

Sharing research findings to make an impact on policy: examples from a malaria research consortium

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ACT CONSORTIUM

Introduction

Are global health research outcomes being effectively communicated to those who can improve the lives of populations at risk?

- **Funders** see value in the allocation of resources to the dissemination of research results.
- **Media professionals** can make an important contribution in bridging the gap between academia and communities affected by global health issues.
- **Scientists** benefit from dissemination activities, but often feel frustrated about their research being simplified when it is communicated to wider audiences.

The ACT Consortium is a global research partnership with 25 projects in 10 countries working to improve malaria drug delivery and use. This poster presents examples from our dissemination.



Who is our audience?

When disseminating beyond peer-reviewed journal publications, it is important to define our audience. Who can benefit from our research results – clinicians, Ministries of Health, local communities, the broader population?

The main audience of the ACT Consortium are National Malaria Control Programmes in malaria endemic countries. However, our work is also relevant to health professionals at different levels and to the wider research community.

A communications toolkit tailored to our audience

Press work

We work closely with our researchers and track the progress of peer-reviewed manuscripts reporting the main findings of our studies.

Once a paper has been accepted, we liaise with press offices from both the journal and our partner institutions, and issue press releases to the media.

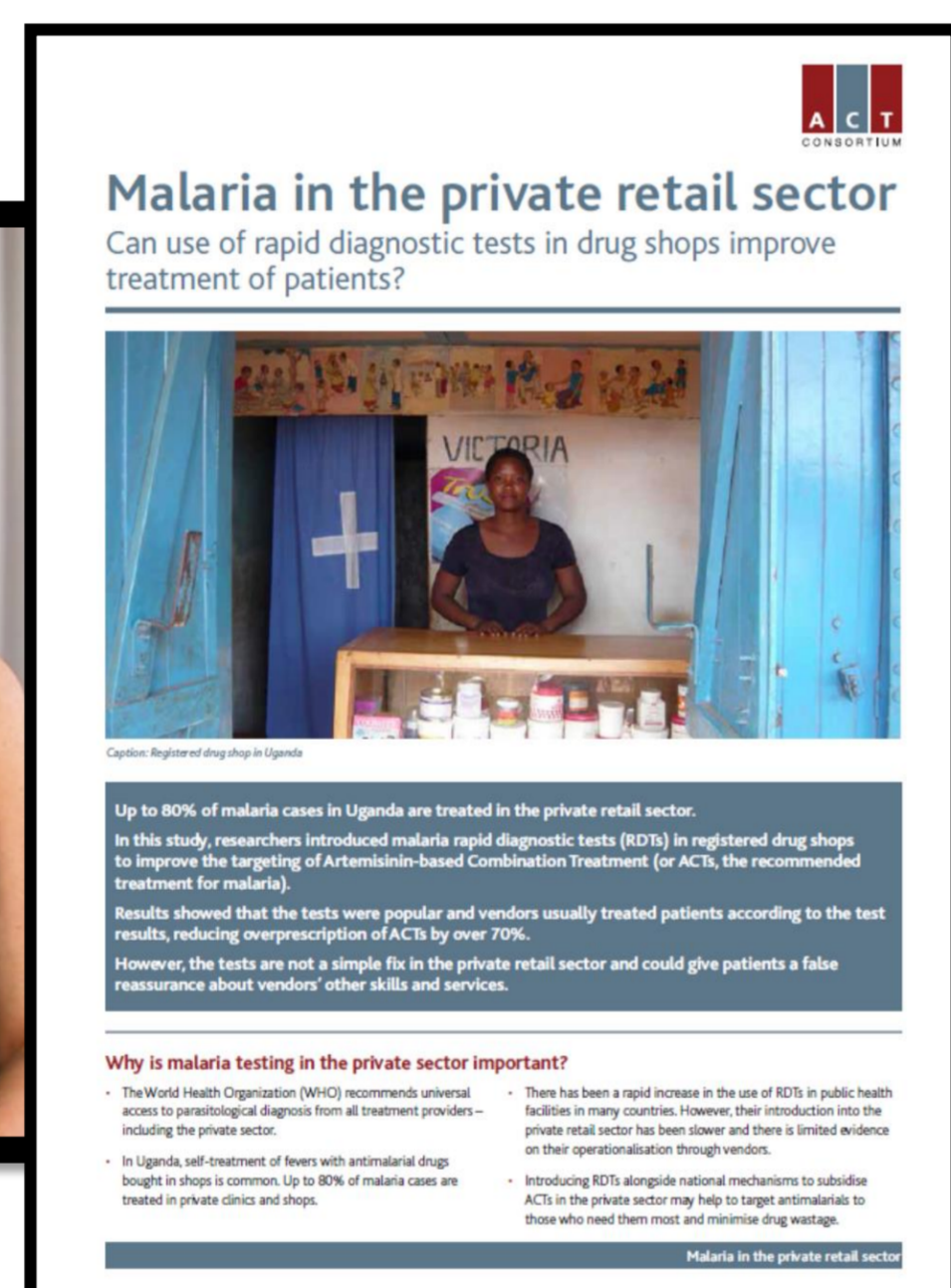


Fig. 1 – Results from our Drug Quality programme were published on World Malaria Day 2015, leading to media coverage in several media worldwide, including the BBC (left). Results from our REACT study in Nigeria were published in an exclusive piece in the national newspaper The Punch (right).

