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**UNU-IIGH**  
International Institute  
for Global Health



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Exploring & promoting Global  
Health Design research

# Summary from the Early-Career Professionals Workshop: Research to Policy

14 October 2020

While global health efforts are largely led by countries and institutions in the Global North, a substantial burden of disease and poor health is experienced by populations in the Global South. Solutions and interventions for the Global South proposed by researchers and practitioners in the Global North often fail due to inappropriate consideration of local contexts. At the same time, health transcends borders and requires collective action and continual translation of the best evidence to inform policy solutions that promote and improve health, reduce health disparities, and protect against global threats.

As part of UNU-IIGH's initiative to strengthen capacity around decision making and translate evidence into policy, UNU-IIGH is collaborating with Lancaster University on a series of workshops for early-career professionals. The first installment of the virtual workshop series was held on 14 October 2020 to provide insights into the stakeholder engagement process.

## The main objectives of this workshop were:

1. To provide an overview of how to collaborate with stakeholders across sectors
2. To identify potential stakeholders and strategies for engagement

## Workshop agenda

The workshop was structured as below:

1. Opening remarks
2. Introductory talk
3. 1st lightning talk
4. Break-out session  
*Break*
5. 2nd & 3rd lightning
6. Break-out session
7. Concluding remarks

## Opening remarks

The opening remarks were delivered by Dr. Mike Penkunas and Dr. Emmanuel Tsekleves. Dr. Penkunas is a research fellow at UNU-IIGH. He leads the programme of work around strengthening capacity for local decision making. Dr. Tsekleves is the Associate Director of Global Health Design and convenor of the Design Research Institutes on Global Health at Lancaster University.

## Participants

A total of 80 individuals registered for the workshop, of which 37 individuals participated. Participants joined from across the globe, including Malaysia, Australia, UK, India, Sri Lanka, and Nepal.



**Prof. Maimumah Hamid**  
Professor, International  
Medical University  
(IMU), and UNU-IIGH  
Board Member)

### **Introductory talk: Research to policy & practice: The realities**

#### **Key points:**

- Decision-making is a complex process influenced by several completing factors.
- Decision-makers are often interested in the solutions, options, and impacts on costs and benefits.
- Researchers need to acquire advocacy and communication skills.



**Dr. David Tan**  
Head of  
Experimentation, UNDP  
Malaysia Accelerator  
Labs)

### **1st lightning talk: Intersectoral work and crossing interdisciplinary boundaries**

#### **Key points:**

- Health policymaking is a feedback system rather than a linear process.
- Stakeholder mapping is useful to bring people together and better understand how the system functions.



**Dr. Yonette Thomas**  
(Founding board member  
and former vice president  
of the Interdisciplinary  
Association  
for Population Health  
Science (IAPHS))

### **2nd lightning talk: Growing urbanization: New challenges for urban health**

#### **Key points:**

- Urban health challenges require interdisciplinary collaboration
- Researchers must advocate for the importance of health when studying social and economic development.



**Dr. Charles Ebikeme**  
(Policy Officer, London  
School of Economics  
and Political Science  
(LSE))

### **3rd lightning talk: Getting health onto the new urban agenda**

#### **Key points:**

- Bringing stakeholders together to speak in one voice.
- The application of different strategies to engage stakeholders and the importance of policy briefs to communicate with policymakers.

### Break-out sessions

Participants were divided to seven groups and each facilitator led a group of 4-5 participants to analyze the following case study.

