

**RESEARCH FINDINGS AND HEALTH POLICY FORMULATION
IN ZANZIBAR**

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ZANZIBAR**

Kassim A. Abeid

**A Dissertation Submitted in Partial Fulfillment of the Requirement for the Award
of Master of Research and Public Policy (MRPP) of Mzumbe University
2019**

CERTIFICATION

We, the undersigned, certify that we have read and hereby recommended for acceptance by the Mzumbe University a research report entitled “*Research findings and health policy formulation in Zanzibar*”, in partial fulfillment of the requirements for award of Master of Research and Public Policy of Mzumbe University, Tanzania.

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DECLARATION

I, Kassim A. Abeid, declare that this study is my own original work and that it has not been presented to any other university for a similar degree award.

Signature

Date.....

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DEDICATION

I dedicate this dissertation to my lovely parents and family members who always wish me a good lucky in my life.

ABBREVIATIONS AND ACRONYMS

CHS	-	College of Health Science
COHRED	-	Council of Health Research and Development
EBP	-	Evidence Based Policy
EC	-	European Commission
EU	-	European Union
HEPA	-	Health Enhancing Physical Activities
ICN	-	International Council for Nursing
KII	-	Key Informant Interviews
MMH	-	Mnazi Mmoja Hospital
MoH	-	Ministry of Health
MRPP	-	Master of Research and Public Policy
MU	-	Mzumbe University
NGOs	-	Non-Government Organisations
NIMR	-	National Institute of Medical Research
PHL	-	Public Health Laboratory
R&D	-	Research and Development
REPOA	-	Research into Policy to enhance Physical Activities
RGoZ	-	Revolutionary Government of Zanzibar
RTF	-	Research Task Force
SOPAM	-	School of Public Administration and Management
UNDP	-	United Nation Development Program
WHO	-	World Health Organisation
ZAHRI	-	Zanzibar Health Research Institutes
ZHOA	-	Zanzibar Health Officers Association
ZHSRP	-	Zanzibar Health Sector Report Plan

ABSTRACT

This study examined the use of research finding in health policy formulation in Zanzibar. The aim of this study was to see how the policy makers in the Ministry of Health use research findings as an input during the policy formulation. The general objective was to examine the use of research findings in formulation of health policy in Zanzibar. Specific objectives were: to determine how research findings have been used in the development of health policy in Zanzibar, to examine the linkage between policy makers and researchers, to identify the challenges that limited the use of research findings in formulation of health policy in Zanzibar and solutions thereof. Along this, the study adopted the qualitative approach using a case study design. 50 respondents were purposively selected as a sample size drawn from different area including Ministry of Health, Research Institutions and NGOs as sampling frame. In this study, primary and secondary data were collected through interviews and document reviews as the methods of gathering information and analysed by using content analysis technique. The findings of this study indicated that use of research findings is a fundamental input in the formulation of health policy. However, the policy makers rely on using inadequate evidence in formulating policy; this has been caused by poor coordination between policy makers and researchers which resulted to poor implementation of the policy. Such state of affairs is against evidence based policy. This substantiates the overriding views among policy makers that the connection between research and policy formulation remains to be one of the most commonly identified challenges of policy and ensures the formulation of evidence based policy that can solve problem in the country.

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CHAPTER ONE

INTRODUCTION AND PROBLEM SETTING

1.1 Introduction

This chapter provides an overview of the problem under investigation. It presents the background of the study problem, statement of the problem, objectives of the study, research questions, and significance of the study as well as its organisation.

1.2 Background of the Study

Over the last few years, there has been increasing interest on how research findings¹ are used to inform policy² and how research processes might be improved to positively inform health policy (Oxman *et al.*, 2009). Although many countries promote and encourage the use of research in decisions making processes, most of the international and local initiatives in addressing health problems and health services delivery systems do not emphasise the support of research (Court and Maxwell, 2005). The European Commission (EC) established the Research into Policy to enhance Physical Activity (REPOA) project in 2011. One of its objectives was to explore the degree to which Member States of the European Union (EU) use research findings and other proof in health enhancement physical activities (HEPA) (Aro *et al.*, 2015). It is obvious that health policy makers are in need of information to guide on how to plan for priorities and implement policy for the purpose of improving health service delivery (WHO, 2002). Interests in strengthening the linkage between research and policy making has been reported in many developed countries like Denmark and United States of America and other countries, in which research findings are widely used in deciding policy

¹Research is a method of investigation into a subject in order to discover facts, establish or revise a theory, or to develop a plan of action based on the facts discovered. Research findings are the results of a scientific research that may provide information to policy makers and other stakeholders involved in policy making (Mwakaugi, 2010).

²Policy refer to a purposive course of action established by an actor or set of actors when dealing with the problem or matter of concern. A policy often comes in the form of general statement about priorities, written regulations or guidelines, procedures and/or standards to be achieved (Mwakaugi, 2010).

(Larsen *et al.*, 2012). The use of research findings in informing policies is attributed to the conviction that research findings introduce new ideas, help people to discover problems and to find appropriate solutions as well as providing frameworks to guide thoughts and actions (Lomas, 2000; Shine and Bartley, 2011).

Normally, research findings are viewed imperative in ensuring rational policy formulation and therefore numerous literature urge policy makers³ to use researchers and their research findings in making policies (Innvaer *et al.*, 2002; Larsen *et al.*, 2012). The main factor that informs the call for the enclosure of research findings in policy formulation is the fact that it provide a way that can help policy makers to access to broader and relevant information for health policy to be made. This is the key as research endeavours are time consuming, costly and require competence in research methods which some policy makers may lack, especially when it comes to making complex and/or sophisticated public policies (Albert, 2006; Lavis *et al.*, 2003).

Literature demonstrates that specific contexts and traditions, political priorities, individual views and preference, social values and resources available play an important role in policy implementation (Innvaer *et al.*, 2002; Larsen *et al.*, 2012). In recent years, use of research findings in health policy formulation⁴ has received considerable attention in many countries around the world (Bugge-Bertramsen, 2007; Larsen *et al.*, 2012). Likewise, initiatives, geared towards promotion of evidence based decision making in different countries include establishment of National Institutions for Health Research, Universities and Council for health policy.

Importantly, the Revolutionary Government of Zanzibar (RGoZ) has recognised the importance of conducting research that can produce scientific evidence and can be utilised for health policy formulation through establishing a temporal Research Task Force (RTF) that collaborates with the Public Health Laboratory (PHL), College of

³Policy makers are people who creates ideas and plans, especially those carried out by a business or government (Birkland, 2016).

⁴Policy formulation is the development of effective and acceptable courses of action for addressing what has been placed on the policy agenda (Birkland, 2016).

Health Science (CHS), Zanzibar Health Research Institutes (ZAHRI), Mnazi Mmoja Hospital (MMH) and various Universities (RGoZ, 2006). However, literature shows that research findings have not been effectively utilised for development of the health sector to the extent that they could be. As such, the nation is struggling to meet the basic health needs of its people which are essential for improving their living standards. The dilapidated health status of the Zanzibaris amid numerous researches undertakings partly suggests limited impact of research in improving health status and development in developing countries.

Health policy has always been considered as one of the major political instruments throughout the world. It is therefore, a common practice for every regime to come up with its own policy pursuant with its party manifesto. From 1964 to 1999, the RGoZ implemented a Health Policy which was initiated by Afro Shiraz Party and succeeded by Chama Cha Mapinduzi. This policy guided improvement of the health status of Zanzibaris. However, the influence of internal and external factors on socio-economic development increased the burden on the Government to facilitate smooth implementation and provision quality health care. These burdens necessitated the MoH to review the policy and come up with another one that served for ten (10) years from 1999 – 2009. And later on, in 2011 the MoH came up with the third national health policy that is currently in operation. This policy plays a major role in guiding the strengthening of health systems and improving accessibility of quality health services preventing, eradicating and curing varied disease like malaria (RGoZ, 2013).

Apart from the achievement of the health policy in the provision of health services, the policy seems to have some limitations such as inefficiency of health programmes, inequity and inequality of universal access to essential health care services which caused by various reasons such as inadequacy of information from the grassroots, shortage of local scientists/researchers within and outside the Ministry of Health, inadequate financial resources to implement some activities and weak human resource management, inefficient Monitoring and Evaluation mechanisms (RGoZ, 2011).

From a theoretical position, the role of research in policy formulation and development can be explained through two theories which are “two communities’ theory and evidence based decision making theory”. Two communities’ theory argues that researchers and policy makers are living in different worlds. The primary goals of researchers are the systematic search for a reliable and accurate understanding of the world, while the primary goals of policy based on the actual practical. On the other hand, the theory of evidence-based decision making is a collection of techniques that inform the policy process rather than directly impact possible policy objectives. It promotes a more reasonable thorough and systematic strategy (Boaz and Ashby, 2003). The pursuit of this theory is based on the assumption that policy formulation should be better informed by accessible evidence and should include evidence (Briner *et al.*, 2009).

Both theories seem to match well with the study objectives since they explain the reasons as to why policy makers sometimes fail to motivate research findings when they come to policy formulation. While the presumed important of research findings in informing policy making is widely known, little is on ensuring the evidence based policy formulation. Therefore, this study intended to address itself toward examining the important of research findings in health policy formulation in Zanzibar and ramification thereof.

1.3 Statement of the Problem

As indicated above, research findings are increasingly being taken as an imperative contribution in formulation of policies in developing countries including Zanzibar. However, there is concern that policy makers rely on using inadequate evidence in formulating health policy. Such state of affairs is against evidence based policy formulation, and substantiates the overriding views among policy making circles that the connection between research and policy formulation remains one of the commonly identified challenges for policy formulation. Use of research findings in formulation of policies is important and very beneficial to policy formulation as pointed out above. However, the use of research findings in policy formulation has never received the

attention that it rightfully deserves. This is puzzling as one would expect that policy makers would have been motivated to benefit from the potential advantages of research findings in formulation of health policy.

Limited utilisation of research findings documented in literature amid the presumed advantages among other reasons intrigue an inquiry into the reasons as to why policy makers take no notice of research findings in policy formulation and ramifications thereof. Equally, the puzzle motivates an inquiry into the way and means through which the use of research findings can be enhanced, so that its advantages in formulation of health policies can be tapped. There are few studies of engagement between policy makers and researchers done in Zanzibar, but not on the area of health policy formulation. Informed by this riddle, the current study intended to examine policy makers' use of research findings in the formulation of Zanzibar's health policy.

1.4 Research Objectives

1.4.1 General Objective

The general objective of this study was to examine the use of research findings in formulation of health policy of Zanzibar.

1.4.2 Specific Objectives

- i. To determine how research findings have been used as policy input in the formulation of the health policy in Zanzibar.
- ii. To examine the linkage between researchers and policy makers in formulating the health policy in Zanzibar.
- iii. To identify the challenges that limited the use of research findings in formulation of health policy in Zanzibar and solution thereof.
- iv. To suggest the areas of improvement for effective utilise of research findings in the formulation of health policies.

1.5 Research Questions

- i. How have policy makers been using research findings as policy input in the formulation of the health policy of Zanzibar?
- ii. What is the linkage between researchers and policy makers in formulating the health policy in Zanzibar?
- iii. What do you think are the challenges that limited the use of research findings in formulation of health policy and solution thereof?
- iv. Which areas need to be improved for effective use of research findings in the formulation health policies?

1.6 Justification for the Study

The results of this study provide knowledge to the policy makers and researchers to facilitate development of health researches and application of research findings in formulating public policies through utilisation of the existing resources and other potential technical support. In addition, it expects to have cross-cutting significances ranging from public and private sectors which include Ministries of Health, Research institutes, NGOs etc. Moreover, the study would increase the capacity of governmental institutions to dwell on scientific research findings as a strategy of problem-solving.

The findings can be used for National, Regional as well as District policy making process to remedy the situation that impacts the use of research findings in the Governmental Ministries and use as a tool to support efforts taken toward the improvement of health services for the development of country. Furthermore, the study serves as an entry point for further researches undertaken in areas of formulation of public policies in the Zanzibar.

Indeed the information of this study might help the Governments to pay attention on what should be done to improve the current situation on health care delivery and set of priorities to meet the needs of its people. Furthermore, the study provides a picture to the health policy makers and health researchers where stronger emphasis needs to be placed,

especially on how to close the gap between scientific research findings and policy formulation processes.

