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Maximizing researcher–policymaker engagement in global public health

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A common misconception that prevails within some research communities postulates that research results 'speak for themselves' and are thus sufficient to influence policy. Yet, high-fidelity uptake of research is rarely a passive process; more often, researchers need to actively engage with policymakers. This process of policy engagement strives towards producing robust science that contributes to the betterment of our societies—but it is a process for which many researchers are not adequately trained. If publicly funded research fails to influence policy, many would regard it as falling short of fulfilling its potential value to society. Herein, we provide a framework for research–policymaker engagement, framed around the questions of why, on what, with whom, when, where and how clinical and public-health researchers can and should undertake engagement with policymakers. The views presented in this Perspective are a synthesis of the diverse, collective experience of the authors across global health contexts, supported by real-world illustrative case studies. We provide tangible recommendations for researchers, funders and policymakers to facilitate bridging the gap between evidence and policy.

The scientific literature is replete with studies demonstrating the efficacy of healthcare interventions and prevention strategies, yet effective integration of these data into policy and practice is often lacking. This gap between policy and improved health and well-being outcomes exists partly because, despite good intentions, there is often a disconnect between translating evidence into policy and implementing it effectively. One approach to bridge this divide is to foster reciprocally beneficial collaborations between researchers and policymakers.

Scientists and researchers are increasingly asked to demonstrate that their research influences or impacts policy. Despite a wealth of literature on translating research evidence to policy and practice[1–7], few academic programs teach this skill. Instead, it is often seen as an innate talent or unnecessary expertise (as the evidence 'speaks for itself'), and it is therefore often overlooked in scientific training (including in mentorship). This raises questions as to why researchers should engage with policymakers, the topics of such engagement, the specific individuals to connect with and when, where and how to do so—while

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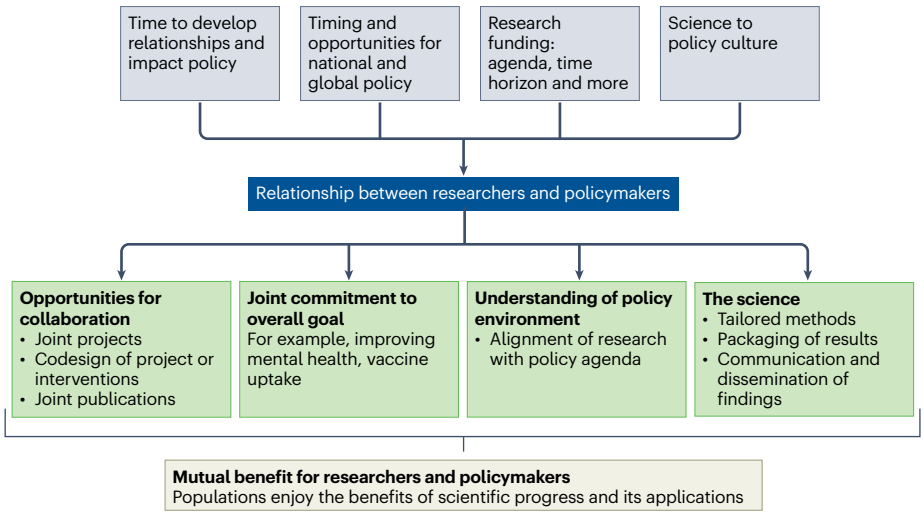

Fig. 1 | The researcher–policymaker relationship. A number of external factors (gray) influence the researcher–policymaker relationship, providing opportunities for mutual benefit (green).

also considering the issue-specific networks in which policymakers are embedded. On the basis of our collective experiences, we broach these questions at the research–policy making interface and propose recommendations to inform new investigative projects and approaches to tackle the research-to-policy implementation gap[8]. We consider factors that affect the researcher–policymaker relationship, as well as mutually beneficial outcomes borne from these relationships (Fig. 1). We focus on recommendations for two communities—policymakers seeking to engage with a greater evidence base, and scientists who want to make a demonstrable impact—while recognizing that other stakeholders, such as civil society, advocacy groups and, critically, the commercial sector, also influence this process through a variety of mechanisms.

