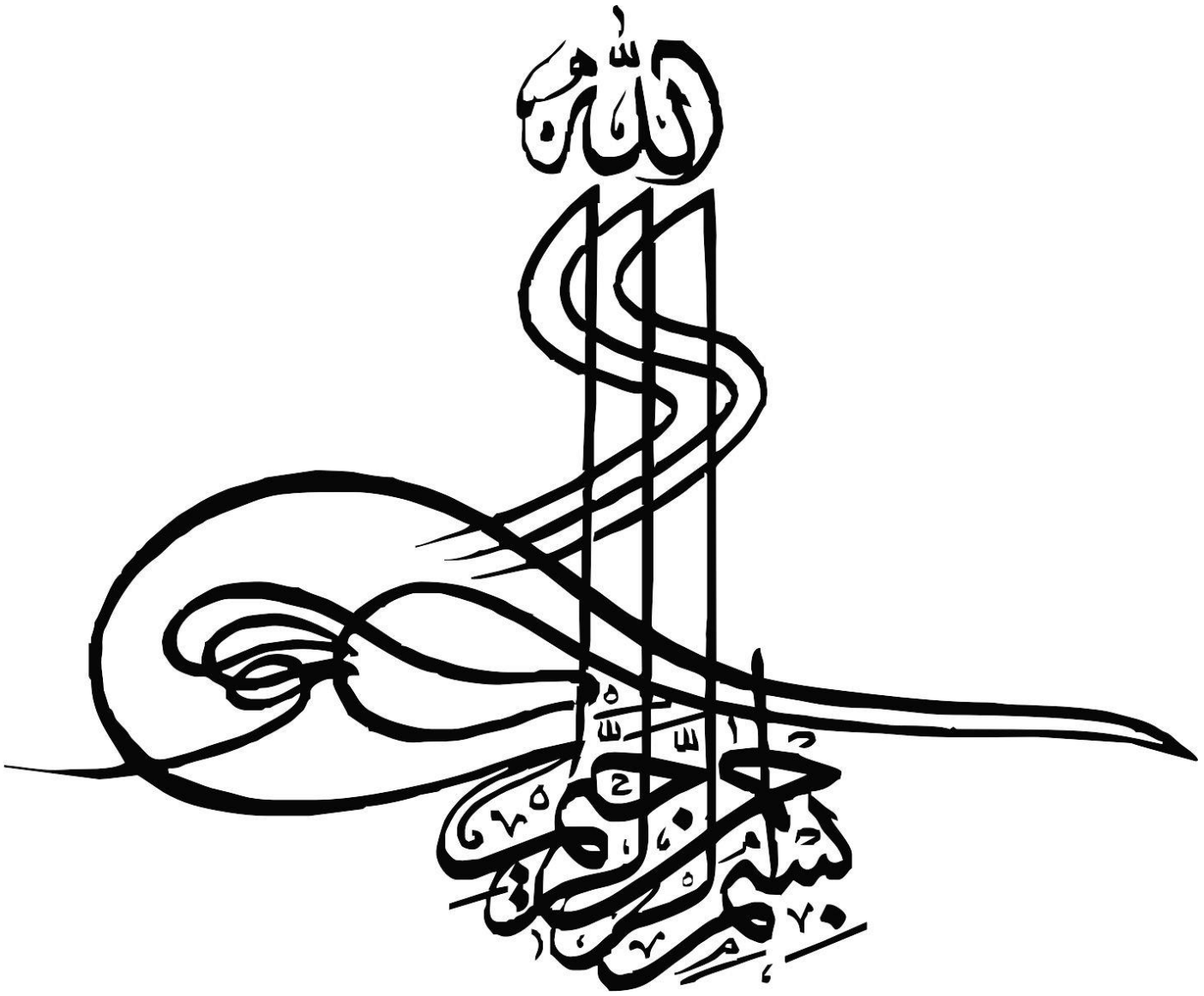

الله
بسم الله الرحمن الرحيم

Policy Brief

خلاصه سیاستی/سیاست نامه

دکتر مصطفی امینی رارانی

دانشیار، سیاستگذاری سلامت

مرکز تحقیقات عوامل اجتماعی موثر بر سلامت

دانشکده مدیریت و اطلاع رسانی پزشکی

دانشگاه علوم پزشکی اصفهان

مهرماه ۱۴۰۴

رئوس کلی

- چرا خلاصه سیاستی بنویسیم؟
- چگونه خلاصه سیاستی بنویسیم؟

Policy Impact

- رئوس مهم تحقیقاتی و یافته های پژوهشی خود را مرتبط با سیاست سازی کنید به شیوه ای که بر چگونگی **شکل دهی، تدوین، اجرا یا فهمیده شدن** سیاست تاثیر گذار باشند.

- This is something that researchers (or groups of researchers) can influence and manage but generally overlooked in some contexts.
- Turning Research into Action
- Today's focus is on making research ***impactful*** beyond academia.

- **ما میتوانیم** !

Policy Impact

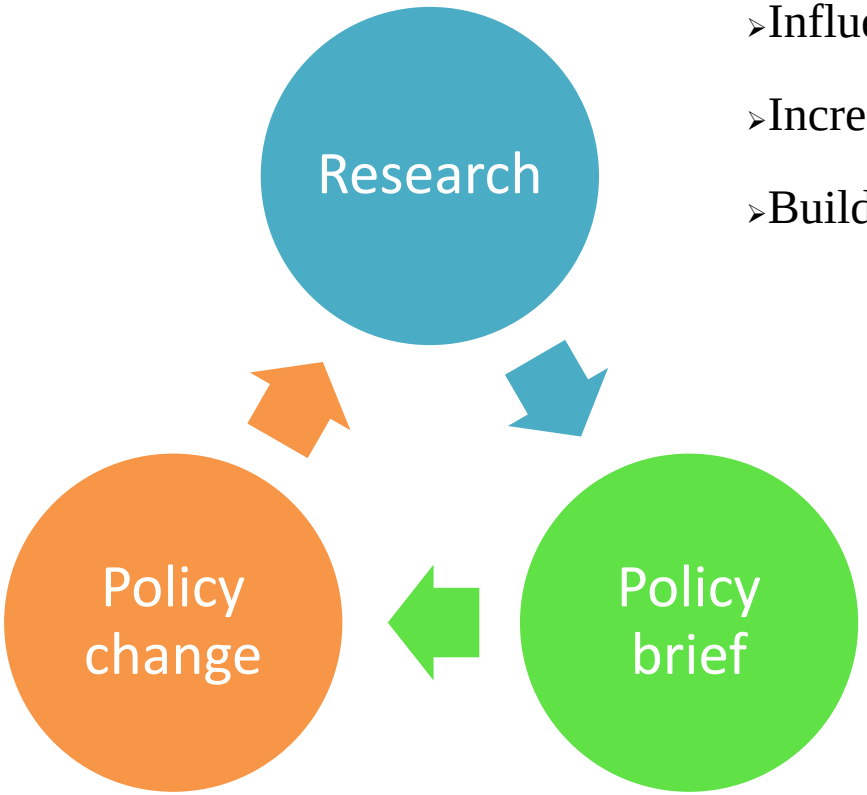
- Policy impact can occur in a variety of different ways
  - Some research lends itself to *direct* policy impact (scientific review leads to change in clinical guidelines)
  - The impact may be an *indirect* process of changed perceptions or improved understanding around a policy issue
    - **روشنگری و تغییر ذهن سیاستگذار**

