

Bridging Research and Policy on HIV/AIDS in Developing Countries

Julius Court

Research Fellow, Research and Policy in Development (RAPID)
Overseas Development Institute
July 2006

Introduction and Background

HIV/AIDS is an issue where gaps between research and policy can have devastating implications. For many, there is compelling evidence regarding what causes the disease, how to prevent it spreading, and its social and economic impact. There has also been sustained international attention given to fighting the disease. Yet, the response of policymakers in developing countries has been extremely mixed. Some developing countries have given massive priority to responding to the disease. In many others, however, HIV has spread and the crisis has deepened owing to the lack of policy response.

Despite some success cases, the general conclusion is that there remain huge gaps between research and policy on HIV/AIDS in many developing countries. This has devastating implications for human survival and quality of life as well as national development. Indeed, it is difficult to think of another pressing development challenge where research-policy gaps are so large.

What has been the nature of the response? There is little question that HIV/AIDS is now ‘on the agenda’ in most developing countries. However, although governments are increasingly ‘speaking the right language’, there has often been very little movement on the ground. Furthermore, strategies and implementation activities – in many countries and by international actors – often do not draw on available evidence or do justice to the range of relevant issues.

HIV/AIDS is an interesting case and presents particular challenges in terms of bridging research and policy. First, HIV has come in as a ‘new’ policy issue, and some delay in response was inevitable. Secondly, the long-term nature of the epidemic hides the extent of the crisis. By the time the number of AIDS-induced deaths becomes substantial, it is too late: the virus will have reached epidemic proportions. Political leaders can only respond adequately if they understand the epidemiological characteristics of HIV/AIDS. Thirdly, there remains a great deal of contestation regarding the most effective responses to the disease, with stigma, faith and cost all complicating policymaker responses. Fourthly, there are major disincentives in many political processes in responding to HIV/AIDS, which is seen as associated with ‘bad news’ and long timeframes.

Key Findings

The key question for ODI work was: What explains the very different ways and levels of priority in responding to the disease?

In order to reach some generalisable conclusions, this study had a number of different components. These included:

- Two annotated bibliographies on Bridging Research and Policy on HIV/AIDS
- Three country studies: Uganda, Kenya and Botswana
- Three issue studies: Safe Blood; Mother to Child Transmission (MTCT); and, the 3x5 Initiative
- A meeting of leading researchers, policymakers and NGOs in the UK who work on HIV/AIDS in developing countries

The study used an integrated framework – developed and tested by ODI – in order to assess research policy links. The framework highlights issues in four arenas as vital to assessing how research-policy interactions take place. These are:

- **Context:** Issues of political context and institutions; policy demand and contestation.
- **Evidence:** Issues of research relevance; credibility; and communication.
- **Links:** Issues of legitimacy, trust, networks and intermediaries among researchers and policymakers.
- **External influences:** Issues of international politics and policies; donor policies; and donor funds for research.

Some of the key findings of the report are below.

Context

It is clear from work undertaken that political context is the most crucial issue affecting the uptake of research into policy. There are a number of specific findings here; some reinforce existing understanding, others are new. First, this study reinforces the importance of the notion of **political leadership** and **widespread mobilisation of responses** to fight the disease, from across not only government but also society, including civil society groups and the private sector. Secondly, interesting issues emerge regarding state legitimacy and responses to HIV. The governments that have demonstrated the most substantial policy responses to HIV/AIDS in developing countries appear to have drawn their **legitimacy from delivering development** results in other areas rather than from democratic processes. A third key issue concerns the importance of **policy implementation**. The extent of the importance of this set of issues has been underemphasised; the links between research and policy are particularly weak here.

