

A Recommended Template for Developing Policy Briefs

Developed by Evidence and Data to policy team, SID, WHO EMRO

Capacity Building for Development of Policy Briefs: General Principles for NEDtP members

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WHO EMRO has produced a good practice document to support policy brief development

“A standalone document,
focused on a single topic;
2-8 pages, 1000-3000 words”



Draft for
“Good Practice for Development of a Policy Brief”

Evidence and Data to Policy, Science, Information and Dissemination
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Key elements for a policy brief (WHO EMRO, 2021)

1. Title
2. Justification for the brief and policy objectives (introduction/background/purpose)
3. Key messages or policy main recommendations (summary presentation of the main messages)
4. Description of policy options and their advantages and disadvantages (details of the main findings)
5. A description of how the policy brief was developed (methods)
6. Further important considerations
7. Acknowledgements
8. Conflicts of interests
9. Sources of evidence and key references

1. “Title” is important!

- Keep it **short** and **focused** on the topic
- **Avoid** using **abbreviations** in the title
- The number of words should be limited, otherwise divide it into *title* and *subtitle*
- Grab the **attention of busy readers**
 - Quickly communicate to stick in mind
 - Question mode
 - Unusual phrasing

Examples of titles used in some policy briefs

Title	Comments
<u>Gender and tobacco control: a policy brief</u>	Short and focused title
<u>Policy brief: Nurse fatigue, sleep, and health, and ensuring patient and public safety</u>	Catchy title
<u>Successful ageing and social interaction: A policy brief</u>	Short and focused title
<u>ICN policy brief</u>	Not understandable
<u>World Health Organization Global Strategy on Human Resources for Health in the era of the post 2015 Sustainable Development Goals: Nursing's Essential Contribution</u>	Too long
<u>Actions for improved clinical and prevention services and choices preventing HIV and other sexually transmitted infections among women and girls using contraceptives services in contexts with high HIV incidence</u>	Too long

2. Justification for the brief and policy objectives (introduction/ background/purpose)

- Briefly describe the purpose of the policy brief
- Answer to the questions below:
 - What problem does the policy brief address?
 - Why the problem is important
 - Clarify key relevant issues that are not the focus of the policy brief.

3. Key messages or policy main recommendations

- Summary presentation of the main messages
- List main policy recommendations of the brief
- If there is one preferable policy option, highlight it in here
- **Use:**
 - clear language;
 - bullet points, if needed;
 - using actionable messages (with clear “dos and don’ts, where relevant)

4. Description of policy options and their advantages and disadvantages (details of the main findings)

- Include all important “policy options”
- For each policy option
 - Description
 - Main advantages
 - Potential disadvantages
 - Costs and/or feasibility of implementation
 - Responsible stakeholders for implementation (where applicable)

Example of the table for presenting of the policy options

Table 1. Policy Options

Policy option	Motivate the community health workers (CHWs) responsible for home management of uncomplicated malaria	Ensure private-sector stakeholders comply with national guidelines on subsidized pricing of artemisinin-based combination therapies (ACTs)	Recall antimalarial drugs used in single-drug therapy for uncomplicated malaria
Description	<ul style="list-style-type: none"> • Train CHWs • Supervise and provide guidance to CHWs • Cover CHW training costs and expenses 	<ul style="list-style-type: none"> • End pricing structure applicable to malaria treatment • Introduce subsidies for treatment of uncomplicated malaria • Contracting arrangements for provision of subsidized ACTs by private health facilities 	<ul style="list-style-type: none"> • Draft and promulgate regulations to discontinue single-drug therapies (Ministerial order retracting the marketing authorization for single-drug therapies, inter-ministerial order to halt imports, etc.) • Organize recall of current stocks • Destroy stocks in approved manner • Reimburse owners for recalled and destroyed stocks • Inform/raise awareness among the general public • Effective treatment of uncomplicated malaria (if treatment with single-drug therapy is replaced with ACTs) • Fewer severe malaria cases • Fewer malaria-related deaths
Advantages	<ul style="list-style-type: none"> • Involving community health workers in maternal and child health programs (compared to usual care) can reduce mortality in children under 5 years and morbidity from common childhood illnesses (10) • Training workshops, alone or combined with other activities, can improve professional practice and treatment outcomes for patients (7) • Fewer severe malaria cases in the community • By bringing treatment closer to the home, mothers will change their health-seeking behavior (1;8;9) • Reduction in health workers' workload, enabling them to devote their freed-up time to other health tasks 	<p>Evidence indicates that:</p> <ul style="list-style-type: none"> • The private sector is an important health provider for the poor in low- and middle-income countries • Many measures involving the private sector can be successfully implemented in poor communities (12) • Increases in health-care costs tend to reduce the demand for treatment 	
Disadvantages	<ul style="list-style-type: none"> • Overuse leading to possibility of rapid emergence of resistance to ACTs (6) 	<p>There is growing evidence that the private sector fails to provide high-quality care (2)</p>	<p>Resurgence of single-drug therapy through black market in contraband medication, corruption</p>
Cost	CFAF 10 billion ^a (based on the malaria incidence rate, the number of uncomplicated malaria cases treated with ACTs dispensed by private facilities, the cost of ACTs and the level of subsidy according to age group)	CFAF 5 billion ^b (based on the malaria incidence rate, the number of uncomplicated malaria cases treated with ACTs dispensed by private facilities, the cost of ACTs and the level of subsidy according to age group)	CFAF 50 million ^c (based on estimated stocks of chloroquine and other artemisinin-based single-drug therapies as per import and consumption data)
Acceptability	<ul style="list-style-type: none"> • Decision makers at the Ministry of Health (favorable) • Technical and financial partners (mixed) 	<ul style="list-style-type: none"> • Decision makers at the Ministry of Health (favorable) • Technical and financial partners (favorable) 	<ul style="list-style-type: none"> • Decision makers at the Ministry of Health (favorable) • Procurement office (CAMEG) (favorable)

