SURE Guides for Preparing and Using Evidence-Based Policy Briefs 7. Organising and running policy dialogues

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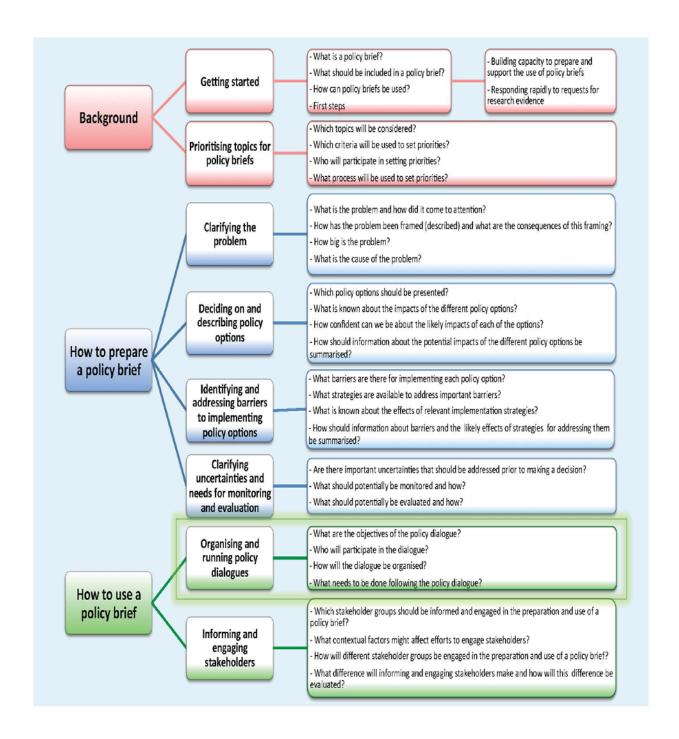


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7. Organising and running policy dialogues



Summary

Structured discussions about a policy brief can contribute to the development of evidence-informed health policies by adding value to the policy brief; help to clarify the problem and solutions and to develop a shared understanding amongst stakeholders; contribute to the development and implementation of effective policies; and contribute to good governance and democracy. Little is known about how best to organise and run a policy dialogue and it is unlikely that there is a single optimal way. However, a careful consideration of the following questions can help to ensure that a policy dialogue has appropriate objectives and that the objectives are met:

- What are the objectives of the policy dialogue?
- Who will participate in the dialogue?
- How will the dialogue be organised?
- What needs to be done following the policy dialogue?

A worksheet for planning a policy dialogue is provided in the 'Additional resources' section of this guide.

Evaluating the guide

As you use the guides, please complete the evaluation form included in the 'Additional resources' section so that the guides can be improved.

Background

Making health policy decisions typically requires both formal discussions and careful consideration. Deliberative processes are a valuable means of providing contextualised 'decision support' to health policymakers and giving stakeholders – both patients and the public - a voice. While some attention has been given to the use of deliberative processes in clinical practice guideline development, less attention has been paid to the use of such processes in facilitating evidence-informed health policymaking. 1,2,4

In this guide, the term 'policy dialogue' refers to a deliberative process (i.e. a structured discussion) which is focused on a policy brief (further details related to policy briefs are described in the previous guides in this series). Structured discussions of a policy brief can help to contribute to the development of evidence-informed health policies in a number of ways including by:

- Providing a check on the quality and contents of the policy brief
- · Clarifying judgements that are made in the policy brief
- Introducing relevant evidence not incorporated in the policy brief
- Helping to ensure that the contents of the policy brief are understandable and understood
- Helping to ensure that the policy brief is taken into account and used in the development of a policy

They can also help to clarify the problem and solutions and the development of a shared understanding by:

- Further clarifying the problem and its causes
- Developing a shared understanding of the problem and its causes
- Further clarifying options for addressing the problem
- Developing a shared understanding of the pros and cons of different options
- Identifying and clarifying barriers to implementing these options
- Identifying and clarifying strategies for addressing these barriers
- Developing a shared understanding of the pros and cons of relevant implementation strategies
- Clarifying important uncertainties
- Developing a shared understanding of uncertainties and needs related to monitoring and evaluation

Further, structured discussions can contribute to the development and implementation of effective policies by:

- Facilitating dialogue between people with different types of expertise and different perspectives
- Bringing potential opposition into the policy development process
- Exposing, clarifying, or resolving disagreements regarding the evidence
- Clarifying judgements that need to be made based on the policy brief

- Clarifying the values used in judgements related to the balance between the pros and cons of the options and implementation strategies; and exposing, clarifying, or resolving differences in these values
- Allowing policymakers and stakeholders to generate ideas and actions that can help to expedite the development and implementation of effective policies
- Giving credibility to the policy development process and the policies that evolve

Finally, structured discussions can contribute to good governance and democracy by:

- Involving people in their own governance
- Helping to ensure transparency
- · Helping to ensure accountability
- Building capacity for evidence-informed policymaking
- Providing a learning opportunity for stakeholders and the public

Designing policy dialogues to achieve their objectives

Health policy decisions require a large number of judgements, including:

- The importance of the problem and its causes
- Which options to address the problem should be considered
- The likely impacts of these options
- Barriers to implementing these options
- Which implementation strategies should be considered to address these barriers
- The likely effects of these strategies
- Priorities for monitoring and evaluation
- The balance between the advantages and disadvantages of the options and the implementation strategies that are considered viable

Most of these judgements need to be made by those preparing a policy brief and should be open to discussion by those using the policy brief. The last judgement needs to be made by those using the policy brief and requires a careful consideration of the values attached to the expected advantages and disadvantages.

The judgements that are made are complex and require input from people with different types of expertise and different perspectives. Bringing people together to discuss a policy brief is an activity based on the understanding that the participants will all have something to contribute. It is essential that policy dialogues are designed in such a way that an appropriate group of people is brought together. The process should also ensure that *all* participants will be heard and have the opportunity to influence the outcome of the process. A structured approach to deciding on the participants and the process can help to ensure that a policy dialogue is appropriately designed and able to achieve its objectives.

What are the objectives of a policy dialogue?

Policy dialogues share the common aim that discussion and careful consideration should contribute to a well-informed health policy decision. However, the specific objectives of policy dialogues can vary in several ways. Objectives may differ depending on the timing of the dialogue and the policy development process. Similarly, the importance of the different ways in which dialogues can contribute to the development and implementation of an evidence-informed policy may vary; the extent to which the aim of the dialogue is to reach a consensus may vary; and the ways in which the policy dialogue feeds into the policy development process may also differ.

A consideration of the ways in which these objectives may differ can help to develop a clearer shared understanding of the objectives of a policy dialogue. In turn, this can help to ensure that a policy dialogue is better designed to achieve its objectives.

What is the timing of the dialogue and the policy development process?

Policy dialogues can occur at different times in relation to the policy development process. If they occur early in the process, the objectives may focus primarily on clarifying and framing the problem and identifying viable solutions, and less on the descriptions of the options and their implementation. Alternatively, if they occur later in the process they may focus primarily on the advantages and disadvantages of the options and implementation strategies being considered, and less on the description of the problem and identification of viable options.

The timing of the policy development process may also vary. There may be an urgent need, for example, to address a particular problem or make a policy decision because of the specific nature of the problem or the availability of a narrow window of opportunity. In such instances, the objective of the policy development process might be more focused on contributing towards achieving a consensus and reaching a decision. Or the problem and circumstances may be such that a longer time frame would be better suited to the policy development process. In such cases, the objective of the policy process might be more explorative and focus on contributing towards achieving a process that will enable a more credible decision to be taken.

What are the most important ways in which a policy dialogue can contribute to the development and implementation of an evidenceinformed policy?

There are many ways in which a policy dialogue can contribute to the development of evidence-informed health policies and some have been described already in this guide. Not all of these, it should be noted, will be of equal importance and while such a long list of objectives is unlikely to be useful, it may serve as a useful checklist for agreeing on the most important objectives of a policy dialogue. Subsequently, this can be used to design a dialogue in which priority is given to achieving the objectives selected.

How is the policy dialogue intended to feed into the policy development process?