Why engage?

For researchers, the rationale for engaging with policymakers involves several considerations. The first is philosophical and recognizes the potential role of research and science in advancing societal benefits. In the seventeenth century, Francis Bacon established and popularized the 'scientific method' as unbiased and guided mainly by systematic observation, establishing science as essential to society's progress[9,10]. Yet, if social and health science research fail to influence policy, many would regard it as falling short of fulfilling its potential societal value. Policy engagement must, therefore, strive to produce socially robust science[11], ensuring that research not only informs, but also actively contributes to the betterment of societies, including by enhancing health equity. This imperative aligns with Article 15 of the International Covenant on Economic, Social and Cultural Rights, which recognizes everyone's right to enjoy the benefits of scientific progress and its applications[12].

Second, the evidence required to address complex public-health challenges usually requires innovative approaches and data-driven insights, which are not generally in the scope of policymakers' skill sets. To close the evidence gap, researchers can use the necessary skills and resources largely unavailable to policymakers, including anticipating challenges and raising awareness. It could be that policymakers cannot access the most current and relevant research findings and risk developing policy based on weak evidence. We note that political processes and competing interests (especially those with cost implications), rather than evaluations of the burden of disease or the efficacy of available interventions, can influence and set many policy agendas[13].

For some researchers, the ultimate goal of informing policy could be to influence whether a specific issue gets on the agenda and/or which solution or interventions policymakers consider. The caveat is that policymakers can pick and choose the sources and voices they listen to, and/or they may not have the ability to evaluate or validate the strength or weakness of given scientific evidence.

An additional (and often overlooked) rationale for policy engagement is the substantial proportion of research funding that is derived from taxpayers[14]. Consequently, researchers are obligated to present their research findings to academic peers and the paying public, agencies that have supported the research and the people and communities affected by a given policy.

What to engage on?

The 'what' in policy engagement spans the entire policy cycle—agenda setting, formulation, implementation, monitoring and evaluation. For research to be policy-relevant, both the data and the framing of the research question warrant careful consideration.

Researchers have a responsibility to generate evidence that informs each stage of the policy process. This extends beyond academic relevance to practical utility, reinforcing the connection between research and societal benefit. Although policymakers are often aware of the public-health issues that need attention, researchers can help identify unmet needs and build the evidence base to support policy formulation. Crucially, engaging policymakers and frontline bureaucrats in implementation research is essential. Promising scientific findings often face challenges when introduced into real-world settings and do not automatically translate into scalable policy or practice. Actively engaging policy actors can help bridge this gap[15–17].

Importantly, research questions are not neutral. They are shaped by institutional, political, epistemic and value-laden contexts. Policy engagement has a critical role in shaping research agendas. For example, a World Health Assembly resolution called for a prioritized diabetes agenda, which subsequently guided research commissioned by the World Health Organization (WHO)[18]. However, such processes are often dominated by institutions and funders in high-income countries (HICs), with limited input from governments and researchers in low- and middle-income countries (LMICs)[19]. This reflects broader structural imbalances in global health, where agenda-setting power is concentrated in HIC institutions. For example, more than 85% of global health organizations are headquartered in North America, Europe and Oceania, and more than 90% of their senior leaders were educated in HICs[20,21]. These dynamics shape not only what research is funded, but also whose knowledge and lived-experience is valued and whose priorities are addressed[22].

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BOX 1

Peru's mental health reform

In Peru, researchers at the CRONICAS Centre of Excellence in Chronic Diseases at Universidad Peruana Cayetano Heredia collaborated with policymakers at the Mental Health Directorate of the Ministry of Health to build a relationship of mutual collaboration to inform national plans for mental health reform[74,75]. This relationship began in 2016 with a proposal to evaluate the implementation of an earlier reform. Although that project was not funded, it laid the foundation for sustained engagement grounded in mutual trust and complementary expertise, with shared commitment toward improving mental health policies and services in the country.

Over time, this collaboration evolved into co-designed projects. One such initiative involved a qualitative assessment of the Continuity of Care and Rehabilitation Programme for people with severe mental disorders. The findings, published with policymakers as coauthors, identified key implementation challenges—such as gaps in intersectoral coordination, workforce capacity and follow-up mechanisms—and directly informed the design of a national monitoring system for community mental health centers[76].

