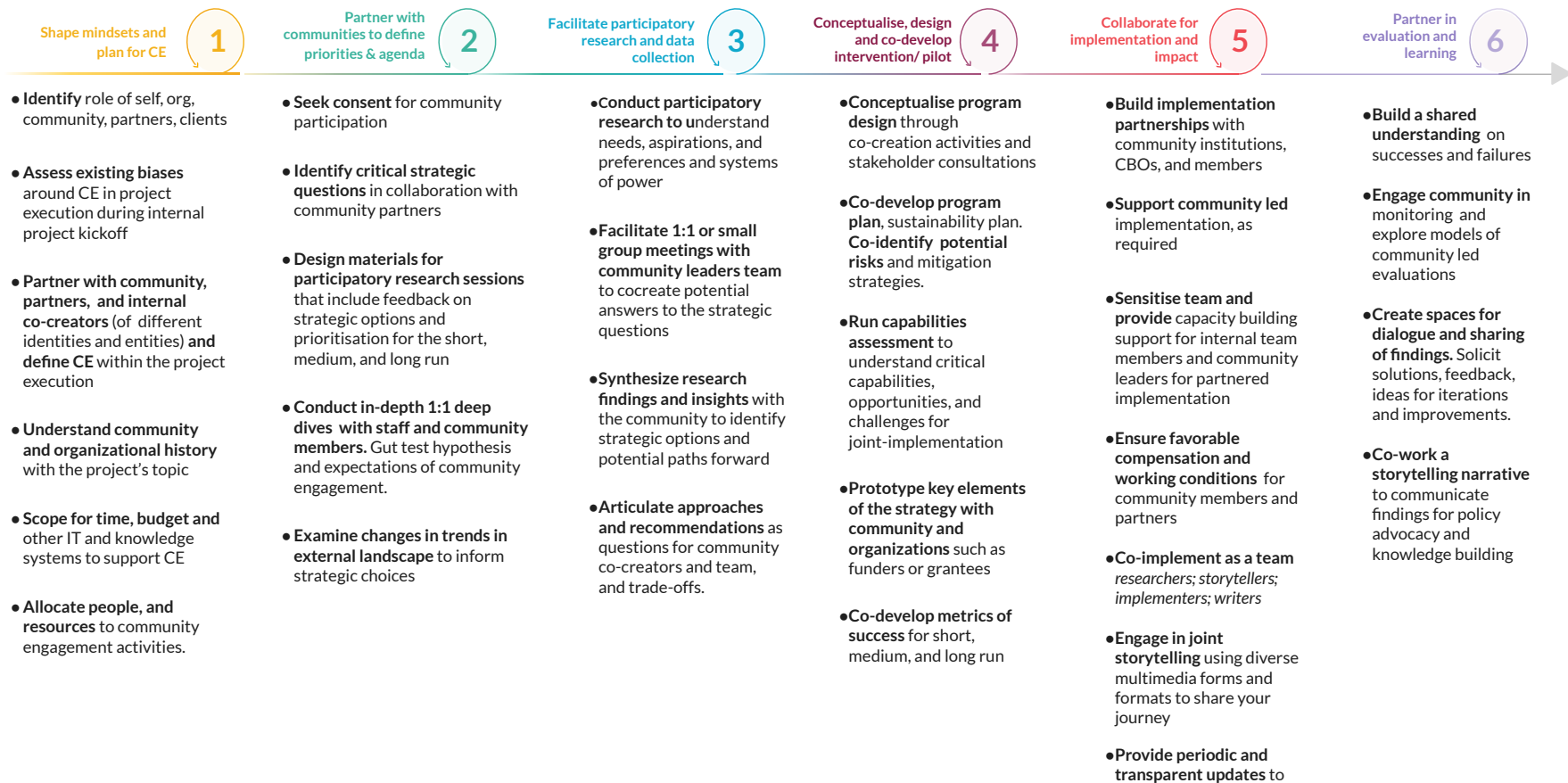
Policymaker involvement



2 Understanding the policymaker dynamic

Community engagement

ACTIVITIES



2 Understanding the policymaker dynamic

What is the policy landscape

Financing for climate change is a good way to understand the policy landscape

- Multiscalar and multilevel
- Local, national, and global
- Diverse sectors

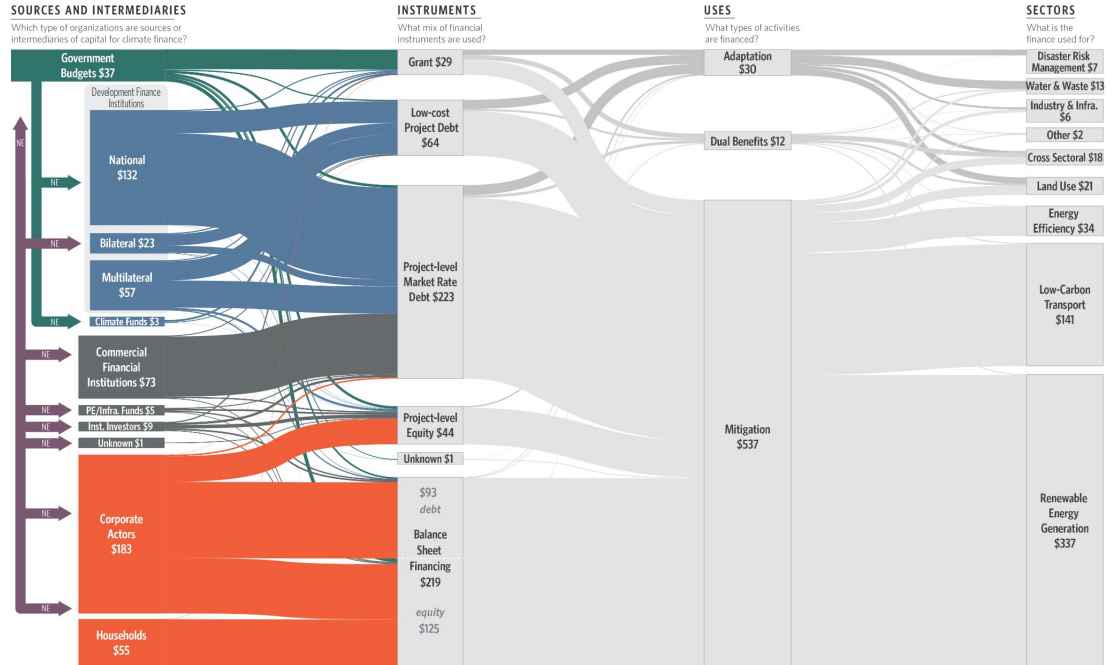
Many entry points for forming policy

Global climate finance flows along their life cycle in 2017 and 2018. Values are average of two years' data, in USD billions

LANDSCAPE OF CLIMATE FINANCE IN 2017/2018

Global climate finance flows along their life cycle in 2017/2018. Values are average of two years' data, in USD billions.

