



**Bridging the Research-Policy Divide
in Public Health, Environment and Security
in the Asia-Pacific Region**

Supported by the

AusAID Australian Leadership Awards Fellowships Program

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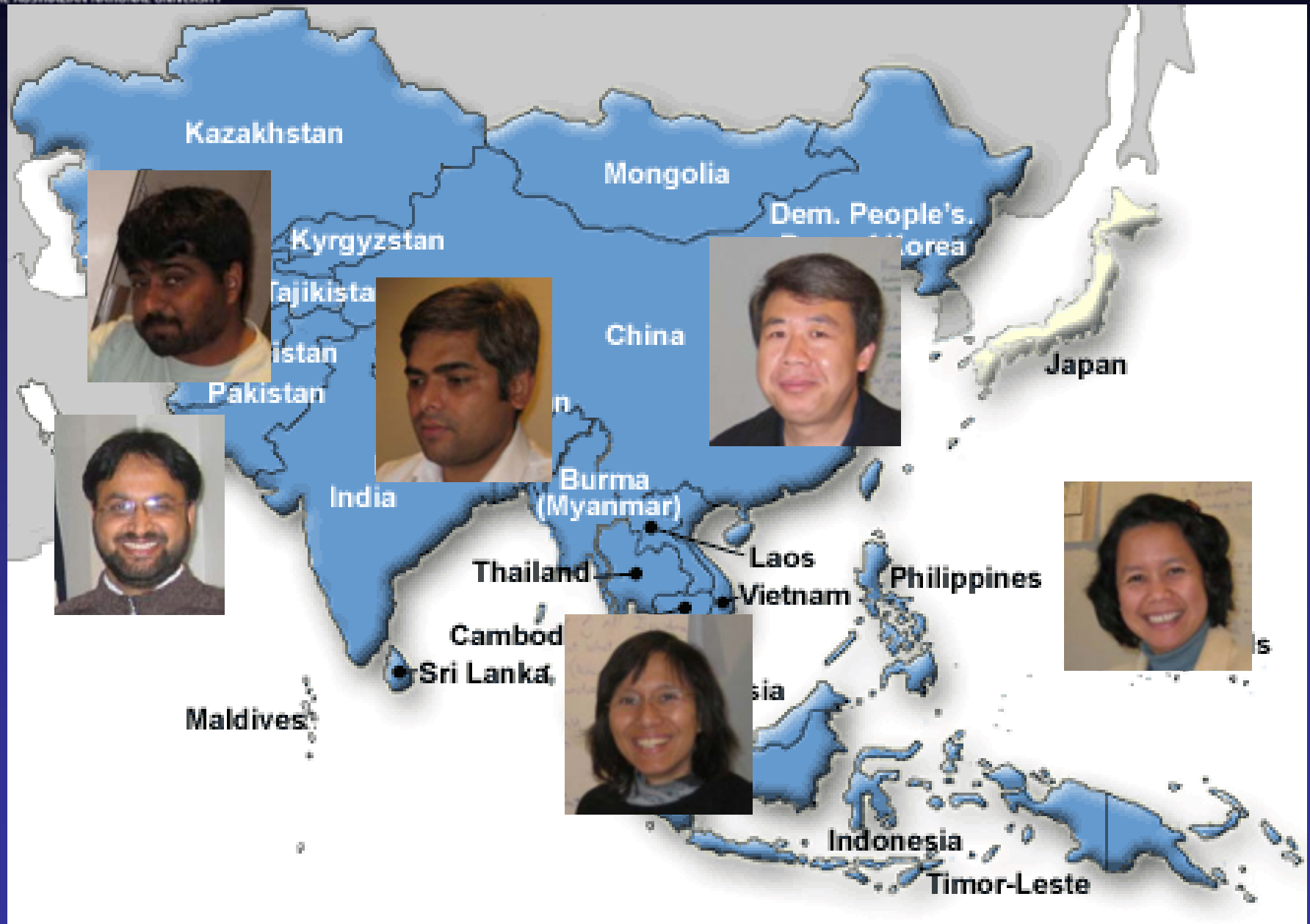


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The Fellows



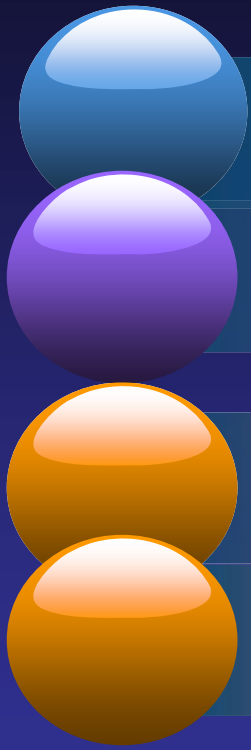
Alumni 2009



INTRODUCTION

**Bridging the Research-Policy Divide
in Public Health, Environment and Security
in the Asia-Pacific Region**

6-Week Learning Experience



Case Studies

Policy Briefs & Action Plans

Structured Approach

Policy Models



Today's Presentation

1. How the case study reflections were used in the policy briefs and action plans (**Romeo, Macu & Yanping**)
2. Two case studies in more detail (**Sara & Makiva**)
3. How policy models were used (**Ajaya**)
4. Two policy briefs and action plans in more detail (**Fidel & Irim**)
5. Knowledge brokering (**Budi**)
6. Conclusion (**Fasihuddin**)

Ebola Emergence and University-Government Partnership to Strengthen Veterinary Services

Romeo S. Gundran





The PHILIPPINES

- **Professor and Dean**

College of Veterinary Science & Medicine, Central Luzon State University

- **National Epidemiologist**

Food and Agriculture Organization (FAO) Ebola Project

- **Trainer**

Applied Veterinary Epidemiology Training (AVET) Program



OUTLINE

1

Case Study: Lessons from the Past

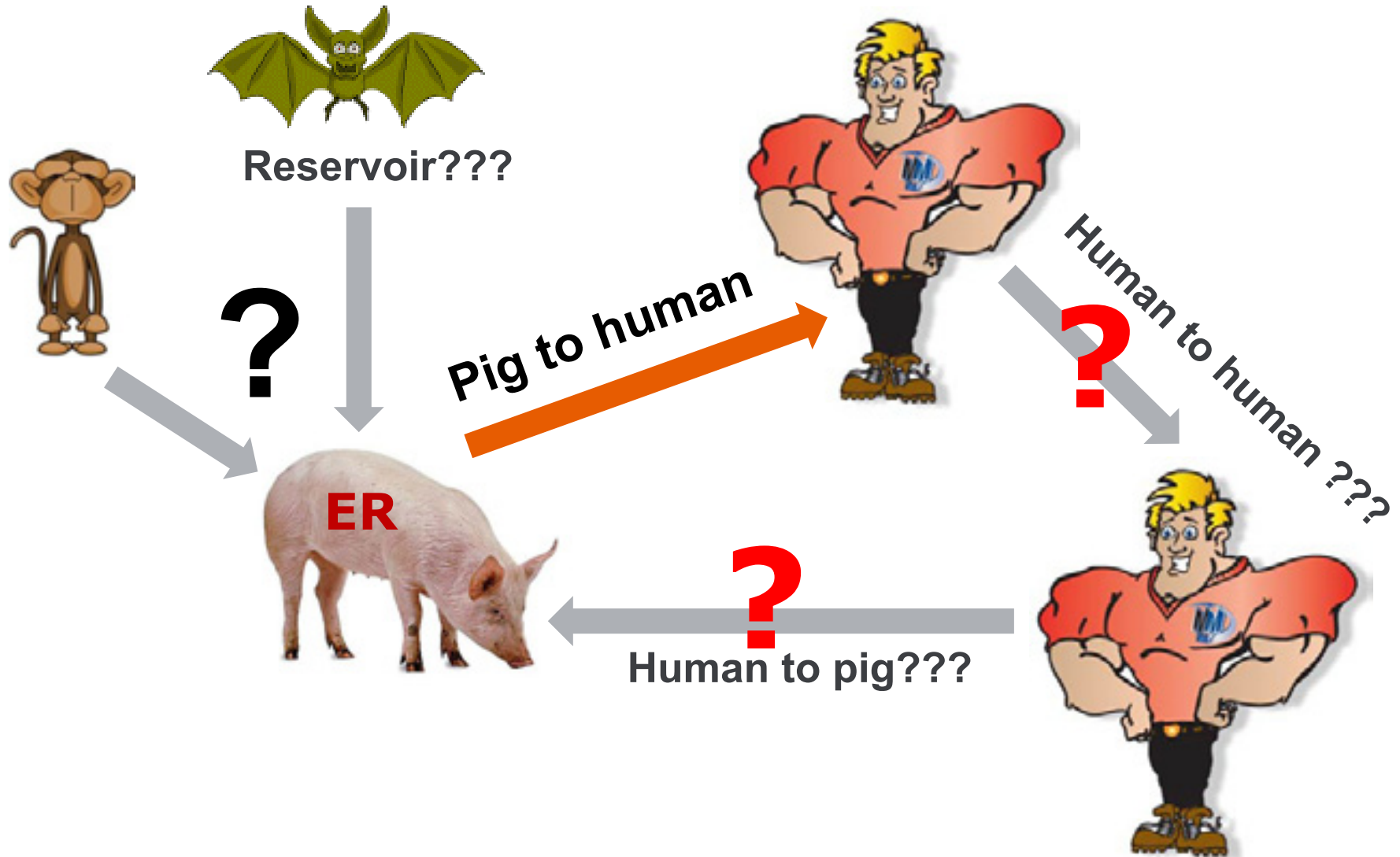
2

Policy Brief: Tools learned from the Present Course

3

Action Plan: Application in the Future

Case Study: Linking Ebola Research to Policy



Lessons from the Case Study on Ebola Reston

Preparation

Partnership

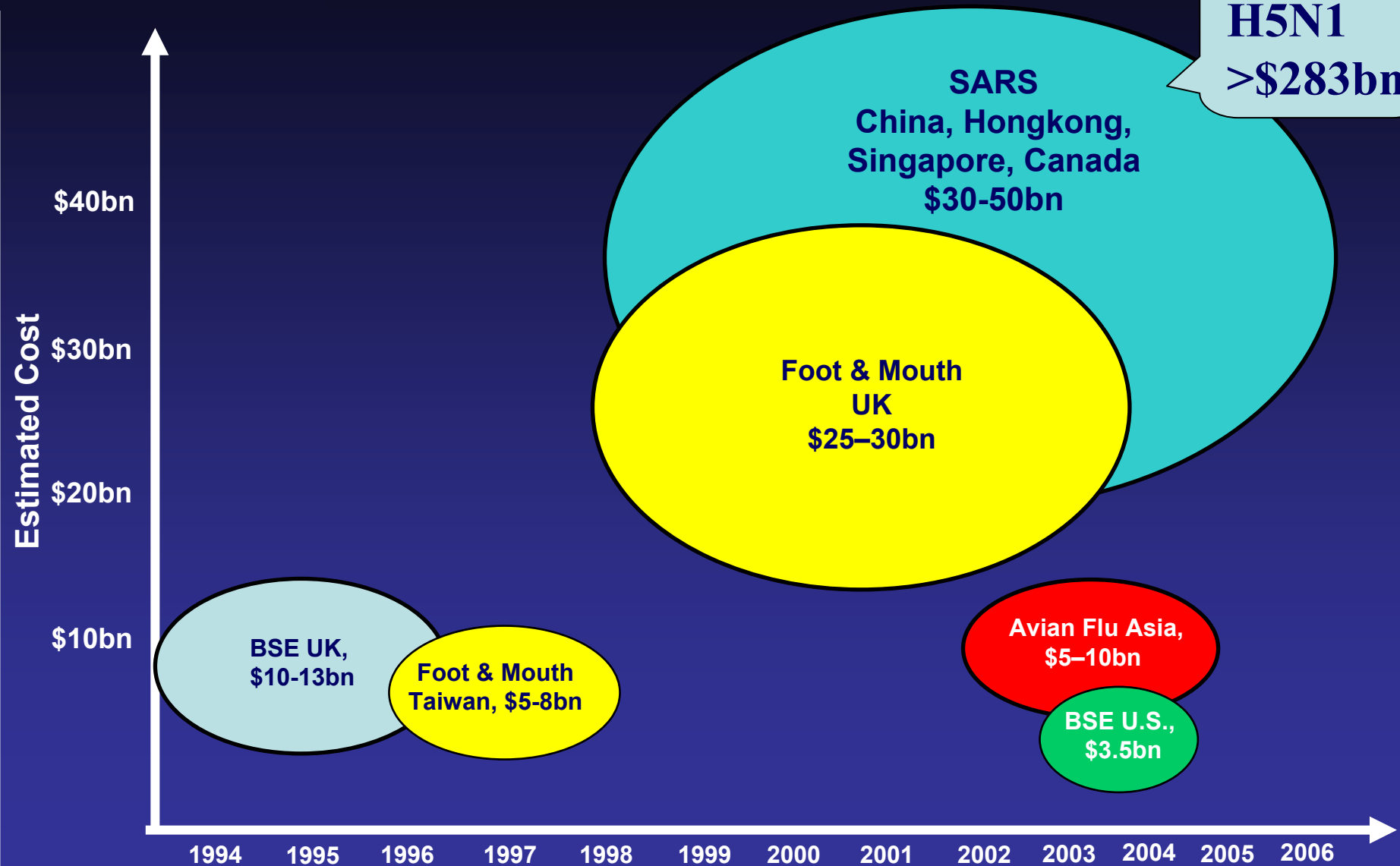
Policymaking

RAPID: Research and Policy in Development

Emerging Infectious Diseases are Costly

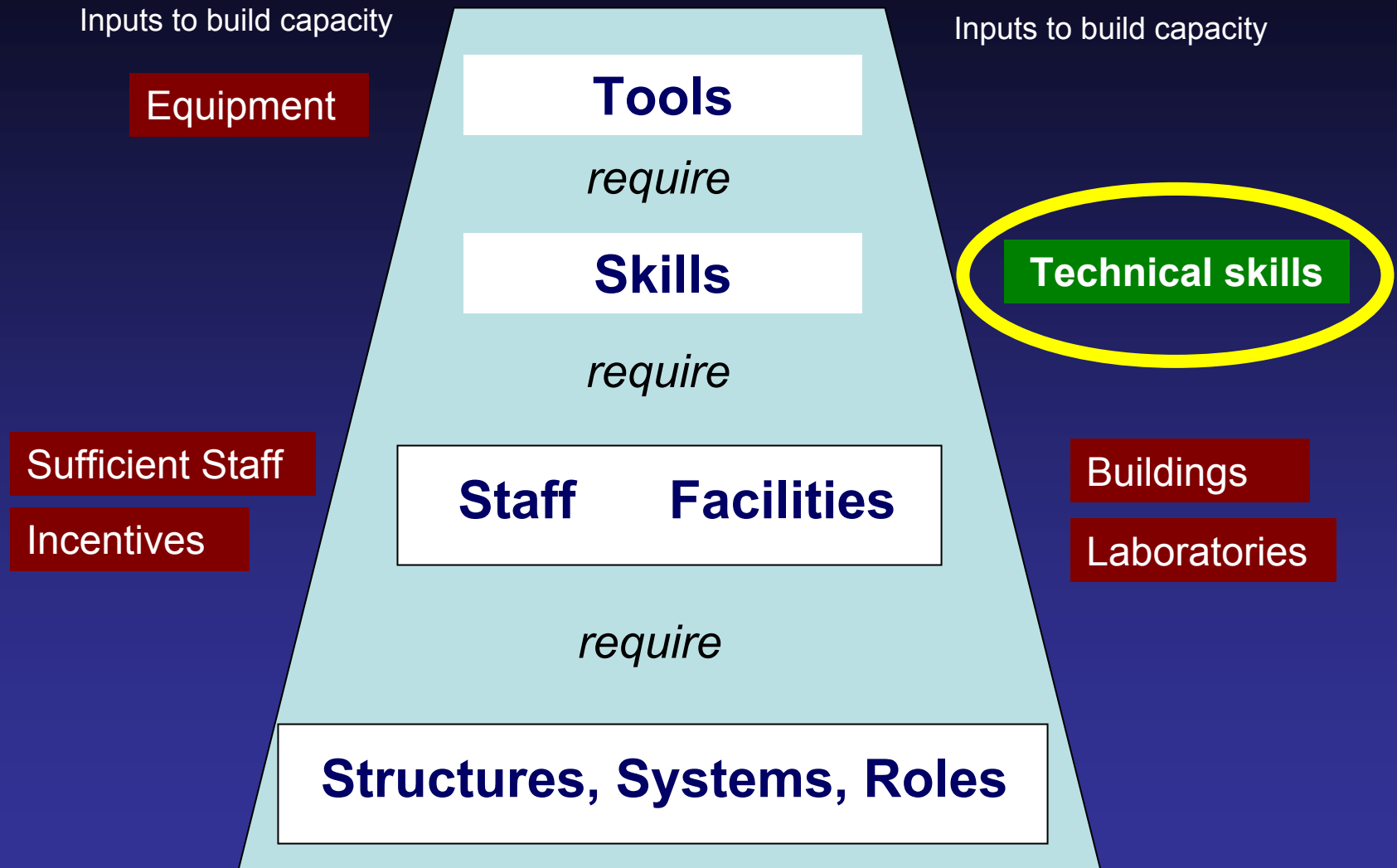
H1N1 ?