Table 2. Implementation of the Policy Options

Policy option	Ensure private-sector stakeholders comply with national guidelines on subsidized pricing of artemisinin-based combination therapies (ACTs)	Motivate the community health workers (CHWs) responsible for home management of uncomplicated malaria	Recall antimalarial drugs used in single-drug therapy for uncomplicated malaria
Obstacles to implementation	<ul style="list-style-type: none"> • No procedure for contracting with private facilities in the strategic plan for malaria control (5) • Essential Generic Medicines Procurement Office (CAMEG) stock inaccessible to private pharmacists • Lower profit margin on ACTs for private sector • Insufficient community input • Lobby pharmacists, clinics and private practices to enter into a formal contract • Lobby CAMEG • Mobilize additional resources to finance ACT subsidies • Information campaign in the media targeting communities 	<ul style="list-style-type: none"> • No national strategy for community-based intervention • Opposition from parents/patients if not informed of CHW role • Opposition from CHWs due to increased workload if motivation is insufficient 	<ul style="list-style-type: none"> • Opposition from pharmacists and other vendors due to loss of profit margin • Lack of public enthusiasm, preference for tried and trusted medications
Strategies for implementation		<ul style="list-style-type: none"> • Fine-tune the national strategy for community-based services (6) • Introduce financial incentive scheme for community intermediaries based on profits from sale of ACTs • Tailor training of community intermediaries to their role and tasks • Referral centers for health and social welfare (CSPS) to guide and supervise community intermediaries 	<ul style="list-style-type: none"> • Issue an interministerial order prohibiting the import and use of single-drug therapies • Public relations campaign to modify attitudes to single-drug therapy • Organize recall of single-drug therapies and document their destruction (3) • Reimburse recalled and destroyed stock • Launch information campaign in the media targeting communities

Suggested Table

Policy options	Policy option 1	Policy option 2	Policy option 3
Description	Description of policy option 1	Description of policy option 2	Description of policy option 3
Main advantages	Main advantages of policy option 1	Main advantages of policy option 2	Main advantages of policy option 3
Main disadvantages	Main disadvantages of policy option 1	Main disadvantages of policy option 2	Main disadvantages of policy option 3
Cost and feasibility of implementation	Cost and feasibility of implementation of policy option 1	Cost and feasibility of implementation of policy option 2	Cost and feasibility of implementation of policy option 3
Stakeholders' responsibilities	Stakeholders' responsibilities of policy option 1	Stakeholders' responsibilities of policy option 2	Stakeholders' responsibilities of policy option 3

- Keep the table concise.
- For advantage and disadvantage: consider effectiveness, cost-effectiveness, acceptability, equity implications including evidence and certainty of evidence.

5. A description of how the policy brief was developed (methods)

- Describe methods used in the development of the brief
 - systematic review
 - cost analyses,
 - expert and stakeholder consultation
- Details of the methods as an annex to the policy brief

6. Further important considerations

- Key recommendations (e.g. indicators and targets) for monitoring of policy implementation
 - Any key issue that helps the use of the brief and the implementation of the policy
- Key next steps
 - If for example further assessment is needed – or the policy is subject to a future event
 - Also note the update time if applicable

Also make sure to include

7. Acknowledgements

8. Conflict of interests (of the brief developers); financial or otherwise

9. Sources of evidence and key references

use annexes for long list of references.

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Thank you for your Kind Attention

