

Editorial

Policy brief as a knowledge transfer tool: to “make a splash”, your policy brief must first be read[☆]*Policy brief* como una herramienta de transferencia de conocimiento: para «dar un toque» primero debe leer su resumen de políticaChristian Dagenais^{a,*}, Valéry Ridde^{b,c}^a Department of Psychology, University of Montreal, Montreal, Canada^b IRD (French Institute for Research on Sustainable Development), CEPED (IRD Université Paris Descartes), Université Paris Sorbonne Cité, ERL INSERM SAGESUD, Marseille, France^c University of Montreal Public Health Research Institute (IRSPUM), Montreal, Canada

Since 2010, the research teams that we work with have produced dozens of policy briefs (PB) with the purpose of informing the various stakeholders of the results of our studies and their usefulness regarding public health practices, decision-making and policy change. Because they are only aids to decision-making, “A policy brief is just a piece of paper, it doesn’t DO anything on its own”^a, preparing these PBs should always form part of a broader knowledge transfer process. Therefore, they often serve as discussion tools during deliberative workshops¹ focusing on the manner in which the results could be incorporated into practices and public policies. Based on these experiences, we have developed a guide for preparing policy briefs, which we have used with researchers over and over again in our training workshops². This training was offered in different formats lasting from three hours to two days. In this editorial, we use our different experiences to put forward a PB format intended for a non-scientific audience, to act as an influence on practices and policy-making.

What is meant by a policy brief?

The term PB can refer to several types of document and many terms are used to qualify them: Technical Note, Policy Note, Evidence Brief, Evidence Summaries, Research Snapshot, etc. The definitions ascribed to them can vary just as much and could be placed on a continuum going from the most “neutral” to the most “interventionist”, but both definitions are always founded on scientific evidence. The “neutral” PB provides nuanced information to give an overall picture of the situation of a given problem.^b The most “interventionist” PB puts forward solutions to a problem and seeks a quick change.^{3,4}

The model proposed by the EVIPNet^c group is a good example of PBs which it deems to be neutral. The network uses the term “Evidence Brief” (EB) instead, which it defines as a “context specific summary of what’s known from a single study or a systematic review about a problem, three options to addressing it and the implementation considerations. [. . .] the included products are much more commonly a systematic review than would be a single study”.⁵ Most of these EBs usually contain twenty or so densely written pages, but sometimes much more^d and never contain recommendations for action. Yet, Avey and Desh⁶ have demonstrated that policy-makers do not read “any research papers that exceed 10-15 pages”. Furthermore, certain authors urge caution and say that one should avoid bombarding decision-makers with convincing data.⁷

As part of our activities, PBs constitute one of the tools that serve to transfer the results of the studies we conduct. So, those we produce are considerably more interventionist. The definition we have adopted, based on our experiences and an examination of the numerous guides available on-line (Annex 1 shows links to these guides) is the following: “. . . a short text, written in clear language and displayed in an attractive format. It summarizes the results of a study (or several studies) and expresses operational (actionable) recommendations intended for non-specialist audiences with the objective of their making use of them in their professional practices or for policy decision-making”. It is therefore a tool for knowledge transfer and is based on a set of criteria for content organization, writing and presentation. It is intended for decision-makers and practitioners to whom it provides solutions, which research has allowed to identify, with the objective of improving ongoing practices. It should provide a basis for entering into dialogue with the stakeholders on the relevance and the feasibility of implementing the recommendations.

[☆] A preliminary version in French language of this editorial is available on the open archives HAL: <https://hal.archives-ouvertes.fr/hal-01681939v1>

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^a By Enrique Mendizabal: <https://onthinktanks.org/articles/a-policy-brief-is-a-piece-of-paper-it-doesnt-do-anything-on-its-own/>

^b See the first link in Annex 1 to access the PPT used with a group of researchers in Columbia last year.

^c EVIPNet is “a network established by the World Health Organization to promote the systematic use of research evidence in health policy-making . . .” and is funded by the WHO.

^d See, for example: http://www.who.int/evidence/resources/policy_briefs/PBChileFinancing.pdf or <http://www.who.int/evidence/sure/MaternalMortalityBF.pdf?ua=1>

Table 1
Policy brief template.**TITLE:** Short, percussive and informative (2-4 pages)**ABSTRACT:** Serves to persuade the reader to continue reading**HIGHLIGHTS:** 3 or 4 items in a box**INTRODUCTION:**

Explain why is the topic important, why should people care?

