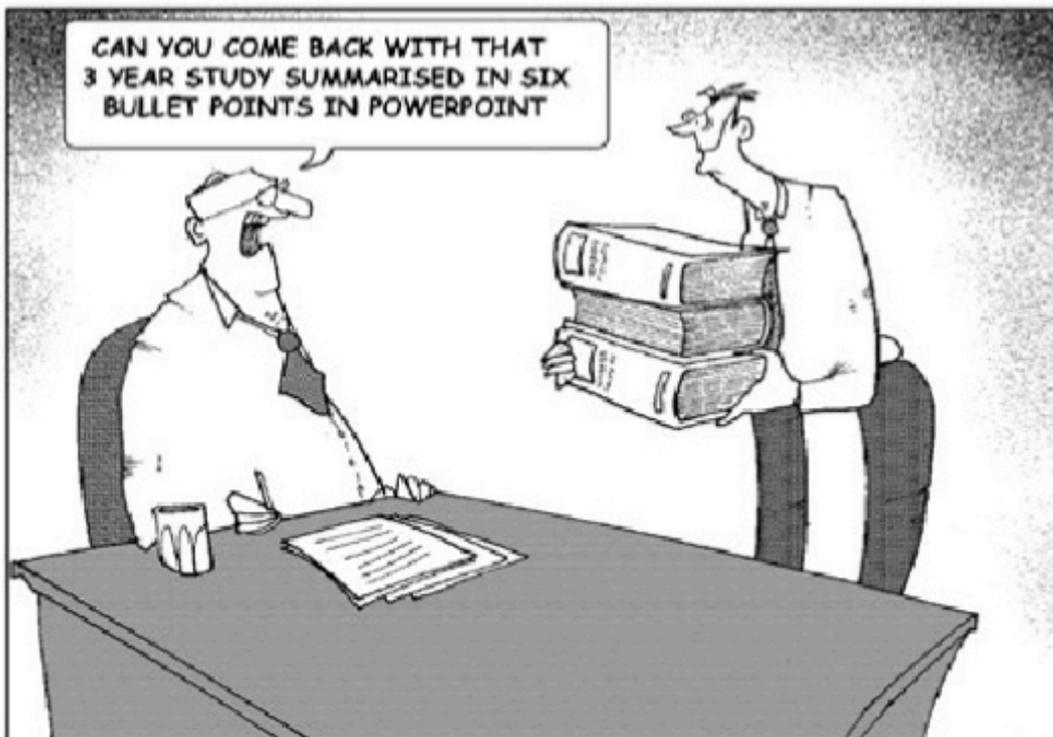


POLICY BRIEFS

A guide to writing policy briefs for research uptake



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1. INTRODUCTION TO POLICY BRIEFS

“Research is essentially unfinished unless the findings are synthesised and applied in practice to improve the situation”

Public health research is aimed at change and improving population health - however, publishing research findings in journals and reports doesn't ultimately lead to their use in practice.

Findings need to be synthesised and then communicated in the right way to the right people, in order for them to be applied.

Policy briefs are a valuable tool for communicating the essential information in a research report, and help to bridge the divide between research and policy communities. The value of a policy brief depends not only on presenting quality evidence, but also in translating new knowledge into context-relevant messages for the target audiences.

1.1 What is a policy brief?

- A concise, stand alone publication that focuses on a particular issue requiring policy attention.
- Presents a problem, its context, and gives clear policy recommendations or implications.
- Provides evidence to support the reasoning behind these recommendations.
- Promote some kind of change: in law, health policies or regulations, agency funding priorities, organisational practices or programme implementation.
- 2-4 pages long and written using a professional style that is easy to understand without specialised knowledge.

