▼ May 2023

Activating Equitable Engagement: From research to policy (and back again)

A report on dissemination activities for 'NIHR Global Health Research Group on estimating the prevalence, quality of life, economic and societal impact of arthritis in Tanzania'

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Overview

This report details the dissemination outputs, stakeholder engagement events (herein referred to as 'Engagement Activities') and their underlying principles conducted by the NIHR Funded Project: **NIHR Global Health Research Group on estimating the prevalence, quality of life, economic and societal impact of arthritis in Tanzania.**

Guiding Principles

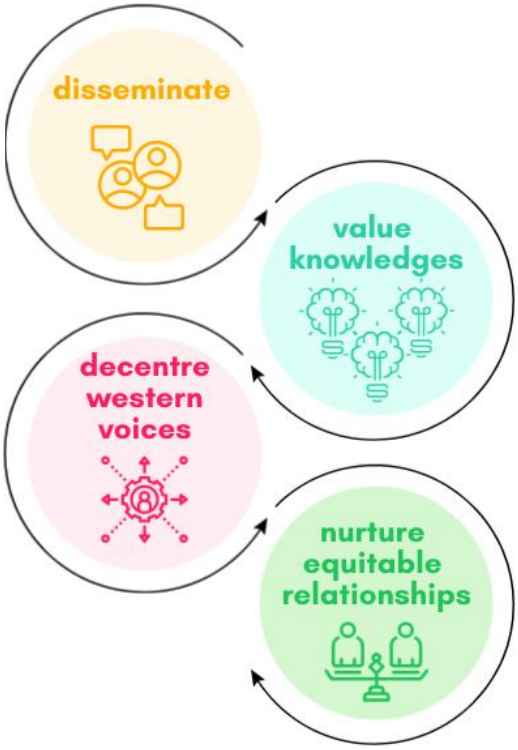
Engagement activities were designed acknowledging that inequalities and injustices are writ large in the field of Global Health. Just as social, economic, political, racial and gendered inequalities impact individuals' health experiences, we also recognise that these same inequalities can be reproduced and reinforced by institutions, organisations and (most pertinent to us) research groups purporting to tackle health issues (Büyüm et al. 2020). Engagement activities were therefore designed from a commitment to make Global Health more equitable, with the following interrelated principles underpinning all engagement efforts. As such, we paid close attention not only to *what* we did but *how* we did it striving towards a goal of **activating equitable engagement**.

PRINCIPLE 1: DISSEMINATE

We believe that communities, publics and countries should not be places of 'data' extraction'. Valuing the contributions. of those who took part in, and facilitated , research involves the **sharing of research findings** in ethical and appropriate ways

PRINCIPLE 3: DECENTRE WESTERN VOICES

In valuing knowledges, we believe in creating enabling environments for those often intentionally silenced or unheard. Spaces, within and beyond the research team, where **Western 'experts' 'lean out'** (Büyüm et al., 2020) rather than act as voices of authority.



PRINCIPLE 2: VALUE KNOWLEDGES

Just as research should not be extractive, dissemination of findings should not be unidirectional nor opportunities for 'knowledge application'. Rather spaces of dissemination should facilitate **dialogue between researchers and publics** where the **diverse knowledge of publics are valued and respected** and incorporated into research.

PRINCIPLE 4: NURTURE EQUITABLE RELATIONSHIPS

We believe that research, within and beyond the project, should be carefully constructed and nurtured in order to produce ethical and equitable research. Relationships should be **inclusive, acknowledge complexity and reflect in-country priorities**. Care should be taken to mitigate impacts of unidirectional or imbalanced relations.

Stakeholders, Publics and Levels

To ensure engagement activities were appropriate to target audiences, key stakeholders were broadly separated into three groups, with the report structure mirroring these levels:

This report will detail the steps and processes associated with each engagement level, how these tie with our underlying principles, and offer reflections upon the lessons learnt along the way.

Dissemination Approach

Dissemination activities were included in monthly project discussions; however, to ensure alignment with **Principle 3: Decentre Western Voices** within the team, a MSForms was circulated to all team members. This anonymous MSForm allowed the identification and prioritisation of activities and delivery modes and provided a platform for people to raise concerns about any proposed approach. These ideas provided the scaffolding for the following activities to be built around.

Part 1: Community Level Engagement

Community Level Engagement Overview

Community Level Engagement had four objectives:

- Disseminate research findings to enumerators and research communities
- Provide some evidence-informed small-scale advice and next steps to those with joint pain in culturally appropriate ways
- Create a space for community leaders to discuss the research process and raise questions and queries
- Ensure we provide enumerators with an opportunity to inform the design and development of communication material

To achieve these, Community Level Engagement involved:

1. Creation of the Community-facing Flyer
2. Holding a Community Workshop in Hai District
3. Distributing the Community-facing Flyer

How did Community Level Engagement align with our Principles?

Principle 1: Disseminate - The flyer and workshop allowed the findings based on the research conducted within Hai to be shared with the enumerators present. The finalised findings - communicated through the flyer - were distributed throughout the community more widely.
Principle 2: Value Knowledges - The workshop created a platform for dialogue rather than having overly prescribed presentations of results. We created space for questions and discussions. Crucially, to ensure feedback was not unidirectional, a practical element of the workshop involved participants contributing to creating the flyer.
Principle 3: Decentre Western Voices - The workshop was delivered by members of the research team from KCRI (Prof. Blandina Mmbaga, Dr. Nateiya Yongolo and Dr. Sanjura Biswaro) and was conducted in Swahili to ensure maximum participation. Conducting the research in Swahili created space for research participants to discuss and contribute actively and be actively involved in creating the flyer. Mitchell and Laurie et al., (2023) note that "creating space for such linguistic diversity ensured the valuing of contribution of all participants".
Principle 4: Nurture equitable relationships - Members of the research team (Dr. Nateiya Yongolo and Dr. Sanjura Biswaro) were well known to the workshop participants. Returning to the community to disseminate results demonstrated reciprocity and appreciation for the willingness and cooperation they gained from the enumerators and village leadership to complete the project

1. Community-facing Flyer

Creation of the flyer began on the 28th April 2022 with a 'Community Dissemination Workshop' held in the School of Geographical and Earth Sciences, University of Glasgow. Many project members from Tanzania were in Glasgow for the British Royal Rheumatology Society Annual Conference, so the workshop had broad in-person representation across disciplines, work strands, and institutions.

The workshop introduced principles of health communication, based upon learnings from Centre Disease Control and Prevention (CDC) with a particular project specific focus on ensuring those reading the flyer did not feel stigmatised by, or blamed for, their condition in line with **Principle 1: Disseminate** in ethical and appropriate ways.

Each work strand was asked to feed in its key findings before the meeting for inclusion in the workshop slide pack. We structured the workshop around the themes of i) Prevalence of joint pain within the community of Hai ii) Social impacts of joint pain and quality of life iii) Economic impact of joint pain.