Explain what were the goals of the study/ies and overall findings?

APPROACHES AND RESULTS

Summarize facts, issues and context

Reduce detail to only what reader needs to know

Provide concrete facts or examples to support assertions

CONCLUSION

Based on results

Aim for concrete conclusions and strong assertions

SOURCES CONSULTED OR RECOMMENDED: Full report or article with method details (website link)**POLICY RECOMMENDATIONS**

Which specific steps or measures should be taken (and by whom and when/where) to realistically and feasibly implement the chosen options?

Effectiveness of policy briefs for knowledge transfer

There are still relatively few evidence on the effectiveness of PBs as a knowledge transfer tool. But studies have shown: 1) that decision-makers consider PBs to be a precious communication tool and that they use them in decision-making;⁸ 2) senior officials have a preference for “pre-digested” results;⁹ and 3) concise documents.¹⁰ A recent systematic review identified three studies which show that PBs presenting the opinions of experts “might affect intended actions and intentions persisting to actions for public health policy”¹¹ (p. 12). One of these studies, based on a randomized control trial, shows notably that the inclusion of expert opinions in PBs, for instance those coming from the people who carried out the study, helps to reinforce certain messages arising from the study.¹² The mixed-method evaluations that we have conducted on the effectiveness of PBs during workshops to lead to knowledge utilization, also show that they are of little use if they are not sent out to participants in advance^{1,13} and that, when they are, they encourage the use of the results they present.¹⁴

To “make a splash” your policy brief must first be read

It was already a well-known fact,⁶ but our practical experience since 2010 has shown that long documents has very little chance to be read by high level decision makers. During one of our training sessions with a group of researchers and decision-makers, when we asked participants to assess various formats of PBs, one of the decision-makers cried out: “this is four pages long, that’s not very brief, is it?” And another responded: “(…) if it’s four pages long, decision-makers won’t read it, they’ll get someone below them to do it”. During these assessment exercises which we took up over and over again during our training, participants systematically criticized certain elements in the PBs handed out to them; the length and overly dense contents being the most frequently cited criticisms. But participants who do not have basic research training mention, systematically, too frequent a use of scientific jargon or tables and figures that they find incomprehensible and so, useless and boring.

Based on our experiences and our examination of the literature available on the subject, we consider that, to be read and “make a splash”, a PB should demonstrate a number of qualities. Firstly, it must be succinct (two to four pages), be presented in a language which is both simple and clear, be restricted to information which is of real interest to the recipient and propose clear recommendations for action in a specific context. It must place in the forefront the highlights of the study or studies upon which it focuses and not focus on the research method, incomprehensible to those who do not have solid scientific training, but rather on the solutions to a

problem. A reference or link to a source showing the methodological approach should, nevertheless, be provided. What is more, it must simplify the assimilation of data by using different ways of presenting them: text, pictures, graphs and tables. Lastly, it must put forward concrete, relevant measures to the targeted decision-makers. [Table 1](#) presents the template that we suggest for preparing an effective PB.

Conclusion

It is evident that nobody holds the monopoly of the concept, term or contents of a policy brief. There are a multitude of definitions and practices that exist. There is certainly no point nor use in freezing the content and our goal is not to advocate a single format. The ones we propose target a different objective than EB promoted by the WHO and the EVIPNet network which, as the participant at one of our training sessions said, are “not really brief”. Ours are addressed directly to people in a position to take decisions, without asserting that these PBs will be able to do it alone, since the relationship between researchers and advisers requires specific knowledge transfer activities,¹⁵ which necessarily go beyond PBs. EBs, because of their length and absence of recommendations for action are intended instead, according to us, for political analysts entrusted with briefing policy-makers. They are therefore intended for advisers to policy-makers rather than directly to the latter. We have no doubt that this type of PB is of use when transmitting the best data available on the subject of a given problem. However, to our mind, they are not the best tool for reaching those who take decisions directly. The question that remains to be answered concerns the role of the researcher in writing a PB, but that will be for another editorial!

Authorship contributions

C. Dagenais wrote the first draft of the editorial and integrated V. Ridde comments. Both authors were comfortable with the final version of the manuscript submitted.

