

## BRIEFING NOTE

# Policy dialogue: What it is and how it can contribute to evidence-informed decision-making



funded by the Grand Duchy of Luxembourg and the European Union and technically supported by the World Health Organization

---

## *Acknowledgements*

---

This Briefing Note is prepared jointly by the Health Systems Governance, Policy and Aid-effectiveness team and the Alliance for Health Policy and Systems Research, both in the Health Systems and Innovation Cluster, World Health Organization, Geneva.

The principal writers are Dheepa Rajan, Taghreed Adam, Dina El Hussein, Denis Porignon, Abdul Ghaffar and Gerard Schmets.

Valuable inputs in the form of contributions, peer reviews and suggestions were provided by: Juliet Nabyonga, Martin Ekeke Monono, and Tarcisse Lokombe Elongo from the WHO Africa Regional Office as well as participants at a Technical Meeting on Sharing Experiences on Health Policy Dialogue in Countries, held in Brazzaville from 25-27 February 2013: Mawuli René Adzodo, Abdallah Ahmed, Abdi Momin Ahmed, Wondimagegnehu Alemu, Anshu Banerjee, Flora Bertizzolo, Kokou Sika Dogbe, Silviu Domente, Babacar Dramé, Peter Mbondji Ebongue, Mohammed Ali Yahia Elabassi, Tarcisse Elongo, Socorro Escalante, Gilles Forte, Teniin Gakuruh, Ann-Lise Guisset, Derege Kebede, Christopher Knauth, Sibylle Koenig, Joseph Kutzin (by videoconference), Matshidiso Moeti, Laurent Musango, Chau Thi Minh Nguyen, Gisèle Caroline Nitcheu, Triphonie Nkurunziza, Sjiewke Postma, Machikourou Salami, Omar Sam, Sameen Siddiqi (by videoconference), Habib Somanje, Ehsanullah Tarin, Bokar Touré, Stéphane Vandam, and Erica Wheeler.

# Briefing Note

Policy dialogue: What it is and how it can contribute to evidence-informed decision-making

FEBRUARY 2015



Photo: OMS/Dheepa Rajan

## What is policy dialogue according to the literature?

Perhaps it is not surprising that we could not find a clear formal definition of what is meant by policy dialogue or what it entails in our review of the grey and peer-reviewed literature. Few descriptions were provided, each reflecting the focus and process used by those describing it, each offering a useful element or principle but none seemed entirely comprehensive, general or representative of the concept itself and how it operates. Indeed, on the whole, the literature on policy dialogue and on their definitions is very sparse and fragmented.

Through this review process and our experience in collaborating with different entities conducting policy dialogue in countries, it became clear that the term policy dialogue means different things for different people. In addition, there are language nuances which make the translation of the word 'policy' difficult – just as an example, in French, the term *politique* can be used for both 'policy' and 'politics', potentially conferring the understanding that *dialogue politique* is a debate between political parties or a highly politicized debate. One of the formal definitions we found is by the European Observatory on Health Systems and Policies, where they define policy dialogue as “an event where dialogue takes place around ‘a policy question ... on which... key documents and international experts... [are brought together] to

present recent evidence, as well as relevant case studies from countries that have faced a similar question. [1]” The SURE project [2] defines policy dialogue, which they also call “deliberative dialogue” as “a deliberative process (i.e. a structured discussion) which is focused on a policy brief.” The SURE guidelines for preparing and using policy briefs further elaborate on the usefulness of adopting structured discussions of a policy brief to help contribute to the development of evidence-informed health policies in a number of ways including by:

### *The term policy dialogue means different things for different people*

- “Providing a check on the quality and contents of the policy brief
- Clarifying judgments 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 [3]”

[1] <http://www.euro.who.int/en/who-we-are/partners/observatory/activities/policy-dialogues/what-is-a-policy-dialogue/>