We took each theme in turn, with discussion points and a communication checker for each message (see Figure 1 for example slides).

Figure 1 Example Slides from Community Flyer Workshop for Theme 1 Prevalence of Joint Pain in Community of Hai

These themes allowed for cross disciplinary discussion, paying close attention to the potential consequences of messages, and working to ensure that messages were both culturally appropriate and scientifically sound.

After the workshop, three potential flyers were designed (see Figure 2) and circulated around the team to agree on the preferred style and key questions for further input.

Figure 2 Possible flyer designs circulated around the team for decision and input

Style 3 was the preferred option by the team, and a complete mock of the flyer was then produced, based on the wording agreed upon in the workshop. The mock-flyer was then circulated around the group for further input and reflection, in alignment with **Principle 3: Decentre Western Voices** to ensure decisions were not being made by a select few in the team.

Once all agreed with the wording in English, translation to Swahili took place, and the first draft of the flyer was produced (see Figure 3 overleaf) ready to be taken to the Hai Community Workshop.

Figure 3 First Draft of Swahili Community Flyer

2. Hai Community Workshop

The Hai Community Workshop was central to our commitment to **Principle 1: Disseminate** research findings, and not using Hai District solely as a place of 'data extraction'. The workshop was attended by members of the NIHR Arthritis research team; village leaders from Hai District who had facilitated and approved the research; enumerators who had been vital members of the research team conducting the household survey; and the District Medical Officer (DMO) - Dr. Itikija Msuya.

The Hai Community Workshop took place in KKKT Hall, District of Hai on August 30th 2022, see Figure 4 for a selection of images from the day.

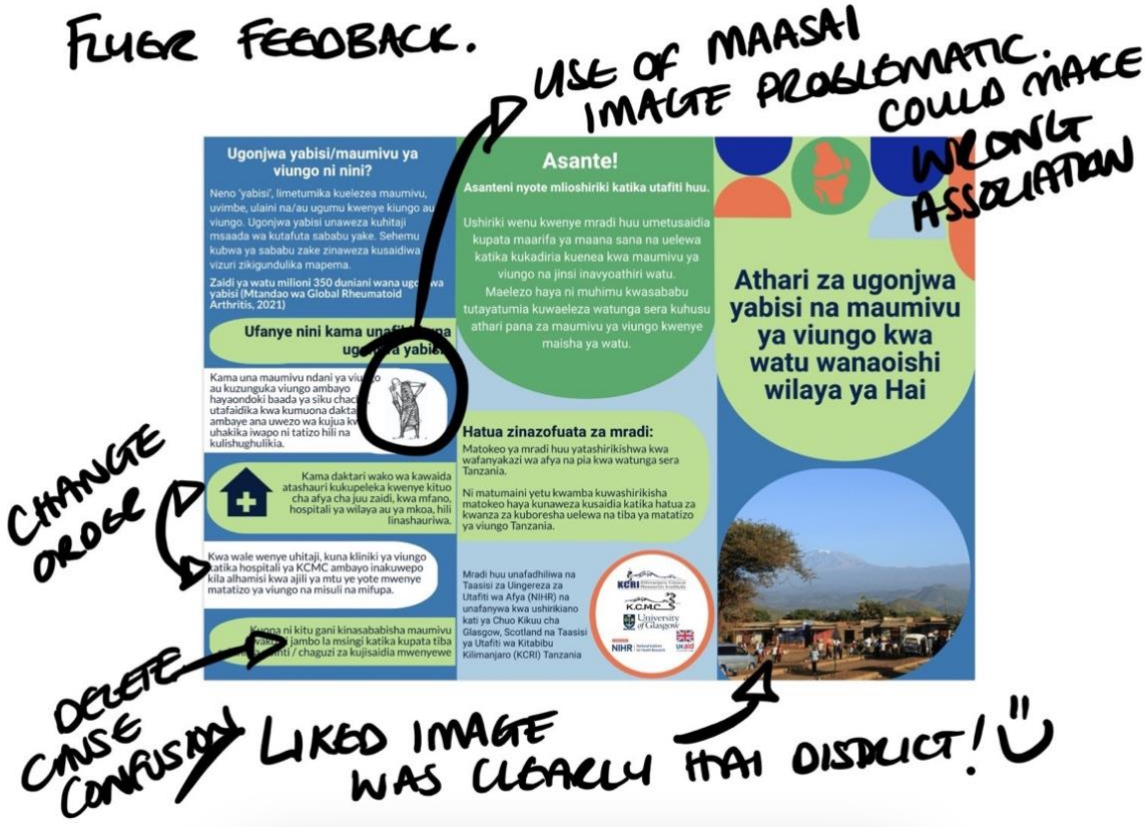
Figure 4 Images from Hai Community Workshop

Hai Community Workshop Itinerary

8:00 - Arrival of invited guests and the guest of honour (DMO of Hai District - Dr. Itikija Msuya)
8:30 - Opening the meeting with welcome and a word of prayer (Prof. Blandina Mmbaga)
8:45 - Identification and introductions
9:00 - Introduction of the research project & findings (Prof. Blandina Mmbaga, Dr. Nateiya Yongolo and Dr. Sanjura Biswaro)

10:00 - Questions and answers session (Prof. Blandina Mmbaga, Dr. Nateiya Yongolo and Dr. Sanjura Biswaro)
11:00 - A word from the DMO
11:15 - Breakout group discussions (facilitated by Dr. Nateiya Yongolo, Dr. Sanjura Biswaro and Dr. Thea Sindato)
12:30 - Providing recommendations regarding changes to the flyers for the community
13:00 - Reimbursement of travel expenses for all participants.
13:30 - Lunch + Departure (all)

Aligned with principles to **Principle 2: Value Knowledges** and **Principle 3: Decentre Western Voices** the Community Workshop attendees worked in groups to review the flyer, making a series of changes as detailed in Figure 5:



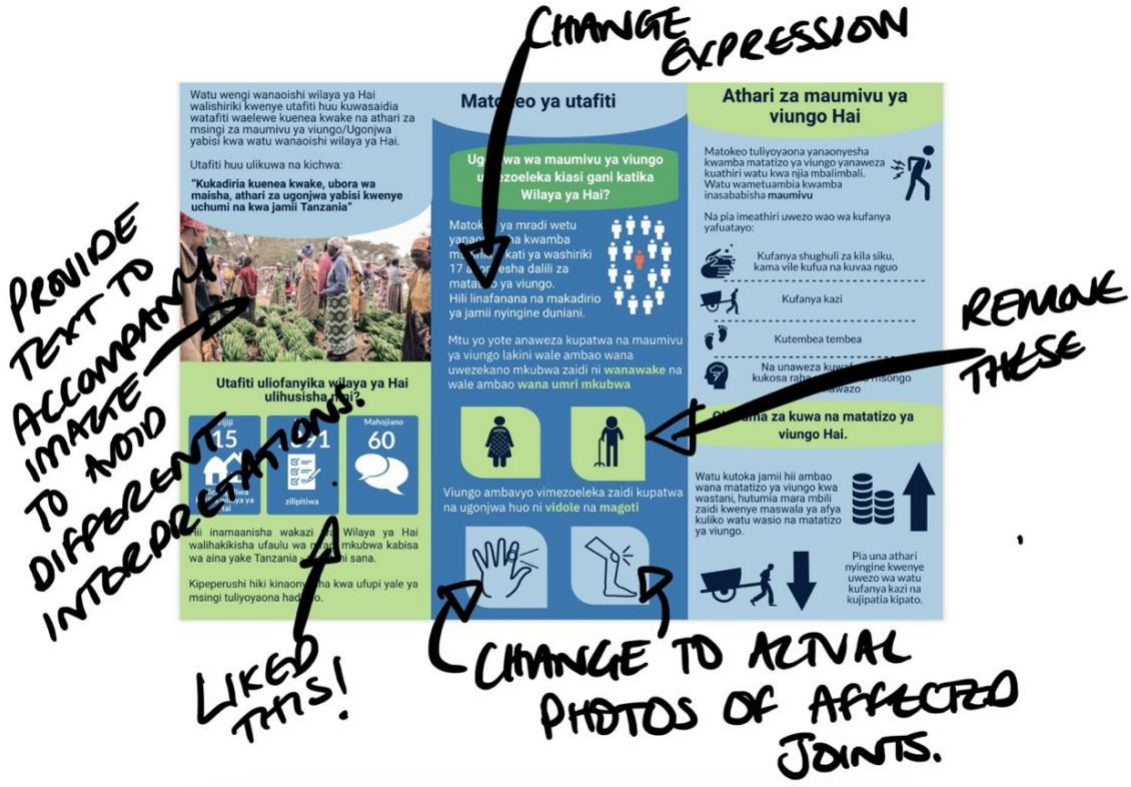


Figure 5 Edits to flyer based on discussion with participants at Hai Community Workshop

Demonstrating our commitment to **Principle 2: Value Knowledges** *all* changes were adopted to create the final flyer design (see Figure 6) which will be distributed through paid enumerators to the communities who were part of the research, in our commitment to **Principle 1: Disseminate.**

Figure 6 Final version of Community-facing Flyer incorporating edits from Hai Community Workshop

3. Community Flyer Distribution

In March 2023, Drs Sanjura Biswaro and Nateiya Yongolo returned to Hai District to disseminate the community flyers (Figure 7), aligning with **Principle 1: Disseminate**. Nateiya and Sanjura travelled around the study sites meeting with 12 enumerators who had been part of the research team. Enumerators were part of the Hai Community Dissemination Workshop, so it was also an opportunity for them to see how we had responded to their inputs into the flyer design - a demonstration of **Principle 2: Value Knowledges**.

Sanjura and Nateiya visited health centres, community gathering sides and joined enumerators as they began to distribute fliers within their communities. With the enumerators well-known within their village, they went on to distributed flyers within their own village. Enumerators distributed the flyers to study participants and the wider community; while not everyone in a village was selected to participate in the study directly, the presence of the research team within the community meant the study had impacted the wider community.

In total, 3000 flyers were distributed, with very positive feedback from village leaders and enumerators who noted that most people come to collect data and they do not give feedback of any kind. They appreciated the effort in returning with findings, as Nateiya noted, " I could witness smiles on their faces whenever they went through the contents of the flyers particularly on signs and that there is a clinic at KCMC".

Figure 7 Community flyers distributed to community enumerators to distribute more widely

Reflections and Lessons Learnt from Community Level Dissemination

- **The small word count and 'simple language' of the Community-facing flyer belied the complexity of the task. Condensing complex findings down to bite-sized assessable chunks requires time and careful consideration.**

- **The interdisciplinary nature of those attending the initial brainstorming workshop in April 2022 was vital for practising Principle 4: Nurture equitable relationships, with diverse disciplines highlighting different potential issues with how we communicated ideas.**

- **Especially challenging was communicating issues relating to the economic impact of joint pain and quality of life, with concern about the potential negative consequences of communicating these messages. Careful considerations of how messages would be received and the ethics of what we communicated was vital.**

- **Input from Community Workshop participants into the Community-facing Flyer was *vital* and strengthened our belief in Principle 2: Value Knowledges for, despite careful attention and input from across the team, there remained elements of the Community-facing flyer that could have been problematic**

- **Conducting the workshop in Swahili was fundamental in ensuring Principle 3: Decentre Western Voices. As Mitchell and Laurie et al., (2023) note creating space for non-English discussion is an opportunity for Western researchers to give up authority and ensure participation from those most important. This involves accepting that "knowledge cannot always be produced for, or be known by, those facilitating" (Ibid.)**

- **Having the Director of KCRI, and project co-PI, Prof. Blandina Mmbaga, travel to the community to lead the workshop was instrumental in displaying the value and importance of participants role in the project. At the same time, the presence and active involvement of key team members familiar to participants, such as Drs. Nateiya Yongolo, Sanjura Biswaro, Thea Sindato and Stef Krauth were critical for Principle 4: Nurture equitable relationships in building upon trust, developing rapport and connections.**

- **The location of the Community Workshop was key. There was a shift in power dynamics in the team travelling to Hai in an area most convenient and comfortable for participants rather than a space of convivence for the research team.**

- **Adhering to in-country hospitality culture and norms was significant to Principle 2: Value Knowledges. For example, providing guests with refreshments, reimbursements and lunch was an meaningful gesture to demonstrate our appreciation and how we valued their time and contributions.**

- **The workshop and flyer reaffirmed our commitment to Principle 1: Disseminate to ensure that communities are not spaces of 'data extraction' and research findings are returned ethically and appropriately. All of this requires budgeting and planning throughout the research project.**

Part 2:
District Level Engagement

District Level Engagement Overview

District Level Engagement had two objectives:

- Disseminate research findings to district level stakeholders to highlight the scale of MSK disorders in the Hai district
- Include district level stakeholders in both community and policy level dissemination events

To achieve these, District Level Engagement involved:

1. Creation of a 2-page research summary report for dissemination at Hai district level (Figure 8)
2. Inviting the District Medical Officer (DMO) of Hai district to both the Community Workshop (Part 1) and the Policy Dissemination Day (Part 2)

How did District Level Engagement align with our Principles?