1.7 Organisation of the Dissertation

There are six chapters in the current dissertation. The first chapter provides an overview of the background of the study in which theoretical views on the use of research findings in the formulation of health policy are presented, the problem statement, research objectives, research questions, justification and study organisation.

The second chapter presents conceptual foundation by introducing the key concepts and theoretical perspectives on the literature concerning the use of research findings in the health policy formulation. This part provides a concise meaning of the terms used in this study which are research findings and policy formulation, also evidence-based decision making and two communities' theories, literature review from earlier studies which are related to this study. Subsequently, a theoretical discussion conceptual framework for the research is provided. The chapter concludes by the giving concluding remarks of the given section.

Chapter three addresses the methodology of the study; it presents the study design, data collection and analysis methods. It also presents ethical considerations and validity issues. Chapter four presents the findings from the interviews and documentation of the information collected during the visit to the study area. Chapter five present the discussion of the findings in which the data are described in the way that can be well understood. It also shows how the study results are related and differ from other literature review. Finally, chapter six gives an overall summary of the study, its conclusion and implication as well as recommendation for further research area of the utilisation of the research findings in the policy formulation.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter explains the conceptual, contextual and theoretical discourses associated to the current study of the utilisation of research findings in formulation of health policy. This chapter presents what has been already discussed in the literature. It also identifies knowledge gap and possible applications of research findings to ensure evidence based policy formulation. This chapter has a total of seven main sections organised as follows: The first section 2.1 explained the chapters' introduction. Second section 2.2 which is made up of three subsections presents the concept of research findings and policy formulation. Section 2.2.1, 2.2.2 and 2.2.3 discusses the theoretical underpinnings that define research findings, policy formulation and the concept of research findings and policy formulation at large. Third section 2.3 discusses theoretical overviews. The fourth section 2.4 provides the empirical literature reviews that explained defined the concept of research findings and policy formulation from different perspectives. The fifth section 2.5 discusses the literature review synthesis. The sixth section 2.6 presents theoretical and conceptual framework analysis its application to research findings as well as the proposed model for understanding variables that inhibit the uses of research findings in the policy formulation. The final section 2.7 presents chapters concluding remarks which provide a concise summary of what has been discussed in the entire chapter.

2.2 Conceptual and Contextual Issues

2.2.1 Understanding Research Findings

Research findings are the results based on the information or ideas gathered as the results of the methodology applied by the researchers. Research findings simply mean the findings from the studies that had already conducted in the particular field areas which intend to solve the problems (Hanney *et al.*, 2003). This concept has been timely used to describe the term research findings which are also supported by Alzayyat (2014)

who contends that the data are systematically collected and analysed which they become information and when information is useful to particular problem, it can be used as support to establish a position or cause of action. Moreover, when the data collected can be analysed and transferred into meaningful information and expected to be used as a cause of action that can address the existing problem; this is called research findings (Magayo, 2016). It is also agreed that the findings can also prove or reject the research problem supporting your study depending on the need of users.

Though, the act of articulating the results which force stakeholders to recognise the problem within it and breaks it into pieces to sight the research problem from different perspectives. In other words, according to Lavis *et al.* (2003), research findings provide information to those policy makers and different influential people who can apply to make appropriate policies. Based on the importance of research findings, they have researchers comment on the use of research findings as a means of providing a way towards effective decisions. Indeed, one of the missions of the researchers is to give such political and socio-economic relevant research to department of the Government. Importantly, research findings are frequently good sources of information for researching on imperative public policy (Birkland, 2016).

It is understood that all descriptions that have been given define the terms of research findings that have been used in the same context of policy making, decision making and planning. Therefore, wherever the concept of research findings is applied in this study, it should be regarded as results or outputs of scientific endeavour which are based on the information or thought gathered through methodology applied by the researchers.

2.2.2 Understanding the Concept of Policy Formulation

Policy development goes through different processes including policy formulation. In this second stage of policy development, consists carefully communication among different stakeholders based on the particular issue at hand. Moreover, it is a joint process that involves actors and stakeholders that have contributions towards addressing

the issue and set alternatives to the respective policy. Policy formulation consists of policy makers discussing and suggesting approaches to addressing problems that have been occurred as part of the agenda. Occasionally, it is essential to select from multiple possible paths forward so as to have a decision that is participatory that considers individual interests. In line with that Joppe (2000) adds that the last policy that is, selected to address the problem at hand is depends on two factors that are; first the policy ought to be suitable way to addressing the issues in most competent and feasible way that possible, also successful formulation includes analysis and identification of alternatives in addressing the particular problem. Second, policy must be politically practicable; this is typically achieved through majority to agree on each other in bargaining process.

Similarly to Joppe (2000), Birkland (2016) and Rich (2004) adds that in policy formulation, policy makers recognise different policy options that are accessible to them in a specific problem. The presented options can be determined with the help of analysing the general context of a particular case include internal and external environment. Therefore, the option chosen should be able to guarantee that the policy made by policy makers can reach to the objectives. This has also been concluded by Lavis *et al.* (2003) who reached somewhat different conclusions by designing a study that was dependent on this subject that the formulation of policy is therefore, involved analysis that pinpoints the most successful policies and political authorisation. This phase is characterised by intense negotiation between parties, through which are leaders, policy making organisations and other factions must fight for their own needs and desires, often in opposition to one another.

In addition to that Larsen *et al.* (2012) argues that when formulating the policies for the organisation, it should involve different members of organisation regarding their position to be included as part in the formulation process. Contrarily, the policies are formulated at the top level of management without being alert of the opinions of the persons for whom the policies being formulated, it is possible that the policy will never

be successful in accomplishing the desired results (Cherney and Head 2010). Therefore, in order to formulate the policy that can be successfully implemented, all the members of the organisation are needed while formulating policies.

In his study, Magayo (2016) reported that policies are developed to achieve the specific organisation's objectives. These can be explained as the goals that the organisations have to achieve, in the same vein, the policies give the methods by which the organisational goals can be achieved. From this point of view, the policies must assist in accomplishing the organisational goals. According to Almeida and Bascolo (2006) argues that while formulating the policies, the organisation should consider within and outside environments of the organisation. This is because; the situations can show the way to path which base on policies. To reduce some of the problems that encountered simultaneously, the policy makers should ensure that the policy is flexible so that it can be change at any time according to the demand of the particular issues in organisation (Innvaer *et al.*, 2002).

It is extremely essential for all members of organisation to be included in the policy making process for the better achievement of the organisational decisions. On the other hand, if the policy practitioners are not aware of what the policy has, where the purpose of the formulation of policies would be defeated to solve the problems (Hanney, Gonzalez-Block, Buxton and Kogan, 2003). Based on these situations, it is the responsibility for the policy makers to communicate these policies with the intention that all stakeholders can be aware of the policies formulated.

Different studies indicated that in some cases policy cannot be communicated based on the respective or philosophies that it is built within particular country. One study conducted by Magayo (2016) revealed that in a democratic setup, the policy formulation process is multilevel and multi-sectoral phenomenon. In this context, different stakeholders compete each other for the formulation of a public policy which consequences to maximum gain for their respective groups. To make it participatory, there are different actors including technocrats, politicians and interest groups that are

involved and perform several roles in the policy formulation. Joppe (2000) argues that one of the roles of technocrats gives their inputs in the type of knowledge or information to multiple stakeholders who can respectively represents the views of their respective constituencies. In the other hand, it is responsible for the politicians to aggregate these different conflicting demands and transfer in the form of actionable policy options in view the national interest at large. Needless of reiterate capability of these stakeholders will go further in determining the quality of policies formulated (Oxman *et al.*, 2009).

In this study, the concept of policy formulation have the same regarded as the development of efficient and satisfactory course of action for addressing what has been located on the policy agenda in a particular area. It involves discussion among the stakeholders about possible solution followed by adoption of a new policy or amendment of as existing policy based on the current findings.

2.2.3 The Interface Between Research Findings and Policy Formulation

Research findings are increasingly being recognised as critical inputs in planning and formulation of policy in various sectors including health sector. However, most of them would agree that their role is crucial to developing sound health policy that capture many issues that help to make provision of health services being effective and equal. It is extensively accepted that the degree of use research findings is low as it was expected (Hanney *et al.*, 2003). The vast array of data requires policy formulation, implementation and evaluation, hence the definition of research that may be regarded extremely inclusive as being ‘policy relevant’.

Additionally, Albert (2006) argues that most of the researchers report that the findings from their studies were utilised and influenced policy formulation at different levels. The researchers’ perspectives concerning the way in which their results were utilised triangulated with responses from policy makers, programme implementers as well as service providers who form a tripartite kind of approach. Although the research scientists were explained as “doing activities to survive” and not essentially to respond

to questions that require answering; in literature review, Brinner *et al.* (2009) suggested that collaboration between them, could allow policy makers to provide some inputs into the research practice that can influence research findings which are relevance to the health policy.

A global communication has linked policy makers and researchers across geographic and sector boarder to increasing network which will influence research communities (Dawson, 2002). While tracing on how research findings are valuable to policy formulation, the policy makers asked on the imperative of research results in the policy formulation process; all said that “research is important information influencing sources often take precedence” (Rich, 2004).

In the other hand, Lavis *et al.* (2003), in his study argued that the utilisation of research findings is governed by various models namely: the knowledge-driven and problem-solving models, the interactive and political models, tactical models, traditional stages models and enlightening models.

The knowledge-driven and problem-solving models influence research starting with the research or the problem. To him, the interactive and political models involve the selective retrieval of information from various sources, either to inform policy-makers or support for decision that have been already made. In tactical model, the content is, in fact irrelevant, as research is used as a tactic when policy makers are required to perform some actions. The enlightening model is one, in which, the researchers get used by permeating into health policy. These models essentially describe research utilisation as either direct influencing the policy (instrumental use), changing the policy makers’ understand of the different issues (conceptual use), or as a form of support (symbolic) (Innvaer *et al.*, 2002).

2.3 Research Findings and Policy Formulation: A Theoretical Overview

There are different theories that could be used to inform the current study but the study was selective on two theories where the discussion of this study has rested. The

discussion in this section begins by looking at “evidence-based decision making” followed by “two communities” theories for conceptualising research findings and policy formulation.

2.3.1 Evidence-based Decision Making Theory

Evidence is supportive for any rational decision making due to the fact that it clears all doubts that may rise from the issue that is in discussion. The EBP can be the process for making decision concerning about a programme or policy that is beached in the most excellent available research and knowledgeable by experiential evidence from the ground and related evidence (Rychetnik *et al.*, 2002). Organisations depend on evidence when making the decision towards the issues or problem that is to be addressed. The formulation of policy is the heart of any organisation which helps to implement their day to day activities; it underscores the significance of both research and theory in the decision (Briner, Denyer and Rousseau, 2009).

Theory reminds us that the social value can be well understanding through conducting research which based on the specific issue arise in the country. Hence, EBP has been more accurately re-cast as evidence that informed policy (Petticrew *et al.*, 2006). A theory considers that, in order to ensure the effective decision in a country, there must be a good interface between different actors during the decision-making process such as: decision-makers; researchers, research funders and information providers (public relations, media, etc) (Lomas, 2000).

This theory outlines at least six fields where processes can be used to improve the behavior and use of research in decision-making: (a) Priority-setting structures, this would help policy makers to obtain the information that will be necessary in their daily activities. (b) Financing and training, this can motivate the researchers to have a time and resources to deliver the accurate and relevant information that will meet the need of policy makers, (c) Study synthesis and impact, this will promote the relationship between the researchers and policy makers to share information of study, (d) Critical

evaluation, this can improve awareness of the policy makers to determining the usefulness of studies conducting by the researchers. (e) Receptor capacity, this can improve the capacity of decision-makers to understand and to apply research) and (f) Linkage between the researchers and policy makers and exchange the information that obtained from the field through dialog and encourage collaboration between them.

In addition, the concept of evidence based decision making theory went parallel and fit with the findings of this study because, this study found that the use of evidence in the policy formulation is a heart of creating effective policy that can solve the problem that based with the accurate and relevant information that obtaining from the grassroots of the problem.