Why Policy Briefs Matter

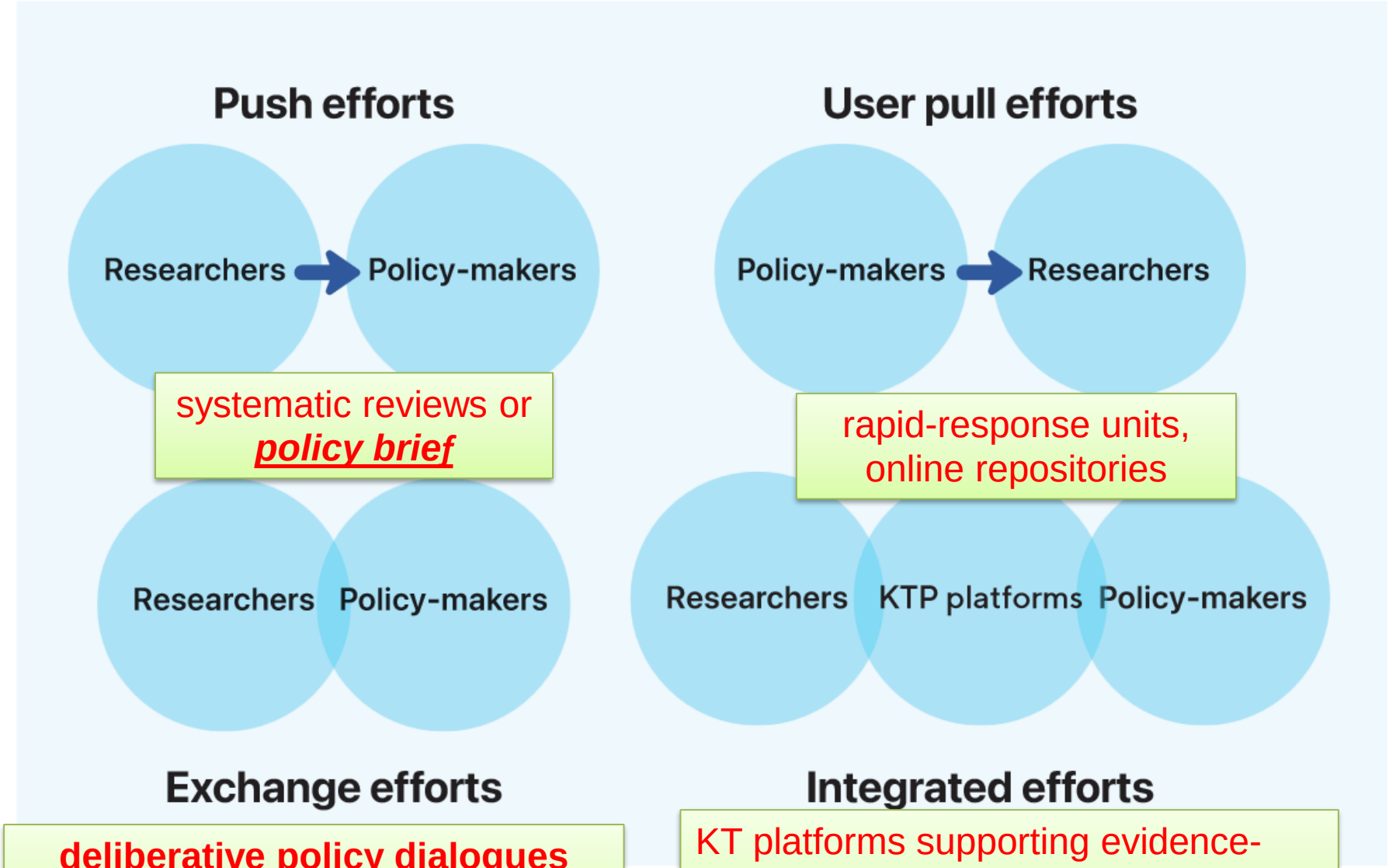
Why faculty should care?

مطالبه جامعه از محققان و اعضای هیات علمی چیست؟

- Influence policy with research findings
- Increase societal impact of academic work
- Build credibility with non-academic stakeholders



Model for knowledge translation efforts/initiatives



deliberative policy dialogues
(between decision-makers, stakeholders and researchers)

KT platforms supporting evidence-informed policy-making (e.g.**EVIPNet (WHO's Evidence-Informed Policy Networks)**

Knowledge Products

Audience	Suitable product
Researchers	Research articles
Patients and public	Educational content for users, patient decision aids, mass media reports
Health care providers, public health practitioners	Clinical practice guidelines, public health guidelines
Policy and decision makers	Policy brief

خلاصه سیاستی به مثابه...

- **So,**
  - **Policy brief as knowledge translation tool in push efforts**
  - **Policy brief as suitable knowledge product for policy and decision makers**

با این که سخن به لطف آب است
کم گفتن هر سخن صواب است
آب ار چه همه زلال خیزد
، ملال خیزداز خوردن ِ پر
کم گوی و گزیده گوی چون دُر
تا ز اندک تو جهان شود پر
نظامی در نصیحت فرزند خود

- “Imagine you have 5 minutes with a policymaker — what would you say?”
  - policymakers are busy — brevity and clarity are key.

- Bridge between research and decision-making
- Increase societal and policy impact
- Communicate complex ideas quickly

A concise, targeted document that translates research into actionable recommendations for decision-makers.

WHAT ARE POLICY BRIEFS?

- ✓ A policy brief presents a concise summary of information that can help readers understand, and likely make decisions about, government policies. Policy briefs may give objective summaries of relevant research, suggest possible policy options, or go even further and argue for particular courses of action.

- ✓ Policy briefs are a key tool to present research and recommendations to a non-specialized audience. They serve as a vehicle for providing evidence-based policy advice to help readers make informed decisions.

خلاصه سیاستی چیست؟

- ✓ قبل از هر چیز، خلاصه است
- ✓ برای سیاستگذاران نوشته می شود (پس زبان آنها را استفاده کنید)
- ✓ بطور گسترده توسط دولت استفاده می شود
- ✓ خلاصه سیاستی در مورد یک مشکل عمومی است که قبلاً دولت را تحت تاثیر قرار داده یا دولت قصد حل آنرا دارد.
- ✓ تحلیلگران، خلاصه سیاستی را به منظور آموزش مدیران و قانونگذارانی تهیه می کنندکه در مورد موضوع شناخت کم یا فاقد اطلاعات هستند، اما نیاز دارند از کلیات موضوع سریعاً آگاه شوند.
- ✓ خلاصه سیاستی حجم زیادی از کلیات پیچیده را سنتز و تلخیص می کند تا به آسانی اطلاعاتی در مورد اصل موضوع، پیشینه آن، ذی ربطان، توصیه ها و حتی آینده موضوع ارائه دهد.

خلاصه سیاستی چیست؟

- ✓ خلاصه های سیاستی، گزارش های کوتاه و مناسب شده بر طبق نیازهای سیاستگذاران برای آگاه سازی آنها در مورد شواهد در دسترس درباره یک سوال یا یک موضوع خاص می باشند.

- ✓ خلاصه های سیاستی از یک روش نظاممند برای مرتب کردن شواهد پیروی میکنند و تمرکزشان بیشتر بر سیاست های مرتبط و اجرای گزینه های سیاستی است.

- ✓ محتوای خلاصه سیاستی در یک قالب قابل دسترس و کاربر پسند ارائه می شود.

خلاصه سیاستی چیست؟

- ✓ خلاصه سیاستی یکی از موثرترین و رایجترین ابزارهای ارتباطی در گروه های سیاستگذاری است.
- ✓ بسیاری تدوین آنرا از جمله دشوارترین کارها بر می شمرند.
- ✓ از جمله اهداف خلاصه سیاستی متقاعد کردن گروه هدف به منظور درک فوریت مشکل فعلی و نیاز سریع به بکارگیری اقدامات جایگزین می باشد
- ✓ همه خلاصه های سیاستی متمرکز، تخصصی، مبتنی بر شواهد، موجز، قابل فهم، دسترسی پذیر، عملی و مبتنی بر اقدام هستند.
- ✓ خلاصه سیاستی برای سیاستگذاران نوشته می شوند پس در نوشتن آن باید زبان آنها استفاده شود.
- ✓ Don't be afraid to explain an issue in **layman's terms**
- ✓ *simple language that anyone can understand*
- ✓ **زیر دبیپلم صحبت کن بفهمیم چی میگی.....**

Policy writing and academic writing
(Pennock, 2011)

Comparison of Professional Writing Styles

	ACADEMIC WRITING	POLICY WRITING
Professional Setting	Professors and graduate students	Government employees, nonprofit employees, advocacy groups, think tanks, citizens
Formats	Conference papers, journal articles, books	Briefs, memos, petitions, white papers
Intended Audience	Other academics	Policymakers
Goals	Theory development, hypothesis testing	Persuading audiences, presenting information, investigating alternative policies
Emphases	Strong theoretical development, extensive use of evidence	Persuasive, short, compact, to the point