Principle 1: Disseminate – The research summary brief ensured that district level stakeholders were briefed on the scale of MSK disorders specific to their local authority area (Hai district).
Principle 2: Value Knowledges – As district level stakeholders, we recognise the unique position they occupy between the community and policy level. It was, therefore, crucial that they were invited to both the Community Workshop (Part 1) and the Policy Dissemination Day (Part 2) to share their knowledge and experiences as intermediaries between community and policy level stakeholders
Principle 3: Decentre Western Voices – The DMO of Hai district (Dr. Itikija Msuya) was invited to the Community Workshop (Part 1) and was considered a guest of honour by both the participants and the arthritis team. Rather than members of the team, it was the DMO who played a key role in summarising the key points of the workshop to participants, as well as motivating participants to be mindful of the key messages disseminated.
Principle 4: Nurture equitable relationships – District officials are important gatekeepers for conducting research with communities, as well as in influencing how project findings are acted upon. Building upon these connections, can facilitate continued engagement and buy-in from district stakeholders for future projects.

1. Research Summary Report

A summary report distilling project results into 2-pages was created for dissemination at the district level. The report was written collaboratively by all team members, ensuring all disciplines and institutions were represented. To do this, a shared MSWord document was circulated to all

team members, allowing them to directly input content under specified headings. See Figure 8, for the final version of the research summary report.

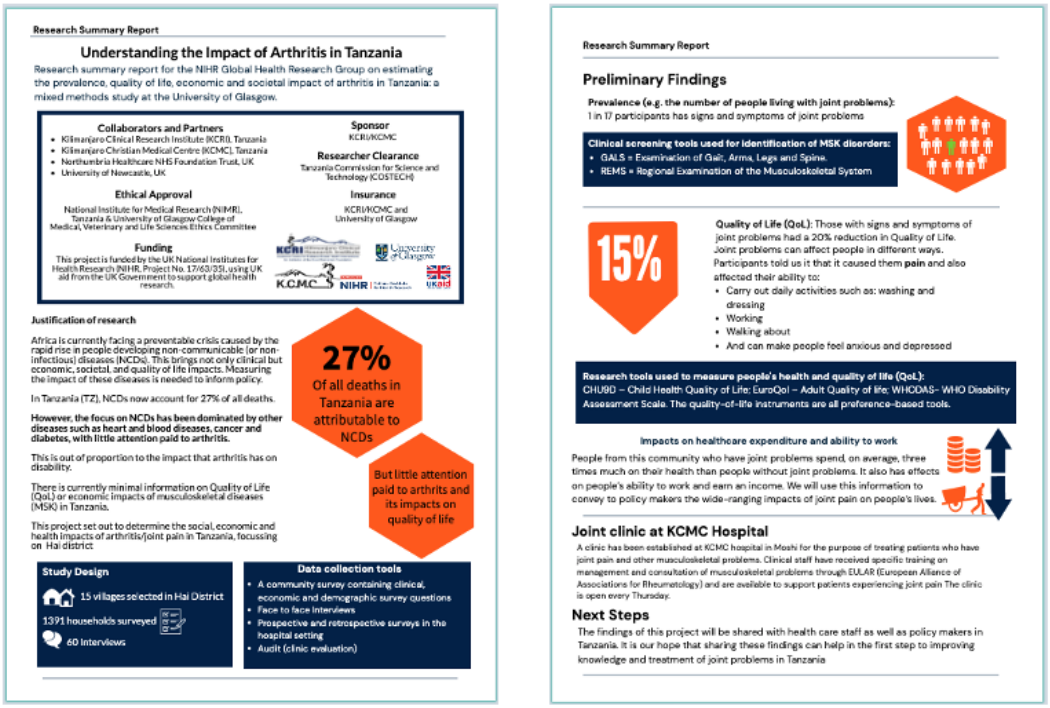


Figure 8: Arthritis Research Summary Report

2. DMO attendance at community and policy dissemination events

In Tanzania, district level stakeholders occupy a crucial position between the community and policy level. In recognising the importance of their role in acting as intermediaries between these spaces, it was important to invite them to both community and policy level dissemination events. The District Medical Officer of Hai District, Dr Itikija Msuya, attended both the Community Workshop (Part 1), as a guest of honor, as well as the Policy level Dissemination Day (Part 2). In doing so, he was able to participate and contribute to both levels of dissemination i.e. as representing higher level leadership at the community event and as a community representative at the policy event. Other district stakeholders present at the policy event included: the DMO of Moshi municipality and health workers and researchers working within Moshi district.

Reflections and Lessons Learnt from District Level Engagement

- **Principle 2: Value Knowledges - District level stakeholders provide valuable contributions as their knowledge, experience and positioning as mid-level health providers allow them to occupy and bridge the gap between community and policy level spaces.**

- **In line with Principle 1: Disseminate - careful thought should be given to how to tailor dissemination material and events to the district level, and how this differs from the community and policy level, i.e. it should be specific to the local authority area, include top-line results, be concise.**

- **In order to ensure *Principle 4: Nurture equitable relationships,* and build trust it was vital to engage with with district officials at the outset and throughout the project. Although district personnel changed during the project, the established relationships between pre-existing officials and the team facilitated buy-in and engagement from incoming personnel.**

- ***Principle 4: Nurture equitable relationships* - Engagement with district officials is crucial from the outset and throughout the project lifetime, not only at the dissemination stage.**

- **By including district stakeholders in dissemination, we align with Principle 3: Decentre Western Voices so that they are visible as voices of authority on MSK disorders in their respective local contexts and not only the project team.**

Figure 9: DMO Dr Itikija Msuya and PI Prof. Emma McIntosh at Community Workshop in Hai District

Part 3:
Policy Level Engagement

Policy Level Engagement Overview

Policy Level Engagement had three objectives:

- Disseminate research findings to key influential stakeholders in Tanzania, including the Chief Medical Officer, to highlight the scale of the MSK disorders in Tanzania
- Identify policy implications from findings, and work with key stakeholders to adapt recommendations and co-develop pathways to impact
- Create a space for key stakeholders to meet and discuss challenges and opportunities relating to MSK disorders in Tanzania and East Africa

To achieve these, Policy Level Engagement involved:

1. Creation of an Evidence-based Policy Brief
2. Holding a Policy Level Dissemination Day

How did Policy Level Engagement align with our Principles?

