Assessing the contribution of RESYST research on changes in health systems policy: case study on policy guidelines for implementing the Basic Health Care Provision Fund in Nigeria

IMPACT CASE STUDY

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Background

There is a growing emphasis on the importance of research that serves a practical and societal benefit, and with this comes the need for researchers to demonstrate these non-academic impacts: to institutions to secure research grants, and to research funders who demand greater accountability and demonstration of 'value for money' (Hill, 2016; Penfield et al 2014). Increasingly, researchers are also seeking to better understand how research is used to improve their own ways of working and increase the potential for research uptake in the future.

Research uptake has been a central component of RESYST research consortium since it was established in 2010 and policy influence is rooted as an outcome in the Consortium's Theory of Change. With extensive experience of working in health policy across different contexts, researchers are aware that policy change is often a drawn-out, unpredictable and complex process, and the pathways through which research might have an influence are nuanced and varied (Murphy, 2012). These realities present several well-known challenges to assessing research impact, especially in attributing change in policy or practice to a single piece of research that could have been carried out years previously (Morton 2015, Penfeld et al 2014, Patton 2008).

The varied experiences across RESYST member countries also highlight the indirect, dynamic nature of research use: research has more commonly been used to inform policy discussions and to introduce or sensitize policymakers to new concepts than to directly influence specific policies - a notion first described by Weiss in 1977 as the "enlightenment" model of research utilization, and commonly described as Conceptual use of research (Lavis et al, 2003). Our experience of research use more closely resembles the description used by Nutley et al. as an: "iterative, fluid and non-linear process, which may progress through many different types of research use in sometimes unpredictable ways." The ever-changing nature of research use presents additional challenges to tracking, measuring and proving research impact.

RESYST has developed a number of quantitative indicators, which together start to build a picture of research use. However, many of these indicators focus on activities or outputs, and do not reveal multiple ways in which research is used, the importance of context, and the depth or detail of impacts.

For these reasons, we have sought a complementary approach to assessing research impact that focuses on looking at the different pathways of influence and better understanding the contextual factors that help or hinder research uptake. The approach involves carrying out in-depth case-studies of specific research projects - collecting qualitative information from researchers and key stakeholders, and using frameworks for research and analysis that are suitable for understanding the amorphous ways in which research influences policy or practice.

Case-study aim and process of reflection

Aim

To assess the contribution of RESYST research on changes in health systems policies or practice.

Research questions

1. What contribution has X piece of research had on health systems policy or practice in X country/globally?
2. What are pathways through which the research had an impact?
3. What facilitated or hindered research uptake and impact?

A case study approach was used to investigate the research questions, with an individual research project as the initial subject of focus. The selection of the two case studies was based on reported cases of research use as identified by researchers.

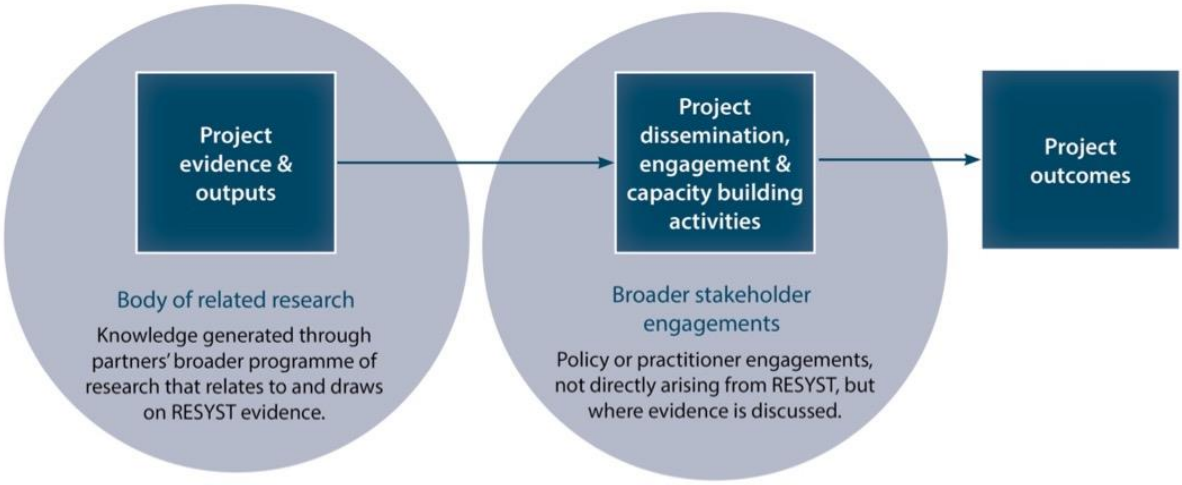
Objectives

1. Describe the policy or healthcare/system environment over time (including policy development, changes in practice, narratives or discourse, significant events and key actors involved in the process).
2. Document the research project's activities, outputs and engagements over this time, describe how they may have contributed to policy changes, and provide evidence of this.
3. Identify factors that facilitated the observed outcomes and impacts of the research.
4. Compare findings across case studies.

