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Discovery to Scale Up

Implementation Science in Global Health

Patricia Stephenson, ScD,
Ariel Pablos-Mendez, MD, PhD, Robert Clay, MPH

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Goal of Implementation Science:

To accelerate the adoption and integration of evidence-based interventions to change practice patterns, health behaviors, and inform public health policy decisions that ultimately will lead to lasting health impact at scale.

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(One) definition of implementation science

The application of systematic learning, research and evaluation to improve health practice, policy and programs.

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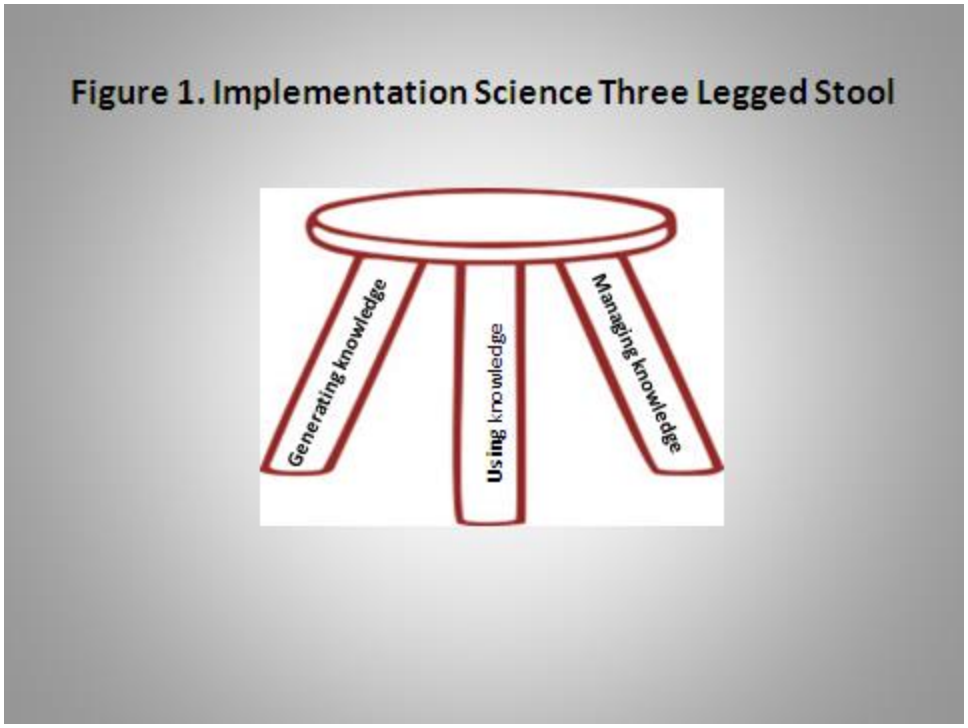
Implementation science helps decision-makers to:

- Synthesize and organize information
- Develop, evaluate and select interventions
- Identify who can benefit most
- Understand context
- Adapt or adopt interventions
- Address barriers
- Assess fidelity
- Assess the global health impact

Paradigm for a “Discipline of Development”



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Generating Knowledge: Implementation Research

A typology of implementation research

- Research intended to create knowledge that is useful in many contexts
- Research on problems, solutions and delivery processes particular to a given country or place
- Research on the translational steps linking research results to adaptation and adoption in the field, to scale up

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Using Knowledge: Knowledge Translation & Scale Up

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Knowledge Translation

The synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health (WHO 2006).

Managing Knowledge

Knowledge Management

KM comprises a range of strategies and practices used in an organization to identify, create, represent, distribute and enable adoption of insights and experiences. Such insights and experiences comprise knowledge, either embodied in individuals or embedded in organizations as processes or practices.

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Challenges

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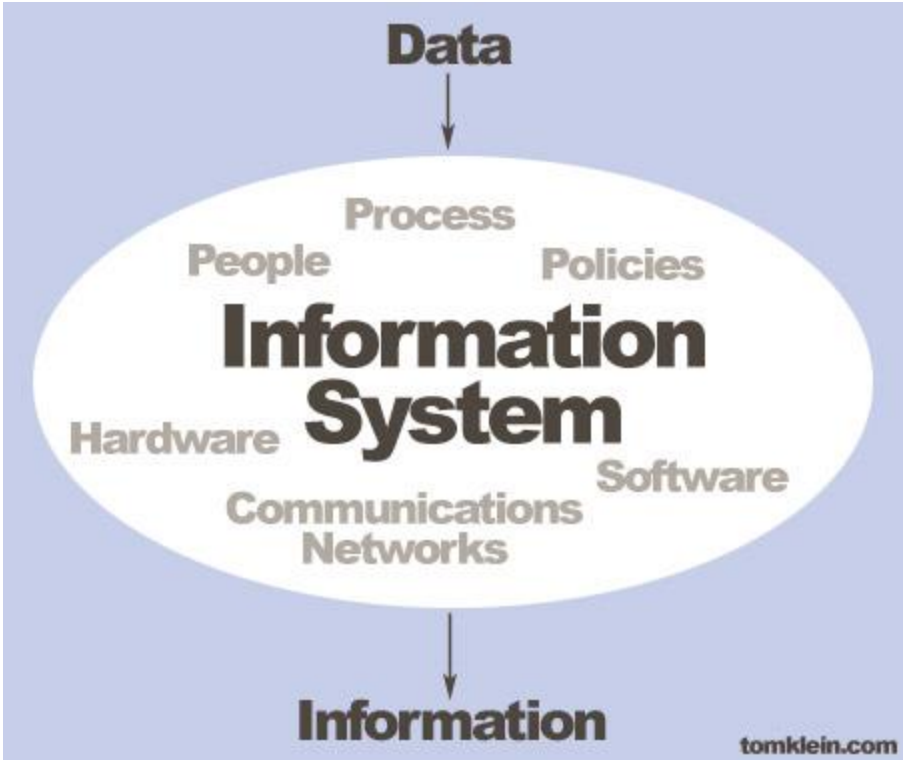
How do we create world class information systems?



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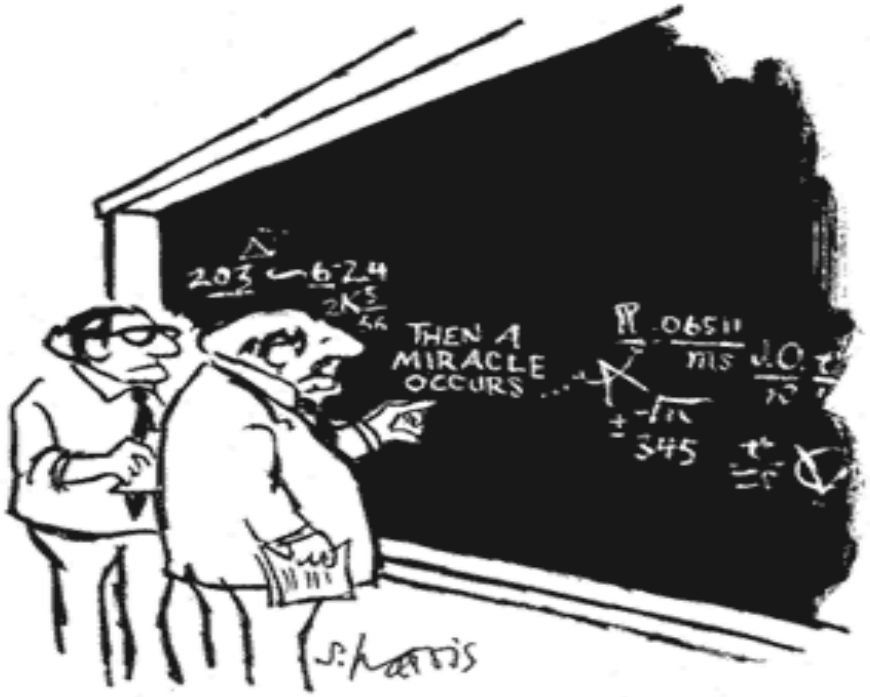
What is good evidence?

Once we identify evidence-based practices, how do we prioritize them for scale up?

What do we mean by scale up?

The process of taking one or more interventions with known effectiveness and introducing it (them) into a program delivery strategy designed to reach high, sustained and equitable population coverage at adequate levels of fidelity and quality. *(Victora et al 2004, adapted by Stephenson, Clay and Pablos-Mendez 2013)*

Mapping the Process of Scale Up: Developing a Theory of Change



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

Creating Conditions for Sustainable, Equitable Scale Up: Value Chains

–POLICY: formulation & implementation

–COMMUNITY: social co-productions

–BEHAVIORS: healthy lifestyle and adherence

–PRACTICE: clinical or organizational

–TECHNOLOGY: drugs, equipment, etc.

–SYSTEMS: finance, logistics, human resources, infrastructure, capacity, M&E

How do we develop an implementation science agenda?

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Thank you

What is Implementation Science?

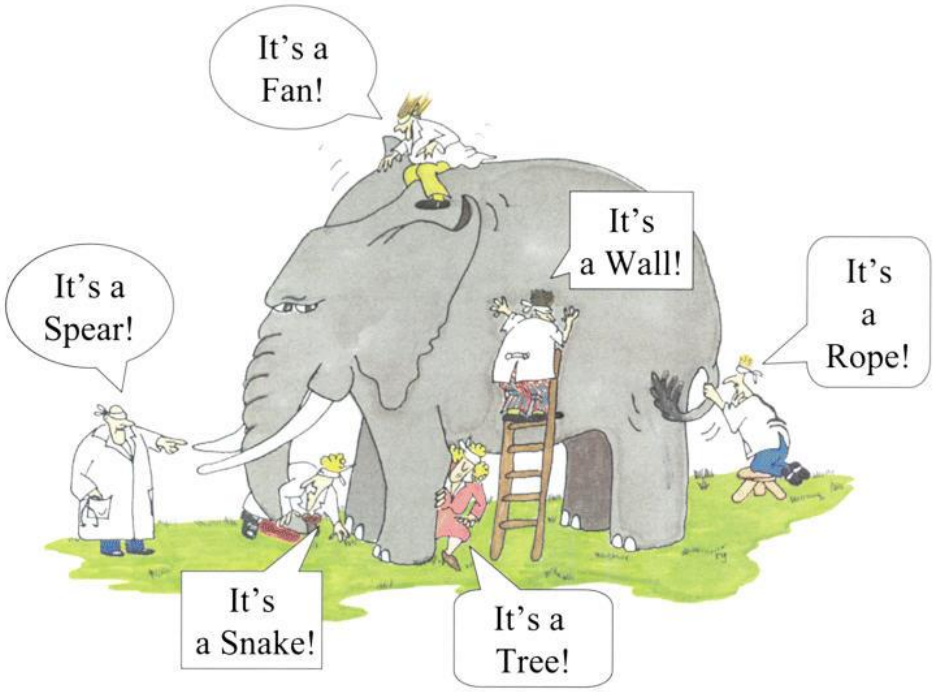
Bryan J. Weiner, Ph.D.

University of North Carolina at Chapel Hill

Roadmap

- How do domestic and global perspectives on IS differ?

- How is IS different from:
  - Process evaluation?
  - Improvement science?
  - Dissemination science?
  - Health systems strengthening?



View from NIH

- **Implementation** is the use of strategies to adopt and integrate evidence-based health interventions and change practice patterns within **specific settings**.

- **IS**: the scientific study of methods to promote the integration of research findings and evidence-based interventions into **healthcare practice and policy**. It seeks to understand the behavior of healthcare professionals and support staff, healthcare organizations, healthcare consumers and family members, and policymakers in **context** as key variables in the adoption, implementation and sustainability of evidence-based interventions and guidelines…

View from PEPFAR

- IS: the study of methods to improve the uptake, implementation, and translation of research findings into routine and common practices
- Scope: improve **program effectiveness** and optimize **efficiency**, including the effective transfer of interventions from one setting to another
- The PEPFAR IS Framework:
  - monitoring and evaluation
  - operations research
  - impact evaluation

The Global Fund to Fight AIDS Tuberculosis and Malaria, United States Agency for International Development (USAID), World Health Organization (WHO), Special Program for Research and Training in Tropical Diseases, Joint United Nations Program on HIV/AIDS (UNAIDS), The World Bank. Framework for Operations and Implementation Research in Health and Disease Control Programs. 2008

KQs: Monitoring and Evaluation

1. Is the program being implemented as designed and planned?
2. Are inputs and outputs sufficient to achieve the desired outcomes?
3. Are program benefits getting to intended recipients?
4. Are expected program outcomes moving in the right direction?

Padian NS, Holmes CB, McCoy SI, Lyerla R, Bouey PD, Goosby EP. Implementation science for the US President's Emergency Plan for AIDS relief (PEPFAR). J Acquir Immune Defic Syndr 2011 Mar 1;56(3);199-203.