Principle 1: Disseminate - The policy brief and presentations ensured that the project shared research findings with key stakeholders who are influential in MSK policy and praxis in Tanzania.
Principle 2: Value Knowledges - The day was designed to create space for questions and critical dialogue between the research team and participants and ensure input from participants around policy implications.
Principle 3: Decentre Western Voices - A practical exercise was designed to best use the in-country expertise in the room, ensuring participants were not passive recipients of knowledge but rather maximise the input from all and ensure a breadth of voices from within and beyond the team were heard.
Principle 4: Nurture equitable relationships – An essential aspect of our dissemination recognised that the team alone could not achieve changes in MSK policy but rather required engagement and buy-in from in-country experts. The dissemination day helped to build new, and maintain existing, connections with those who are crucial to influencing policy change around MSK disorders in Tanzania

1. Policy Brief

Central to policy level engagement was the creation of a 4-page Policy Brief. Co-authoring the Policy Brief was vital for our inclusive approach, ensuring that each discipline was accurately presented, but this was also a challenge given the group size. In order to facilitate inclusion, we created and shared an MSWord document. We drafted overview sections while providing space

for anyone in the group to edit or comment, and we asked each work strand to draft its relevant section. We invited everyone in the team to draft policy recommendations and comment on live drafts – writing openly and transparently. Two subsequent meetings took place over the drafting of the Policy Brief to facilitate further discussion around the content (including shared terminology). This led to the creation of the Evidence-based Policy Brief (see Figure 10).

Figure 10 Final Evidence Based Policy Brief

The Policy Brief was given to all attendees as part of their wider delegate pack, which had a range of material prepared, and included:

- Glossary of Key Terms
- Example Survey Questions
- Joint Clinic Summary
- Training Summary
- Community Level Flyer (with opportunity to leave feedback)
- Research Summary Report
- Itinerary

2. Policy Level Dissemination Day

The Policy Level Dissemination Day was held in Kilimanjaro Wonders Hotel, Moshi, August 31st 2022.

In line with **Principle 2: Value Knowledges** and **Principle 3: Decentre Western Voices** the day was designed to ensure the event was not unidirectional with spaces for questions, critical dialogue and active input.

Participants included Dr Aifello Sichalwe - Chief Medical Officer (CMO) of Tanzania; representatives of working clinicians, including Dr. Francis Furia (Muhimbili National Hospital) Dr. Sanna Said and Dr. Ahlaam Armour (Zanzibar Mnazi Mmoja Hospital, Zanzibar), as well as representatives from Tanzania NCD Association, including Prof Bruno Sunguya and Prof Kaushik Ramaiya.

Figure 11 Images from Policy Level Dissemination Day

Policy Day Itinerary

8.15: Reception and arrival
8.45: Welcome and opening remarks - Prof. Blandina Mmbaga
9.00: Round table introductions and day set up

What is arthritis?
9.15: An introduction to NIHR Global Health Research Group on estimating the prevalence, quality of life, economic and societal impact of arthritis in Tanzania - Prof. Emma McIntosh
9.30: Introduction to arthritis and musculoskeletal disorders - Dr. Francis Furia

Presentation of project findings
9.45: Community understandings of joint pain - Ms. Elizabeth Msoka
10.00: Community prevalence and disability impact of joint pain and arthritis in Hai District - Dr Stefanie Krauth and Dr Nateiya Yongolo
10.15: Clinical findings and joint clinic set up and evaluation - Dr Nateiya Yongolo and Dr. Sanjura Biswaro

10.45-11.15: Comfort break

Presentation of project findings continued
11.15: Lived reality of arthritis - Ms. Elizabeth Msoka and Dr. Chris Bunn
11.30: Economic and quality of life impacts of arthritis - Dr. Eleanor Grieve
12.00: Capability and wellbeing - Prof. Jo Coast, Dr. Edith Chikumbu and Victor Katiti
12:15-12.45: Q&A on project findings

12.45: Lunch break

Interactive activity sessions
1.45: Presentation of project policy recommendations - Prof. Blandina Mmbaga
2.00: Discussion and activity around implications and policy recommendations - facilitated by NIHR team members

3.00-3.15: Comfort break

3.15: Continuation of discussion and activity around implications and policy recommendations
4.00: Each group presents 5 minute overview of pathway to implementation of policy recommendation
4.30: Closing remarks - Chief Medical Officer Dr. Aifello Sichalwe
4:45: End of session survey
5:00: Group photo

Interactive Session Overview

A deliberate decision was made to limit presentation time to allow for half of the day to be interactive, aligned with **Principle 2: Value Knowledges** and **Principle 3: Decentre Western Voices**. Limiting presentations ensured that dissemination was not a display of 'knowledge application' but that a broad range of individuals, each bringing their own valued knowledge, could contribute to the day.

Drawing on various 'workshop meeting' techniques from previous experience, internet suggestions and 'Pip Deck Workshop Tactics', we designed the following activity and required stationery for **Activating Research for Change.** The team was prepped before the event to ensure smooth facilitation and engagement.

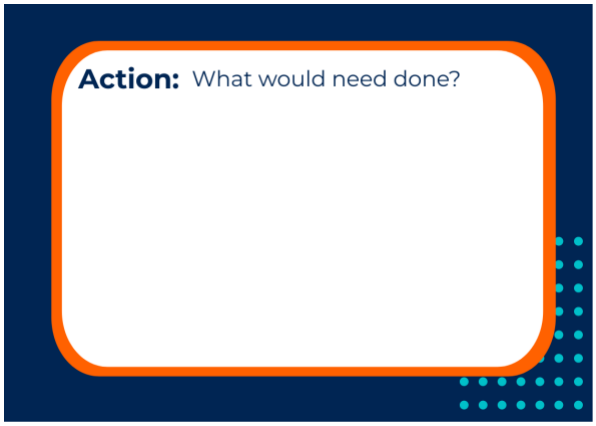
Activating Research for Change Instructions

Stage 1: Each group has a 'Policy Recommendation' - Stage 1 involves discussing the policy and deciding whether to 'Adapt, Adopt, Reject'

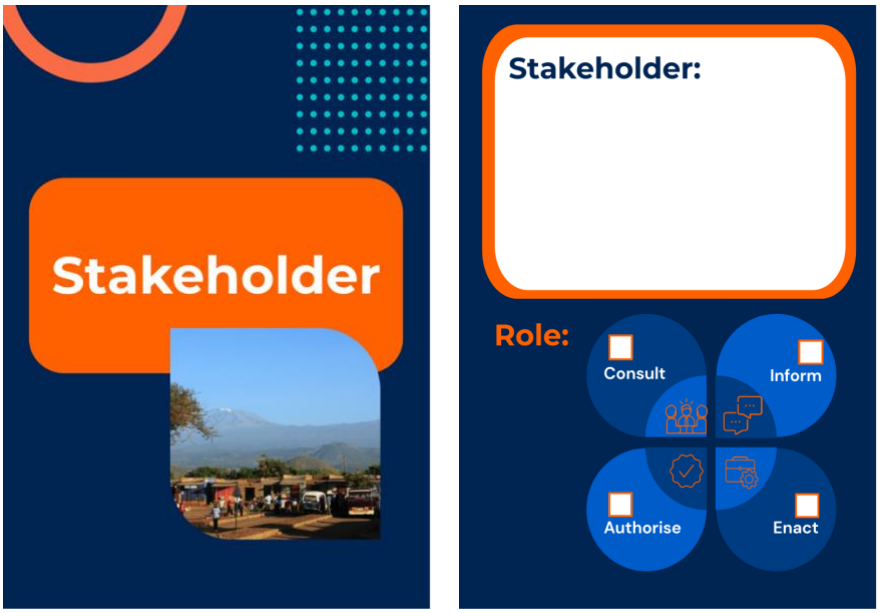
Adapt: Make an edit to the policy recommendation, writing new recommendation on the blank sheet
Adopt: Keep the policy recommendation as is
Reject: Reject the policy recommendation, writing an entirely new policy recommendation

Now place the adopted or new policy recommendation at the opposite end of the table as the **Today** card.

