

PPHS 614

January 30, 2024



How to prepare briefing notes, analytic assessments, and policy briefs for policy makers and how to co-create research with communities and stakeholders

Andrew Bresnahan

Using briefing notes and analytic assessments to communicate risk and options to decision-makers

Break

Catherine Hankins

How to co-create research with communities and stakeholders and how to prepare policy briefs for policymakers

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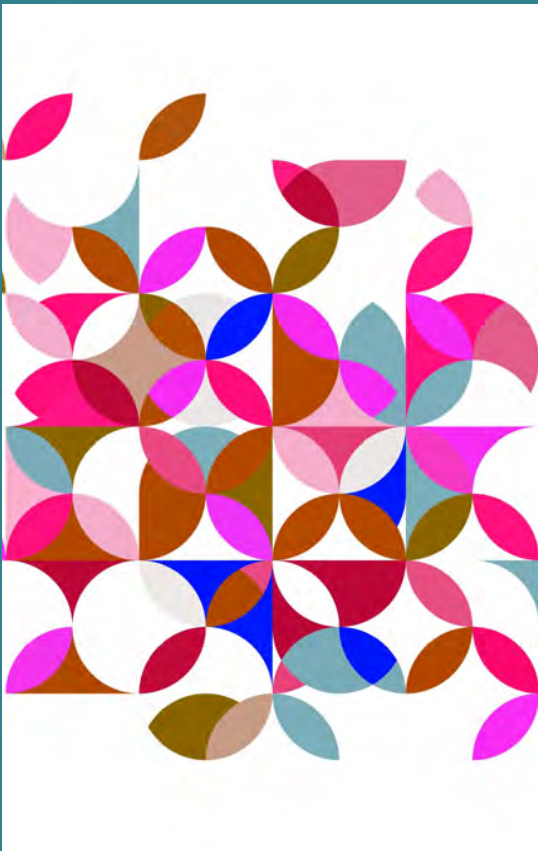
How to prepare briefing notes, analytic assessments, and policy briefs for policy makers and how to co-create research with communities and stakeholders

Catherine Hankins

How to co-create research with communities and stakeholders

How to prepare policy briefs for policymakers

Self-location

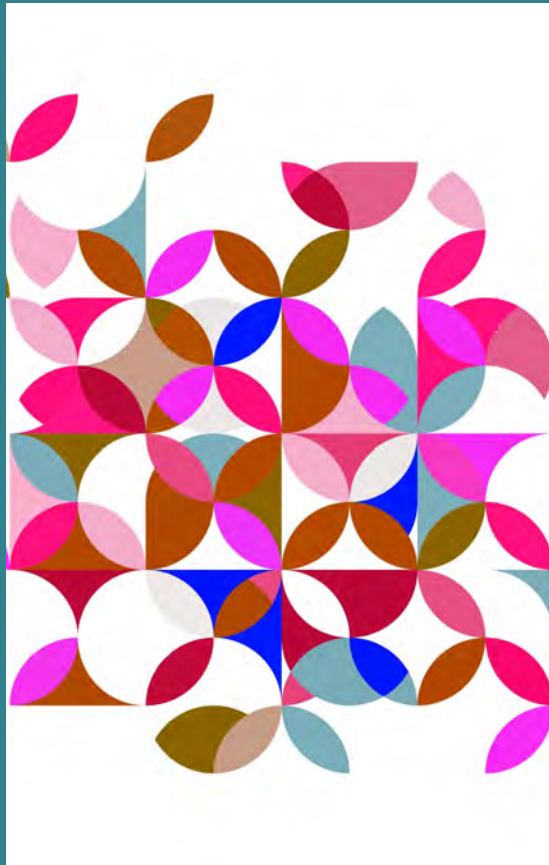


Self-location is essentially sharing who we are, where we come from, and our relation to an identity/place that informs **how we lived in the past and the present.**

Your **position in physical/cultural/identity space** and the perspectives you bring.

Indigenous research **requires researchers to self-locate**, openly share the purpose and motivation of a study, safeguard sacred Indigenous knowledge, have a decolonising focus, and ensure community benefits through research.

Self-location



- Deputy Medical Officer of Health for Calgary (5 years)
- Public Health Physician and Researcher , La Direction régionale de santé publique de Montréal (16 years)
- Chief Scientific Adviser to UNAIDS, the Joint United Nations Programme on HIV/AIDS (10 years)
- Deputy Director, Science (9 years), Amsterdam Institute for Global Health and Development, Senior Fellow (to 2026)
- Professor, Dept of Global and Public Health, School of Population and Global Health (McGill 1986-2004, 2016-present)
- Co-Chair, Canada's COVID-19 Immunity Task Force (3 years)

BA (Hons), MD, MSc, PhD, FRCPC, CM and formerly CCFP

Co-creating research with communities and stakeholders



What experiences have you had with
community engagement related to:

Research?

Public Health?

Public Policy?

What does community engagement
mean?

Community Engagement



- Fosters the **interchange** of perspectives, opinions, and ideas
- Promotes the **co-production of knowledge** between researchers, research participants, and other stakeholders (Tembo et al. BMJ 2021).
- **Fosters social justice** in settings with social and structural inequalities

Community Engagement



Community engagement strengthens the science when it is integral to the conduct of :

- Biomedical trials
- Quantitative research (surveys, observational studies, etc.)
- Qualitative research (in depth interviews, focus groups, anthropological research)

Concept of engagement integrity:

- gap between recommended standards of engagement and what is achievable

Documenting lessons with community engagement



GPP Body of Evidence

A clearinghouse of case studies and analyses demonstrating the power of GPP



Since its first draft, the GPP guidelines have been adopted and used in HIV research and far beyond. AVAC has collected this [body of evidence](#) for GPP to demonstrate the power of GPP, to show how GPP can be measured and replicated, and to offer GPP training, tools and connection to everyone involved in the research enterprise. [Visit here.](#)

Guidelines for Good Participatory Practice in Research
<https://avac.org/gpp-guidelines-translations-adaptations/>

GPP referenced as a key resource for ensuring ethical research — US President Barack Obama's Commission for the Study of Bioethical Issues

Good Participatory Practice (GPP) Guidelines



2004: Cambodia: trial initiation stopped by Prime Minister Hun Sen

2005: Cameroon and Nigeria trials discontinued (Cameroon by Minister of Health Urbain Olanguena Awono)



➤ Developed in response to the PrEP (pre-exposure prophylaxis) trial controversies in 2004 and 2005

- **Misunderstandings** and **poor communication** among research stakeholders in Cambodia, Cameroon, and Nigeria

➤ What happens in one trial, with one product, in one place, affects all biomedical HIV prevention stakeholders:

- Participants, research teams, funders, sponsors, community stakeholders, product developers

Principles underpinning Good Participatory Practices



Canada PWID:
Nothing about us without us!