KQs: Operations Research

1. What are the implementation problems exhibited by a particular project?

2. What are innovative solutions to deal with implementation problems?

3. What policies or service delivery models can improve effectiveness or efficiency?

4. What is the optimal allocation of resources for the program?

Padian NS, Holmes CB, McCoy SI, Lyerla R, Bouey PD, Goosby EP. Implementation science for the US President's Emergency Plan for AIDS relief (PEPFAR). J Acquir Immune Defic Syndr 2011 Mar 1;56(3);199-203.

KQ: Impact Evaluation

1. What would have happened had the intervention not taken place?

2. What was the impact of the intervention on beneficiaries?

3. How does the outcome among beneficiaries compare to the outcome among individuals who were not involved in the program?

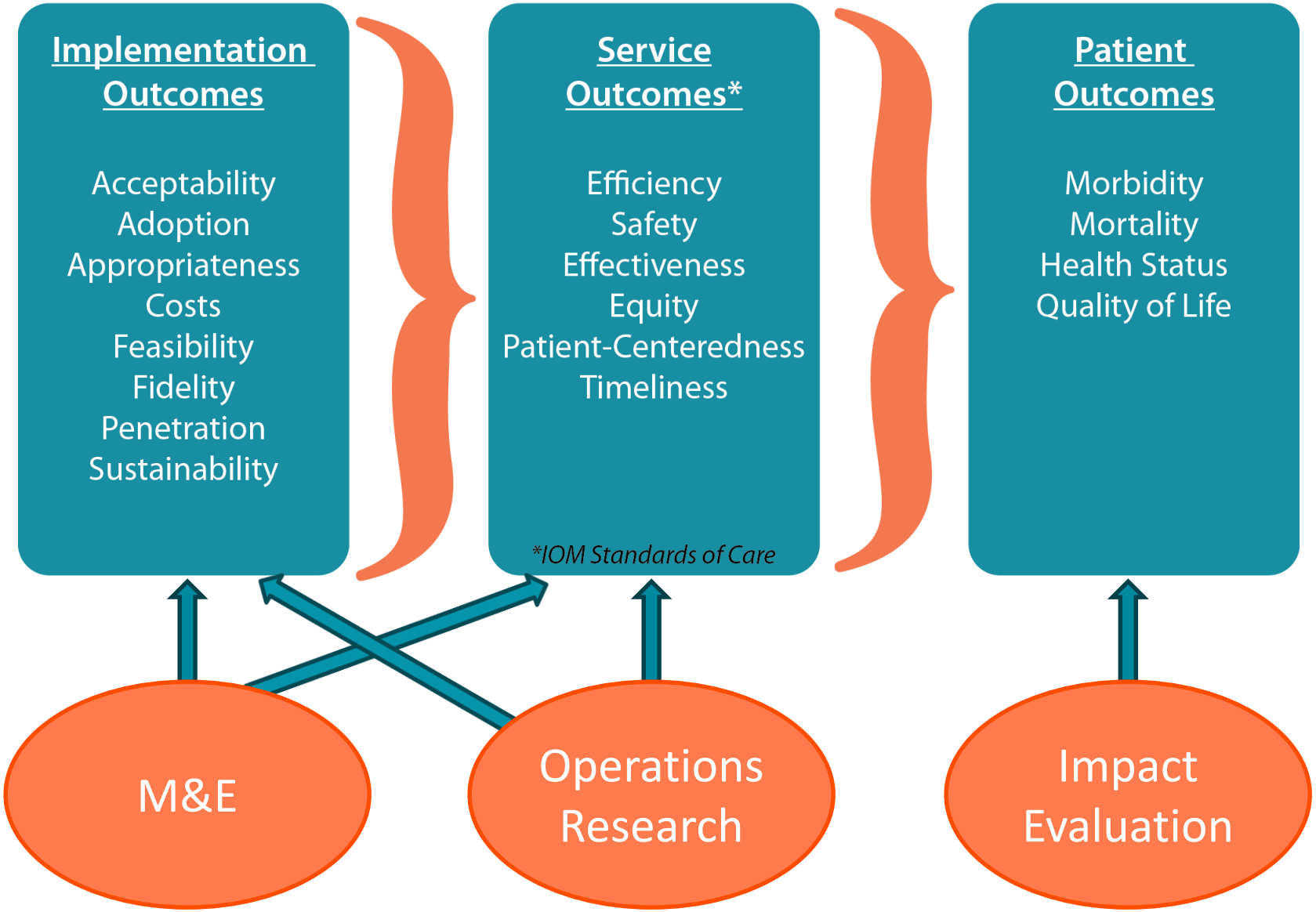
Padian NS, Holmes CB, McCoy SI, Lyerla R, Bouey PD, Goosby EP. Implementation science for the US President's Emergency Plan for AIDS relief (PEPFAR). J Acquir Immune Defic Syndr 2011 Mar 1;56(3);199-203.

View from WHO/TDR

- **Implementation** involves evidence-supported, systematic, and planned efforts within a **system (or organization)** to institutionalize an intervention and to ensure its intended effects and impacts.
- **Implementation research** asks: "What is happening in the design, implementation, administration, operation, services, and outcomes of social programs? Is it what is expected or desired? Why is it happening the way it is?"
- Implementation research does not isolate the effects from the **context**, thus distinguishing itself from clinical trials and impact evaluations.

Implementation research for the control of infectious diseases of poverty: strengthening the evidence base for the access and delivery of new and improved tools, strategies, and interventions. World Health Organization, 2011.

Types of Outcomes in Implementation Research



Questions to Ponder

- Does IS include integration of evidence-based health interventions into informal settings (e.g., families)?
- Is patient adherence an implementation outcome?
- How about patient adoption of health behavior?
- Is dissemination science distinct from, or included in, IS?
- If context is an important aspect of IS, what is the role of the randomized controlled trial?

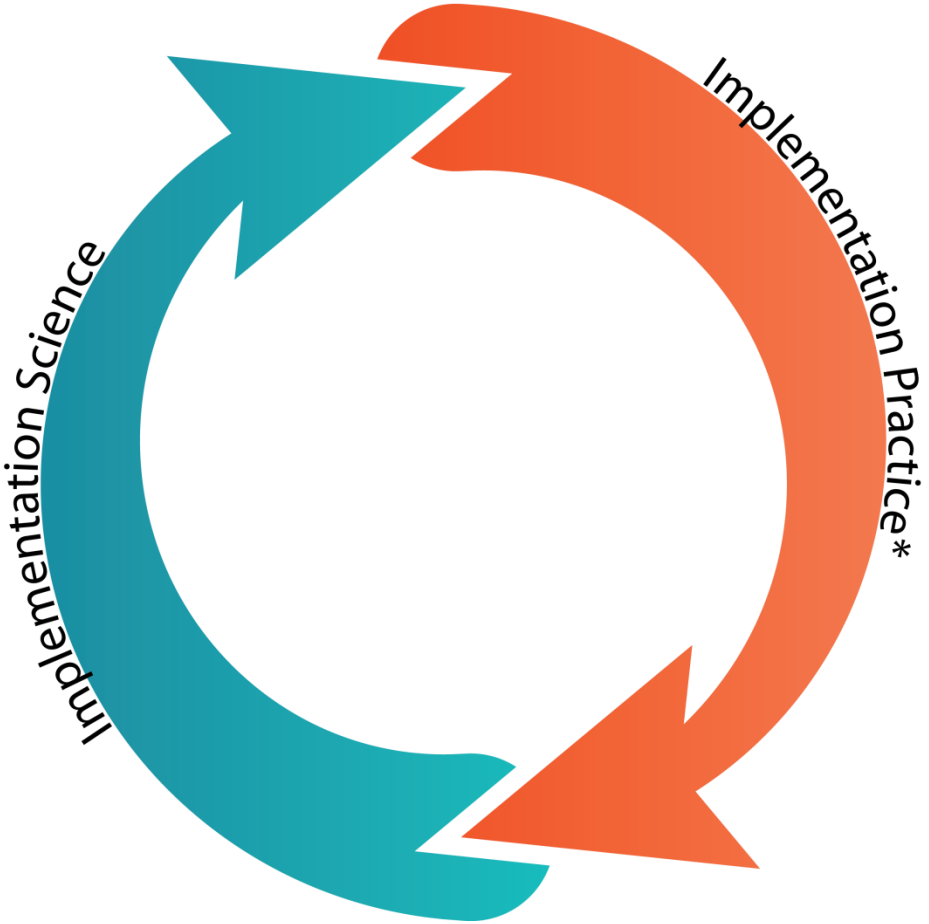
Reserve Slides

Am I Doing IS if I'm…

- Implementing evidence-based programs?
- Providing training or technical assistance?
- Building capacity?
- Doing quality improvement?
- Doing a process evaluation?

Answer: probably not… but could support IS

Learning while Doing



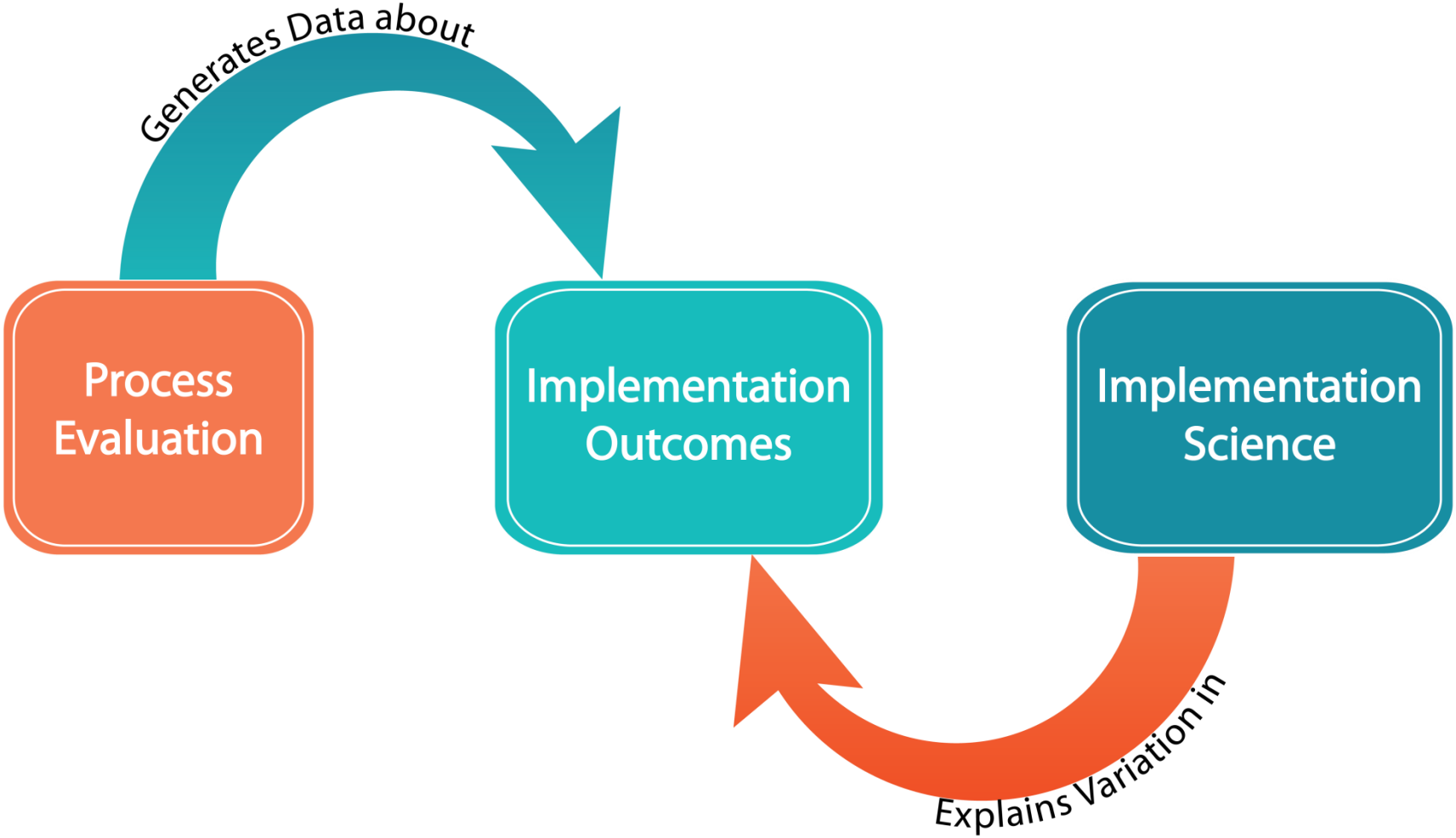
* Training, technical assistance, capacity building, quality improvement, etc….

Process Evaluation

- …describe how program activities were delivered.
- …determine the degree to which program activities were implemented as planned.
- …assess link between program activities and outcomes.