All policy dialogues are intended to contribute to a well-informed health policy decision, but they may vary widely in terms of *how* they are intended to feed into the policy development process. Policy dialogues may be organised entirely by public policymakers to feed formally into a decision. Or they could be initiated in an entirely different way, primarily by people without decision-making authority and be one of many inputs feeding into the development of a policy. The specific objectives and outputs of a policy dialogue (and how it should be designed) will depend on how it is intended to fit within the policy development process

To what extent is it feasible and desirable to achieve a consensus?

The degree to which achieving consensus in a policy dialogue is desirable will depend on: the timing of the dialogue, the key ways in which the dialogue can contribute to evidence-informed policymaking, and how the dialogue is intended to feed into the policy development process. If a decision is needed urgently, it is more likely that the objective of the dialogue will be to obtain consensus and that the development of a shared understanding of the pros and cons of the considered options will be a high priority. This is also likely to be the case if the policy dialogue is intended to feed directly into a decision. Conversely, if a decision does not need to be made urgently, or the policy development process is still at an early stage, then obtaining consensus is unlikely to be as important. In such circumstances, clarifying and framing the problem and identifying viable solutions are likely to be priority objectives, and the dialogue is one of many inputs into the policy development process. It should also be noted that in many situations obtaining a consensus may be counter-productive but this does not necessarily preclude the possibility of a consensus emerging spontaneously.

How will you know if a policy dialogue has achieved its objectives?

After agreeing on the specific objectives of a policy dialogue, it may be helpful to identify measurable markers of success for each objective. These could help to guide what needs to be done following the policy dialogue and help to aid its evaluation.

Who will participate in the dialogue?

Different political systems may have different requirements or traditions related to who will be invited to meetings to discuss policy issues and to how many people will participate. It may not be possible or desirable to deviate from these requirements or traditions. Nonetheless, the arbitrary or biased selection of participants should be avoided as far as possible, and careful consideration should be given to *who* will participate in a policy dialogue.

A policy dialogue should include people with relevant expertise and perspectives. Identifying an appropriate range and mix of people may require several steps, including:

- 1. Mapping the **stakeholders** (i.e. creating a list of categories of people, groups or organisations) who have an interest in the policy issue. These could include:
 - Policymakers including elected officials, political staff and civil servants at national and sub-national levels of government. These people may be based in departments other than Health or Finance
 - Managers in districts or regions, healthcare institutions (e.g. hospitals), nongovernmental organisations, and other relevant types of organisations
 - Civil society groups including consumer groups, health professional associations, industry associations, and other relevant groups
 - · Researchers in national research institutions, universities, and from other countries
- 2. Mapping the **experts** (i.e. creating a list of the types of experts needed) relevant to the policy issue. This group could include, among others:
 - Researchers from different disciplines
 - Health professionals from different professions and specialities
 - Civil servants and managers from relevant programmes
 - Professionals and consumers with practical experience
- 3. Finding **people with expertise** in political, policy development, and group processes to map the different factors that need to be understood, and ensuring that participants are able to bring an understanding of diverse factors such as the:
 - Regulatory and institutional constraints
 - On-the-ground realities and constraints
 - Values and beliefs of those who will be affected
 - Underlying incentives, influence, and authority within and among key interest groups
 - Social, political and economic factors beyond the health sector that affect the problem and potential solutions
 - International factors that affect the problem and potential solutions, including the influence of donor strategies, actions and aid modalities

- 4. Finding individuals who are able to represent relevant stakeholders and viewpoints and who have the relevant kinds of expertise. Relevant stakeholder organisations can be asked to assist with the identification and nomination of individuals. Specifying the types of people who will be needed in terms of their expertise or viewpoints, and in terms of specific selection criteria for participants (see below) is important. It should also be made clear whether participants are partaking in their official capacity as representatives of an interest group or in their personal capacity. Although some individuals may be associated with particular interest groups they may, in fact, only be representing their personal interests or concerns. A list of criteria for selecting participants can be sent to stakeholder organisations when asking for nominations and this should stipulate their required skills, including their ability to:
 - Articulate the views and experiences of a particular constituency
 - Engage with participants drawn from other constituencies and listen to them
 - Appreciate the value of scientific and other types of evidence and understand the role of evidence in informing decisions
 - Champion the implementation of options to address the problem within their constituencies
- 5. Selecting those individuals who will be invited
- 6. Inviting individuals to participate: Asking for several nominations from each stakeholder group may help to select the most appropriate people. Some individuals, such as health professionals or researchers who have become policymakers or managers, may fill more than one role. They may, for example, be able not only to represent a stakeholder perspective but also to provide relevant expertise and an understanding of the important factors as a result of their previous experience. Finding a group of people who have the desired range of perspectives and expertise can be achieved by first generating a list of recommended individuals and then selecting those to be invited from this. This selection process might also allow other potentially important characteristics to be considered, such as the geographical representation of participants.