Evidence

There is certainly enough clear and compelling evidence at the global level that HIV/AIDS is (or could be) a massive problem in all countries and that a policy response is necessary. This is a very broad topic, but there are a number of problems with the evidence base on HIV which affect policy influence. First, there is often a **lack of high quality and relevant data** for national or local policymakers to draw upon. In all the main policy arenas – surveillance; prevention; care and treatment; impact mitigation – evidence is missing, unreliable and often politicised. Issues are highlighted regarding credibility and relevance of research, the majority of which comes from the North, far removed from those most affected by the virus and the traditional community structures that hold the key to effective response. There is little question that the **limited local research capacity** in developing countries, especially in Africa, is hampering policy efforts.

Secondly, there are massive gaps around the **operational relevance of research**. There is little robust evidence available on policy options and their costs and benefits in specific contexts. Policy implementation bottlenecks also suggest a need for research to better incorporate the capabilities of the state and the community level to respond to policy. Thirdly, this research underlines the limitations of many communications approaches to HIV. It does suggest that, for convincing policymakers on HIV issues, **personal communication** is the most effective way to get messages across.

Links

The study highlights how the different societal groups – church groups, networks, coalitions and private sector as well as national and international media and NGOs – can play crucial roles in linking mechanisms between research and policy. In many countries, **CSOs are currently playing a more active role than the government** in responding to HIV, both in the delivery of services and in politicising the epidemic. If we are talking about policy change on the ground, we are often talking about CSOs. The social context, associational life and local ownership of the response are also very important in determining policy impact. Surprisingly, overall, the **media** seems so far to have played a relatively minor role in bridging research and policy on HIV. More than in other sectors, there has been a good deal of **public action by the private sector**. The private sector is increasingly recognising its role as an important stakeholder in the fight against HIV/AIDS. Its rational policymaking process model provides an effective and powerful ally for researchers and CSOs in bridging research and policy through its influence at national, local and international levels.

External influences

The final area of the RAPID framework focuses on the impact that external forces and donor actions have upon research-policy interactions at national and local levels. Our expectations are that this would be high: HIV is an issue that has risen to the top of the international policy agenda, including to the Security Council. A great deal of funding has been provided, and many new organisations and initiatives have been set up. Compared with other policy issues, it is striking the extent to which international actors are involved in policy processes on HIV – whether this be international organisations, donor agencies, international NGOs or the private sector.

The study highlights a number of issues. First, the study raises concerns regarding the fact that **a large proportion of the research on HIV issues is undertaken in or by the North**. There are real concerns about the relevance of such research to developing country needs, the ease of access to findings, and the perceived legitimacy by local policymakers. Secondly, there seems to be an interesting issue here in terms of the **credibility of independent bridging mechanisms** (e.g. the BBC) in comparison with governmental or NGO mechanisms. Thirdly, despite the great amounts spent internationally on attempts to prevent and respond to HIV – and many examples of impact – **the lack of impact on HIV policy in developing countries is the most striking**. The study points to a lack of impact beyond the organisations directly involved in projects, hostility from recipient governments or suspicion about donor motives, and lack of support from traditional systems of authority at local level.

Looking Forward

The need to enhance evidence-based policymaking

There is concern that policy at all levels is proceeding without a robust evidence base. The lack of developing country government response has been noted. At the same time, there are concerns about the way in which NGOs use evidence. Somewhat understandably, practitioners want to get on and do things and spend little or no time generating or marshalling evidence. This is problematic, since evidence does matter for legitimacy and effectiveness of interventions. This issue becomes more worrying for advocacy NGOs, which often have very specific interests and use evidence in a very selective manner – often with suboptimal results.

The increased politicisation of the epidemic on the international arena has led to an increased prominence of HIV/AIDS on national political agendas. However, resultant policies may be based more on politics than evidence. Research may not filter through to policy formulation and effective implementation. In addition, there are real concerns that certain interests – particularly in the US and especially those driven by religious beliefs or very narrow agendas – are promoting policy responses that are not relevant or effective. There are concerns regarding whether policy prescriptions reflect local priorities and evidence and how they will fit (or not) with local institutional structures.