H5N1
>\$283bn



**A Systems Approach to
Capacity Building** is needed
to strengthen the Philippine
Veterinary Services

Systems Approach to Capacity Building



...in partnership with the Government

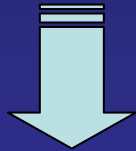
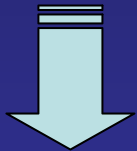
KEY OUTCOMES

Competent Professionals

National Networks

Systems Development

Strengthened Services



Skills Research

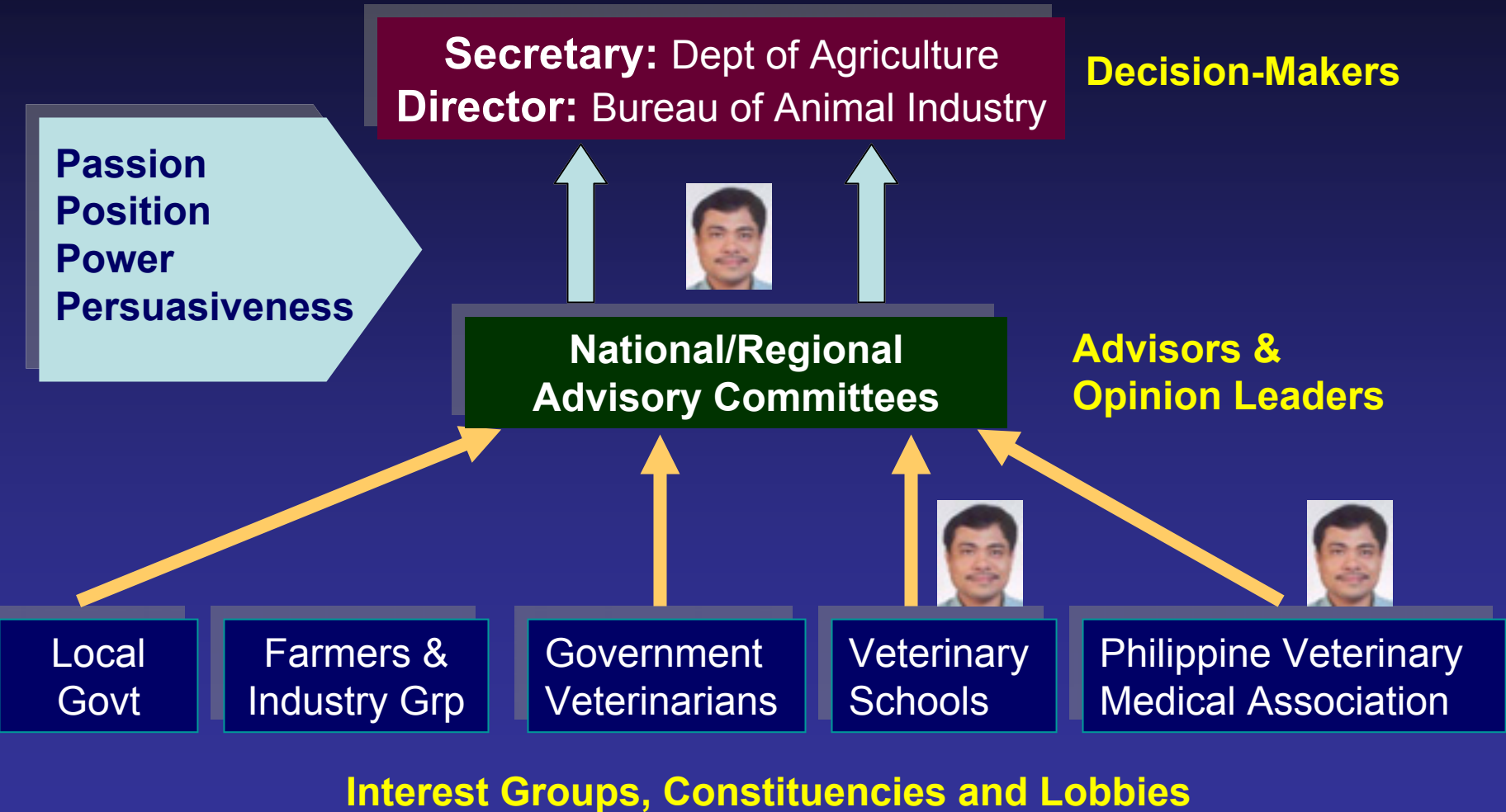
Epi Network Collaborations

Surveillance Info System

Early Warning Effective Response

University-Government Partnership

Stakeholder Influence Mapping





Return to the Philippines

- 1. Persuade the University and Government to form a Partnership to strengthen veterinary services**
- 2. Apply and teach concepts and tools to bridge research and policy in the Philippines**

Development is Research Utilized

Linking research to policy is a key to development



Evaluation of Mother Support Group Program



**Maria Imaculada Guterres,
MCH Coordinator, Alola
Foundation, Timor-Leste.**

www.alolafoundation.org



Outline

- **Lessons from the Past: Mother Support Group evaluation**
- **Tools learned from the Present Course**
- **Application in the Future:**
 - **Better system approach to policy making include other stakeholders (Local Government Unit and other NGO) and the report publication**



Lessons from MSG evaluation Using The 5 Questions Framework

For what

**Program
Effectiveness
&
Program
Continuation ?**

By whom

**MCH
Coordinator
+
External
person**

When

**Throughout
The process
&
decision
making**

How

- 1. Evaluation**
- 2. Data
analyzing**
- 3. Report
presented
to Decision
Makers**

Problem Framing

- High infant and neonatal mortality (Infant: 60/1000 live birth & Neonatal: 33/1000 live birth)
- Effectiveness of MSG program in improving breastfeeding practices.
- World Breast Feeding week celebration



Outcomes

Incrementalism &
Rational
comprehensive
model applied

Existing
policy
changed

Program
improved

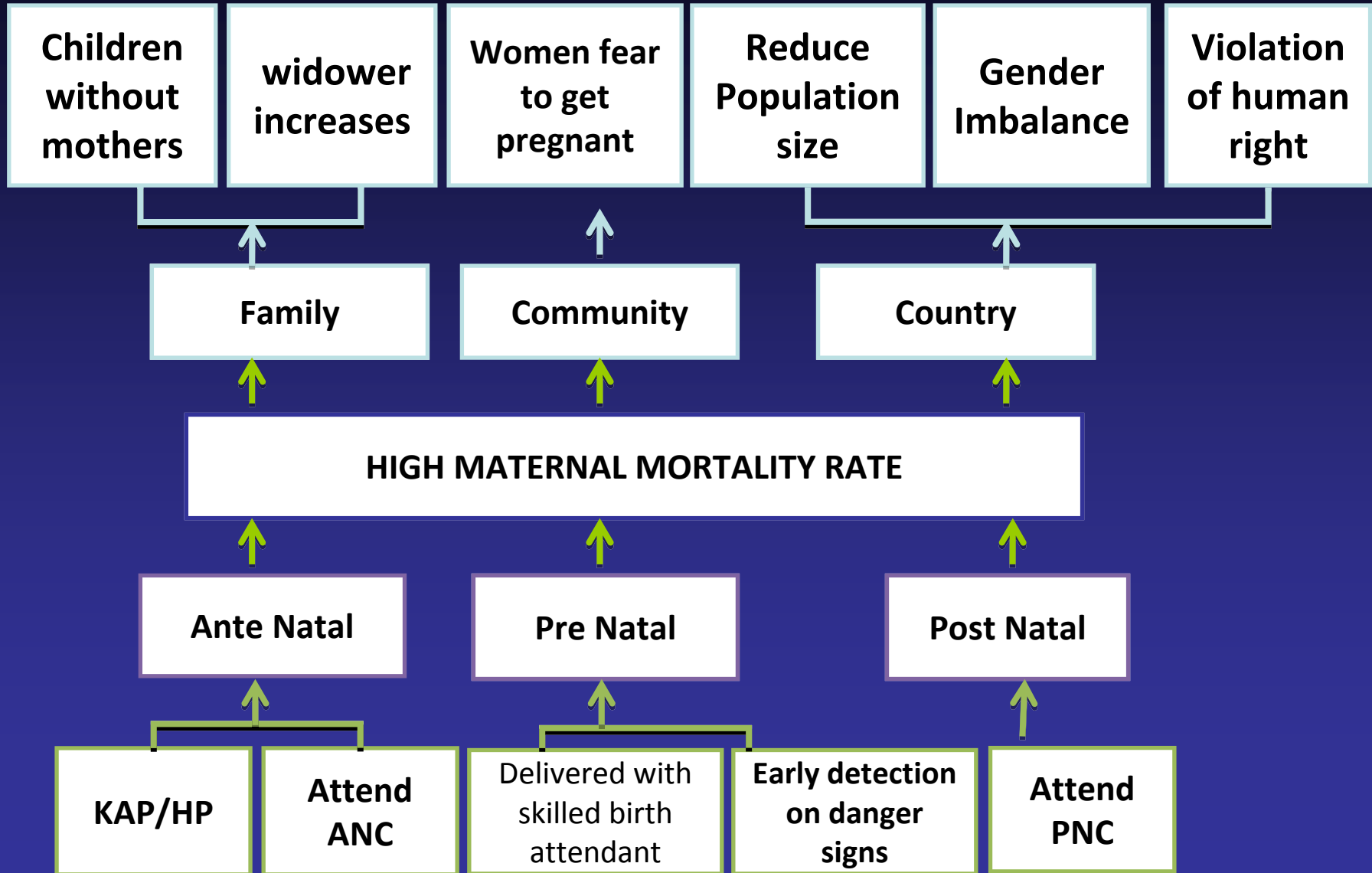
More
stakeholder
engaged

Beneficiari
es
increased

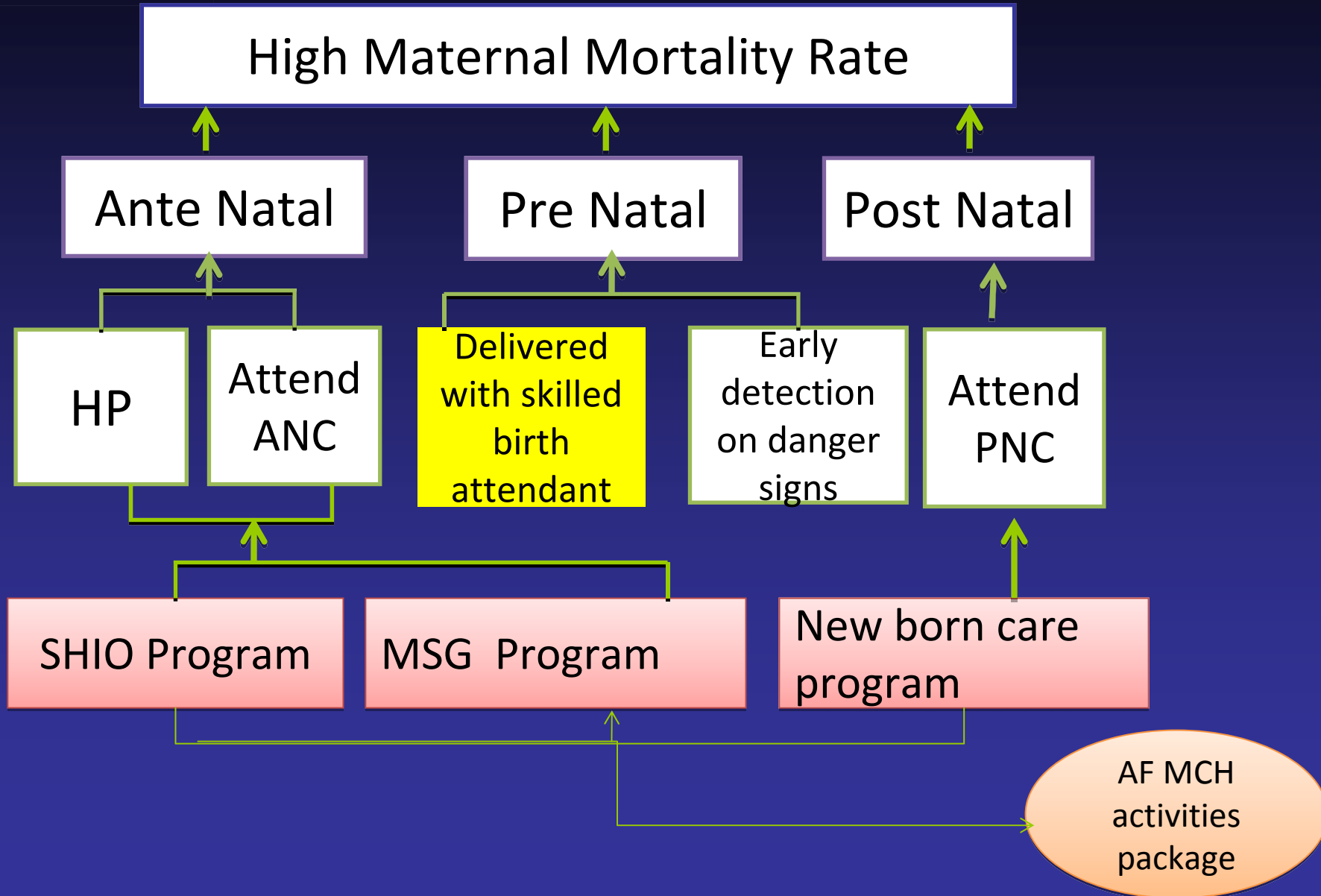
There is a need for a systems approach to involve the other stakeholders in Maternity Packs program to attract women deliver at Health Facility



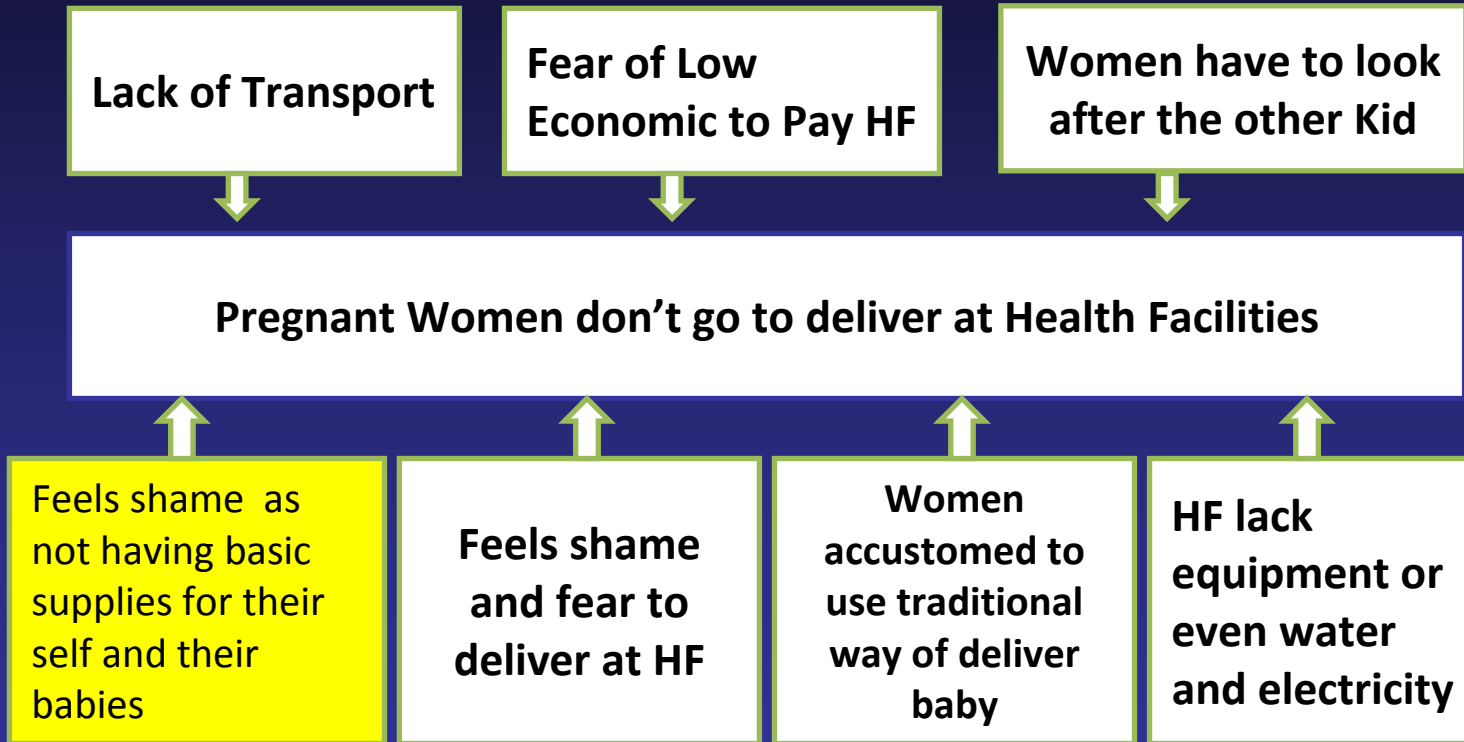
Problem Tree



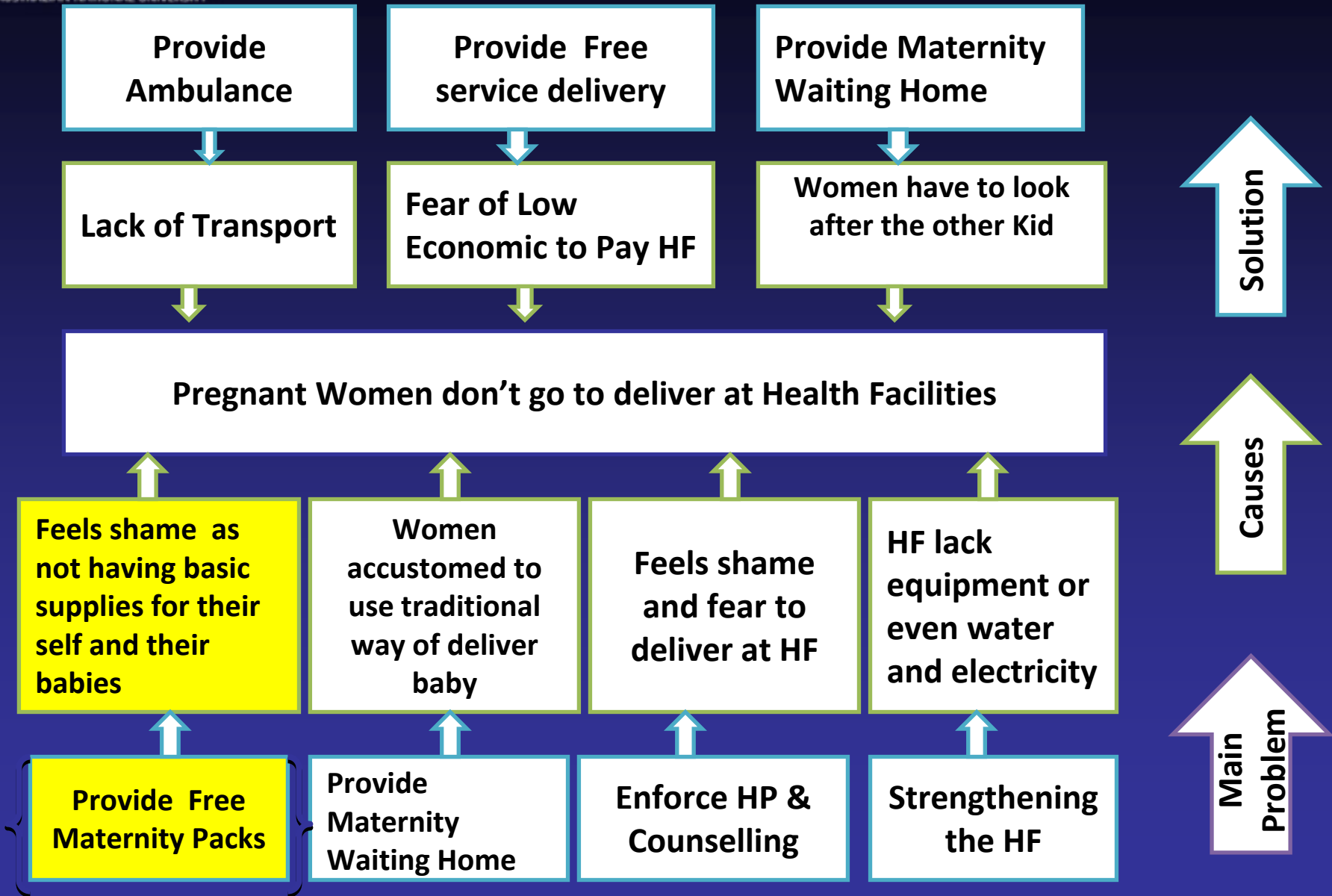
Problem tree and solutions



Problem and the reason



Problem & solution



Stakeholder Analysis

Stakeholders	Power	Interest	Legitimacy
MoH	High	High	High
AF	High	High	High
HAI	Medium	High	Medium
UNFPA	Medium	High	High
UNICEF	Medium	High	High
MSG & SHIO	Low	High	Low
Donors	Low	High	High
Hospital /CHC	Medium	High	Medium

Conclusions

- **The system approach to policy making could be expanded broadly to include not only decision makers but also other stakeholders (LGU, community and other NGO).**
- **Using a Policy model as a tool to understand how policy is made and how research can influence policy making.**

From case study to policy brief

Learning from Leptospirosis Control:

Applying the Lessons to Hand-Foot-Mouth Disease Control

Zhang yanping

Chinese Center for Disease Control and Prevention

Introduce myself

- Professor of public health
- Deputy Director of Office for Viral Disease Control and Prevention, Institute for Viral Disease Control and Prevention, Chinese Center for Disease Control and Prevention (China CDC)

