Can all research strengthen links between policy and practice in HIV and AIDS prevention, care and support, in Zambia?

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Abstract

This reflection on research and policies on HIV and AIDS is to identify issues that assist to close the policy-practice gap in the prevention, care and support of HIV and AIDS programming, in a resource constrained, setting like Zambia. The paper focuses on a study on assertiveness towards services, by pregnant women, done in Zambia. It reflects on the policy-practice gap, which is wide and challenges the paradigm of compartmentalization of activities pertaining to the areas of research, policy and practice.

The weakly coordinated national efforts in countries like Zambia, in research are discussed, while the wealth of existing research, which could be better utilized, is acknowledged. A number of studies with potential to influence research- policy- practice linkages to save lives are noted. The assertiveness study done in Zambia, demonstrates the potential to integrate Reproductive Health and HIV services and also, the intricate relationship of research, policy and practice. Others studies, like the prevention of mother -to-child transmission, narrow this gap and give hope to families to have sero-negative offspring. There is need to redirect the mindset of various stakeholders to the synergistic existence and the potential of research to add value to practice, while it also influences policy, to save lives in the fight against HIV and AIDS.

Introduction

HIV/AIDS poses a challenge, due to its severe economic, social and developmental consequences on communities who are also devastated by the burden of poverty and disease. In the 2 decades of HIV and AIDS, the epidemic has contributed to the most profound reversal of development gains made in Zambia over the past 37 years, making it the most critical development and humanitarian crisis Zambia's 10.3 million people face today. The Government is facing major challenges to maintain adequate numbers of teachers, doctors, nurses, and other civil servants. Every action, policy or research based decision made about HIV and AIDS, costs. The high sero-prevalence of HIV and AIDS, recorded as 16 per cent, in the most recent Zambia Demographic and Health Survey of 2002, the high incidence and the high burden of disease, serve to indicate that there is a significant lacuna, caused in part, by inadequate linkages between research, policy and practice. Research is one of many strategies that keeps the pandemic informed.[1,2] We better understand the epidemic today, than we did a decade ago, largely because of research. Researchers face the fundamental need to acknowledge the usefulness of their research and translate it to practical actions. However in looking more closely at the well compartmentalized paradigms, the authors reflect on the potential to increase the utilization of research processes and results, to influence policy and practice, to greater levels than is currently done.

The main objective of this reflection and debate, is to identify the outputs from research, within the confines of one study on assertiveness. The study demonstrates the potential to close the policy-practice gap in the prevention, care and support of HIV and AIDS programming, in a resource constrained, high sero-prevalence country of Zambia. It provides practical recommendations, on how to narrow this gap.

Reflection on HIV and AIDS research in Zambia

A significant amount of HIV/AIDS research has been conducted in Zambia. This has grown in scope and number. About 200 studies appear in the National Research Data base at the Ministry of Health, for the period 1990 and 2000. This figure is a gross underestimate of research done in Zambia on HIV/AIDS. This is in part due to poor coordination and logistical problems. Some research results are not disseminated. The link between researchers and policy makers remains weak. Utilisation of research findings is limited. Worse still, the link between research and community service delivery is

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questionable and may merely be symbolic.[3, 4, 5, 6, 7, 8, 9] Not all research conducted, is used for program decision making, less still to influence policy.

Research has produced considerable new information in recent years about specific types of services such as medical, biomedical, psychological, social, economic and other. Today families live in the hope that even though parents are positive for HIV, the infant's chances of being born negative, are increased as the result of research with antiretroviral treatment given to the mother, during delivery.[10] However, it is difficult for practitioners and policy makers who do not necessarily speak the language of researchers, to sift through the available research and determine the potential impact that research results may have on their programs. Therefore bridging this gap continues to be a critically important challenge.

Research has an important role in the development of forward looking policies and programs to guide design and implementation of HIV/AIDS prevention care and support programs. Research informs government and partners to design better programs to mitigate in this epidemic.[11,12,13] The Republic of South Africa for example, hesitated to provide antiretroviral therapies for those infected with HIV and AIDS. Recent financing studies quantify that to treat 500,000 persons by the year 2008, on antiretroviral therapies will cost the equivalent of 1000 USD per person per year, translating into 4 billion rand per year. This is cheaper than originally thought. These facts have assisted in turning resistance to facilitation for policies to enable South Africans to access antiretroviral therapy. The South African model serves to demonstrate that necessary change can also be made to care programmes which require accurate and up to date information for community structures and organisations, financing and government policies. This helps to narrow the policy practice gap.[13] If well utilized, research therefore, is able to help redirect existing resources, to achieve equitable distribution, for improved coverage and increased access to services.

For the researcher, research is perceived as a purposeful activity that provides a theoretical and conceptual framework for the actions taken by organizations and groups. It provides new ideas and is a source of motivation. It may provide justification for decisions or good arguments against decisions. It also helps set priorities based on the information acquired. However, not all research may be of interest to the policy maker or practitioner.

Use of research by the Community

One achievement of the introduction of action research in the 1990s in Zambia was the empowerment of communities. This type of research method was new. As part of the process, communities were involved in the planning, data collection and dissemination. They were involved with researchers more than with policy makers and others in all the stages of research. This helped to begin to demystify research.[3]

Faced with the challenges of providing services on a daily basis, providers are often frustrated by what they see as the failure of research to provide them with relevant answers to their important questions. Many of their most important questions are in policy- and reimbursement-related areas that have been under researched. Only a small proportion of community-based agencies currently have the capacity to participate fully in long-term partnerships with teams of investigators.[3, 4,5,6] Many socio-economic, cultural and political factors influence the integration of research findings into HIV related policies and programs.