579 BN USD ANNUAL AVERAGE



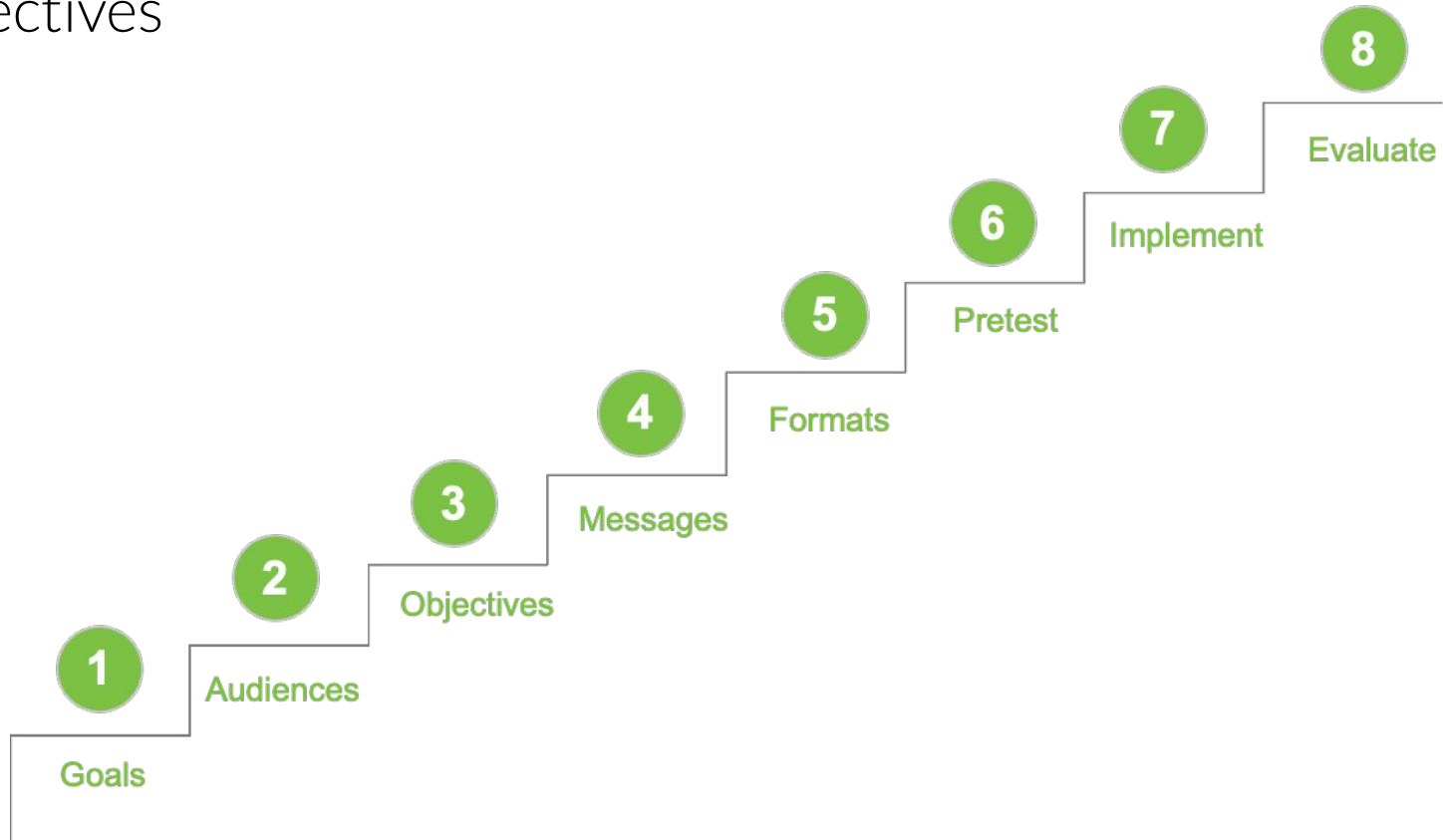
Source: Climate Policy Initiative

KEY

- PUBLIC MONEY
- PUBLIC FINANCIAL INTERMEDIARIES
- PRIVATE FINANCIAL INTERMEDIARIES
- PRIVATE MONEY
- FINANCE FOR INVESTORS & LENDERS
- NE: NOT ESTIMATED

What is your policy goal?

Policy goals are part of your overall strategic communications objectives



Developing your policy goal through identifying audiences

1

Who can bring the actions needed to reality? What is the larger policy making ecosystem?

2

Segment your audiences.
Primary: Who can directly affect policy on your issue?
Secondary: Who can influence those policymakers?
Who can stop being an obstacle?

3

Who are possible/potential audiences? Political leaders, Govt. officials, Program managers, Private sector, Educators, Business/civic leaders, News media, Donors, Religious leaders, Professional associations, Women's groups.

4

Map Audience Influence.
Know your audience. What do they know/how interested are they in your topic? To whom do they listen? How do they get information? What drives or motivates them? What constraints might they face? Are there commitments for which they are accountable?

5

What are your communication objectives?
Attention focusing. Policy community strengthening.
Policy learning. Ask yourself "because of this communication my audience will..."