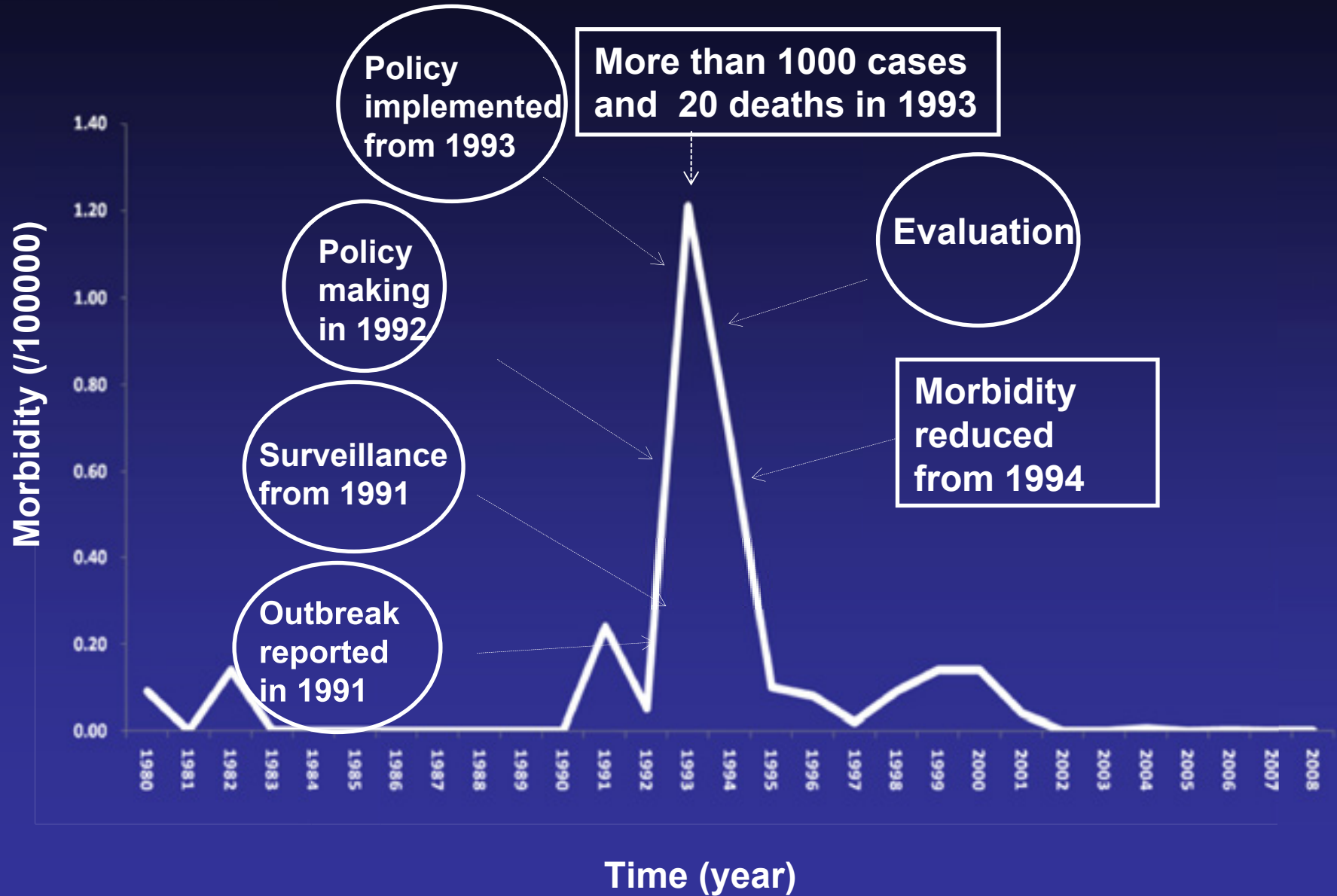


Challenge for infectious disease control

- Infectious disease is still serious threat to all countries
 - H1N1 (2009) influenza
 - Leptospirosis
 - Hand-foot-mouth disease (HFMD)
- Correct policy is critical to infectious disease control
- But...
 - How to find evidence to make policy?
 - What is the correct policy?
 - How should policy be made?

Epidemic curve of Leptospirosis

Henan province (1980-2008)

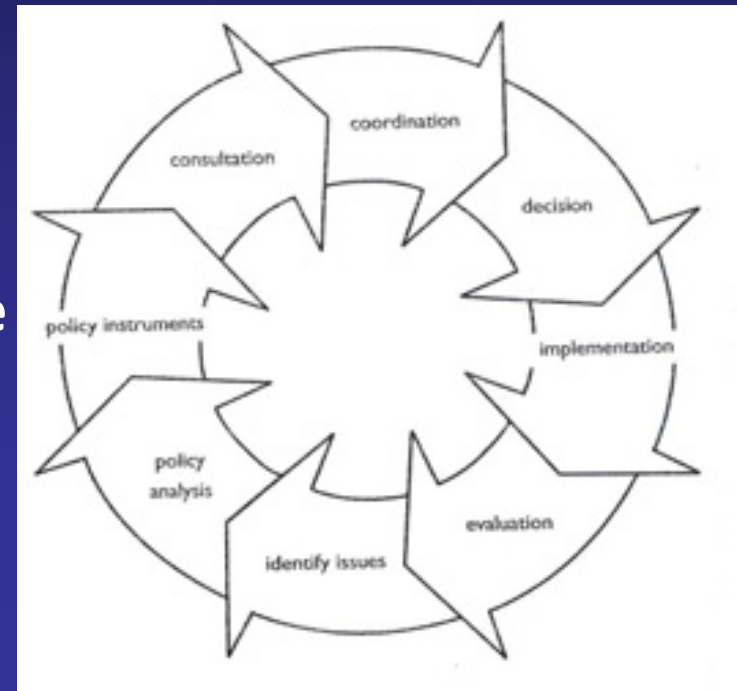


➤ Punctuated equilibrium model

- Research and surveillance after outbreak of Leptospirosis in 1991

➤ Stage model

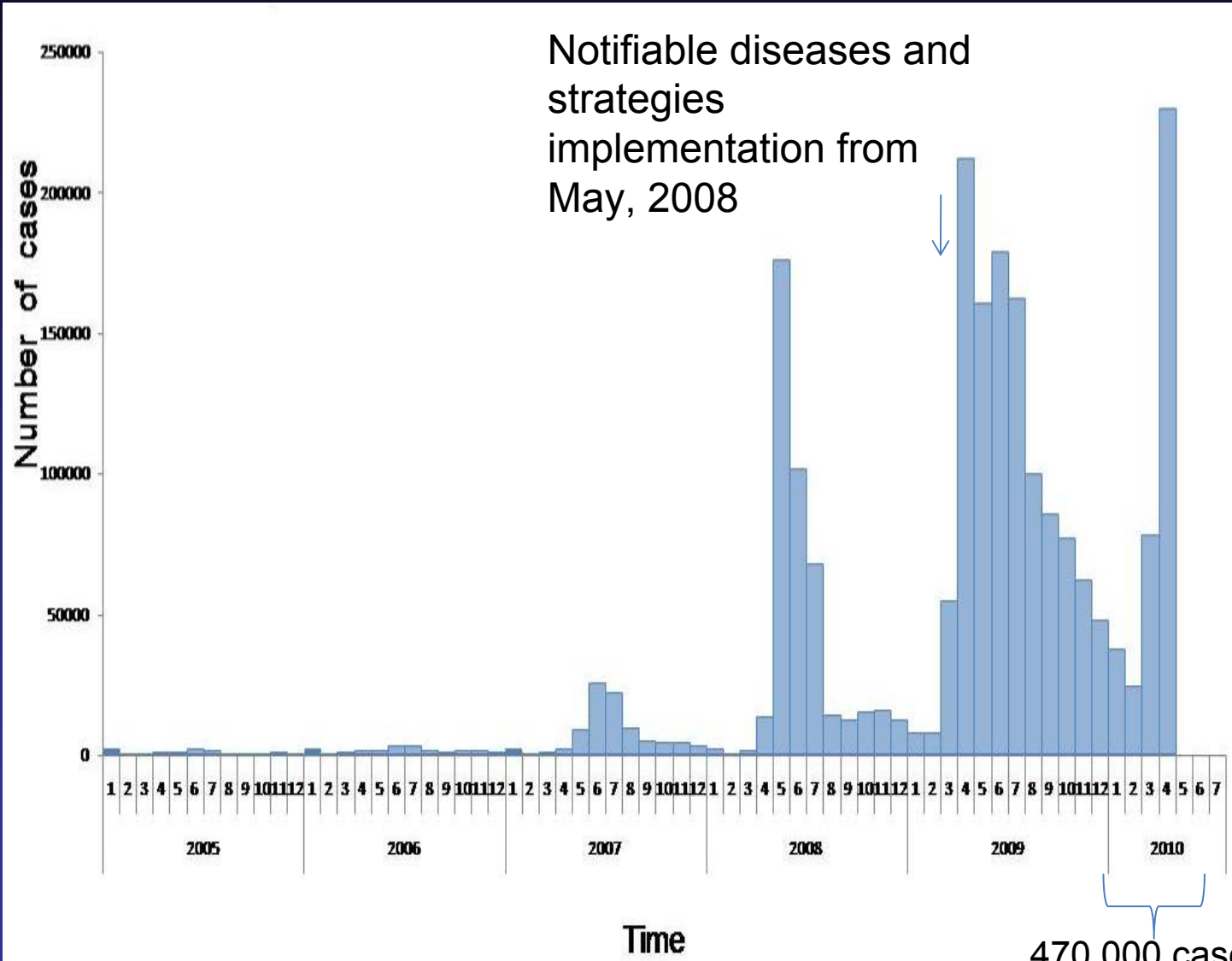
- Outbreak 1991
- Research and surveillance
- CDC (Zyp) suggest policy change
- Consulted specialists
- Policy made 1992
- Policy implemented 1993
- Evaluation 1994-96



From the case study to the policy brief

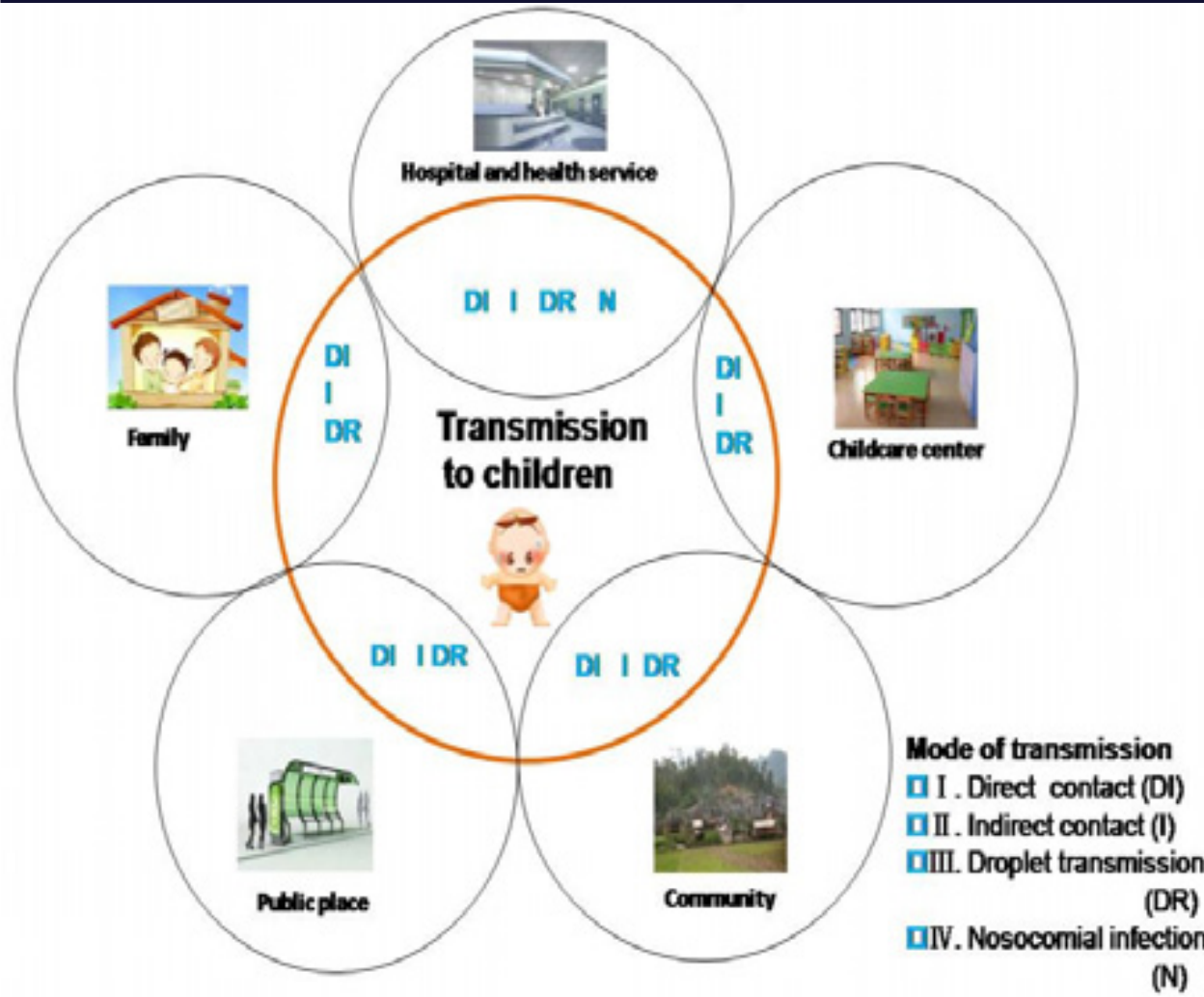
- The case study helped me to understand the policy models and the processes of policy making
- Next, I will apply the lessons I learned from my case study to develop a policy brief for HFMD control

Epidemic curve of hand-foot-mouth disease (HFMD) in China



470,000 cases,
260 death

Model of human infections with enterovirus



Solution/Policy

- Improve water and sanitation
- Knowledge, Attitude & Practice education for better hygiene

Action plan for policy adoption

**Chinese Center for
Disease Control and
Prevention
(China CDC)**

- Finalise policy
brief with technical
experts

**Ministry of Health
(MOH)**

- MOH Technical
Expert Group meeting
to validate solution
- Review policy
for feasibility

**Decision maker
of MOH**

- **Policy endorsed**

Better Health Behavior, Better Life

Capacity of health system improved

Morbidity of HFMD and other infectious disease decrease

Better Water supply and Sanitation facility

Everyone has better health knowledge, attitude and behaviors



Research Informing Timor-Leste National Eye Health Strategy (NEHS) Sara Pereira



Personal Introduction

Ms. Sara Maria Pereira

- Post Graduate Certificate in Eye Care at PEI, FSM, Suva (2008)
- B/Teaching/BA at The University of Newcastle, Australia (2005)

The Fred Hollows Foundation New Zealand - Timor-Leste

- Community Services Manager (2007-2010)
- Joined The Foundation 2 years after the approval of National Eye Health Strategy
- Jacqueline Ramke was the Technical Adviser at that time and she is currently the Country Director for The Fred Hollows Foundation NZ in Timor-Leste
- Mr. Duarte Ximenes was the Senior Officer in Policy & Planning Department in the Ministry of Health, Timor-Leste

Research Informing Timor-Leste National Eye Health Strategy (NEHS)

Key Learning Points:

- 1. Using the 5 Questions Framework to reflect on the process of developing the National Eye Health Strategy.**
- 2. Using policy models as tools for analyzing & understanding the policy system and how policy is made in general.**
- 3. Using the Stages Model in particular has helped me to understand the process of how research influences policy.**

Context Timor-Leste (2005)



“We did not understand the extent of the problem”
Former Minister for Health, Timor-Leste

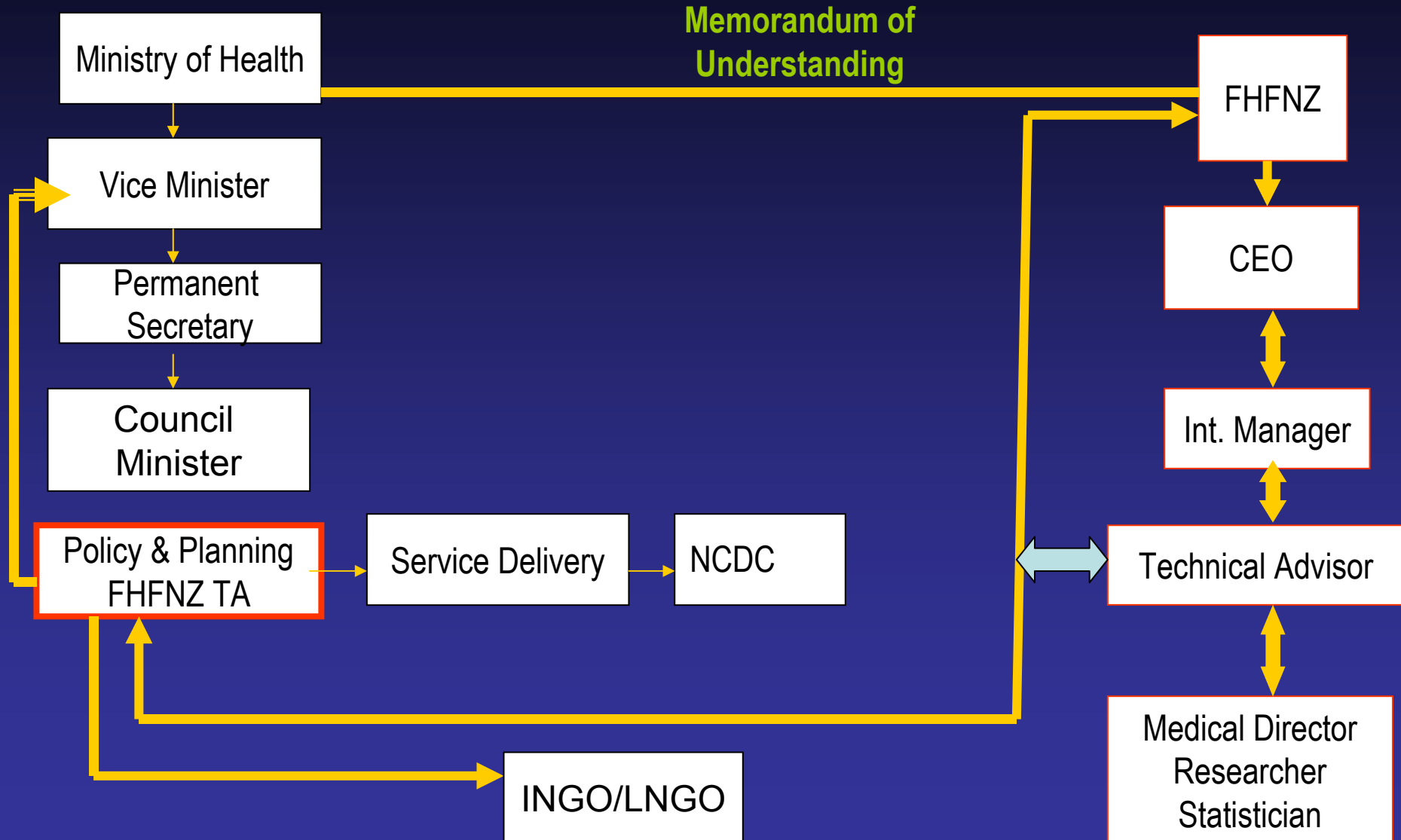
- No available data on eye health
- No policy or strategy for eye health

Purpose of Research For what & For whom

- Provide reliable data to develop a comprehensive eye health strategy for Timor-Leste
- Identify priorities for eye health program and key actions



System In View (2005)