Stage 2: Take an **Action** card, writing the first action needed to achieve the policy recommendation as agreed in Stage 1.



Stage 3: For the **Action** card, identify *all* the stakeholders that would need to be involved in order to enact that **Action**. For each stakeholder complete a **Stakeholder** card, identifying the stakeholder and their role. Complete as many **Stakeholder** cards as is required for any one **Action** card.

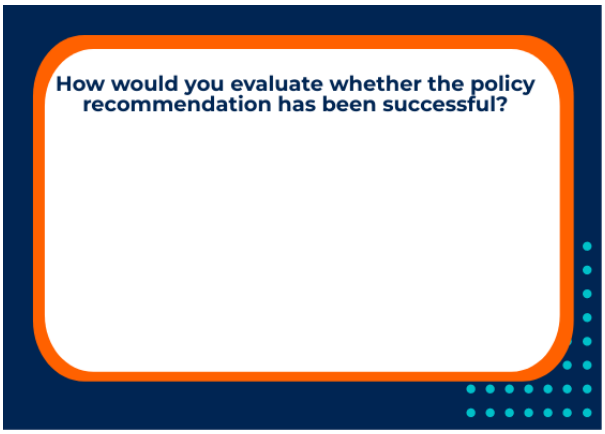


Stage 4: After identifying all the stakeholders, select a **Challenge and Solution** card identifying any challenges that could be encountered for that action, and what the potential solution could be.

Once all challenges and their solutions have been identified return and complete **Stages 2-4**, identifying the next action needed to get to the next step.

Stage 5: After all actions have been identified to reach the enactment stage of the agreed Policy Recommendation one final card - the **Evaluation** card - should be selected. This should relate to

the policy recommendation as a whole and not to one specific action, to decide how the success of that policy recommendation could be evaluated.



The following pages show the **Route to Activating Change Map** from each group from their **Activating Research for Change** activity for 4 Groups (a shift on the day meant that Group 1 did not run; to correspond with policy recommendation this is presented as Group 2-5).

Group 2

Facilitator 1: Victor Katiti
Facilitator 2: Sally Wyke

Original Policy Recommendation 2: Use our study dissemination materials to raise awareness and skills in primary care facilites through education materials developed in the project

Adapted Policy Recommendation 2: Primary care professionals are more aware of and more skilled in diagnosis and treatment of MSK

Adapted Policy Recommendation 2: Primary care professionals are more aware of and more skilled in diagnosis and treatment of MSK

1

Action 1: Devise & deliver in-service training for diagnosis & treatment of MSK for all clinicians working in primary care settings

Stakeholder: Professional councils - AUTHORISE

Authorise and accredit MSK in-service CPD programme

Challenge: Financing training

Solution: Partner funding from development organisation could help

2

Action 2: Devise & deliver in-service training for diagnosis & treatment of MSK for all clinicians working in primary care settings

Stakeholder: Primary care professionals - CONSULT

Stakeholder: Faculty members - CONSULT

Stakeholder: Patients - CONSULT

Challenge: Limited to deliver CPD courses on MSK especially in 'lower' cadres

Solution: Use 'Train the Trainer' model but work in a sustainable programme

Adapted Policy Recommendation 2: Primary care professionals are more aware of and more skilled in diagnosis and treatment of MSK

3

Action 3: Review Standard Treatment Guidelines

Stakeholder: Medical Schools - CONSULT INFORM

Stakeholder: Medical Stores Department - AUTHORISE as procurement issue

Stakeholder: National Saftey and Therapeutic Committee TMDA and MSD

Stakeholder: Patients & ENFORM

Challenge: Advocacy at all levels from top down

Solution: Invitation fromCMO to speak at NCD committee is critical

Evaluate: Output measures

- Cirriculum in place in on year and accreddited
- Associations and university ready to deliver courses in one year
- Increase diangosis of MSK
- Increase in referrals to secondary & tertiary services
- Increase in treatments for MSK
- Permission to prescribe for MSK for different cadre of proffesionals as appropriate

Group 3

Facilitator 1: Sanjura Biswaro
Facilitator 2: Stefanie Krauth

Original Policy Recommendation 3: Use Tanzanian-led training video to develop clinical skills via GALS and REMS screating to detect arthrtis and other joint problems

Adapted Policy Recommendation 3: Use Tanzanian-led training video and create posters about detecting and recognising arthritis

Adapted Policy Recommendation 3: Use Tanzanian-led training video and create posters about detecting and recognising arthritis

1

Action 1: Revise terminology of join problems to uniform it (across whole of Tz) and additional video clips as 'Question' and how to answer it.

Stakeholder: Video Team - ENACT

Stakeholder: Rheumatologists (e.g. Francis Furia Sanaa S Said) - CONSULT ENACT

Challenge: Differing terminology for arthritis

Solution: Instead of a single term use a way of describing it in an introductory video

2

Action 2: Distribution of video to training facilities, make examination for MSK in the curriculum

Stakeholder: Primary care locations & training facilites - INFORM ENACT

Stakeholder: People responsible for libraries & hospital video session - INFORM ENACT

Stakeholder: Heads of depts. (internal medicie & pediatrics) CEOs of teaching hospitals; Primary Care; Physiotherapy INFORM ENACT

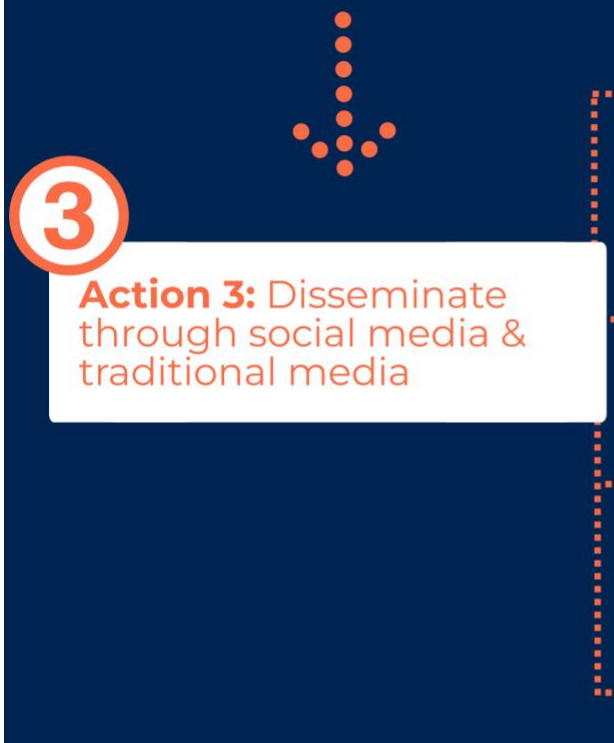
Challenge: Spreading information to doctors