When deciding on the number of invitees, a key consideration should be the need to balance the *representation* of all key constituencies with the full and active *participation* of all those involved. The ideal size of a group will depend on a variety of factors including the *range* of stakeholders who have an interest in the policy issue, the nature of the policy issue and the types of expertise that are needed, and the national traditions and culture. Having more than 18 participants may create coordination problems and limit the extent to which they are able to participate. ^{1,3,4,5,6} However, it may sometimes be desirable to include more people. There are at least two key ways of coping with larger groups. The first is to include some people as full participants and others either as observers or as participants who will contribute in restricted ways (they may, for example, only provide a specific type of expertise when this is needed). The second way is to break up the participation into smaller discussion groups which then report back to the main group. It is important that this feedback process is managed well since it can easily become tedious and time consuming. The reports to the main group should be succinct, focus only on key issues, and not be an

attempt to summarise everything that was discussed in the small groups. Assigned 'rapporteurs' could meet prior to reporting back to the large group, perhaps during a break, to synthesise the outcomes of the small group discussions. This feedback can facilitate follow-up discussions on those issues that warrant most consideration.

Another way to increase participation while at the same time limiting the number of those involved in the dialogue process, is to ask those who were nominated but not included (due perhaps to there being too many nominees or because they were unavailable at the time) to comment on the policy brief. If this is done in advance of the dialogue, their additional relevant comments could also be included.

Once the key individuals have been identified, care should be taken to ensure that they are both interested *and* able to participate. Attention should therefore be given to:

- Selecting a convenient date and checking that participation is unlikely to be affected by the timing of other potentially conflicting events
- Setting the date well in advance
- Ensuring that the dialogue starts and finishes at convenient times, factoring in the duration of travel to and from the chosen venue
- Selecting a convenient location and venue
- Inviting participants well in advance
- Ensuring that the dialogue is convened by organisations which are widely perceived as relevant and that the invitations come from the appropriate people within those organisations
- Ensuring that the invitation letter will appeal to those invited

The invitation should be brief and compelling. Consideration should be given to attracting participation by including and ensuring that the following will appeal to those invited to the dialogue:

- The organisations that are convening and hosting the dialogue
- The title of the dialogue
- How the dialogue will feed into the policy development process
- Clear, achievable and relevant dialogue objectives
- The range of invited participants
- The agenda and format
- The expected dialogue outputs
- Direct invitations by telephone may help to ensure participation

Click here to listen to a description of how a policy dialogue in Ethiopia was organised and how the participants were brought together.

How will the dialogue be organised?

When organising a policy dialogue, consideration should be given to: the *type* of meeting chosen and *how* the discussion will be organised and managed in advance of the dialogue; the use of *pre-circulated* materials; setting the *agenda*; planning *who will facilitate* or chair the dialogue; deciding the extent to which the dialogue will be open or closed; and other general, practical arrangements.

Face-to-face meetings are the best way to achieve the objectives of most policy dialogues. However, additional telephone or virtual meetings may also be possible as a way to facilitate the involvement of a wider range of participants or to clarify a specific aspect of a problem or its potential solutions. Options for the involvement of stakeholders prior to a policy dialogue are considered in Guide 1. Getting started and Guide 8. Informing and engaging stakeholders, and in the SUPPORT Tool on organising and using policy dialogues provided in the 'Additional resources' section of this guide.³ Options for doing this after a policy dialogue are also considered in Guide 8.