[2] Supporting the Use of Research Evidence (SURE) for policy in African health systems is a collaborative project that builds on and supports the Evidence-Informed Policy Network (EVIPNet) in Africa and the Region of East Africa Community Health (REACH) Policy Initiative. <http://www.who.int/evidence/sure/en/>

[3] SURE Guides for Preparing and Using Evidence – Based Policy Briefs. 7. Organizing and running policy dialogues. August 2011

This Briefing Note is a first attempt at making sense of the policy dialogue literature and experiences in using it in health and in low- and middle-income countries. It is intended to be used by a wide range of audiences interested in public health and health systems strengthening including country level implementers and decision-makers at all levels, WHO and other UN agencies, funders, civil society etc., and does recognize that more research is needed in the area.

## ***What do we mean by policy dialogue in this Briefing Note?***

This Briefing Note considers policy dialogue which is part and parcel of the policy and decision-making processes, where they are intended to contribute to developing or implementing a policy change following a round of evidence-based discussions/workshops/consultations on a particular subject. Hence, in this definition, we are not focused on a single event nor on a policy brief or synthesis document but on the process itself. The latter can include structured formal events, potentially organized around a policy brief, but puts a distinct emphasis on the milestones and debates which take place during the policy and planning cycle. The ultimate goal of policy dialogue according to all definitions is to inform policy. A distinctive feature of our broader definition is that policy dialogue should be seen as an integrated part of the policy-making process rather than just a simple tool for ensuring a high-quality, inclusive and comprehensive policy brief.

It is worth noting that policy dialogue often also includes informal consultations (e.g. through electronic correspondence, corridor meetings, among others). It includes any communication or contact between people who are ultimately contributing in some way, shape, or form to a process which culminates in a policy decision. However, this more informal dialogue is difficult to capture, not usually documented, and represents a large grey area not explicitly addressed in this briefing note.

### **BOX 1: Policy dialogue in a post-revolution setting—experience from Tunisia**

In Tunisia, policy dialogue activities were characterized by its high degree of participation and inclusion and by its comprehensive approach to health system reforms. The chosen term for this process in Tunisia, *dialogue sociétal*, highlights the value put forward by the current post-revolution government to have all actors of society involved in reform development and implementation in order to ensure its feasibility and acceptability in the current political and social context in Tunisia.

The *dialogue sociétal* programme began in 2012 and saw the active participation of health professionals, vulnerable population groups, and other ordinary citizens. Focus group discussions were set up to get a true sense of how the Tunisian people perceive and experience their health care. A Health Sector Situation Analysis Report in early 2014 was based on not only a thorough analysis of available literature but also the input from the focus groups and other citizen events such as a series called the ‘Citizens’ Meetings on Health’. These ‘Citizens’ Meetings’ were organized in each governorate where input was gathered on the key challenges in the health sector but also on values and attitudes of the population for sector reforms. On this occasion, citizens also shared their views on how health services could be improved.

A Citizens’ Jury then synthesized and finalized the recommendations. An interactive website was set up to collect opinions through polls. The first-ever National Health Conference in September 2014 took in all the recommendations coming from these events and officially adopted them.

The path to this spectacular success was not always easy given the politically sensitive climate. Deliberations highlighted a lack of trust in the health system and deep-rooted misunderstandings between professionals, ordinary citizens and the government administration. Over a year was necessary at the beginning to build faith between different stakeholders and between the *dialogue sociétal* programme and government. Changes of Ministers and electoral cycles often stalled the process for months on end. However, the *dialogue sociétal* contributed to a sort of ‘reconciliation’ and has provided the foundation for developing a common vision of health system development which was agreed upon in the National Health Conference.

***Policy dialogue can be conducted at any level of the health system where a problem is perceived and a decision, policy, plan or action needs to be made***

Although all definitions and perspectives on policy dialogue provide some added value, we would like to limit its definition, for the purpose of this briefing note, to the notion of “dialogue for policy and decision-making,” which requires involving those with the prerogative to make decisions at any level of the health system. The key characteristics of this type of policy dialogue are:

1. An iterative process
2. Considering both the technical and political aspects of the problem in question
3. Very variable and broad in nature
4. Involving evidence-based and politically sensitive discussions
5. Including a broad range of key stakeholders, and
6. Having a concrete purpose or outcome in mind, e.g., a decision, a plan, or a deliverable (e.g., a report or review).