Scope of the research

The starting point for each case study was an individual research project carried out in one RESYST member country. However, the assessment also included related knowledge generated through researchers' broader work and broader stakeholder engagements, not directly arising from RESYST but where evidence was discussed (Figure 1). This is because researchers often draw on a wider body of knowledge in their engagements or teaching, of which the evidence generated through a particular research project is just one part.

Figure 1:



Focus on research contribution

The case studies seek to assess the contribution of the research project to a change in policy or practice, rather than attempt to attribute observed changes in policy/practice to the research alone. The case studies focus on research contribution to changes in health systems policy or management decisions, as these are the outcomes set out in the Consortium's theory of change. However, we will apply a broad interpretation of policy making – operating at different levels (international, national, state, county), and in institutions beyond government. We will also consider policymaking as a process from formulation through to implementation on the ground.

Method

The method used to assess the contribution of the research is adapted from the RAPID Outcome Assessment (ROA) methodology. It focuses on finding links between research activities/engagements and changes in behavior of key policy actors to chart influence over time. The Outcome Assessment method was chosen because it focuses on examining how and why change happens with an explicit emphasis on the causes of observed impacts (Tsui et al, 2014). Thus, it gives due consideration to the role of context, actors and relationships in policy influence.

The ROA has three main stages:

1. Preparation stage: document review and informal conversations are carried out to develop a draft picture of the project's history and the intended changes
2. Workshop: Key policy change processes are identified by the stakeholders
3. Follow up: Use of information gathered to describe the contributions of the project to the observed outcomes

Rather than hold a workshop to map the research project activities and the key policy processes that led to change, we used information collected through RESYST's own monitoring and evaluation systems on: research outputs, stakeholder engagements and research use.

The steps used to carry out the work are:

1. Describe the policy environment at the start and end of the project based on document review and informal conversations with researchers

2. Map the project's outputs, activities and engagements, and wider stakeholder engagements on a timeline using information collected through RESYST database of: research outputs, stakeholder engagements, research use

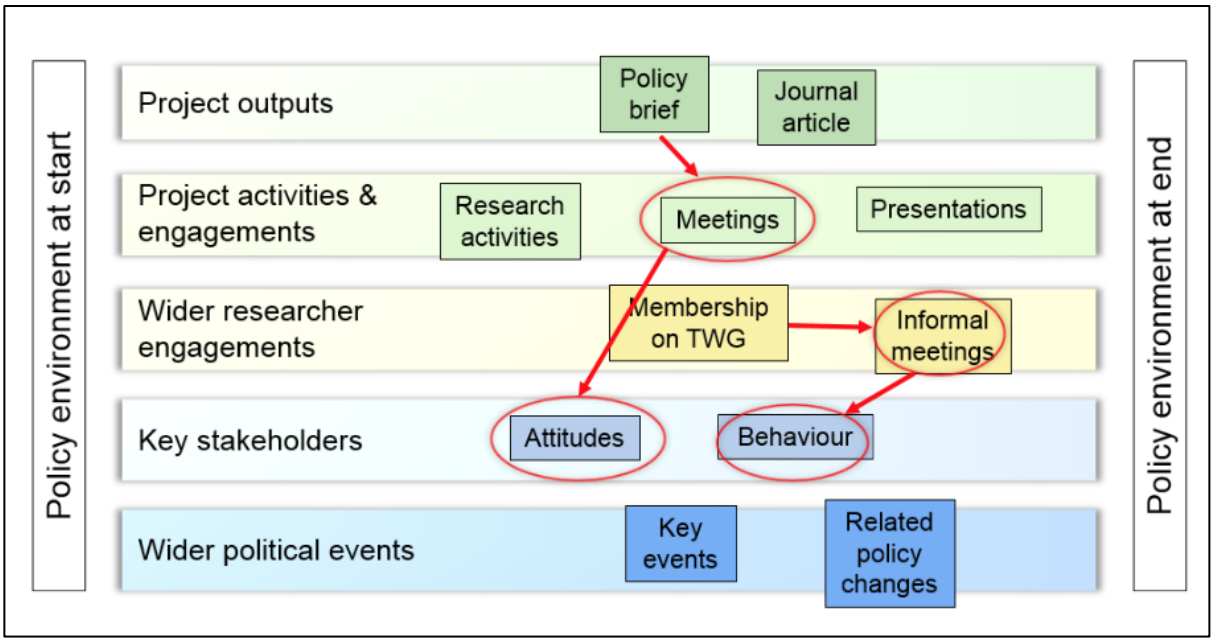
3. Highlight the steps/events that led to change, e.g. changes in attitudes of behavior actors, important events in the policy process and external influences using information collected from interviews with key actors and discussions with researchers

4. Create links between researchers' outputs, activities and engagements with policy changes

5. Gather evidence to substantiate claims and determine the level of influence through comparison between policy documents and research and interviews with stakeholders

The timelines were created using online software (www.tiki-toki.com) which enabled us to create and categorise events, and to provide detailed information about the research activities and engagements and to link to online sources. Figure 2 is a visual representation of the timeline, with an illustration of the types of research and policy events and linkages mapped on.