What is your policy goal?

What is it that you ultimately want to happen?

Policy goal, audience, objectives

Policy goal

- **Kenya** passes new Adolescent Reproductive Health and Development Policy that is more responsive to the sexual and reproductive (SRH) needs of youth

Policy goal versus Programme Goal

- **Policy goal** is changes in policies and resource allocations
- **Example:** Double the budget line for family planning within the next 5 years
- **Programme goal** is changes in behaviours and indicators
- **Example:** Decrease the number of births to adolescents by 20% by the year 2024

Policy Goal

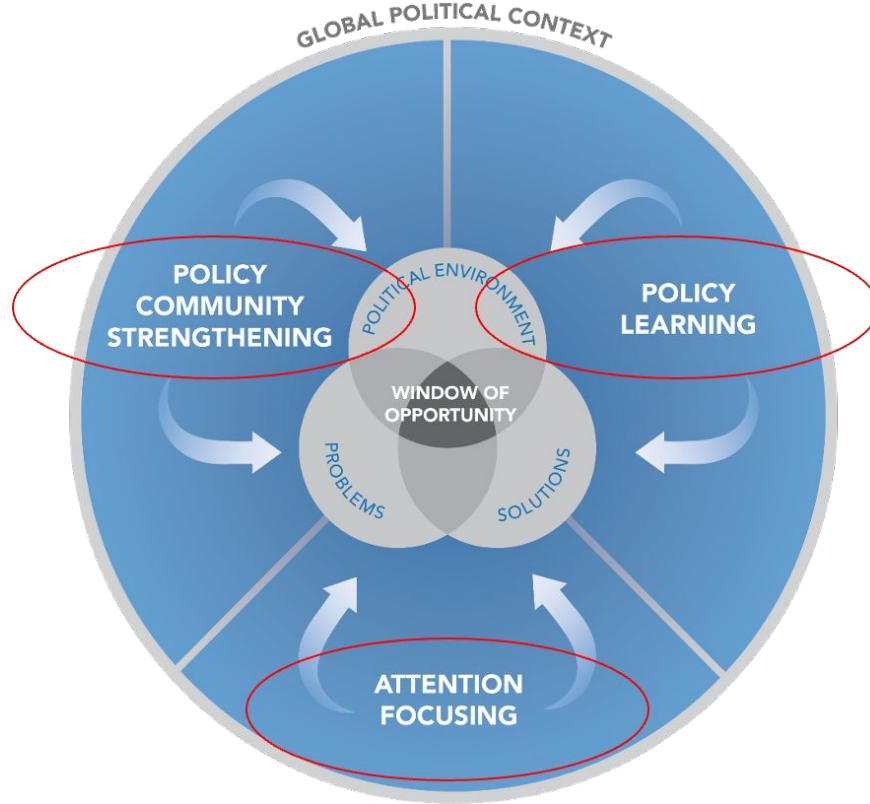
- Changes in policies and resource allocations
- **Example:**
Double the budget line for family planning within the next 5 years.

Program Goal

- Changes in behaviors and indicators
- **Example:**
Decrease the number of births to adolescents by 20% by the year 2017.

What is your policy goal?

02 Policymakers are within an ecosystem of influence



What is your policy goal?

Policy learning example

**Policy
Learning**

**Policy
Community
Strengthening**

**Attention
Focusing**

Objective: Share evidence with national leaders about why adolescent reproductive health is important to help achieve Kenya Vision 2030 development goals.