2.3.2 Two Communities Theory

Researchers and policy makers are two communities that if they have effective communication in utilising the obtained findings to inform policy, they will make policies formulated to be relevant. The theory attempted to show the relationship between the researchers and policy makers, it argues that the researchers and policy makers live in different world with different perspectives; also it purports to explain the relevance of the practices associated with the two communities' positions and problem of increasing the utilisation of research findings in policy formulation (Hamad, 2017).

The theory also views the research institutes and policy makers are characterised in the literature as being very different. With this fact, several observers comment that researchers, practitioners and policy makers live in parallel world (Court and Maxwell, 2005; Stone, 2007). It argues that researchers and policy makers operate with different values, social and professional affiliation. Other researchers cannot understand why there is resistance to some policy makers to change their views despite there is clear and convincing evidence, while policy makers claim on the researcher's incapability to make their research findings accessible and digestible in specific time for policy formulation (Court and Young, 2006). Same view is presented by Grejin (2008) who states that

researchers live in very separate worlds from policy makers, civil society organisations and practitioners resulting in inadequate use of research finding during the formulation of the policy. Evidence based policy (EBP) is often become only minor factor when it comes to policy formulation. Even when there is much evidence, there may be a malfunction to ensure that the data being collected and analysed is made appropriate in the policy formulation (Oxman *et al.*, 2009). While policy analysts indicated that researchers are working in the universities and other publicly funded institutions and their reports pose structural barriers to engage in knowledge translation activities, suggesting that a failure to translate research findings has been attributed to the “two communities theory” problem and explanations that points to cultural different between researchers and policy makers as barrier of engagement (Jacobson *et al.*, 2004).

There is space for optimism despite their misgivings about the opportunities for development studies influencing development practice and policy making. As for de Vibe *et al.* (2002) put it, although the assumption that there is clear divides between researchers and policy makers (the two communities’ theory). The research-policy literature, which underpins the traditional opinions of the link between research and policy, is now moving away from these assumptions towards a more vibrant and hard perspective that emphasises a two-way process between research and policy shaped by various relationships and information reservoirs.

In this study, the two communities theory was used to explain not only the separation between the policy makers and researchers as a challenge faced in utilisation of research findings but also to ask the researchers about resistance to policy change regardless of clear and believable evidence. The reasons for being separated caused by different factors as it was indicated during the interview that policy makers complain about the capability of many research scientists to make their research findings reachable and digestible in time for policy formulation. On the other side of coin, the researchers also complain that the policy makers are much influencing with their own perspective and ignore the scientific study that produced actual information from the field.

The application of this theory in this study gave an opportunity of the researchers to study the relationship between researchers and the policy makers in term of the utilisation of research findings in policy formulation. In other words, the study sought to understand how policy makers communicate with researchers and how these findings are useful in decision making within the health sector in Zanzibar. Due to the importance the effective communication it is, the study used this theory to study the gap that is explained to exist between policy makers, researchers and their findings in the process of policy formulation.

2.4 Empirical Literature on Research Findings and Policy Formulation

This is the part that explains the variety of the studies which have been done on the similar research problem and policy formulation. It describes overview of the policy formulation process in the development of policy and how research findings have been used as input in decision making, the linkage between researchers and policy makers in formulating the health policy in Zanzibar, challenges encountered in utilising research findings.

Overall, research findings have been shown as vital in improving the life of people in given country and increase the ability to deliver services among different sectors. These research findings seem to have impact where there is little concern in utilising them in decision making for health services delivery. Hamad (2017) observed that poor health system performance remains a challenge which faces many of developing countries including Sub-Saharan Countries and where research findings seem to be neglected with little utilisation in policy making, hence affected the development of health system and service delivery. In the area where research finding are considered in policy making if is assumed to have an influence in allocation of resources and making strategies for equal and quality health services delivery. This is due to the fact that, scientific research helps to carry out policy making process in a systematic way and hence to increase the quality of policy, reduce the possibility of errors and eventually increase the likelihood of new practices being implemented.

Gerherdus, Kielmann and Sanou, (2000) revealed that the distinction between policymakers and research scientists as the significance attached to researchers' interaction. Policymakers quoted lack of communication between research scientists and policy makers as a factor behind the low level of utilisation. They complained that the research scientists do not always comprehend the true scenario and do not comprehend the requirements and pressures experienced by policymakers in particular. As a result, research scientists do not present their works in affordable ways, taking into account the time limitations of policymakers. In the other hand, Koon *et al.* (2012) viewed the research as important tool in developing the knowledge with the fact that ideas from research can bring new insights into the policy process, altering the way people conceptualise issues and frame problems.

This implies that study can alter the perceptions of people about the most significant components in the scenario. As concepts from studies are absorbed into conventional wisdom, they form the assumptions of people about how things work, what needs to be achieved, and which alternative is likely to reach the required end. The details and nuances of the finding of the study disappear and become a straightforward 'story', 'rules of thumb', the generalised findings rather than the outcomes of specifically commissioned studies, guiding their policy choices.

Moreover, Rich (2004) said that the use of research findings is very challenging due to the fact that there are several obstacles. With this view, Lavis *et al.* (2003) identified some of the obstacles that hamper or decline research findings from being utilised in the formulation of the policy: (a) Ideological problems that constrain idiom and formation of reform agenda. (b) Improbability caused by research divergence among researchers on any given problem (conceptual confusion and methodological substandard). (c) Media interference, which can cause confusion of the issue by publicising results inappropriate and exploit divergence rather than clarifying them.

Alzayyat (2014) suggested the idea of making evidence-based public sector decisions, as the study indicated that the limited use of health information for decision-making was

due in part to a communication gap between researchers and policy makers. It has been noted that contact is not sufficiently empowered between them. In order to improve the uptake of scientific research outcomes, platforms such as symposia, seminars, workshops and conferences should pave the way for communicating the academic findings among scientists and policy makers as a significant interface.

Owen (2005) argues that prevalent views among policy makers of the usefulness of research findings are that they are inconclusive, ambiguous and often contradictory to other research results, either too restricted in scope or outdated. There is therefore a lack of adequacy between what policy makers need or want to understand and what studies can tell them. On the policy hand, the related problem variables are: concreteness, schedule and specificity (too early). Policymakers often argue that research scientists do not generate useful understanding and/or articulate their results in a language that policy makers find available.

Albert (2006) holds the position that many health researchers and financial supporters would agree with Walt's statement regarding their desire to influence policy that "the health research community would like to consider that the work they create and support is influencing practice and policy and therefore leading to actual improvements in health services delivery". In this point of view, despite the neutral and objective standpoint usually taken in their work, the research community considers the results they produce to be important. Probably the single most common recommendation in all published articles in all academic journals is for more research.

Mwakaugi (2010) argues that the developmental impact of Research and Development (R&D) activities in developing countries like Tanzania has been faced many challenges, including a poor coordinated of R&D schemes, the weakness of multidisciplinary communication and collaboration between R&D organisations, the ignoring of socio-economic studies, insufficient processes for including fresh and emerging study fields on domestic study agenda, and low private sector and other stakeholders' involvement.

Magoyo (2016) states that communication platforms for study results have been insufficient, technical language also plays a part in this situation, too many statistics integrated in study reports and timelines have been factors contributing to the lack of use of research outputs in health associated policies. In addition to these variables, the study recognised some adverse impacts of formulating the strategy without research results as inappropriate resources allocation, project failures and programs. However, it was noted in the study that officials and researchers of the district council have a great opportunity to improve by increasing the use of research findings, thus improving the health system and delivery of health services.

Based on approaches, models and theories that researchers have challenges toward utilisation of findings in policy formulation are described differently by researchers and other academicians. As Hardee and Wright (2015) adds that policymakers' perception of the use of research evidence has been outlined: views of what constitutes evidence need to be aligned more closely, with researchers understanding that 'evidence-based policy' means not only 'research-based evidence' for decision-makers and decision-makers understanding the value of robust research evidence among other evidence that they consider when making decisions. It was therefore discovered that decision-makers valued research findings but it was only one factor that they took into account and may not be the most important factor in their policy-making process.

Despite the importance the research findings have, in many areas it has found that there is no effective communication between stakeholders. In this fact, Nzuki *et al.* (2011) demonstrated that the interface between research and public policy process in Tanzania was restricted, as street-level bureaucrats considered that study was not helpful to true life of policy, policymakers were biased against using it, study itself was often not of excellent quality or not available to policymakers, so policymakers preferred to be ideologically and pragmatically driven. However, the study suggested the need to promote coexistence among researchers and policy makers.

According to Campbell and Fulford (2009) who identified that six main elements have been developed to enhance study involvement in policy formulation procedures. These components include the nature and content of research itself, as well as a range of knowledge mobilisation, capacity building, communication, collaboration and networking approaches to expand research links, interaction and application. Basing on the results, it can be concluded that they are essential for change since most of the proposed components require workshops, seminars, conferences and other platforms which are critical for influencing the uptake of scientific research among the policy makers.

2.5 Literature Review Synthesis

Research is considered as one of the many types of information required for good policy formulation (evidence based policy). Although there is concern that the research findings are not being utilised by health policy-makers to the extent that they could be. This is due to the fact that many developing countries lack both relevant research findings and administrative personnel with requisite skills to utilise the research findings during the policy formulation. Developing the transfer of research to policy requires efforts from researchers, policy-makers, and third parties (stakeholders) by considering different factors influencing the utilisation as emerging in the literature, including but not limited to: the interaction between research scientists and policy-makers improved production and sharing of relevant information and timeliness of the research findings and developed scientific support from networks and multi-national organisations. Therefore, policy-makers from developing countries are to be better prepared to make informed decisions about their health policy.

2.6 Conceptual Framework

The development of this conceptual framework was a result of the analysis of variables from the specific objectives, and then treated in the review of literature both theoretical and empirical reviews. It provides an organisation of the whole research based on

literature and researcher's experience. The conceptual framework shows the relationship between the factors of research findings and formulation of policy as a main point of understanding the situation of health policy formulation in Zanzibar. There are guides to present this idea through theoretical assumption of representing the phenomenon. Therefore, the research findings utilisation is guiding conceptual framework and presented into three aspects: -

One: research findings refer to the knowledge and ideas generated by the researchers for the purpose of informing policy. Thus, this study sought to contextualise its findings within the larger body of research. The research findings are always being of high quality in order to produce knowledge that can be applied outside of the research setting through communication and dissemination process of the findings to the policy makers. Furthermore, in research priorities setting, the Ministry of Health should ensure strong ownership of the research agenda and timeliness in carrying out researches in order to positively influence formulation of policy.

In addition to that there must be funding bodies that support in term of financial and other facilities to encourage the Research Institutes to conduct and produce better inputs for formulating the evidence-based policy. During the research process, the individuals and research institutions must use their experiences to carry out the research which can inform policy. Hence, policy makers should give the researchers direction on the areas that need research in order to produce the relevant information for solving particular problem.