Multimedia and visuals

We use videos, graphs, photos, podcasts, infographics and other multimedia content to make our work more comprehensible and appealing, and likely to be shared.

We host these materials on our website and share them online with a large number of malaria stakeholders.

Fig. 3 – The Venn Generator Tool enables ACT Consortium researchers and partner institutions to illustrate the extent to which malaria treatment is targeted to malaria patients.

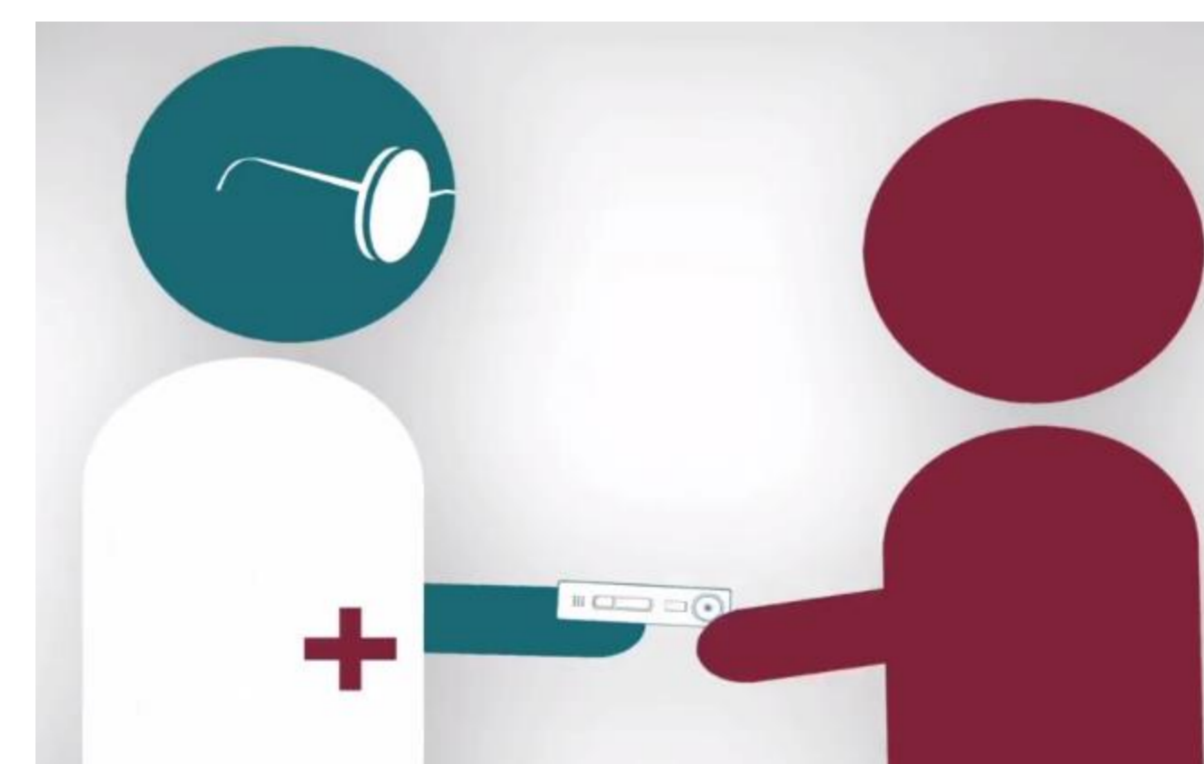
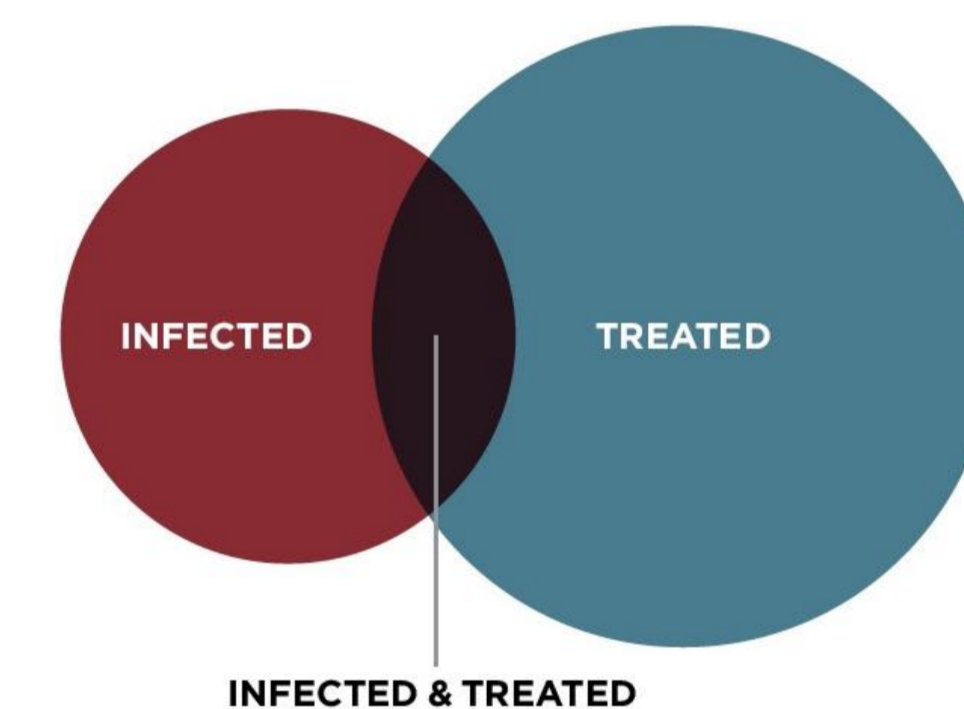