Building on this, a subsequent study introduced recovery-oriented indicators into the same monitoring system. Through a participatory process, policymakers, community mental health staff (including psychologists, psychiatrists and social workers) and service users prioritized five recovery outcomes: psychosocial functioning, quality of life, psychiatric symptoms, emotional balance and personal growth. The latter two, which arose directly from patient input, had not previously been captured in national monitoring frameworks. Two validated tools were selected for routine use: the 12-item World Health Organization's Disability Assessment Schedule (WHODAS-12) for psychosocial functioning, and DIALOG, a patient-centered scale that facilitates structured communication between service users and providers, for quality of life[77].

Together, these studies represent a sequential and embedded research effort that has shaped both the structure and substance of Peru's mental health monitoring system. The tools and indicators are now expanding across 300 community mental health centers, supporting more responsive, patient-centered care and strengthening the system's capacity to track recovery outcomes over time. In this case study, the long-term researcher–policymaker engagement allowed researchers to intellectually invest in projects that arose directly from the health system's needs.

Hence, 'national research' is not just about where a study is conducted, but where a research question originates, who poses it and who stands to benefit from its answers. Addressing these inequities requires inclusive and reciprocal partnerships, as well as deliberate efforts to decentralize decision-making and funding flows.

Priority research areas should be informed by equitable partnerships among communities, researchers, policymakers and funders within a specific context[23,24]. A compelling example is Peru's Mental Health Directorate, in which sustained collaboration between researchers and policymakers led to the development of a national monitoring system for mental health services, with plans for nationwide expansion (Box 1).

Engaging with whom?

Who should researchers engage with to influence health policy? The obvious answer, though often overlooked, is that the collective term 'policymaker' does not cover a single type of professional. 'Who' includes technocrats, politicians and special advisors, among others. Individuals in these roles tend to have heterogeneous disciplinary training, function and seniority, and different degrees of willingness to engage with researchers. Each policymaker will require different kinds of information and likely use it differently. It is also possible that researchers can (and should) engage with other stakeholders, such as civil society, journalists and/or issue-specific networks (advocacy coalitions) to leverage existing connections with policymakers to ensure that the research builds support for its utilization.

Researchers in global health often prioritize relationships with national or global policymakers, such as ministries of health or the WHO, to maximize the impact of their research findings. However, much global health research has historically been conducted without contact with local or regional government officials. Engagement with local researchers, policymakers and government officials is critical to ensure that research is contextual, culturally and socially acceptable and appropriate.

To maximize policy influence, researchers should engage not only with policymakers but also with stakeholders who possess different skills, networks, legitimacy and/or influence. This approach reframes the 'two communities model', which describes the cultural divide between researchers and policymakers, and expands to include civil-society organizations, professional associations, journalists and private sector actors. These stakeholders often form advocacy coalitions—diverse networks that align around shared goals to influence policy agendas[1]. In these coalitions, some actors serve as knowledge brokers or policy entrepreneurs, helping translate evidence into action across different domains.

Civil society actors—including advocacy groups, patient organizations and community leaders—can amplify research findings, mobilize public support and contribute to policy formulation through participatory mechanisms. The private sector, particularly in areas such as food systems, pharmaceuticals and digital health, can be both a target and a partner in translating evidence into scalable solutions. Strategic engagement with these sectors expands the reach and relevance of research beyond traditional policymaking channels. Recognizing the roles of these actors is essential for building inclusive and effective pathways for evidence-informed policy.

Building on the diversity of actors[4,25,26], several conceptual frameworks offer structured guidance for researcher–policy engagement. The Knowledge-to-Action (KTA) framework[27], SPIRIT Action Framework[28] and Evidence-Informed Policy and Practice Pathway (EIPPP)[29], emphasize iterative collaboration, contextual adaptation and capacity building. These models complement the advocacy-coalition approach by offering practical strategies for sustained engagement across diverse policy contexts. Studies of science–policy interfaces and integrated approaches to bridging research–policy gaps[30–32], further reinforce our recommendations and highlight empirically validated mechanisms for effective engagement.