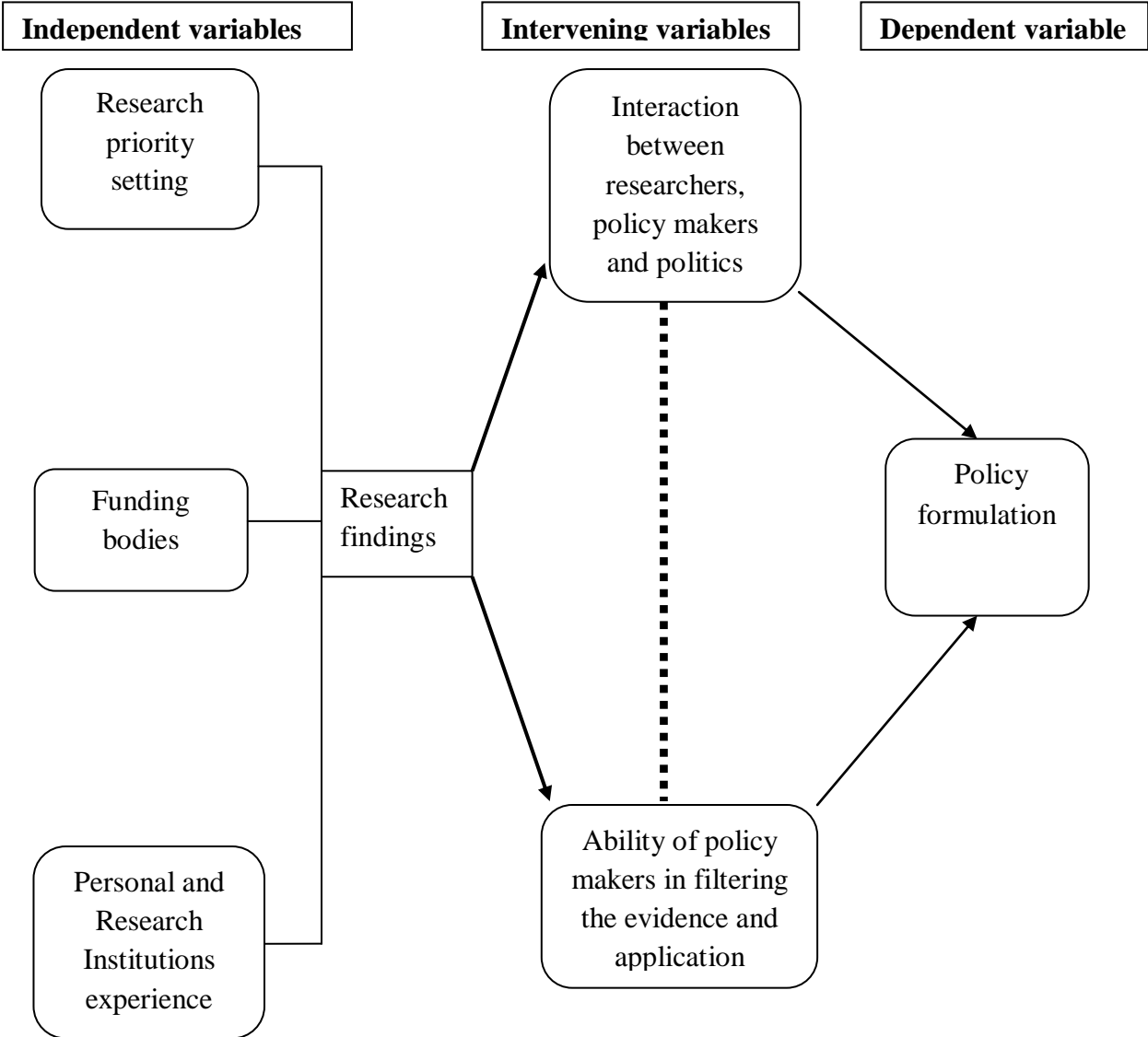
Two: The policy makers' ability which including knowledge, skills and experiences should be specific features that influence in filtering and applying all research findings from the research institutions. It is important for the policy makers to use appropriate strategies to ensure that they received the research reports at specific required time, as the most general approach evident in the literature on strategies for the communication and dissemination of research. A good relationship between researchers and policy makers can influence the best ways of dissemination of information, because it

encourages them in sharing information that produces future impact of the policies. A variety of dissemination techniques like press and media exposure, widespread distribution of brochures and pamphlets are recommended to the researchers. While, Policy makers are committed to developing and implementing policies that are consistent with the researchers evidenced. To a large extent, public policy formulation and implementation in Zanzibar is guided by the election manifesto of the ruling party which is assumed to reflect people's interest. Hence, politicians dominate the policy formulation process.

Policies become products of the political context within which they are produced. It is practical to understand policy formulation as a social and political process in order to conceptualise how policies are formulated. The term also includes political parties that may be translated into Government actions at a large stage. Moreover, there are different interest groups that involving in the policy formulation; they have a great power than others actors because of their political status and ability to influence. For example, mainstream medical interested groups and other stakeholders are usually wait and listened to the politicians and shape the public agenda more strongly than other groups and their opinions are also reported. Research is much likely to influence to policy decision, if the results fits in the political context and institutional limits and pressures of policy makers and if it resonates with their assumption.

Three: It is well acknowledged that the use of robust evidence to inform health policy is likely to ensure the greatest and most equitable population gain. The best formulation of health policy is considered successful due to the extensive availability of relevant and useful research evidence, timely access to quality and relevant research information, frequent opportunities to interact with the researchers, as well as working in research receptive organisations facilitates evidence-based policy formulation.

Figure 2.1 Conceptual Framework



Source: Researcher constructions, 2019

2.7 Concluding Remarks

In this chapter, the researcher provided a comprehensive conceptual overview of the uses of research findings in the formulation of policy and its meaning into the development of the evidence-based policy. The researcher undertook a review of the various literatures to draw the information from studies done on the nexus between research findings and formulation of the policies as argued above. The conceptualisation of the major concepts of the study provided the basis for turning to the theoretical discourses on determining factors that limit the uses of research findings in policy formulation. In this chapter, the researcher provided a thorough account of the dominant theoretical underpinnings that they are used to explain the issue of the uses of research findings in the formulation of policy including two communities theory and evidence based decision making theory. From the theoretical perspectives and discussions, the researcher formulated a conceptual framework for this study which highlights the variables that influence the formulation of the evidence based policy.

The literature review has discovered that the use of research findings has become an important factor in the development of the different policies. Moreover, it has emphasised that projects are important tools for implementing different activities under the health sector so if the Government can use them accordingly, it will influence at large the development of the provision of health service. To achieve this, the literature has suggested that the government is required to prepare conducive environment that would encourage and motivate the policy makers and researchers. It is worth recognising the fact that by using research findings, the literature is transparent about what it really means. The way to define the uses of research findings is subject to great discussion arising in everywhere around the world especially in decision making process. According to different circumstances of explanation of the concept “uses of research findings to inform policy,” the actual life and basically the whole idea is complicated, especially given the truth that the policy makers and researchers are not in the same line.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes how the study was designed and conducted. The chapter covers the research design, description of the study area and rationale for choosing it, study population, setting the research scene, sampling techniques and sample size, data collection tools, data analysis techniques, data validity and reliability, ethical issues, limitations and delimitation of the study and finally concluding remarks on this chapter.

3.2 Research Design

A research design is a plan unfolding how, when and where a particular research has to be conducted. On the other hand, a research design entails the orientation of the study as a whole (Cresswell, 2009). This study employed qualitative research approach, whereby a case study research design was used in order to increase reliability and make the study more informative and comprehensive. The study intended to study the small unit which is one of the qualities of case study design. Therefore, this design explored in-depth information on how public policies should be based on research findings, as the one of the fundamental points that leads to the formulation and implementation of successful public policies.

The choice was influenced by the fact that a qualitative design is best applied for descriptive studies as it is fixable and allows the incorporation of various instrument of data collection and is suitable for answering “how” and “why” questions (Creswell, 2009). Since the study was interested in examining how research findings influenced policy maker’s decision, the researcher found that the quantitative research which according to Malipula (2016) were not for study as questions like how many and/or to what extent would not provide relevant results.

Additionally, qualitative design guaranteed the researcher to gather in-depth information to researched field. This allowed the researcher to find issues like subtleties and

complexities according to Punch (2005) and Burns (2000) that were often missed by quantitative studies due to their emphasis on statistical analysis.

The case study design was used in this study to explore in-depth information on how to formulate public policies based on research findings as one of the key points leading to the formulation and implementation of successful public policies in particular country. Similarly, when making decisions, the researcher wanted to understand why some organisations did not rely on research findings. The case study design therefore appeared to be the best design that could be implemented in this study because it is only the design that is structured to answer how and why. Consequently, the responses made it possible for the scientists and others (readers) to comprehend the current interaction in the Ministry of Health between research findings and policy formulation.

3.3 Description of Study Area and Rationale for Choosing it

The research was conducted in the Ministry of Health Zanzibar. This is among the Ministries in the RGoZ that influence research and policy formulation process. The Ministry was purposively selected in this study due to the fact that the area presents some elements of alarming situation of establishing the research and policy unit in its core departments; thus the composition helped the researcher to see how the research results made by those Research Institutes influenced the policy formulation process within the Ministry. The structure of the Ministry is attached in the appendix IV.

3.4 Setting the Research Scene

It is normal for any researcher to pay visit in the area of field to introduce his/her intention of conducting research to the particular participants and authorities in order to get good cooperation. Therefore, before starting actual study, the researcher visited at the MoH Zanzibar head office so as to have clear overview of the particular area and introduced himself to the relevant authorities. The mapping started on 4th April 2019 and covering almost all departments including department of Research, Plan and Policy. In these days, the researcher discussed with the heads of departments and other technocrats

as KIs in this study on the issue related to this study. Most of the discussions interrelated with informal background that gave an overview of the study area and provided significant inputs for sharpening my tools.

3.5 Sampling Techniques and Sample Size

The study employed a purposive sampling technique to obtain the respondents from the field in which the researcher believed that the respondents had enough knowledge and experience about the policy and utilisation of the research findings during the policy formulation. The respondents were purposively selected from different departments including: department of research, plan and policy which were expected to be the key informants within the Ministry (36 respondents from different departments in the MoH), 9 respondents were also purposively selected from NGOs and other 5 respondents from research institutions and making total of 50 key informants.

3.6 Research Information Sources and Tools

The data used in the present study was obtained from interview (semi-structure and KIIs) and documentary reviews. A description of the interviews and reviews is shown below:-

3.6.1 Semi-structured Interview

The study used semi-structured interview to study about the utilisation of research findings in policy formulation due to the fact that semi structured interview is a qualitative research technique that is used to collect data through setting up a context that provides interviewees time and room to talk about their opinions regarding a particular subject (Gill *et al.*, 2008). The semi structured interview was used to collect data from guided questions and ensure collection of extra information. This is because it enables questions to be added on important aspects as they surface in the course of an interview. Moreover, since semi-structured interviews were conducted face to face and they provide option for more personal communication with the interviewees. As such,

allowing a greater rapport to be established with a mutual relationship of trust and reciprocity. Furthermore, the face to face nature of the interviews allows reassurance to minimise any distress; interviewees might feel relating to their experiences and participation on the issues studied. This was mainly the case when assurance of the complete confidentiality of the research was given at the opening of the interview to encourage the participants to open up more as research ethics require (Patton, 2002).

The technique was employed in this study because it allowed the researcher to ask and gain wide information of sensitive issues regarding the uses of research findings in the formulation of the policy. These issues are wide and responses of questions related to them normally require follow up questions to get the underlying meanings of the issues brought up by interviewees. Equally important, the semi-structured interview provided the space for the interviewees to provide in-depth responses and was able to reveal meanings behind their views on the uses of research finding and policy formulation. Through this tool, the researcher was able to collect appropriate individual experience, attitude or inner feelings of reality about the use of research findings and policy formulation in the MoH Zanzibar.

The interviews were conducted during the day depending on the interviewee's availability and time. Therefore, paper writing was used to record the responses in a notebook and ask supplementary questions in response to their narrations and the interviews took an average of 30 minutes to complete. The conversation was coupled with informal talks even sometimes used unrelated story about the research topic concern so as to bring intimacy and to relieve interviewee's tension whenever necessary. The interviews were conducted in Swahili language, the content of the interviews used in this study was translated by the researcher.

3.6.2 Key Informant Interviews (KIIs)

The KIIs are normally face to face interview that conducted in setting to which permits the researcher to seek new insight, ask questions, and assess a phenomenon in different

perspectives (Malipula, 2016). The KIIs were used when there had been limited records or published material on the topic under study, different information that was needed when there were KIs who were accessible and had in-depth knowledge about the matter studied.

The KII is a qualitative research technique used by the researcher to collect data through setting up a context which provides respondents time and room to talk about their opinions regarding a particular subject. Therefore, in this study, the KII was employed because they permitted to ask different questions during the interview with a broad range of coverage of an area to be explored. Equally important, KIIs are known to be an appropriate way and widely used research method to express an individual's perception, experience, attitude or inner feeling of reality (Gill *et al.*, 2008). The information from interview was made with respondents who complemented with KIIs and documentary reviews.

The KII refer to getting information from an individual who is well knowledgeable and eligible about the study topic. So, KIs are knowledgeable of the enquiry setting and their insights are typically valuable for understanding and explaining broad and specific events, thus providing additional information of a topic under study (Creswell, 2009). Thus, a KI was referred to as respondent who could provide detailed information and opinion based on his/her knowledge on the uses of research finding and policy formulation.