Looking forward, there are major issues to resolve given the finances that are going into HIV-related policy, through the Global Fund, PEPFAR and the 3x5 Initiative. As noted, it is not clear that enough effort has been made to base these initiatives on a robust evidence base, or to align them with each other and with national priorities and policy processes. There is great scope for wasting massive sums of scarce development assistance. Global partnerships could potentially work to undermine the local participation and ownership in policy needed for effective behaviour change, and also government policymaking processes, with further implications relating to governance and legitimacy issues.

Practical recommendations

Research and policy processes often operate along parallel trajectories, and efforts to improve the links have the potential to help fight the disease. It is perhaps most useful to speak of four sets of gaps that need to be addressed.

i) **Research and research capacity gaps:** Substantial basic research, policy analysis and operational research gaps exist in both the North and South. There is a crucial need to invest in the capacity of Southern governments and civil society to provide effective, locally legitimate advice in HIV policy formulation and implementation that is able to incorporate the complex range of issues and evidence. Such capacity is virtually non-existent in much of Africa.

ii) **Research-policy communications gaps:** A key to bridging research and policy is to increase the accessibility of evidence through rapid and wide dissemination to all stakeholders by means of a

variety of media channels. Personal communication strategies for policy influence should be capitalised on, e.g. working groups, workshops, briefings, etc.

iii) **Actor mobilisation gaps:** Inclusive strategies are imperative in the aim to bridge research and policy. Researchers need to recognise the role of, and join forces with, proven effective linking mechanisms such as CSOs, the private sector and the media. At policy level, donors need to increase transparency and advance participation in the decision-making process; civil society should increase emphasis on evidence-based advocacy and more sophisticated relations with media.

iv) **Implementation gap:** A crucial challenge is to build greater links between researchers and street-level bureaucrats, and between researchers and CSOs. Policy implementers can represent the most powerful actors in the policymaking process, owing to their capability to interpret policy on the ground.

What can researchers do?

HIV researchers can maximise their chances of policy impact. For this to happen more often, they need to focus on three areas:

First, researchers need to develop a detailed understanding of i) the policymaking process – what are the key influencing factors, and how do they relate to each other?; ii) the nature of the evidence they have, or hope to get – is it credible, practical and operationally useful?; and iii) all the other stakeholders involved in the policy area – who else can help to get the message across?

Secondly, they need to develop an overall strategy for their work – identify political supporters and opponents; keep an eye out for and be able to react to policy windows; ensure the evidence is credible and practically useful; and build coalitions with like-minded groups.

Thirdly, they need to be entrepreneurial – get to know and work with the policymakers; build long-term programmes of credible research; communicate effectively; use participatory approaches; identify key networkers and salesmen; and use shadow networks.

How can governments and international organisations help?

Governments, international organisations and civil society organisations increasingly recognise the need to use evidence. This study highlights an important disjuncture between the large amounts of donor funds placed in HIV policies, and a resulting lack of actual impact. The study suggests the need for a re-evaluation of the process of international intervention in HIV/AIDS policy. The issues surrounding legitimacy and relevance of research emphasise the need for Southern research on both the problem and the solutions. However, Southern research units (within or outside government) often do not have the capacity to provide effective advice in policy formulation and implementation which does justice to the range of issues and evidence. In this way, governments and international organisations could better support: i) Southern think-tank functions that can better feed into Southern policy processes – particularly around implementation issues; ii) initiatives that improve linkage processes between researchers and policymakers; iii) ongoing research and learning activities on what works in terms of promoting evidence-based policy on HIV in developing countries – particularly around issues of policy implementation; and iv) prioritising national monitoring and evaluation processes.

For Further Information

Court, J. (2005) *Bridging Research and Policy on HIV/AIDS in Developing Countries*, London: Overseas Development Institute.

RAPID HIV/AIDS website: www.odi.org.uk/rapid/Projects/Ro166

We would like to acknowledge support for this work from the Merck Foundation.

Overseas Development Institute
111 Westminster Bridge Road
London SE1 7JD
UK

Tel: +44 (0)20 7922 0300
Fax: +44 (0)20 7922 0399
rapid@odi.org.uk
www.odi.org.uk/rapid