Examples of policy briefs

PRIME Policy Brief 3
May 2013

Human resources for mental health care: current situation and strategies for action

Rishu Kishor, Harry Mirza, Anjali van Gerven, Maria F. Del-Pai, Anshu Ghoshal, Neil F. Mehta, Shekhar Saxena, Richard M. Schellin

SUMMARY *The overwhelming shortage of human resources for management and delivery of essential mental health care, particularly in low- and middle-income countries (LMICs), is well recognized. The current status, the human resource needs, cost to eliminate the shortage, and evidence on effective service delivery models are less understood.*

- A review of the current state of human resources for mental health, needs, and strategies for action, was conducted.
- Mental health care can be delivered effectively in primary care and community settings. Non-specialist health professionals such as family physicians, nurses, social workers and occupational therapists with appropriate training and adequate supervision have been shown to be able to detect, diagnose, treat and monitor individuals with mental disorders and reduce caregiver burden. Lay health workers, affected individuals and caregivers with psycho-education and brief training have also demonstrated their ability to detect and intervene earlier, improve treatment compliance, better understand the illness and cope better.
- Human resources for mental health (HRMH) in LMICs face serious shortages that are likely to worsen unless Ministries invest substantially and implement effective HRMH strategies.
- The specific composition of the mental health human resources will vary across settings according to varying population needs, mental health system structures and available resources.
- Mental health specialists continue to play essential roles in service delivery and training of non-specialist workers.
- Effective leadership and management of human resources for mental health will be essential in addressing key challenges such as maldistribution of financial resources, recruitment, and retention, and equitable distribution of human resources.

The human resource challenges to scale up mental health services are complex, and a systemic and multisectoral approach such as WHO's Human Resources for Health Action Framework is essential to make sustainable impact.

www.prime.uct.ac.za

Brief on HRH for mental health care and recommendations for increasing resources

Policy Brief

west virginia Center on Budget & Policy
www.wvpolicy.org

February 2011

Breathe Easy: Tobacco Tax Brings Better Health, New Revenue

Senate Fore and Elizabeth Padhas

Each year, the use of tobacco claims the lives of thousands of West Virginians. The state currently has the nation's highest smoking rate among adults and pregnant women and one of the highest among children. West Virginia also taxes tobacco products at very low levels. Only seven states in the nation have lower tobacco taxes.

Bills (SB 362/HB 2973) introduced in the 2011 Legislative Session would raise the tax on cigarettes and other tobacco products in West Virginia. Increasing the tobacco tax by \$1.00 a pack would reduce smoking. This in turn reduces tobacco-related illnesses and decreases health care costs. In addition, an increased tobacco tax would provide West Virginia with substantial new tax revenue that could be used for investments in the long-term health and well-being of West Virginians.

West Virginia leads the nation in smoking

The rate of smoking is higher in West Virginia than in all other states (Table 1). Particularly troubling is the number of pregnant women who smoke. Nearly one in three pregnant women in West Virginia smoke compared to the national average of one in ten.

and long term.² Encouraging pregnant women to stop smoking is vital for the present and future health of West Virginia.³

The state also has one of the highest rates of youth

Brief recommending a tax on tobacco with problem presented in the introduction

Actions for governments

- Ensure that national laws recognize the right to health for international labour migrants and do not create barriers to accessing health and HIV-related services.
- Include international labour migrants in national development, health and HIV-related policies, strategies and plans.
- Ensure, through funding public health services, nongovernmental and private organisations, that international labour migrants and their families (including those left behind) have the same access as nationals to gender-, language- and culture-sensitive HIV services.
- Integrate HIV services into pre-departure, post-arrival, return and repatriation processes.
- Ensure there is no discrimination on the grounds of HIV status in the context of entry requirements, immigration, employment or reintegration procedures¹, and where testing is done to assess future health-care costs, ensure HIV infection is treated equally to comparable health conditions and not singled out as a basis for discrimination.
- Ensure that laws, policies and programmes respect the rights of both workers living with HIV and international labour migrants and their families.
- Enforce minimum national labour standards for both nationals and non-nationals.

Actions for businesses

- Develop and implement sound workplace policies in line with the ILO Code of Practice on HIV/AIDS and the World of Work.
- Reduce financial costs for migrant workers in sending remittances to their families and communities.

Actions for civil society

- Support international labour migrants to access HIV-related services and broader appeal mechanisms, e.g. migration, labour or human rights boards.
- Establish gender-, language- and culture-sensitive HIV programmes for international labour migrants and their families.
- Conduct and disseminate research on international labour migrants and HIV risk.
- Advocate for equal treatment of international labour migrants and nationals, and challenge stigma and discrimination against migrants, including that perpetuated by the media.