During the study, data were gathered from several relevant institutions starting at any time and place convenient to the KIs. Luckily, no KI picked a place that was not conducive for conducting an academic interview. Most of the interviews were held at the KIs homes or offices including Department of plan, research and policy, State University of Zanzibar (SUZA) School of Health, Zanzibar Health Officers Association (ZHOA). In these interviews the researcher managed to collect useful insights or information available for market/infrastructure construction.

3.6.3 Documentary Reviews

Documentary reviews entails gathering the secondary data from library materials, information from the internet, books, journals and other scientific sources. This information was used to supplement the information gathered from interview technique. Along this, documentary data assisted the researcher in cross-checking the consistence of information and gathered the data that were overlooked by other instruments. Through this, the researcher was able to access information from the minutes of the meeting and other reports in the MoH.

3.7 Data Analysis and Presentation

Data analysis entails the whole process of inspecting and categorising data which varies depending on the type of data to be analysed. The overall goal of any qualitative data analysis is to deal with meanings so as to uncover underlying themes, patterns, insight and understanding (Patton, 2002). Data garnered in this study were qualitative in nature, thus necessitated qualitative methods of data analysis to illuminate, understand and extrapolate the situation under study rather than to generalise (Creswell, 2009). In this study, the data collected through interviews and secondary documents were analysed by using content analysis and logical analysis techniques. Content analysis is a technique for data analysis which involves codifying or categorising data into concept, properties and pattern. In content analysis, emphasis is on place on according categories to come out from the data and on determining the importance of understanding the meaning of the context in which an item is analysed. The researcher analysed all interviews using standard content analysis and mainly presented in a form of quotation and descriptions.

3.8 Validity and Reliability

Patton (2002) states that validity and reliability are the two terms needed to be considered by any researchers during the design a study, analysing results and judging the relevant of the study. In addition, validity and reliability are the important aspects which can approve and validate the data. Validity and reliability are considered in

research as way to reduce errors. Thus, the major sources of errors are (a) the researcher, (b) the subjects participating in the study, (c) social context or situation and (d) the methods of data collection and analysis. Validity means the extent to which the researcher measures what he/she intended to measure (Dawson, 2002).

In this study, validity was improved by using the two-dimension techniques whereby data collected from different sources (interviews and documentary review) in order to make them similar and getting accurate data. In terms of reliability; this is the extent to which the researcher produces the same results on repeated trials.

3.9 Ethical Issues

Ethical issues should be considered in any research when it involves the interaction between human beings. Therefore, the ethical issues play an important role as attempt to reach the objectives and considered by the researchers in order to help them in the process of data collection. During the study, the researcher considered the following ethical issues in order to establish rapport with the respondents:-

3.9.1 Acquiring Research Permission

Ethical issues are the ones guiding the researcher to ensure effective data collection during the research process. Therefore, the researcher should not conduct his/her study without requesting for and being given authority from a competent research body of authorities. It is important for the researcher to beg for permission to conduct a research as it is a policy mandatory for anyone who intends to carry out a research in Zanzibar and Tanzania in general. Moreover, Mzumbe University (MU) granted the permission to conduct this research study through formal letters, (see appendix I).

Apart from that the researcher submitted the letter to the Office of Second Vice President of Zanzibar as starting point to ask for permission to conduct research in Zanzibar. After that the researcher went to the Chief Government Statistician of Zanzibar (CGS) as part of the procedure and final submitted the letter to the MoH which

was the area of study, (see appendix II). It is required that every research gets ethical clearance and authority from the MoH before the study is conducted, so they gave to the researcher a clearance for the acceptance and the researcher took it with him and was moving around throughout the entire period of the fieldwork, (see appendix III).

3.9.2 Obtaining Informed Consent

During the data collection, the researcher informed the respondents about the study and its intended objectives and gave them option that they might decide to leave from the study whenever they felt to do so. Usually, interviewees are required to be free to participate in the research without being forced. In this regard, the KIs should be well informed about what they were required to do in the study. Therefore, the interviews were undertaken with the informed consent of respondents, they were unlikely to undergo burden or harm.

3.9.3 Ensuring Confidentiality and Anonymity

The data collected from the respondents was given codes to protect their identity and ensure their secrecy (Creswell, 2009). For the period of interviews, the researcher used more constructive words to avoid making participants uncomfortable. In addition, the researcher also had a private conversation for interviews to make the interviewees feel free to express their concerns and the entire recorded interview was erased after being put into written document for analysis. The researcher also avoided asking questions that interfere with and embarrass the KIs.

3.9.4 Establishing Rapport

This was important step during interview because interviewees' information provided to the researcher was essentially a favor. Therefore, in order to avoid the barriers of trust, the researcher required to be close to interviewees. The researcher should also ensure that interviews are arranged in credible environment. In this study, the researcher established rapport firstly by introducing the research topic while seeking informed

consent. During the time of interviews, the researcher exposed himself and allowed them to ask anything about the research and answered all questions asked by the KIs.

3.10 Limitations and Delimitations of the Study

The study encountered the limitation of getting some people to participate in the interview. Some people feared to provide information due to being unaware about the research topic concerned. Hence, the researcher tried to spend more time discussing with them and explained the purpose of the research and how it could go a long way to benefit them, fortunately they agreed to co-operate with the researcher.

Second, the researcher faced time constraint in data collection; this is because of unavailability of potential key informants due to various commitments. Despite receiving the letter from the Ministry authority (clearance) it remained difficult to get KIs and in most cases, this ultimately resulted in delays in conducting the interviews. Fortunately, the researcher managed to overcome this weakness by scheduling the interview date on the days when most of the KIs were a bit free in order to make effective conversations that would bring accurate information.

Third, inadequate funds, this was a very big challenge faced by the researcher in the whole process of data collection up to data analysis. There were no funds allocated for doing this study, so this made the researcher to use own funds for food, accommodation and transportation during the field.

3.11 Concluding Remarks

In this study, the researcher argued that qualitative research design in the form of analytical narrative was appropriate and provided more information. Optimistically, the selection of the MoH as a study case provided a good strategy for obtaining detailed information about the uses of research findings and formulation of policy; this is because case study provided room for detailed analysis of the phenomenon.

Beginning of this chapter, the researcher revealed that some activities such as obtaining research clearance and setting the scene for data collection in the area of study were essential before commencing actual data collection. The chapter also considered the whole process of data collection from designing various data collection tools used in this study, for the reasons that one data collection tool could not be adequate to provide detailed information about the subject. At the end of this chapter, the researcher identified the limitations encountered during the fieldwork and their delimitation in order to ensure that the objectives of the study were achieved.

CHAPTER FOUR

PRESENTATION OF THE FINDINGS

4.1 Introduction

This section presents the results obtained from the study area in line with its objectives as indicated in section 1.4 of this dissertation. The general objective as indicated in the viewed section was to see how the MoH utilised research findings during the health policy formulation. Specifically, the study examined how research findings had been used as input in the development of policy and the interface between policy makers and researchers. Furthermore, the challenges that hindered utilisation of research findings in the policy formulation as well as the suggested area of improvement were among the specific objectives.

4.2 Respondents' Profile

This section covered brief characteristics of the KIs from the MoH, NGOs and Research Institutes. The section presents population characteristics in relation to age, gender and educational level. Hence, the results were clearly summarised in Table 4.1.

Table 4.1 Social Demographic Characteristics of Respondents

Characteristics of interviewees	Frequency	Percentage
GENDER		
Male	29	58
Female	21	42
Total	50	100
AGE		
25-35	10	20
36-46	25	50
47 and above	15	30
Total	50	100
EDUCATION LEVEL		
Diploma	10	20
Bachelors	26	52
Master	14	28
Total	50	100

Source, researcher 2019

4.2.1 Age of the Respondents

Respondent's age plays a great role to determine the experience and wisdom of the respondents. Therefore, the researcher decided to distribute respondents who participated in data collection starting with age group 25 to 35, 36 to 46 and last is 47 and above years, this is because of the nature of the study, this study selected interviewees who were eligible and well experienced in the process of policy formulation in the area of the study, whereby a researcher believed that they could provide the accurate information that could answer the research questions.

The results revealed that 16 percent fell under the age group of 25 to 35 years; this was small number of the representative in this study. In the second category which is, 36 to 46 years the respondents fell under this category accounted for 54 percent; indeed this age group had more interviewees compared to the rest of the age groups. The last age category had 30 percent of the total respondents. From this point of views, the researcher managed to get the respondents who were suitable to participate in the policy formulation in the MoH Zanzibar. As they were mature enough to provide the right information.

4.2.2 Gender of the Respondents

Table 4.1 states that 58 percent of participants were males and 42 percent were females. This outcome showed that; males were the ones who mostly had information about the uses of research findings in policy formulation and took part in policy formulation compared to women. Though there is almost equal presentation between males and females in the process of policy formulation.

4.2.3 Educational Level of the Respondents

Table 4.1 illustrates the level of education, whereby the results were as follows: 9 participants corresponding to 18 percent had reached at diploma level; 24 respondents equal to 48 percent had reached at degree level of education, and 12 respondents which

equal to 14 percent had reached at master's level. Therefore, the findings of the study implied that all participants had reached at satisfactory level of education and they were all had enough experience to provide the information on the uses of research findings during the formulation of health policy. Specifically, the respondents were asked in their professional capability to explain the actual practice on how they utilised research finding during the policy formulation.

4.3 Research Findings as an Input in Policy Formulation

The first objective of this study as it was identified in section 1.4 was to determine how the research findings have been used as input in the policy formulation, the researcher wanted to understand how the Ministry policy makers used the research findings in formulation of health policies. During the field, it was necessary to clarify the availability of research findings and where they were obtained. The findings showed that there was absence of research reports in the MoH, this point of view indicate the policy was formulated without the scientific evidence from the researchers; this lead to poor implementation of public policy. This situation forced policy makers to rely on the various reports (standards) obtained from either international organisations like World Health Organisation (WHO) and International Council for Nursing (ICN) or adopted some policies from the neighbouring countries such as Tanzania mainland, Kenya, and Uganda in order to make policy and declarations.

Based on the interviews and reviews of relevant documents from the MoH illustrated that in the past there was no department which is responsible for stewards, financing, sustainable resources, setting priorities, conducting and apply health research. This caused the absence of research and the channels that can communicate with the researchers so as to share the information that can be use to formulate health policy. One of the participants commented that:

... to be honest, I didn't see any research conducted within the Ministry of Health or any local research institutes, therefore we either refer to the reports published by international organisations or adapted some of

health policies from neighbouring countries as input in the formulation of our health policy.⁵

The views of this interviewee showed that at the present moment, the Health policy was not formulated with the help of research findings because of the reasons that the MoH had no department responsible for ensuring the availability of research reports and to coordinate with different research institutes. Therefore, it was difficult to conduct their own research or receive research reports from local institutes that could be used as policy inputs during the formulation of health policy. One of the interviewees from research institute reported that:

mh! Good question, normally we are conducting researches as you see the reports on the shelf here! So, I think if we had good interface we might present our findings to the conferences, seminars and other platforms so that we could reach evidence based policy approach⁶.

This implies that the research findings could not effectively utilised in the MoH due to the poor communication between policy makers and researchers.

4.4 Linkage Between Policy Makers and Researchers in the Policy Formulation

This part describes on how policy makers and researchers are related in the process of sharing and using research findings in the formulation of policy. The results from interviews revealed that the policy scientists from the Ministry had not experienced any linkage with the researchers due to the reason that there is no appropriate channel for them to communicate during the formulation of health policy. Similar views of researchers, who also experienced little connection with the policy makers. However, in their routine work they tried to provide their views on what are the factors that influence interface between the policy makers and researchers. The results from interviews also pointed out that the linkage could be obtained through sharing and disseminating of the findings and this encourages relationship among them.

⁵ Personal interview with staff from MoH which held on 05.04.2019

⁶ Personal interview with researcher which held on 08.04.2019

One respondent emphasised that:

...it is true that there must be a linkage between them (policy makers and researchers) so as to establish a good relationship which can influence them in sharing information that needed during the formulation of policy which can result in effective evidence-based policy.⁷

This implies that the connection between the researchers and policy makers could be obtained through sharing and disseminating the research findings, thus the situation would help them to work together to formulate the questions that would bring the positive responses for the need of policy makers.