- Useful for:
  - Monitoring, improvement, replication
  - Investigating dose-response relationship

Combining Process Evaluation and IS

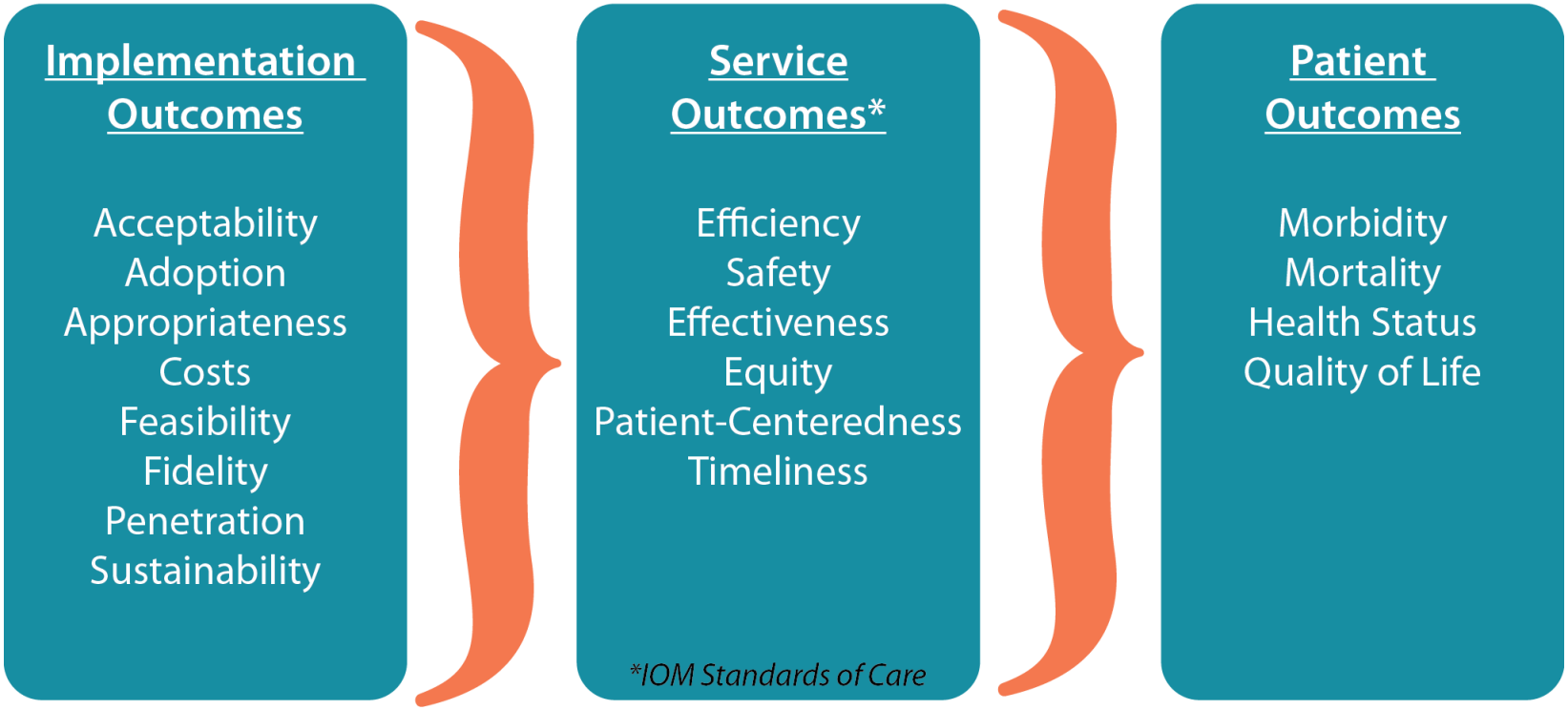


Improvement Science

- **Quality improvement (QI)** uses quantitative and qualitative methods to improve the effectiveness, efficiency, and safety of service delivery processes and systems, as well as the performance of human resources in delivering products and services.
- **Improvement science**: a body of knowledge that describes how to improve safety and consistently…. the primary goal of this scientific field is to determine which improvement strategies work as we strive to assure effective and safe patient care.

Marshall M, Pronovost P, Dixon-Woods M. Promotion of improvement as a science. Lancet 2013 Feb 2; 381(9864):419-21.

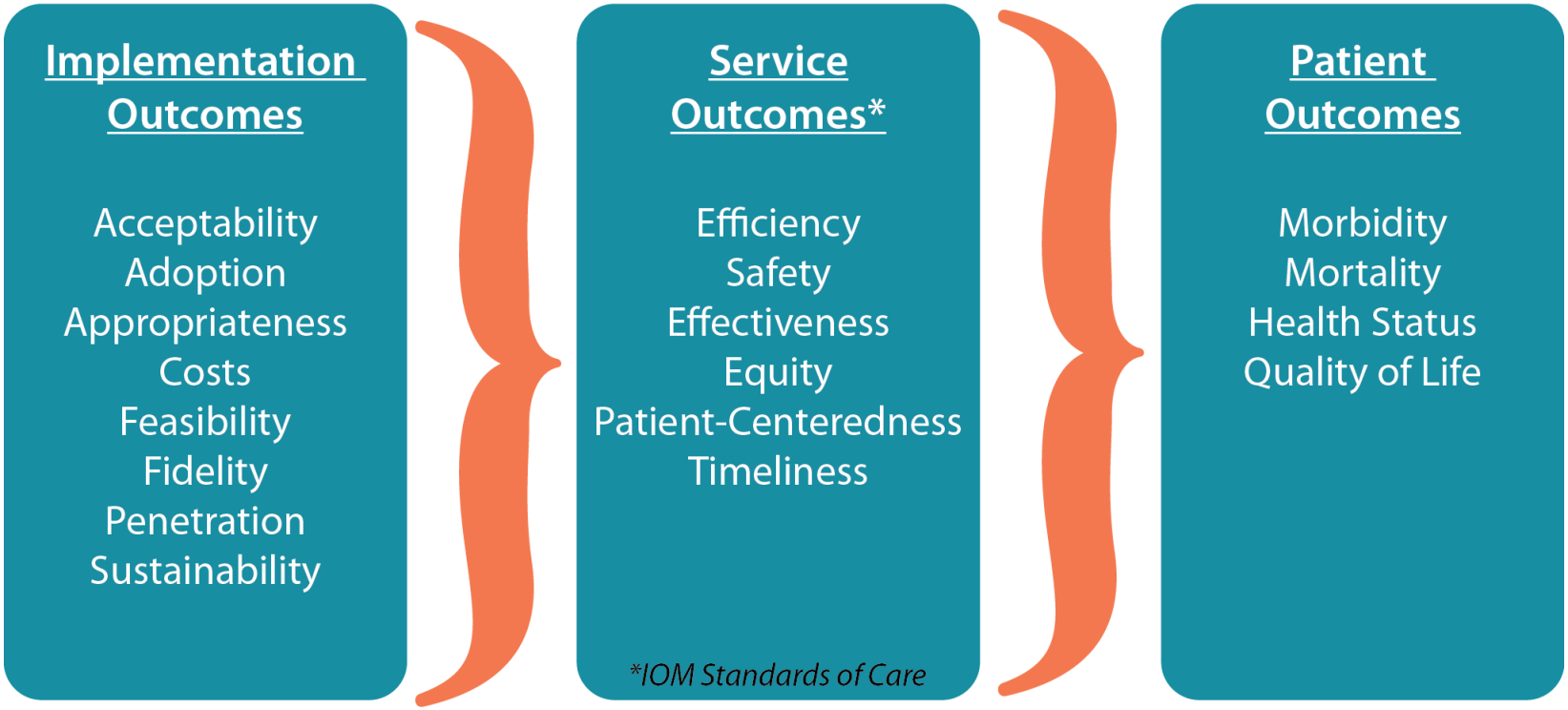
Types of Outcomes in Implementation Research



Dissemination Science

- Dissemination: the targeted distribution of information and intervention materials to a specific public health audience or clinical practice audience
- Core processes: communication and social influence
- Key outcomes:
  - Awareness
  - Knowledge
  - Positive view
  - Intention to adopt
  - Adoption

Types of Outcomes in Implementation Research



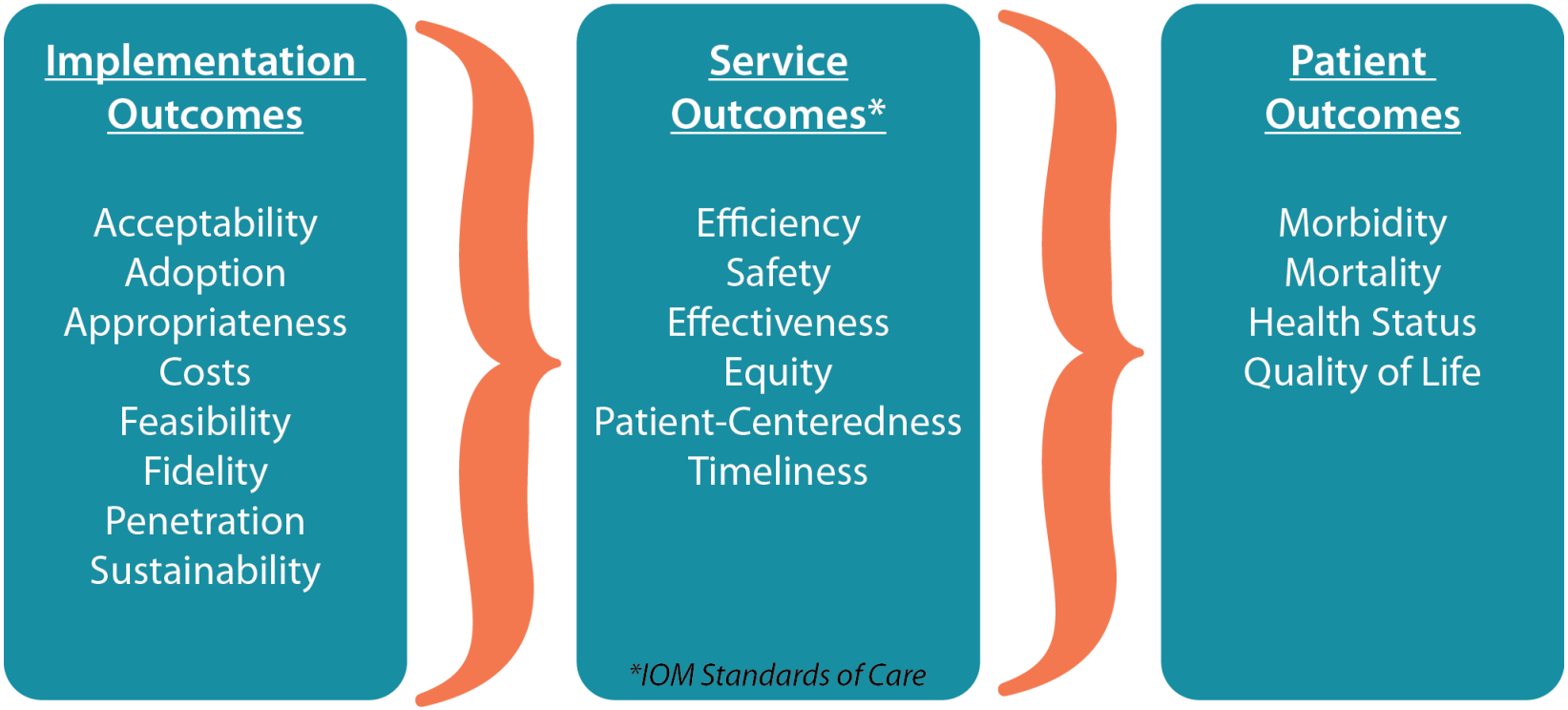
Health Systems Strengthening

- **Health systems strengthening**: (i) the process of identifying and implementing the changes in policy and practice in a country's health system such that the country can respond better to its health and health system challenges and (ii) any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency.

Example

- FHI360: Health Systems Strengthening (HSS) Program Component of USAID/Senegal's Health Program
- Aims:
  - Innovative financing mechanisms for health activities at decentralized levels,
  - Planning and evaluation of the health system at decentralized levels, and
  - Innovative strategies for financing HIV care and support through local health insurance schemes, micro-credit and a fund managed by regional administrative and technical institutions to promote sustainability.

Types of Outcomes in Implementation Research



What are Implementation Frameworks & Strategies?