Actions for international partners

- Support efforts to eliminate discrimination both against people living with HIV and international labour migrants.
- Advocate ratification and implementation of international conventions on migrant workers.

Brief providing recommended actions for different groups of people

Many health workers hold attitudes of 'blame and shame' towards PLHIV and MSM. Overall, the statements of attitudes of blame and shame were endorsed more by paramedical than by medical staff in both hospitals. See Figure 1.

Figure 1: Blame and shame attitudes towards MSM and PLHIV

Statement	Paramedical staff (%)	Medical staff (%)
HIV is a punishment for bad behaviour	21	13
PLHIV should be ashamed of themselves	23	12
It is someone's fault to get HIV	27	12
Children with HIV should not study with non-infected children	22	11

Figure 2: Reporting of stigmatising and discriminatory hospital practices

Practice	MSM (%)	PLHIV (%)
Wearing a special hat without consent	12	10
Being asked to wear a special hat without consent	17	14
Discouraging HIV status to parents	24	20
Health providers talking about PLHIV status	40	35
Patients not being allowed to visit other PLHIV	40	37
Health workers talking about PLHIV status	37	33

Support for enacted stigma behaviours was much higher among staff in the private hospital than the public hospital. The survey assessed how reasonable or unreasonable different behaviours were toward people living with HIV. Across all the indicators shown in Figure 2, a much greater proportion of respondents from the private hospital supported enacted stigma towards PLHIV than from the public hospital.

Figure 3: Levels of support for enacted stigma: Percentage of respondents in agreement

Behaviour	Private Hospital (%)	Public Hospital (%)
Not allowing PLHIV to work in community	39	21
Limiting public health services to PLHIV	36	23
Not allowing PLHIV to work in health care	40	24
Asking people with HIV to go to a special clinic	38	24
Asking people with HIV to wear special clothes	28	18
Discouraging people with HIV from work	20	14
Refusing to work with PLHIV	24	14

Sharing findings

A half-day consultation was conducted to share the findings of the study with staff at both study sites in the presence of members of the MSM community as well as an MSM PLHIV network. Overall, health workers found it difficult to accept the level of prevailing stigma as documented in the study, whereas the MSM and PLHIV representatives confirmed most of the results and elaborated on some of their own health-seeking experiences. After a good deal of debate and discussion, the hospital staff admitted the need to address their stigmatising attitudes and behaviours, such as markings on files and wards. The senior administrator of the public hospital ordered the removal of such markings following the consultation. There was agreement on the need for capacity building of health workers to include content on sexuality and sexual minorities and on the involvement of members of the MSM community as trainers on these issues.