Fig. 4 & 5 – We have summarised ACT Consortium studies and key messages in short animations and videos showing researchers in the field.

Language tips

We try to keep your language simple, even for technical audiences.

- Using the active voice
- Using catchy titles
- Keeping sentences and paragraphs short
- Following our institutions' style guides
- Avoiding acronyms
- Not over-using technical jargon
- Using keywords and phrases that our audiences might type in search engines (e.g Google) to find our information

Funders value dissemination

Dissemination of results presents an opportunity for communicating to current and prospective funders. It is important to ensure that our research is helping shape the discourse about your field of research within our sector, and more broadly among the engaged public. Media coverage and other materials are opportunities to highlight new findings, signs of progress and how our research is moving the dialogue forward.

Evidence & policy briefs

For many ACT Consortium studies we have produced summaries of research evidence, using language and formatting techniques that make them easy to read by policy makers and other stakeholders who could make use of our research. The content is structured in questions, starting with our key messages.

Evaluating Interventions to Improve ACT Access and Targeting – Results from the IMPACT2 project

Background
Artemisinin combination therapy (ACT) is the recommended treatment for malaria in Tanzania and most other endemic countries. Tanzania introduced the ACT artemether-lumefantrine (Alu) as first line drug in 2006. However, access to ACT is poor and very often these drugs are not targeted to patients who are actually suffering from malaria.

The two interventions

Malaria Rapid Diagnostic Tests (mRDT)

Diagnosis of fever cases in public health facilities was mainly based on symptoms alone, until the national guidelines changed in 2010 to require a parasitological confirmation for treatment of malaria. To achieve this aim, the government rolled out malaria Rapid Diagnostic Tests in public health facilities between 2010 and 2012. The tests take 15 to 20 minutes, and do not require specialist laboratory skills.

The Affordable Medicines Facility – malaria (AMFm)

The AMFm was a subsidy mechanism hosted by the Global Fund to fight AIDS, Tuberculosis and Malaria. The aim was to increase the availability, affordability, market share and use of quality assured ACTs (QACs) through the public and private sectors. In addition to the subsidy itself, the AMFm intervention included price negotiations between the Global Fund and ACT manufacturers and country-level communication and training.



The roll-out of AMFm in mainland Tanzania
October 2010 first private sector deliveries of subsidised ACT
January 2011 start of supporting interventions, including mass media and community campaigns
July 2011 first public sector deliveries of subsidised ACT
By end of 2012 about 25 million subsidised ACTs delivered to the private sector, about 10 million to the public sector
Recommended retail price for an adult dose 1,000 Tanzanian Shillings (TSh 1,000)

Fig. 2 – We conducted a study on malaria diagnosis and treatment in drug shops in Uganda. We summarised the findings in a four-page policy brief, to be distributed at a dissemination event in Uganda.

RESOURCES Editorial & Storytelling: BBC News Style Guide | The Cambridge Handbook for Editors, Authors and Publishers | The Elements of Style | The Art of Scientific Storytelling | Bad Science | Don't Make Me Think **Multimedia software:** Wordle | Infogram | Spitfire | Mailchimp | ReadyTalk | Vimeo **Commissioned agencies:** MantaRayMedia | Manor Creative | Weber Shandwick | Inspired Science | Emanate

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