Expected Outcome: Policymakers will understand why investments in and policies for youth are necessary to achieve their goals and what actions they can take.

What is your policy goal?

Policy community strengthening example

Policy
Learning

Policy
Community
Strengthening

Attention
Focusing

Objective: Share findings of adolescent RH policy landscape assessment with a network of NGOs and CSOs working with and for youth in Kenya.

Expected Outcome: Consensus among stakeholders about the gaps in the current policy and changes needed in a new policy.

What is your policy goal?

Attention focusing example

Policy
Learning

Policy
Community
Strengthening

Attention
Focusing

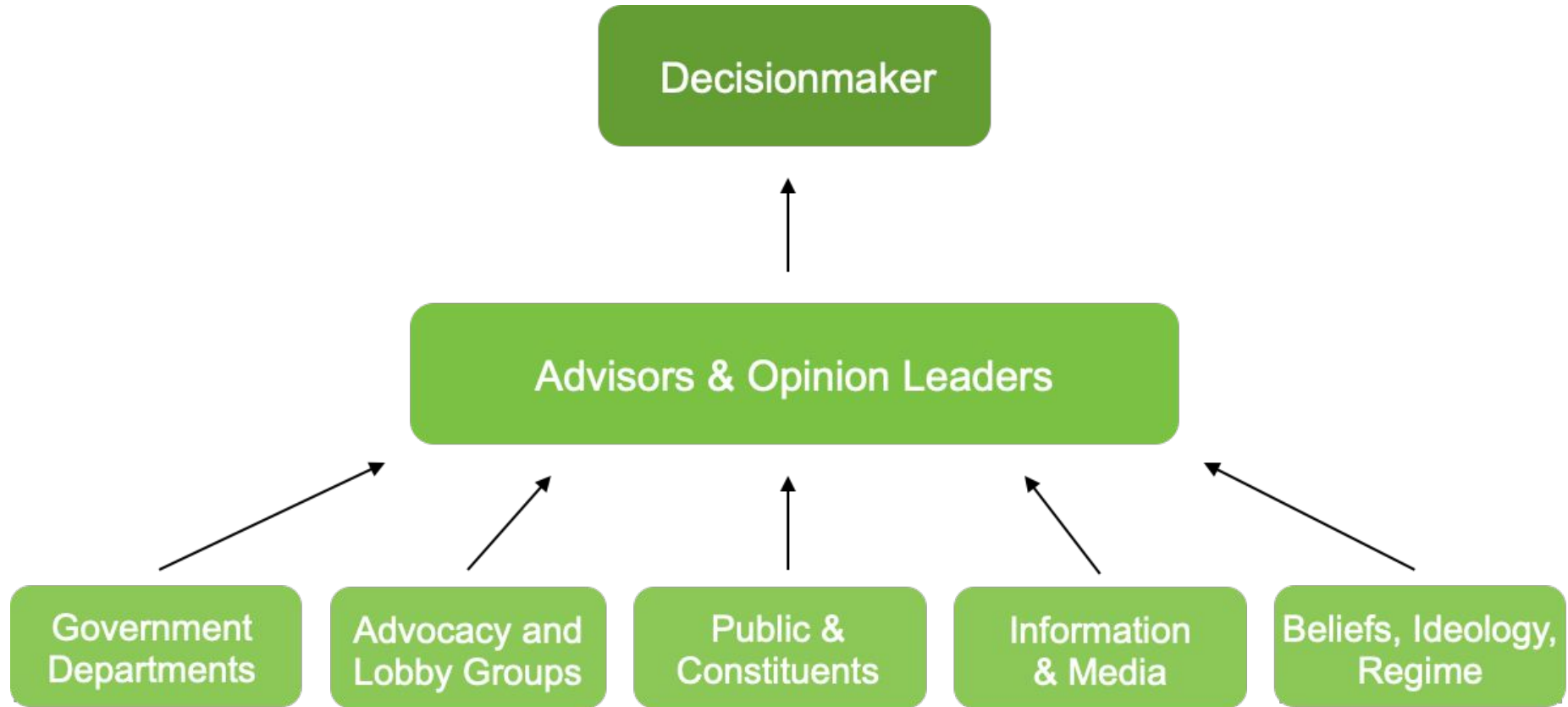
Objective: Help journalists to understand the barriers that youth face in accessing FP services through training and study tours.

Expected Outcome: Increased quality and quantity of media coverage about youth barriers.

03 **Why policymakers?**

Why policymakers?

Who are we seeking to engage with?



Why policymakers?

3 What do policymakers expect?

What do policymakers want from researchers? Blogs, elevator pitches and good old fashioned press mentions.

5 comments | 4 shares

Estimated reading time: 5 minutes



Duncan Green provides short and sweet translations of some of the key findings from a recent survey looking at how US policymakers use and value international studies research. The findings point to the importance of blogging, but also to the sustained influence of traditional print media. The future of evidence-informed networks may require a more engaged look at what policymakers are actually looking for.

The primary constraint policymakers face in digesting scholarly, or any other writings, is lack of time. As one respondent put it, “any research papers that exceed 10-15 pages” are not useful to policymakers. Another noted that “I do not have the time to read much so cannot cite” many examples of useful social science scholarship.