Solution: CPD training through e-learning platforms

Challenge: Might be watched once and forgotten

Solution: Engaging CEOs of teaching & people teaching in wards to champion it

Adapted Policy Recommendation 3: Use Tanzanian-led training video and create posters about detecting and recognising arthritis



Adapted Policy Recommendation 3: Use Tanzanian-led training video and create posters about detecting and recognising arthritis

4

Action 4: Involve CPD office to get training & video onto e-learning platform

Stakeholder: CPD
Responsible - CONSULT
ENACT AUTHORISE

Challenge: Physiotherapists might not know what to do with the patients

Solution: Involve them in buy-in for MSK diagnostic learning

Challenge: Students interest, students learn what is in exam

Solution: Make MSK examination part of things in exam

Stakeholder:
Physiotherapists INFORM
ENACT

Challenge: Getting access to clinicians & training & those in services

Solution: Involve their leaders (Provosts/VCs' Heads of Dept; Facility Leaders)

Evaluate: Output measures

- Number of people we engage and numbers who have seen video; how many stakeholders agree to include the video; video being included in CPD.
- Numbers of patients who have MSK examination or diagnosis
- Numners of dept. that agree to use the video
- Engagement (comments) on video - ask people to 'like' if they think the video is useful
- Annual patient pull, pre- and post video
- Dept. engaging with training video post-videos

Group 4

Facilitator 1: Nateiya Yongolo
Facilitator 2: Chris Bunn

Original Policy Recommendation 4: Develop guidelines for referral pathways and treatment for the many forms of arthritis (for example, identifying available and affordable drugs and/or appropriate lifestyle changes)

Adopted unchanged

Policy Recommendation 4: Develop guidelines for referral pathways and treatment for the many forms of arthritis (for example, identifying available and affordable drugs and/or appropriate lifestyle changes)

1

Action 1: Construct guidelines & protocols for care treatments at different levels of care.

Stakeholder: Professional associations of orthopaedics; physicians; nursing; paediatrics; rehabilitation - CONSULT

Challenge: Coordination across actors

Solution: A champion & focal point for the strategy

Stakeholder: Ministry of Health (Policy & Planning; MSD & Tanzanian Medicines & Medical Devices Authority & Standard Treatment Guidlines & NCD Unit & Essential Drug List) - CONSULT INFORM AUTHORISE ENACT

Challenge: Logistics & supply chain for therapeutic drugs etc.

Solution: Campaign for MoH to adopt treatment protocal

Stakeholder: Local govt. primary care, secondary care, RMO & DMO CONSULT INFORM AUTHORISE ENACT

Challenge: Knowledge & awareness amongst Health Care Providers

Solution: Disseminate, train & implement new protocol TOTS

Stakeholder: Patients & NGO - CONSULT INFORM

Challenge: Resources

Solution: Make the case for economic burden on MSK MoH budget and PO-RALG Core Funding

Stakeholder: Association of Private Health Facilities in Tanzania; Christian Services Commission; BAKWATA National Muslim Council of Tanzania - CONSULT INFORM ENACT

Policy Recommendation 4: Develop guidelines for referral pathways and treatment for the many forms of arthritis (for example, identifying available and affordable drugs and/or appropriate lifestyle changes)

2

Action 2: Train to the protocol & pathways, to ensure all medical professionals & services are aware of & can enact then integrate

Stakeholder: NACTVET (The National Council for technical & Vocational Education & Training - CONSULT INFORM AUTHORISE

Challenge: Motivation to be trained

Solution: CPD points; compulsory for new medics make subject appealing

Stakeholder: Tanzanian Commission for Universities & Universities CONSULT INFORM AUTHORISE ENACT

Challenge: Engage CHWs

Solution: Incentives to engage

Stakeholder: Proffessional Councils - Medical (MCT) Nursing, Pharmacy, Lab - CONSULT INFROM ENACT

Challenge: Ensure buy-in from universities

Solution: Have specialist champions

Stakeholder: Trainers (Doctors, nurses, allied HCPs, Community Health Workers - CONSULT INFROM ENACT

Stakeholder: Patients & NGO - CONSULT INFORM

Policy Recommendation 4: Develop guidelines for referral pathways and treatment for the many forms of arthritis (for example, identifying available and affordable drugs and/or appropriate lifestyle changes)

3

Action 3: Implement new protocols & pathways & provide the clinical care

Stakeholder: Multidiscplinary Team - INFORM ENACT

Challenge: Unity of care

Solution: Interceptions & perceptions integrated working across HCPs

Stakeholder: Primary & Secondary Care INFORM ENACT

Challenge: Sustainability & persistance

Solution: Ownership by MoH, integration into medical practice

Stakeholder: Patients & INFORM

Challenge: Acceptability

Solution: M&E to ensure quality

Evaluate: Output measures

- Is the policy adopted and implemented
- Track resource allocation & utilisation
- How many training instituions have adopted the program
- Number of trainees completed
- Clinical audit - referrals, differential breakdown
- Patient survey - satisfaction
- Cost effectiveness

Group 5

Facilitator 1: Gloria Temu
Facilitator 2: Eleanor Grieve

Original Policy Recommendation 5: Use KCMC arthritis and joint pain clinic as a model for roll out to other zonal hospitals in Tanzania

Adapted Policy Recommendation 5: Adapt KCMC arthritis and joint pain clinic as a model for roll out to other zonal, regional, district and national hospitals in Tanzania

Adapted Policy Recommendation 5: Adapt KCMC arthritis and joint pain clinic as a model for roll out to other zonal, regional, district and national hospitals in Tanzania

1

Action 1: Training protocols - guidelines development

Stakeholder: KCMC and other specialists working in rheumatology - CONSULT ENACT

Challenge: Other NCDs are being prioritised

Solution: Identify advocates for joint pain

2

Action 2: Training delivered by KCMC to regional and district levels

Stakeholder: Regional and district medical officers CONSULT ENACT AUTHRISE

Challenge: Not all health centres have lab ultrasounds, or human resources

Solution: Ensure channels of referral

Adapted Policy Recommendation 5: Adapt KCMC arthritis and joint pain clinic as a model for roll out to other zonal, regional, district and national hospitals in Tanzania

3

Action 3: Have a mobile programme to capture patients and create awareness (medium 2-3 years)