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Annex 1. A few guides for preparing policy briefs

<http://www.fao.org/docrep/014/i2195e/i2195e03.pd>: Our own PB preparation guide presented in Cali, Columbia in March 2017.

http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/de/policy_brief/index.html: A Guide to Translating Science and Engaging Stakeholders. Present 7 modules in PDF format to prepare a PB step-by-step.

<http://www.datavis.ca/gallery/index.php>: A Gallery of Data Visualization displays examples of the “Best and Worst of Statistical Graphics”

<http://www.mhinnovation.net/policy-brief>: Guide from a Mental health innovation (MHIN) community with a 20 minutes video showing how to prepare a PB

<http://www.plainlanguage.gov/howto/guidelines/bigdoc/fullbigdoc.pdf>: A website from the USA government about writing in “Plain language”

<https://owl.english.purdue.edu/exercises/>: An online writing lab for clear language communication.

References

- Ridde V, Dagenais C. What we have learnt (so far) about deliberative dialogue for evidence-based policymaking in West Africa. *BMJ Glob Health.* 2017 (Accessed on 15/01/2018.) Available at: <http://gh.bmj.com/content/2/4/e000432>
- Moat KA, Lavis JN, Abelson J. How contexts and issues influence the use of policy-relevant research syntheses: a critical interpretive synthesis. *Milbank Q.* 2013;91:604–48.
- Arcury AA, Wiggins MF, Brooke C, et al. Using “policy briefs” to present scientific results of CBPR: farmworkers in North Carolina. *Prog Community Health Partnersh.* 2017;11:137–47.
- Young E, Quinn L. Writing effective public policy papers: a guide for policy advisers in Central and Eastern Europe. 2002. (Accessed on 17/07/2017.) Available at: http://www.icpolicyadvocacy.org/sites/icpa/files/downloads/writing_effective_public_policy_papers_young_quinn.pdf
- Lavis JN. Cochrane training webinar. (Accessed on 15/01/2018.) Available at: <http://training.cochrane.org/resource/rapid-reviews-strengthen-health-policy-and-systems>.
- Avey PC, Desch MC. What do policymakers want from us? Results of a survey of current and former senior national security decision-makers. *Int Stu Q.* 2014;58:227–46.
- Cairney P, Kwiatkowski R. How to communicate effectively with policymakers: combine insights from psychology and policy studies. Palgrave Communications. 2017. (Accessed on 15/01/2018.) Available at: <https://www.nature.com/articles/s41599-017-0046-8>
- Jones N, Walsh C. Policy briefs as a communication tool for development research. Background note. Overseas Development Institute (ODI). 2008.
- Talbot C, Talbot C. Sir Humphrey and the professors: what does Whitehall want from academics? *Policy@Manchester.* 2014. (Accessed on 15/01/2018.) Available at: [http://hummedia.manchester.ac.uk/faculty/policy/1008_Policy@Manchester_Senior_Civil_Servants_Survey_v4\(1\).pdf](http://hummedia.manchester.ac.uk/faculty/policy/1008_Policy@Manchester_Senior_Civil_Servants_Survey_v4(1).pdf)
- Ritter A. How do drug policy makers access research evidence? *Int J Drug Policy.* 2009;20:70–5.
- Sarkies MN, Bowles KA, Skinner EH, et al. The effectiveness of research implementation strategies for promoting evidence-informed policy and management decisions in healthcare: a systematic review. *Implementation Science.* 2017;12:132.
- Beynon P, Chapoy C, Gaarder M, et al. What difference does a policy brief make? Full report of an IDS, 3ie, Norad study. Institute of Development Studies and the International Initiative for Impact Evaluation (3ie): New Delhi, India. 2012. (Accessed on 15/01/2018.) Available at: http://www.3ieimpact.org/media/filer_public/2012/08/22/.
- McSween-Cadieux E, Dagenais C, Somé P-A, et al. Research dissemination workshops: observations and implications based on an experience in Burkina Faso. *Health Research Policy and System.* 2017;15:43.
- McSween-Cadieux E, Dagenais C, Ridde V. Using implementation science frameworks to analyze a knowledge brokering intervention in Burkina Faso. *Glob Health Res Policy.* 2018.
- Morestin F. Les conseillers des décideurs politiques, les connaissances scientifiques et le partage de connaissances: faits saillants d'une revue de littérature et leçons à retenir. Série Partage de connaissances et politiques publiques. Montréal, Canada: Centre de Collaboration Nationale sur les Politiques Publiques et la Santé; 2017.