

Brief Communication

Research to policy. *Horses for courses*

Mustafa M. Afifi, MMed, DrPH.

The existence of relevant health research, though necessary, is not sufficient. Research alone is no "silver bullet" for health in developing countries. Health research is fragmented; there is little communication between research producers, users and policy makers. Moreover, there is virtually no information on the linkages between health research and health policy in developing countries.¹ Health policies, not infrequently, do not reflect research evidence to the extent in theory they could. It is long debated whether policy process run well ahead from research based evidence or researchers are not selecting the appropriate "Horses for Courses" namely conducting the right research in the right place at the right time. Trostle et al² introduced their study by mentioning that researchers are unprepared or unwilling to communicate their results to the public or to decision makers; they accept that publication of results in scientific journals is sufficient to bring them into eventual use. Policy makers, on the other hand, sometimes need unequivocal and rapid research, or want final answers (or covers for their decisions), not predictable conclusions that "more research is needed".² Only 10% of research and development spending is currently directed at the health problems that cause 90% of the world's disease burden.¹ Research units and departments in the Arab Ministries of Health should assist with the formulation of assessment tools that reveal the full picture of the way research is used in policy making. Researchers, by conceptualizing the utilization process, could definitely help developing the interest in research- informed policy making and work on strengthening or fostering the research-policy link. The concept of Health Research Systems (HRSs) is now of growing importance. Health Research Systems functions are stewardship, financing, building resources, and conducting studies. One of the main elements that distinguish a HRS is the attempt to develop mechanisms and networks to facilitate the greater use of health research.^{1,3}

Research is a structured process of collecting, analyzing, synthesizing, and interpreting (explaining or describing) data to answer theoretical questions not visible in data themselves. Policies are governmental or organizational guidelines about allocation of resources and principles of desired behavior.² Health policies are of 3 categories: governance policy which relate to organizational

and financial structures; service policies which cover resource allocation issues and pattern of services, and practice policies which relate to the use of resources by practitioners in delivering patient care. For each category, analysis of the link between policy-making and of research utilization, often identifies at least 3 broad areas of activity: policy agenda setting, policy formulation, and policy implementation.³ Research legitimizes some policies and throws doubts on others. The study of the role of research in child health policy and programs in Pakistan found some examples of immediate clear-cut linkage between research and decisions. However it shows that research was underutilized.⁴ Black⁵ mentioned some reasons why research evidence has little influence on service policies: policy makers have goals other than clinical effectiveness, research evidence dismissed as irrelevant, complexity of research evidence or scientific controversy, other types of competing evidence as personal experience, social environment not conducive to policy change, or poor quality of knowledge purveyors.⁵ Making the best use of available research studies is a priority goal in most countries-developed or developing. Research communication and dissemination strategies include: maximizing press and media exposure, widespread distribution of brochures and pamphlets, increasing the use of the internet and other electronic means of dissemination, publishing research papers, engaging with policy makers through policy debates, and holding open seminar presentations.⁶ However, integration of researchers and policy makers should be at an early stage to overcome the communication gaps. It is assumed that research exposes policy-making to a wider range of validated concepts and experiences than those that can be drawn from the normal time-limited and politically constrained process of policy deliberations. Decisions are not necessarily made based on a single study. On the other hand, a single research study can have multiple policy implications. Best use of the research results starts with ensuring relevance to the potential users. This requires research that fits within national priorities rather than externally imposed agenda. The various groups of people who are concerned by the issues being studied, the stakeholders, should be identified and become involved at various steps of the process of research planning, management and dissemination. Interaction among all the stakeholders need to be intensive and take place at multiple overlapping stages of the research and decision making process. A common pitfall made by researchers in raising recommendations based on study findings is not to involve all stakeholders. Researchers attempt to do this on their own believing that they are more neutral to the situation

and will not bias the recommendations. The role of mediators are perhaps the most crucial component in fostering the linkage of research to policy. They could be researchers themselves, academic groups that support evidence-based decision-making, national research coordinating bodies, or international agencies.⁴ Trostle et al² looked for factors that promoted or impeded exchanges between researchers and policy makers. These were in turn divided into emphasis on content, actors, process, and context, summarized in **Table 1**. They finally recommended improving communication between researchers and policy makers via training of both parties: assisting researchers to communicate their findings in an understandable and stimulating way, or synthesizing policy makers on the usefulness of research results as an input to decision making. They also recommended that research should be evaluated in terms of their cost