When to engage?

In policy studies, Kingdon argued that policy change requires the convergence of three streams—representing the issue (problem), the policy (solution) and politics (who will benefit and who will lose)—during a brief window of opportunity[33,34]. Ideally, engagement should happen across all three streams and at multiple stages of the policy process, often involving advocacy coalitions that are active over time.

Although Kingdon's model provides a foundational understanding of how policy windows emerge, it does not fully capture the complexity of engagement across diverse policy environments. To complement this, we draw on the Advocacy Coalition Framework[35], which emphasizes the role of networks and shared beliefs in shaping policy change, and systems-thinking approaches[36,37], which help anticipate feedback loops and unintended consequences. Insights from political science

further highlight the role of ambiguity, bounded rationality and strategic narratives in shaping uptake of evidence[7]. Together, these perspectives reinforce our emphasis on long-term, adaptive engagement and the importance of identifying evolving opportunities in dynamic political landscapes.

Political cycles are influenced by time and context, shaped by elections, leadership changes and broader shifts in national or local environments—all of which can influence researcher–policymaker relationships. By scanning the political landscape, researchers can identify windows to raise specific problems or propose solutions. These opportunities could arise during crises, transitions or moments of institutional flux, such as the turnover of politicians, advisors and civil servants.

Engagement can occur at different stages of the research process. Researchers might collaborate with policymakers to design studies before submitting proposals, maintain communication throughout project implementation or present interim findings when policy windows open. In some cases, engagement might be most effective at later stages, depending on the maturity of the evidence and the readiness of the policy environment.

A somewhat naive perspective exists in some parts of the research community, suggesting that research results alone should be the primary factor influencing policy decisions. This view presumes that evidence will naturally be taken up by policymakers when needed. Although this could occasionally hold true—particularly in clinical decision-making, such as the rapid uptake of pharmacological treatments during the COVID-19 pandemic[38]—such scenarios are the exception, rather than the norm, in global health. This perspective overlooks the complexity of policy environments, the importance of timing and the competing interests that shape decision-making.

Policy agendas often shift over time, requiring researchers to engage at key moments—whether to present new findings or to help interpret existing, and sometimes conflicting, evidence. This could take the form of expert consultations or participation in advocacy coalitions. The ability to respond to such opportunities often depends on whether researchers have access to flexible funding or institutional support for policy engagement[39]. For example, in Kenya, early-stage advisory work on breast cancer prevention helped lay the groundwork for long-term investment once political momentum aligned[40].

When to engage is heavily context-specific, considering the different decision-making landscapes, and that engagement with policymakers includes building and nurturing relationships over the longer term. The political and policy atmosphere could strain researcher–policymaker relationships or not be conducive to engagement; hence, it can also impact the likelihood of uptake[8,41,42]. For instance, in Peru, there have been approximately 20 ministers of health over the last 15 years[43,44]. Notably, six ministers were appointed in 2020–2021, indicating major leadership changes during the COVID-19 pandemic[45]. Although there was more continuity among lower-level decision-makers, the instability at the top underscores the complexities of engaging and collaborating with colleagues in the policy landscape of countries experiencing rapid economic transitions. Such institutional instability can often be even more pronounced in fragile contexts, such as settings experiencing chronic- and poly-crises. The dynamic context, which is not uncommon internationally, demands versatility, adaptability and ongoing conversations with policymakers. As a result of the length of policy cycles and their dynamic nature, a strategy and methodology of prospective policy management—to help researchers and advocacy groups to better anticipate and manage the political dimensions of the policy process—has been developed[46].

Where to engage?

Health-related policy is made at global, regional, national, sub-national and city levels, even at the level of local councils. The findings of a research study conducted in a specific geographical location or country might be relevant to policymakers beyond that setting. Still, they can be rejected by other policymakers who demand local evidence. The choice of where to conduct research is influenced by many factors, including research capacity and funding. Therefore, while forging relationships with decision-makers at different levels, researchers should seek to make their research relevant and applicable beyond the immediate context.