On the other hand, the results from interview demonstrated that it is important to create a good relationship between policy makers and scientists by establishing regular communication. One policy maker was of the view that:

...it is important to have good and regular communication with the researchers; this will provide a chance to share the important information that can be used in the formulation of public policy.⁸

Despite the limited research conducted by the Ministry and local research institutes, some of the interviewees were aware of the linkage existing between the researchers and policy makers. Therefore, the findings revealed that working together as a team and having a good and regular communication influenced much the linkage among them.

Furthermore, the findings from interviews proposed the idea of establishing network among the policy stakeholders. This approach encouraged the relationships that make researchers and policy practitioners work closely. By doing so, several interviewees believed on the idea of having research evidence would be attained not only in our country but also worldwide in general. Here is a quotation from one of the respondents:

...the reality is that if there is establishment of network that can connect different stakeholders including researchers and policy makers, it will influence a good relationship among them that will provide positive views

⁷ Personal interview with KI from ZHOA which held on 18.04.2019

⁸ Personal interview with staff from MoH Zanzibar which held on 25.04.2019

*on the uses of research findings in the policy formulation which is based on evidence.*⁹

4.5 Challenges that Limit Effective Utilisation of Research Findings

The researcher wanted to find out the challenges that encountered by policy makers from MoH in the utilisation of research findings. The study found different views from the interviewees and literature. Most of the common challenges are outlined as follow:

4.5.1 Absence of Research Findings

The findings of this study revealed that MoH does not adequately use the findings from the research during the formulation of policy due to the absence of research reports within the Ministry. The results obtained from documentary review also assisted the researcher to understand the challenge that policy makers face when they utilise the research findings within the Ministry of Health. A document showed that:

...To date, the level of research activities is limited, this partly due to limited research capacity, no budget allocation for research and lack of research council or other recognised body for coordinating health and health related research activities within the ministry (RGOZ, 2011).

Similar view aired by one of the respondents who argued that:

*...Frankly, among the challenges is absence of research findings in the MoH, this happened because at the beginning there was no research unit/department that could be the responsible to conduct research and to ensure availability of other studies from the research institutes.*¹⁰

In addition, an argument from one of the researchers was:

... There is a lot of information that we produce but you can see the policy makers do not have time to search and read different health researches, actually we are eager to disseminate our findings through seminars, workshops and conference but there are a lot of barriers that we have

⁹ Personal interview with respondent from health private sector which held on 26.04.2019

¹⁰ Personal interview with the respondent from MoH Zanzibar which held on 05.04.2019

been encountering, that is why they said there are absence of research findings in a particular area.¹¹

The results showed that both research scientists and policy makers perceived that there was inadequate supply of information which resulted in the absence of research findings.

4.5.2 Limited Time Between Policy Makers and Researchers

The results indicated that the respondents mentioned the challenges that led to poor use of research findings during the formulation of health policy that one of them is limited time between the research scientists and policy makers. The claim was that the process of conducting research took a long process while policy makers needed quick results as the following words of respondent substantiated:

...it is real that limited time caused little use of research findings in the formulation of policy, this is because policy makers need quick information from the researchers based on the particular issue, on the contrary the researchers cannot deliver the findings quickly due to the scientific process of research always take a time to produce accurate information, eventual they formulate the policy based on their preference and not evidence from researchers.¹²

4.5.3 Political Influence

The results revealed that other challenge that hindered the uses of research results in the formulation of policy was political will. The results from interviews showed that most of public policies were developed from political area rather than evidence-based. Political argument seemed to play a big role during the formulation of the policy, especially in developing countries which resulted in failure to formulate evidence-based policies as the following quote divulges:

...Sometimes, it is difficult to exclude the political views during the formulation of policy due to the fact that politicians have power and play a big role in making decision of the country especially in the developing

¹¹ Personal interview with respondent from Research Institute which held on 15.04.2019

¹² Personal interview with the respondent from health private sector which held on 20.04.2019

*countries, consequently, inadequate utilisation of research findings as input which can inform policy so as to address a particular problem.*¹³

It was described that politicians rejected the evidence-based policy formulation. This trend had made technicians including researchers to perceive that their work was worthless when it came to policy formulation and some others had opted to change their professional careers and engage into politics.

4.5.4 Lack of Commitment

Another challenge observed in this study was lack of commitment; the interviews revealed that the policy makers were not well committed in cooperating with the researchers. Most of the participants asserted that the absence of the Ministry Department of Health Research was viewed as one of the prevalent variables that led to the policy makers' lack of engagement. This can be verified by one of the participants when he said:

*...the most cited reason from health researchers was that; policy makers are not committed to searching for relevant information from original sources during the formulation of their policies.*¹⁴

Arguing along the same line of one participant had this to say:

*... You cannot place the responsibility on each person. If you do that it is not going to get done. You have to have a specific group whose job it is to find the information. This will increase commitment to the policy makers.*¹⁵

This study found that lack of commitment contributed to lower utilisation of research findings in the of health policy formulation. Also poor commitment made policy team to work separately as result they made the policy with no clear evidence from the research.

¹³ Personal interview with respondent from the MoH Zanzibar which held on 16.04.2019

¹⁴ Personal interview with the respondent from research institute which held on 07.04.2019

¹⁵ Personal interview with the respondent from health private sector which held on 05.04.2019

4.6 Areas for Improvement on the Use of Research Findings in Health Policy Formulation

This is the summary of interview results from the respondents in relation to what has to be done to improve the utilisation of research findings in the formulation of policy in the MoH. To achieve this, respondents were required to share their ideas with the researcher on what to be done that can facilitate increased use of research results. Therefore, the respondents provided the following measures that the Ministry has to take consideration to improve the uses of research findings:

4.6.1 Accessibility of Relevant Research

The Ministry should find a good ways to cooperate with the different researchers for the aim of providing an opportunity for the health researchers to present their findings in the Ministry. This can influence a relevant and high-quality research; make it clearly accessible and finally the decision makers apply the research findings during the formulation of policy. The data from interviews found that effective use of research finding was probably reflected to what extent by accessibility of research findings in the Ministry.

Additionally, the availability of data has been described in great intensity, frequent accompanied by the declaration “we do not have the means” although the various internet resources have been stated as helpful in enhancing the right of access to studies, yet most policy makers are not connected and those who are restricted are not. While at the local level it was perceived that the sharing of information from researchers to policy makers had been poor.

Improving research transfer to policy therefore requires effort by policymakers, the research community, and third parties (stakeholders). It is anticipated that policymakers would improve the use of research outputs if their ability to enhance research methods and the importance they place on research results in policy formulation had been expanded.

4.6.2 Priority of Research in Policy Formulation

During the data collection, the respondents persisted to give out their views on what to be done in order to improve the uses of research findings in the policy formulation. Some of them argued that in order to ensure research findings are in line with the policy makers' needs, there should be a mechanism set by the Ministry policy makers to inform health researchers on the areas of research priority.

4.6.3 Building Manpower Capacity

The data gathered through the interviews conducted in the MoH indicated that some of interviewees recommended that the policy makers and researchers should be motivated to increase their capacity to perform their daily activities accordingly. This will help the Ministry to have competent and skilled manpower who can take effort to identify the problems and to conduct the research that can address different health problems. It is recognised that the effective and efficient ways of conducting research is always endowed with good quality.

Moreover, having research scientists as policy makers it looks like a catalyst for research use, not only because they can offer research results or behave as impact, but also because they are capable of presenting complete research methods training. This training was regarded essential in motivating the skills of other policy makers in research methods as well as their ability to acknowledge submitted studies. Therefore, the department of plan, research and policy should be accountable for, setting priority of research agenda, mobilising resources, thus the findings have to be disseminated and utilised during the policy formulation.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.0 Introduction

This chapter focuses on discussion of the findings of this study based on the use of the research findings in the formulation of health policy. It was important in this stage to come up with the specific objectives of the study that entailed: to examine how research findings have been used as policy inputs in the development of policy, the linkage between research scientists and policy makers; challenges that hinder the uses of research findings in the health policy formulation as well as suggesting on what to be done to develop the uses of research findings.

The researcher conducted this study to understand how the research findings were applied in the health policy formulation. The researcher interviewed different researchers and policy makers who have been responsible for the formulation of policy in the MoH Zanzibar and other different people who were knowledgeable about the study topic.

5.1 Social Demographic Characteristics of the Respondents

The study began by analysing respondents' characteristics. This was necessary because it gave the researcher an opportunity to understand the nature of the study participants as well as what information they have about the study topic. The components of the demographic characteristics studied include: sex, age and education.

The main purpose was to include respondent's sex in the field area and the findings showed that 58 percent of respondents were males compared to 42 percent were females. A part from that respondents' ages were categorised into three groups from 22 to 32, 33 to 44 and last 45 and above years. Age was considered in this study because it included different people with the different ages to see how they can provide their views regarding the study topic concerned. Moreover, the study focused on education level of

the respondents whereby majority of representatives reached bachelor degree, and others had master's degree. This means that the participants possessed enough knowledge and experience on how research findings were used in policy making process.

5.2 The Use of Research Findings in Policy Formulation

The first objective of this study was to examine how the policy makers utilise research findings during the policy formulation. The results from interviews showed that there inadequate use of research findings due to the reasons that the MoH missing an important department which responsible for coordinating researchers and policy makers so that they can share the information. This is against the literature presented by Lomas (2000) who showed that effective use of research findings is influenced by availability of national council in the country, which is responsible for research and policy and coordinates with different stakeholders who can share their experience during the whole process in policy formulation. Although many respondents believed that the research findings are important for the formulation of policy, there are still inadequate uses of research findings as input in the policy formulation. The results showed that the level of research activities was limited; this is partly due to lack of research council or other recognised body for coordinating health related researches within the Ministry of Health.

This notion is similar to the study conducted by Hamad (2017) who found that in most of African countries there is a lack of competent human resources capable of accessing and processing scientific information from the research institutes as this was the typical the situation of the MoH.

In addition, the findings presented in this study are consistent with those presented by Stone *et al.* (2001) who found that the inadequate use of research findings in policy formulation is due presence of unskilled personnel. Therefore, the capacity of bureaucracy to absorb, interpret and synthesise research findings was perceived to be insufficient and there was a number of misunderstandings about whose roles to search for data; medical experts on the committee thought that the engineers in the MoH were

in a good place to access and compile research findings for deliberation, whereas some of these people thought that experts should provide with appropriate results from their field of expertise.

5.3 Linkage Between Researchers and Policy Makers

The findings of this study show that there was no linkage between the researchers and policy makers especially when come to formulate the health policy. Both researchers and policy makers experience little relationship when they perform their daily activities; also there was no proper channels of communication between them and share the information that can be use as policy input during the formulation of health policy. Therefore, during the interviews, it was difficult for the respondents to provide actual information about the linkage between the Ministry policy makers and researchers that experienced, due to the poor coordination among them. The findings of this study differ from those presented by Aro *et al.* (2015) that emphasise on regular communication between scientists and policy-makers is the best way to ensure the linkage that will improve the use of research findings at both domestic and global level. Fortunately, all information provided by interviewees was based on their experience and understanding about the relationship between the policy makers and researchers and suggested that it is important to focus on the interface that involve researchers and policy makers to communicate and dissemination of information.

In additions, research's effect on policy making tends to be higher where the connection occurs throughout the research phase rather than at the end alone. The linkages promote continuing communication and boost the probability of using research; they also help scientists to better comprehend policymakers' needs. Such practice augur well with the views of Koon *et al.* (2012) who insisted that sharing ideas at the beginning stage of the policy process and disseminating of the findings is usually seen as fundamental in increasing the uses of research findings in policy, both policy makers and researchers wanted more exchange of information when they need to do so. Similar views found in this study during the interviews, the respondents provided the same results to insist the

good relationship in the whole process of policy formulation which resulted to successful policy.

Other studies carried out by Boaz and Ashby (2003) who agree with the results found in this study that it was really helpful to trust networks such as multi-national organisations to provide their policy makers with comparative data. This will help to provide a way to policy makers increase their capacity to use research findings when they come to policy formulation.