Figure 2: Timeline of research and policy events and linkages



Case-study assessing the contribution of HPRG research on policy guidelines for implementing the Basic Health Care Provision Fund in Nigeria

About the Basic Healthcare provision fund
Nigeria's 2014 National Health Act (NHAct) will be a major step in the country's path to Universal Health Coverage when it is implemented, as the NHAct guarantees every Nigerian access to a 'Basic Minimum Package of Health Services". A key part of the NHAct is the establishment of a Basic Healthcare Provision Fund (BHCPF) through which the provision of BMPHS will be financed through an annual statutory grant of not less than 1% of the Consolidated Revenue of the Federal Government of Nigeria. The BHCPF aims to substantially increase the level of financial resources to primary health care services and provide access to essential medicines for all Nigerians.

About the research
In anticipation of the passage and signing of the National Health Act, researchers from the Health Policy Research Group in Nigeria carried out a project as part of the RESYST governance research theme that explored the governance and accountability readiness of the Nigerian health system for the implementation of the BHCPF.

The research took place in the first quarter of 2014 before the NHAct was signed into law, and was formulated in response to requests from staff at the National Primary Healthcare Development Agency (NPHCDA – one of the bodies responsible for disbursing the Fund) to support the development of a framework to strengthen transparency and accountability in the use of the Fund. Hence, one of the objectives of the research project was to generate implementation guidelines for the BHCPF, and to contribute to the development of strategies aimed at strengthening health system accountability in Nigeria.

A key outcome of the research was an accountability framework for the implementation of the BHCPF, which outlined specific strategies to strengthen accountability at different levels of government including: mechanisms for strategic planning; strong and transparent monitoring and supervision systems; and systematic reporting.

About the Health Policy Research Group
HPRG is a multi-disciplinary group based in the College of Medicine at the University of Nigeria, Enugu-campus. It conducts health policy research and aims to provide policy advice and technical assistance in policy formulation.

Researchers in the Group have a strong history of linkages with policy processes at the state (Enugu and Anambra) and national levels. For example, researchers have been involved in past and current health policy working groups and steering committees. They also carry out activities to promote the use of evidence in policy by providing training for policymakers and facilitating meetings between researchers and policymakers. Strong research-policy linkages have also developed through post graduate training programmes where several students have gone on to (or currently) work in policy.

Justification for the case study

This research project was chosen as a case study for several reasons: firstly, the research originated from a demand from policy implementers and has a stated aim to contribute to the generation of policy guidelines; secondly, there were already established pathways of influence through researchers' membership on policy committees. Thus, it seemed that this research would be a relatively straightforward case to assess the methods used to collect information about, and evidence of, research use.

Case-study activities

The preparation stage for the case-study involved reviewing research and policy documents relating to the BHCPF, listed in table 1.

Table 1: Documents reviewed

HPRG Research outputs	Policy outputs
[DR1] Research protocol: Implementing the NPHCDF in Nigeria: how ready is the health system to ensure good governance and accountability?	[DP1] Guidelines for the Administration, Disbursement, Monitoring and Fund Management of the Basic Health Care Provision Fund (August 2016)
[DR2] Research report: Implementing the NPHCDF in Nigeria: how ready is the health system to ensure good governance and accountability?	[DP2] Harmonized Guidelines for the Administration, Disbursement, Monitoring and Fund Management of the Basic Health Care Provision Fund (December 2016)
[DR3] Policy brief: Implementing the BHCPF in Nigeria: a framework for accountability and good governance	[DP3] BHCPF Operations Manual (Sept 2017)
[DR4] RESYST Webinar: Promoting accountability in the implementation of Nigeria's National Health Act	[DP4] Outline of the BHCPF Simulation Exercise, (Oct 2017)
	[DP5] Meeting notes from Resolution of the Senate Committee (Nov 2017)

Interviews

Reflective interviews were then held with researchers and policymakers directly involved in the research study and policy processes. In the text below, interviewees are identified only by code (eg. IR1) to maintain anonymity.

Findings

Policy environment at the start of the research project (2014)
In October 2014, following a decade of planning, Nigerian President Dr Jonathan Goodluck signed into law the National Health Act (NHAct). The Act provides a legal framework for the provision a Basic Minimum Package of Health Services (BMPHS) to all Nigerians, and for the organisation and management of the national health system.