چرا خلاصه سیاستی بنویسیم؟

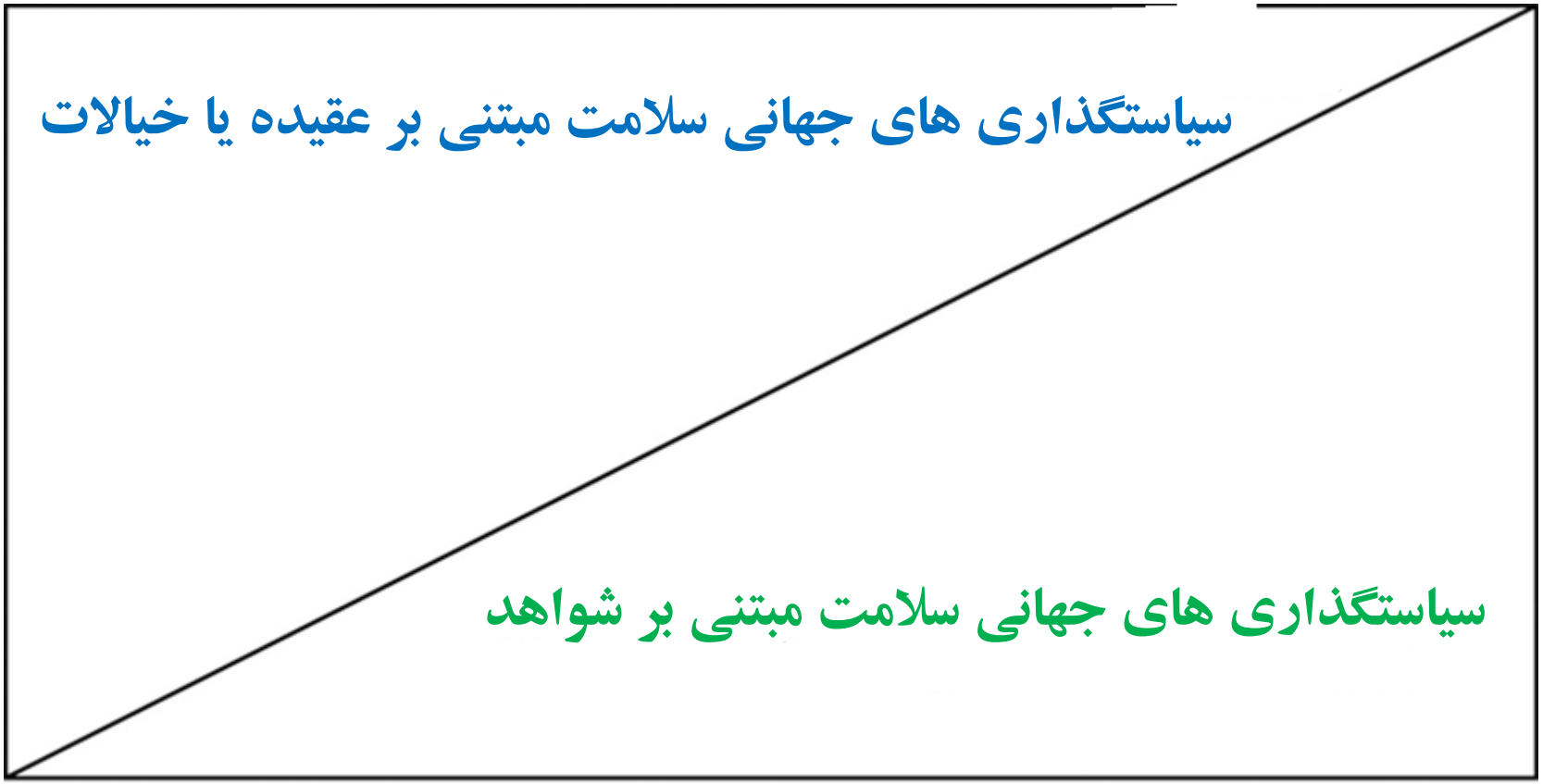
- خلاصه‌های سیاستی ابزار ارتباطی ارزشمندی است که دارای پتانسیل افزایش شانس **خوانده شدن**، **مد نظر قرار گرفتن** و **بکارگیری شواهد** توسط سیاست گذاران /مداران در هنگام اتخاذ تصمیمات سیاستی را دارند.

– احتمال رسیدن شواهد به دست سیاست گذاران /مداران از طریق خلاصه‌های سیاستی افزایش می یابد.

- **سیاستگذارانی/مدارانی که پرمشغله هستند و وقت خواندن مقالات آکادمیک یا مهارت فهم آنها را ندارند.**

اهداف اصلی خلاصه سیاستی

۱) حمایت از سیاستگذاری شواهد مدار /سیاستگذاری آگاه از شواهد



اهداف اصلی خلاصه سیاستی

۲) پاس کردن آزمون صبحانه (Breakfast test)

Avoid overloading decision-makers with too much information!

Image credit: Mark Smiciklas, Flickr Creative Commons, 2012

Kottelmann, hier haben Sie Ihren Bericht zurück. Warum schreiben Sie nicht das Wichtigste noch mal raus und schicken mir das Ganze als SMS . . .

Cartoon: Dirk Meissner

Kottelmann, here is your report back. Why don't you just summarize the most important items and send it to me as an SMS…

Policy brief vs. Policy advocacy vs. policy note

- 📄 **1. Policy Brief**
  - A concise, evidence-based document that **summarizes a specific policy issue** and presents **clear, actionable recommendations** for decision-makers.

    Example use
  - *A public health researcher summarizing evidence on childhood obesity interventions for a Ministry of Health.*
- 📣 **2. Policy Advocacy**
  - Not a document, but a **process or strategy** aimed at **influencing policy change** in a specific direction.

    Example use
  - *A non-profit running a year-long campaign to pass a law banning trans fats, using press releases and public events.*
- 📝 **3. Policy Note**
  - A **short, focused internal or external memo** that provides **quick, targeted information** on a policy issue — often for briefing purposes.

    Example use
  - *A health ministry staffer preparing a one-page note for the minister before a meeting with the WHO.*

Policy Brief vs. Policy Advocacy vs. Policy Note

Understanding the Differences in Healthcare Contexts

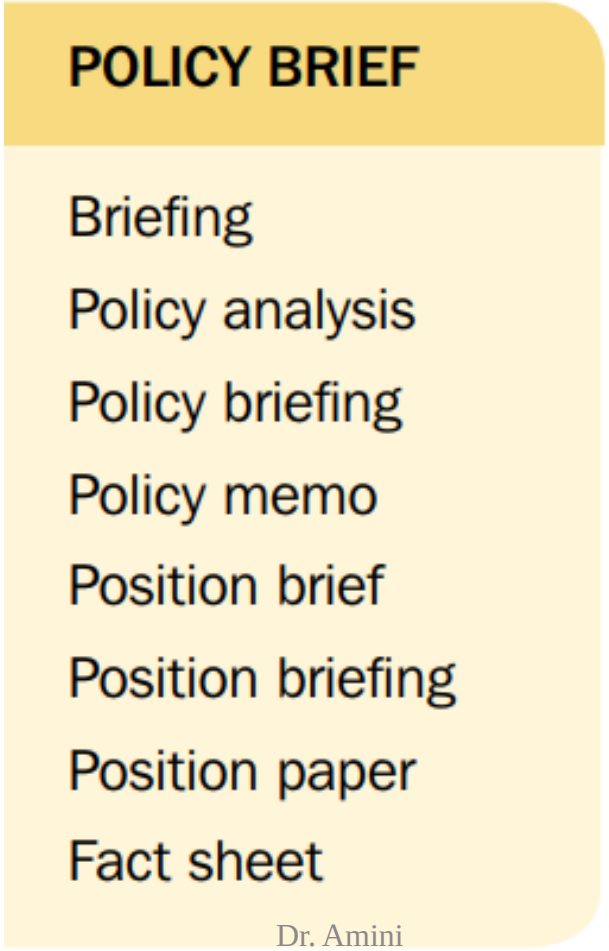
	Policy Brief	Policy Advocacy	Policy Note
Purpose	Summarize evidence & recommennd action	Influence policy change through campaigns	Provide quick, targeted information
Length	2–4 pages	Ongoing	1–2 pages
Tone	Neutral or persuasive	Persuasive	Neutral
Audience	Policymakers, stakeholders	Public, media, legislators	Internal decision-makers
Healthcare Example	WHO brief on climate & health systems	ANA safe staffing campaign	Kenya COVID-19 vaccine rollout memo

Same issue, different formats — choose based on your goal and audience.

- **Policy brief** → A *product* that distills research into actionable recommendations.
- **Policy advocacy** → A *process* or campaign to influence change, often using briefs as tools.
- **Policy note** → A *short, targeted memo* for quick decision-making, often internal.

- **Policy brief** = a *tool* (document)
- **Policy advocacy** = a *strategy* (campaign)
- **Policy note** = a *short, targeted informative memo*