Another conclusion we draw from this survey is that a scholar’s broader visibility – both in government and among the public whether through previous government service or publication in broader venues -- enhances influence among policymakers more than his or her academic standing.

What do policymakers expect?



Case study 2: Dr Frances Holliss, Emeritus Reader in Architecture, London Metropolitan University (2017 cohort)

Dr Frances Holliss studies the architecture of buildings that are used for combined living and working. This has a huge range of policy

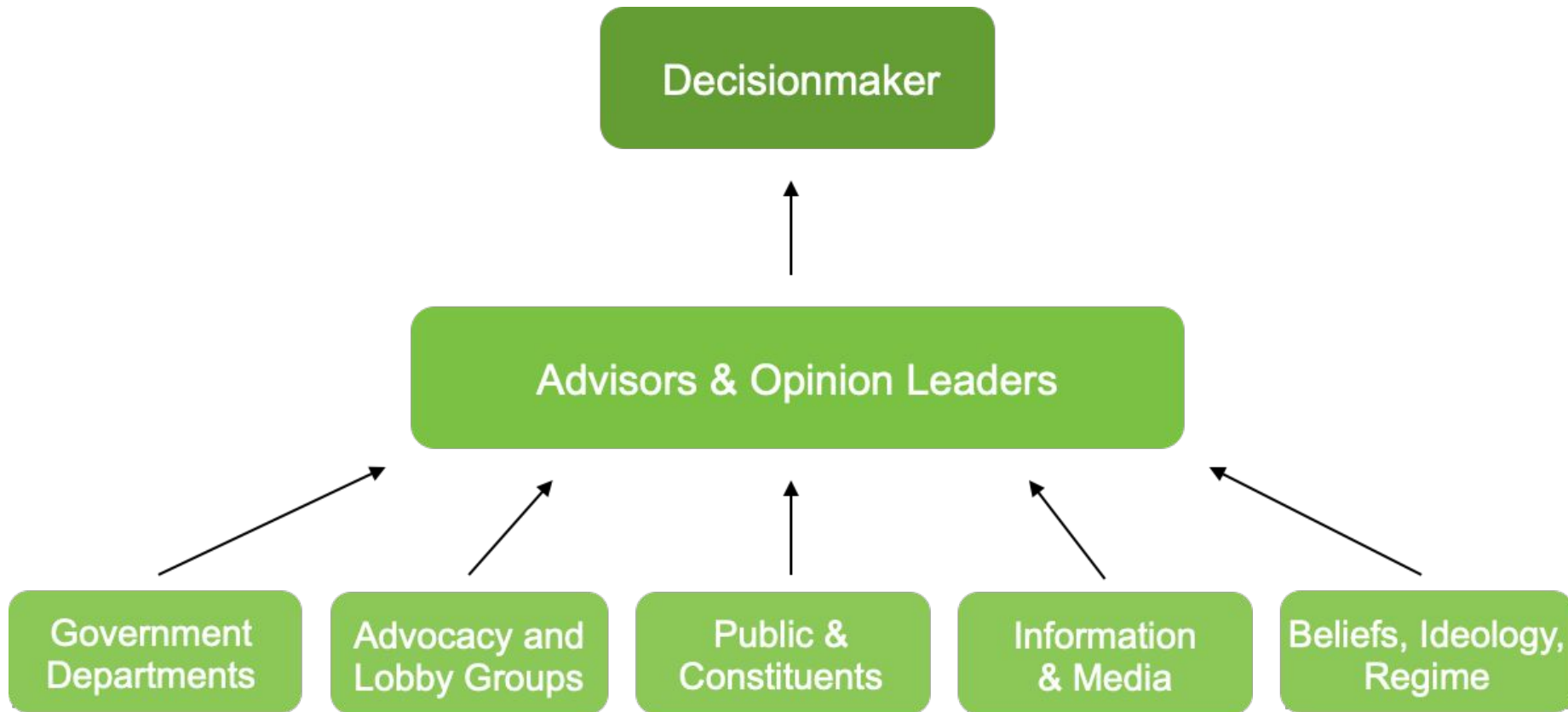
implications, from the specifics of housing and planning regulations to broader questions about sustainability, productivity and wellbeing.

Frances has found it challenging to find policy makers with the time and energy to think about such long-term challenges. She recalls a conversation with a Treasury official: when she told him that her research posed fundamental problems for economic policy overall, he replied “that’s never going to happen – in order to do that I’d need to have 30 people in the room and it would be the priority for none of them”.

However, Frances has found other, diverse ways to share her expertise. She has had meetings with local planning officials, was interviewed in conversation with the futurist Anab Jain for a podcast and has given talks to grassroots audiences such as the residents of Lewes and a group of artists in Hackney Wick. By remaining a part of the conversation, Francis is in a good position to influence the debate now that Covid-19 has raised its salience to policy makers.

Reference [here](#)

Who are we seeking to engage with?



Dalberg Design

Break

Q&A

04 Policymaker expectations

04

Policymaker needs

Writing for policy audiences

There is no one-size-fits-all approach to writing policy briefs because the topic, purpose and audience will shape each one.