Stakeholder: Regional and district medical officers
CONSULT ENACT AUTHRISE

Challenge: Will be trial, may not pay well

Solution: Train district health workers in GALS & REMS (using video) mobile clinic will pick up patients and build community awareness

Evaluate: Output measures for a mobile clinic

- Number of patients screened
- No of trainees in clinics
- Number of referral centres that have been trained pre- and post- test period

Reflections and Lessons Learnt from Policy Level Dissemination

- **The budget and work involved in arranging bookings, catering and travel arrangements for international and in-country participants are significant. The work from administrators Eliza Kussaga (KCRI) Miriam Yentumi (UoG), Yujin Du (UoG) was vital and should be acknowledged**

- **Ensuring attendance, participation, and key-stakeholder buy in required significant work on Principle 4: Nurture equitable relationships from a range of team members including Prof. Blandina Mmbaga, Eliza Kussaga, Dr Nateyia Yongolo and Dr Sanjura Bisawro, which was vital to the overall success of the day**

- **Being co-committed to equitable interdisciplinary and international collaboration to Principle 4: Nurture equitable relationships requires whole team buy-in. While individuals may 'lead' on activities, being supported by a responsive team and navigating different opinions constructively was critical to ensure the genuine co-authorship of dissemination material and activities - *umoja ni nguvu utengano ni udhaifu***

- **In demonstrating Principle 2: Value Knowledges it was key to ensure participation incentives commensurate with Government of Tanzania guidelines were offered. This requires budgeting from the outset and demonstrates value for money in the long term**

- **In demonstrating Principle 2: Value Knowledges and Principle 3: Decentre Western Voices we considered the balance of speakers and sought to prioritise Tanzanian expertise within and beyond the team. This included recognising the esteem of the CMO and inviting him to provide opening and closing remarks, as well as the expertise of Dr. Fancis Furia who was invited to deliver a pivotal presentation that introduced the topic of MSK**

- **As an interdisciplinary project, we recognise the importance of Principle 2: Value Knowledges bringing together diverse knowledges, expertise and different perspectives on reducing the burden of MSK and joint pain in Tanzania, which was reflected in the diversity of participants from policy makers, clinicians, researchers and research facilitators in ways which also align with Principle 4: Nurture equitable relationships**

- **Recognising that the project findings were just one source of knowledge on the subject of MSK, we deliberately focused on concise presentation of results to demonstrate Principle 1: Disseminate while leaving time to practise Principle 2: Value Knowledges and Principle 4: Nurture equitable relationships , while Principle 3: Decentre Western Voices by:**
  - **Creating space and time for critical dialogue on project results**
  - **Creating an activity that recognised the diverse and important knowledges on MSK and Tanzanian policy landscape in the room**

- **It was essential to plan carefully but on the day be flexible to impromptu changes - *the best laid schemes o' mice an' men gang aft a-gley***

Concluding Thoughts

Concluding Thoughts

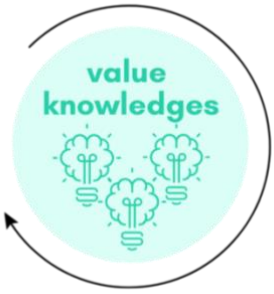
Throughout the engagement activities undertaken as part of the NIHR Arthritis project, we have strived to instil our core principles in every dissemination effort and at every level of dissemination.

Principle 1: Disseminate

While often overlooked, dissemination was crucial for ensuring that the Hai district and the communities within were not seen solely as a place of extraction. A key goal of our dissemination, therefore, was to ensure those who were instrumental in the project's success (i.e. participants, enumerators, and external stakeholders) could receive and engage with research findings. At district and policy level dissemination, we aimed to ensure that those with the most influence in the field of MSK disorders in Tanzania have opportunities to engage with the findings to enact change. As a team, we took time and effort to carefully tailor our dissemination activities and critical messages to three levels (community, district, and policy) to maximise understanding and engagement in ways most appropriate to the contexts within which each level lived and operated.

Principle 2: Value Knowledges

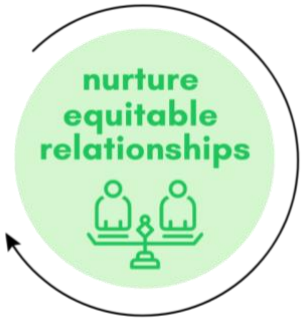
We devised each dissemination event in a way that was not purely prescriptive 'knowledge application' where participants passively received information gathered by the team but rather was focussed on hearing from participants themselves. While each event had dedicated time for the presentation of project results, there was a subsequent space for dialogue (whether through open discussion, Question and Answers, or tailored participatory activities) to listen to digest and be challenged by the expertise in the room.



Principle 3: Decentre Western Voices

Most dissemination events were led, delivered and facilitated by in-country team members, from the Community Workshop in Hai to the Policy level Dissemination Day. This was a deliberate effort to decentre the focus on western members of the team and highlight Tanzanian expertise.

Principle 4: Nurture equitable relationships

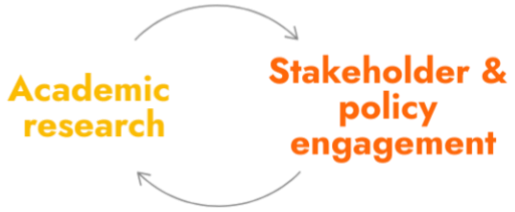


Dissemination activities were instrumental in developing new, as well as maintaining existing, relationships within the project. By returning to the Hai community to disseminate results, we endeavoured to reciprocate the trust, willingness and cooperation they displayed by agreeing to participate in the research. The policy level Dissemination Day was vital for developing relationships with experts who hold key positions in the Tanzanian government and could influence policy change around MSK disorders.

And Back Again

The dissemination activities detailed here have been important as we begin to formally end the **NIHR Global Health Research Group on estimating the prevalence, quality of life, economic and societal impact of arthritis in Tanzania** project. Dissemination activities need not be portioned off as 'end activities' but rather be used as a springboard for future work. Thus, while we argue the importance of activating research to engage with key stakeholders and policy, we also believe this engagement can serve to inform ongoing and future academic research with two questions to consider:

1. **How can academic research engage with key stakeholders and policy?**



2. **How can such engagement with key stakeholders inform future research?**

This report has detailed our response to the first, but the second can include:

- Strengthening existing plans for final project activities based on knowledge gained through dissemination (including the improved community flyer and altering plans for the training video (as detailed in Group 3 stakeholder map)
- Identifying and nurturing relations with key stakeholders for future projects
- Understanding key priorities to inform impact activities, develop theories of change, and inform research agendas for future projects.

To activate equitable engagement activities considering the routes from research, to policy, and back again is vital.

Activating Equitable Engagment

'NIHR Global Health Research Group on estimating the prevalence, quality of life, economic and societal impact of arthritis in Tanzania' was a research collaboration between:

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