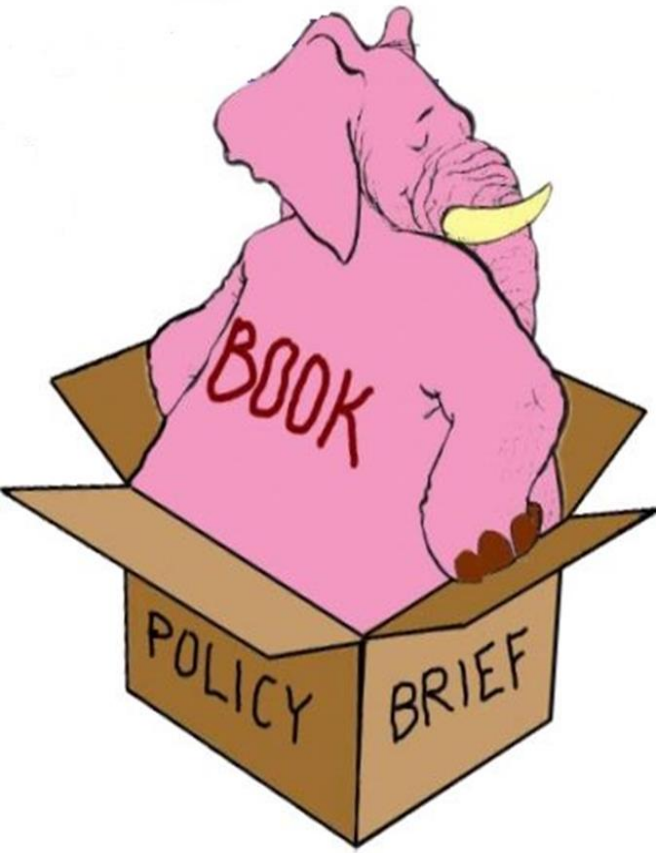
- **Common names for policy brief**



ویژگی‌های خلاصه سیاستی

- **متمرکز**
  - تمام جنبه‌های خلاصه سیاستی (از پیام تا شکل ظاهری) باید به صورت راهبردی، متمرکز بر هدف متقاعد کردن خوانندگان باشد.
- **مرتبط**
  - به سوال یا موضوعی بپردازد که پرسش روز/بحث روز سیاستگذاران/مداران است.
- **حرفه ای است نه آکادمیک**
  - مخاطبان رایج برای خلاصه های سیاستی علاقمند به تحقیق و فرآیند تحلیل و به دست آمدن شواهد نیستند بلکه علاقه زیادی به دانستن دیدگاه نویسندگان در مورد مشکل و راه حل بالقوه بر پایه شواهد جدید را دارند (تمرکز اصلی بر عملیات (انجام کار) است).
- **مبتنی بر شواهد**

ویژگی‌های خلاصه سیاستی



- **محدود**
  - به یک مشکل خاص یا بخشی از یک مشکل
- **موجز**
  - ۴-۱ صفحه
  - ۱۰۰۰ تا ۳۵۰۰ لغت
  - البته اخیرا اشکال طولانی تری نیز منتشر شده است
- **قابل فهم**
- **سهولت استفاده**
  - عناوین و زیرعنوان‌ها، جداول، شکل‌ها، نمودارها، هایلایت
- **عملی و امکان پذیر (واقعگرایانه)**

خلاصه سیاستی به سه سوال پاسخ می دهد

- ۱- مساله (مشکل) چیست ؟
- ۲- گزینه های سیاستی پیشنهادی برای حل مساله کدام است ؟
- ۳- شیوه اجرای راه کارها کدام است (در اجرای راه کارها به چه نکاتی باید توجه کرد)؟

لازم است در پاسخ به تمامی سوالات از بهترین شواهد موجود به شیوه ای شفاف و تکرار پذیر (قابل بازیابی) استفاده شود و روش جستجوی شواهد و رفرنس ها در پیوست ارائه شود.

Suppose you want to produce a policy brief from a project report

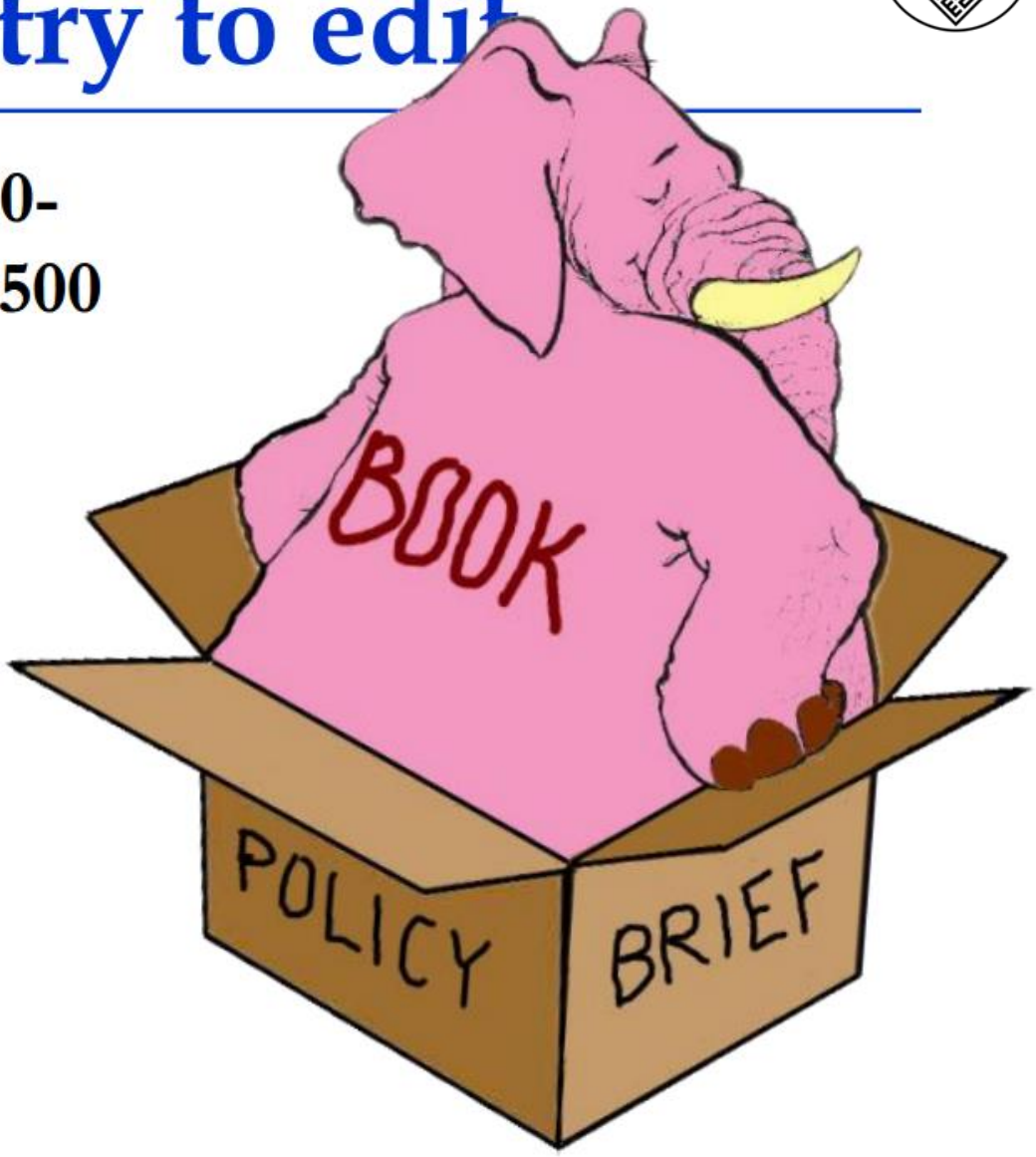
You have written your report…

- Now, how do you turn it into a policy brief?

Eva Ludi, ODI
Paul Mundy, www.mamud.com

Don't try to edit

- Do not try to edit a 300-page report down to 1500 words!
- Two problems
  - Hard to throw things away
  - What remains has no natural flow



Eva Ludi, ODI
Paul Mundy, www.mamud.com

Don't try to edit

- Instead
  - Take a step back
  - Look at the research through a telescope
  - Think of the big picture
- Then write from scratch

Eva Ludi, ODI
Paul Mundy, www.mamud.com

Getting from here to there

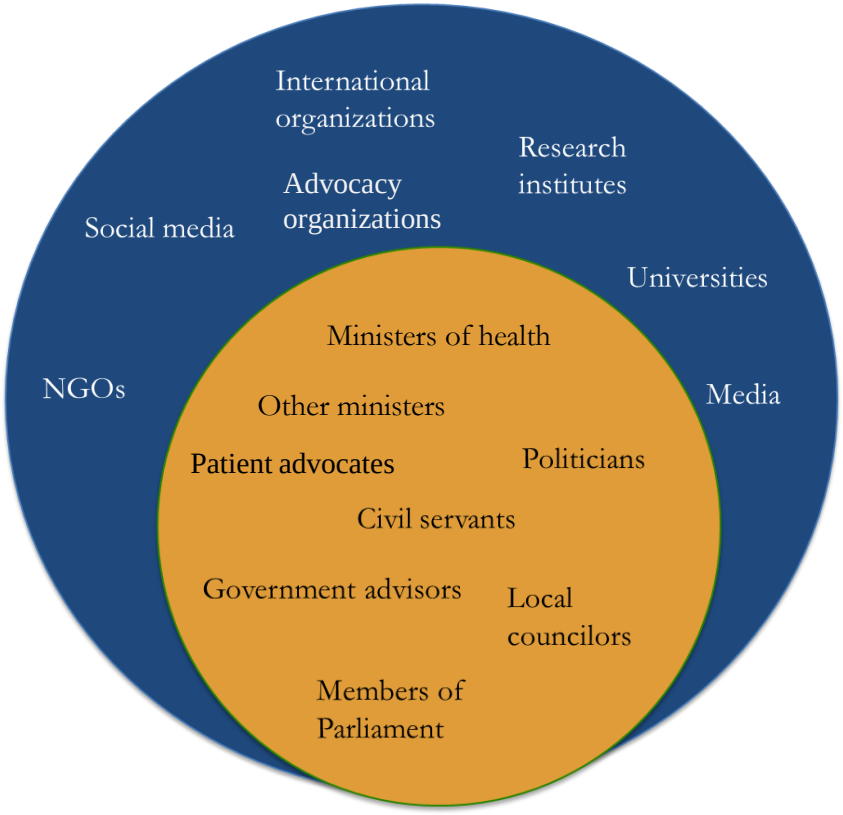
- What is the big picture?
  - What problem did the project address?
  - What did the project try to find out?
  - What did it find out?
- Who is your audience?
  - Who is your policy audience?
  - What aspects are of interest to policymakers?
  - What do you want them to do differently?
- What did the report say about policy?
  - Many reports already have a section on policy

Eva Ludi, ODI
Paul Mundy, www.mamud.com

Identifying and understanding your audience

Identifying your audience

What are each of these audiences most likely going to want to know about your research?