Gregory A. Aarons, Ph.D.
University of California, San Diego
Department of Psychiatry
Center for Organizational Research on Implementation and Leadership (CORIL)
Child and Adolescent Services Research Center (CASRC)

Presented at the FHI360 Symposium: Implementation Science in Global Health. September 4, 2014 Washington DC

Implementation Frameworks and Strategies

- Implementation *Framework*:
  - A proposed model of factors likely to impact implementation and sustainment of EBP
    - (Aarons, Hurlburt, & Horwitz, 2011; Damschroder et al., 2009; Tabak et al., 2012)

- Implementation *Strategy*:
  - Systematic *processes* to adopt and integrate evidence-based innovations into usual care.
    - (Powell et al., 2011)

Review of Models

(Tabak, et al., 2012)

- Reviewed 61 models
  - Models (aka “theories” or “frameworks”)
  - Frameworks evaluated on:
    - Construct flexibility
      - Broad → highly operationalized
    - Focus on dissemination vs. implementation
      - D-only → D+I → I-only
    - Socioecologic framework level
      - Individual → Community → System

Source: Tabak, R. G., Khoong, E. C., Chambers, D. A., & Brownson, R. C. (2012). Bridging research and practice: models for dissemination and implementation research. *American journal of preventive medicine*, *43*(3), 337-350.

Table 2. Categorization of D&I models for use in research studies *(continued)*

Model	Dissemination and/or Implementation	Construct flexibility: broad to operational	Socioecologic Level					References
			System	Community	Organization	Individual	Policy	
Pronovost's 4E's Process Theory	I-only	3		x	x	x		101
Sticky Knowledge	I-only	3		x	x	x		102, 103
Consolidated Framework for Implementation Research	I-only	4		x	x			104, 105
Replicating Effective Programs Plus Framework	I-only	4		x	x			106
Availability, Responsiveness & Continuity (ARC): An Organizational & Community Intervention Model	I-only	5		x	x			107, 108
Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors EPIS	I-only	5		x	x			109

D&I, dissemination and implementation; DHAP, Division of HIV/AIDS Use, and HIV Testing in Reducing HIV Risk Behavior and Prevention; 4E, exposure, experience, expertise, embedding; OPTIONS, OutPatient Treatment in Ontario Services; Precede-Proceed, predisposing, reinforcing, and enabling constructs in educational diagnosis and evaluation—policy, regulatory, and organizational constructs in educational and environmental development; Pronovost's 4E's, engage, educate, execute, evaluate; RAND, research and development; RE-AIM, reach, effectiveness, adoption, implementation, and maintenance

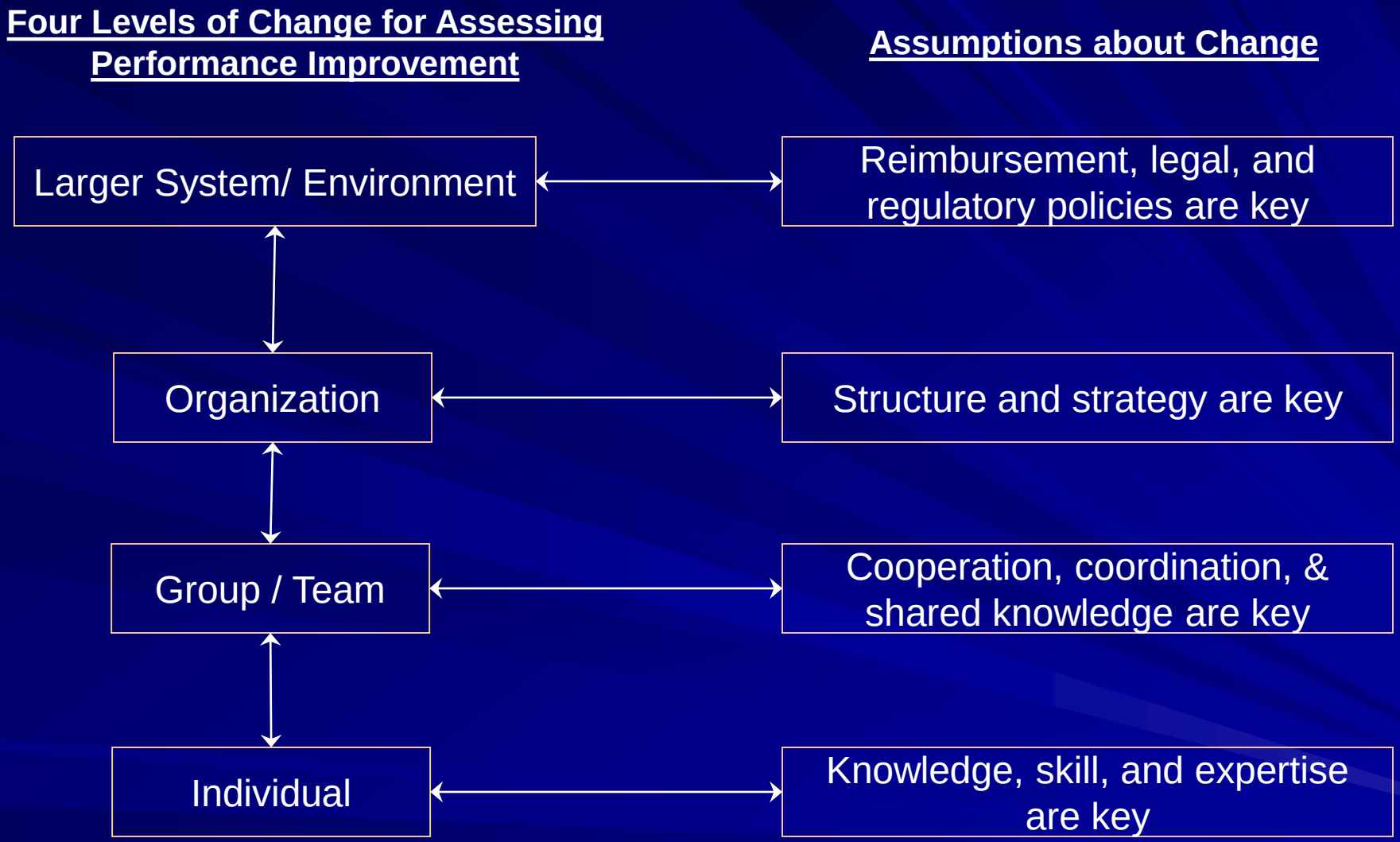
Most frameworks also are adapted or modified in practice

Source: Tabak, R. G., Khoong, E. C., Chambers, D. A., & Brownson, R. C. (2012). Bridging research and practice: models for dissemination and implementation research. *American journal of preventive medicine*, *43*(3), 337-350.

Common Elements of Frameworks

- Multiple Levels
  - Implementation occurs in complex systems
  - Need to identify concerns at different levels
    - System
    - Organization
    - Provider
    - Patient
- Multiple phases
  - Implementation occurs over time
  - There may be relatively discrete phases or stages

Multiple Levels in Quality Improvement



Shortell, S. M. (2004). Increasing value: a research agenda for addressing the managerial and organizational challenges facing health care delivery in the United States. *Medical Care Research and Review*, *61*(3 suppl), 12S-30S.

Ferlie, E. B., & Shortell, S. M. (2001). Improving the quality of health care in the United Kingdom and the United States: a framework for change. *Milbank Quarterly*, *79*(2), 281-315.

Outer Context

- System
  - Leadership
  - Policy
  - Packaging and use of research evidence
  - Communications
  - Collaboration/Negotiation
  - Funding strategies

Aarons, G. A., Hurlburt, M., Willging, C., Fettes, D., Gunderson, L., Chaffin, M., & Palinkas, L. (In press). Collaboration, Negotiation, and Coalescence for Interagency-Collaborative Teams to Scale-up Evidence-Based Practice. *Journal of Clinical Child and Adolescent Psychology.*

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci*ence *4*(1), 50.

Grimshaw, J. M., Eccles, M. P., Lavis, J. N., Hill, S. J., & Squires, J. E. (2012). Knowledge translation of research findings. *Implementation Science*, *7*(1), 50.

Lavis, J. N., Røttingen, J. A., Bosch-Capblanch, X., Atun, R., El-Jardali, F., Gilson, L., ... & Haines, A. (2012). Guidance for evidence-informed policies about health systems: linking guidance development to policy development. *PLoS medicine*, *9*(3), e1001186.

Inner Context

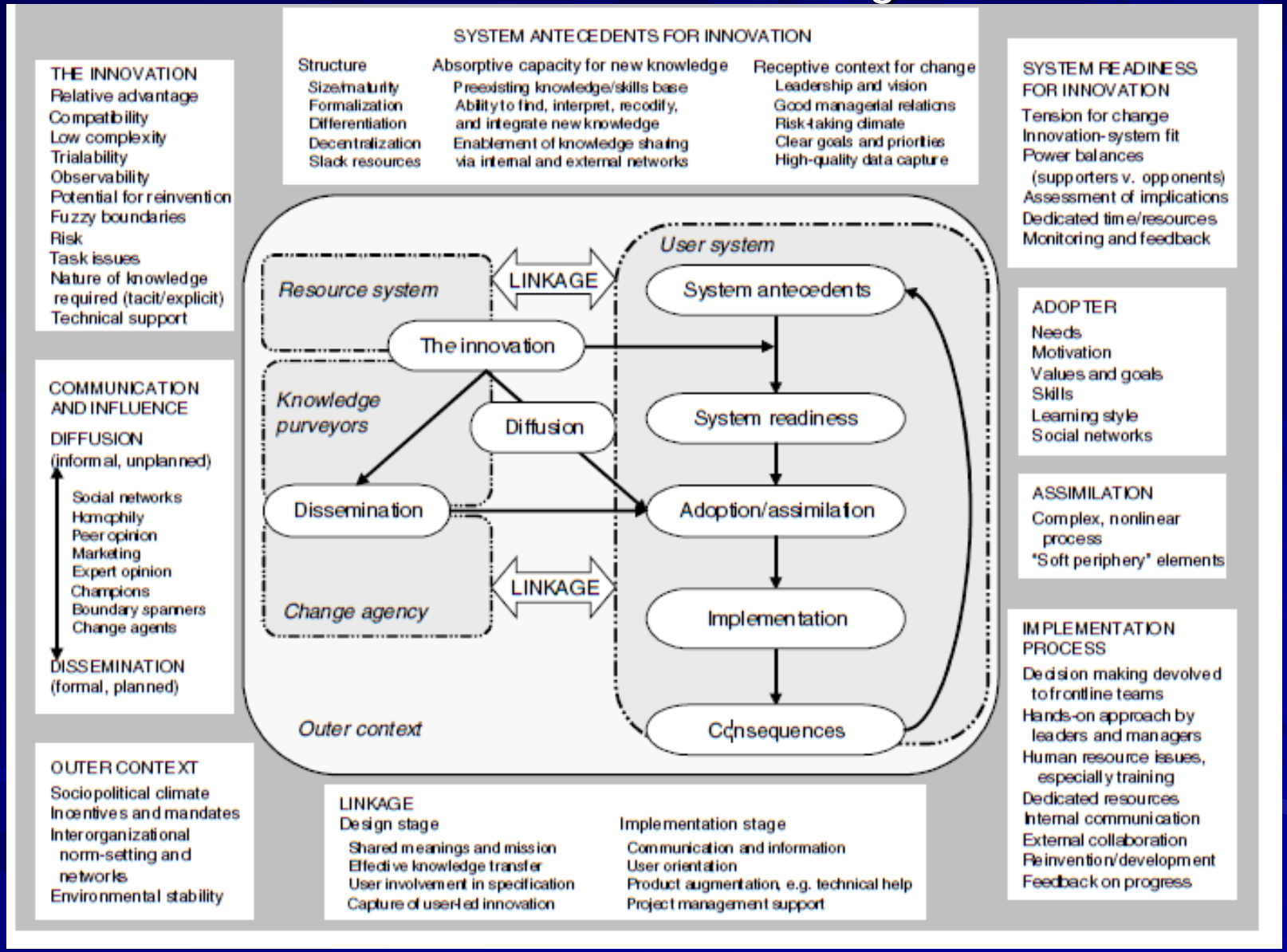
- Organization
  - Congruence of leadership
  - Culture/climate for evidence-based care
- Provider
  - Local opinion leaders (formal/informal)
  - Individual attitudes
  - Perceptions of what is “expected, supported, rewarded”
- Patient
  - Advocacy/empowerment
  - Competing demands
  - Co-morbidities

Aarons, G.A., Hurlburt, M. & Horwitz, S.M. (2011). Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors. *Administration and Policy in Mental Health and Mental Health Services Research.38*, 4-23.

Borntrager, C. F., Chorpita, B. F., Higa-McMillan, C., & Weisz, J. R. (2009). Provider attitudes toward evidence-based practices: Are the concerns with the evidence or with the manuals? *Psychiatric Services, 60*(5), 677-681.

Jacobs, S. R., Weiner, B. J., & Bunger, A. C. (2014). Context matters: measuring implementation climate among individuals and groups. *Implementation Science*, *9*(1), 46.

Diffusion Model for Service Organizations



Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Quarterly*, *82*(4), 581-629.