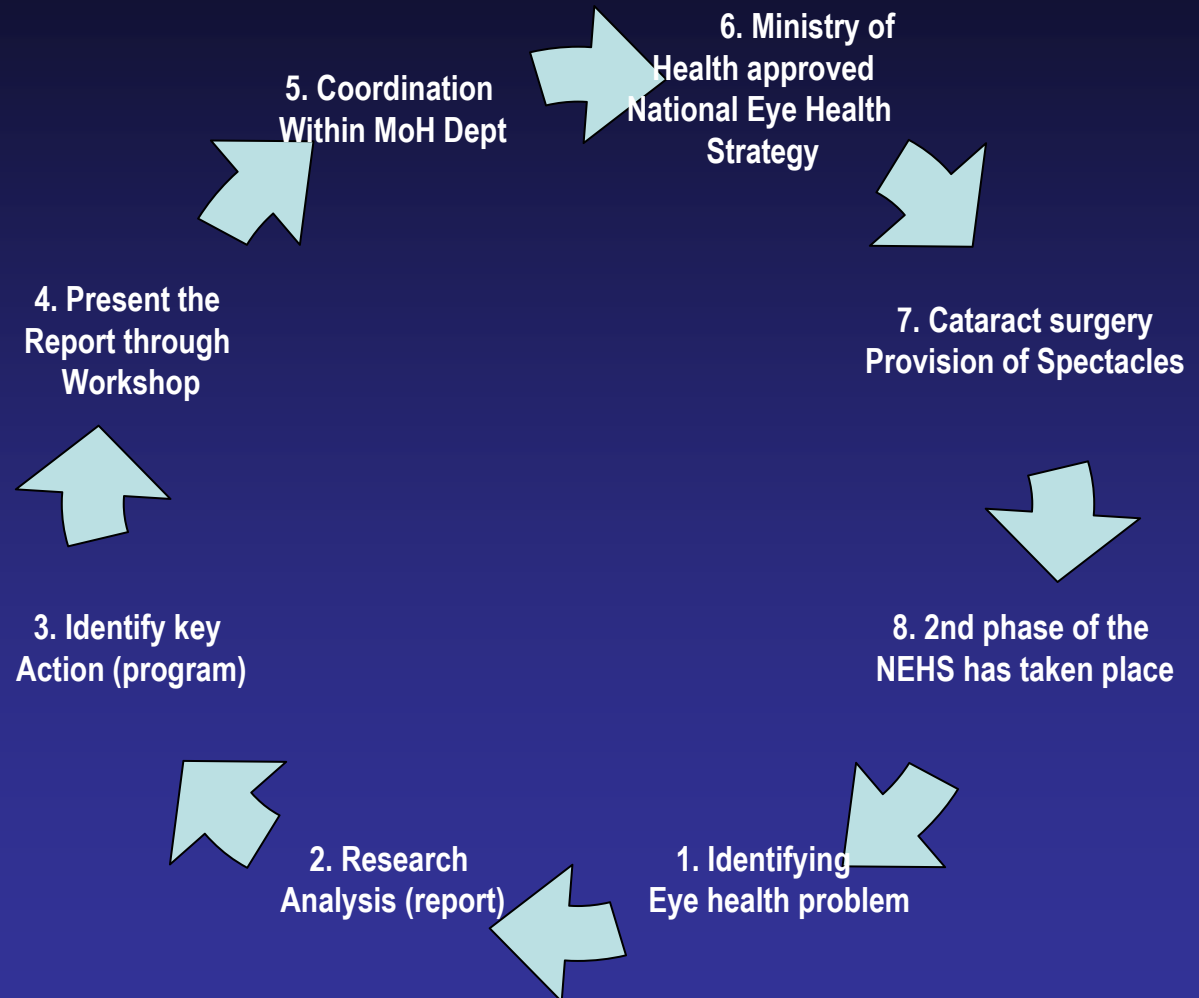
Celebrating World Sight Day in Timor-Leste and World Wide. Initiated by Vision 2020 and WHO



“The Fred Hollows Foundation (NZ) holds a vision of a world where no one is needlessly blind”

Policy Model (Stages model)

1. Issue identification
2. Policy analysis
3. Policy instruments
4. Consultation
5. Coordination
6. Decision
7. Implementation
8. Evaluation

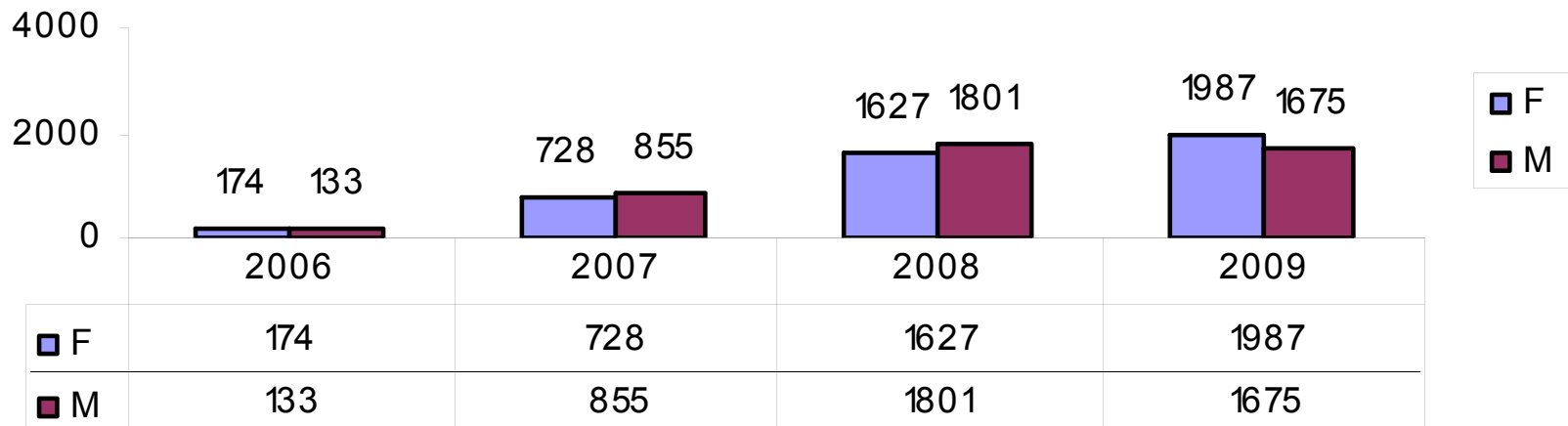


How well did the provision of integrated research support meet its aims and target the intended beneficiaries?

The number of spectacles dispensed by year and gender

(source: FNTL/FHFNZ database)

RESULTADO ACTIVIDADES OUTREACH (PASIENTE NEBE HETAN OCLUS)



Overall Outcomes

The Eye Health Survey has provided the evidence to support the development of the National Eye Health Strategy.

As a result, priorities for the eye health program, and key actions, have been identified and are being implemented.

One step forward

BUT

needed further work:

Quality

Equity

Accessibility

My Colleague, Irim Tolentino will talk about the policy brief on improving the access to eye health services in rural Timor-Leste.

Barriers to controlling malaria in pregnancy in Solomon Islands

Case study: linking research to policy

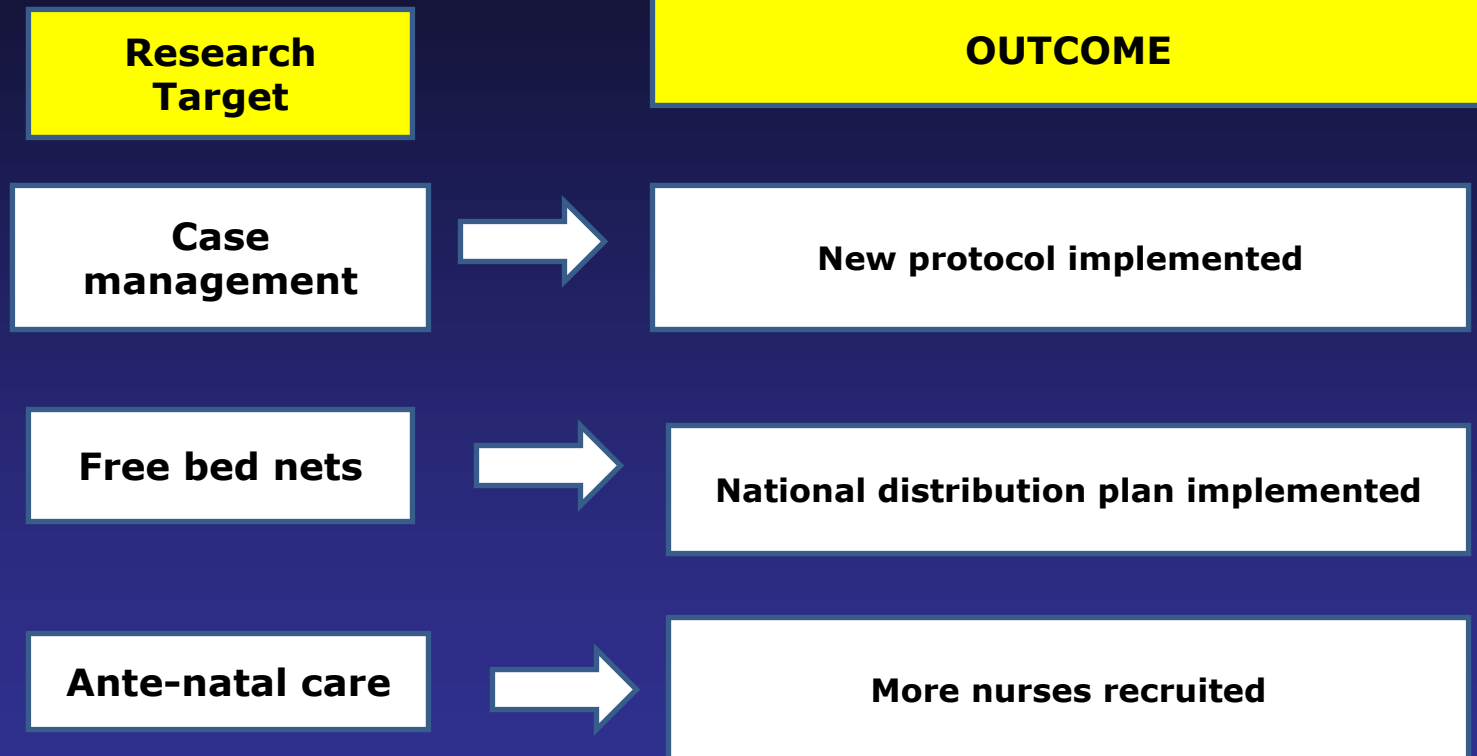
Introduction

- **Mr. Makiva Tuni, Solomon Islands**
- **Deputy Director, Health Promotion, Ministry of Health**
- **Member: Pacific Health Research Council**
- **Research interests: malaria control, tobacco control**

Outline

- **Outcomes that describe policy change**
- **What I learned from the course to help me understand what causes policy change and how I can help create policy change**

Outcomes



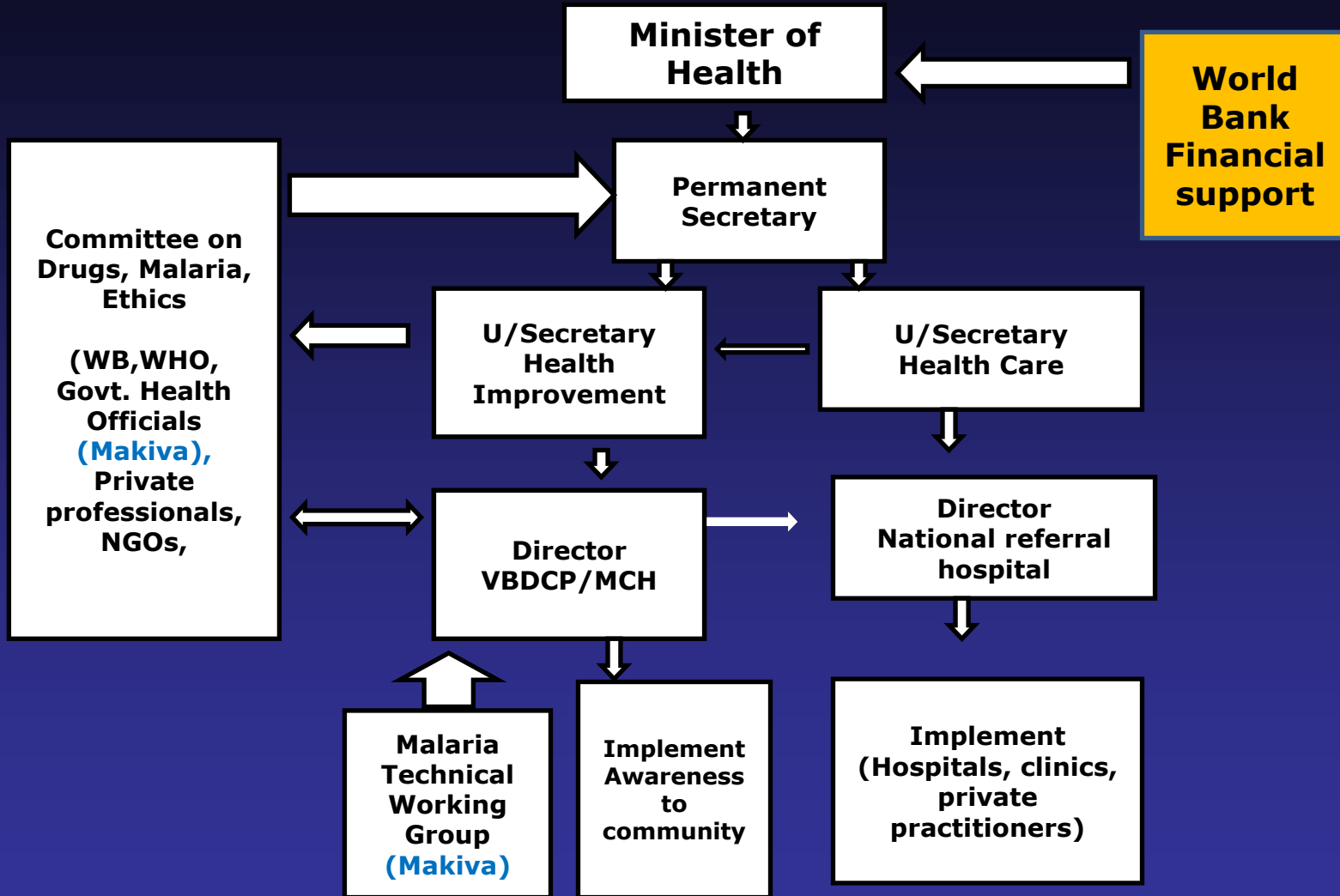
Solomon Islands



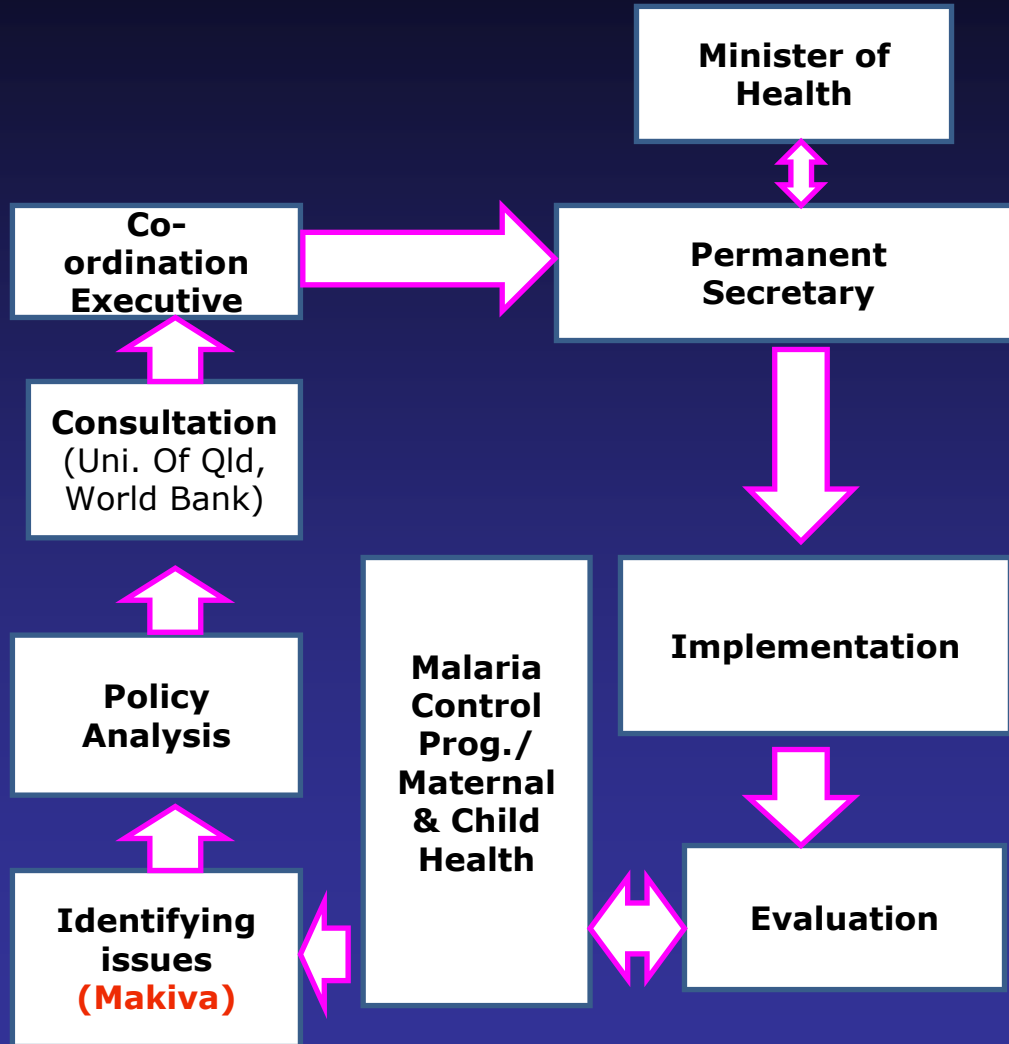
Context

- **High incidence of malaria among pregnant women: 24%**
- **Increasing resistance to anti-malarial drugs**

The System



The Process



Conclusions

- **Understand policy processes and their complexities**
- **Structured approach to linking research and policy**
- **Set direction for developing a policy brief on tobacco control**

Clean Energy Pathways for adapting to Climate Change Impacts in Nepal: A Perspective Using Policy Theories

Ajaya Dixit

I am Ajaya Dixit

A civil and water resources engineer.

University lecturer from 1978-1989.

Founder editor of Interdisciplinary journal *Water Nepal* (1986).

I chair three Non Governmental Organisations

Nepal Water Conservation Foundation: research, capacity building and dissemination.

Nepal Water for Health (NEWAH): provide drinking water and sanitation services (served 1 about million Nepali till 2009).

Rural Self Reliance Development Centre (RSDC): Works with 46,000 marginalised rural households.

Current research

Climate change adaptation: adaptive policy, institutional innovations and education.

I will

Talk broadly about different models of policy making, five questions framework and how they were useful.

Tell you briefly about how I used one of the models.

