Engaging Civil Society in Supporting Research Use in Health Systems

Stakeholder Dialogue
23 & 24 November 2009

The McMaster Health Forum convened a stakeholder dialogue on the subject of civil society engagement in supporting research use in health systems. With the support of the World Health Organization and the Ontario Agency for Health Protection and Promotion, as well as the Public Health Agency of Canada and the Global Health Research Initiative, the dialogue brought together participants -- ten policymakers, five civil society representatives, four researchers, and two other stakeholders -- from a range of high- and low-income countries to examine the problem, options for addressing it, and key implementation considerations. The goal was to spur effective action.

Civil society can be considered to be any voluntary organization apart from those under the direct control of governments or for-profit firms. Civil society engagement could take the form of consultation, co-operation or control.

To enhance the opportunities for education and knowledge exchange afforded by a gathering of leading international policymakers, stakeholders and researchers with a high-level interest in engaging civil society and the use of evidence in health systems internationally, several other events involving students and faculty at McMaster University were convened in conjunction with the dialogue.

Our partners included the following organizations:
Deliberation about the problem

Dialogue participants generally agreed that: 1) research evidence is often not used in health systems; 2) civil society is typically not engaged in supporting research use in health systems; and 3) there are few enablers of civil society engagement in supporting research use in health systems. In discussing the second aspect of the problem, a number of dialogue participants observed that the focus of civil society has typically been on specific diseases (that they or their family members live with and that they would like to see get greater attention), programs and services (that they believe to be effective and that they would like to see receive funding), and issues (that affect how diseases are treated or which programs and services are funded). In discussing the third aspect of the problem, a number of dialogue participants noted that little effort has been directed at increasing the demand for research evidence among civil society (e.g., by assisting civil society to see how health system dynamics profoundly influence the diseases, programs and services, and issues that they care about). Dialogue participants also noted that little effort has been directed at improving the supply of relevant and usable research evidence.

Deliberation about options

In discussing three options for addressing the lack of civil society engagement in supporting research use in health systems, most dialogue participants felt that deliberative polling, deliberative dialogues and new media all have a role to play. That said, several participants were drawn more to the collaborative nature of deliberative dialogues and to new media’s potential for giving civil society greater control over the decisions that will affect them, than they were to the consultative nature of deliberative polling. The challenge, almost all dialogue participants argued, was matching a given approach and its design to the issue at hand and the local context at the precise time when a window of opportunity opens. Participants identified the potential for the manipulation of deliberative polling by those commissioning a poll, the need for capacity building both for those organizing deliberative dialogues and for those participating in these dialogues, and the need for much more evaluation of new media’s ability to support research use. Dialogue participants diverged in their views about whether the presence of senior government officials helps or hinders deliberative dialogues in the particular political systems with which they are each familiar.
Deliberation about implementation

Many dialogue participants agreed that the implementation of these options likely requires moving forward on two parallel tracks: 1) raising awareness about the approaches using easy-to-understand materials that describe each approach, how to adapt it to particular issues and contexts, ‘alarm bells’ that signal a looming problem in its use, and how to evaluate its impact and the factors that influence its impact; and 2) increasing the demand for and supply of relevant and usable research evidence.

Related Events

In addition to the stakeholder dialogue, the following activities were held over the course of the two-day event:

- Thelma Narayan, a leading public health consultant at the Centre for Public Health and Equity in Bangalore, India, gave a public talk entitled Civil Society Engagement in Health Enquiries, Advocacy and Action to Strengthen Health Systems: Lessons from India;

- Members of the McMaster Health Forum’s Student-Sub-committee organized a “speed-dating” event during which a group of students with a particular interest in health policy and health systems had the opportunity for one-to-one discussions with participants from the dialogue;

- The Forum’s first Student-Led Dialogue and Debate featured Ron Rosenes, vice-chair of the Canadian Treatment Action Council, delivering a talk on HIV/AIDS grassroots activism, followed by an open dialogue with students and others attending the event.

Dialogue deliverables

To learn more about this topic, consult the issue brief that was presented to participants before the dialogue, the summary of the dialogue or the video interviews with dialogue participants. For an electronic copy of the issue brief or dialogue summary, or to view the video interviews, visit our website (http://www.mcmasterhealthforum.com) and click on ‘Products’ along the sidebar.

Want to hear participants’ insights and reflections?

Visit our YouTube channel at:
www.youtube.com/mcmasterhealthforum
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