Source: Damschroder et al., 2009

QUERI-DM Implementation Framework

CONTEXT

ADDITIONAL FILE 2: Matrix of Constructs from Models in the Literature to CFIR Constructs

Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC: Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science

See Table 1 in main paper for full citations:

Code	Topic/Description	1 Greenhalgh et al.	2 Klein, Conn & Sorra	3 Pettigrew & Whipp	4 Leeman	5 PARIHS Model	6 Ottawa Model	7 Simpson	8 Kochevar & Yano	9 Stetler	10 Edmondson et al.	11 Kilbourne et al.	12 VanDeusen Lukas et al.	13 Grol et al.	14 Mendel et al.	15 Fixsen et al.	16 Bachet al.	17 Glisson et al.	18 Feldstein & Glasgow	19 Frambach & Schillewaert
I. INTERVENTION CHARACTERISTICS				√																
A	Intervention Source									√	√			√						
B	Evidence Strength & Quality				√	√	√			√		√					√		√	
C	Relative advantage	√				√				√	√			√	√		√		√	√
D	Adaptability	√	√	√	√	√				√		√		√			√		√	
E	Trialability	√	√		√	√				√		√		√					√	√
F	Complexity	√	√						√	√	√			√	√		√		√	√
G	Design Quality and Packaging		√				√					√		√						
H	Cost						√					√		√	√		√		√	
II. OUTER SETTING				√						√					√	√				
A	Patient Needs & Resources					√	√					√	√		√			√	√	
B	Cosmopolitanism	√		√				√							√			√		√
C	Peer Pressure	√		√								√	√		√				√	√
D	External Policies & Incentives	√		√									√		√		√		√	
III. INNER SETTING				√						√		√			√	√				
A	Structural Characteristics	√		√											√					√
B	Networks & Communications	√	√	√		√	√	√					√		√		√	√	√	√
C	Culture	√	√	√		√	√	√					√		√			√	√	
D	Implementation Climate			√											√			√		√
1	Tension for Change	√		√						√		√	√				√			
2	Compatibility	√	√					√	√	√	√			√	√		√		√	√
3	Relative Priority		√							√					√				√	
4	Organizational Incentives & Rewards		√	√	√							√	√		√				√	
5	Goals and Feedback	√		√		√		√	√			√	√		√				√	
6	Learning Climate	√	√			√		√					√						√	
D	Readiness for Implementation			√															√	
1	Leadership Engagement	√	√	√	√	√		√		√	√		√				√		√	√
2	Available Resources	√	√	√		√		√		√	√		√		√		√			
3	Access to knowledge and Information	√	√		√		√		√			√					√		√	√
IV. CHARACTERISTICS OF INDIVIDUALS				√			√													
A	Knowledge & Beliefs about the Intervention	√											√	√	√		√		√	√
B	Self-efficacy	√	√										√	√	√				√	
C	Individual Stage of Change	√	√											√	√				√	
D	Individual Identification with Organization														√		√	√		
E	Other Personal Attributes												√	√						√
V. PROCESS				√		√														
A	Planning	√		√						√		√		√	√	√	√	√	√	
B	Engaging	√		√						√	√	√	√	√	√	√		√	√	
1	Opinion Leaders	√				√					√	√			√		√		√	√
2	Formally appointed internal implementation leaders			√												√	√	√	√	
3	Champions	√											√				√		√	
4	External Change Agents	√													√		√	√	√	
C	Executing	√		√						√		√		√	√				√	
D	Reflecting & Evaluating	√		√						√	√	√		√	√	√	√	√	√	

Consolidated Framework for Implementation Research (CFIR)

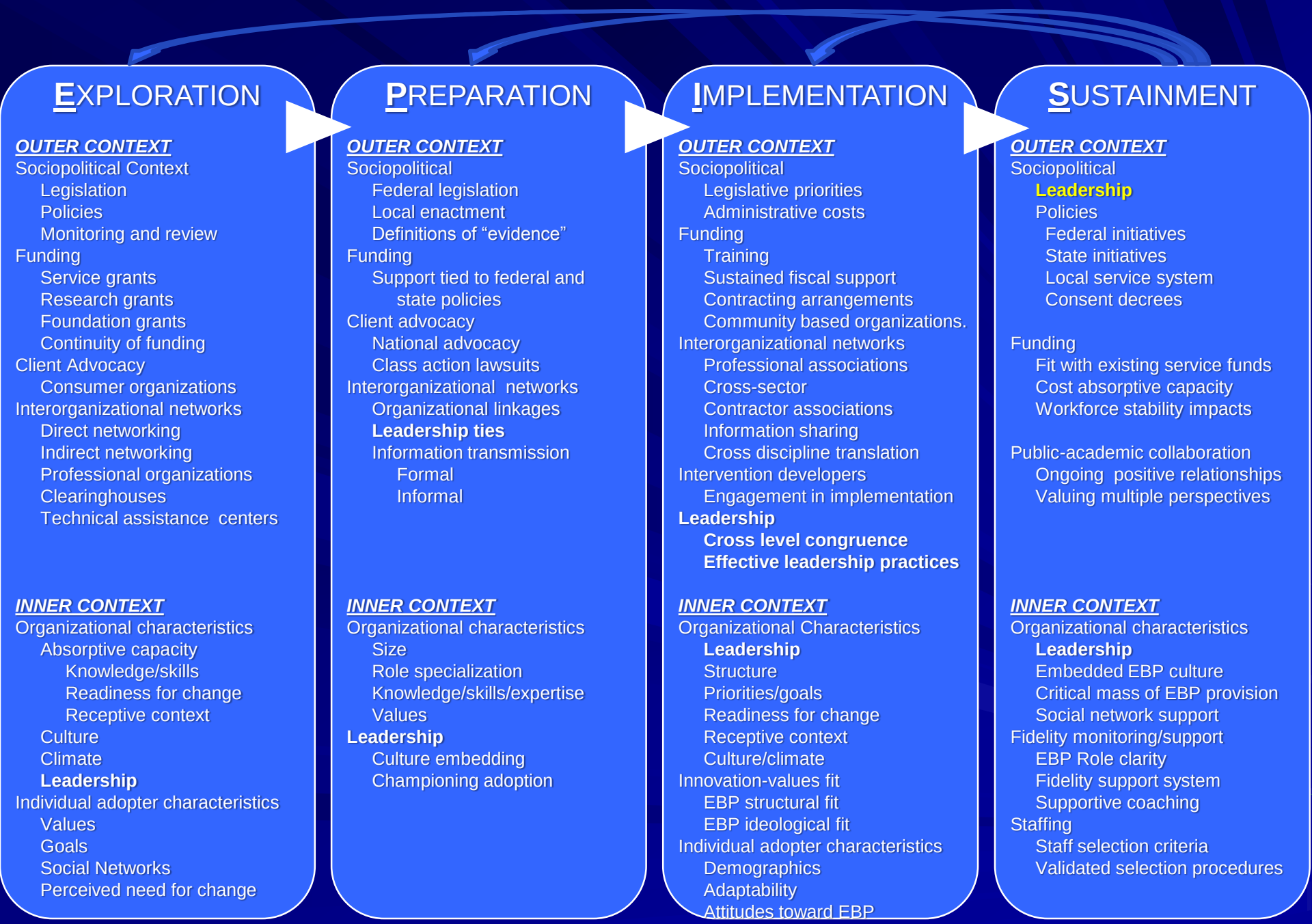
- CFIR domains:
  - Intervention characteristics
  - Outer setting
  - Inner setting
  - Characteristics of the individuals involved
  - Process of implementation

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci*ence *4*(1), 50.

Exploration, **P**reparation, **I**mplementation, **S**ustainment (EPIS) Model

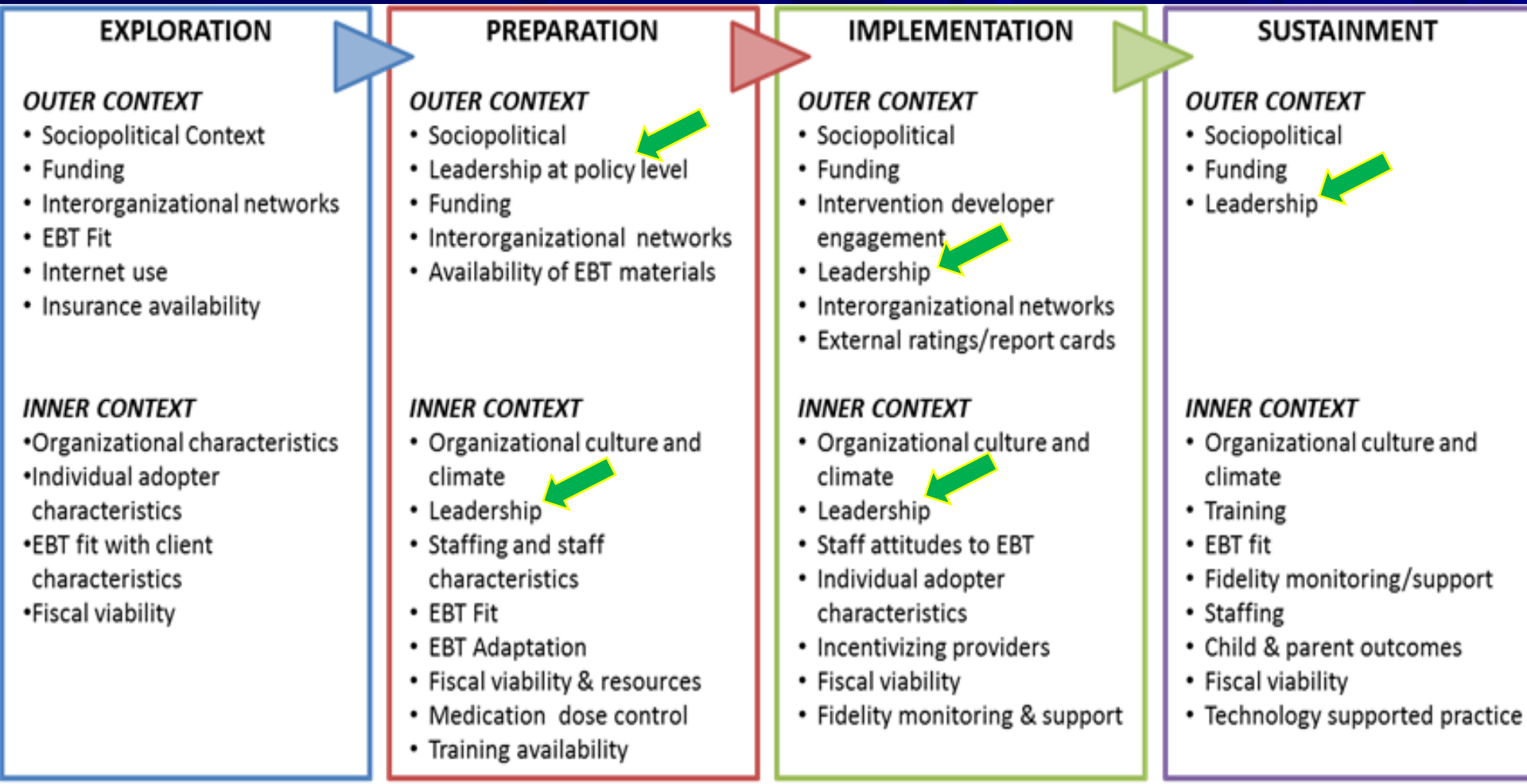
- Key phases of the implementation process
- Multilevel
- Frames implementation factors across levels within each phase
- Enumerates common and unique factors across levels and across phases

Source: Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, *38*(1), 4-23.



Aarons, G.A., Hurlburt, M. & Horwitz, S.M. (2011). Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors. *Administration and Policy in Mental Health and Mental Health Services Research.38*, 4-23.

EPIS MODEL



Adapted from: Aarons, G.A., Hurlburt, M. & Horwitz, S.M. (2011). Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors. *Administration and Policy in Mental Health,38*, 4-23.

Novins, D.K., Green, A.E., Legha, R.K., & Aarons, G.A. (2013). *Dissemination and Implementation of Evidence-Based Practices for Child and Adolescent Mental Health: A Systematic Review. Journal of the American Academy of Child and Adolescent Psychiatry. 52*(10), 1009-1025

Implementation Strategies

- *Address specific factors identified in implementation frameworks*

- *Discrete* implementation strategies
  - Clinical reminders, training only

- *Multifaceted* implementation strategies
  - Training + reminders
  - Training + fidelity monitoring + coaching

- *Blended* implementation strategies (comprehensive)
  - Dynamic Adaptation Process strategy (DAP)
  - Leadership and Organizational Change for Implementation (LOCI)

Powell , McMillen, Proctor et al (2011). A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review, 69(*2) 123-157.

Aarons, G. A., Green, A. E., Palinkas, L. A., Self-Brown, S., Whitaker, D. J., Lutzker, J. R., ... & Chaffin, M. J. (2012). Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science*, *7*(32), 1-9.