- Not recruitment
- Not retention
- Not a CAB
- Not participant-trial site interactions
- Not about a single trial
- Not a “nice to have”
- Not **GCP**, but..
- **It IS core to the research and development process**



An R&D Blueprint for Action to Prevent Epidemics

Accelerating R&D
and Saving Lives

Update 2017



Good participatory practice guidelines for trials of emerging and re-emerging pathogens that are likely to cause severe outbreaks in the near future and for which few or no medical countermeasures exist (GPP-EP) 2016

- Provide trial sponsors and research team members with principle-based guidelines on how to effectively engage stakeholders in the design and conduct of prevention and treatment trials for emerging and re-emerging pathogens
- Principle based guidelines: respect, fairness, integrity, transparency, accountability, and autonomy
- Strengthen mutual understanding, collaboration and trust when implementing clinical trials -- ensure that research is relevant and that research processes are acceptable and sensitised to the context in which the research is being delivered.



Good Participatory Practices

← Solidarity Trial Vaccines

Credits

What is Good Participatory Practice for Emerging Pathogens?

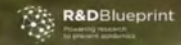
Good Participatory Practice for Emerging Pathogens (GPP-EP): a principle-based approach to effectively engage stakeholders in the design and conduct of prevention and treatment trials for emerging and re-emerging pathogens.

Clinical trials of medical countermeasures for new emerging pathogens produce significant breakthroughs in discovering lifesaving medicines, diagnostics, and vaccines during public health emergencies. These trials are delivered in tough emergency contexts with accelerated timelines to produce results as quickly as possible. Multistakeholder engagement throughout the lifecycles of clinical trial development, deployment and dissemination ensures trial implementation is understood, acceptable, relevant, and trusted. Learning lessons from HIV prevention trials, in 2016, WHO developed guidelines for Good Participatory Practice to normalise and standardise this work for clinical trials of emerging pathogens (GPP-EP).

Key documents

- [Good Participatory Practice \(GPP\) with trial populations for the Solidarity Trial Vaccines \(STV\)](#) >
- [Good Participatory Practice for trials of \(re-\)emerging pathogens \(GPP-EP\): Guidelines](#) >
- [Working with Community Advisory Boards for COVID-19 clinical studies](#) >
- [R&D Good Participatory Practice for COVID-19 clinical trials: a toolbox](#) >

Working with Community Advisory Boards (CABs) for COVID-19-related clinical studies



Good Participatory Practice (GPP) for COVID-19 clinical trials: A toolbox



Co-creating research with communities and stakeholders

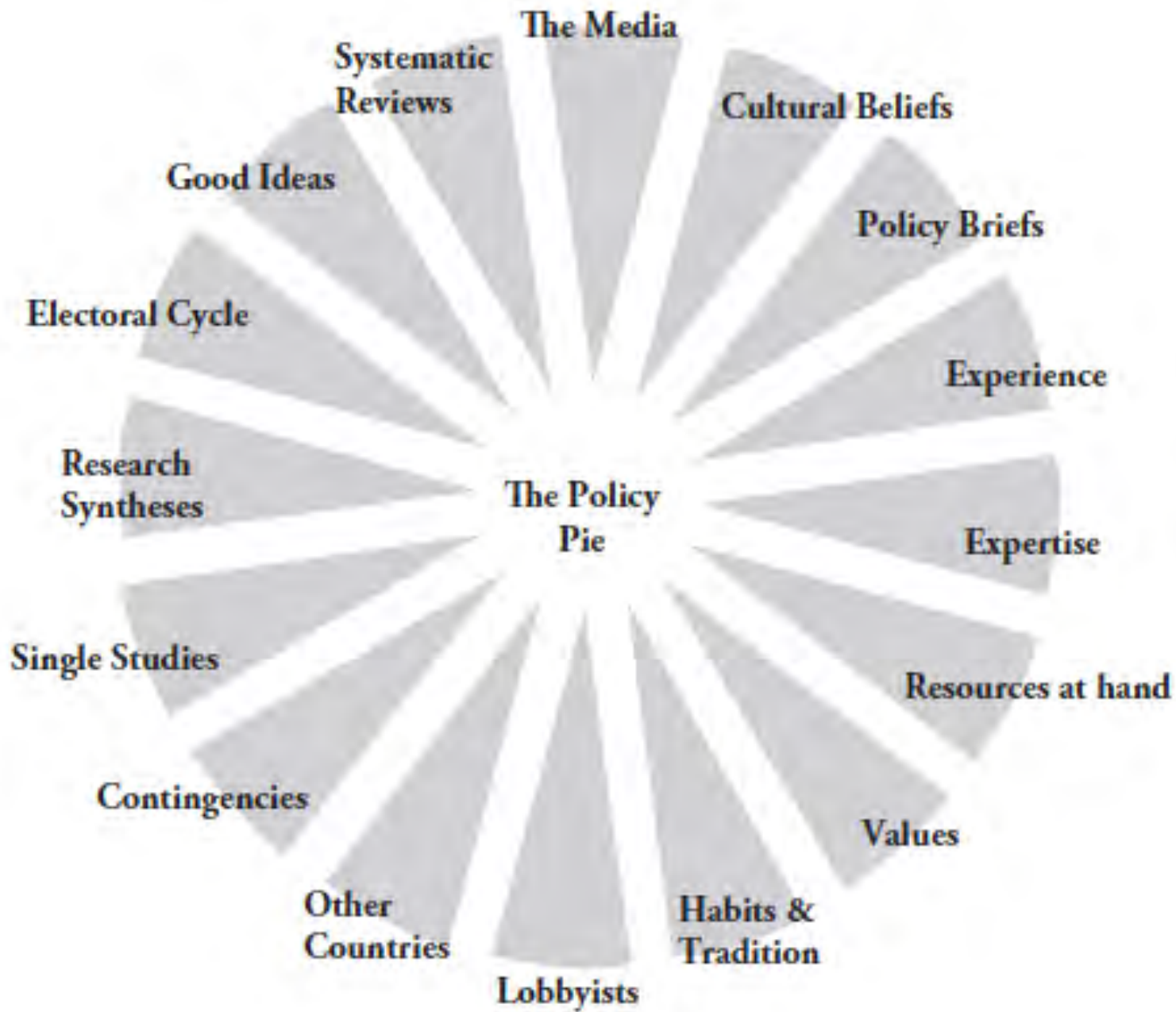


Comments or questions?