#### Case study:

You are an **advisor to the mayor** of a certain secondary city. Your task is to recommend a plan of action to guide the mayor in implementing a program around **housing and health**. The plan must include the following:

1. A multidisciplinary team of key stakeholders (**Break-out 1**)
2. Opportunities and rationale for engaging these stakeholders (**Break-out 2**)

### Break-out 1

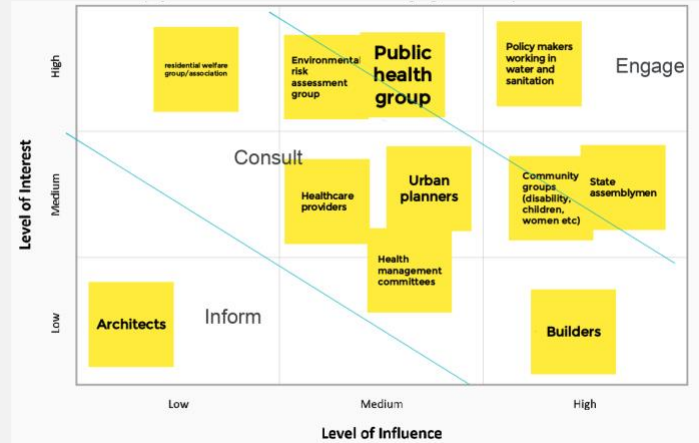
**Activity 1: Participants to brainstorm potential stakeholders across sectors and their connections**

<b>Research</b>	<ul style="list-style-type: none"> <li>• Research groups from the Ministry of Health</li> <li>• Research groups from universities eg. Epidemiology Teams</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>• Policy makers from local and federal governments</li> <li>• State/local health department/ authorities</li> <li>• Urban planning division</li> <li>• Ministry of Finance</li> <li>• Ministry of Housing &amp; Infrastructure</li> <li>• Ministry of Transport</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>• Local community (neighbourhood) groups for children, women, those with disabilities</li> <li>• Key opinion leaders (eg. religious leaders, community leaders)</li> <li>• Civil society organizations</li> </ul>
<b>Implementers</b>	<ul style="list-style-type: none"> <li>• Urban planners</li> <li>• Civil engineers &amp; architects</li> </ul>
<b>Health professionals</b>	<ul style="list-style-type: none"> <li>• Public health professionals</li> <li>• Epidemiologists</li> <li>• Healthcare providers, doctors, nurses</li> <li>• Hospitals</li> </ul>
<b>Welfare/Human rights</b>	<ul style="list-style-type: none"> <li>• Residential welfare associations</li> <li>• Tenant's unions</li> <li>• Environmental risk assessment groups</li> <li>• NGOs</li> <li>• Youth representatives</li> </ul>
<b>Private sectors</b>	<ul style="list-style-type: none"> <li>• Banks, insurance providers</li> <li>• Housing developers/builders</li> <li>• Service providers (eg. sanitation)</li> </ul>

### Break-out 2

**Activity 2: Participants mapped the stakeholders in an influence vs interest engagement spectrum**

Below is an example of stakeholders mapped onto the engagement spectrum:



*\*Note: Each group identified different stakeholders mapped in the engagement spectrum.*

**Recurring themes from the influence vs interest exercise:**

**Inform:** To provide balanced and objective information in a timely manner

**Stakeholders identified:** architects, engineers, district medical officers

**Consult:** To obtain feedback on analysis, issues, alternatives, and decisions

**Stakeholders identified:** tenant's unions, university researchers, Ministry of Transport, housing developers, community groups, builders, youth representative, NGOs, civil society organizations, women's groups

**Engage:** To partner with stakeholders to understand concerns and aspirations and to share decision making

**Stakeholders identified:** private sector actors (banks, funding agencies), community members, healthcare providers, Department of Housing & Infrastructure, key opinion leaders, federal government, urban planning division, utilities department, city council

*\*Note: Each group may have different stakeholders in different engagement spectrum*

**Activity 3: Participants were asked to select one group from the Inform, Consult, Engage categories and brainstorm engagement strategies**

**Examples:**

**Who to Inform?** local community

**How?** Dialogue, communication tools eg. pamphlets, social media, newsletters

**Who to Consult?** Healthcare providers

**How?** Interviews, focus groups

**Who to Engage?** Policy makers/council members

**How?** Policy briefs, roundtable discussions