Domains of Strategies

Type of Strategy	Description	Context Level	N
Planning	Info gathering, leadership, relationships	Outer/Inner	n=17
Education	Training, materials, influence stakeholders	Inner/Outer	n=16
Financing	Incentives, financial support	Inner/Outer	n=9
Restructuring	Change roles, create teams, alter record systems, create relationships	Inner/Outer	n=7
Quality Management	MIS + feedback, clinical reminders, decision support, PDSA cycles	Inner/Outer	n=16
Policy Change	Licensure, accreditation, certification, mandates	Outer/Inner	n=3

Source: Powell , McMillen, Proctor et al (2011). A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review, 69(*2) 123-157.

Questions for Discussion

- How are frameworks useful (or not)?
  - Are frameworks important for funding agencies (why or why not)
  - A theory of change or theory of what specific factors impact implementation effectiveness
- Is there a difference between a strategy and an intervention?
  - Clinical
  - Public health
  - implementation
- Fidelity of what?
  - Intervention fidelity vs. implementation fidelity
- Implementation effectiveness vs. Intervention effectiveness
- To what degree is IS defined by what is funded and the perception of those decisions by others in the field

Contact

Gregory Aarons, Ph.D.
Department of Psychiatry
University of California, San Diego
9500 Gilman Drive (0812)
La Jolla, CA 92093

e-mail:
gaarons@ucsd.edu

Web:
http://psychiatry.ucsd.edu/faculty/gaarons.html

Twitter @Greg-Aarons

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

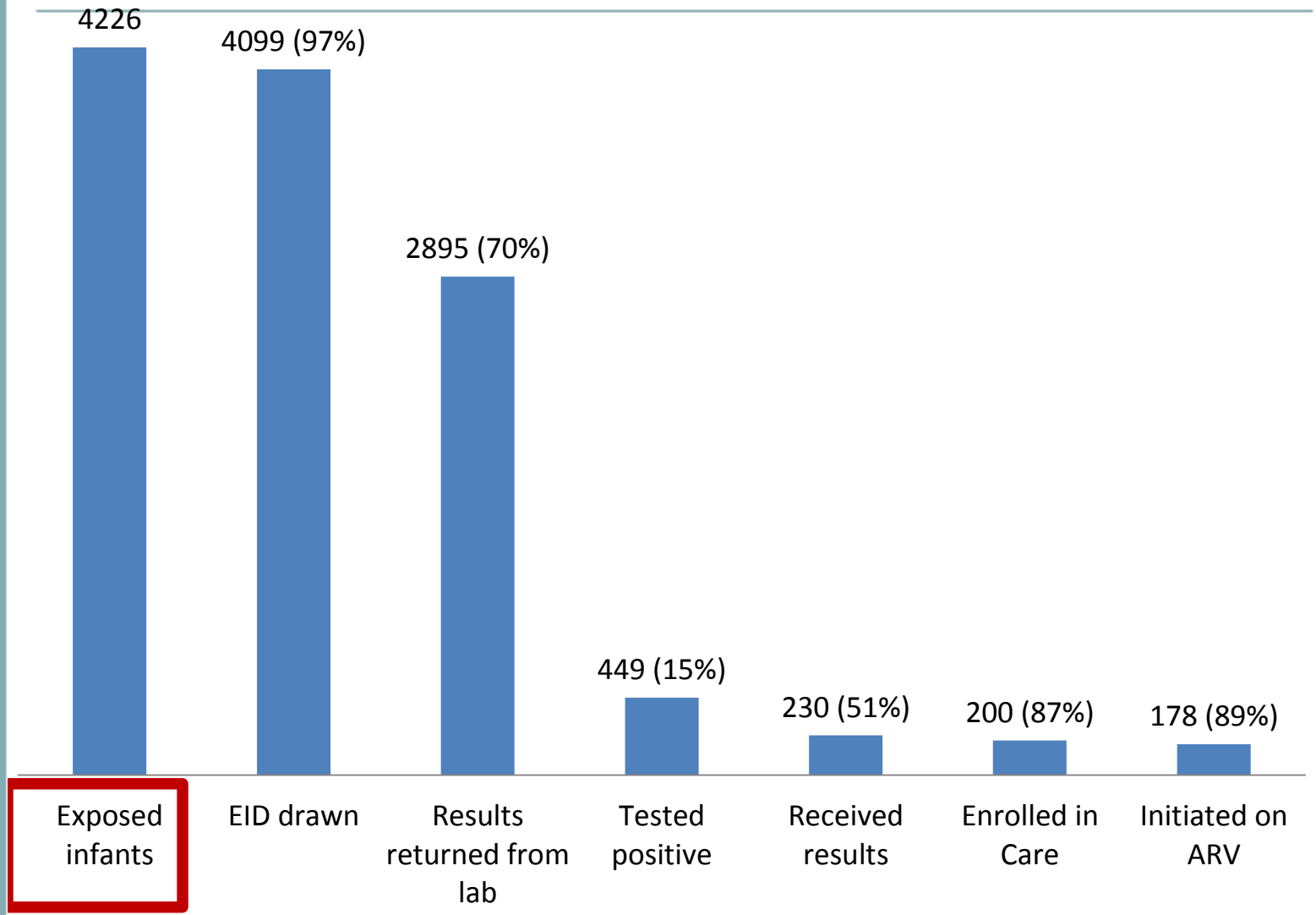
Implementation Research in PMTCT

Laura Guay
Vice President for Research
Elizabeth Glaser Pediatric AIDS Foundation
Research Professor GWU

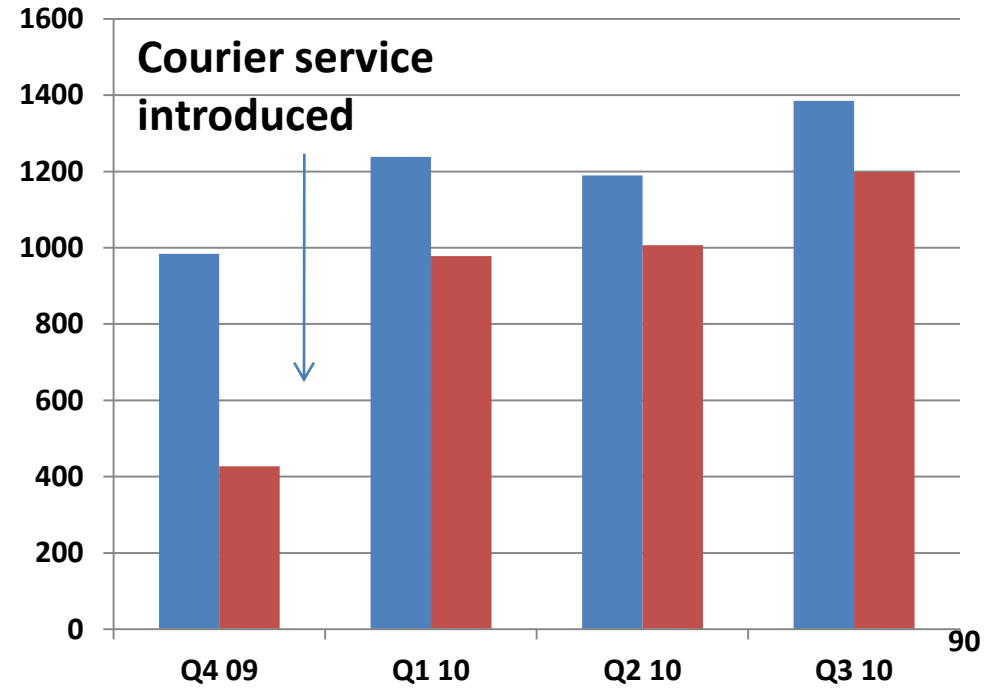
Utilizing Routine PMTCT Monitoring Data for IR

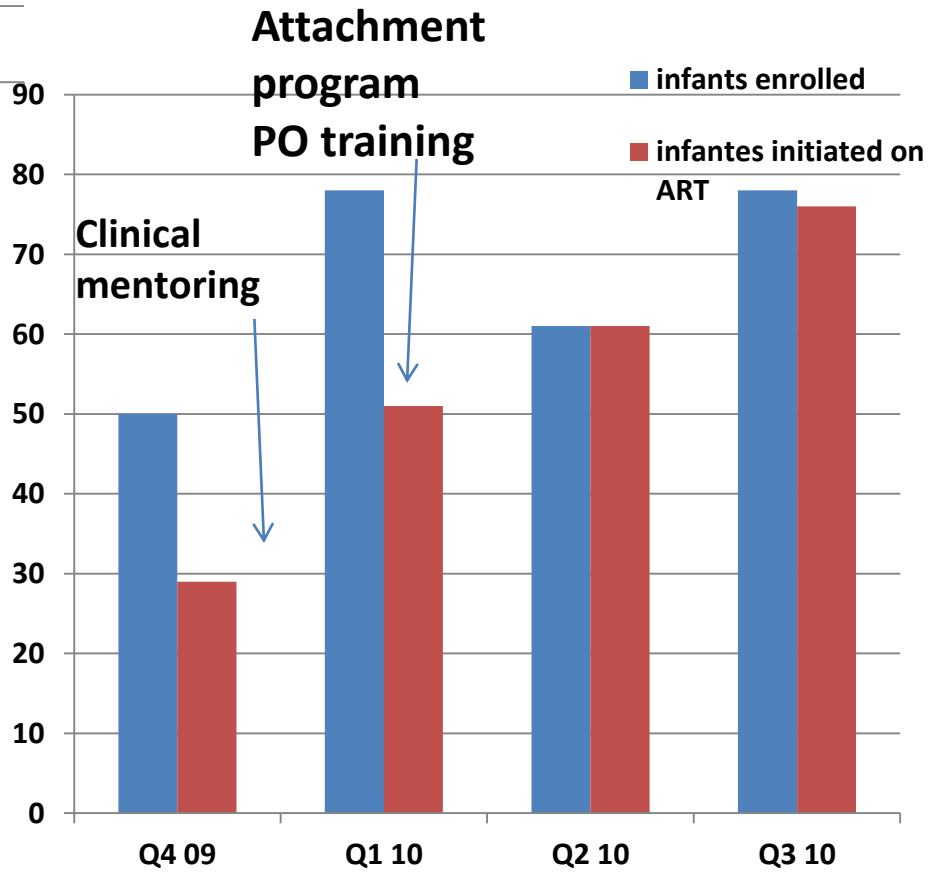
- Advantage in large sample size and country wide distribution
- Does not require additional staff, data collection, or disruption of clinic flow
- However, often under-utilized resource; lessons can be learned from more analysis, better mining of existing data
- Need clear understanding of the indicators and definitions and the limitations of the data

Testing Status of Infants



Overall , 633 infected children = 71% identified, 28% treated


Courier service introduced
1600
1400
1200
1000
800
600
400
200
0
Q4 09
Q1 10
Q2 10
Q3 10
DBS taken
result back


Attachment program
PO training
Clinical mentoring
infants enrolled
infantes initiated on ART
90
80
70
60
50
40
30
20
10
0
Q4 09
Q1 10
Q2 10
Q3 10

Challenges in Utilizing Routine PMTCT Data for IR

- Missing Data/Data quality
  - Double counting (>100% variables)
- Lack of electronic individual patient level data
  - May improve with Option B+ (ART electronic records)
- Inability to link Mother-infant pairs
- Difficulty linking data across service delivery sites within a facility
- Health seeking across different health facilities