Preparing policy briefs for policymakers



- What is the Policy Pie?
- Interacting with policy makers
- Political Complexities of Using Evidence in Policy-Making
- Diffusion of innovation: Policy makers as adopters
- Research evidence: What decision-makers look for
- Standard components of policy briefs:
 - Context mapping
 - Using the 8-rung intervention ladder in policy decisions
- Graded entry
- Different approaches
- Assessment of two briefs for strengths and weaknesses
- Readability
- Public Health Competencies



The Policy Pie

Haines, A., K. Shyama and M. Borchert. 2004. Bridging the Implementation Gap between Knowledge and Action for Health. *Bulletin of the World Health Organisation*, 82: 724-732.

Diffusion of innovation paradigm

1962 Everett Rogers
Diffusion of Innovations



- Drawn from the field of agriculture
- **Modelling of diffusion** as an **over-time social process** and, at the individual level, as a **series of stages** that a person passes through in relation to an innovation
- How **new ideas, beliefs, practices and technologies** diffuse over time through various communication channels and networks
- Many new ideas involve **taking a risk** so people **seek out others** whom they know and **trust for advice**

Our interest:

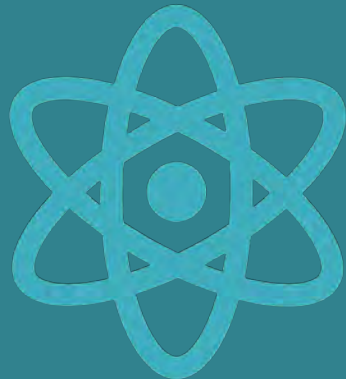
- **Policy makers** as adopters
- Conditions of innovation and spread in **complex organisations**

Key components of diffusion theory



- **The innovation:**
potential adopter **perceptions** of its cost, effectiveness, compatibility, simplicity, observability, and trialability
- **The adopter:**
degree of **innovativeness** (earliness relative to others in adopting the innovation)
- **The social system:**
 - geographic **community**, distributed network of collaborators, professional association, or a province
 - **structure** of the system, its **informal opinion leaders**, and potential adopter **perception of social pressure** to adopt

Use of research in public policy making



A systematic review of factors that influence use of research evidence in public policy making:

- included 16 studies conducted across a variety of jurisdictions, policy domains, content areas, and time periods
- found relatively little consistency in findings

Two factors emerged as important to **policy makers' use of research**:

- **interactions** between researchers and policy makers in the context of policy networks such as **formal** advisory committees and in the context of **informal relationships**
- research that **matched the beliefs, values, interests, or political goals and strategies** of elected officials, social interest groups, and others

Some Issues in the Political Complexities of Using Evidence in Policy-Making

Evidence-informed policy: In praise of politics and political science. *Public Health Panorama*, 2016: 2(3), 249–400

- **Complexity** of the evidence and **arcane disputes** over its methodological basis and rigour
- Intricacies of the policy process and attempts to **balance competing interests** and perhaps reconcile the irreconcilable
- Influence of **political priorities** when a government asserts that it has a mandate from the electorate to drive through certain changes
- **Ideological acceptability** even from a government that proclaims it is ideology-free
- Multiple, and possibly contradictory, **goals** of policy-makers and managers

Some Issues in the Political Complexities of Using Evidence in Policy-Making

Evidence-informed policy: In praise of politics and political science. Public Health Panorama, 2016: 2(3), 249–400

- **Tacit knowledge** valued over and above research evidence
 - research evidence is perceived as irrelevant, out-of-date or inapplicable to local circumstances – a case of ‘she who does, knows’
- Lack of consensus about the evidence: **whose opinions count** – the expert’s or the public’s?
- The **curse of the temporal challenge**:
 - the time required to generate evidence exceeds the time policy-makers and managers are willing to wait before taking action
- The reality of **pressure group politics**:
 - some issues rise up the political agenda and others slip down, or off it altogether

Research evidence: What do decision-makers look for?



➤ **Credibility and reliability:**

- from trusted sources to eliminate need for the decision-maker to appraise and assess the evidence

(established through authors' names, peer recommendations, source of research, familiarity of logos)

➤ **Quality:**

- evidence must be current, jargon-free, and transparent
- include what worked and what did not
- have recommendations ranked in order of effectiveness

➤ **Cost:**

- discussion must include a cost analysis *(including cost of no action)*

➤ **Context:**

- evidence presented within local, national, regional, global contexts

Research evidence: What do decision-makers look for (practical)?



- **Timing:** evidence on issues they are already working on
- **Connections:** where and how they can get more information
- **Customization:** evidence presented must be flexible:
 - cutting and pasting for presentations
 - passing on to colleagues
 - printing for their own use
 - saving and filing
 - composing a briefing note
- **Modes of delivery:** electronic format preferred but hard copy also desired