Basic Health Care Provision Fund
A key component of the NHAct is the establishment of the Basic Health Care Provision Fund (BHCPF) comprising no less than 1% of consolidated government revenue. 50% of the Fund is to be used to cover the BMPHS through the National Health Insurance Scheme; 45% will be used to strengthen PHC facilities (including essential drugs, facility maintenance, equipment, transportation and strengthening human resource capacity) through the National Primary Health Care Development Agency (NPHCDA); 5% is to be used towards emergency medical treatment.

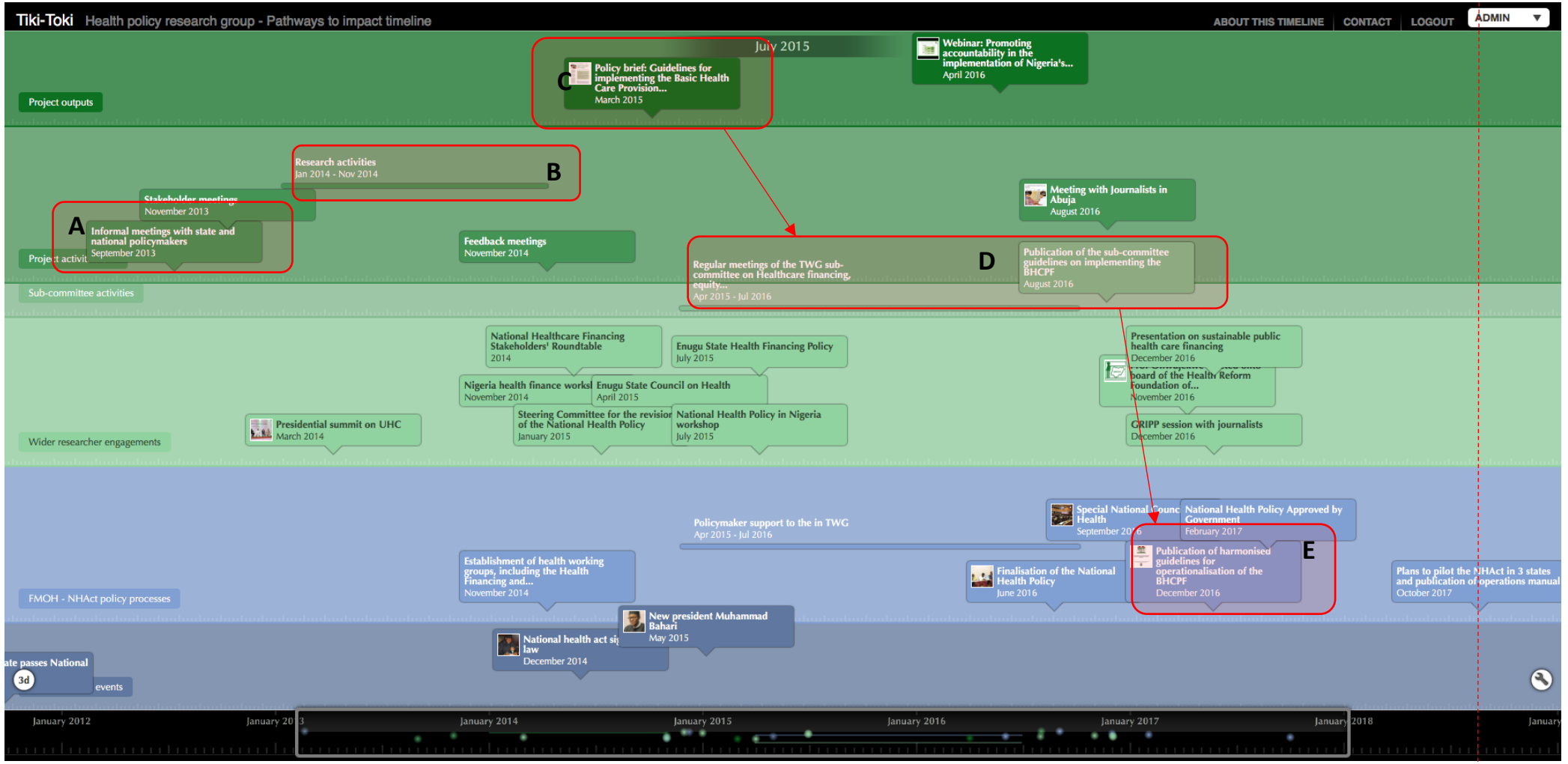
Multiple stakeholders are involved in disbursing the Fund (see table 3). At the Federal level, the NPHCDA is responsible for transferring funds for PHC services from the Federal Ministry of Health (FMOH) to the State Primary Health Care Development Boards/Agencies, who then disburse funds to facilities. The Local Government Health Authorities (LGHAs) provide supportive supervision and oversight over PHC facilities.