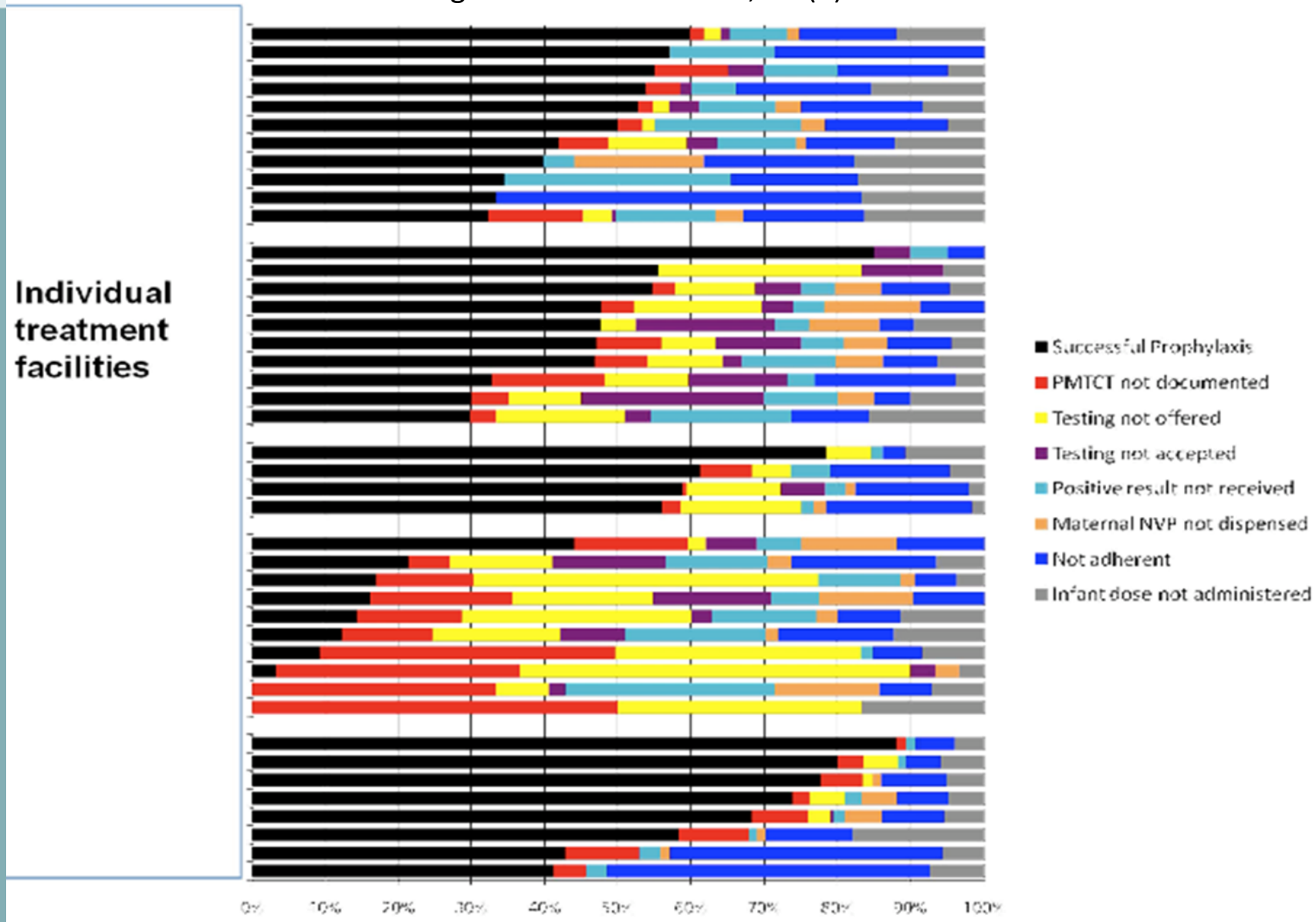
Elizabeth Glaser Pediatric AIDS Foundation

Designing IR within programs

- Time for developing relationships, understanding gaps being addressed, implementing and evaluating feasible solutions
- Balancing rigor with reality in study design, budget, timeline
- Different interpretations of human subjects research vs non-research determinations

The Pearl Study: Coverage Cascade

Stringer E et al *JAMA*. 2010;304(3):293-302



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Challenges in conducting IR within PMTCT programs

- PMTCT field is continually evolving with changes implemented while studies in progress
- Multiple concurrent activities being done in field making attribution difficult
- “Protecting” study control sites interferes with program activities
- Changes in facility services, populations, or partner support during the study

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Challenges in conducting IR within programs

- Enhanced “Hawthorne effect”, not just due to observation but also to additional data collection, particularly in control groups
- Clinical/ethical obligation to intervene when problems identified by study team, effect on interpretation of results
- Lack of program experience in human subjects protection regulations, IRB/ regulatory delays

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Program Challenges Form

Activity	Missed	Comments
Routine CD4 testing not done	☐	
Routine VL testing not done	☐	
Routine DBS not collected	☐	
Routine EID testing not done	☐	
Routine HIV antibody testing not done	☐	
Other routine laboratory tests not done Specify _____	☐	
Missed visit for child follow-up not noted	☐	
Program specified tracing of child not done	☐	
Missed visit for maternal ART follow-up not noted	☐	
Program specified tracing of mother not done	☐	
Child growth faltering not identified	☐	
Referral to nutrition support for growth faltering not done	☐	
HIV infected child not referred for care/ ART	☐	
Appropriate ART not provided	☐	

Critical elements

- Close working relationship with Ministries of health, facilities, implementing partners, funders, IRB/ECs
- Careful consideration of potential obstacles during the planning process (and contingencies)
- Close monitoring of study progress and changes within the study environment

fhi360 THE SCIENCE OF IMPROVING LIVES

The Rang-Din Nutrition Study in Bangladesh

Implementation science- The Food And Nutrition Technical Assistance (FANTA) project's experience

Zeina Maalouf-Manasseh

September 4, 2014

USAID FROM THE AMERICAN PEOPLE

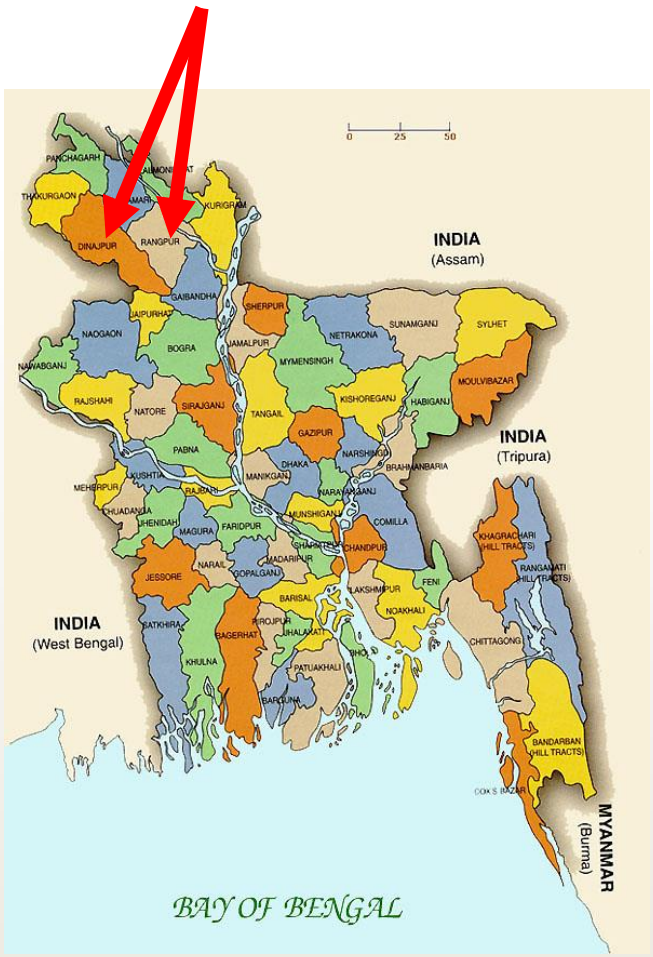
FANTA III

Longitudinal RCT

- Measuring effectiveness of home fortification for the prevention of malnutrition over the 1,000 days window of opportunity
  - Small quantity-Lipid-based Nutrient Supplements (SQ-LNS) for mothers & children
  - SQ-LNS for children
  - MicroNutrient Powders (MNP) for children
  - Control arm
- Main outcomes: maternal and child health and nutrition

Research setting

- Community Health and Development Program (CHDP) providing:
  - maternal health services during pregnancy,
  - delivery care,
  - postpartum care,
  - neonatal and child health services

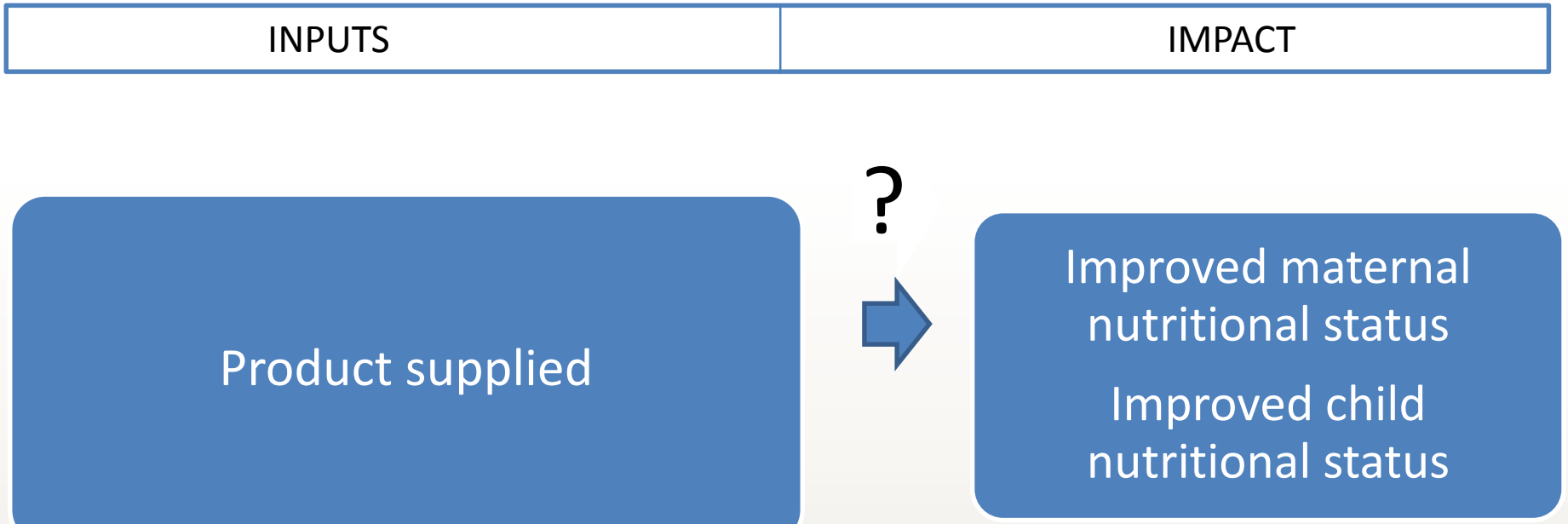


Objectives of the Process Evaluation

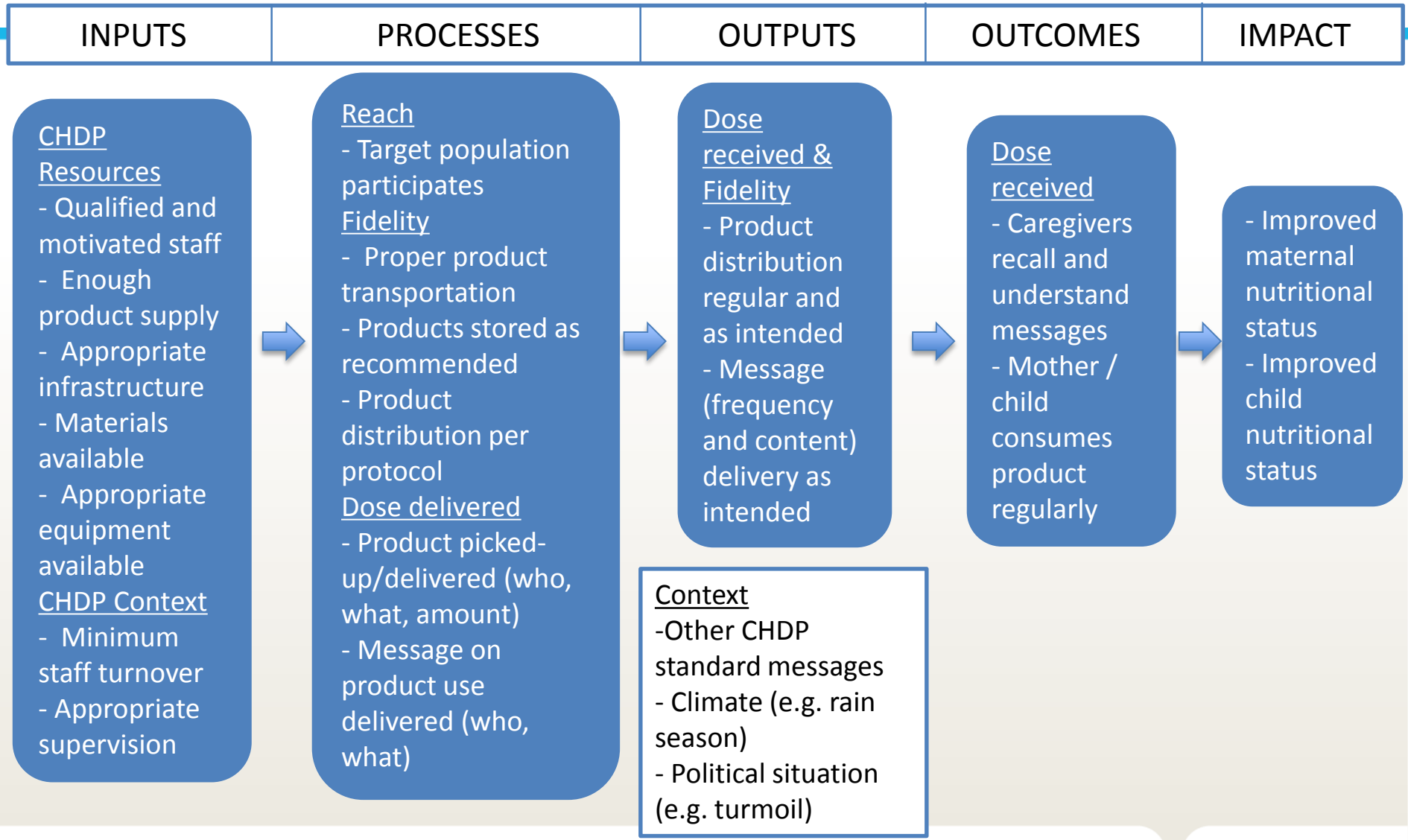
- To identify the human and other resources required to deliver the products and the associated messages
- To assess the
  - reach
  - dose delivered
  - dose received
  - fidelity

of the intervention, in the context of the CHDP.