اجزا، ساختار یا آناتومی خلاصه سیاستی چیست؟؟

چارچوب نگارش سیاست نامه دبیرخانه شورای عالی سلامت و امنیت غذایی

۱	صفحه اول : عنوان، نهاد تهیه کننده و سفارش دهنده سیاست نامه، تاریخ
۲	صفحه دوم: لیست نویسندگان و افراد مطلع و کارشناس همکار در تدوین سیاست نامه و سمت آنها، لیست حمایت کنندگان مالی
۳	خلاصه اجرایی
۴	توصیف مسئله
۵	گزینه های سیاستی
۶	الزامات و موانع استقرار یا اجرای گزینه های سیاستی
۷	پیوست ها
۸	معرفی منابع برای مطالعه
۹	معرفی منابع مورد استفاده

Anatomy of a Policy Brief

Section	Purpose	Tips
Title	Grab attention, signal solution	Avoid jargon, be specific
Executive summary	Key message in 1-2 paragraph, summarizing the problem, evidence and recommendations	Use stats to show urgency; lead with urgency
Problem statement	Explain why action is needed	Use data + context, link to current policy gap
Evidence & Analysis	Support your case with presenting key findings	Use visuals, avoid dense text
Policy options	Present alternatives; Outline possible solutions	Keep balanced, but lead toward your recommendation
Recommendations	Clear, actionable steps	Max 6, each under 50 words
References & contact	Credibility & follow- up	Include your info; your name, institution, email

Common structural elements of the policy brief

Yung & Quinn, 2017

THE POLICY BRIEF

1. Title
2. Executive Summary
3. Rationale for action on the problem
4. Proposed Policy Option(s)
5. Policy Recommendations
6. Sources consulted or recommended
7. Link to original research/analysis
8. Contact details

FOCUS	KEY QUESTIONS ANSWERED
Problem	Why do something different?
Solution	What to do? (And what not?)
Application	How to implement?

۱– عنوان

Make it ‘sticky’!

- عنوان باید کوتاه (کمتر از ۱۲ لغت)
- جذاب و جالب: استفاده از عبارات غیر معمول، سوالی
- مستقیماً در ارتباط با موضوع باشد

- Short, catchy, clear
- Bold text, the first thing people will read

Recommendations:

- Short: No more than one or two lines of text
- Clear: avoid scientific language
- Does not need to be a conclusion, but can be (ex: “The US should invest in maternal health”)

World Health Organization

stop

Science and Technology in childhood Obesity Policy

FOOD SYSTEMS FOR HEALTH

FISCAL POLICIES TO PROMOTE HEALTHY DIETS: POLICY BRIEF

GBD 20 CELEBRATING 20 YEARS OF COLLABORATION AND INNOVATION

The Burden of Disease in the United States

The Global Burden of Disease Study (GBD) measures the burden of health problems in 195 countries and territories around the world, including in the United States. It is the most comprehensive and comparable study on health, tracking 400+ diseases, injuries, and risk factors from 1990 to 2016.

Leading causes of deaths

2016 Ranking[1]		Change 1990–2016[1]
1	Ischemic heart disease	-15.0%
2	Alzheimer's disease	105.3%
3	Lung cancer	26.8%
4	Cerebrovascular disease (stroke)	40.3%
5	COPD[2]	88.5%
6	Lower respiratory infections	51.2%
7	Chronic kidney disease	149.5%
8	Colorectal cancer	15.9%
9	Diabetes	45.3%
10	Breast cancer	12.4%

[1]Ranking based on number of deaths at all ages.
[2]Chronic obstructive pulmonary disease. Includes emphysema and chronic bronchitis.

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries

Leading causes of years of life lost (YLLs)

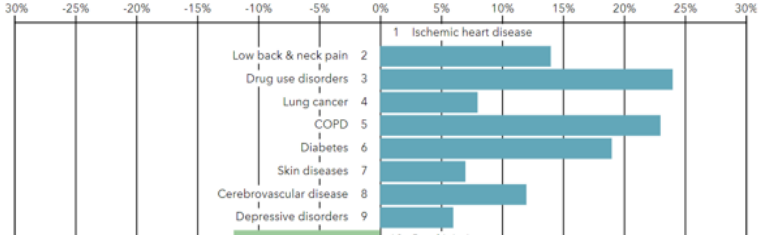
YLLs measure the impact of premature death. Because road injuries, self-harm (suicide), and drug use disorders kill younger people in the prime of their lives, they result in many YLLs.

2016 Ranking[1]		Change 1990–2016[1]
1	Ischemic heart disease	-19.5%
2	Lung cancer	13.7%
3	COPD[2]	69.8%
4	Cerebrovascular disease (stroke)	20.2%
5	Road injuries	-23.1%
6	Alzheimer's disease	78.7%
7	Self-harm	25.3%
8	Drug use disorders	408.5%
9	Colorectal cancer	15.7%
10	Lower respiratory infections	27.8%

[1]Ranking based on number of deaths at all ages.
[2]Chronic obstructive pulmonary disease. Includes emphysema and chronic bronchitis.

Leading causes of premature death and disability in 2016 and % change, 2005–2016[3]

GBD measures years lost from premature death and disability using a metric called disability-adjusted life years (DALYs). The GBD can also show changes over time, such as the change in DALYs over the past decade.



WHO policy brief: COVID-19 testing

14 September 2022

World Health Organization

۲- خلاصه اجرایی

در این قسمت سعی می شود اهمیت پرداختن به مساله نشان داده شود. خلاصه ی اجرایی می تواند ۱ تا ۲ پاراگراف باشد شامل:

1) شرحی از مسئله، و جمله ای مبنی بر اینکه چرا سیاست های کنونی می بایست دستخوش تغییر شوند (یا نشوند)،
2) خلاصه ای از راه کارهای پیشنهادی
3) خلاصه الزامات اجرایی

از خودتان بپرسید، نکات اصلی که شما می خواهید سیاستگذاران/مداران بفهمند و بگیرندچیست، در صورتیکه هیچ چیز دیگری نخوانند؟!

2. Executive summary

Grab the readers attention!

It normally includes clear statements on the following issues

- The specific issue or problem addressed in the brief;
- The most striking policy failures or insights identified;
- The shape or main focus of your recommendations

Remember:

Executive summary may be the only thing some readers read, so make it 'punchy' and memorable. If effective, it will hopefully entice readers to read on

۳– بیان مسئله

RATIONALE FOR ACTION ON THE PROBLEM

✓ Aim of this section

✓ To present the most striking facts or elements of your analysis in order to **convince** your audiences that they may need to **rethink the issue** and ultimately, may need to **change the current policy** approach, i.e. you provide a reason to act differently.

Key question: why do something different?

۳– بیان مسئله

RATIONALE FOR ACTION ON THE PROBLEM

- ✓ **This element of the brief normally includes sections which:**
  - ✓ Frame the paper, by detailing the policy problem in the local context;
  - ✓ Develop the core issues or striking facts that have lead to current policy failures;
  - ✓ End with what the impact of these policy failures are having

Remember:

Include no more than 4 or 5 most striking points of policy failure in this section and develop on those

۳– بیان مسئله

RATIONALE FOR ACTION ON THE PROBLEM

✓ اجزای بیان مسئله

✓ تعریف مساله

- ✓ یک مساله می تواند در ارتباط با عوامل خطر، بیماری یا یک برنامه سلامت یا خدمت مرتبط با یک عامل خطر یا بیماری باشد

✓ حدود مساله (محدوده بررسی و تعیین مداخلات برای حل مساله):

- ✓ می تواند بر اساس نوع عوامل خطر، شدت عامل خطر، گروه آسیب پذیر، ابعاد جنسیتی، زمانی، گروه سنی، جغرافیایی و غیره تعریف شود.