Process of implementing the NHAct
In March 2015, the National Council on Health (the highest policy-making body for the health sector in Nigeria) approved the proposed governance mechanism for the operationalization of the NHAct. Subsequently in April 2015, a Steering Committee was set up by the FMOH to provide oversight in the implementation of the NHAct and a Technical Working Group (TGW) was formed to develop guidelines and manuals for operationalization of the Act. This TWG comprised five sub-committees on: (1) Governance and stewardship; (2) Healthcare financing, equity and investments; (3) Healthcare quality, standards and performance; (4) Research and knowledge management; and (5) Advocacy, communication and social mobilisation. The task of developing guidelines for implementing the BHCPF was part of the remit of the Healthcare financing, equity and investment sub-committee.

Key activities, engagements and events
A timeline[1] (figure 3) plots the research project outputs (Row 1), project activities and engagements (Row 2) and HPRG researchers' wider policy engagements (Row 3) between January 2012-November 2017. This information was collected on a monthly basis through RESYST Monitoring and Evaluation reporting forms. The timeline also shows key events in the NHAct policy process (Row 4) and wider political events (Row 5). Interviews with key research and policy stakeholders revealed some of the important events and linkages that led to research uptake – marked in red on the timeline and described in more detail below.

[1] Full interactive timeline: https://www.tiki-toki.com/timeline/entry/910974/Health-policy-research-group-Pathways-to-impact-timeline/

Figure 3: Timeline of events during the development of policy guidelines for implementing the Basic Health Care Provision Fund



Current policy environment

A) Engagements with stakeholders before and during the research

In 2012, prior to any research being planned, researchers held informal meetings with key stakeholders who would be involved in disbursing the BHCPF at both state and national levels. Stakeholders raised concerns over the management of the Fund and the roles of various actors in ensuring accountability. Policymakers from the NPHCDA requested that researchers gather evidence to support the development of a framework to strengthen accountability in implementation of the fund. The informal request for research led to formal meetings and the development of a research protocol in 2013.

> *"The need for that research was generated by policy makers actually. So it was through some informal engagement between policy makers in Anambra state specifically but at the national level with [researchers] that the discussion came up and they were like we need to do this thing, we need to know and discuss that there is accountability for this fund and who is responsible and all of that. So that is how the idea for that research came up, so there was that need coming from the policy makers."* [IR2]

B) Involvement of policy stakeholders in the research

The research activities were designed as a collaboration between researchers and policymakers, with Dr Lekan Olubajo (Head of Health Financing Division from the NPHCDA) named as a collaborator on the research protocol [DR1]. Key actors at national, state and local government levels were interviewed during the research, and their inputs informed the accountability framework that was produced [DR2].

C) Development of a policy brief

A policy brief containing accountability guidelines for implementing the BHCPF was published by HPRG in March 2015 [DR3]. The main channel through which the policy brief was shared was the sub-committee on Healthcare Financing, Equity and Investments, in addition to key actors and stakeholders in the Nigerian health sector.

D) Membership on sub-committee for Healthcare Financing, equity and investments

Professor Obinna Onwujekwe was appointed co-Chairman of the sub-committee on Healthcare Financing, Equity and Investments alongside Dr. Muhammed Lecky (Health Reform Foundation of Nigeria (HERFON), and Felix Obi from HPRG was also a member. Members of the sub-committee included representatives from government agencies (Ministry of Health, NPHCDA, NHIS, Ministry of Budget and National Planning, Ministry of Finance, Central Bank, etc.), CSOs, UNICEF, UNFPA, Global Fund, WHO and the World Bank, AfDB, DFID, USAID, EU, JICA, CIDA, etc.

This group was given the responsibility of producing guidelines for implementing the BHCPF and taking forward the health financing agenda. It met regularly between April 2015 and August 2016. By this date the sub-committee produced a set of draft guidelines for the Administration, Disbursement, Monitoring and Fund Management of the Basic Healthcare Provision Fund, setting out the processes to be applied and the responsibilities of various stakeholders [DP1].

E) Publication and public launch of guidelines

A set of harmonized guidelines was published in December 2016 [DP2]. It was presented to the National Council of Health and launched by the government during the official introduction of the National Primary Healthcare Revitalization Initiative in January 2017.

Current policy environment (October 2017)

Despite publication of guidelines for implementation of the BHCPF and assurances by the government that it will establish the BHCPF, no budget was set aside for it in the overall health budget for 2016 and 2017 fiscal years. Available evidence shows that the BHCPF was not included in the draft 2018 budget submitted by President Buhari to the National Assembly for passage. The delay might partly be due to the weakness of the Ministry of Health to convince the finance and budget office of its importance [DR4]. The economic recession that Nigeria slipped into since 2015 has shrunk the fiscal space for health, with the government prioritizing investments in other sectors to stimulate economic growth[2]. Further, many States remain unprepared to manage the fund, for example, there has been slow progress in establishing State led Health Insurance Schemes.