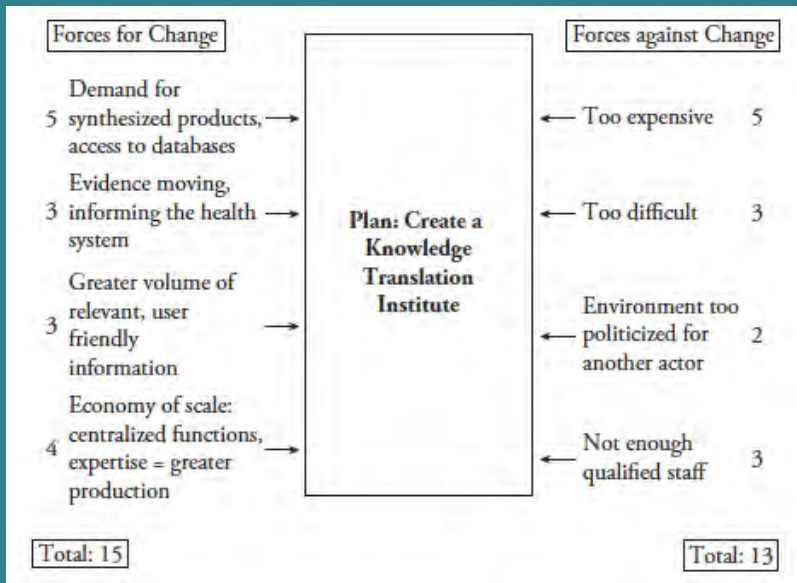
Policy Briefs



Standard components:

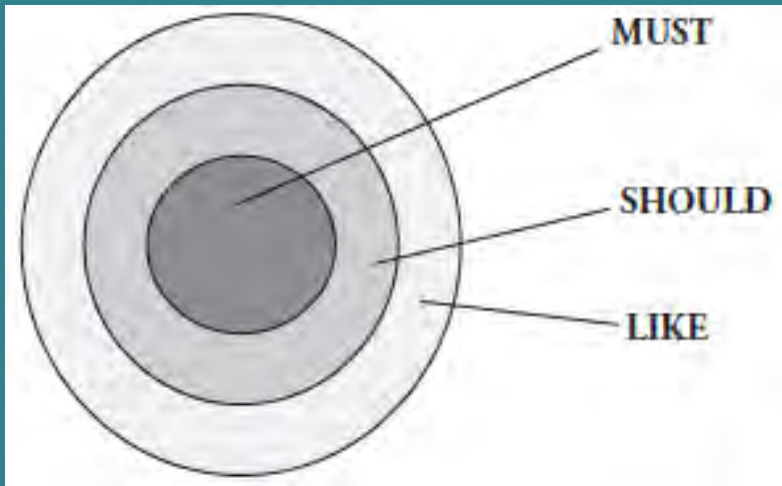
- evidence scan
- background
- stakeholders' perspectives
- analysis of legal/political/cultural/economic constraints, vested interests, citizen views, etc.
- context readiness
- cost considerations
- recommended options for consideration by decision-makers

Context mapping



- An analysis of the different **political actors** in any given policy environment
- An assessment of the **power, position, and interests** of those actors
- An analysis of the **degree of any actor's support**
- A graphic (e.g., force field) of the **pressures for and against change**
- An understanding of **policy networks and policy influencers**

Context mapping



Prioritising audiences: who are the most important actors?

- Those with whom we **MUST** interact/communicate (usually those with overarching power to enable or prevent our objective)
- Those we **SHOULD** interact/communicate with (usually those who can make the process easier or more difficult)
- Those we would **LIKE** to interact/communicate with (those who might indirectly help or hinder, or represent some future or spin-off factor)

Using the 8-rung intervention ladder in policy decisions



Premise: Evidence and ethics are equally central in public health policy making

Intervention Ladder:

- a tool for evaluating the acceptability and justification of different policy interventions to improve public health
- the higher the rung on the ladder at which the policy maker intervenes, the stronger the justification must be, both in ethical terms, and regarding the evidence about causes of good and ill health and about the potential of particular interventions to promote the former, and reduce the latter