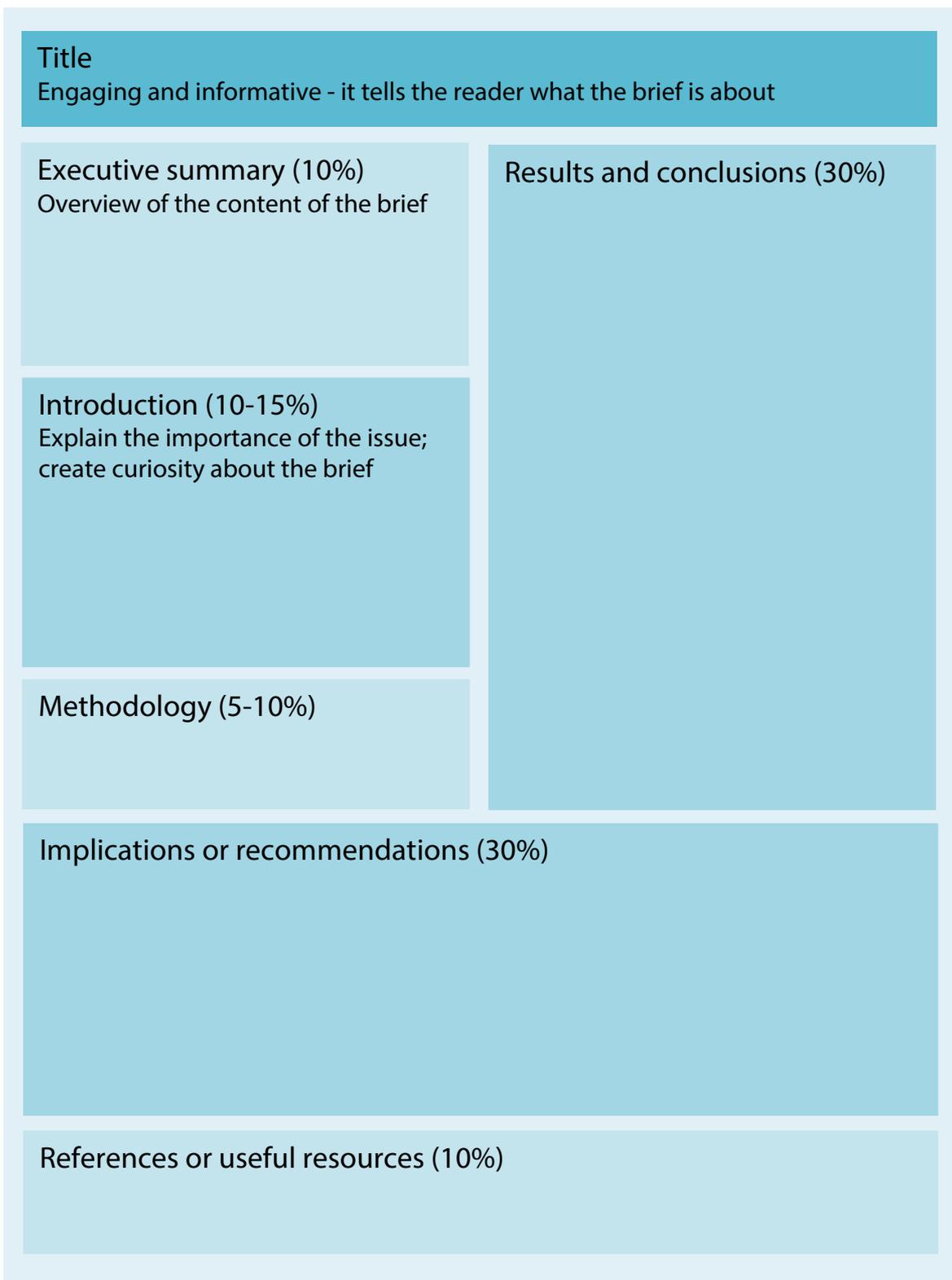
Lessons learned

- Addressing values and judgments around morality, gender and

Colourful graphs to present data in an appealing way

1.2 Structure and content of a brief

Potential sections of a brief: 2 or 4 pages in length (between 1000-2000 words):



1.4 Key components of an effective brief

The Overseas Development Institute (ODI) identifies these key elements as important for an effective policy brief:

Evidence	Persuasive argument	<ul style="list-style-type: none"> • Clear purpose, expressed early in the text • Cohesive argument • Quality of evidence • Transparency of evidence underpinning recommendations (e.g. a single study, a synthesis of available evidence etc)
	Authority	<ul style="list-style-type: none"> • Messenger has credibility in eyes of policymaker
Policy context	Audience context specificity	<ul style="list-style-type: none"> • Addresses specific context • Addresses needs of target audience
	Actionable recommendations	<ul style="list-style-type: none"> • Information linked to specific policy processes • Clear and feasible recommendations on policy steps to be taken
Engagement	Presentation of evidence-informed options	<ul style="list-style-type: none"> • Presentation of author's own views about policy implications of research findings • But clear identification of argument components that are opinion-based
	Clear language/writing style	<ul style="list-style-type: none"> • Easily understood by educated, non-specialist
	Appearance/design	<ul style="list-style-type: none"> • Visually engaging • Presentation of information through charts, graphs and photos

2. PLANNING A POLICY BRIEF

2.1 Identifying target audiences

- Knowing your audience helps to identify the message that is going to be the most motivating or engaging for the audience.
- It also helps to determine what kind of background information they need.
- Consider who may benefit from the brief:
 - What countries?
 - What level?
 - What sector (government, NGO, media)?
 - What institutions?

Questions to keep in mind when thinking about your audience

How much do they already know about the issue?

