

WORKSHOP SUMMARY

The Science and Art for Epidemiologists to Influence Policy Makers Workshop was jointly conducted by The ASEAN Plus FETN Foundation together with the ASEAN Plus Three FETN as a Pre-conference Workshop of the 9th Global TEPHINET Scientific Conference on 6 August 2017 in Chaingmai Thailand.

This workshop aimed to help field epidemiologists to understand typical policymakers' information needs, and get familiar with essential messages and channels for communicating with policymakers.

Thirty three participants from 11 countries joined this half-day workshop. Principles of communication with policy maker was introduced, and 3 case studies based on real experiences from Japan, Singapore and Thailand were shared. Key messages were summarized after discussion among experts and participants.

The workshop concluded that epidemiologists could facilitate evidence-based policy making. The process should be initiated with legitimate study and credible results, and followed by smooth communication with right focus and good timing. These steps require skills and experience which could, and should, be trained in FETP programs.

Workshop participants also suggested further actions regarding bridging technical finding and policy making, including further develop this workshop with international development partners, repeat this workshop to cover wider ranges of audience, adding related contents into curriculum of FETP training especially Training of Trainers, etc.

**Report of TEPHINET Pre Conference Workshop
Science and Art for Epidemiologists to Influence Policy Makers**

**5 August 2017
Empress Hotel, Chiang Mai, Thailand**



Background

Scientific findings from the field make an impact only if they are used to drive public health actions. And field epidemiologists often find themselves under pressure of convincing policy makers to take immediate move in response to the publicly concerned events. Thus, communicating with decision-makers to promote rapid and appropriate use of evidence based recommendations is important for field epidemiologists.

The Training Program in Epidemiology and Public Health Interventions Network (TEPHINET) is a network of 65 field epidemiology training programs in 90 countries around the world. And a global scientific conference is organized every two years by TEPHINET and a host member country. The 9th Global TEPHINET Global Scientific Conference was held during 7-11 August 2017 in Chiang Mai, Thailand. Over 650 epidemiologists and other professionals from 80 countries joined this conference. And 13 pre-conference workshops were conducted by various organizations.

The ASEAN Plus FETN Foundation together with the ASEAN Plus Three FETN organized the “Science and Art for Epidemiologists to Influence Policy Makers Workshop” on 6 August 2017. And the United States Centers for Disease Control and Prevention (US.CDC) provided technical support. Speakers from 4 member countries (Indonesia, Japan, Singapore, Thailand) and US.CDC shared their experiences, and 33 participants from 11 countries joined the workshop.

Objectives

This workshop is designed to help field epidemiologists to understand typical policymakers’ information needs, and get familiar with essential messages and channels for communicating with policymakers.

Workshop design

This workshop was composed of a short lecture, case studies from 3 Asia countries (Japan, Singapore, and Thailand) based on real experiences of success and missteps. And 2 discussants (Dr. I Nyoman Kandun from Indonesia and Dr. Alden Henderson US.CDC) were invited to give comments on the case studies, participants were also encouraged to join the discussion and share their real experience and challenges. List of speakers and agenda appear as Annex 1 and 2.

Workshop contents and outputs

1. Opening

The facilitator Dr. Kamnuan Ungchusak opened the workshop and Dr. Chen Lei gave the brief introduction of ASEAN Plus FETN Foundation and ASEAN+3 FETN network. Dr. Chen Lei’s presentation appears as Annex 3 .

2. Lecture: Communication with Policy Makers

Dr. Wiwat Rojanapithayakorn gave the short lecture on Communication with Policy Makers, Principles of Communication with policy makers. He emphasized the importance of understanding the rationale and the need, understanding the process and contents of policy

development, and making available the evidences, seeking opportunity to communicate with policy makers, then finally preparing policy messages. [Dr. Wiwat Rojanapithayakorn's presentation appears as Annex 4](#)

3. Case studies

a. **Pushing the boundaries of public health policy: the Singapore field epidemiology experience:**

Prof Steven Ooi from Singapore FETP presented their experience in influencing public health policy based on limited evidence of changing local epidemiology of leptospirosis as a rodent-borne disease. In employing the One-Health approach and community involvement to control the reservoir population, Prof highlighted that influencing policy requires credibility, mutual respect and patience. [Prof. Steven Ooi's presentation appears as Annex 5](#)

b. **Thailand's experiences in the preparedness and response to emerging infectious diseases**

Dr. Supamit Chunsuttiwat from Thailand MoPH shared the story of driving national policy on influenza vaccine capacity, framing policy for influenza vaccination, and then extending the success to shaping national strategy on EID. Dr. Supamit encouraged the epidemiologists to contribute to health policy development through employing art of communicating policy message and the science of producing good evidence. [Dr. Supamit Chunsuttiwat's presentation appears as Annex 6](#)

c. **Experience from Japan: Fortune has only forelock**

Dr. Tomoe Shimada from Japan FETP presented the experience of Japan in Measles control. As early as 2006, the surveillance data had revealed low immunity in teenagers and young adults despite routine Measles vaccine since 1978. However the policy makers were not convinced by these data. In 2007 the large measles outbreak occurred, and the epidemiologist investigated and controlled the outbreak, furthermore, facilitated the adoption of new policies such as supplementary immunization to cover birth cohort of low measles immunity. And Case-based measles surveillance to promote rapid confirmation and control. These policies helped Japan to achieve Measles Elimination in 2016, and FETP continued its efforts in responding to imported Measles. [Dr. Tomoe Shimada's presentation appears as Annex 7](#)

Dr. I Nyoman Kandun commented on the case studies and stated that in the decision making processes, epidemiology is an art and science on how to define public health needs, and try to meet the needs with limited resources in our real life. Epidemiologist is the person to give evidence to policy makers to prioritize the allocation of limited resources. The evidences talk best when the epidemiologists could massage the data until it sings the type of song the decision makers like most.

Dr. Alden Henderson also emphasized that all epidemiologists need to be aware that their studies can contribute to creating policy. Studies are the trigger to start the policy process. The art comes in with the timing of the process as well as the connections to the policy makers and stakeholders. We need to train our epidemiologists to help policy makers take action on our studies. This starts with the art of persuasion and epidemiologists needs to cover three

parts: first, the legitimacy of the study, then the credibility of the results, and the saliency of the recommendation/proposed policy to the public. Communicating with policy makers, epidemiologists must quickly get to the point by first present WHAT you find out - the conclusions - and then WHY - the information to support the findings. You will not need to spend much information on the methods – the HOW – the methods - because policy makers trust that you know how.

Participants also joined the discussion and shared their experience.

4. Summary and suggestions

The rapporteur team (Dr. Yin Mye Aye and Dr. Chen Lei) presented the summary notes, and Dr. Kumnuan invited the floor to give suggestions for further development of the workshop. Participants suggested re-conducting similar workshop as a regional training or side-meeting of regional conferences; further develop this workshop based on experience from international development partners such as US.CDC; adding more elements from NCD epidemiology and one-health approach; consider adding related contents into curriculum of FETP training or/and Training of Trainers. Summary Notes and Suggestions presentation appears as Annex 8