Researchers who identify epidemiological, sociological and/or health-system commonalities across different contexts could enhance the applicability of their research. For instance, localized studies on neglected tropical diseases, prevalent in rural and marginalized communities, provide crucial insights for global efforts to control these diseases and inform others[47–50], thus promoting health equity on a global scale. Similarly, as shown in the example provided in Box 2, understanding the dynamics of diabetes care in specific settings can provide insights into health systems and broader agendas at the global level[51–53].

How to engage?

Policymakers often prioritize different questions than those that intrigue researchers. With limited flexibility and time for academic thinking and exchange, policymakers in some circumstances have to make urgent decisions considering the interests and pressures of multiple stakeholders, each with their own agenda. To facilitate the integration of research into policy, it is essential to reflect on effective

BOX 2

WHO: informing diabetes policy globally

At the global level, one of the coauthors has been collaborating with the WHO for more than 20 years on the issue of access to insulin and diabetes care in LMICs. Initially, this work aimed to document the lack of data on insulin access[78]. The same work later contributed to global agendas at the WHO on the issue of access to medicine and the burgeoning non-communicable diseases (NCDs) agenda, in addition to the development of a methodological tool to collect data and inform policy[51,79]. This work focused on ensuring that access to care and insulin remains a priority in the global NCDs response and supports different WHO-led initiatives[80–82].

None of this work was part of a single funded project, yet a range of lessons was learned through these interactions. First, researchers must understand global agendas and the actors involved in and beyond WHO. This was essential for navigating the sometimes siloed structure of the WHO, with some issues on the diabetes and insulin agenda being the remit of the NCD department and some within the Essential Medicines department. Second, there was a constant need to tailor and present research findings to fit the evolving interest in the WHO. Third, the long-term interaction revealed the need to distinguish the research-driven agenda from various related and evolving political agendas confronting the WHO. For example, although insulin is essential for people with type 1 diabetes to survive, its global burden in comparison to that of type 2 diabetes is much smaller. Therefore, the researcher had to recognize that the political agenda might not always be aligned with a given research interest.

The experience reinforced the potential role researchers can play as advocates and the crucial role of working with advocates in ensuring attention to the issues while keeping research findings central to any advocacy push.

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BOX 3

AFIDEP's experience in building a culture of evidence use among policymakers

The African Institute for Development Policy (AFIDEP) is a research and policy institute working with policymakers, researchers and intermediaries in Africa to instil a culture of evidence use in decision-making. AFIDEP's approach is based on the premise that promoting evidence use in formulating policies is not an end in itself; the policies' effectiveness at improving people's lives is the end goal. AFIDEP advocates for using evidence to implement and evaluate policies and programs. This requires an extended timeframe to see impacts, which is why the organization recognizes that conceptual use of evidence is just as important as instrumental use. Conceptual use involves contributing to the understanding of policy issues and reframing debates; instrumental use focuses on influencing policy development and/or practices, shaping legislation or altering behavior.

AFIDEP works across the evidence ecosystem, with funders and researchers as a generator of evidence itself and intermediaries such as the media, civil-society organizations and policymakers. It has trained researchers on policy engagement, promoted conceptual use of evidence among funders such as the Foreign, Commonwealth & Development Office (FCDO), the Bill and Melinda Gates Foundation and the Deutsche Gesellschaft für Internationale Zusammenarbeit (German Corporation for International Cooperation, GIZ) on the demographic dividend, and worked with 26 African government departments and the African Union and Southern African Development Community. Although promoting evidence from specific research projects is critical, AFIDEP's main goal is fostering a culture of evidence use. This ensures that even in the absence of experts and evidence brokers, decision-makers will ask the right questions about the basis of various policy positions—making sure that robust evidence is always on the table during decision-making. In Kenya and Malawi, AFIDEP has supported ministries of health to develop guidelines for evidence use in policymaking[83,84]. In 2021, AFIDEP supported the Malawi Parliament in passing legislation for greater autonomy to be more effective in its constitutional roles. The Kenya School of Government has adopted AFIDEP's training on evidence use in decision-making into its curriculum. This gives its graduates a greater understanding of evidence use in decision-making and enables the school to institutionalize these practices in their departments.