How open are they to your messages?

Do they have existing interest in the issue?

What questions do they need answered?

Who is the audience?

Why is the problem important to them?

What other briefs already exist? How will your brief differ (e.g. different information, perspective, aim or audience)?

2.2 Developing an overarching message

- Think about what the aim of the brief is and summarise the main point into one or two clear and accessible sentences.
 - Message is about prioritisation, not about dumbing down.
 - Messages should be both clear and consistent, and should tell a coherent story.

What is the aim of the policy brief?

What is the best hook for the audience?

2.3 Describing the problem

Why is this an important issue?

What is the extent of the problem?

What data are most important for your audience? How will you present the data so it best conveys its message (e.g. in text, bar graph, line graph)?

2.4 Identifying key policy recommendations or implications

- What policy changes or actions do the research findings point to?
 - Make sure research supports the recommendations.
 - Must be actionable.
 - Implications are less direct than recommendations.
 - Describe clearly what should happen next.
 - Keep recommendations short. Identify only three and elaborate on these. The three should be most practical and relevant for the target audience.

Example:

- Promote healthier nutrition in schools.
Open to interpretation, and might or might not say anything new or noteworthy
- Provide healthier food choices in school lunches.
More specific
- More fresh vegetables and lower-fat foods closer to the front of the lunch line, and remove soda's from school vending machines.
Clearer about what specific actions promoting, however, whether or not this is the best example depends on the aim, evidence and the intended audience

Good
recommendations

Are backed with
evidence

Flow from your
argument

Are specific

Are appropriate for
the audience

What recommendations will you make?

1.

2.

3.

2.5 Writing styles: dos and don'ts

Briefs should be written in clear, jargon free language, and pitched towards educated non-specialists in the topic. This is because policymakers are generalists and do not come from research backgrounds.

To make it easy for your reader to understand and remember your message you need to streamline and energise your language.

Do:

- Write in a concise and focused style – be economical in word choice.
- Write in a professional, rather than academic style.
- Use an active voice ('people do things', rather than 'things were done').
- When possible, use a verb rather than its noun form: "this study focuses on" rather than "the focus on this study is".

Don't:

- Use health or development jargon as the reader may not understand this
- Use dramatic language to convince the reader.
- Repeat yourself.

Examples:

Instead of...	Try...
Operationalize	Carry out, put into practice
Preventative	Preventive
Additionally	And, also
Nethertheless	Yet
Prior to	Before
With regard to	Regarding
It is important to note that	(omit)

3. WRITING A POLICY BRIEF

3.1 Introduction (150-200 words)

- Aim to capture the attention of the reader.
- Explain the purpose of the brief and why it is important (from section 2.2 and 2.3).
- You can also give a brief overview of the direction of the brief – what it will tell the reader.
- Context and background information that is relevant for the brief.

3.2 Methodology (50-100 words)

- Can convey authority, credibility and tone, however, it is not always relevant.
- Description of the research methods that were used to conduct the study.
- Avoid overly technical language; highlight unique methods or data collection.

3.3 Research, results and conclusions (400-500 words)

- Provides a summary of the issues, context and data.
- Move from general to specific – detailing only what the reader needs to know. (tailoring findings to audience interests and political context e.g. is it a time of policy reform).
- Base conclusions on results. These should be concrete.

3.4 Policy recommendations or implications (400-500 words)

- State clearly what should happen next – following on from conclusions and supported by the evidence (from section 2.4). Clear to minimise misinterpretation.
- Implications are less direct. They describe what the researcher thinks will be the consequences, are useful when advice is not requested.
- Recommendations describe clearly what should happen next. They should be stated as precise steps, be relevant, credible and feasible.
- Recommendations should be self-contained.

3.5 References and useful resources

- If synthesising evidence from several sources, cite a list of references.
- Acknowledge the funder (research programme) and funding body.
- Include seminal works in the area which is useful and helps transparency.
- Direct readers to other resources produced by the same author or organisation.

3.6 Title and executive summary (150-200 words)

- Usually written last.
- An overview of the content of the brief.

4. FORMAT AND DESIGN

Policy briefs must be visually appealing to draw the reader's attention and present information in a way that is easily remembered.