Moreover, this line of thought was further insisted by Hadee and Wright (2015) who suggested that in order to promote the linkage between the researchers and policy makers there must be a proper way of sharing information; hence the researchers produce the relevant information needed by the policy makers for better formulation of policy. This perception were also emphasised by Nzuki *et al.* (2011) demonstrated that collaboration between the policy makers and researchers should be encouraged at an appropriate pace and should be backed by conference, workshops and seminars where knowledge can be shared through trainings and capacity building. This will promote a sense of ownership of the knowledge produced and team work hence to increase utilisation of scientific research findings by the Ministry policy makers when formulating health policy. Based on literature, the perceptions are actually similar to the findings of this study, whereby the respondents provided the same responses that in ensuring the effective use of research findings there must be a strong relationship between the researchers and policy makers that will help them to formulate the evidence based policy.

5.4 Challenges in the Using Research Findings in the Formulation of Policy

This study was interested in unveiling the challenges that limited the use of research findings in the policy formulation. Findings from the respondents illustrated that there was inadequate use of research findings in the development of the policy. This is reported in numbers of developing countries which resulted in poor implementation to

address the problems. The study results show researchers and policy makers agreed that there was a gap between them that led to insufficient use of research findings. Generally, there are different factors that are behind the low level of research findings utilisation.

The findings of this study revealed that there was no access to research findings in the MoH, this caused by having no proper channel that can be used by policy makers to ensure they receive research reports at particular time. This situation led to poor utilisation of research findings. This is identified in different literature including the study conducted by Albert (2006) who argued that limited ability in accessing the research findings was acknowledged as source of decline in the use of the research findings. If the Ministry has additional staffs that are capable of searching, collecting and compiling data, the findings of the studies are more likely to be used. It is viewed that the use of research results depends on the accessibility of input documents that provide data. Consequently, the additional contacts that exist with policymakers, the higher access policy makers think that they can investigate results.

Furthermore, poorly informed decision making is one of the reasons as why to health services delivery and health systems are off track to the extent that they threaten the attainment of Sustainable Development Goals. Stakeholders, however, often policy makers make programmatic decisions about planning, implementation and evaluation of health projects and programmes in the absence of relevant and useful information, actions that limit the effectiveness of health systems.

Moreover, while debating the appearance of research findings the participants showed that the duration of study reports or publishing would not be read, policymakers in reality stated that use of research is now a long and time-consuming method. Although research is deemed essential, it requires considerable time to search and evaluate the literature. Apart from that limited time was also considered as one of the challenges that hindered the use of research findings in policy formulation in the MoH. This is supported by similar findings presented by Hardee and Wright (2015) who suggested that the reasons for failure to use research reports in policy making are: time constraint,

lack of presentable study formats, lack of study orientation and traditional mistrust between policymakers and researchers. The results of the study also reflect other difficulties as noted by Petticrew *et al.* (2006), such as, having insufficient understanding of the policy-making process, lack of ownership of the research agenda by stakeholders, and inappropriate institutional framework connecting policymakers and scientists.

The study revealed that political argument seemed to play a big role in the formulation of the policy, especially in developing countries which resulted in failure to formulate evidence based policy. Today public policy formulation and implementation in Zanzibar is to a large extent guided by the election manifesto of the ruling party which is assumed to reflect people's interest. Hence, politicians dominate the policy formulation process; this is because social and economic policies in developing countries are extremely based on the political ideology. This is supported by Mwakapugi (2010) who said that the linkage between research and policy formulation is significant largely due to changing social-economic and political environment at both national and international levels. The same thoughts are described by Albert (2006) who said that politicians have a power to shape the public agenda more strongly than other groups involved in policy making process. On the other hand, the findings of this study differ from those presented by Magayo (2016) who state that inadequate use of research findings was caused by communication gap between the researchers and policy makers. Such notion is related to the real environment of MoH, there have been internal and external forces that misused of policy such as the policy decision making process dominated by politicians.

Apart from that the findings of this study illustrated that poor communication is one among the major challenges that caused inadequate use of the research findings in the health policy formulation. This perception is logical in the eye of Magayo (2016) who said that poor communication and comprehension between scientists and policymakers is seen as a major contribution to the inability to take study results into account. This is because both sides are living in different worlds as it was related to the findings

presented by Hanney *et al.* (2003) who argued that researchers' and policymakers' attempts seem to have advanced mainly independently of each other, both having their own thoughts about the other. There is little opportunity for continuing exchange and communication; it is likely two individuals attempt to put together a puzzle, each with half the piece, but each operate in a distinct space. The research undertaken by Hanney *et al.* (2003) claims that: all stakeholders have the ability to impact policy, but they do not operate in a cooperative or inclusive way, making each other an opposing side.

This argument was also supported by the study theory of "two communities theory" developed by Caplan (1979) that research scientists and policy-makers are living in different worlds and work separated. Also, the study findings went simultaneously with this theory for stance, it viewed that differences between the two affiliations (researchers and policy makers) were linked with a contrasting list of demand side and supply-side problem. The theory reminds us that a policy must take into consideration both evidence produced from research and understanding of social values, hence, in its more contemporary iteration, EBP has been more accurately re-cast as evidence that informed policy.

According to Albert (2006) who suggested that research findings being recognised as critical inputs in health planning and policy formulation and most would agree that their role is crucial to develop sound health policy. However, it is widely recognised that the degree of use of studies is smaller than anticipated. This indicated that the policy makers and researchers in area of the study were not well cooperating with each other during the formulation of policy, because they depended much on the reports from other international organisations which are beyond Zanzibar context. This study supports this notion, due to the fact that the challenges identified by this study show that researchers and policy makers live in separated world, where there is no connection that bring them together during the setting of priorities and sharing the information during the research study.

The finding was also supported by the study of Magayo (2016) who argues that: the little uses of research findings are caused by communication gap which specific from grassroots of the particular problem identified. Frankly, evidence from research can be the main factors to be considered in policy development although the utilisation the research findings in policy are presently missed. Similarly, the results of this study are endorsed by Rich (2004) who indicated that research findings are likely to be used to inform policy when necessary, available and encouraging its consideration.

CHAPTER SIX

SUMMARY, CONCLUSION, RECOMMENDATIONS AND POLICY IMPLICATIONS

6.0 Introduction

The study was about the uses of research finding in the health policy formulation. The aim of this study was to see how the policy makers in the Ministry of Health use the research during the formulation of the policy. The chapter presents the summary, conclusion, recommendations and policy implications.

6.1 Summary of the Study

This study targeted to examine the use of research findings in formulation of health policy of Zanzibar. The data collection process included responses from the Ministry of Health, NGOs, and Research Institutes. In this study, the researcher conducted semi-structured interviews with the respondents as well as reviewed some of the Ministry's documents to gain more information.

It was found that the use of research findings in the formulation of health policy was inadequate, the research reports were not presented and submitted in the Ministry to motivate policy formulation and instead it was politicians who drove the public policy. Therefore, research findings were not shared and discussed among the policy makers which resulted in most of health related policies being developed through adoption from different health policies originating from other countries.

In addition, the study illustrated that utilisation of research findings in the health policy formulation weren't given priorities as the fundamental information to inform policy. This was caused by different factors such as the absence of research findings, limited time between policy makers and researchers, lack of commitment to take efforts to establish the strategies that can bring together research institutes and Ministry policy makers as well as political influences. This can be seen as a big challenge in most of

developing countries where the ruling party plays a big role to enforce policy agenda without conducting researches which can produce relevant information to inform policy.

6.2 Conclusion

Based on the presentation and discussion of the findings, the conclusion of the study draws up on the study objectives as follows:

6.2.1 The Use of Research Findings in the Health Policy Formulation

It has been recognised that the use of research findings in policy formulation has become the significant way to ensure formulation of evidence-based policy. However, in the past, the research findings were not effectively used as policy inputs in the Ministry of Health. This is because the research reports were not presented in the particular Ministry which resulted in the absence of the research findings within the Ministry. Instead, they used different health related policies from other countries such as Kenya, Uganda and adopted some of similar criteria which can be suitable in the health policy.

6.2.2 Linkage Between Researchers and Policy Makers

The policy makers in the Ministry of Health agreed that the connection between policy makers and research scientists continued to enhance technical support from distinct networks and placed policymakers in a better location to create extra informed decisions so that the best health policies can be well enforced in environments where the demographic capacity has the most to benefit. It has been said that information is a power which can influence and affect policy. Thus, to facilitate increase the uptake of the research findings in different health projects, programmes and policies, strong emphasis should be put to encourage the availability of quality information and ensure that policy makers become informed throughout the formulation process. This can be done by increasing interface between health researchers and the Ministry policy makers whereby the findings should be communicated and eventually be utilised during the policy formulation.

6.2.3 Challenges of Using Research Findings in Formulation of policy

The findings revealed that there is a gap between the policy makers and researchers. This situation brings about challenges in the Ministry of Health during the formulation of health policy; the fact was that there is shortage of research reports that can be used as inputs in the health policy especially the studies conducted by the local research institutes. That is why; it is difficult for the policy to solve the problems when it comes to implementation stage.

6.3 Recommendations

The study proposed that much needs to be done to improve the efficient use of research results in health policy formulation at the Zanzibar Ministry of Health.

- i. The Ministry should establish the channel that will increase opportunity for interaction between policy makers and researchers; this will be a key to enhance availability of research reports in Ministry and eventually use them in the policy formulation.
- ii. The researchers should submit their papers to the Ministry, occasionally with a cover sheet highlighting the results and their policy implications and also the researchers should organise the workshops or conferences involving policy makers and different stakeholders so that they can share the research findings and everyone can be aware of what has been shared to help the policy makers for better policy formulation. The relevant policy makers will be aware and get involved with the research from the very beginning. Additionally, by recognising that the research supply is only part of picture, researchers can think strategically about how to encourage the demand from the policy makers from the beginning. Because the successful uses of the research findings will be there where there is collaboration throughout the research process.
- iii. The researchers should involve policy-makers who can be consulted at the initial stage of the research process to be more open since they can actively participate

and therefore have a chance in shaping the research questions and thereby taking ownership of the research as well. Regular interaction during the research process can help to customise the questions researched and the instruments used to the need of policy makers.

- iv. The researchers should ensure that their research reports are readable and understandable to policy makers; by using simple language, providing a brief and concise summary that focuses on application rather than the theoretical background and also provide target research which offers suggestions that can be implemented by policy makers.
- v. The Ministry should develop, strengthen and supervise health research institutes present under the Ministry of Health and other established and promote multidisciplinary and inter-sectoral research collaboration in a bid to establish a network that will help the Ministry to understand its own health problem and health research institutes can distribute their research findings to Government ministries and discuss with them the findings after initial contacts have been established.
- vi. The Government should strengthen the national health research capacity in research institutes including the Ministry of Health, the communities and quality human resource infrastructure which is capable of responding to the research demands of the country.
- vii. The presence moment the Revolutionary Government of Zanzibar establishes department which responsible for of planning, research and policy. Therefore, in order to succeed the department should perform the following functions: overseeing the research agenda, developing effective resource mobilisation capacities for health research, monitoring and coordinating health research, dissemination of research results and reports, facilitating of policy dialogue and

advocacy for evidence-based decision making and policy formulation in the health sector.

- viii. The Ministry of Health through department of planning, research and policy should ensure that research priorities are geared to generate information intended to solve the health problems, to ensure that research capabilities and capacities of institutions are carried out; health researchers are strengthened, effective linkages between research institutions and users of research results and policy makers are established.
- ix. The government should set budget for health research activities which will help them to inform their policies and will increase efficiency and effectiveness in health service delivery and health system at large. Through budget the Ministry will be capable of either calling for research proposal or inviting health researchers from various research institutes and higher learning institutions for the purpose of sharing knowledge, allowing criticism, receiving additional comments for improvement and eventually making knowledge perfect for utilisation during policy formulation. This can be done through seminars, workshops, plenary discussions, conferences and symposiums. Fund or budget can enhance such platforms for sharing research findings.
- x. The Ministry should take effort to establish effective health database or central depository for storage of research findings and other reports from different research institutes, An integrated Health Information System HIS will ensure availability of quality health and related information for evidence based policy, this can harmonise their information needs and tools to the national health information policy guidance to a coordinated health system.