The setting of research priorities in Zambia is often made on an adhoc basis, with little consideration being given to existing data, and ongoing research. The question of stakeholder consultation to determine HIV/AIDS research priority questions remains largely undeveloped.[3, 9] As a result, most research is commissioned or donor driven. This affects the relevance of the research on policy and program implementation. The research is often too narrowly focused and is structured by inappropriate criteria derived from different socio-cultural, political and economic environments. [11,12,13]

Policy makers are catalysts between donors and researchers for the purposes of securing funding. This is an important position, because they can guide and assist in the setting of priorities, and also determine the ultimate agenda of the research, which will in turn, influence the utilization of research findings.

Efforts to close the gaps among research, community service, and policy traditionally focus on education, training, and or dissemination of information within each separate arena. Even when such activities are effective, they have the potential to change only one group. Thus they generally fall far short of producing systemic change.[6,7,8]

While integrated approaches to sexual and reproductive health care, HIV and AIDS prevention, treatment and

care, and sexuality and health education should be further developed, not all services should be integrated all the time.[13, 14,15]

Potential for integrating research, policy and community based service

The intricately woven relationship between policy, practice and research findings is demonstrated in the study described below. The same study serves to demonstrate the linkages of reproductive health services (antenatal care) and HIV and AIDS prevention, (counseling), care (teenage mother needing information on prevention of mother to child transmission of HIV and AIDS and support (other services such as psychosocial networks and training).[13,14,15]

A study on the Perception of Care among Zambian Women Attending Community Antenatal Clinic (n=194, mean age =24.5) suggests that although women are positive about benefits of clinic attendance many feel intimidated by the process and this may impair communication and threaten the quality of care that they receive.[10]

As a solution to improve inhibited communication, it was recommended that midwives receive communication skills training *(this is a possible recommendation to policy makers)*. A Communication Skills Training Handbook for Health Practitioners [10] was developed for this purpose and disseminated. This Handbook was used to train health practitioners (including mid wives) and trainee doctors *(practice)*.

Although the mean age of the sample included in the study was 24.5 years, it was observed that teenage pregnancy was a common occurrence at antenatal clinics. This led to the recommendation that gender specific assertiveness training be provided in secondary schools to counter the gender imbalance *(this represents the need for re-orientation of community based practice as a result of identifying pregnancy in teenage girls)*.

An Assertiveness Training Manual [11] was developed to be adapted for schools *(possible policy thrust)*, while on another level; psychosocial counselors are trained to meet the needs of school children *(community based practice)*. And thus the intricate relationship between research, policy and practice is demonstrated.

However, in reality, the needs of one group, mainly the researcher, are usually, actually met. The researchers given in this example have not yet made policy recommendations. And when they do, there is no defined channel or forum to express the issues raised for policy. Who will the results go to? In what form will the results be? Where will the results be processed. With the current paradigm of segmentation, there is no continuous monitoring mechanism to follow through the process and results of research. There is no feedback, policy – maker to researcher and community?

There still remains the missing link between research, policy and practice. A participatory approach is necessary from concept to implementation. Participation needs to be an inclusive approach with involvement of practitioners, researchers and where relevant, policy makers, as partners in the development and appropriation of responsibility to plan and act on the design and interpretation of research questions [9].

Strategies to strengthen the linkages between research, policy and practice

In Zambia, like all other countries deeply afflicted by HIV and AIDS, more is required to strengthen the linkage between community practitioners, policymakers and researchers.

Policy advocates and practitioners provide recommendations to researchers to make research data more usable, accessible, and applicable for the field of human immunodeficiency virus (HIV) prevention. Currently specific studies are commissioned for the purpose of addressing policy issues. However the assertiveness study in Lusaka, demonstrates that a study not intended for policy, will have policy implications as well as programmatic issues. A deliberate effort is required to translate research into usable information, to facilitate its use within political and policy discussions. When researcher and practitioners truly work together in a common enterprise, the result will be powerful HIV prevention programs that will save lives.[8] While research needs to inform practice and influence day-to-day decisions, policy should ensure an enabling environment for the implementation of programs. Some of the strategies that can be utilized to close this gap include:

- Building capacity in research within the communities by training and educating leaders and others on research methods, to enable communities genuinely participate in research.
- Improving linkages, communication and team building among stakeholders in order to balance the process of research and its outputs, to the benefit of all stakeholders, so as to ensure wider

systemic impact by research on practice and policy.

- Improving access to information and information sharing during dissemination and other opportunities provided for by research.
- Presentation of research findings in a user friendly format with specific publications and appropriate language and explanations for specific groups (including policy level).
- Introduction of research and development as a component of the career development and job progression. This is more likely to lead to acceptance of research and encourage under pinning policy and practice with sound research evidence.
- Provision of coordination mechanisms for HIV and AIDS related research and informa tion, will assist in reducing duplication and focus resources better, towards the fight against HIV and AIDS.

Conclusion

Efforts at closing the gaps between HIV related research, policy and practice will not only be critical to improving prevention, care and treatment, but will also be important to improving the nation's public health. To address the gaps, strategies are required to forge partnerships among diverse groups, such as researchers, treatment professionals, and policymakers at all levels, consumers, as well as the public and private health sectors. These partnerships must be forged in a health care delivery and financing environment that continues to manage rapid change.

Stakeholders need to make adjustments to their mindset regarding research by recognizing the potential of most research, to contribute positively to policy and practice. Practitioners need to get information when they need it, and they need to be in a position to influence the research agenda and advice on policy. HIV/AIDS researchers, policy makers and community practitioners have a unitary goal to provide prevention, care and intervention. As they interact, they must synergize each other in a mutually beneficial relationship, to better mitigate the effects of the HIV/AIDS epidemic and save life.

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