4.1 Highlighting important information

Headings and sub-headings

- Headings break text into sections and make it easier to navigate.
- Sub-headings lead the readers through the document by showing them a topic of each paragraph or section.
- Headings should be clear and concise.
- Headings should not be at the bottom of a page without at least 2 lines of text.
- Could be set as a question, or a key point rather than 'conclusions'.

Bullet-point lists

- To list key messages or recommendations.
- Favour groups of 5 or 7.

Sidebars (small boxes positioned in the margin)

- A chance to tell stories to help the reader connect with the issue.
- A good place to add extra information that is not critical to the main text, e.g. description of the project, organisation or publication, contact information, useful resources.

Illustrative quotes

“ Important sentences or sentence fragments. Help reiterate key points.

“ Boxed or placed in margins ”

Fonts

- Font determines the tone of the policy brief.
- Choose a font that is easy to read (especially on a computer), and with a neutral tone.
- Fonts to consider include: Calibri, Myriad Pro, Helvetica, Georgia, Arial.
- Research has found that the use of Baskerville increases the likelihood of a reader agreeing with a statement by 1.5% compared to other fonts.
- **Comic Sans MS is more informal and not taken seriously.**

4.2. Photographs

- Bold, vibrant colours can help attract attention.
- Can be used to make the issue more real or personal.
- Respect copyrights but explore creative commons.
www.flickr.com limit searches to CC only.

Examples of photos to use in a policy brief



Types of photos to avoid



Crowded pictures hide the subject in the photos



Bad-lighting make people's features unclear



Lack of context or activity in a photo reduces the visual impact

Sources of photos

1. Photoshare, <http://www.photoshare.org>
International Health and Development images are free for non-profit and educational use. Search by country, category (e.g. settings, global health, population).
2. DFID, <http://www.flickr.com/photos/dfid/>
International Health and Development images are free for non-profit and educational use. Search by country, category (e.g. settings, global health, population).
3. LSHTM photo library, <https://photo.lshtm.ac.uk/>

4.3. Data-visualisation – graphs and charts

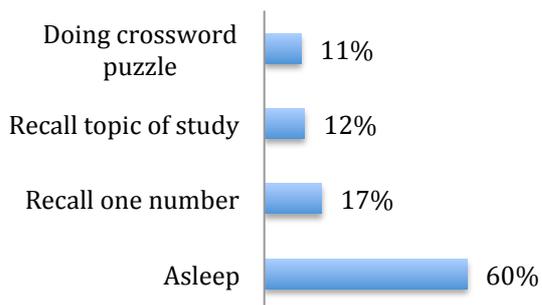
- Choose data carefully with the aim and audience in mind. Try not to overwhelm the reader with statistics – choose the most important and compelling data.
- The data should be easy to understand without training and statistics.
- It needs to be connected to the text, without duplicating.

Example:

“Studies show that 59.63% of readers will fall asleep before reading the end of this sentence, 12.42% of readers will remember only the topic of the study, 17.03% will recall one number but not what it referred to, and 10.92% will be doing a cross-word puzzle”

Bar charts

Bar or column charts are clear, easy to read and easy to show patterns, although they can be dull.

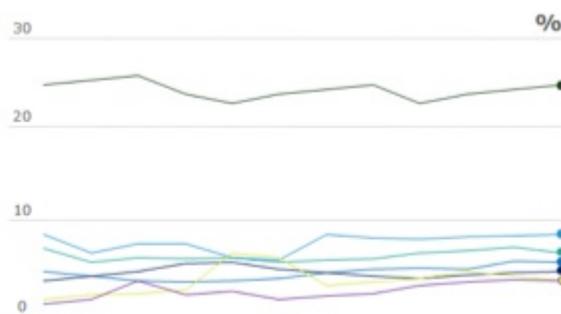


Pie charts

Pie charts are good if you have 1 dominant value but can be difficult to compare values accurately, especially 3d charts. These should not be used.