6.4 Policy Implications of the Study

The Government and Ministry of Health should make effort to develop different strategies and action plans for ensuring that there are wider understandings of the importance of use of the research findings in the policy formulation by ensuring that those policy makers and other research institutes establish a close linkage among them that can enhance communication and sharing of the information which will become as evidence during the formulation of health policy. Moreover, the Ministry should determine various factors that enhance the utilisation of research findings such as: access to relevant research findings, the perception that the use of research findings is time-consuming, the confidence of research policy makers, the authority of those presenting their views, the competence of researchers and policy makers, and finally the relative importance or priority of research findings compared to other sources of information in policy formulation.

The Government should involve different stakeholders such as research institutes, international research organisations, universities, individual researchers, and donors, to ensure that there is spread of awareness on setting priorities and conducting research which can produce information that can be relevant to the demand of health policy.

6.5 Area for Further Studies

It is recommended that more studies should be conducted in other Government Ministries, so that the utilisation of research findings can be compared to others to see where the areas of improvement are to ensure that our policies are well informed by the research findings as evidence-based policy in Zanzibar. Health policy formulation has been practised in different areas; in this regard there is still a room for further research which will involve Ministries, departments and agencies. Therefore, there is a great need for further investigation into what factors are influencing the utilisation of research findings by the policy makers.

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APPENDICES

Appendix I

A letter of introduction from Mzumbe University



**MZUMBE UNIVERSITY
(CHUO KIKUU MZUMBE)**

OFFICE OF THE VICE CHANCELLOR

E-Mail: vc@mzumbe.ac.tz
Tel: +255 023 2931212
Fax: +255 023 2931213
Cell: +255 0754694029
Website: www.mzumbe.ac.tz

P.O. Box 1
Mzumbe
TANZANIA

Ref. No. MU/DPGS/INT/38/Vol. IV

Date: 19th December, 2018

TO WHOM IT MAY CONCERN

RE: INTRODUCTION OF MR. KASSIM A. ABEID

The bearer of this letter Mr. Kassim A. Abeid whose registration number is 14408066/T.17 is a postgraduate student at our University (Mzumbe University) pursuing **Masters of Research and Public Policy (MSc. MRPP)**. As part of requirements for completion of his studies, he is collecting information on: **Research Findings and Health Policy Formulation in Zanzibar**.

This letter serves to achieve three purposes. Firstly, to introduce him to you, secondly, to request you to grant him permission to undertake the mentioned research at your Institute, and thirdly to request you to facilitate any form of assistance he might need in order to successfully pursue this noble exercise at your organization/institute. We can assure you that this activity is entirely for academic and will never be used for any other purposes.

We trust that you will accord our student with necessary assistance.

Sincerely yours,


Dr. Haruni Mapesa (PhD)

For: DEPUTY VICE CHANCELLOR (ACADEMICS)

QUOTATION OF REF. NO IS ESSENTIAL

Appendix II

Permission for Conducting Research



SERIKALI YA MAPINDUZI YA ZANZIBAR
OFISI YA MAKAMU WA PILI WA RAIS

P. O. Box 239
Vuga Street
Zanzibar-Tanzania

Tel. 024 22 30808
Fax. 024 22 30808
E-mail : ps_2vpo@zanzibar.go.tz

OMPR/M.95/C.6/2/VOL.XVII/29

01/04/2019

KATIBU MKUU,
WIZARA YA AFYA,
ZANZIBAR.

KUH: RUHUSA YA KUFANYA UTAFITI

Kwa heshima, naomba uhusike na mada ya hapo juu.

Serikali ya Mapinduzi ya Zanzibar imemruhusu Nd. Kassim Ali Abeid mtafiti ni mwanafunzi kutoka **Chuo Kikuu cha Mzumbe – Morogoro** ambae anaesomea Shahada ya Pili ya Utafiti na Sera kufanya utafiti katika mada inayohusiana na “**Research Findings and Health Policy Formulation**”. Utafiti huo utafanyika katika Wizara yako kuanzia tarehe **01/04/2019** hadi **01/07/2019** Zanzibar. Tunaomba asaidiwe kufanya utafiti huo.

Kwa nakala ya barua hii mara baada ya kumaliza utafiti, mtafiti anatakiwa kuwasilisha nakala (copy) 3 za ripoti ya utafiti huo Ofisi ya Makamu wa Pili wa Rais- Zanzibar.

Naambatanisha na kivuli cha kibali cha kufanyia utafiti.

Ahsante,

Khalid Bakari Hamrani

KHALID B. HAMRANI,
Kny: KATIBU MKUU,
OFISI YA MAKAMU WA PILI WA RAIS,
ZANZIBAR.

Nakala: Nd. Kassim Ali Abeid

Kwa mawasiliano ya moja kwa moja:
Waziri 024 22 33100; Katibu Mkuu 024 22 30808; Naibu Katibu Mkuu 024 22 30937

Appendix III

Ethical Clearance for Conducting Research

ZANZIBAR HEALTH RESEARCH INSTITUTE



Ministry of Health Zanzibar, P.O. Box 236, Vuga Zanzibar
Tel: +255 772 605 560 Fax: +255-24-2231613
Email: info@zahri.org Website: http://www.zahri.org

Ref: NO.ZAHREC/02/APR/2019/18

4th April, 2019

**Mr. Kassim A. Abeld,
Student Researcher.**

PROTOCOL TITLE: Research findings and health policy formulation in Zanzibar.

RE: ETHICAL CLEARANCE FOR CONDUCTING HEALTH RESEARCH IN ZANZIBAR:

This to certify that research protocol entitled " **Research findings and health policy formulation in Zanzibar - Tanzania**" was received and reviewed by the Zanzibar Health Research Ethical Committee (ZAHREC) on April, 2019.

We would like to inform you that the decision of the committee to this protocol was "Approved".

The permission to undertake data collection is for one year beginning from the date of this letter.

The principal investigators have to provide progress report after six months and final report to the Zanzibar Health Research Institute.

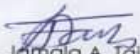
Seek permission to publish your findings from ZAHRI.

Any change made to the protocol need to be submitted to the ZAHREC for approval prior to its implementation.

Thanks in advance

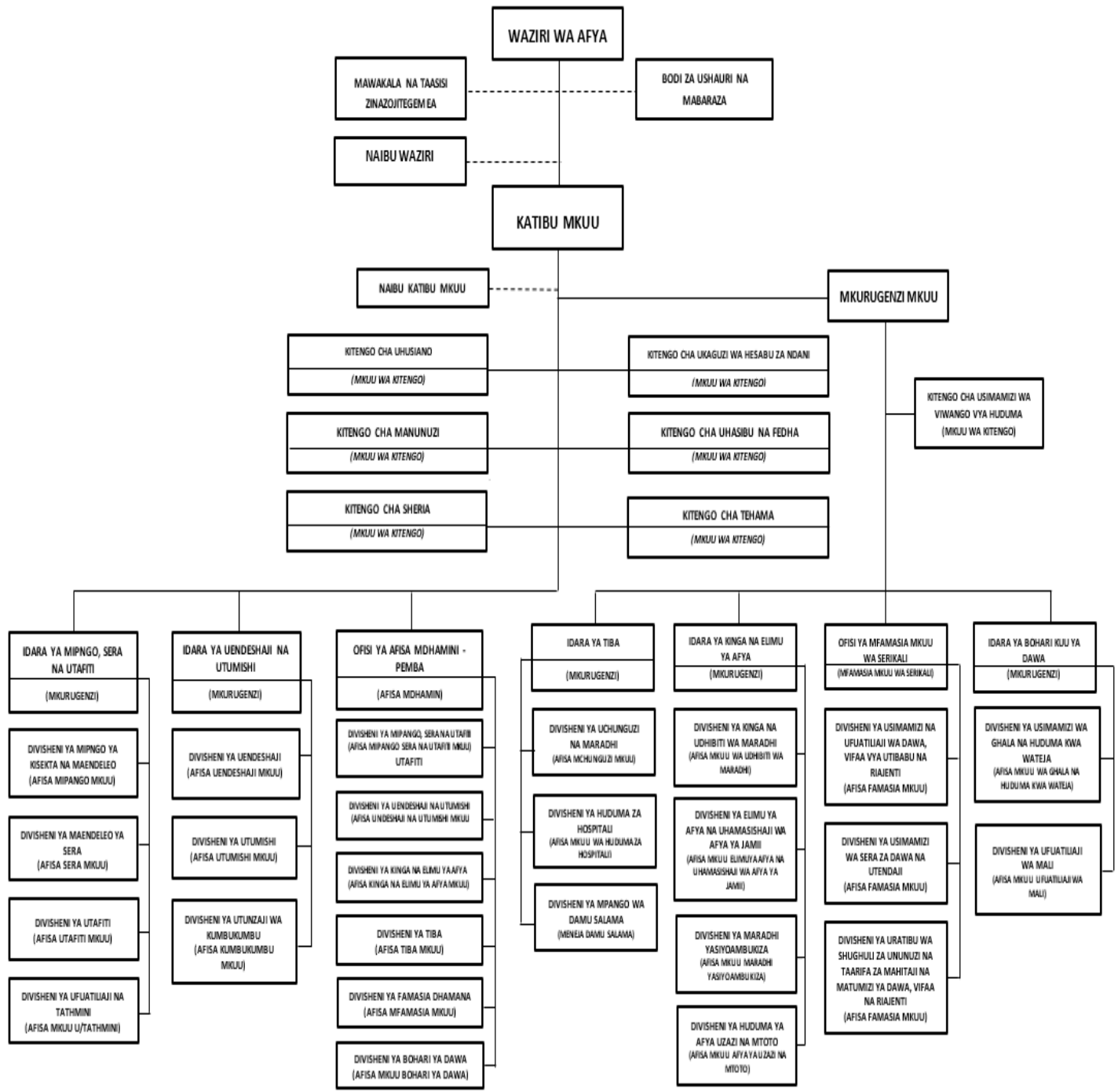


**Dr. Moyata S. Ally,
DIRECTOR GENERAL,
ZANZIBAR HEALTH RESEARCH INSTITUTE,
ZANZIBAR.**


**Dr. Jamala A. Taib,
DIRECTOR GENERAL,
MINISTRY OF HEALTH,
ZANZIBAR.**

Appendix IV

Structure of the Ministry of Health Zanzibar



Appendix V

INTERVIEW GUIDE FOR RESPONDENTS

Dear respondent, I Kassim A. Abeid, a student of Mzumbe University at Morogoro Tanzania pursuing Master of Research and Public Policy (MRPP). I am conducting an academic research as part of my master's programme with entitled "***Research findings and health policy formulation in Zanzibar***". Therefore, kindly respond to the questions below as much transparency as possible. Moreover, be assured that, the information that you will provide will be treated strictly confidential and for academic purposes only with much expectation that the research findings will be useful in providing information and knowledge about the utilisation of research findings in the health policy formulation in the Ministry of Health Zanzibar.

Demographic Data:

1. Sex _____
2. Age: _____
3. Position _____
4. Length of service _____
5. Education level _____

Questions:

1. Can you share with me your personal background?
2. How did you participate in conducting the research concerned to the health related issue?
3. How did you involve in the formulation of health policy?
4. What are the sources of policy input that you have been used when formulating health policy of Zanzibar?
5. Do you think the policy makers uses the research findings as input in policy formulation? How?
6. Who are the key stakeholders that are involved in the formulation process of national medicine policy?

7. Do you see any relevance of using research findings in the formulation of national medicine policy? Why? Why not?
8. Do you see the policy makers have experience of using the research findings in the formulation of health policy?
9. Is there any linkage between researchers and policy makers during the policy formulation process?
10. What are challenges that policy maker face when they use of research findings in the formulation health policy in Zanzibar?
11. What are the factors that influence policy makers to be more receptive to research findings?
12. What is your suggestion on how to improve the uses of research finding in the formulation of policy in the Ministry of Health Zanzibar?
13. Is there anything that you would like to add that I have not asked you about regarding the topic that we have been discussing?

Thank you so much for taking the time to talk and sharing your experience. In case I have any clarifications regarding what you have shared with me, would it be alright to get in touch with you later in person depend on your convenience?