Table 1 - Some factors that promoted or impeded exchanges between researchers and policy makers with emphasis on content, actors, process and context.²

Category	Promoting factors	Impediments
Content	Research quality	Vocabulary of researchers and decision makers is different
	Agreement of both researchers and policy makers to give more attentions to biomedical than social	
	Specificity, concreteness and cost- effectiveness	
Actors	Both researchers and policy makers identify priority together	Lack of technical background of policy makers or media
	International support	Policy makers value experience more than information
	Official research organizations namely research department	Agenda brought to bear by non academic interest group
Process	Informal ties	Difficulty in selling research questions and results to policy makers
	Balanced interests	
	Formal communications	
Context	Political stability	Excessive centralization
	Homogeneity of research community	Hierarchal management of information
		Restricted economic resources

and effectiveness before they are considered as the basis for a policy or program. However, this type of evaluation is still underdeveloped internationally.²

Received 10th April 2004. Accepted for publication in final form 10th July 2004.

From the Department of Research and Studies, Ministry of Health, Oman. Address correspondence and reprint requests to: Dr. Mustafa M. Afifi, Department of Research and Studies, Ministry of Health, PO Box 393, PC 113, Oman. Tel. +968 9035672. Fax. +968 696702. E-mail: afifidr@yahoo.co.uk

References

1. Szlezak N. Strengthening the Role of Research in Improving Health in Developing Countries - Current Concepts and Institutions. Presentation slides from Knowledge for Development Seminar; 19 February 2004; Center for International Development, Harvard University. Available from URL: http://www.ksg.harvard.edu/sed/docs/k4dev/szlezak_k4dev_040219.ppt
2. Trostle J, Brofman M, Langer A. How do researchers influence decision makers? Case studies of Mexican policies. *Health Policy and Planning* 1999; 14:103-114.
3. Hanney SR, Gonzalez-Block MA, Buxton MJ, Kogan M. The utilization of health research in policy-making: concepts, examples and methods of assessment. *Health Research Policy and Systems* 2003;1: 2-30.
4. COHRED. Lessons in Research to Action and Policy: Case studies from seven countries. (Edited by COHRED Working Group on Research to Action and Policy) Geneva: The Council on Health Research for Development; 2000. p. 77-85, 2-8.
5. Black N. Evidence-based policy: Proceed with care. *BMJ* 2001; 323: 275-279.
6. Stone D, Maxwell S, Keating M. Bridging Research and Policy: An international workshop funded by the UK Department for International Development. Radcliffe House, Warwick University. 16-17 July 2001. Available from URL: <http://www.gdnet.org/fulltext/bridging.pdf>

A pilot study to investigate over-the-counter drug abuse and misuse in Palestine

Waleed M. Sweileh, B.Pharm, PhD,
Reem T. Arafat, B. Pharm, MS Clinical Pharmacy,
Lila S. Al-Khyat, B. Pharm, MS Clinical Pharmacy,
Dana M. Al-Masri, B. Pharm, MS Clinical Pharmacy,
Nidal A. Jaradat, B. Pharm, PhD.

The majority of nonprescription drugs, which are sold over-the-counter (OTC) in community pharmacies are assumed to be used appropriately by patients. However, a small minority of patients can misuse or abuse these products. For example, studies in many countries have shown that a significant number of OTC customers misuse/abuse these drugs.^{1,2} The term abuse is used here to describe the use of drugs for non-medical purposes,