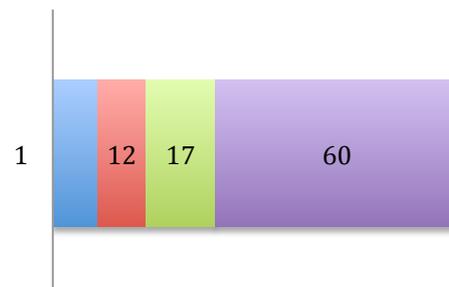
Line charts

Simple and clear to show trends through time. Use no more than 7 lines.



Stacked bars

Good alternative to pie charts when you have values, but lose smaller values.



4.4 Logos

Using logos to show the institution and who funded the research is important to give the document credibility and transparency.

Where to place the logo?

- Logo should be on the front page so that the reader can quickly identify where the brief is from. Top-left or top-right looks good. Another option is to include the logo in a side-box on the front page along side information about the authors or research programme.

Which logo to use?

There may be a dilemma about which logo to use, e.g. institution/ research programme/ consortium. If so think about what source the target audience might trust - national policymakers may prefer to read recommendations originating from institutions in their country rather than an unknown consortium. Information about the research programme could be included in the acknowledgements or in a side-box.

Funders

Often have instructions about the use of their logos and should be acknowledged at the end of the document.

Too many logos?

If possible avoid using too many logos as it is visually overwhelming and takes up too much space in the document. An alternative might be to line them up along the bottom of the back page and use grey-scale.



Do not distort the shape or colour of the logos



5. POLICY BRIEF CHECKLIST

Use this checklist to critique your own brief or review another author's brief.
(Source: JHSPH)

Argument flows clearly			
Yes	Needs work		Comments and suggestions
		Aim is clear	
		Conclusion is clear at the outset	
		Problem is clearly stated and backed by evidence	
		Recommended actions are clear and specific	
		Recommendations flow logically from the evidence presented	
		All information is necessary for the development of the argument	
Content is appropriate for the audience			
Yes	Needs work		Comments and suggestions
		Importance to the audience is clear	
		Recommendations are appropriate for the audience	
		Understandable without specialised knowledge	
Language is clear, concise and engaging			
Yes	Needs work		Comments and suggestions
		Words are not unnecessarily complex	
		Jargon is not used	
		Sentences are not cluttered with unnecessary words or phrases	
		Text is engaging (e.g. active voice)	
Data are presented effectively			
Yes	Needs work		Comments and suggestions
		All data are necessary for the argument	
		Data are easy to understand	
		Data are presented in the most appropriate format	
		Graphics are not redundant with text	
Visual cues help the reader navigate and digest information			
Yes	Needs work		Comments and suggestions
		White spaces and margins sufficient	
		Text is broken into sections with identifiable focus	
		Headings cue the key points that follow	
		Key points are easy to find.	

6. DISSEMINATING A POLICY BRIEF

6.1. Identifying opportunities for dissemination

Credibility of the messenger is important as it influences the reader's acceptance of the evidence. Professional scientific and international organisations are considered legitimate potential mediators between researcher and policy-maker communities.

- Identify upcoming events (meetings, conferences or workshops) that your intended audience might attend by searching websites for events lists, or asking researchers what meetings they have planned.
- If possible contact events coordinator and see if brief can be included in the delegate pack, seat-drop, ask participating colleague to disseminate.
- Send (as hard copy or email) to key stakeholders (section 2.1). If email, explain why they will find it useful in the text. Timely dissemination is important. Choose when to send the brief, e.g. at a time when policies are being changed/formed, when there is media interest in the topic, or an international meeting.

6.2. Identifying connectors – people, networks and intermediaries

Online intermediaries for health and development information can help widen the reach of the brief. These include:

- Eldis (Health or health systems guide)
<http://www.eldis.org/go/topics/resource-guides/health-systems>
- HEART (Health and education advice resource team)
<http://www.heart-resources.org>

Thematic networks:

Regional networks:

6.3 Using websites and social media

- Post brief on consortium and organisation website, newsletter, news section.
- Facebook, twitter
e.g. www.facebook.com/RESYSTresearch and @RESYSTresearch
 - Becoming mainstream, if not already.
 - Opportunity to reach a large number of people.
 - Allow for reciprocal communication not so easy from a website or a newsletter.
 - Viewpoints and conversations.
 - Others share posts with their networks.