Share few lessons

And tell you what I am going to do

Policy Models Discussed

Stages Model

Rational Comprehensive Model

Incrementalism Model

Bounded Rationality

Advocacy Coalition

Punctuated Equilibrium

Networking

Garbage Can

Multiple Stream

Institutional Rational Model

System Model

Topic	Fellows	Theme	Models
Maternal and child health (TL), Eye ailment (TL), Leptospirosis (China), Malaria control in pregnancy (Solomon Islands)	Macu, Yanping, Sara, Irim, Makiva	Human Health	Rational comprehensive model Incrementalism Stages model
Ebola epidemic and rabies	Fidel and Romeo	Animal Health	Stages model Bounded rationality Rational comprehensive
Increasing Dengue fever (Indonesia) Clean energy pathways (Nepal)	Budi Ajaya	Climate change	Advocacy coalition, Incrementalism, Bounded rationality Stages model Punctuated equilibrium
Juvenile justice system (Pakistan)	Fasi	Human Rights	Rational comprehensive model Incrementalism

Allowed systematically thinking about case studies and in developing policy briefs

For what, For whom, the System, Scoping, Boundary setting, Problem framing, Value differences, harnessing and managing them, reflecting on actors, legitimacy and barriers, time period and strategy, context and outcomes.

Enabled exploring research policy linkages in past policy activities.

Reflection helps better approach to future policy activities.

I used Advocacy Coalition Model to reflect on policy activities that challenged a World Bank supported expensive hydropower Project

The project was pursued since 1985, publicly challenged after 1990 when Nepal began multi party democracy open political era

During the public debate many new ideas emerged in the public domain

In 1995 the Bank withdrew support to the project

Outcomes

New public policies in Nepal (1996-2003)

- National private sector develop cheaper hydropower projects.
- Community groups buy electricity from grid and distribute among members.
- 50% royalty from hydropower plants transferred to local government units.

**Contributed to formation of the
World Commission on Dams (1998)**

Offers insights in to thinking about emerging policy challenge climate change adaptation.

Adaptation conceived as ability to shift strategies in response to climate change stress and enabled by creating climate-resilient livelihoods.

Climate resilient livelihoods would need

Transiting to clean energy pathways



Wind



Wind



Hydro



Solar panel



Bio gas

Lessons

Grounded analytical evidence enables Advocacy Coalition to contest the policy terrain and bring about changes in public policy.

Political incentives and governance conditions affect ability to design and implement public policies broadly and those related to clean energy pathways.

Public policy processes are linked to basic development goals.

What do I take back to Nepal?

Use the insights in policy activities

Prepare a policy brief on Clean Energy System pathways

Hold stakeholders meeting (Use Dialogue Methods)

Immersion course on policy-research linkage on climate change adaptation

Design a Masters Level elective course on policy-research linkages

Broaden Advocacy Alliance on clean energy systems

POLICY BRIEF

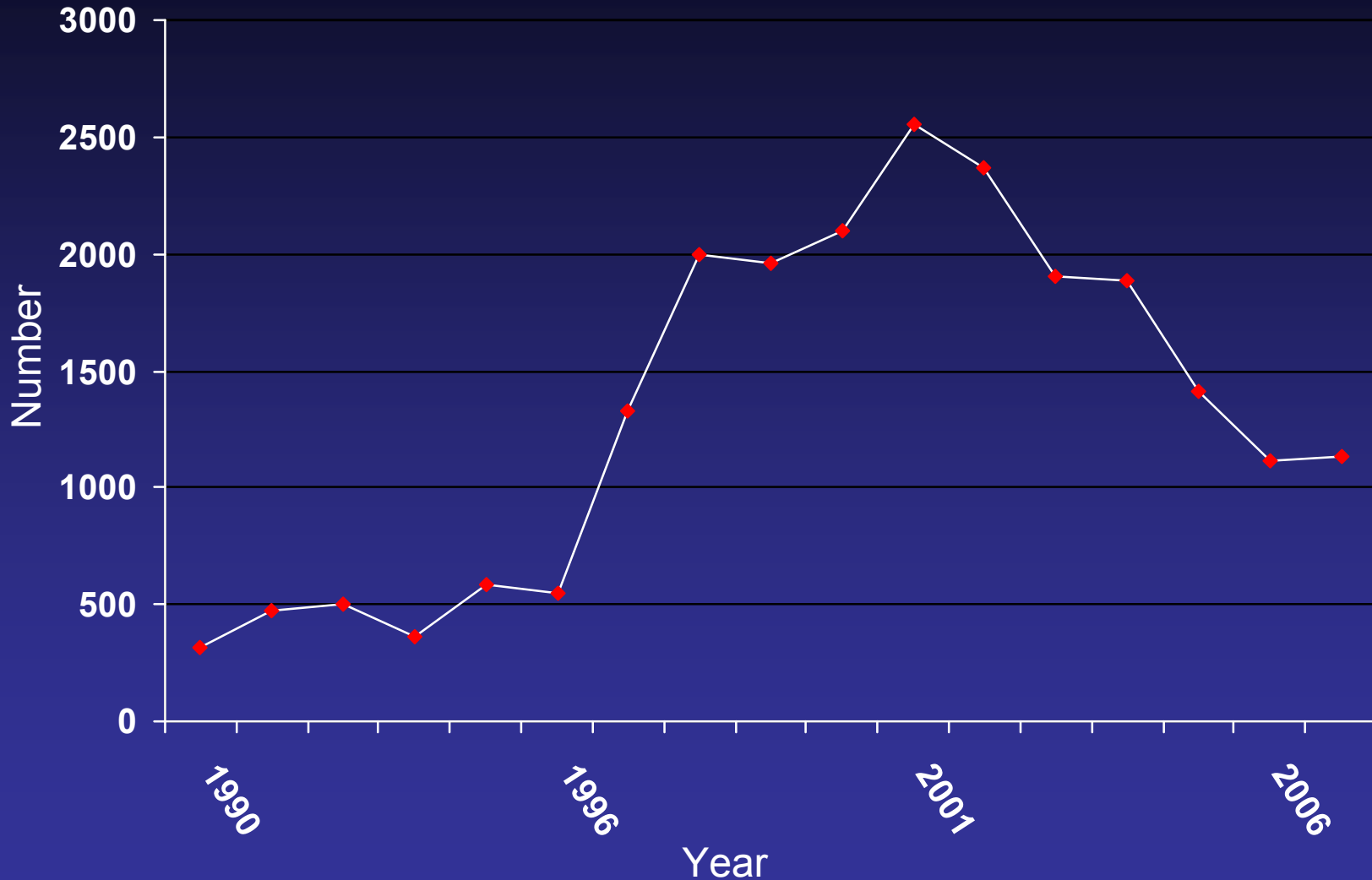
High Incidence of Rabies in Dogs in the Philippines



FEDELINO F. MALBAS JR.DVM,MPH

- **Head ,Veterinary Research Department, Research Institute for Tropical Medicine, The Philippines**
- **Chairperson, Technology Transfer Review Committee**
- **Co –Chair, Institutional Animal Care and Use Committee**
- **Board of Directors, Philippine Association for Laboratory Animal Science**

Number of Animals with Rabies in the Philippines



High incidence of rabies in dogs

Failure to vaccinate

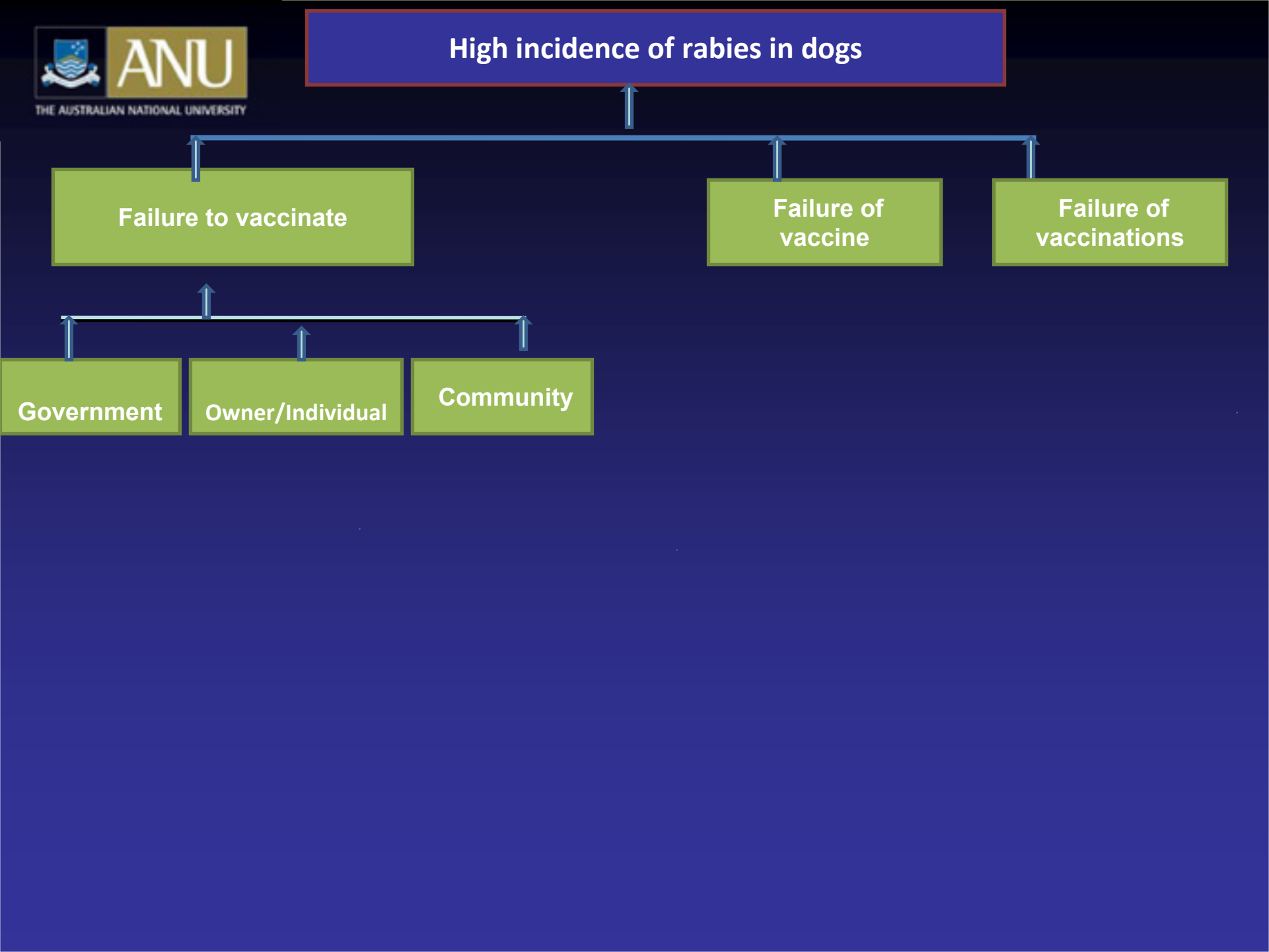
Failure of vaccine

Failure of vaccinations

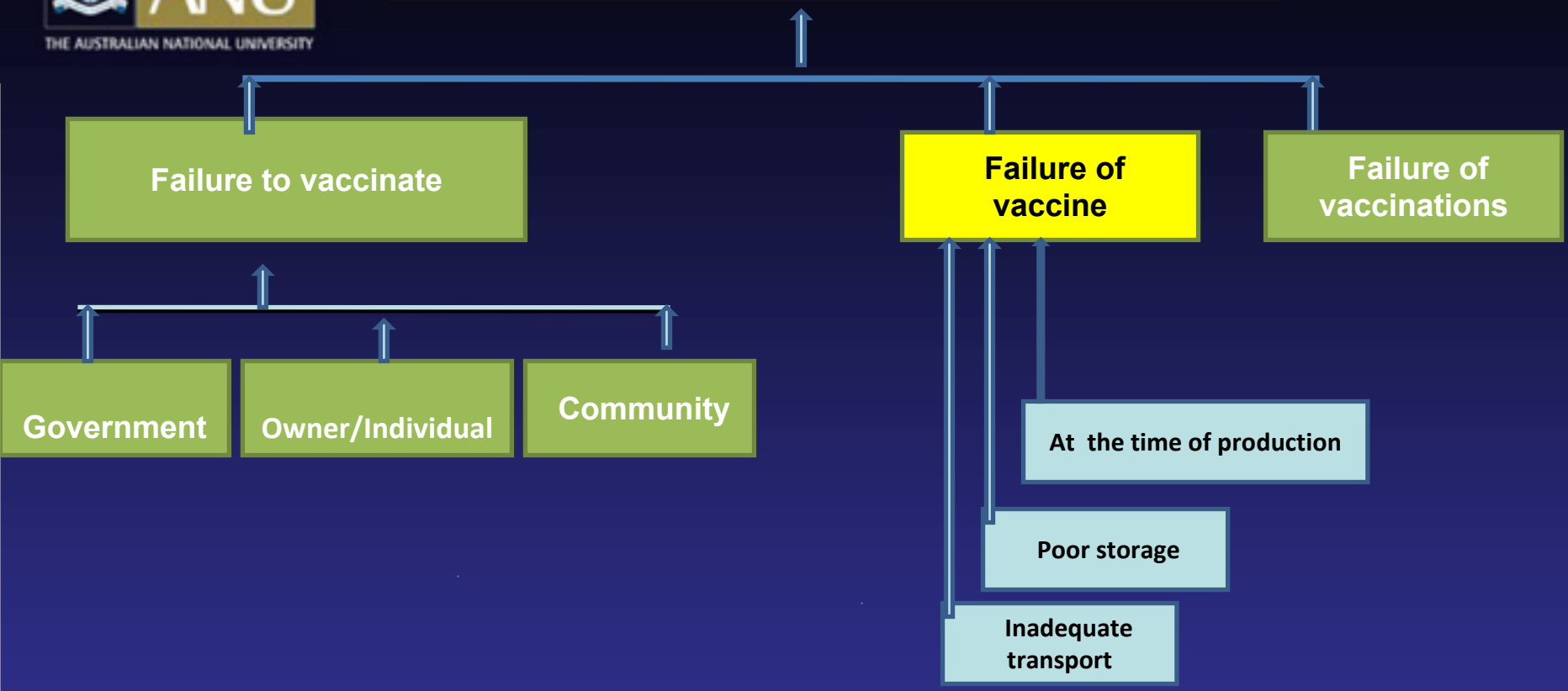
Government

Owner/Individual

Community



High incidence of rabies in dogs



High incidence of rabies in dogs

Causes	Concern	Sub-causes	Solutions	Stakeholders
Failure of Vaccine	Government level	At the time of Production	Conduct testing of vaccine	PAHC Chief, RADDL
		Storage Problem of the vaccine	Provide Proper Storage	BAI Dir., AHD Chief, Biomed Engr. , Warehouse Head , Lab Staff
		Problem After the Transport	Provide Transport system	Biomed Engr. Warehouse Head , Lab Staff

Stakeholder Analysis

High
Power

Low

Low

Interest

High

PVMA Philippine
Veterinary Medical
Association

Biomed Engineer
Warehouse

Keep Satisfied

Monitor (Minimum
effort)

Bureau of Animal
Industry Director

Director RFU
RADDL Head

Engage closely and
influence actively


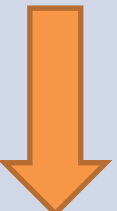
Agricultural and Vet.
Suppliers
Veterinary
Companies

Keep Informed



My goal when I return home

**By the end of October 2010
I will finalize and submit my policy brief
to decision makers**

Objectives	Activities	Process Indicators	Output Indicators
<p>Reach departmental consensus</p>  <p>Obtain support of stakeholders</p>  <p>Submit policy brief to the Bureau of Animal Industry Director</p>			<p>I will act as the policy broker of my institute to Bureau of Animal Industry Director</p>

Lessons learned

- The policy models helped me understand policy process.
- Concept and tools such as Problem Tree Analysis helped me develop
 - how to analyse problems
 - identify solutions with policy
- Stakeholder analysis
 - how to categorise them
 - how to negotiate within
 - how to influence other departments

Overcoming the Barriers to Eye Health Services in Timor Leste

Irim G.S. Tolentino



Timor-Leste



Community Eye Health Coordinator

Eye Health Survey (2nd Phase)
Monitoring & Evaluation

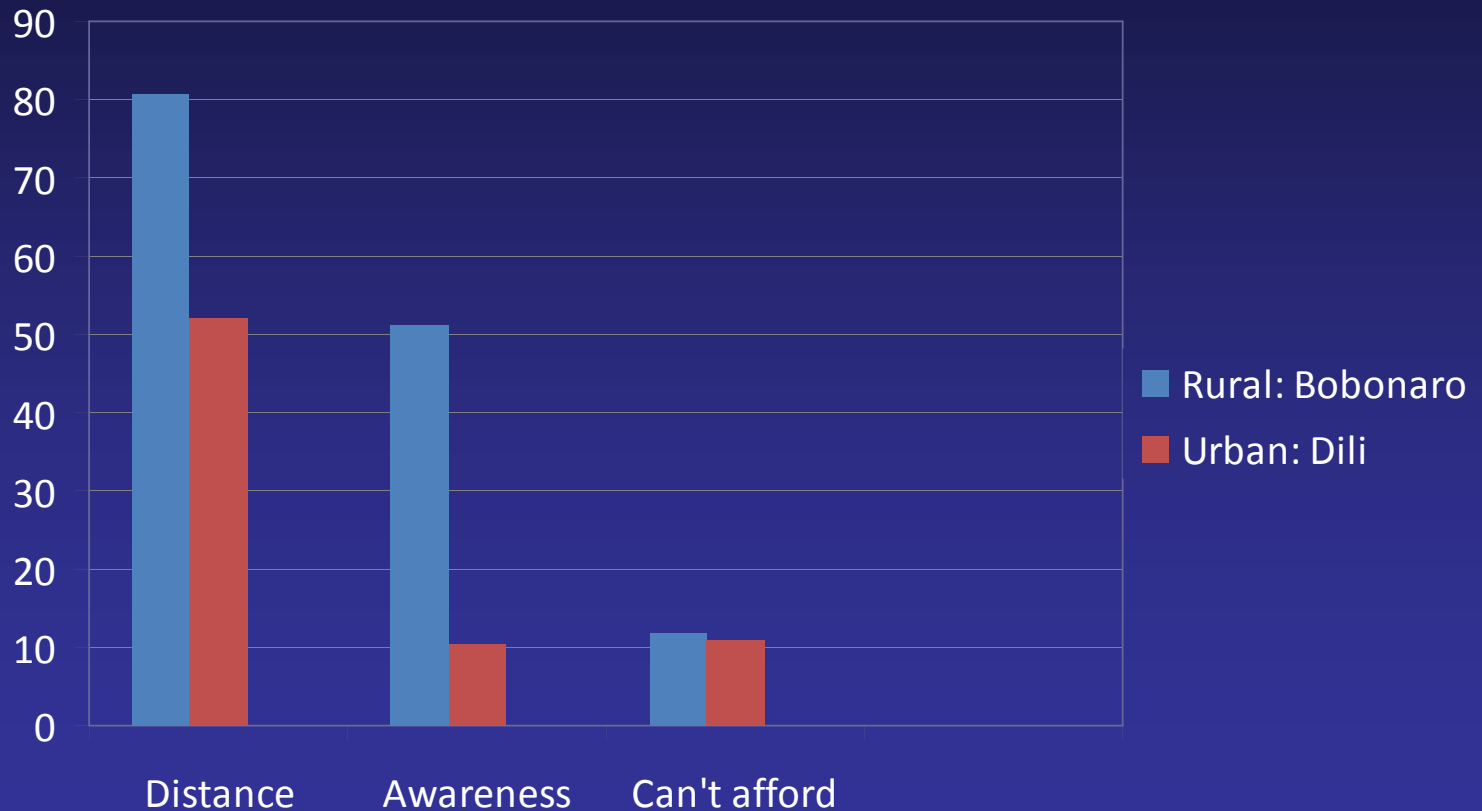


Data (2005)

Participants 1414 = 1293 (91% with eye problem)