Instilling a culture of evidence provides researchers with opportunities to access and present their findings to policymakers while ensuring that policymakers are educated and aware of how to assess and apply evidence to policy development. This environment and culture also allow policymakers to work with researchers to codevelop meaningful questions to shape research programmes.

strategies related to how policy is made, possible evidence to policy pathways and how best to manage the engagement process[1].

Researchers should acknowledge that the evidence they produce—drawn from different research disciplines, methods and tools—might not encompass all the supporting evidence policymakers require or accept. They must also recognize that policymakers will have many other factors to consider beyond the needs of the people they serve[54].

For fruitful researcher–policymaker engagement, both parties require a reciprocal understanding of each other's needs, capacity, perspectives, motivations, incentives, timeframes and constraints[1,41,54,55]. Critically, as policymakers will inevitably need to make difficult choices with constrained resources, the totality of evidence across disciplines, often beyond a given researcher's focus or ability to frame compelling arguments for specific policies, must be presented. Achieving this level of engagement demands knowledge, subject-matter skills and personal and public-relations skills.

The research–policy interaction requires craftsmanship and specialization, considering its technical nature, including working on adequate framing of the issue to appeal to policymakers[1]. The 'how' of influencing policy necessitates an understanding of the needs of policymakers, effective communication of what researchers have to offer and, equally crucial, paying attention to the modes of engagement[3,55]. Realistically, most researchers lack training and interest in policy-related activities. This underscores the untapped potential of training clinical and public-health researchers in policy analysis and the importance of focusing on modes of engagement to potentially influence policy. A basic understanding of policy processes and decision-making is essential to understand what it takes to embed research findings into policy, and such knowledge is readily accessible[1].

Researchers engage with policymakers through a variety of mechanisms, each suited to different contexts and objectives. These include: (1) policy briefs and evidence summaries, which distill research into actionable formats; (2) science-on-demand platforms, offering rapid evidence synthesis for urgent decisions; (3) deliberative dialogs and expert roundtables, fostering mutual understanding and coproduction; (4) trusted advisors and knowledge brokers, who bridge the gap between research and policy cultures; (5) advocacy and lobbying, where coalitions mobilize evidence to influence public-health agendas; and (6) digital platforms and clearinghouses, which curate and disseminate evidence at scale. Additional modes include embedded research, in which researchers work in policy institutions to coproduce knowledge; capacity-building initiatives, which strengthen policymakers' ability to interpret and apply evidence; and public communication, in which researchers engage with the public through traditional-media and social-media platforms to shape public discourse and indirectly influence policy. These approaches span passive dissemination to active collaboration and are increasingly adapted in LMICs through engagement with civil society, multisectoral coalitions and context-sensitive partnerships. Their effectiveness—documented in evaluations and in studies of how research is used in policymaking[56–67]—depends on timing, trust and alignment with policymaker needs.

These modes are not mutually exclusive. For example, policy dialogs and rapid response mechanisms might be combined with relationship-building efforts targeting mid-career civil servants in sectors of influence. At the African Institute for Development Policy, such engagement centers around strengthening capacity among policymakers to help them understand, critique and utilize research findings and enable them to make cogent requests for data and analyses (Box 3). This approach suggests that a broader, dynamic engagement strategy, rather than a one-size-fits-all interaction, is needed, particularly in settings with a high turnover of senior bureaucrats or politicians. Strengthening technical capacity shifts the conversation from "Here are my completed, published results that you can use" to "Here you have a partner to support you as best we can whenever you need input." Researchers might also need to collaborate with experts in operational,

BOX 4

Recommendations

For maximal researcher–policymaker engagement, we make recommendations to specific groups of stakeholders, each of which are grounded in fundamental principles of establishing trust and maintaining open communication.