Policy writing is unlike other types of writing

- Different audience
- Different writing style
- Different structure (the end comes first)
- Shorter length
- Emphasis on interpretation, analysis, and proposed actions

Poorly translated information is not used

- Translating research is an acquired skill
- Policymakers dealing with information overload
- Policymakers prefer information that is concise, focused on main points, very little ambiguity in implications or findings, provides clear guidance on how to proceed

Planning

- **Identify** your audience
- **Decide on your objective** What do you want your audience to know and do?
- **Craft** few main messages

Style

- Use non-technical language
- Visualise data and describe the data
- Qualitative versus Quantitative

Policy briefs

What is a policy brief?

The term 'Policy brief' is used to broadly describes a short piece of writing that presents evidence and policy options to address a particular problem. It is an effective tool to convince a target audience of the urgency of an issue and therefore serves as an impetus to take action.

A policy brief aims to

Educate

- Provide enough background for the reader to understand the problem

Identify

- Uncover a problem, identify a gap/challenge to describe an important issue
- Convince the reader that the problem must be addressed urgently

Analyze

- Provide evidence on policy options and alternatives (in an objective brief);
- Provide evidence to support one alternative (in an advocacy brief);

Motivate

- Stimulate the reader to consider these options

Policy Communication Training Toolkit
 WRITING A POLICY BRIEF OUTLINE (WP7A)

Policy Brief Content	
Summary/ Key Message	
Background	
Key Findings	
Implications	
Recommendations	
Key References	

Don't forget—once you've outlined your content, go back and re-write the section headings to contain part of your key message!



Policy Communication Training Toolkit
 WRITING A POLICY BRIEF OUTLINE (WP7A)

Policy Brief Outline	
Policy Goal:	
Audience(s)	
Who are they?	What do I know about them?
Primary:	
Secondary:	
Communication Objectives and Outcomes	
<input checked="" type="checkbox"/> Policy Learning	
Objectives:	
Expected Outcomes:	

4 Policy brief examples

<p>COMMUNITY HEALTH WORKER PROGRAMMES IN THE WHO AFRICAN REGION: EVIDENCE AND OPTIONS</p> <p>POLICY BRIEF</p>  		
CONTENT		
ABBREVIATIONS	iv	
ACKNOWLEDGEMENTS	v	
INTRODUCTION	1	
BACKGROUND	3	
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SUMMARY OF THE EVIDENCE AND THE IMPLICATIONS FOR CHW PROGRAMMES	7	
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Importance of context	8	
Programme design	9	
Typology of CHWs	10	
POLICY OPTIONS	12	
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Objective and/or Issue Focused
Policy brief focuses on an issue applicable across multiple contexts and provides several policy options (as noted in PB title)

 <p>WHO Global Malaria Programme WHO Department of Reproductive Health and Research WHO Department of Maternal, Newborn, Child and Adolescent Health</p>  <p>World Health Organization</p>		
<p>WHO policy brief for the implementation of intermittent preventive treatment of malaria in pregnancy using sulfadoxine-pyrimethamine (IPTp-SP)</p> <p>April 2013 (revised January 2014)</p>		
Table of Contents		
Background	1	
New WHO recommendations for IPTp-SP	2	
Considerations for implementing the new IPTp-SP recommendations	3	
Expected benefits	4	
Relevant ongoing research	5	
Annex 1: Frequently asked questions	6	
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Issue Focused PB
Policy brief focuses on a single issue and provides learnings that can be used across regions

AFIDEP African Institute for Development Policy
ARCS African Research Centre for Sepsis
African Sepsis Alliance
NHS
cermel
LSTM
March 2019

POLICY BRIEF

A CALL TO ACTION: Sepsis is Africa's Neglected Silent Killer

KEY MESSAGES

1. Sepsis is a major preventable killer, disproportionately affecting low and middle income countries including much of Africa
2. The massive human and financial costs attributable to sepsis are severely under-estimated due to lack of data, research and evidence on sepsis, particularly in Africa
3. Many lives can be saved by efforts to raise awareness on and prioritise sepsis
4. Addressing sepsis will improve overall quality of health care and strengthen health systems

CONTEXT

Sepsis is a life-threatening condition resulting from severe infection and is a leading cause of preventable death worldwide. With its high burden of infection, Africa is expected to have a disproportionate proportion of global sepsis. The huge human and financial costs associated with sepsis can be attributable to a under-prioritisation in health systems, in terms of resourcing, surveillance, and reporting. In low and middle-income countries (LMICs), including much of Africa, a significant proportion of sepsis can be attributed to the consequences of weak health systems, including poor sanitation and hygiene as well as poor quality health care. Priority interventions for preventing sepsis in Africa include: introducing awareness and advocacy campaigns, improving sanitation and hygiene in health facilities, measuring and collecting data on sepsis, and conducting research to fill in sepsis management evidence gaps. Actionable policy recommendations are outlined later in this brief.

What is Sepsis?

Sepsis is defined as the body's overwhelming and toxic response to infection—leading to tissue damage, organ failure, and often death. Sepsis is caused when infectious organisms, found both within and outside of health clinics and hospitals, spread throughout the whole body. Patients who develop sepsis may experience a range of symptoms that are often related to where the infection originated. Common symptoms include feeling weak, chills/fever, hypotension, nausea, low blood pressure, and fast heart rate. If sepsis progresses, patients may experience confusion or reduced consciousness, reduced urination, severe breathlessness, inability to stand or walk unaided, multiple organ failure, shock and death.