Intervention Ladder: 8 rungs

Bottom of the ladder

Rung 1: Do nothing/monitor

Rung 2: Provide information

Rung 3: Enable choice

Rung 4: Changing the default

Rung 5: Guiding choices through incentives

Rung 6: Disincentives

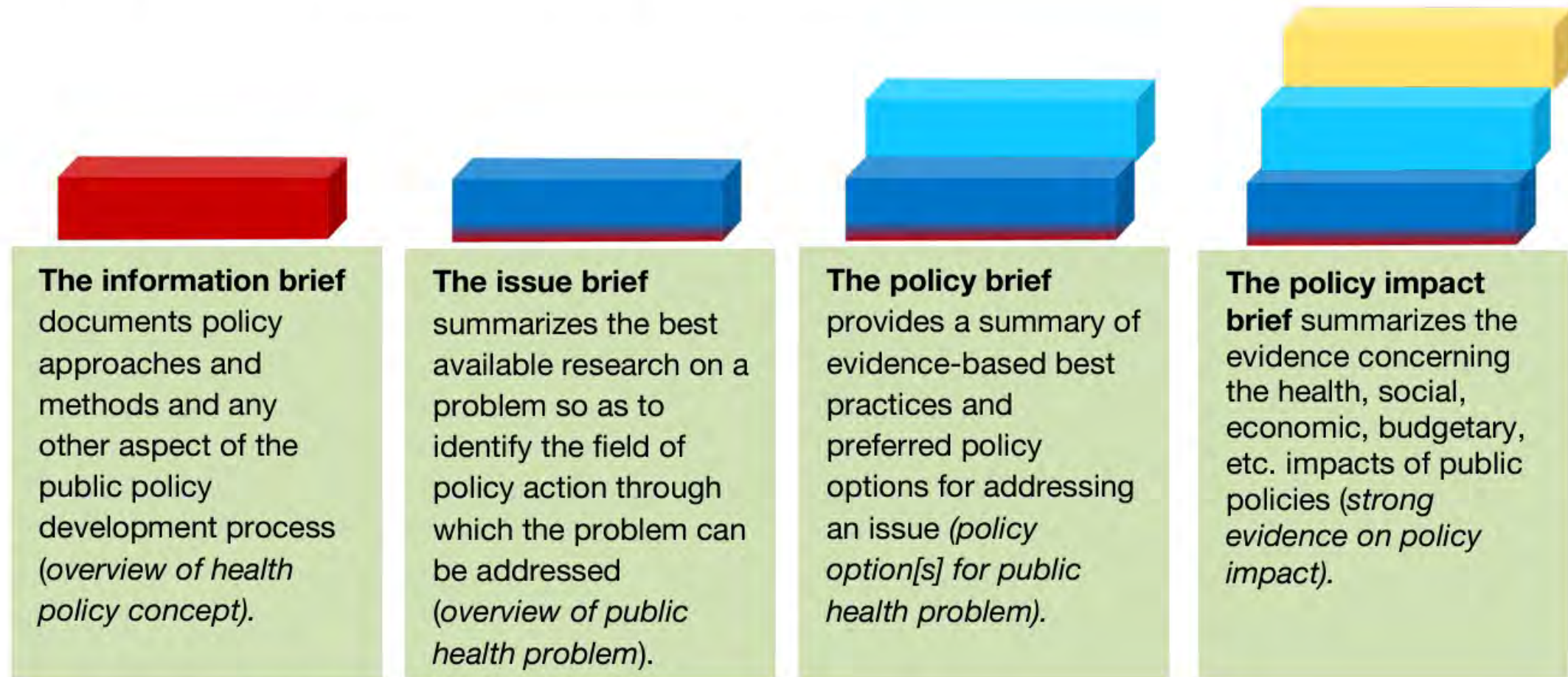
Rung 7: Restrict choice

Rung 8: Eliminate choice

Top of the ladder



Figure 1 **Different types of briefing documents**



Adaptation of a CDC figure, 2018

Graded entry for policy briefs



A graded entry format is intended to match an anticipated rise in audience interest by:

Attracting attention (**title**)

Raising interest (**key messages**)

Encouraging a desire to know more (**executive summary**)

Providing full background, evidence, and justification (**main report or policy brief**)

The concept is one of **a phased 'build' of awareness, understanding, argument, persuasion, and indirect pressures**

The 1:3:25 graded entry format is a standard

WHO SURE guides for preparing evidence-based policy briefs

There are eight SURE Guides. The first two provide background information about getting started and setting priorities for policy briefs. The next four guides address how to prepare a policy brief. The last two address how to use a policy brief.

Background

- 1. Getting started
- 2. Setting priorities for policy briefs

How to prepare a policy brief

- 3. Clarifying the problem
- 4. Deciding on and describing options to address the problem
- 5. Identifying and addressing barriers to implementing the options
- 6. Clarifying uncertainties, and needs for monitoring and evaluation

How to use a policy brief

- 7. Organising and running policy dialogues
- 8. Informing and engaging stakeholders

www.who.int › evidence › sure › guides ▼

SURE Guides - WHO

SURE Guides for Preparing and Using Evidence-Based **Policy** Briefs. These **guides** for Preparing and Using Evidence-Based **Policy** Briefs are intended for those people responsible for preparing and supporting the use of **policy** briefs and ensuring that decisions about health systems are well-informed by research evidence.

https://epoc.cochrane.org/sites/epoc.cochrane.org/files/public/uploads/SURE-Guides-v2.1/Collectedfiles/sure_guides.html

Research to Action



Policy Brief Week

How To plan, write and communicate an effective Policy Brief

Three Steps to Success

Laura ffrench-Constant

	What you need to know	What you need to do	How to do it
The Policy Context	<p>What level of application your recommendations have</p> <p>How policy is made within the chosen issue area</p> <p>Who has power to change or influence policy</p> <p>If there is a problem with the current policy/demand for change</p>	<p>Pick a policy level: Local/National/Regional/Private</p> <p>Understand the policy process, the key players and timelines</p> <p>Know the powerful policy actors and how to contact them</p> <p>Pinpoint the gaps in current policy, look for windows of opportunity</p>	<p>Ask yourself who will be affected by the policy change</p> <p>Research similar examples, explore the policy process from start to finish</p> <p>Map out the key players. Look for missing link/connections you can use or create</p> <p>Read through current policy on the issue</p>
Knowledge Landscape	<p>If there are competing narratives</p> <p>If there are obstacles to the uptake of your recommendations</p> <p>Why the issue is particularly pertinent</p>	<p>Establish why your policy option is different and better</p> <p>Identify cultural practises or widely held views that may oppose your recommendations</p> <p>Establish credibility, timeliness and legitimacy</p>	<p>Identify alternate proposals from research institutions or policy makers</p> <p>List reasons the public, groups or business may reject your proposals</p> <p>Search the news, policy committees and current government reviews</p>
Networks and Links	<p>Locate similar campaigns or recommendations around the policy issue</p>	<p>Work through existing networks</p> <p>Learn from successful actors</p>	<p>Build partnerships</p> <p>Use informal contacts</p>

- Everything the reader really needs to know on first page.
- Length can vary depending on the discipline and content: 1, 2 or 4 pages but no longer.
- Format logical and easy to follow.

International Development Research Centre (IDRC) guidance on writing policy briefs

How to write a policy brief



Planning your policy brief

- ✓ Purpose
- ✓ Audience
- ✓ Content
- ✓ Structure

Policy brief template

- ✓ Executive summary
- ✓ Introduction
- ✓ Research overview
- ✓ Discussion/analysis of research findings
- ✓ Conclusion or recommendation

Designing your policy brief

- ✓ Titles and headings
- ✓ Sidebars
- ✓ Lists
- ✓ Graphics

Revising your policy brief

- 20 second elevator pitch
- Make it user friendly
- Ask colleague with no knowledge to read it

Using your policy brief



Purpose

To inform readers of a particular issue, suggest possible policy options, and make recommendations.

Be up front about your purpose from the start:

- maintain a laser focus on your direction
- communicate the urgency of the issue
- focus on the benefits and advantages of following your policy advice

✓ Tips

- ❑ Write out your purpose before drafting a brief to ensure that everything you write serves that purpose.
- ❑ Stay focused on the specific problem you're trying to solve.



Content

A policy brief should be clear, succinct, and focus on a single topic.



Tips

- Do not exceed 1,500 words or two pages in length.
- Avoid tangents or being overly descriptive about methodology.
- Draft a new purpose-driven policy instead of summarizing or cutting down an existing report.
- Use [plain language](#).



Structure

- The structure should lead the reader from problem to solution.
- Be clear about your policy recommendations and how they are supported by evidence.
- It should be audience-specific and reflect each audience's interests.



Tips

- Some typical section headings are summary, context, analysis/discussion, considerations, conclusion/recommendation.



✓ Tips

- The executive summary should always appear on the cover of the brief or at the top of the first page so that it is the first thing a reader will see.
- It can be helpful to write the executive summary last because you will gain clarity on its content as you draft other sections



Introduction

- The introduction should set up the rest of the document and clearly convey your argument.
- The goal is to leave your readers with a clear sense of what your research is about while enticing them to continue reading.