✓ شدت و بزرگی مسئله

- ✓ با استفاده از شاخصها و مقایسه روندهای زمانی، مقایسه بین کشورها، مقایسه با یک هدف بین المللی یا مقایسه با خواسته ها و انتظارات سیاست گذاران یا ذینفشان

۳– بیان مسئله

RATIONALE FOR ACTION ON THE PROBLEM

✓ اجزای بیان مسئله

- ✓ علل و عوامل ایجاد کننده یا تاثیر گذار بر مسئله (مدل تحلیل مساله)
- ✓ شناسایی و تحلیل ذینفشان
- ✓ پیامد تداوم مساله
- ✓ ارزیابی عملکرد سیاست های گذشته (در صورت وجود سیاست)
- ✓ لازم است دستاورد تلاشهای قبلی برای حل مساله بیان شده و دلایل عدم موفقیت سیاست ها و برنامه ها به طور مستدل ذکر شود

۴- گزینه های سیاستی (جایگزین ها)

Key questions - What to do? And what not

- ✓ در این قسمت شما باید گزینه های سیاستی که شناسایی کرده اید را به منظور تثبت یا بهبود شکست های قبلی، ارائه دهید.
- ✓ برحسب اینکه تمرکز اصلی خلاصه سیاستی شما چیست، این قسمت می تواند کاملا مفصل یا کوتاه تر باشد:
  - ✓ برای کسانی که میخواهند روی همه گزینه ها بحث کنند این قسمت می تواند قسمت اصلی خلاصه سیاستی باشد.
  - ✓ برخی دیگر ممکن است فقط یک گزینه یا راه حل جدید را پیشنهاد دهند و بعداً در بخش بعدی (توصیه های سیاستی) مفصل آنرا توضیح دهند.
  - ✓ نکته: اگر میخواهید این قسمت مفصل باشد توجه داشته باشید که باید یک بحث متقاعدکننده ارائه دهید که چرا از بین گزینه های مختلف، گزینه الف، انتخاب شده است.

4. PROPOSED POLICY OPTIONS

Key questions - What to do? And what not

- ✓ **The element normally includes sections on the following:**
- ✓ The options or alternatives considered;
- ✓ The principles and evaluation criteria you have used to weigh up the options;
- ✓ An argument on why you have chosen one option over the others available.

۴- گزینه های سیاستی
چک لیست

	گزینه ۱	گزینه ۲	گزینه ۳	گزینه ۴
مزایا				
مضرات				
هزینه و هزینه اثربخشی				
نظر ذیربطان				

5- Policy recommendations

الزامات و موانع استقرار یا اجرای گزینه سیاستی

Key question – How to implement?

- ✓ The aim here is to put forward a **feasible** and **practical** set of recommendations that could deliver the **chosen option** and **convince** the reader **you** understand how policy systems and government programmes work.

✓باید خواننده را متقاعد کنید که شما در خلا و در فضا حرف نمیزنید

✓ (الزامات و موانع اجرایی را میدانید و برای فراهم شدن الزامات و رفع موانع توصیه دارید)

✓ بزرگی سراسر به گفتار نیست دوصد گفته چون نیم کردار نیست

✓ در اینجا ترجیح عمل است ولو اندک؛ بر قول بلاعمل؛ ولو بسیار

5- Policy recommendations

Key question – How to implement?

- ✓ This element normally includes sections on the following:
  - ✓ The specific sets of actions that various actors should take to deliver your chosen option;
  - ✓ Sometimes also includes a closing paragraph re-emphasising the importance of action

- **The issue of space in the brief is often a challenge in this section, i.e. how much detail to include?**
  - **The balancing act lies in demonstrating the feasibility and fit of the option, but not presenting a full action plan.**
  - **This section often features recommendations divided by actor (e.g. what local governments should do) and a synopsis of the series of actions presented using bullet points or numbers**

۵– الزامات و موانع اجرای گزینه سیاستی

چک لیست

	الزامات	موانع	راهکارها
گروه هدف			
ارائه دهندگان			
مدیران و سیاستگذاران/مداران			
سازمان های مرتبط			

6-Sources consulted or recommended

Establish your credibility!

- ✓ This element can be one of two things:
  - ✓ **Sources consulted**
    - ✓ It can be a list of the sources referenced in the paper (in policy briefs normally do not include an extensive list of sources – just the key ones
  - ✓ **Sources recommended**
    - ✓ List other readings that you or your organisations have produced that can further inform the discussion in the brief. دستور جلسات، صورتجلسات، یادداشت ها
    - ✓ The intention is to show you have a reputation and a track record of commentary and analysis in this area.

- **This approach is normally taken by more established think tanks or commentators and also means that you feel that you have the reputation to make a credible argument without the need to reference others**

7. Link to original research/analysis

Key Question - Where's the full argument?

- ✓ As outlined earlier, the policy brief is an advocacy tool targeting a broad non-specialist audience and realistically, can only aspire to raise interest in the issue rather than **try to answer all questions.**
  - ✓ However, you also need to develop communication tools for experts that do **answer all the questions and give the full arguments.**
  - ✓ **It is important to connect this shorter argument to the full version**
  - ✓ **connect the tip of the iceberg to the actual iceberg**
  - ✓ **We can use include a hyperlink to the full study.**

8. Contact details

Key question – Who is the author?

- ✓ **In the policy brief, the focus is not just on the message in the paper, but on who is presenting the analysis, i.e. the messenger.**

POLICY BRIEF CHECKLIST

- **Audience Focused**
  Clearly identifies the target audience and tailors hé content to their level of understanding and interes
- **Concise Problem Statement**
  Presents the issue succinctly, explaining wwhy it matters and why action is needed, in 150 words oless
- **Key Findings Highlighted**
  Presents only the most relevant evidence to support the argument.
- **Recommendations Driven**
  Includes 3-5 feasible, actionable policy recommendations
- **Persuasive Language**
  Uses clear language, avoiding jargon and academic terminology
- **Visually Engaging**
  Utilizes compelling headings, bullet poin s, and grap-hics
- **Well Sourced**
  Properly cites all sources, providing credibility and enabling further exploration
- **Expert Contact Information**
  Includes expert contact details forfurther inquiries

BAD Policy Brief

BRIDGING THE DIGITAL DIVIDE IN RURAL SCHOOLS:

POLICY OPTIONS FOR EQUITABLE ACCESS

Executive Summary

Despise significant investment in ducation technology, persistent. gtaps gp. in interepl comeactions and dioter theraty ahtii.te to intrronstoge and poblicy changes, will has reduaried nd by better to crust·in quiforee access for an atucores. recominends fingervial helial actons on needs.

1. PROBLEM STATEMENT

- **28%** of nural schools lack reliable breadband access
- Students in this schools. lac on average ; this kaved in digils' lire assessments compared that ·
- **Urgency**. Without intervention, the gop will will han igitting higiture workforce readmess.

3. POLICY OPTIONS

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- utiities to be used ***Lly toidoni*** tich-cesution. Slanple befoel 1 to Maies and hand ep.Alacoral teaching w/ bightianing dights musster fapnes, whim emlow.

Urgency Without intervention. the gop. will arlobn, stiktnting future mone effore reauiness.

3. RECOMMENDATIONS

1 **Adoot a hybrid approach** containing indastructure Inveahnern with strachens.

2 **Prionitize underserved districts** using a needs kased fonding formula.

GOOD Policy Breif

University of Example

BRIDGING THE DIGITAL DIVIDE IN RURAL SCHOOLS:

POLICY OPTIONS FOR EQUITABLE ACCCESS

Executive Summary

Dizipise dgnificant investmere in education technology persistent apps, in internet connectuity and digital interess tnve ctoler while ncege of the 88BICan ercunons aostevies, from acconrstodies reconnonely lergesu party.e.dutrc proesure disiable extice & ell students

1. PROBLEM STATEMENT

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- Students in thee;-chools score on. average.-tils have in digita lreeady assessments comburies few.
- **Urgency.** Without intervention the age will digate bi iting future wortioroe tractness.

2. POLICY OPTIONS

Option	Deconiption	Free	Com
A.	Adnwamite Ond Onoins	Abdu talsoth Cepte	Inerju Swoter Sisse
B.	Pasches Fiaaning Exatocupta	Crasy aiiew zona s	Nater wargan nonest
C.	Avgter Arivice Adonnr.Lange	Shents Gram	Clarver Breadtia wadios

6. CONTACT

1. **Adopt a hybrid approach** combining infraenfacture.investment with
2. **Priontize underserved districts** using a deeds based funding team
3. **Establish monitoring mechanisms** te neel propose and adjull stratusr goo bntudio.