% not seek treatment M: 65 %

F: 68 %



Problem

Lack of Access to Basic Eye Care Services
In Rural Timor-Leste

Physical Access to Eye Health
Services difficult

No outreach services

No funds for
Outreach

Unreliable
transport

Bad roads
Long distances
Few vehicles
Poverty

Lack of
Knowledge, Attitude
Behavior

Lack of Health Promotion

Effects

Lack of Basic Eye Care Services in Rural TL

**Poor vision &
blindness**

Illiteracy

**Low livelihood
productivity**

**Slow social
& economic growth**

Problems, Solutions & Stakeholders

Problems

Solutions

Stakeholders

**Unreliable
Transport
&
Outreach**

**Provide transport
For Eye Care Nurses
to do outreach**

**Monitoring
& Evaluation**

**FHFNZ
MoH
Director DHS
Director RH
ECN
Nurse Supervisor RH**

**Lack of
Knowledge,
Attitude,
&
Behavior**

**Provide Health
promotion in
community and
schools**

**FHFNZ
MoH (HP program)
Minister of Education
SHARE
Local Authority
Traditional Healers**

Links of the Stakeholders



International Partners

FHFNZ

FNTL

National MOH

RACS

SHARE HP INGO

FHFNZ
NZ AID
AusAID

TL Program
Clinical & Surgical
Services

Centro CHC

Dir Community
Health Services

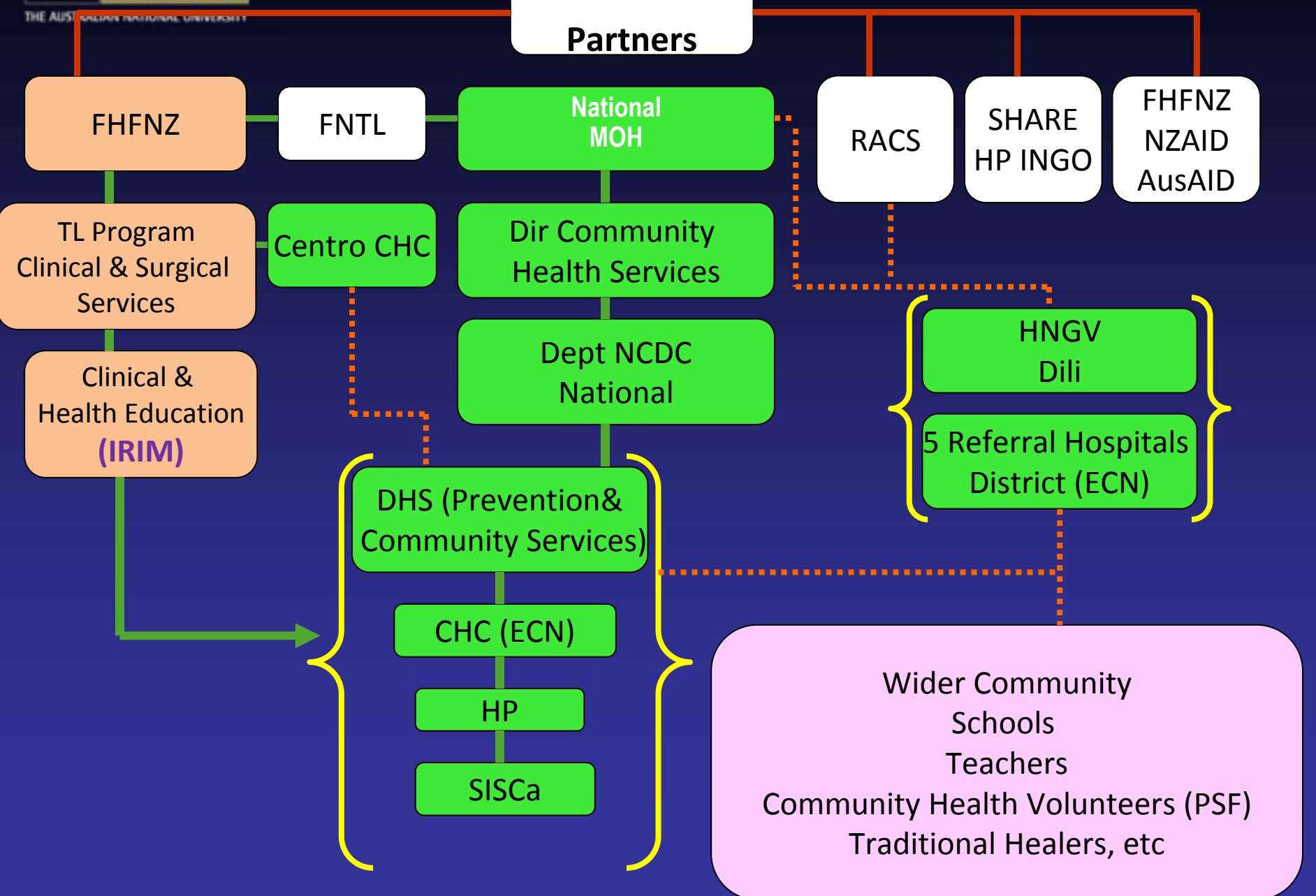
Clinical & Health Education
(IRIM)

Dept NCDC
National

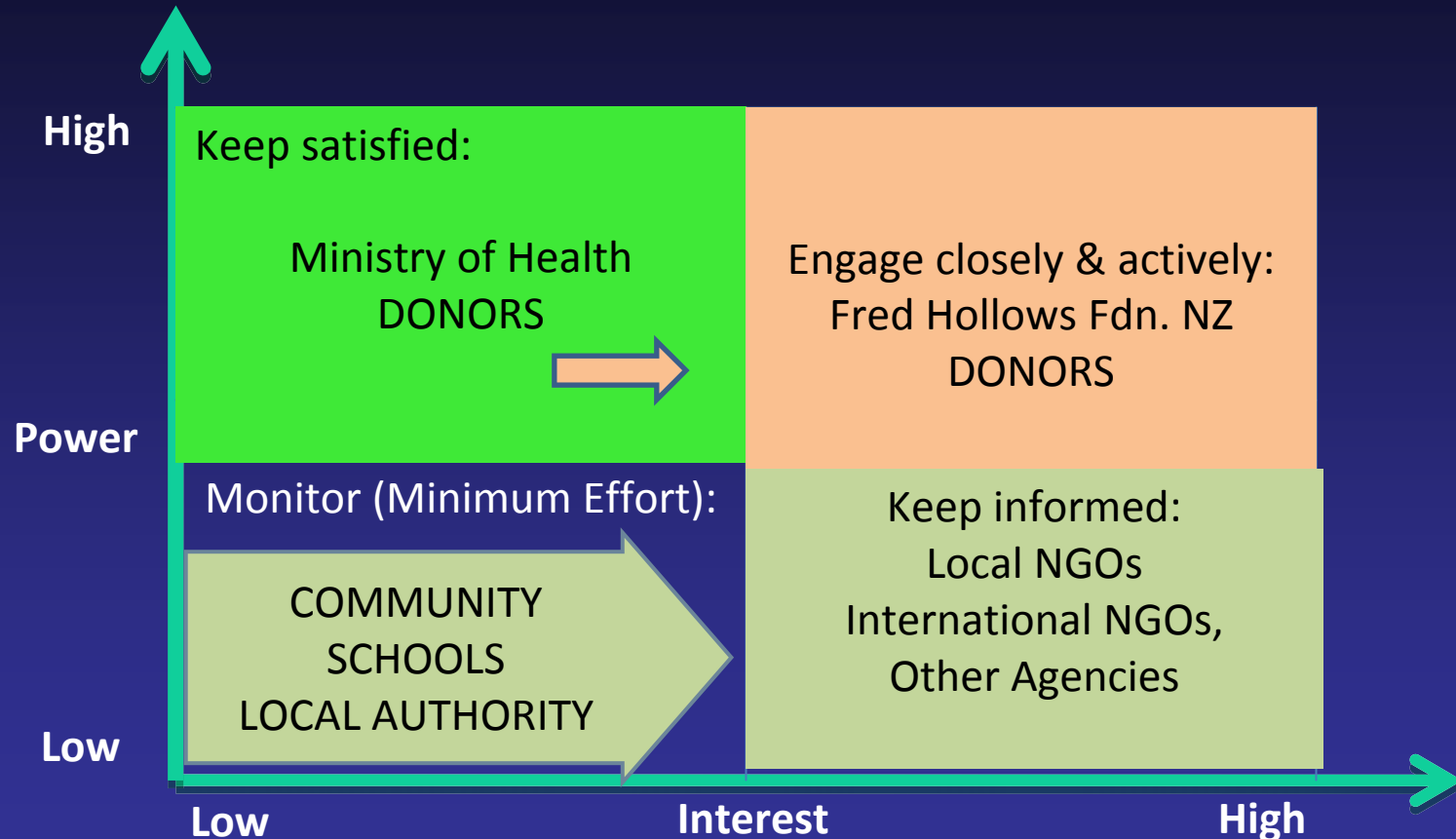
HNGV
Dili
5 Referral Hospitals
District (ECN)

DHS (Prevention & Community Services)
CHC (ECN)
HP
SISCa

Wider Community
Schools
Teachers
Community Health Volunteers (PSF)
Traditional Healers, etc



Stakeholder Analysis



Goal

**By February 2011, the
policy brief will be
presented by The Fred
Hollows Foundation, NZ to
the Ministry of Health for
consideration**

ADAPTING TO IMPACTS OF CLIMATE CHANGE ON DENGUE HEMORRHAGIC FEVER IN INDONESIA

ENGAGE KNOWLEDGE BROKERING



Budi Haryanto

Budi Haryanto

PhD MSc MSPH BSPH

- **Chairman, Dept. of Environmental Health, Faculty of Public Health, University of Indonesia**
- **Board of Director, Pacific Basin Consortium on Environment and Health**
- **Head, Indonesian Colloquium on Environmental Health**
- **Head, Research Division, Research Center for Climate Change – University of Indonesia**
- **Research Associate, Center for Health Research – University of Indonesia**

WHAT I WILL DO

Goal: Get the policy brief adopted by the Indonesian Ministry of Health



- Suggest MOH adopts evidence-based solutions
- Develop an innovative or solution-oriented research agenda
- Strengthen capacity of public health practitioners and professionals
- Strengthen knowledge & awareness of academicians & the public through journals and the media

OUTLINE

- **Role of the knowledge broker**
- **Climate change & dengue in Indonesia**
- **Problem, causes & solutions**
- **Stakeholder analysis & role of the media**
- **Conclusions**

KNOWLEDGE BROKER

RESEARCHER:

- **University :**
 - Budi – Indonesia
 - Romeo – The Philippines
- **NGO:**
 - Ajaya – Nepal
 - Sara, Macu, Irim – Timor-Leste
- **Government:**
 - Yanping – China
 - Fidel – The Philippines
 - Makiva – Solomon Islands
 - Fasihuddin – Pakistan

ROLE OF THE KNOWLEDGE BROKER

- 1. Providing scientific evidence in a form that the audience can easily understand**
- 2. Generating problem tree analyses, including causes, effects, and potential solutions**
- 3. Recognizing stakeholders, the systems in which they are embedded and choosing appropriate dialogue methods**
- 4. Utilizing the media to influence public opinion and decision makers**

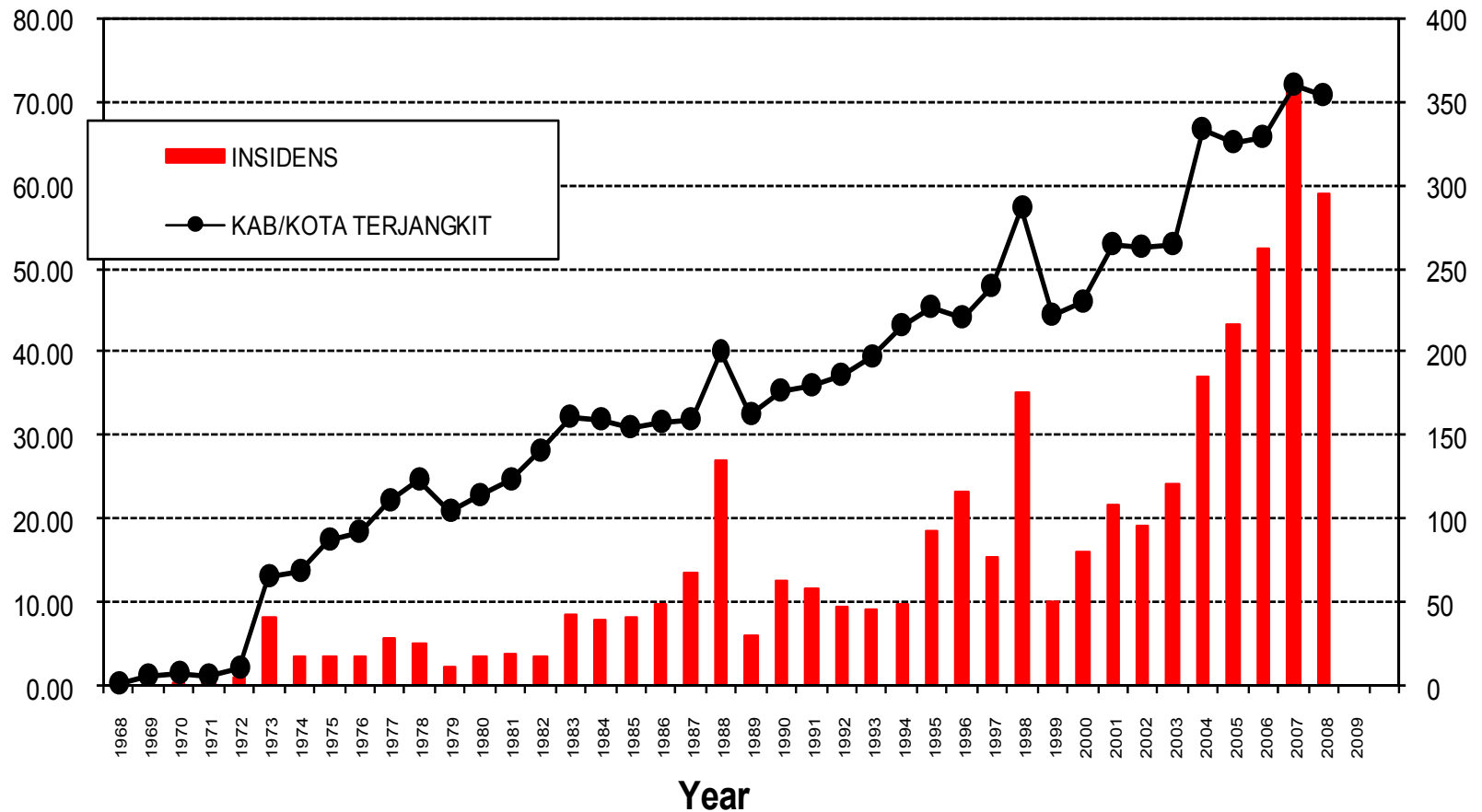
ROLE OF THE KNOWLEDGE BROKER

1. **Providing scientific evidence in a form that the audience can easily understand**

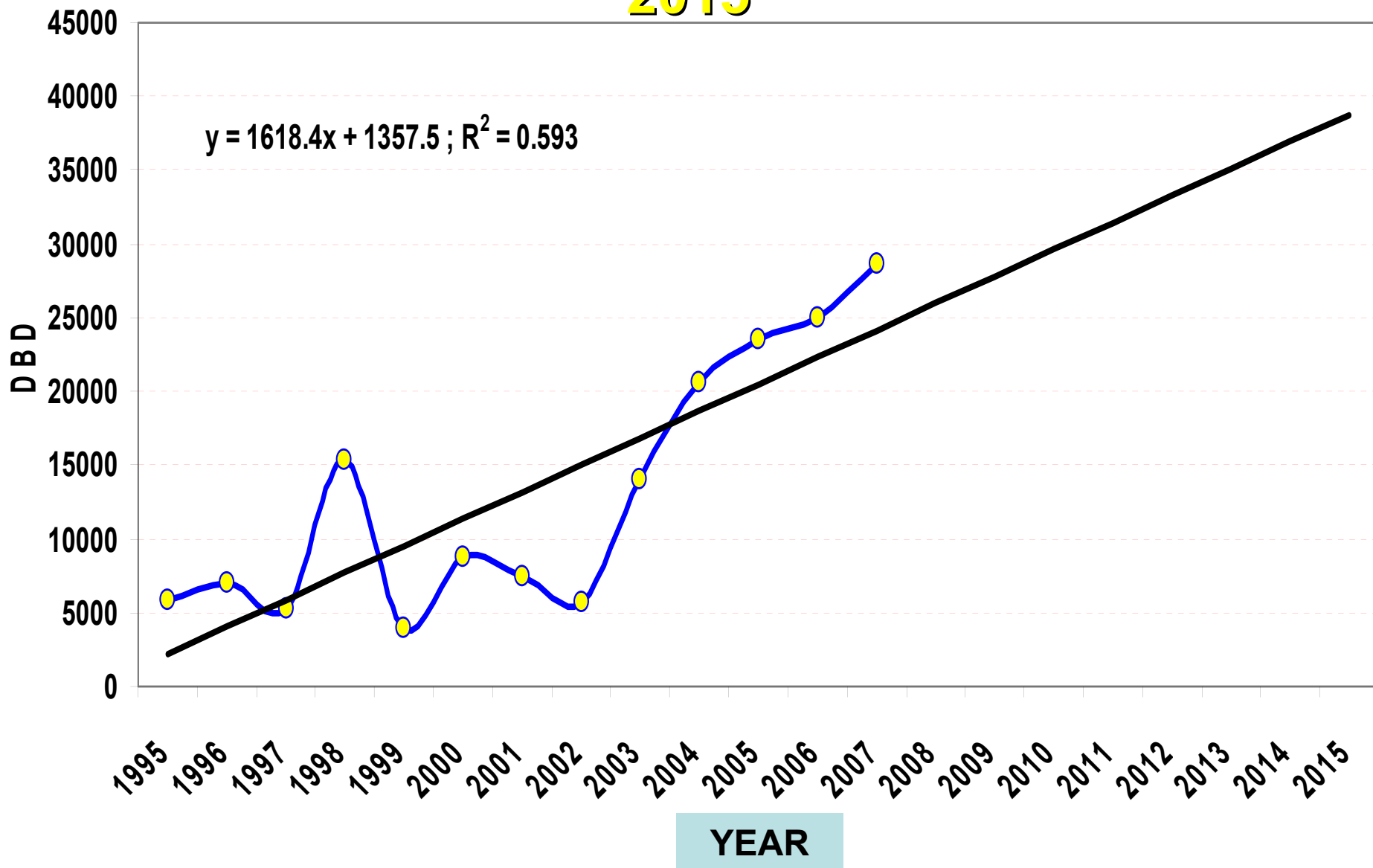
DHF CASES BY CITIES/DISTRICTS IN INDONESIA 1968 - 2008