✓ Tips

- ❑ In one or two paragraphs, define why you are writing the brief and express the urgency and importance of the topic to your audience.
- ❑ Describe the key questions of your analysis and your conclusions.

Example: Take a look at the introduction (entitled “What’s at Stake?”) of [Increasing women's support for democracy in Africa](#) to learn more.

WHAT'S AT STAKE?

Despite progress in recent years, women in sub-Saharan Africa (SSA) still face deeply-rooted obstacles to achieve their full potential both as contributors and beneficiaries of social and economic development.

Recent studies have also pointed to another gender gap: women in the region are less likely than men to consider democracy the best political regime, and tend to be less politically active. This work has shown that a number of factors influence attitudes toward democracy, including age, education, access to media, and exposure to corruption. Little research has been directed at determining why this gap exists, however, and its policy implications. For instance, this difference raises the question of whether women's behaviour could erode the much-needed legitimacy of democracy in SSA, a region where democratic gains have been uneven.

✓ Tips

- ❑ Avoid jargon and overly technical language.
- ❑ Focus on highlighting the benefits and opportunities stemming from the research.



Photo: © Save the Children

Child marriage and dowry payments are deeply rooted practices, and difficult to repress by legal means. Among the alternative strategies that have been tested to discourage early marriage, providing financial incentives conditional on school attendance has shown some success. However, these incentives do little to address the problem of child marriage among girls outside the school system. There is also some evidence that empowerment and skills training for young women may delay marriage and childbearing, but there have been few rigorous studies to date on the long-term impact of such programs.

To better inform the design of interventions to reduce child marriage and adolescent childbearing, researchers conducted a long-term study in rural Bangladesh that evaluated the impact of two very different approaches — an adolescent empowerment training program and a conditional incentives program. This brief highlights some of the findings of the evaluation of these programs, with an aim to inform policymakers in Bangladesh and other countries in South Asia on effective, and cost-efficient, ways to reduce child marriage.

RESEARCH APPROACH

Between January 2007 and September 2015, researchers ran a randomized trial in collaboration with Save the Children (USA) in six sub-districts of south central Bangladesh. The researchers randomly assigned sample villages to receive: i) a girls' empowerment program; ii) a financial incentive to delay marriage; iii) a combination of the empowerment program and the incentive; and iv) no programming (control group).

The incentive program, which ran from May 2008 to August 2010, used the distribution infrastructure of an existing food security program operated by Save the Children in all communities in the study. In communities offered the conditional incentive, families of unmarried girls aged 15-17 were eligible to receive USD16 worth of cooking oil each year until their daughters reached the age of 18 or married. Cooking oil was chosen as an incentive because it is purchased by all families — and so is equivalent to giving cash — but is easier to track than cash. The value of USD16/year was chosen to offset the higher dowry cost associated with delayed marriage.

In communities receiving the empowerment program, all girls aged 10-19 were invited to take part in one of four six-month cycles of Kishoree Kontha ("Adolescent Girls'Voice"), a peer education program that ran between December 2007 and August 2010. The curriculum included educational and social competency components designed to teach girls about the dangers of early marriage, help them with school work, and equip them to negotiate with their parents when told it was time to marry. The education component aimed to enhance the basic literacy, numeracy, and oral communication of both school-attending and non-attending girls. The social competency component focused on life skills and nutritional and reproductive health knowledge.

Four-and-a-half years after program completion, a follow-up survey of all participants was conducted on the girls' marital status, school attendance, and childbearing history. Attrition was low (15%) given the length of the study. As attrition did not differ between treatment groups, results are assumed to be valid for the entire sample. The analysis sample consists of 19,059 girls from 446 communities.



Tips

- ❑ Express ideas using active language and strong assertions.
- ❑ Explain the findings and limitations of the research.
- ❑ Express research findings in terms of how they relate to concrete realities (instead of theoretical abstractions)

RESEARCH APPROACH
The lessons presented here are based on literature review and consultation with 25 experts from the public, private, and academic sectors. The consultation was organized by the International Development Research Centre (IDRC), WEConnect International, and Urban Institute in Washington, DC, on May 17, 2016. The analysis covers evidence on women-owned enterprises and how their productivity can be enhanced, with particular focus on SMEs.

While much of the available information, including IFC databases, focuses on formally registered enterprises, this review also addresses unregistered businesses, by tapping data from the Global Entrepreneurship Monitor (GEM) and training program evaluations, which are not exclusive to the formal sector.

KEY FINDINGS
Rates of female business ownership are on the rise globally, but vary widely by region. According to GEM data for 61 economies, entrepreneurial activity among women increased by seven percent between 2012 and 2014. Africa boasts the highest rates of female entrepreneurship, with women representing half of non-farm business ownership.

While there are important regional differences and data gaps in key areas, several broad findings emerge on the trends, motivations, barriers, and opportunities for women-owned businesses:

Levels of female entrepreneurship vary widely across regions, and appear to correlate with rates of labour force participation. Women-owned businesses tend to be more often motivated by necessity, rather than opportunity, even in advanced, innovation-based economies.

77%
One in three formally registered businesses are owned by women. Data from International Finance Corporation (IFC)

Women globally have only 77 per cent of men's access to bank accounts, credit, and mobile banking. (McKinsey Global Institute)

The constraints on women in business are compounded by discriminatory laws and the burden of care.
Women entrepreneurs in developing countries face many concurrent barriers, at various levels. For example, they have less recognition of their formal rights and unequal access to training and market connections. They tend to be overrepresented in smaller, unregistered, and less productive enterprises and more driven by economic necessity than men. They are often drawn to self-employment in the hope of juggling care responsibilities with their economic needs. And their businesses are more likely to be in sectors that are crowded and have the least growth potential.

Female entrepreneurs have less access to land, capital, and other productive resources. According to McKinsey Global Institute, for example, women globally have only 77 per cent of men's access to bank accounts, credit, and mobile banking. They also tend to network through family connections rather than business associations.