In October 2017, the Federal Ministry of Health began discussions about a pilot of the NHAct and BHCPF in three States (Abia, Niger and Osun), recognizing the need to demonstrate program effectiveness and to set up the necessary structures for implementation [DP4]. As part of this pilot programme, which has been organized by the FMOH with financial and technical support from BMGF, USAID and WB, a new operations manual was developed [DP3] as a guidebook for how the BHCPF should be administered on a day to day basis. Its introduction states that it: "documents activities necessary to complete tasks in accordance with harmonized guidelines of the BHCPF and the NHAct".

Researchers from HPRG has been involved in the pilot scheme since January 2017 as part of the BHCPF technical team, working as a consultant to Results for Development (R4D) which is providing technical support to FMOH, NHIS and NPHCDA for the implementation of BHCP.

Contribution of the research

Federal level

The document review and interviews reveal some evidence of the research contributing to the sub-committee's guidelines for implementing the BHCPF [DP1] and the harmonized guidelines, published by the FMOH, NHIS and NPHCDA in December 2016 [DP2]. None of these sets of guidelines contain specific references, but the harmonized version does acknowledge the role of the sub-committee for Healthcare Financing, equity and investments which was chaired by HPRG researchers.

[2] See Economic Recovery and Growth Plan, which is guiding the government's budget allocations

"We remain indebted to members of the Health Financing Technical Working Group, the Basic Healthcare Provision subcommittee and development partners who worked assiduously to develop the initial draft of this guideline" [DP2]

Comparison between research recommendations and policy guidelines

The executive summary of the policy guidelines contains several references to accountability and gives the issue a prominent role.

"These guidelines … set out the processes to be applied, the responsibilities of various stakeholders and the accompanying accountability expectations contingent on these responsibilities." (p11)

"Emphasis was also on the ease and speed of implementation… as well as entrenching a robust accountability and probity framework, to guarantee prudent financial management of public funds" (p11)

Some similarities can also be found in the text of the policy documents (Committee guidelines and harmonized guidelines) and the accountability framework presented in the policy brief, especially with regards to the roles and responsibilities of different stakeholders in the administration of the Fund, and the oversight of the Fund.

Table 3: Similarities between research recommendations and guidelines

Research recommendations to strengthen accountability (as stated in the policy brief)	**Guidelines for the Administration, Disbursement, Monitoring and Fund Management of the BHCPF [DP2]**
Relating to oversight of the Fund	
National level	
Federal level bodies including NPHCDA, NHIS, FMOH, should provide oversight over management of the fund at state, local and health facility level.	Creation of a Ministerial Fund Oversight Committee (MFOC) including representatives from the FMOH, NHIS, NPHCDA, CSOs (2.1.13) / changed to … [DP2] /Changed to National Steering Committee [DP3]
Federal government shall build capacity of State and LGHA to disburse funds, this may include assisting states to set up State Primary Health Care Development Boards/Agencies	NPHCDA shall be responsible for: regulations and standards for PHC facilities, provision of technical support to the SPHCDAs (2.1.4.e/3.1.3.v)
State level	
Provide supportive supervision to the local government	[Templates for supportive supervision in the BHCPF included in design documents and tools]
Disbursement of Funds	
Consider making dispersal of revenue from NPHCDA to SPHCDA conditional on the results of previous disbursements.	[MFOC to] Ensure that monies are disbursed, managed and accounted for in a transparent and accountable manner (2.1.13.1 (1g).

	Completion of verification shall trigger the disbursement of the second tranche of funds [In both NPHCDA and NHIS pathways] (3.1.2 (e))
Role of CSOs	
Development partners and CSOs should monitor the release of funds at each level of the system (national, state, local and health facility).	Civil society organisations shall provide independent oversight for the Fund. Such functions shall be carried out through: (a) The monitoring of disbursements by the Ministerial Fund Oversight Committee (MFOC) and ensuring robust financial management
Relating to financial reporting	
External auditors	
Use external auditors to monitor and evaluate implementation of the BHCPF across all levels. External auditors could also include members from community groups, CSOs and NGOs	[FMOC to] Procure, appoint and manage Independent Verification Agents and external auditors. (2.1.13.1 (1b)) Annual audits of accounts Including bank statements and payment vouchers) will be carried out by a reputable firm and results published publicly (P14 / 2.1.17).
Transparency	
Demonstrate transparency by publishing financial information about the BHCPF on the website.	The MFOC shall receive, collate and publish all these Audited Accounts with an overview of the current status of The Fund, in an Annual Report. (2.1.17(b))
Relating to community participation	
Include community members in Health Facility Committees, and involve them in decisions regarding how revenue is spent at health facilities	The PHC and community, through the Ward Development Committee, shall have considerable autonomy over the utilization of payments from the Fund (3.9.2 (h))

Sections marked in grey are mentioned in the latest operations manual.

Testimonials from policymakers

Interviews with members of the sub-committee show that the HPRG accountability research informed the group's discussions, and that the policy brief played an important role in communicating the accountability framework and research recommendations.