Incidence Rate per 100,000

Districts/Cities



PREDICTION OF DHF CASES IN JAKARTA 2007-2015

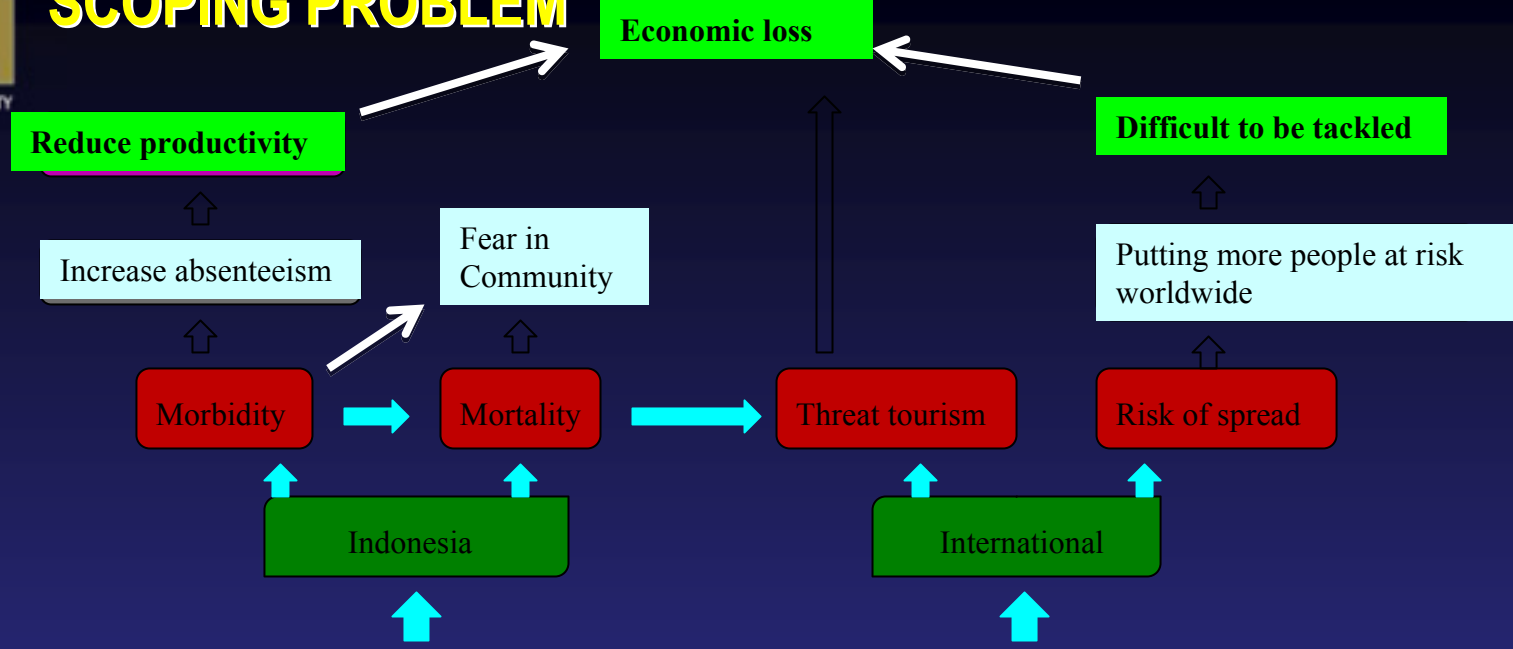


ROLE OF THE KNOWLEDGE BROKER

2. **Generating problem tree analyses, including causes, effects, and potential solutions**

SCOPING PROBLEM

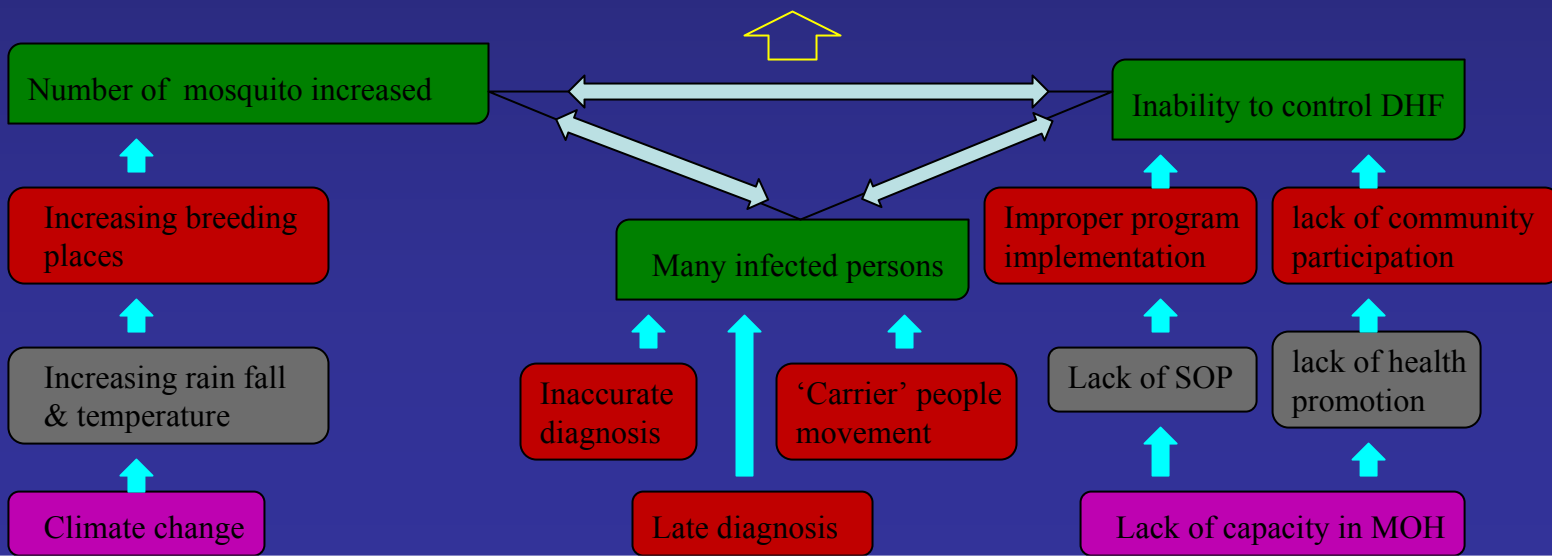
EFFECTS



PROBLEM

Rising incidence of DHF in Indonesia

CAUSES

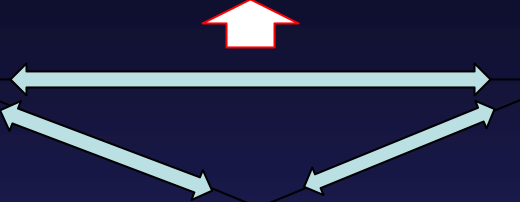


Rising incidence of DHF in Indonesia

PROBLEM

Number of mosquito increased

Inability to control DHF



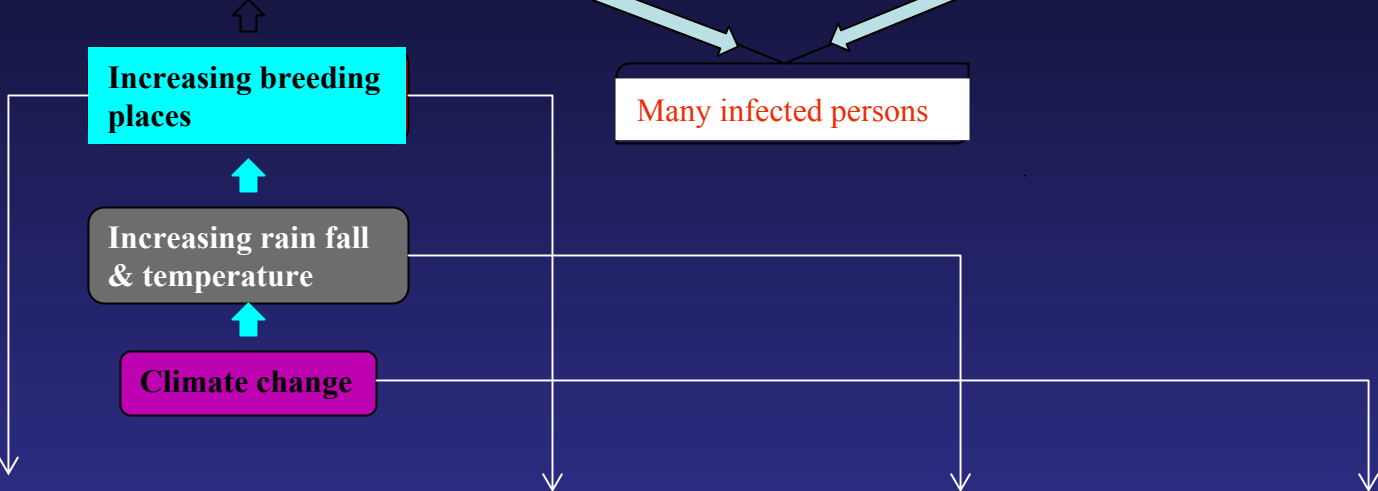
CAUSES

Increasing breeding places

Increasing rain fall & temperature

Climate change

Many infected persons



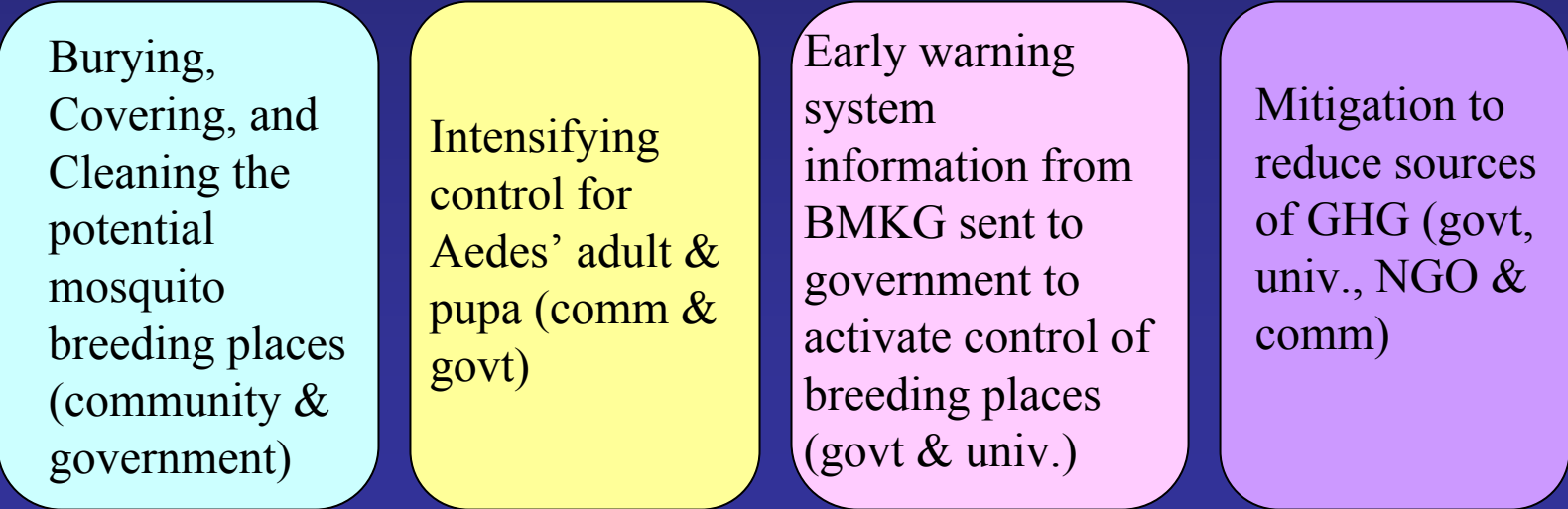
SOLUTIONS

Burying, Covering, and Cleaning the potential mosquito breeding places (community & government)

Intensifying control for Aedes' adult & pupa (comm & govt)

Early warning system information from BMKG sent to government to activate control of breeding places (govt & univ.)

Mitigation to reduce sources of GHG (govt, univ., NGO & comm)



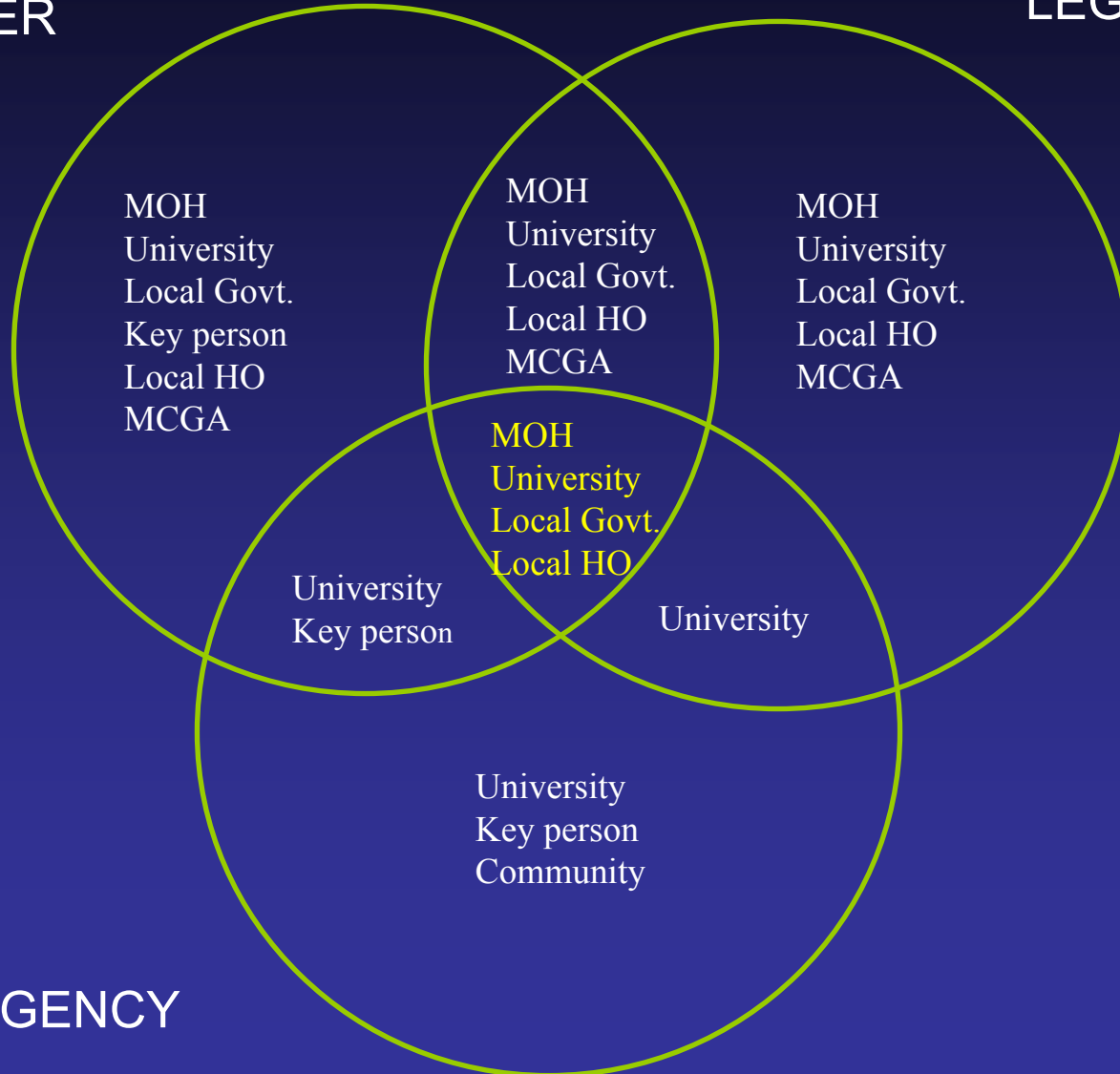
ROLE OF THE KNOWLEDGE BROKER

3. **Recognizing stakeholders, the systems in which they are embedded and choosing appropriate dialogue methods**