Box 2 illustrates some definitions which encapsulate these concepts, shared by participants at the Second Annual Meeting on Sharing Experiences on Health Policy Dialogue

in Low- and Middle-Income countries, held in February 2013 in Brazzaville, Congo [4]. The three descriptions demonstrate how the policy dialogue process is seen differently by those who are using them and that much remains to be explored and learnt from actual processes and experiences in countries.

**BOX 2: Illustrations of how policy dialogue has been described by those involved in them [4]**

Policy dialogue was described by country participants at the technical meeting on policy dialogue in Brazzaville as:

- “An iterative process connecting the technical to the political, addressing the aspirations of the people, involving multiple stakeholders aiming to change formal or informal policy, strategy and plans informed by evidence to have maximum (public) health impact”
- “A participatory inclusive approach amongst all relevant stakeholders around a specific issue with the aim of agreeing on overall policy directions with the essential elements of being face-to-face and interactive”
- “A continuous process at several levels which is dynamic and creates interactions; it is also a step-wise process on a topic that interests all (common good) around the resolution of an issue of societal (common) interest. It should lead to a decision on change which is accepted”

## ***How can the policy dialogue contribute to improving a policy and decision making process?***

**In order to understand how policy dialogue processes can contribute to improving the policy and decision making process, it is important to understand what the policy dialogue can achieve, if conducted successfully**

First and foremost, policy dialogue can lead to a key policy decision with the buy-in and ownership of a wide range of stakeholders – this is crucial because policy implementation is directly dependent on buy-in from at least those stakeholders who are involved in implementation. Stakeholder ownership is invaluable and is, among other things, a consequence of having a voice in the policy process.

Once there is a vested interest of stakeholders in the policy at hand, policy implementation is likely to be more transparent if anchored in policy dialogue. Dialogue, whether formal or informal, can boost trust between stakeholders and allow for constructive commitments on how implementation will take place.

Panel 1 summarizes this, illustrating ways in which the policy dialogue can improve policy and decision making processes. In addition, policy dialogue can be a valuable input on the demand side of health services and systems,

depending on the degree to which it is truly participatory and inclusive. Again, this brings enormous advantages to policy implementation and increases the chances for positive results.

### **PANEL 1: Ways in which policy dialogue improves policy and decision making processes**

#### **More accountability and transparency leading to better monitoring and tracking of results**

- Policy dialogue facilitates transparency & accountability in implementing policies and programmes.
- It provides a means to enhance mutual understanding of problems and expanding trust between partners by providing a platform to clarify expectations and agree on commitments.
- Using owned and agreed upon tools to monitor progress increases accountability, leads to effective implementation of policies, and provides a mean for a rapid response to barriers or challenges which are ideally addressed in a collective and collaborative manner.

#### **Increased buy in and ownership leading to better implementation of programmes**

- Policy dialogue increases buy in and ownership because stakeholders are given a chance to be actively involved, by sharing their perspectives and opinions on policy issues and questions.
- In turn, this creates a sense of ownership, as stakeholders are given an opportunity to make a contribution as opposed to having to follow protocols designed by others, which they may or may not buy into.
- Consequently, effective programme implementation is more likely to happen, because stakeholders understand the complexities involved, and through the process may have a vested interest in seeing the changes being put into place.

## ***Possible entry points for policy dialogue processes and the topics around which they can be organized***

With the intention of enabling our intended audience to get a wide range of insights on experiences with policy dialogue, we describe below examples of entry points and topics discussed using experiences from the EU-Luxembourg-WHO Universal Health Coverage Partnership on supporting policy dialogue processes in low- and middle-income countries.