Researchers:
- Join government policy advisory groups
- Develop communication skills and tools
- Become advocates
- Incentivize researchers to engage in researcher–policy activities

Policymakers:
- Be open to connecting with and receiving advice from researchers
- Participate actively in engagement
- Bring scientists into the policy space to directly provide evidence and recommendations

Academic institutes:
- Provide incentives for policy engagement
- Reward participatory activities
- Provide tools and training for communication and engagement

Funders
- Support research–policy partnerships
- Allow for sustained researcher–policy engagement
- Develop follow-up grants to extend research into the policy space

Other stakeholders
- Includes civil society, media organizations, advocacy coalitions and non-governmental organizations
- Build coalitions
- Use influence to bridge gaps between policymakers and researchers

implementation and health-systems research to complement their project, or topic-specific research interests to garner the full attention of policymakers.

Recommendations for meaningful engagement

Fostering effective collaboration between researchers and policymakers is imperative in the dynamic landscapes of research and policymaking. To facilitate the integration of research into policy and practice, we propose recommendations to relevant stakeholders who seek to bridge the gap between research and policy in health (Box 4).

Our recommendations are informed by both lived experience and conceptual models that offer structured guidance for engagement. Implementation science frameworks[32,68–70] and broader systems thinking approaches[69,71] emphasize the importance of iterative feedback, stakeholder engagement and sustainability in real-world policy implementation. These models incorporate organizational and contextual factors, boundary-spanning roles and continuous learning loops—elements that align closely with our emphasis on trust, timing and mutual benefit. These insights align with calls for 'systems informed' approaches that address structural barriers to evidence use by transforming research and policy cultures, infrastructure and leadership strategies[72].

Practical tools, such as cocreated mind-maps (visual tools that organize knowledge around central themes or topics), have also been developed to help researchers—particularly early-career scholars—navigate the science–policy interface and identify entry points for engagement[30]. We also acknowledge the role of civil society, cultural leaders and the private sector in shaping policy environments, and the need for researchers to engage across these domains through advocacy coalitions and knowledge-translation platforms. Although we do not aim to review all available frameworks, we have drawn on these insights to reinforce our practical recommendations and to guide researchers in navigating complex and dynamic policy landscapes, particularly in LMICs.

Support from academic institutions

Universities and academic institutions can be pivotal in fostering researcher engagement with policy processes. They should recognize, value and incentivize policy engagement as an integral aspect of the academic portfolio. Providing career-progression mechanisms that acknowledge and reward active participation in policy-related activities can encourage researchers to seek to bridge the knowledge–action gap. Research organizations could offer support, such as resources and training programs, including interactions with experts in communication and knowledge translation that can serve as communication bridges, to equip researchers with the necessary skills for effective policy engagement. Similarly, these organizations could share or facilitate access to training for policymakers to understand research and the interpretation of research findings.

Researchers must also be incentivized by their institutions to participate in policy-engagement activities, including advocacy coalitions, encouraged to join government policy advisory groups and supported in developing strategic communication and engagement skills. Conversely, policymakers could be encouraged to engage more directly with researchers, acting as strategic advisors for public-health research programs and providing access to various types of research, among other roles.

Specific funding for policy engagement

Funders can contribute to filling this gap, enabling researchers to build new skills that might not be considered central to the academic enterprise. Funders have recognized, encouraged and even demanded that researchers impact policy. However, to facilitate this, they must also move from merely funding projects to supporting research–policy partnerships—beyond the scope of specific projects[39]. Such a shift could ensure continuity and sustained engagement between researchers and policymakers—to foster mutual understanding of their reciprocal needs and limitations, and support the development of trust over the long term. Through these combined efforts of funders and research organizations, integrating research findings into policy could become a recognized and valued part of research and a fertile ground to foster impactful engagement.

We acknowledge that policy implications do not apply to all types of research. In cases in which research has direct policy-related implications, follow-on grants could be made available to ensure that researchers and knowledge brokers maintain engagement with policymakers, recognizing that these interactions often surpass the project's lifespan, incurring additional costs.

Researchers as advocates

Many researchers are deeply invested in their work and the communities that benefit from the findings. Given the intensity and complexity of many research studies, researchers are often well-placed to present their findings to policymakers and to shape policy agendas by acting as advocates for the research and the beneficiaries[73]. Notably, the context in which we describe policy here is not intended to be conflated with

politics. However, we acknowledge that these terms are often conveyed using the same words in many languages other than English. We also recognize that research is political or can be politicized, as was broadly evident during the global COVID-19 pandemic.