STAKEHOLDER ANALYSIS

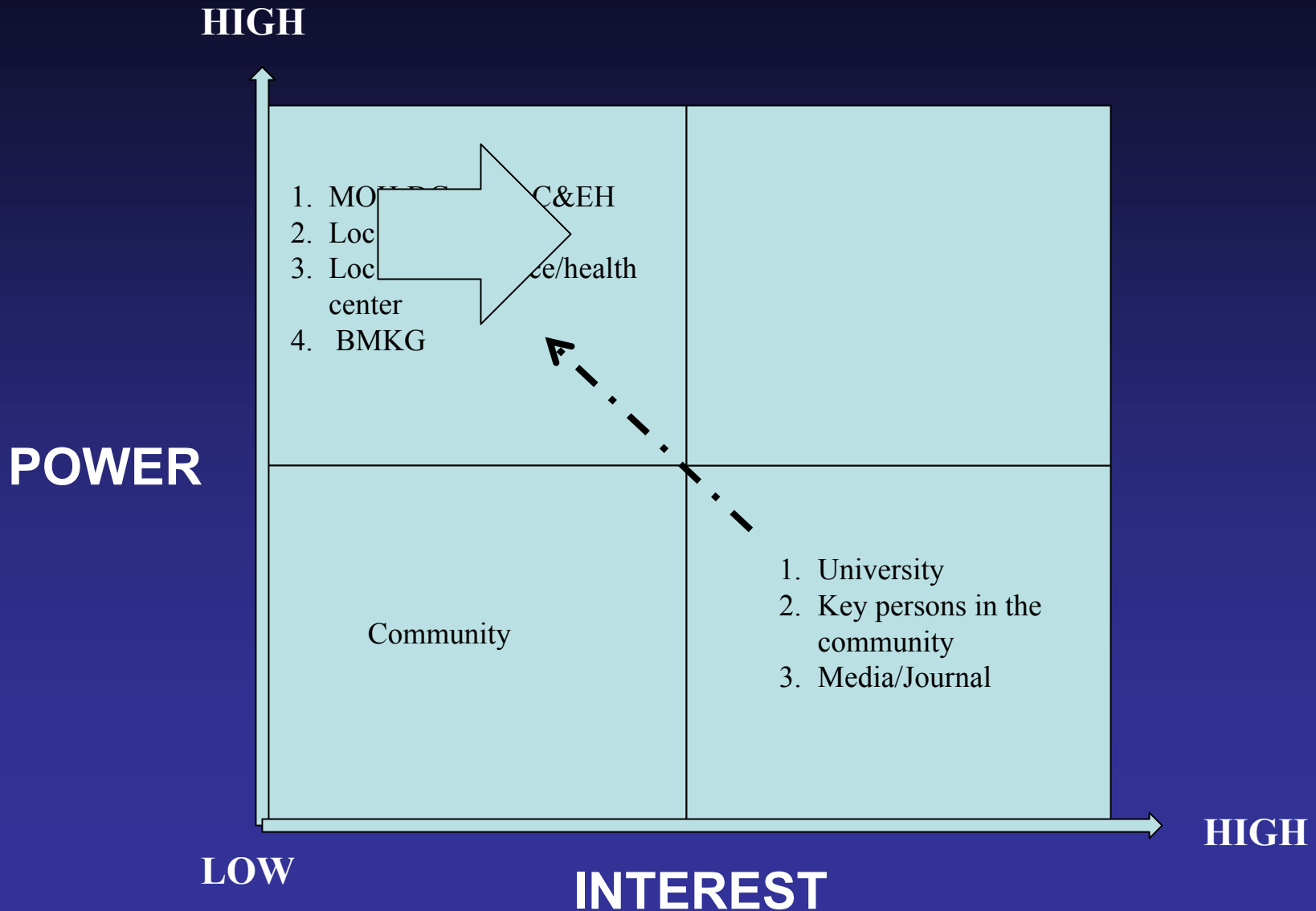
POWER

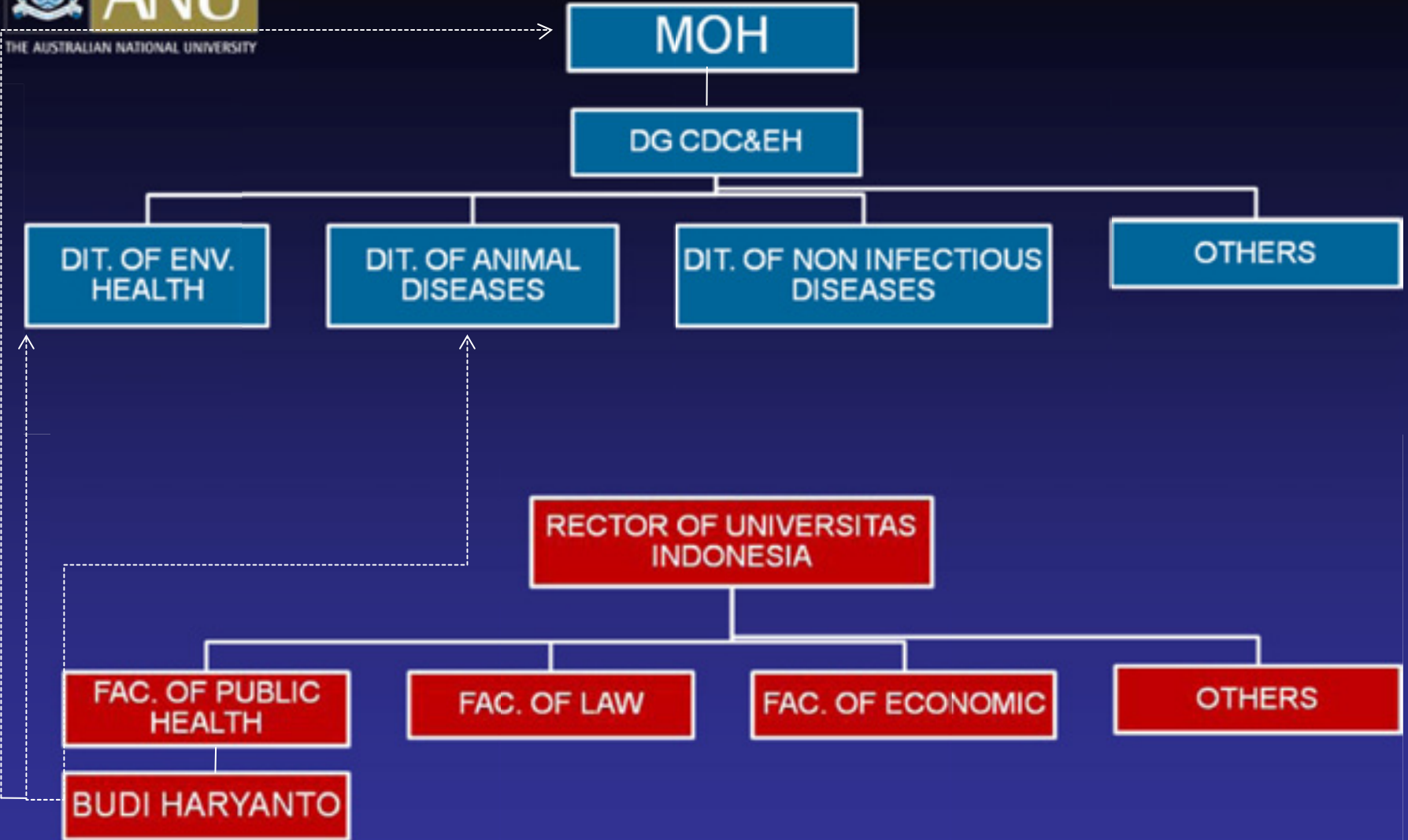
LEGITIMACY



URGENCY

POWER → POWER+INTEREST?





MOH & University charts

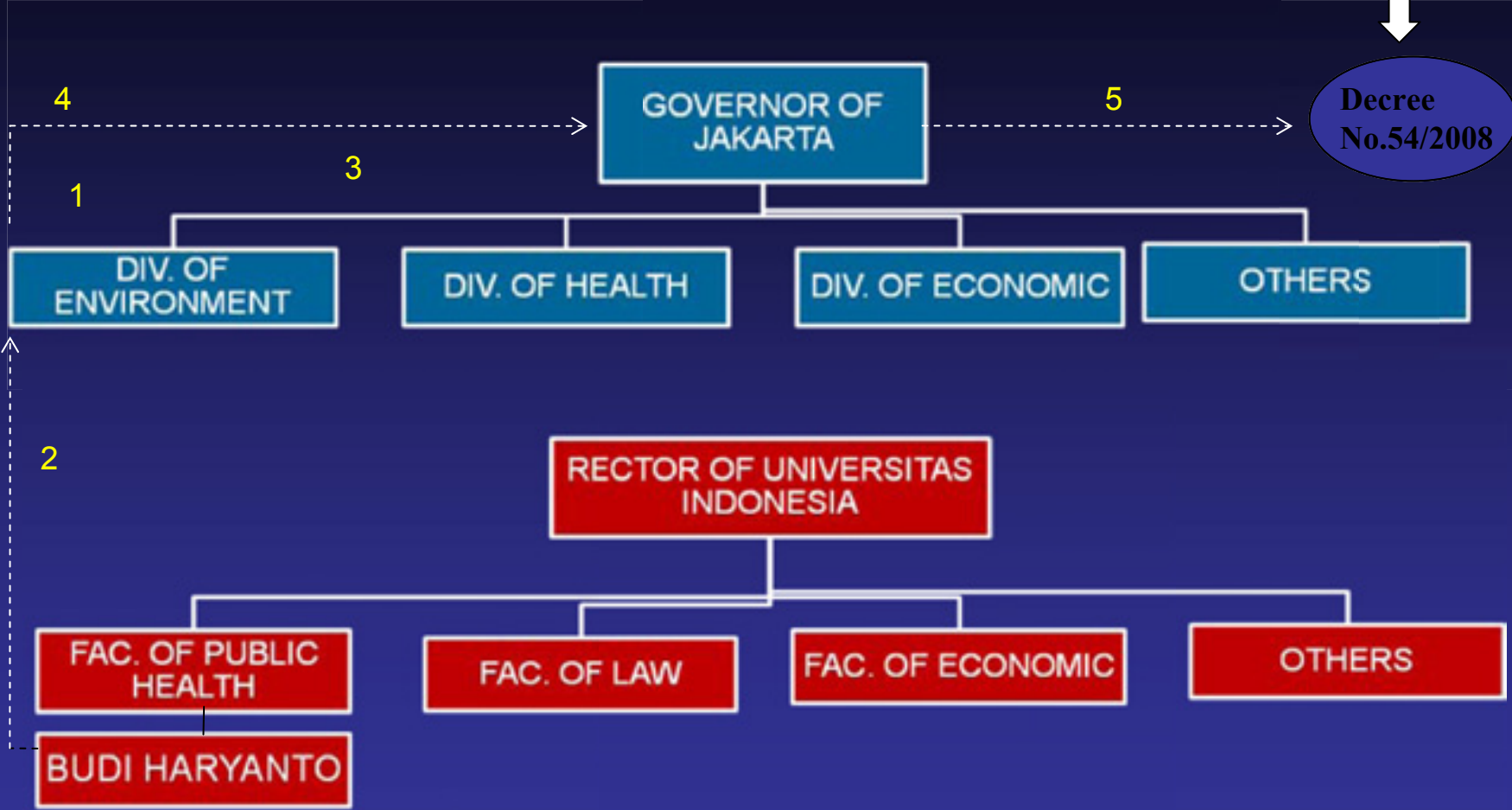
SYSTEM VIEWS

SYSTEM VIEWS

Jakarta's Law
No. 2/2005



Decree
No.54/2008



ROLE OF THE KNOWLEDGE BROKER

4. Utilizing the media to influence public opinion and decision makers

ROLE O

Udara Jakar

Oleh BUDI HARYANTO

Sudah semakin sulit menemukan lokasi yang bebas pencemaran udara di Jakarta saat ini untuk menghindari risiko terjadinya gangguan saluran pernapasan pada anak-anak.

Telah lebih dari dua dasawani ini penyakit infeksi saluran pernapasan atas (ISPA) semakin menduduki peringkat pertama penyakit terbanyak yang dilaporkan oleh pusat pelayanan kesehatan masyarakat seperti puskesmas, klinik, dan rumah sakit. Diketahui bahwa penyebab terjadinya ISPA adalah gangguan saluran pernapasan lain adalah rendahnya kualitas udara di dalam rumah dan/atau luar rumah, baik secara biologis, fisik, maupun kimia. Di DKI Jakarta ISPA juga merupakan penyakit yang diderita oleh anak-anak.

Laporan pemantauan kualitas udara di Jakarta yang dilakukan Badan Pengendalian Dampak Lingkungan Daerah (BPDLD) DKI dan Badan Pengendalian Dampak L

Megacity, mega mess...

The creaking infrastructure of Indonesia's capital is overwhelmed by people, vehicles and pollution. As urbanization gathers pace across the developing world, **Jessica Marshall** visits Jakarta to witness its stomach-churning consequences.



On the streets of this city, you can pick your poison. Clouds of black and blue-white smoke billow from the exhaust pipes of buses and motorcycles. Thirteen rivers flow northwards to Jakarta Bay, each a slurry of human waste and garbage. Scavengers pick through the city's rubbish looking for recyclable plastic and cardboard. What they can't sell, they burn — batteries, rubber shoes and all. Rising smoke from burning garbage wafts between the city's skyscrapers.

Pollution in Indonesia's capital, Jakarta, is easy to see, and the causes are not hard to pinpoint. But the effects on its inhabitants' wellbeing are harder to quantify. Official data are scant, studies of environmental health are few, and those worst affected — the urban poor — are the least likely to be included in city records. Environmental scientists say that much could be done to improve living conditions for those most at risk from pollution. But without a stronger emphasis on research into urban public health, and the political will to act on its findings, experts are pessimistic about making rapid progress. "In the near future, there will be more environmental problems," says James Woodcock, a wastewater consultant to the World Bank who has

lived in Jakarta for more than two decades.

With a population of about 12 million — rising to 21 million if you include the wider conurbation of surrounding towns — Jakarta is already one of the world's largest urban areas. The population of this 'megacity' is predicted to grow by a third in the next decade, part of a global trend towards urbanization. By 2007, the balance of the world's population will tip to give a majority residing in towns and cities. Most of the fastest-growing cities are in developing countries (see Chart, opposite). So Jakarta may provide a pointer to a future in which urban pollution becomes a main player in the disease burden of the developing world. "The urban physical environment is going to represent a major health threat," says David Vlahos, an epidemiologist at Columbia University in New York, and president of the International Society for Urban Health.

Gridlock

In Jakarta, air quality is already at crisis point. To get an overview, I met Budi Haryanto in his wife's office building on a Friday evening in late July. Haryanto, a professor of public health at the University of Indonesia, is waiting for the worst of the traffic to subside before driving home to a Jakarta suburb, a journey of

23 kilometres that can take almost two hours. Some two million people commute into the city each day. From a ninth floor window, Haryanto and I look down on a highway on which stalled head- and tail-lights extend as far as we can see in either direction.

"Jakarta is getting worse," says Haryanto. Traffic is responsible for more than 70% of the nitrogen oxides and particulate matter emitted into the city's air. Haryanto is frustrated that the government is not doing more to monitor and reduce the thick, nostril-burning smog, or to characterize its effects on health. "The Ministry of Health doesn't care," he laments, noting that it is dissolving its sub-directorate dealing with air pollution.

The limited available data paint an ugly picture. Respiratory inflammation accounts for 12.6% of deaths in Jakarta, twice the proportion in the rest of the country. And estimates based on reported pollution levels attribute more than a million asthma attacks and several thousand premature deaths per year in the city to airborne soot and other particles.

Aside from the sheer volume of traffic, the main problems are poor fuel quality, and a failure to equip vehicles with emissions-control technologies such as catalytic converters. There have been some small steps forward:

k-anak

menderita gangguan pernapasan. Dari sisi ilmu epidemiologi, desain studi kohort dan desain studi yang sangat ketat membuktikan hubungan sebab-akibat antara faktor pencemaran udara dan gangguan pernapasan pada manusia (dalam kasus hubungan antara tingkat pencemaran udara sebagai penyebab gangguan/penyakit saluran pernapasan pada siswa SD) dengan akurasi yang tinggi dan akurasi yang tinggi.

demikian, temuan dari penelitian ini memberikan informasi yang berharga dan ilmiah. Kalau saja DKI Jakarta mengidentifikasi sumber daya manusia yang maksimal, yang akan generasi penerus harus lindungi sebagai pencemaran yang dapat menyebabkan gangguan untuk menghemat biaya perawatan serta pengobatan yang dikeluarkan pemerintah, maka studi ini seharusnya bermanfaat semaksimal mungkin sebagai dasar pertimbangan untuk melakukan evaluasi pelaksanaan program udara bersih di Jakarta dan mengembangkan program yang sesuai dan tepat. Hidup Sehat adalah Tujuan Anak Indonesia. ♦

PENULIS ADALAH PENELITI PADA
PUSAT PENELITIAN KESEHATAN –
UNIVERSITAS INDONESIA

CONCLUSIONS

- **The strategy of bridging the research-policy divide produces knowledge brokers**
- **Knowledge brokering meets the demands of policy makers for evidence**
- **Increasing the number of knowledge brokers is an emerging demand in the developing and developed world**
- **‘Bridging the research-policy divide’ courses should be expanded to other countries in the Asia-Pacific region**

Sequence of Presentation

- Innovative Learning Style
- Reflecting on my Role in Developing Juvenile Justice System in Pakistan
- Way Forward (Policy Brief & Action Plan)
- Key Messages

Who Am I?

- **FASIHUDDIN (Police Service of Pakistan)**
- **Director General Human Rights, Conflict Resolution & Peace-Making**
- **President, Pakistan Society of Criminology**
- **Editor-in-chief, of Pakistan Journal of Criminology**

Learning Style

- Innovative learning style
- Introduction to new Concepts & Tools
- Reflective Thinking
- Presentations & Feedback

Problem

- **No Crime Data on Children sufferings**
- **Serious Human Rights issue**
 - **Juveniles in jails(9000+at a time)**
 - **Child sexual victims(5 to 20 per day)**
 - **Children are kidnapped ,trafficked & missing**
 - **Child labor(10 millions/70 millions)**
- **No Policies and Institutes**

Networking & Engagement



آئی جی پی ملگ نوید خان بچوں اور خواتین کے خلاف ہونے والے جرائم کا نیا اعداد و شمار رکھنا کرنے کی تقریب میں مختلف سرکاری، غیر سرکاری تنظیموں کے اہلکاروں کو پولیس شلڈ چینی کر رہے ہیں۔ 24.4.2009



پولیس چائلڈ اینڈ ویمن پروٹیکشن کمیٹی کے چیئرمین رفیع الدین سوات آپریشن سے متاثرہ بچوں اور خواتین کے تحفظ اور دیگر مجال سے متعلق UNHCR یو این ایف اور سیو دی چائلڈ راز کے مختلف ورکنگ گروپوں کے اکان کے ایک اعلیٰ سطحی اجلاس کی ہدایت کر رہے ہیں۔ 22.5.2009



آئی جی پی ملگ نوید خان اور ڈائریکٹر سرسریچا اینڈ ایڈیٹسٹ صوبہ سرحد پولیس ڈاکٹر رفیع الدین بچوں اور خواتین کے خلاف ہونے والے جرائم کا نیا اعداد و شمار رکھنا کرنے کی تقریب سے خطاب کر رہے ہیں۔ 24.4.2009



Results of Research: Role of Police in Protecting Child Rights



Child Protection Policies Adopted & Publicized by Government



Outcomes



Police Child Protection Centre

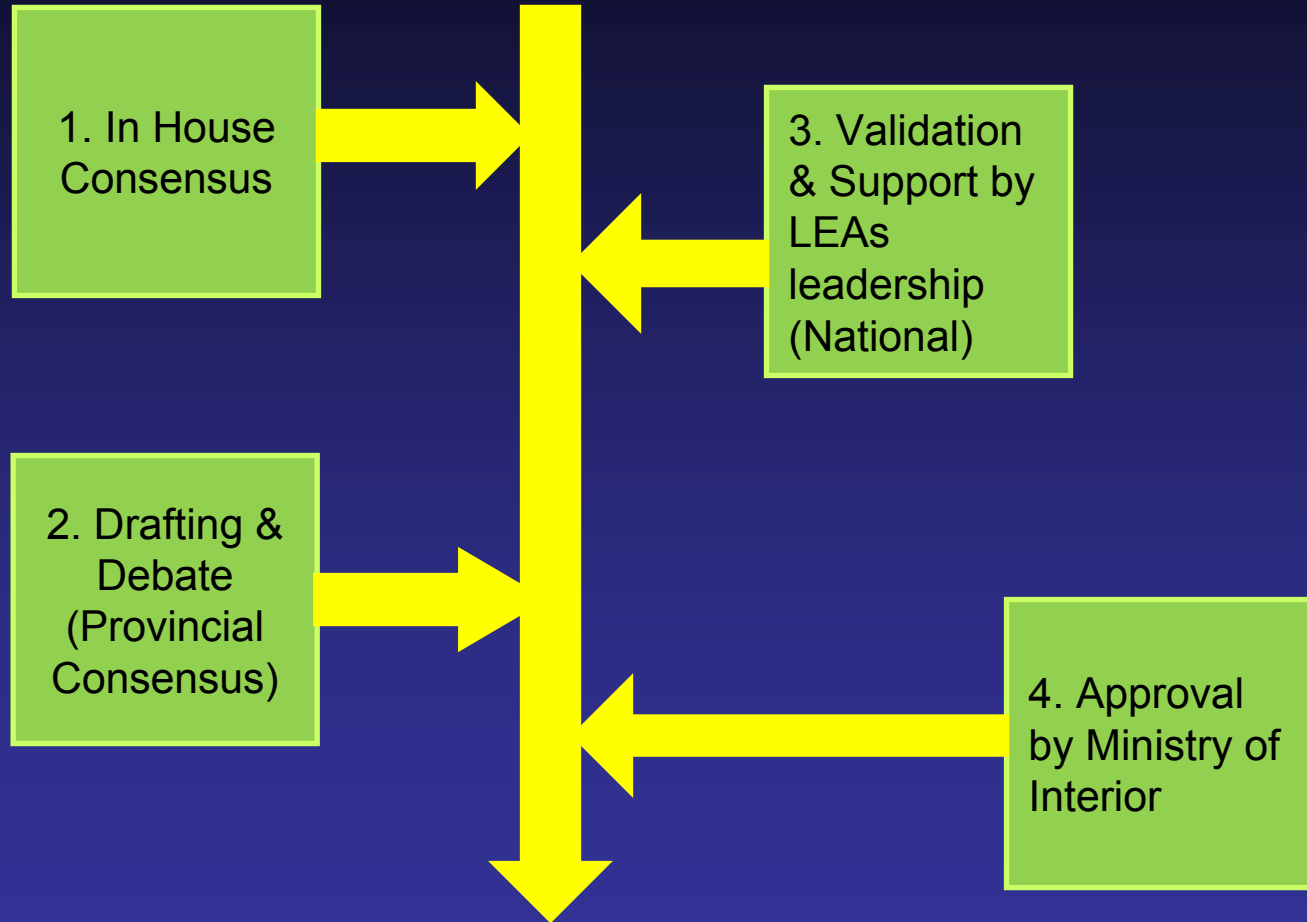
Data Generation



Goal: What Will I Do Back Home?



How Will I Do It?



Processes :Approval of National Counter Terrorism Policy

Key Messages

- **Diversity (Culture, Discipline, Political Systems, Role)**
- **Common Currency of exchange**
(Training, Attitude, Skills & Knowledge - TASK)
- **Commitment as Facilitators of Change**
- **Purpose of Bridging the Research-Policy Divide**
- **Networking**

Thank
you

Workstation





**Bridging the Research-Policy Divide
in Public Health, Environment and Security
in the Asia-Pacific Region**

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