Face-to-face meetings may be structured in various ways. The nominal group technique, for example, involves the collection of ideas from each participant which are then systematically played back to the group by a facilitator in a way that ensures that all ideas are addressed openly. Because of the complexity of the issues and objectives addressed in most policy dialogues, discussions focused around specific issues are likely to be helpful (e.g. the problem, each option, and the implementation considerations), but the discussions themselves should not be structured. Any structure that is chosen should be designed to maximise the contributions of all participants and the interactions between them. Using a structure that explicitly separates consideration of different types of evidence may increase the possibility of tracing the outcomes of the dialogue back to the evidence. The contributions of the dialogue back to the evidence.

To ensure that discussions are sufficiently well-informed by a policy brief, the policy brief should ideally be circulated far enough in advance of the dialogue for the participants to read it and reflect upon it. Generally a minimum period of at least two weeks should be allowed for this. More time may be desirable if, for example, participants will need time to consult with their constituencies. Sometimes a dialogue may need to be organised at short notice due to the urgency of the problem or the presence of political expediency.

It is desirable for participants to have read a policy brief in advance of the meeting and they should be informed that this is expected. Preparation like this allows time for greater reflection and even consultation prior to the dialogue, as well as more time for discussion during the dialogue. On occasion, however, it may not be reasonable to expect participants to have read the policy brief in advance either because of the timing of the dialogue or because of their own professional time commitments.

Other materials that could be circulated in advance of a meeting include the agenda and the list of the participants. And while it may also be desirable to circulate additional relevant background documents, care should be taken not to overwhelm participants with too much information. Circulating additional background documents could distract attention from the key information (which should be summarised in the policy brief), or they may discourage more careful reading of the policy brief.

The agenda should allow as much time as possible for interactive discussions and a minimum amount of time for presentations. Care should be taken not to talk *at* participants and it may, in fact, be best to prevent convenors or participants delivering presentations during the dialogue process. An example of an agenda for a policy dialogue is provided in the 'Additional resources' section of this guide. If it cannot be assumed that a policy brief has been read beforehand, then time should be given for participants to read the policy brief during the dialogue meeting. It may be desirable to introduce each discussion with a summary of the key relevant information from the policy brief, and then inviting comments on these from participants. If it can be assumed that a policy brief has been read beforehand less time is needed when introducing each discussion.

Generally the agenda should include deliberations about the problem, about each option for addressing the problem, about implementation considerations, and about the next steps to be taken. The agenda should be organised in a logical way, such that there are separate deliberations related to each section of the policy brief. There may be reasons to organise the agenda differently, for example it may be considered advantageous to discuss implementation considerations at the same time as each option. Depending on the timing and objectives of the dialogue it may be desirable to give more time to particular considerations than to others. It may be useful, for example, to spend more time discussing the problem early in the policy development process or if there are conflicting views or important uncertainties regarding the problem. Conversely, it may be desirable to spend less time discussing the problem and more time discussing solutions, if a shared understanding of the problem already exists.

When deciding how long a policy dialogue should be, a balance must be found between allowing sufficient time for a fruitful discussion with the participation of all of the participants, and the need to minimise demands on their time. An appropriate length is likely to be between one and two days but this may vary depending on the objectives of the dialogue, the schedules and travel arrangements of the participants, and the degree of controversy surrounding the content.

A skilled, knowledgeable, and neutral chair or facilitator is needed to ensure that the available time is used effectively and that the policy dialogue is well run. They will need the experience and skills to:

- Keep the discussions focused on the relevant issues
- Ensure that all participants contribute
- Try to explore what underlies important assumptions that appear not to have a clear explanation
- Constructively challenge possible misinterpretations of the evidence or the viewpoints of others

The facilitator should try to prevent individual participants dominating the discussion or influencing it inappropriately, perhaps by drawing on their own perceived authority (e.g. their position or research background), talking too much, or cutting others off.

Facilitators should have some knowledge of the problem, the potential solutions and the context, be able to interpret the contributions and dynamics of the discussion appropriately, and know when and how to intervene.

Neutrality is also required to ensure that all participants feel that their contributions will receive a fair hearing and to avoid the dialogue being manipulated – or perceived as being manipulated – to support a particular viewpoint.