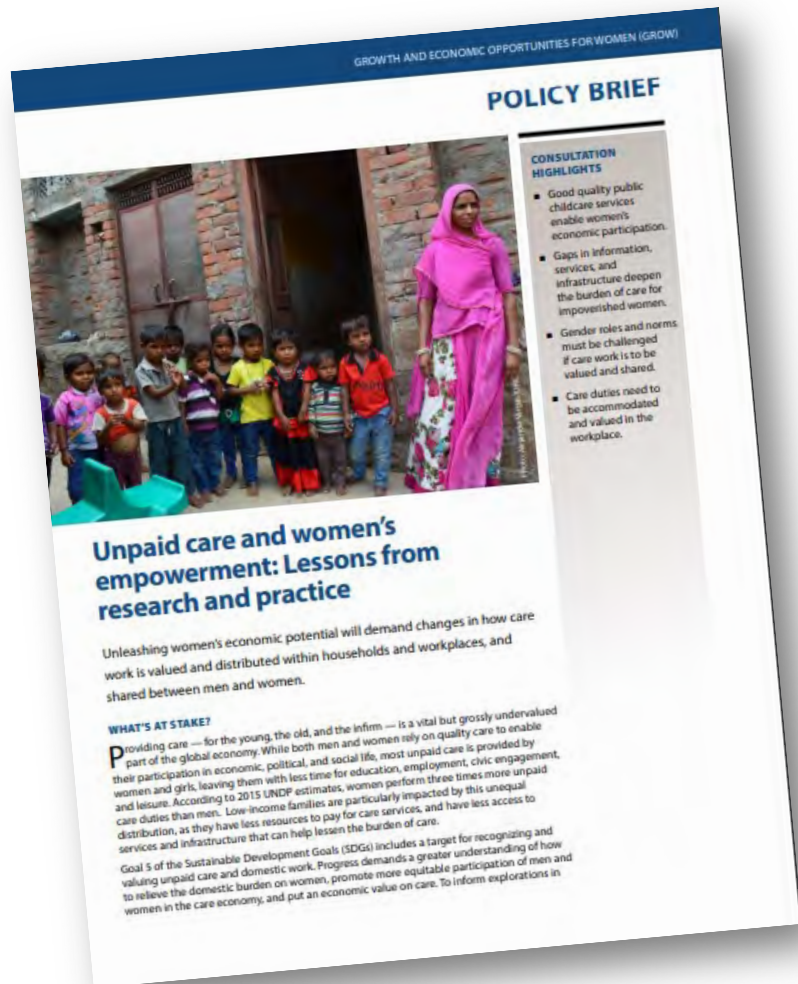
While gender gaps in education are closing in many countries, skills and business training remain targeted mainly towards men. These constraints are further compounded by barriers women face more broadly, particularly the unequal distribution of domestic responsibilities.

Training and services can help close the gender gap, but standalone efforts show limited impact.
Despite targeted efforts, the impact of business training and financial services on the growth of women's businesses tends to be limited. Improving access to credit has seen some success in developing countries. In Latin America, for example, efforts by Proyección Capital to promote financial services alongside cash transfers were shown to help small businesses expand. However, numerous case studies suggest the impacts of credit access for women-led enterprises are varied, and often small.

Example: Take a look at the “key findings” section of [How to grow women-owned businesses](#) to learn more



Conclusion or recommendation



This final section should detail the actions recommended by research findings.

- Draw the link for your readers between the research findings and your recommendations.
- Use persuasive language to present your recommendations, but ensure that all arguments are rooted firmly and clearly in evidence produced by the research.
- You want your readers to be completely convinced that yours is the best advice.



Tip

□ Think of the conclusion as a mirror to your introduction: you are once again providing an overview of your argument, but this time you are underlining its strength rather than introducing it.

GROWTH AND ECONOMIC OPPORTUNITIES FOR WOMEN (GROW)

LESSONS FOR POLICY AND PRACTICE

Valuing care work begins with measuring it.

Many case studies address the need for governments to recognise and remunerate unpaid care as a fundamental step to addressing inequality and empowering women. Yet national accounts do not adequately capture the value of this work. To give policymakers firmer estimates to work with, the Counting Women's Work initiative, spear-headed by University of California, Berkeley, is finetuning a method to capture the unpaid care and housework typically left out of national accounting. It uses time use data to estimate hours spent producing or consuming unpaid care and housework, and assigns that time a replacement wage. Based on data from 29 countries, it shows the value of unpaid care and housework ranges from 12 to 40 percent of GDP.

Investing in public goods and services pays economic and social dividends.

Investments in public childcare services, in essential infrastructure (water, roads, electricity), and in social protection schemes were all noted as helping to close the gender gap in examples cited in consultation. Research by the Women's Budget Group, for example, demonstrated the economic return on investments in the care economy. But a far greater number of cases documented the enormous social benefits resulting from greater access to child care and to labour-saving services and infrastructure. These payoffs include healthier children, improved school attendance, and reductions in gender and domestic violence. When public services are reduced to "save money," the real costs of care remain, and are shouldered disproportionately by families, especially low-income women and girls. In financing public services and infrastructure, governments should avoid regressive tax measures, such as value-added and other consumption taxes, that place a greater tax burden on the poor.

Private sector companies with a shared interest in women's empowerment can be valuable allies.

Case studies of partnership with private sector actors suggest that, where there is a common interest in economically empowering women, such alliances can be successful. WE-Care, for example, has worked with private companies to increase the budgets for care services and infrastructure by employers. They found negotiations successful when there was compelling evidence linking heavy and unequal care responsibilities to the companies' supply chain operations. In Nicaragua, Body Shop International teamed up with Cooperativa Juan Francisco Paz de Silva to better reflect the value of unpaid care in the pricing of goods produced. Body Shop — which recognised care as an important input to production — now pays an additional premium to cover the unpaid work of women in supply chains. While the private sector can play a vital role in strengthening the care economy, many companies have a limited understanding of the business case. Through its Tackling Childcare project, the World Bank Group/ International Financial Corporation aims to fill the evidence gap to help companies better respond to employees' childcare needs.

This brief highlights insights and recommendations from a consultation organized to inform the UN High Level Panel on Women's Economic Empowerment. These were captured in: "Transforming Care Dynamics: Lessons from Programme and Policy," a summary of evidence; "Addressing Unpaid Care for Economic Empowerment of Women and Girls," a position paper based on the evidence, both written by Deepita Chopra and Sahela Nazam, Research Fellows at the Institute of Development Studies.

