

Staff Spotlight: Gemma Buckland-Merrett

We open the curtain on part three of our “Staff Spotlight” blog series, taking you backstage at Health Action International.

Behind every report, every consultation response, policy brief or methodology there’s a person—most of the time even more than one, because Policy Advisors, Project Managers, Communications & Co. here at HAI work hand in hand. Our achievements are the achievements of many and we’re proud to be part of a mutually enriching, energetic team.

This month’s blog post presents our much appreciated Gemma Buckland-Merrett, who is a Senior Research Manager at HAI. Gemma’s research focuses on price, availability, and affordability of (medical) commodities and thus provides HAI with a fountain of evidence from which to build our advocacy efforts.



As HAI’s Senior Research Manager Gemma thrives to create sustainable and effective health policy by generating robust data for evidence-based advocacy.

Placing Research at the Heart of Advocacy

What is your role at Health Action International (HAI)?

I am the Senior Research Manager at HAI. My role predominantly focuses on leading research projects that feed into work at HAI regarding price, affordability and availability of medicines. This provides an evidence base to inform rigorous health policy interventions and advocacy activities. I currently manage projects looking at access to sexual and reproductive health commodities in Zambia, Uganda and Kenya, access and sustainable use of antibiotics in Europe and low-resource settings and access to snakebite antivenom in Kenya.

What are three words to describe HAI?

Driven, diverse, empathetic.

“I find generating this picture fascinating.”

What is the most interesting aspect of your field of expertise?

Generating robust data on access to medicines and placing the best available evidence from research at the heart of advocacy, policy development and implementation means more sustainable and effective health policy can be created. For my research on sexual and reproductive health commodities, I use a mixed methods approach. This generates a wealth of data, not only on the price, availability, and affordability of commodities, but also on what socio-economic factors impact access and the perspectives of providers and users. This data

really helps to identify potential areas for intervention and also where further research might be needed. I find generating this picture fascinating. Our work on access to antibiotics for sexually transmitted infections has revealed that whilst antibiotic resistance is increasing there is still a big problem with access to effective antibiotics to treat STIs in many contexts, in addition to a reluctance to access available treatments due to associated stigma. This identifies a complex set of issues that needs to be unpacked in order to tackle antibiotic resistance.

“Presenting data in an engaging way is vital to capture people’s interest.”

How do you make people interested in your topic?

Firstly, masses of data can be overwhelming. When we generate our data on access to sexual and reproductive health commodities, we have data from over 120 health outlets in each country and we look at approximately 40 different commodities. Presenting this data in an engaging way is vital to capture people’s interest. We also need to make sure we engage the right stakeholders from the beginning of the research process—this is a group effort and involves talented communications staff and policy advisors. Part of this engagement needs to involve demonstrating how the research findings can help identify priority areas for intervention or help explain trends. Showing people how useful data can be in advocacy, emphasising the importance of evidence for empowerment of the general public and holding governments to account – this usually excites people. Of course, it goes without saying that data you generate and use should be reliable and of a robust quality!

Emphasising the importance of evidence for empowerment

What do you wish people would be more aware of?

The complexity of the local, national and global systems within which medicines are accessed and used. Access and use of medicines is influenced by a variety of different factors both inside and outside of the health sector. This is exemplified when we consider the sustainable use of antibiotics and reducing the burden of antibiotic resistance. There is a complex system of interlinked technologies, networks, markets, regulations, perceptions, norms and infrastructures that influence antibiotic use. Therefore, to be truly effective and for an intervention to stand a good chance of success, diverse aspects and levels of the system need to be considered; efforts need to include strategies that cover pharmaceuticals, food and agriculture, human resources, financing, and information systems by linking science to practicality. This is the case for many health policy issues and it needs to be considered more.

What do you like most about working at Health Action International, and what have you gained from working here?

Working so closely with in-country partners in Kenya, Zambia and Uganda as part of our sexual and reproductive health commodities work has been a new experience for me. It is incredibly satisfying to help develop a data set that can be used by in-country partners to

identify and monitor areas of health policy intervention. More importantly, being able to train people in data collection, research methods and analysis to generate capacity within country has been very rewarding.

“NGOs should try to incorporate evidence in their own advocacy activities.”

If you could choose one policy recommendation to be accepted and turned into undisputed policy tomorrow, what would it be?

I'm afraid I'm going to be difficult on this one! I cannot really choose just one policy. However, what I think is important is that firstly, evidence is used as much as possible in policy making and NGOs should not only advocate for this but also try to incorporate evidence in their own advocacy activities. Evidence-based policies can have a more significant impact in developing countries, it is less well established and therefore the potential for change is greater. Better utilization of evidence in policy and practice can help save lives, reduce poverty and improve development performance.

Also, I believe the “Health in All Policies” initiative should be more widely supported. As I mentioned earlier with AMR, this is particularly pertinent when tackling “wicked problems” and complexity in health. Health determinants cannot be influenced by health policy on its own - there is a need for coordinated action, joint strategies and initiatives with other health-related policy areas in order to ensure that health concerns are being addressed adequately.

Want to find out more about Gemma? Take a look at our [staff site](#)!