Because there is no accurate and simple method to test for sepsis, it is typically diagnosed by doctors based on patient history, symptoms, and blood tests. However, this approach often results in inconsistent and delayed diagnoses, which jeopardise the likelihood of patients' full recovery. If caught early, sepsis can typically be treated with antibiotics, while failing sepsis can be supported with fluids, oxygen and other drugs. The best way to prevent sepsis is by reducing infection rates through improved sanitation and hygiene and vaccines. To avoid sepsis from progressing to severe illness and disability, early identification and treatment of infections—including source control and antibiotics—is critical.

Health Policy Research Group
Policy brief
March 2015

Implementing the Basic Health Care Provision Fund in Nigeria

A framework for accountability and good governance



The research presented in this brief was conducted by Professor Benjamin C. Okafor (Benjaminokafor@gmail.com), Professor Oluwalusi Ogunleye and Dr Chinyere Mbafora from the Health Policy Research Group (HPRG), College of Medicine, University of Nigeria.

Researchers investigate the expected roles of different actors who will be involved in implementing the BHCPF across all levels of the health system to identify specific accountability mechanisms that support the effective implementation of the Fund.

The research was conducted in Abia (Nigeria's Federal Capital) and Anambra State in Southeast Nigeria. The research materials included document reviews, interviews with key actors and stakeholder analysis. A Theory of Change approach was used to explore the opportunities and challenges for implementing the BHCPF, and to identify the potential role of the actors who will be involved in the effective implementation of the Fund.

The research is part of the HPRG and the HPRG's research on the role of the State in the health system.



Key messages

- The new National Health Act in Nigeria aims to substantially increase revenue and improve Primary Health Care (PHC) services through the Basic Health Care Provision Fund (BHCPF).
- In order for this additional revenue to reach PHC services efficiently, it is necessary that strategies are in place to ensure accountability between the different stakeholders responsible for implementing the BHCPF: national, state, local and facility levels.
- Researchers from the Health Policy Research Group at the University of Nigeria have developed an accountability framework for implementing the BHCPF, which encompasses mechanisms for strategic planning, strong and transparent monitoring and supervision systems and systematic reporting. The framework shows which actors are responsible for each mechanism and the levels of government that they relate to.
- There are further challenges to accountability that need to be addressed if the BHCPF is to be implemented successfully. These include: delayed transfer of funds, poor data management, corruption and the preparedness of Local Government Health Authorities to manage the Fund.

Background

In October 2014, following a decade of planning, the Nigerian President Dr Jonathan Goodluck signed into law the National Health Act (NHA). The Act, which provides a legal framework for the provision of health care services to all Nigerians and for the organisation and management of the health system, could not come soon enough. Nigeria currently has some of the worst health outcomes in the world, due in part to the poor state of primary health care services, which are characterised by a lack of coverage (especially in rural areas), inadequate health facilities and high user fees.

Improving Primary Health Care through the Basic Health Care Provision Fund
A key component of the NHA is the establishment of the Basic Health Care Provision Fund (BHCPF), which aims to extend Primary Health Care (PHC) to all Nigerians by substantially increasing the level of financial resources to PHC services.

HERU Policy Brief
January 2019

KEMRI | Wellcome Trust

TOWARDS UNIVERSAL HEALTH COVERAGE IN KENYA: ARE WE ON THE RIGHT PATH?



Introduction

Universal Health Coverage (UHC) has become a policy priority at both the national and global level. The goal of UHC is to ensure that every citizen has access to quality healthcare services that they need without getting into financial difficulties or, worse, pushed into poverty. To progress towards UHC, countries must advance along at least three lines of action. They must expand priority services, include more people, and reduce out-of-pocket payments (figure 1).

The Kenyan government has made a commitment to achieve UHC by the year 2022. The country's strong political commitment to UHC is embodied in the government's big 4 agenda that include healthcare for all as one of the key development priorities. The installation of UHC as a global and country health policy goal has highlighted the need to measure it, and to track progress over time.

KEMRI-Wellcome Trust has conducted research to develop a summary measure of UHC for Kenya, and measure Kenya's progress towards UHC between 2003 and 2014. This work involved the analysis of three waves of the Kenya household expenditure and utilization survey and the Kenya demographic and health survey. The key findings from this research are set out in this brief, as well as recommendations to support policy makers in designing and implementing UHC reforms.

Key Messages

- Even though there was improvement in coverage between 2003 and 2014, inequalities in both service coverage and financial risk protection persist.
- The Kenyan government should increase public financing of the health sector from the current 2.2% to at least 5% of the country's gross domestic product, and leverage this to scale up prepayment financing while reducing reliance on out-of-pocket payments.
- Kenya needs to move away from passive purchasing and adopt strategic purchasing practices to enhance the efficiency and quality of healthcare service delivery.