The degree to which the dialogue is open or closed may also affect how participants contribute, and a balance between transparency and privacy must be found. Privacy may be needed to allow the discussion to flow freely and for the participants to be comfortable enough to admit ignorance, enquire openly, or try out new ideas. While transparency may be generally desirable, it may inhibit contributions and encourage participants to "play to the audience". One way of achieving a balance is to be open about the procedures but to keep the actual deliberations closed (apart from the agreed outputs). If this latter option is chosen, clear rules should be discussed and agreed at the beginning of the dialogue. For example, the Chatham House Rule may be applied, which states that: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed" (www.chathamhouse.org.uk/about/chathamhouserule). This rule ensures that participants can use and act on what they have learned while ensuring they have sufficient privacy to allow them to contribute freely and openly at the dialogue.

In addition to planning the structure of the dialogue and the conduct required in ways that maximise the likelihood of achieving the objectives, it is important to ensure that suitable practical arrangements are made. This includes being clear about who is responsible for these, securing a venue that is convenient and conducive to discussion (with break-out rooms if needed), managing travel arrangements for the participants, finding suitable seating arrangement (ideally a boardroom style), making sure that the meeting room is easy to find (e.g. putting up signs or providing instructions), and giving attention to organisational details including the provision of name tags, refreshments, writing materials, and translation services, when needed.

Click here to listen to a description of the processes involved during a policy dialogue held in Zambia.

Workshop materials and a presentation on organising and running policy dialogues are provided in the 'Additional resources' section of this guide.

What needs to be done following the policy dialogue?

The outcomes of a policy dialogue vary and will depend on the objectives of the dialogue as well as on how public (open) the dialogue was. After the dialogue, possible actions to ensure that the objectives are successfully met include:

- Carrying out an initial formative evaluation of the dialogue
- Preparing and disseminating a report
- Disseminating the policy brief
- Arranging other dissemination activities
- Consulting further with stakeholders Following-up on any next steps that are identified
- Fully evaluating the policy dialogue

Carrying out an initial formative evaluation of the dialogue

As soon as possible after a policy dialogue, those involved in organising it should consider the following three questions:

- What went well in the dialogue? Consider each component of the meeting, including the process (e.g. the facilitation and the participation of stakeholders), the materials (e.g. how these were made available to participants) and whether the dialogue achieved its objective.
- What did not go well in the dialogue? Again, consider each component of the meeting.
- What could be done differently or improved next time? Consider what changes you
 might make that might improve the organisation of the dialogue, the participation of
 stakeholders, the facilitation of discussion and the extent to which the dialogue is able
 to achieve its objective.

You should make notes of your thoughts regarding these three questions and circulate these within the team responsible for producing the policy brief. You should also ensure that your suggestions on how to improve the way in which you run policy dialogues in the future are implemented, by assigning any actions identified to individuals within the policy dialogue team.

Preparing and disseminating a report

The preparation and dissemination of a report containing the key messages from the policy dialogue is likely to be the minimum action required to ensure that the objectives of the dialogue are met. If the dialogue discussion was not public or open, the report should respect this. For example, if the Chatham House Rule was applied, the report should not include comments that could be attributable to individuals or to those with identified affiliations. The summary should not include a list of dialogue participants if the participants have not agreed to this. A template for a policy dialogue report and a report of a policy dialogue on preventing community-based postpartum haemorrhage in Zambia are provided in the 'Additional resources' section of this guide. Suggestions for preparing such a report are summarised in Box 7.1 below.

Box 7.1 Suggestions for preparing a report of a policy dialogue

The purpose of a policy dialogue report is to capture the views, opinions, insights and understandings (or misunderstandings) of the individual participants. The target audience may vary, but generally includes policymakers and stakeholders with an interest in the problem both in the country and internationally.

- Participants in the dialogue should be informed that a report will be prepared. It should be agreed whether opinions will be reported without attribution, and consent should be given to list the dialogue participants in the report.
- Careful notes should be kept during the dialogue. Consent should be sought to audio or video record the dialogue, if this is desired.
- The report should not be comprehensive. It should focus on key views, opinions and insights that are likely to be of interest and relevance to the target audience.
- The report should be readable and understandable to someone who was not a participant in the dialogue.
- Abbreviations, acronyms and jargon should be avoided. When they are used, they should be explained.
- A draft report should be circulated to the participants and the report should be revised taking account of any corrections or concerns of the participants.