As a federal policymaker member of the Technical working group [IP1] noted:

> *"We may not have referenced [the policy brief], but there were some lessons learned from the discussions and from reading through the policy brief"*
>
> *"It helped to define the implementation strategies and accountability mechanisms, so that issues around accountability, which we would have experienced in a normal implementation initiative in Nigeria - we did work very hard to make sure that we reduced it as much as possible. Especially disbursing funds directly to agencies without knowing how and what they want to do with it, or procuring for health facilities without actually finding out if they really needed what was being procured for them"*

State level

Contribution to Enugu state health policy
In Enugu State, a review of the Enugu health law is currently being undertaken to incorporate the establishment of a State Primary Health Care Development Board and a State Health Insurance Fund, as required for implementation of the BHCPF.

Quote from policymaker from the Enugu State House Committee on Health in April 2016 [DR4, 27:20]

> *"We will incorporate the provisions of the accountability framework into the State Primary Health Care Development Board and the State health insurance scheme laws to provide a legal framework for accountability. As the Chairman of the House Committee on Health, I have the responsibility to facilitate and drive this process."*

Extent of contribution

Interviewees noted that, as co-chair of the sub-Committee responsible for developing the policy guidelines, Professor Onwujekwe, played an important role in shaping the discussions of the group and ensuring that segments of the accountability framework were included in the guidelines that were published in December 2016. This has been supported by interviews with other members of the committee.

However, 18 months after they were written, the guidelines have not yet been put into use due to a lack of budget for implementing the Fund and preparedness of many States to manage it. Whilst it can be argued that the research has contributed to the guidelines, the impact of these is limited by the slow and changing process of implementation, and at this point it is too early to identify any other impacts arising from the guidelines, such as evidence of strengthened accountability in the health system.

Since the guidelines were finalized, multiple steps and changes have taken place before the policy is implemented, for example the decision to pilot the implementation of the Fund in three states and the subsequent refinement of the implementation guidelines for this purpose. As time goes on, the contribution of research is likely to be reduced further as other factors and actors come into play.

Discussion

The evidence suggests that researchers, through discussions during the sub-committee meetings and sharing the policy brief, helped to raise awareness about accountability and the need to include accountability mechanisms in the guidelines for each level of the health system *"The work that we did bought that to light and sensitized people" [IR2].*

This is an example of *conceptual* use of research, first introduced by Weiss (1977) to describe how research may be used to shape policymakers' perspectives, thinking or attention towards a particular issue. This type of research use, although difficult to measure,

can have impacts beyond changes on a particular policy as policymakers have greater awareness or knowledge of the issue (of accountability) which may permeate other areas of their work.

In the case-study, conceptual use of research led to *instrumental* use when it informed the content of the sub-committee's guidelines for the implementation of the BHCPF. However, whilst there is evidence of the research project influencing policy in different ways, this has yet to be translated into any tangible impacts on the ground.

Facilitators to uptake

Research is policy-driven
This research project was conceived in response to explicit requests from policymakers for evidence and tools. Whilst initial requests were informal, these subsequently led to formal meetings and the development of a research protocol.

Since the research was policy driven, it was timely, relevant and set out to provide a solution to a problem of lack of accountability guidelines for implementation of the BHCPF. This finding is similar to other studies. In a review of 50 case studies of research-policy links, Court and Young (2003) found that research has a quicker and greater impact when it is policy driven, compared to theoretical research for example. Not only is it more likely to be operationally relevant, but it also means that policymakers are invested in the research.

Involvement of policymakers in the research
Policymakers were also actively involved in the research process - in defining its objectives, and by participating in research interviews.

> *"The people that were involved in advising about how implementation would go, were involved in generating the evidence" [IR2]*

Involving policymakers in the design of research questions and activities is a strategy that researchers from HPRG have used successfully in the past. Uzochukwo et al (2016) describe how members of the Federal Ministry of Health were involved in discussions on research questions and methods and actively played a role in data collection. Recent research on strategic purchasing shows deeper collaboration with policymakers from the Ministry of Health resulting in the co-creation of knowledge and joint publications (Ogboabor and Onwujekwe 2018).

In these examples, and the BHCPF case study, active collaboration and participation helped to ensure that policymakers were familiar with the research and had a vested interest in the outcomes.

Researcher engagement in policy processes
Working formally or informally as technical advisors or participating in policy committees, provides a direct opportunity for researchers to influence discussions and to inform policy-makers understanding of the topic. Presenting research in advisory meetings allows

researchers to emphasise the practical uses of research to a particular context, to answer questions directly, and to highlight implications for policy. Often in this context, researchers draw on their knowledge and expertise beyond a specific research project. Indeed, from a policymaker's point of view, it is not necessarily the research project that contributes to the policy but the researcher themselves (Haynes, 2011).

Strong and enduring partnerships between researchers and policymakers
Underpinning all the factors that facilitated research uptake are relationships or links between researchers and policymakers, often developed over a long period of time and transcending formal engagements.