We use the term *'entry point'* as an issue which may arise in the course of a policy process which provokes dialogue, often (but not always) due to the sensitivity or the wide-reaching consequences of the policy.

### **The EU-Luxembourg-WHO UHC Partnership**

This Partnership aims to strengthen selected countries' national health planning and policy dialogue processes by bolstering WHO Country Office capacity and providing seed funding for policy & planning activities. Experience from the first 3 years of this Partnership demonstrates that although each country setting for policy dialogue

is unique, many of the entry points and priority topics selected by MoHs mirror each other. The differences are in the country-specific pathway to selecting those priority topics and the way the actual dialogue around the issue was conducted to implementation itself (see Boxes 1 and 3). In summary, there appears to be overlap and agreement in the identification of priority topics; however, the perspectives on how to use policy dialogue to implement the changes seem to diverge.

The annex summarizes the subject areas of policy dialogue for five Partnership countries as well as the rationale behind the choice and the outcome as part of the EU-Luxembourg-WHO Partnership. For example, monitoring & evaluation (M&E) and financing/costing of the health sector strategy were frequently used as entry points for policy dialogue. Decentralization processes and decentralized planning was another entry point for discussion and policy debate. Building MoH capacity to effectively lead policy dialogue structures also featured prominently as priority policy topics to address.

**BOX 3: Country example of policy dialogue processes and initial outcomes – Togo****Background**

- The MoH, EU country representatives and the Togo WHO Country Office worked together in a collaborative manner through the Health and HIV/AIDS Coordination Committee which led to a strong consensus in coordinating key health sector activities.
- The findings from the discussion revealed that areas such as M&E and financing / costing options could benefit from further strengthening. In addition, issues related to generic essential medicines, drugs pricing, and medicines policies also needed to be strengthened.

**Initial Outcomes**

- The International Health Partnership (IHP+) provided a kick start for a comprehensive, WHO-facilitated process of health sector reviews and national strategy formulation. In addition, linkages were identified with other EU-funded activities in the country.
- As a result, the First National Exchanges on Health were held in 2012, a new type of health sector review for Togo.
- In order to increase visibility, and to communicate the national health policy to the population and development community, a communications plan was devised which included a media launch in the middle of 2012.

---

## *Best practices for developing the content and managing the process of policy dialogue: Lessons from the literature and the field*

---

When thinking about policy dialogue, it is difficult to split the concepts of “how to develop content” vs. “how to manage the process”, because in practice, they are closely interlinked. Due to a high degree of overlap between concepts and guiding principles it makes more sense to discuss them together rather than treat them as distinct areas. The following paragraph highlights some of the main factors of success for both the process and content of policy dialogue.

**Factors of successful policy dialogue**

Successful policy dialogue needs to have a **clearly defined purpose/set of objectives**, coupled with a clear vision of which outcomes and results are expected. If these aspects have not been defined and crystallized from the outset, the rest of the process can suffer as the dialogue will lack structure, direction and purpose, which can hamper the achievement of objectives. Furthermore, having a clearly defined set of objectives and outcomes will make it easier to develop a M&E framework, because the framework represents the tool which bridges the gap between the objectives and outcomes.

In addition, it is also imperative that policy dialogue preparation includes **gathering of relevant information**, preferably evidence-based, as the presentation of available evidence will invariably help justify the implementation of policy reform.

Context and stakeholder analysis should also be carried out as part of the policy dialogue preparation, as there are several benefits to this. Firstly, the exercise can help increase the participants’ knowledge of the landscape, by identifying the status quo, the work that has previously been carried out in this field, areas for improvement, potential bottlenecks, key actors as well as their respective strengths/expertise. Secondly, when some (or all) of the areas have been researched and identified, the process as a whole has a stronger chance of succeeding, because the factors which can affect the success and/or failure of the process have been identified.

Policy dialogue processes should also be underpinned by an **adequate level of funding and resources**, in order to avoid the process of stalling and/or losing momentum. **Sufficient preparation time** is crucial to ensuring that all the relevant evidence can be gathered and stakeholders prepared so that they can participate meaningfully.