It may be desirable, or have been agreed in advance to produce and disseminate a more detailed report. If, for example, an objective of the dialogue was to obtain a consensus, or if a consensus emerged spontaneously, a statement of consensus should probably be prepared and disseminated. In such instances it would be important to have a process suited to ensuring that participants are in agreement with the statement. It would also be important to agree that dialogue participants would be named as the signatories of the consensus statement.

Disseminating the policy brief

A further important action might be to disseminate the policy brief if this was not disseminated prior to the policy dialogue. If an objective of the policy dialogue was to help clarify the problem or solutions, it may be desirable to revise the policy brief, taking the inputs from the dialogue into account, prior to wider dissemination.

Other dissemination activities

Effective dissemination may require a range of activities, such as the preparation of a press release, organising a press conference, and the targeting of specific groups or constituencies. Strategies for informing and engaging stakeholders are explored further in Guide 8 of this series.

Consulting further with stakeholders

Further stakeholder consultation or the holding of an additional policy dialogue may be warranted. After the dialogue, important knowledge gaps may still remain, or uncertainties or controversies may have been identified: such circumstances could therefore make further consultation with relevant groups or individuals desirable. Similarly, if there was insufficient time to discuss the important issues that arose during the policy dialogue, then holding another policy dialogue may be also be desirable.

Following-up on any next steps that are identified

Any specific actions that were identified during the policy dialogue as the next steps required for developing and implementing a policy, should be recorded and disseminated to participants with a specification of who is responsible for following up on each action.

Fully evaluating the policy dialogue

Finally, the policy dialogue should be fully evaluated. This process should include an evaluation of the extent to which its objectives have been met, its contribution towards addressing the specific problem addressed in the policy brief, and what still needs to be done. A guide to performing policy dialogue evaluations can be found at http://researchtopolicy.org/KTPEs/Procedures-manual. The evaluation form provided in the 'Additional resources' section for evaluating the usefulness of this guide in organising and running a policy dialogue should also be completed.

Additional resources

Evaluation form

A form for evaluating the SURE guides

Glossary

A glossary of terms used in the guides

Worksheet for planning and running a policy dialogue

Worksheet for planning and running a policy dialogue

SUPPORT Tool for organising and using policy dialogues to support evidence-informed policymaking.

Questions to consider when organising and running policy dialogues

Template for a policy dialogue report

Suggestions for the structure and content of a policy dialogue report

Example of a policy dialogue report

A report on a policy dialogue about preventing community-based postpartum haemorrhage in Zambia

Example of an agenda for a policy dialogue

Agenda of a policy dialogue held in Ethiopia

Formative evaluation of policy dialogues

A document for guiding the formative evaluation of a policy dialogue can be found at http://researchtopolicy.org/KTPEs/Procedures-manual (last updated October 2010)

Workshop materials and a presentation

Guide for a workshop and a PowerPoint presentations on organising and running policy dialogues

References

- 1. Lomas J, Culver T, McCutcheon C, McAuley L, Law S. Conceptualizing and Combining evidence for health system guidance. Ottawa, Canada: Canadian Health Services Research Foundation, 2005. www.chsrf.ca
- 2. Lavis JN. Moving forward on both systematic reviews and deliberative processes. Healthcare Policy 2006; 1:59-63.
- Lavis JN, Boyko J, Oxman AD, Lewin S, Fretheim A: SUPPORT Tools for evidence-informed health Policymaking (STP). 14. Organising and using policy dialogues to support evidence-informed policymaking. Health Res Policy Syst. 2009, 7(Suppl 1): S14.
- 4. Fretheim A, Schünemann HJ, Oxman AD. Improving the use of research evidence in guideline development: 5. Group processes. Health Res Policy Syst 2006; 4:17.
- 5. Murphy MK, Black NA, Lamping DL, McKee CM, Sanderson CF, Askham J, Marteau T: Consensus development methods, and their use in clinical guideline development. Health Technol Assess 1998, 2: i-88.
- 6. Hutchings A, Raine R: A systematic review of factors affecting the judgments produced by formal consensus development methods in health care. J Health Serv Res Policy 2006; 11:172-9.
- 7. Lomas J, Anderson G, Enkin M, Vayda E, Roberts R, MacKinnon B. The role of evidence in the consensus process. Results from a Canadian consensus exercise. JAMA 1988; 259: 3001-5