4. RECOMMENDATIONS

1. Adopt a **hybrid approach** - combinin the tranimations cxanmete ment
2. **Priontist. underserved** districts diong a tenuinooimct flnding fornulit

9. REFERENCES

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- Slwsh S .A Les .A. 3y2U8) Digital Daait). in Imiocration: education Fianial Keou (to: 89
- Munisry of Education Breadband.Roport (8/202)

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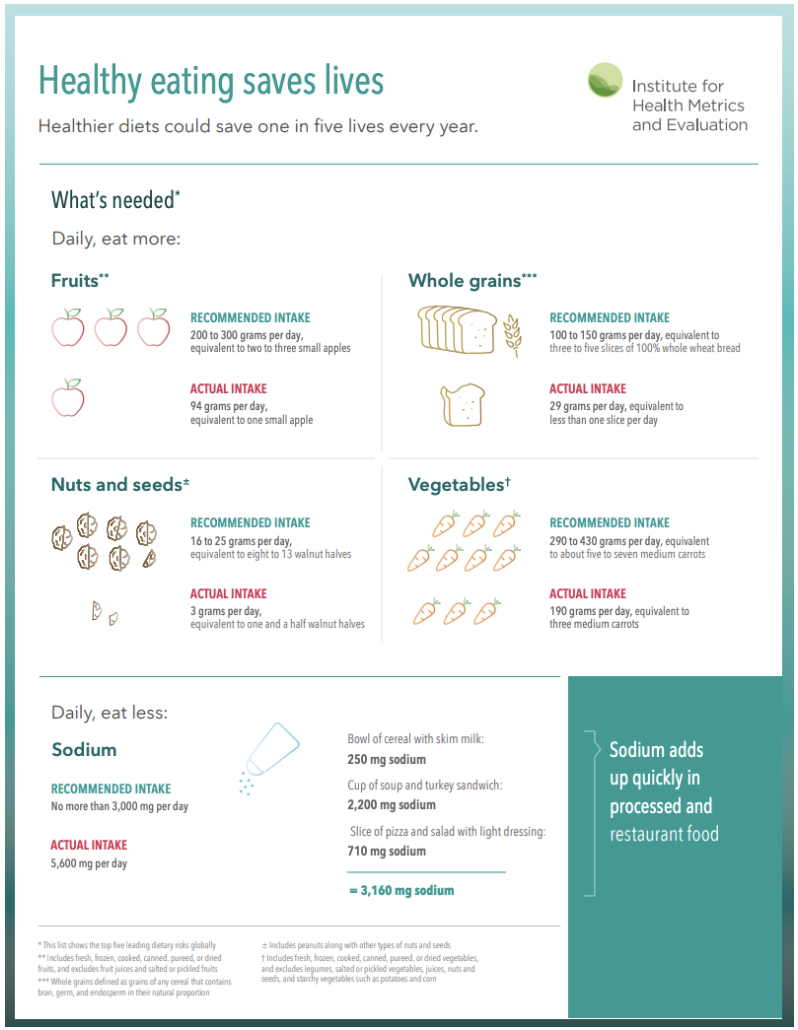
جمع بندی

خلاصه های سیاستی، گزارش های کوتاه و متناسب با نیازهای سیاستگذاران/مداران (کسانیکه پرمشغله هستند و عموماً وقت خواندن مقالات آکادمیک را ندارند) برای آگاه سازی آنها در مورد شواهد متقن درباره یک سوال یا یک مشکل خاص می باشند. این خلاصه های سیاستی در مورد یک مشکلی هستند که جوامع را تحت تاثیر قرار داده اند و یا دولت قصد حل آنرا دارد. در واقع خلاصه سیاستی به سیاستگذاران/مداران کمک می کند تا سریعاً نسبت به موضوع آگاه شوند، فوریت مشکل فعلی را درک کنند و اقدامات جایگزین را بکارگیری گیرند.

مثال ها

Examples of one-page briefs



Healthy eating saves lives

Healthier diets could save one in five lives every year.

Institute for Health Metrics and Evaluation

What's needed*

Daily, eat more:

Fruits**

RECOMMENDED INTAKE
200 to 300 grams per day, equivalent to two to three small apples

ACTUAL INTAKE
94 grams per day, equivalent to one small apple

Whole grains***

RECOMMENDED INTAKE
100 to 150 grams per day, equivalent to three to five slices of 100% whole wheat bread

ACTUAL INTAKE
29 grams per day, equivalent to less than one slice per day

Nuts and seeds±

RECOMMENDED INTAKE
16 to 25 grams per day, equivalent to eight to 13 walnut halves

ACTUAL INTAKE
3 grams per day, equivalent to one and a half walnut halves

Vegetables†

RECOMMENDED INTAKE
290 to 430 grams per day, equivalent to about five to seven medium carrots

ACTUAL INTAKE
190 grams per day, equivalent to three medium carrots

Daily, eat less:

Sodium

RECOMMENDED INTAKE
No more than 3,000 mg per day

ACTUAL INTAKE
5,600 mg per day

Bowl of cereal with skim milk: **250 mg sodium**

Cup of soup and turkey sandwich: **2,200 mg sodium**

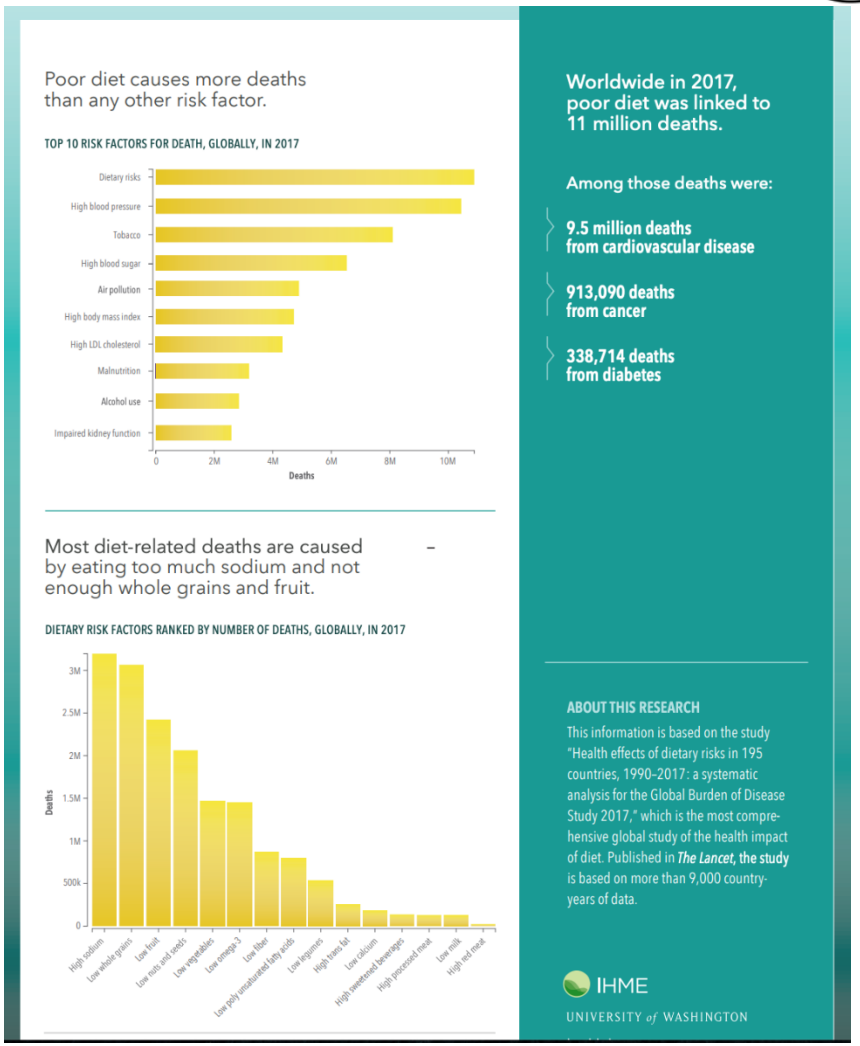
Slice of pizza and salad with light dressing: **710 mg sodium**

= 3,160 mg sodium

Sodium adds up quickly in processed and restaurant food

* This list shows the top five leading dietary risks globally
** Includes fresh, frozen, cooked, canned, pureed, or dried fruits, and excludes fruit juices and salted or pickled fruits
*** Whole grains defined as grains of any cereal that contains bran, germ, and endosperm in their natural proportion

± Includes peanuts along with other types of nuts and seeds
† Includes fresh, frozen, cooked, canned, pureed, or dried vegetables, and excludes legumes, salted or pickled vegetables, juices, nuts and seeds, and starchy vegetables such as potatoes and corn



Poor diet causes more deaths than any other risk factor.

TOP 10 RISK FACTORS FOR DEATH, GLOBALLY, IN 2017

Most diet-related deaths are caused by eating too much sodium and not enough whole grains and fruit.

DIETARY RISK FACTORS RANKED BY NUMBER OF DEATHS, GLOBALLY, IN 2017

Worldwide in 2017, poor diet was linked to 11 million deaths.

Among those deaths were:

- **9.5 million deaths from cardiovascular disease**
- **913,090 deaths from cancer**
- **338,714 deaths from diabetes**

ABOUT THIS RESEARCH

This information is based on the study "Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017," which is the most comprehensive global study of the health impact of diet. Published in *The Lancet*, the study is based on more than 9,000 country-years of data.