Brief produced by: Mary O'Neil, Alejandra Vargas and Deepita Chopra. Opinions stated in this brief and the paper it draws from, are those of authors, and do not necessarily reflect the views of the GrOW program partners.



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 Designing your policy brief

The design and presentation of your brief are important considerations and can help keep the reader engaged.

- Titles and headings
- Sidebars
- Lists
- Graphics



Titles and headings

- Titles act as a reference point to entice readers.
- Include sub-titles or headings to break up the text and draw the reader's attention to the main topic of each section.
- Use verbs to make headings more dynamic.
- Phrase headings as questions to spark a reader's curiosity.
- Headings should contain relevant information without being too long.

 Sidebars

Sidebars add greater depth to the main discussion and hook a reader's attention.

They visually break up the brief and make documents easier to read. They should be:

- short
- descriptive
- engaging
- action-oriented



KEY RESULTS

- Incentives for unmarried girls delayed marriage and childbirth, and prolonged school attendance.
- Empowerment programming extended girls' education, but did not significantly delay marriage.
- Incentives for unmarried girls benefited girls out of school as well as those attending.
- There was no observed advantage of combining incentives with empowerment programming.

 Lists

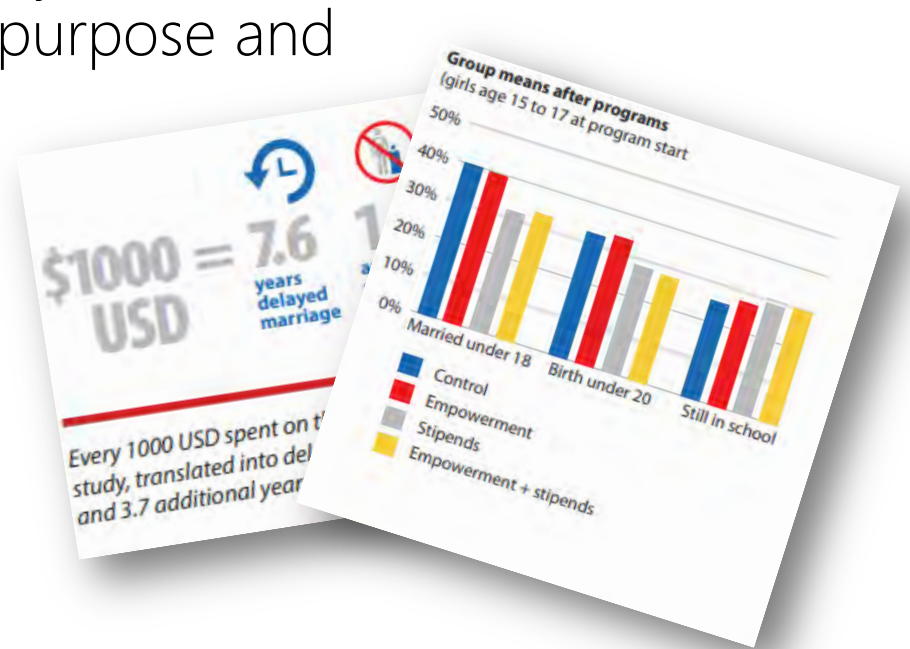
Lists are an effective and visually interesting way to simplify dense content.

- They should be no longer than five to seven bullet points.
- Each bullet point should express complete thoughts.
- Avoid using bullet points that are only one or two words in length.

Graphics

Visuals are easily one of the best ways to make policy briefs more interesting for readers. Every visual should serve a purpose and help to illustrate your argument.

- Choose effective visuals for the information you would like to communicate.
- Include captions for photos and other visuals to explain the content to the reader.



Policy brief example 1

What are its
strengths and
weaknesses?



**Improving Dietary and Health Data
for Decision-Making in Agriculture
and Nutrition Actions in Africa**

POLICY BRIEF

February 2023

Policy brief example 2

What are its strengths and weaknesses?



Canadian Centre
on Substance Use
and Addiction

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July 2023

Policy Brief

Fostering Equity in Virtual Care for Substance Use: Recommendations for Policy Makers

Issue

The COVID-19 pandemic resulted in a rapid shift to virtual care (Bruneau et al., 2020; Perri et al., 2021). This shift improved access to substance use services and supports for some, while introducing unique barriers to access for others (Goodman et al., 2022; Melamed et al., 2022; Russell et al., 2021). Lack of access to internet and technology, low levels of digital literacy and a lack of safe and private spaces to access virtual care prevented people from accessing virtual substance use care, especially those from equity-deserving populations (Goodman et al., 2022).

To effectively tailor virtual substance use services and supports to those who need it most, CCSA sought input from members of equity-deserving populations about their experiences accessing and using virtual substance use care. Working in partnership with a researcher associate with lived experience of substance use, we used a qualitative approach to explore experiences with virtual substance use care among members of equity-deserving populations in Newfoundland. We also collected recommendations on how to tailor virtual substance use services and supports to the realities, needs and preferences of equity-deserving populations.

Intended for policy and decision makers working in health, technology, social services and diversity and inclusion, this brief outlines six recommendations for ways to improve access to and experiences with virtual substance use care for equity-deserving populations living in Canada.

Equity-deserving populations are communities that experience significant collective barriers in participating in society (Queens University, 2017). In our study, equity-deserving populations included:

- People experiencing socio-economic or housing issues
- Members of a racial or ethnic minority
- Women
- Members of the 2SLGBTQ+ community
- People living in a rural or remote area

Preparing policy briefs for policymakers



- What is the Policy Pie?
- Interacting with policy makers
- Political Complexities of Using Evidence in Policy-Making
- Diffusion of innovation: Policy makers as adopters
- Research evidence: What decision-makers look for
- Standard components of policy briefs:
 - Context mapping
 - Using the 8-rung intervention ladder in policy decisions
- Graded entry
- Different approaches
- Assessment of two briefs for strengths and weaknesses
- Readability
- Public Health Competencies

Core Competencies for Public Health in Canada

With respect to policy, a public health practitioner is able to:

- Describe **policy options** to address a public health issue
- Describe **implications** of options, including **impacts** on determinants of health
- Recommend/decide on a **course of action**
- Develop a **plan to implement** a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations, and policies
- **Implement a policy** to address a public health issue
- **Evaluate** a policy

Preparing policy briefs for policymakers



Comments or questions?