> *"We are quite interwoven with policy makers at the state level, at the national level. Some of them have personal relationship, I think we've been working with them for a long time; steering committees, working groups. … We run a post graduate program so we have quite a number of policy makers who are our students or ex-student as masters or PhD* students [IR1]."

A study that considered how policymakers use public health researchers found that researchers, with whom policymakers had formed a trusted relationship, informed their thinking more than research papers or reports, through informal consultation (Haynes, 2011).

Barriers to uptake

Complex policy processes and decision-making context
In this case study, several of the barriers to uptake relate to the complex policy-making process for implementing the BHCPF and the large number of actors involved at the Federal and State levels, each with their own values and competing agendas. This reduced the potential space for evidence to play in influencing policy, with other factors and sources of information also playing a role. One researcher, who also has experience working alongside policymakers suggests that research has limited instrumental use, and will only likely be used if it supports policymakers' personal agendas.

> *"When policymakers look at the evidence for a new intervention or policy, their decision to use it or not is not based on their understanding of the research, or whether they consider the recommendations reasonable. Rather, it depends on how much value it is to them, and whether or not it benefits their personal agendas.* [IR3]"

Slow progress from policy design to implementation
Whilst policy documents for the BHCPF were completed in December 2016, the policy has yet to be implemented in Nigeria and it is not possible to measure yet whether the guidelines will lead to improved accountability.

Conclusion

The case-study highlights the critical role of engagement in research impact. Interactions between researchers and policymakers occurred throughout the research process, ranging from informal discussions that initiated the research, to formal research collaboration and active involvement in policy committees. During policy committee meetings, researchers enhanced policymakers understanding of the evidence by offering context to the findings and discussing the topic in a practical manner. Ultimately, some of the research recommendations were incorporated into policy guidelines.

Engaged researchers have to be prepared to frame their research to address policy issues, discuss and co-create the implications of research findings with stakeholders - and if necessary advocate for change. Successful engagements rely on researchers having a good understanding of the context, politics and policy processes and being willing and able to respond to opportunities to provide consultation and advice. Underpinning all of these facilitators to uptake is the need for trusting relationships with policymakers, maintained over time. Such relationships are often developed outside specific research projects. For example, in the case of HPRG, teaching programmes often provide the basis for longer-term relationships with policymakers, when graduates go on to hold policy positions.

Whilst the importance of researcher engagement in policy influence is widely acknowledged (see for example Institute of Development Studies work on 'Engaged excellence' (2016), and Haynes et al (2011) on the views and behavior of 'influential researchers'), this case-study shows that there remains a missing step between input into policy-making and bringing about actual change on the ground. These research impacts are harder to discern, delayed by time and likely diminished as policies are adapted during implementation.

Lessons on demonstrating research impact

The case study reveals several challenges in evaluating and demonstrating research impact. Firstly, policy impacts may be more closely linked to researchers than to individual research projects as policy issues often require researchers to enter broader discussions than what is covered by the research, and to give opinions based on their knowledge. Current frameworks that are used by UK funding institutions to measure research impact (e.g. REF, Research Fish) are set up to focus on research outputs and project outcomes, when pathways of impact may be more aligned with individual or groups of researchers.

Secondly, whilst interviews with policymakers are one way of identifying conceptual uses of research, this subtle form of research impact is difficult to substantiate through references in policy documents, and its wider impacts on policymakers' attitudes, interests and actions beyond a specific policy are difficult to track.

Thirdly, much focus on research contribution focuses solely on policy statements, guidelines or documents. This case study shows that changing policy does not necessarily lead to changes in practice and experience on the ground. It is important to look at impacts beyond policy change to how they are implemented on the ground, requiring a longer-term approach.

Implications

This case study raises several implications for researchers who are looking to increase the use of research in policy or practice and also for those involved in assessing and demonstrating the social and economic contributions of research.

For researchers:

- Efforts should be given to developing researcher skills in, and exposure to, policy engagement and ensuring there is adequate funding and (time) to plan for or respond to opportunities for stakeholder engagements.
- Recognise the value of investing time and effort in building and sustaining long-term relationships with policy actors
- Research partnerships that involve multiple countries and institutions can benefit from working with researchers who are embedded in local contexts and have strong relationships with research users.
- Researchers can increase the chances of research being used by actively including policymakers in research, asking policy-relevant questions and in developing policy-focused outputs.

For assessing the contribution of research

- More emphasis should be placed on assessing a range of research impacts rather than primarily focussing on the instrumental impact of change in policy documents/guidelines. The experience from RESYST is that impacts are often conceptual, i.e. changing people's views and attitudes towards a topic.
- It is important to keep tracking impacts after specific policy changes to see how they unfold into implementation and change in practice and experience on the ground.
- In identifying the pathways of influence, it is helpful to collect data as the research takes place - for example, logging engagements with policymakers and important events.

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