Policy dialogue discussions should be led by using **effective moderation techniques**, because these will differ according to the objectives of the dialogue. For example, seeking consensus and seeking majority agreement require different moderation approaches and skills.



**TABLE 1: How to develop and manage the policy dialogue process**

Meetings / workshops	Meetings / workshops	Follow up activities
<p><b>Meeting preparation should include:</b></p> <ul style="list-style-type: none"> <li>Clarity of intent</li> <li>Clear objectives &amp; outcomes</li> <li>Effective context &amp; stakeholder analysis</li> <li>Good quality evidence</li> <li>Adequate funding and resources</li> </ul>	<p><b>Discussions should be led by:</b></p> <ul style="list-style-type: none"> <li>Effective moderation</li> <li>Leadership</li> <li>Flexibility</li> <li>Ownership</li> <li>Transparency, trust, mutual respect</li> <li>Equal negotiating powers</li> <li>Credibility &amp; legitimacy</li> </ul>	<p><b>Implementation strategy should include:</b></p> <ul style="list-style-type: none"> <li>Access to high level decision makers</li> <li>Identification of flexible entry points</li> <li>Developing &amp; implementing effective M&amp;E frameworks</li> <li>Identifying finance / costing options (where relevant)</li> <li>Tools / mechanisms to track &amp; measure results</li> </ul>

The foundation of policy dialogue should be based on leadership, flexibility, ownership, relationship building, collaboration, communications, information sharing, transparency and trust. These qualities provide a basis for the exchange of ideas, information and perspectives. This, in turn, enables all stakeholders to have the same level of negotiating capital and credibility.

Lastly, [access to decision makers](#) is vital, as there is risk of stalling the progress if the needed approval is not granted.

### **Policy dialogue should not be confined to the meeting room only**

Although a great deal of literature surrounding successful policy dialogue focuses on the development, content and the moderation of the meetings/workshops, success equally depends on stakeholders **following through** on follow up activities. This can include implementing M&E frameworks, identifying finance/costing options etc. Our conceptual understanding of policy dialogue therefore should extend beyond the meeting room, and similarly our understanding of best practices should involve post meeting activities.

Table 1 outlines best practices on what the content of the meetings and follow up activities should include, and how to manage the process.

## *Role of health system stewards in the policy dialogue process*

As mentioned previously, the policy dialogue process is continuous, dynamic and iterative. It therefore consists of a variety of different participants. In order for a policy dialogue to be successful, it is important that different perspectives and voices are heard. Indeed this is pivotal in encouraging collaboration and rich discussions.

The type of stakeholders will depend on the nature and objectives of the policy dialogue; however broadly speaking, stakeholders can be categorized according to:

- People who have a vested interest in the policy issue (policy makers, managers of health care institutions, health system end users and civil society groups)
- Technical experts in the policy area (researchers, health professionals, civil servants)

### **Leaders**

First and foremost, the MoH must be in or at least be perceived to be firmly in the leading position in order to

lend credibility for any policy dialogue processes. The more strongly the MoH takes ownership and leads the dialogue process, the more likely it is that policy implementation will be effective. Taking ownership of the process means ensuring the highest possible visibility within the national public health agenda, advocating for the relevant issues among internal and external stakeholders, and taking initiative in organizing policy events in a timely manner.

### **Other stakeholders**

NGOs, research institutions, professional associations, local funding partners and other civil society organizations also have pivotal roles to play, first and foremost by aligning their aims and activities with the overall policy and planning cycle and assisting the MoH with key studies and localized and decentralized information. These groups of actors also have an important advocacy role, i.e., bringing to attention priority health issues and offering options to solve them.