Collaboration across stakeholders

We have focused on building relationships between researchers and policymakers. Still, we acknowledge that developing evidence-based policy relies on collaboration and synergies among diverse stakeholders. This group could include civil society, advocacy groups, civil servants, media organizations, local communities and non-governmental organizations. Indeed, specialized communicators could be instrumental to ensure that the data are appropriately embedded in the right health policies. The advocacy coalition framework brings diverse stakeholders with mutual interests and goals to work on a specific policy issue. The strength of such a coalition is borne from different skill sets and shared goals aligned in time, and can often result in long-term engagement and policy development.

Addressing barriers

Addressing the contextual barriers to engagement will ensure and maximize long-term national ownership—embraced by authorities, officials, policymakers and the broader policymaking ecosystem—for the researcher–policymaker engagement to drive socially robust science. Strategic timing and a strong approach to policy engagement are crucial, including the need for dedicated platforms and teams exclusively focused on research translation (for examples, see the McMaster Health Forum (https://www.mcmasterforum.org/stay-connected/our-roles) and the Sax Institute (https://www.saxinstitute.org.au/about-us/)). Effective policy implementation depends not only on evidence-informed decision-making, but also on the capacity of states to deliver services and the trust of communities in those services. In many settings, limited infrastructure, workforce shortages and systemic inefficiencies constrain the ability to translate policy into practice. Even in well-resourced contexts, public mistrust—whether owing to historical injustices, misinformation or political polarization—can undermine uptake of evidence-based interventions. Even if researchers are successful in developing robust relationships with policymakers who are receptive to integrating robust evidence into policy development, effective policies need to be implemented with high fidelity to fulfill their societal potential and for communities to experience maximal benefits. Successful implementation therefore requires public trust in research and policymakers. When trust is lost, evidence-backed interventions could be rejected by the individuals and communities for whom they are intended.

Factors for success

Several themes and commonalities emerge across our case studies and other examples beyond those provided herein. The first is time: long-term engagement of researchers and policymakers provides opportunities for meaningful professional relationships to develop and mutually shape research goals and policy development. The second is trust: particularly in fragile or turbulent political settings, policymakers must be able to trust that research is reliable and reproducible if it is to form the basis of impactful policy. Conversely, researchers should be able to trust that the stakeholders with whom they engage will present, use and interpret the data responsibly. The third is mutually beneficial outcomes: in any policymaking relationship, the ideal scenario is a win–win situation. For researchers, this might be an academic success through the publication of findings, impact through policy influence and/or continued funding for the topic of interest. For policymakers, benefits include certainty that the policy is evidence-based, as well as the ultimate positive health outcomes and benefits for the people and communities they are intended to serve, as well as increased political capital.

Concluding remarks

Influencing policy change is undoubtedly a specialized task, and many researchers (understandably) lack the skills, interest and incentives for this challenging endeavor. Given the intrinsic obligation to attempt to ensure research impact, a necessary shift is required in conventional approaches, which too often produce research without investing in measures to improve the uptake of such research into policy and societal impact. Research should not be an isolated pursuit; it must be an integral part of progress in pluralistic societies. As such, researchers and research groups should commit to the ongoing process of learning, understanding and strategically integrating their skills and knowledge into existing policy platforms and processes. This commitment is crucial for providing timely, relevant, accessible research and motivating answers to policymakers' questions. Research institutions, governments and funders each have essential roles in supporting attempts to meet such commitments. Furthermore, engagement by way of advocacy coalitions will ease the burden on researchers to be solely responsible for effectively communicating scientific research findings of relevance to the appropriate policymakers.

Without considerable effort toward meaningful policy engagement, research findings risk being confined to scientific journals, missing the opportunity to contribute to improving the health, well-being, and dignity of the very people whom the data are intended to serve. The collective responsibility of the research ecosystem is to bridge the gap between knowledge generation and policy implementation, ensuring that the fruits of research extend beyond academia and thereby increase their chances of having a meaningful impact on societal well-being.

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