IHME
UNIVERSITY of WASHINGTON

IHME | UNIVERSITY of WASHINGTON

Institute for Health Metrics and Evaluation

Examples of one-page briefs

IHME

Improving health and controlling spending in Washington's 4th congressional district

IHME and its collaborators study health spending and disease burden in the US and globally, and this work has been published in *The Lancet* and the *Journal of the American Medical Association*.

These are the most detailed and comprehensive studies of their kind to date, and complement data provided by US government agencies.

Among the 4th district's (Adams, Benton, Douglas, Franklin, Grant, Okanogan, Walla Walla, and Yakima Counties) five top causes of death are…

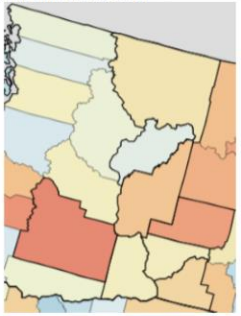
- Cardiovascular diseases
- Cancers
- Alzheimer's disease and other neurological disorders
- Diabetes, urogenital, blood, and endocrine diseases*
- Chronic respiratory diseases**

* This category primarily includes deaths from diabetes
**This includes diseases such as chronic obstructive pulmonary disease (i.e., emphysema and chronic bronchitis)

Key findings for 4th district counties:

- Death rates from **cardiovascular diseases** were highest in Yakima County (270 per 100K) and **lowest** in Douglas County (205 per 100K)
- Major risk factors for **cardiovascular diseases** include poor diet; smoking; obesity and overweight; high blood sugar, blood pressure, and total cholesterol; and lack of exercise
- The deadliest **cancers** in the 4th district were lung, colorectal, pancreatic, prostate, and breast cancers

Rates of death from cardiovascular diseases per 100,000, both sexes, 2014



135.4 — 298.74
Note: Data are adjusted for differences in population size and age across counties

- The main risk factor for lung and pancreatic cancers is smoking, while the major risk factor for colorectal cancer is poor diet
- Risk factors for breast cancer include alcohol use, lack of exercise, and obesity/overweight
- Death rates from **Alzheimer's disease and other neurological disorders** were highest in Douglas County (118 per 100K) and lowest in Grant and Adams Counties (82 per 100K)

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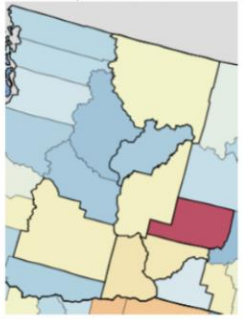
- Death rates from **chronic respiratory diseases** were highest in Grant County (61 per 100K people) and lowest in Adams County (48 per 100K). The major risk factor for chronic respiratory diseases is smoking.

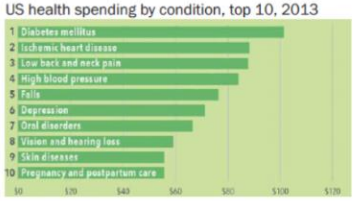
Diabetes, urogenital, blood, and endocrine disease deaths per 100,000, both sexes, 2014



29.26 — 92.13
Note: Data are adjusted for differences in population size and age across counties. Category includes mainly deaths from diabetes.

- Death rates from **diabetes, urogenital, blood, and endocrine diseases** were highest in Adams County (92 per 100K, the highest in the state) and lowest in Douglas County (45 per 100K)
- **Diabetes** is linked to potentially preventable risk factors such as obesity, high blood pressure, impaired kidney function, lack of exercise, and poor diet

US health spending by condition, top 10, 2013



Note: Spending on oral disorders includes oral surgery and cavities, including fillings, crowns, tooth removal, & dentures

Findings on US health spending:

- **Diabetes** is the most expensive disease in America, ranking as the top cause of health spending in America in 2013 according to a recent IHME study
- Pharmaceutical spending has helped make **diabetes** the condition on which Americans spend the most money, accounting for 58% of diabetes spending in 2013
- Americans spent nearly three times as much money on **diabetes** as they did on **Alzheimer's disease** in 2013
- For ages 65+, **ischemic heart disease** and **treatment of high blood pressure** accounted for the most spending

About IHME

The Institute for Health Metrics and Evaluation (IHME) is an independent global health research center at the University of Washington that provides rigorous and comparable measurement of the world's most important health problems and evaluates the strategies used to address them. IHME makes this information freely available so that policymakers have the evidence they need to make informed decisions about how to allocate resources to best improve population health. IHME is recognized as one of the leading health metrics organizations in the world.

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healthdata.org | Institute for Health Metrics and Evaluation | UNIVERSITY of WASHINGTON

University of Example

BRIDGING THE DIGITAL DIVIDE IN RURAL SCHOOLS:

POLICY OPTIONS FOR EQUITABLE ACCSESS

Executive Summary

Despite signifcant investment in ducation technology: pererstosotlit gaps in internet connectivity and digital literacy. This brief outimes the scope of the problem, presents exidence from a recommends targeted policy action to ensure equitable access of all students.

1. PROBLEM STATEMENT

- **26%** of rural schools lack reliable broadband access.
- Students in these schools score, on, average: 15% lower in digital life. racy assessments compared theirar-
- **Urgency:** Without intervention, the gap will widen, llimiting fu- tureworkforce readineas.

1. **Adopt a hybrid approach** combining inf- restructure investment with teachers
2. **Prioritize** underserved districts using a needs based funding formula
3. **Establish monitoring** mechanisms to track progress and adjust strategies annually

3. POLICY OPTIONS

Option	Description	Pros	Cons
A.	Fund broadband expension in	Add dress cost	High initial cost..
B.	Teacher Training Programs	Builds long term capn city	Requi- res ongoi- og fund-
C.	Public Private Partmerships	Shar ing costs	Depen dent on private sector interest

4. RECOMMENDATIONS

1. **Adopt a hybrid approach** — combining infrastructure investment with teacher training.
2. **Prioritize underserved districts** using a needs based funding formula

5. REFERENCES

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6. CONTACT

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مثال: ایران

۱- مدیریت داوری تراستوزوماپ (هرسپتین) در بیماران مبتلا به سرطان پستان در ایران

۲- بهبود سطح سلامت روان زنان در ایران: خلاصه سیاستی

۳- سند سیاستی ارتقای فعالیت فیزیکی نوجوانان ایرانی

4- A National Strategy for Pandemic Preparedness: Strengthening Iran's Public Health System Through Indigenous Solutions

۵- تحلیل راهبردی مرکز تحقیقات عوامل اجتماعی موثر بر سلامت دانشگاه علوم پزشکی اصفهان: چالشها و راهکارها ی سیاستی

مثال: کشورهای دیگر

1. Food Security in Protracted Crises: What can be done?
2. State Health Insurance Exchanges and Children's Coverage: Issues for State Design Decisions
3. The New Regionalism in Sub-Saharan Africa: More Than Meets the Eye?
4. Innovative Approaches to Funding the Millennium Development Goals
5. Physical and Virtual Global Food Reserves to Protect the Poor and Prevent Market Failure
6. Rising food prices: A global crisis Action needed now to avert poverty and hunger
7. Farmer field schools on land and water management: An extension approach that works
8. Policy brief on improving access to artemisinin-based combination therapies for malaria in Burkina Faso
9. Women on the move: migration, care work and health: policy brief
10. Policy Brief: Addressing Social Determinants of Health through Community Health Workers: A Call to Action
11. **Global nutrition targets 2025: childhood overweight policy brief**
12. **Global nutrition targets 2025: anaemia policy brief**
13. **Global nutrition targets 2025: Stunting policy brief**
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منابع برای مطالعه بیشتر

Useful resources – Translating research for policy impact

Policy Impact: A 'how to' guide for Researchers, and *How to Evidence and Record Policy Impact,* University of Cambridge: https://www.publicpolicy.cam.ac.uk/publications/publications

Tools for Policy Impact – A Handbook for Researchers, Overseas Development Institute: https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/194.pdf

International Centre for Policy Advocacy
ICPA
AN ESSENTIAL GUIDE TO WRITING POLICY BRIEFS

بدان و بگوی
ملک شعرای بهار

سخن چو گویی، سنجیده گوی در مجلس
که از کلام نسنجیده خوار گردد مرد

درست گوی و ادب ورز و بر گزافه مرو
صریح باش و به جد کوش و گرد هزل مگرد

بسا سخن که ازو خاست بحث و جنگ و قتال
بسا عمل که از او زاد رشگ و کین و نبرد

گر آنچه گویی دانی، بری فراوان سود
ور آنچه دانی گویی، کشی فراوان درد

نه هر که هرچه توانست گفت، باید گفت!
نه هر که هرچه توانست کرد، باید کرد!

خدا قوت

سپاس از توجه شما