## *Challenges*

### **Apparent but not necessarily 'real' stakeholder buy-in**

For political reasons, or in order to be seen to go with the majority, some stakeholders may agree to a decision in a dialogue forum without a clear intention of following through with the consequences of the decision. One way to tackle this issue is to continue the dialogue after the decision has been made. The continued involvement and commitment of these stakeholders will depend heavily on how effective the technical body which manages the dialogue reads and reaches out to stakeholders.

### **Different stakeholders may be perceived to have more influence on the policy dialogue process than others**

Funding alone will not secure success of the policy dialogue process. Often, those stakeholders who do provide funding may be perceived as more important than others. The big

risk here is the tacit establishment of a certain hierarchy of stakeholders which can cause tensions, resentment and frustration. This may lead to the withdrawal of some stakeholders from the process altogether – with an accompanying loss of policy dialogue 'champions' (and the evident possibility of negative propaganda). What may also happen is that a group of stakeholders takes over the policy dialogue to influence it in their own interests.

One way policy dialogue conveners can mitigate this is to explicitly recognize and ensure that every stakeholder is considered equally, and make a categorical effort to create a sense of joint commitment and collective benefit to all. Another way to alleviate this problem is to clarify in no uncertain terms the roles and responsibilities of each stakeholder, taking into account their respective added value.

---

## Conclusion

---

Health policies and plans have little chance of success in the absence of a real policy dialogue. However, policy dialogue does not just happen by itself. It is a political process that requires top-level political support and will as well as adequate investment in terms of effort, prioritization, and resources.

Policy dialogue is an iterative process which has its ultimate goal in influencing policy, with a specific outcome. It must have a precise purpose as well as effective leadership and follow up.

WHO is committed to further studying this area and disseminating best practices through the experience it gathers via its EU-Luxembourg-WHO Universal Health Coverage Partnership.



Photo: WHO/P Desloovere

Suggested citation: Rajan D, Adam T, El Husseiny D, Porignon D, Ghaffar A, Schmets G. *Briefing Note: Policy dialogue: What it is and how it can contribute to evidence-informed decision-making*. Geneva: WHO 2015

## *Annex: Policy dialogue topic, process of selecting EU-Luxemburg-WHO*

	<b>Sierra Leone</b>	<b>Liberia</b>
<b>Topic</b>	<b>Establishing public financial management</b>	<b>Strengthening County Performance Reviews</b>
<b>How/why chosen?</b>	Existing priority for MoH, became more acute with the MoH corruption scandal.	The MoH prioritized this knowing that strong performance reviews at decentralized level would lead to a more solid basis for good planning at national level.  The Policy Dialogue Programme gave the added impetus and funds to execute this activity.
<b>Initial Outcomes</b>	New unit within MoH which manages donor funds (Integrated Health Project Administration Unit).	Strengthened County Performance Reviews: a planning template was developed, a training module was established, central-level teams were trained and deployed to train county-level health teams. Capacity-building in M&E and data analysis were organized.

## *it, and the initial policy dialogue outcomes in five Partnership countries*

<b>Togo</b>	<b>Tunisia</b>	<b>Vietnam</b>
<b>Pioneering health sector review entitled First National Exchanges on Health</b>	<b>Establishing participation and coordination mechanisms</b>	<b>Continuity in Health Partnership Group meetings</b>
<p>MoH had spent 2 years engaged in inclusive policy-making processes to release a series of policy documents.</p> <p>This health sector review event helped kick-start the crucial implementation phase.</p>	<p>Need to increase citizen participation and put in place adequate coordination mechanisms which ensure that citizens' interests are being considered.</p>	<p>The Health Partnership Group needed additional funding to allow for more continuous coordination as well as a structured and sustainable boost in visibility and perception with regards to its contribution to national public health priorities.</p>
<p>Successfully held First national exchanges on health in December 2012.</p>	<p>Steering Committee, Technical Committee, and Management Unit were put in place for policy dialogue in the health sector.</p>	<p>Steering Committee, Technical Committee, and Management Unit were put in place for policy dialogue in the health sector.</p>





[www.uhcpartnership.net](http://www.uhcpartnership.net)