Figure 1: Universal Health Coverage Cube

Advocacy/Issue Focused PB

PB gathers the widest range of existing evidence on a particular issue and calls for action (as noted in PB title)

Country Focused PB

PB captures experience of an issue in one country

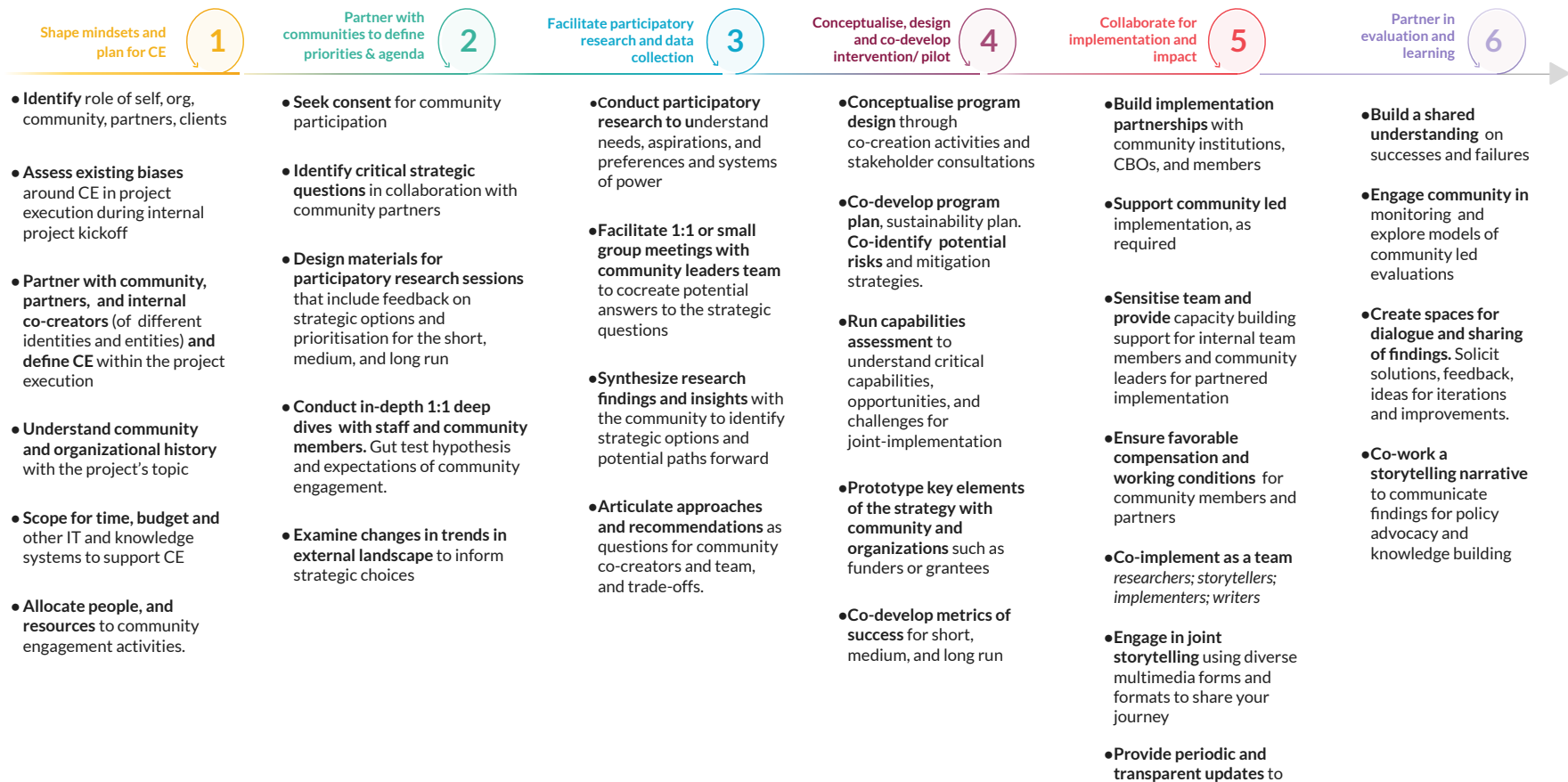
Country Focused PB

PB focus is on a specific country providing a structured description of how a particular issue reform is tackled

4 Policymaker needs

How to elevate community voices

ACTIVITIES



05 Policy dialogues

What is a policy dialogue

Another method to elevate community perspectives/voices

Definitions of a policy dialogue

- has different meanings to different people and in different contexts
- a governance tool to enhance the quality of interaction between stakeholders
- emphasised the need of multiple stakeholders
- iterative process that targets both the technical and policy aspects of the problem

Purpose of policy dialogue

- create a platform for stakeholders to share and learn from their experiences
- facilitate consensus building through promoting stakeholders' appreciation of one another's perspectives and increasing participation of stakeholders, including marginalised voices, in the policy process
- encouraging the use of knowledge in policy making in a region, identifying priority policy issues where evidence is lacking, and generating evidence and using it to inform the drafting and implementation of policies
- creating an environment for policy implementation and participation of different stakeholders

06 **Group Discussion**

Open Q&A

Engaging policy makers is often multipronged. In your experience...

- What is the policymaker expectation when they engage with different stakeholders?
- How have you put together tools and strategies to meet policy maker expectations?
- What have been your expectations with engaging policy makers?
- Are community perspectives expected by policy makers?