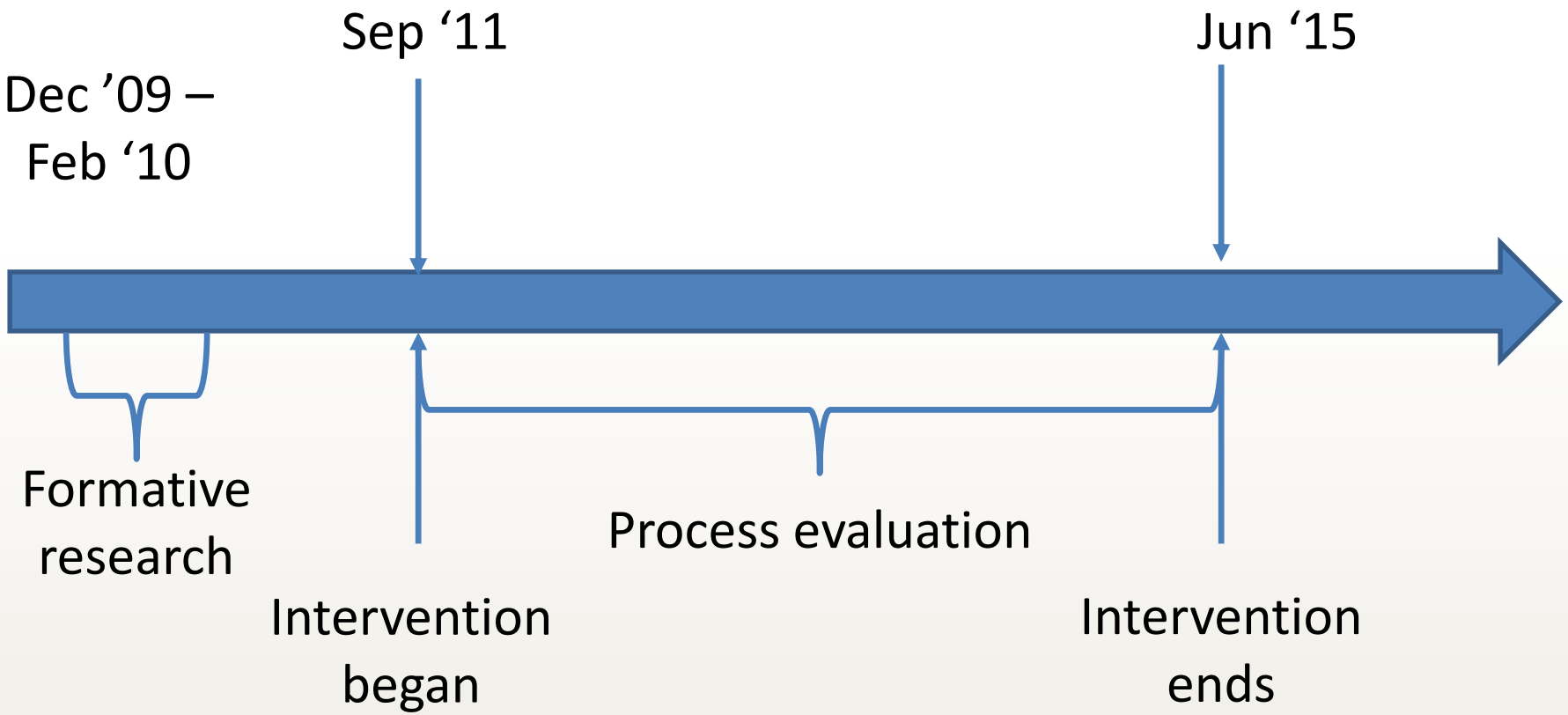
Traditional RCT framework



Study program theory framework



Timeline



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FANTA III

fhi360 THE SCIENCE OF IMPROVING LIVES

Mixed Methods Process Evaluation

Process component examined	Data source
Human Resources	baseline and annual interviews, time and motion assessments
Physical resources	inventory checklists
Reach	training pre & post-tests, beneficiary registers
Fidelity	storage register logs, product distribution register (quarterly)
Dose delivered/received	participant adherence assessment (mode of consumption, sharing, delivery mechanism), qualitative assessment of facilitators and barriers to practices
Context	baseline and periodic assessments of governance, management practices, HR, financial resources; mapping of community facilities GIS data

Data collection

Challenges

- Local capacity:
  - Lack of qualitative data collection and analysis experience
  - Lack of local research and research management capacity
- Local infrastructure:
  - Challenges reaching participants; procurement of vehicles
  - Internet connectivity is weak, transfer of data
  - Ensuring site security, electricity, ventilation
- Large volume of data

Lessons learned

- Detailed program theory framework
- Access to qualified staff, connectivity
- Map of the study area
- Plan for results sharing and reports

This presentation is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID), under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.

Institute for Healthcare Improvement

September 2014

Evaluation Designs for QI Interventions in Complex Settings

Pierre M Barker MD

Senior Vice President: IHI

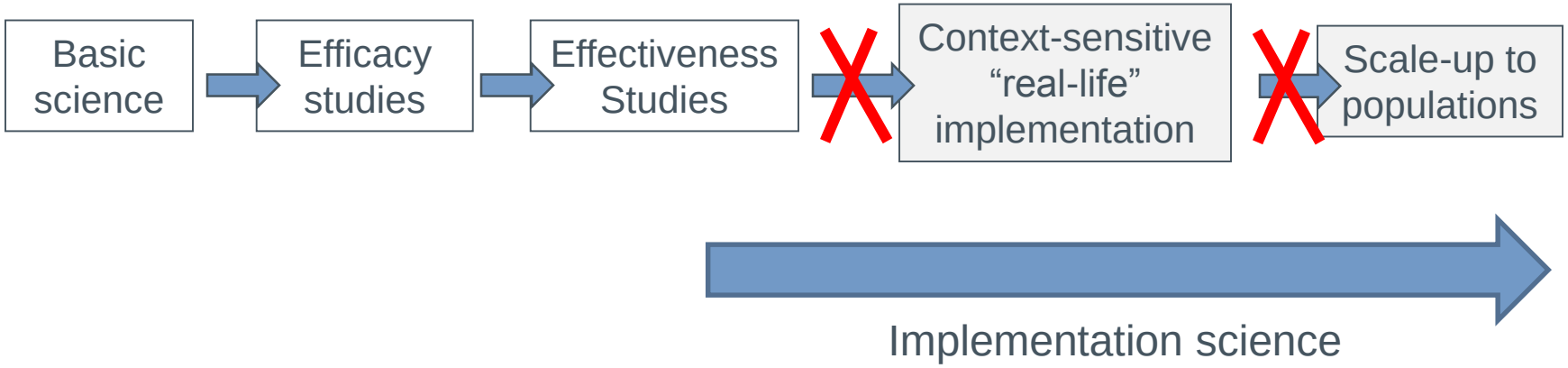
Clinical Professor: Gillings School of Global Public Health

The Current State

*"4 million women, newborns and children in sub-Saharan Africa could be saved **every year** if well-established, currently available, affordable health care interventions could be implemented across the region"*

African Academies of Science , Accra, 2010

Where is the problem?



Quality Improvement: Bringing Together Two Types of Knowledge

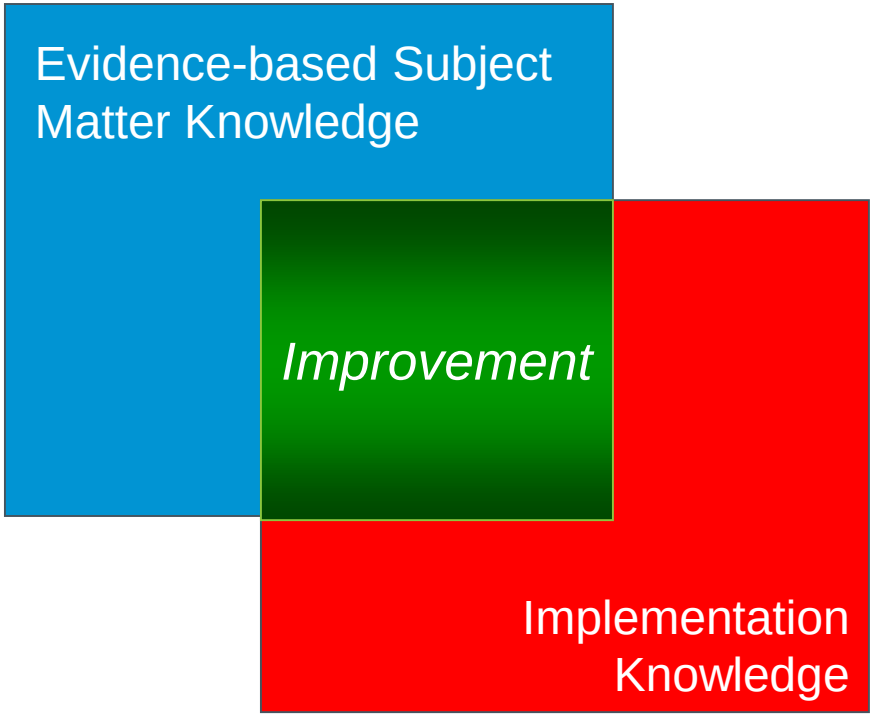
Evidence Based Subject Matter Knowledge
Protocols/Guidelines
Clinical Training

the “what”

the “how”

Implementation Knowledge
Motivation/Leadership
Efficient Systems
Accurate Reflective Data
Context-sensitive learning

Improvement: Bringing Together Two Types of Knowledge

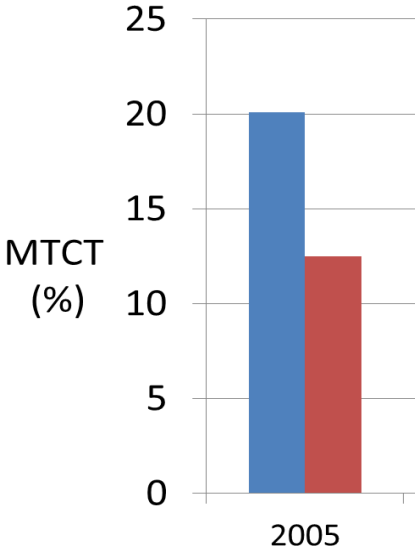


Case Example: PMTCT Scale-up in South Africa

Implementation and Scale-up of Effective Perinatal PMTCT in 3 Districts (S. Africa)

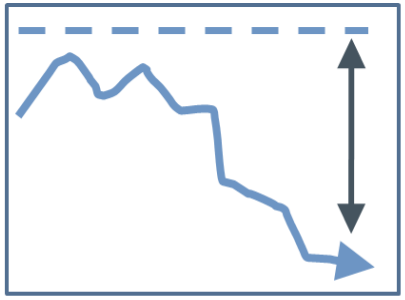
3 Districts,

- pop 5.5 million,
- 202 clinics,
- 18 hospitals

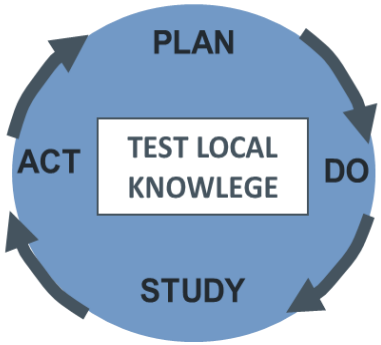


Project Aim:
Decrease MTCT to <5% between 2008 and 2011

Essential QI Methods



The "Gap"



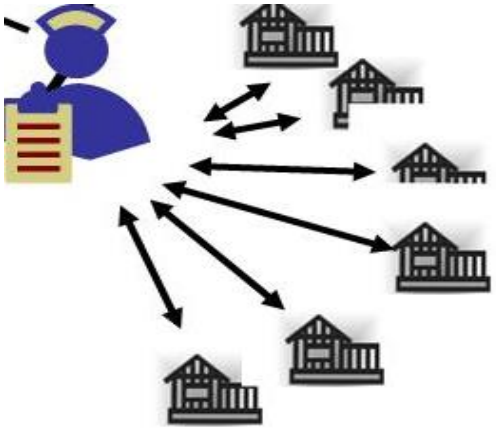
Generating and testing local solutions to close performance gaps

Context-sensitive learning systems to accelerate local solutions to close performance gaps:

Implementing and Scaling up PMTCT in 3 Districts of KZN Province South Africa

Cluster randomized design

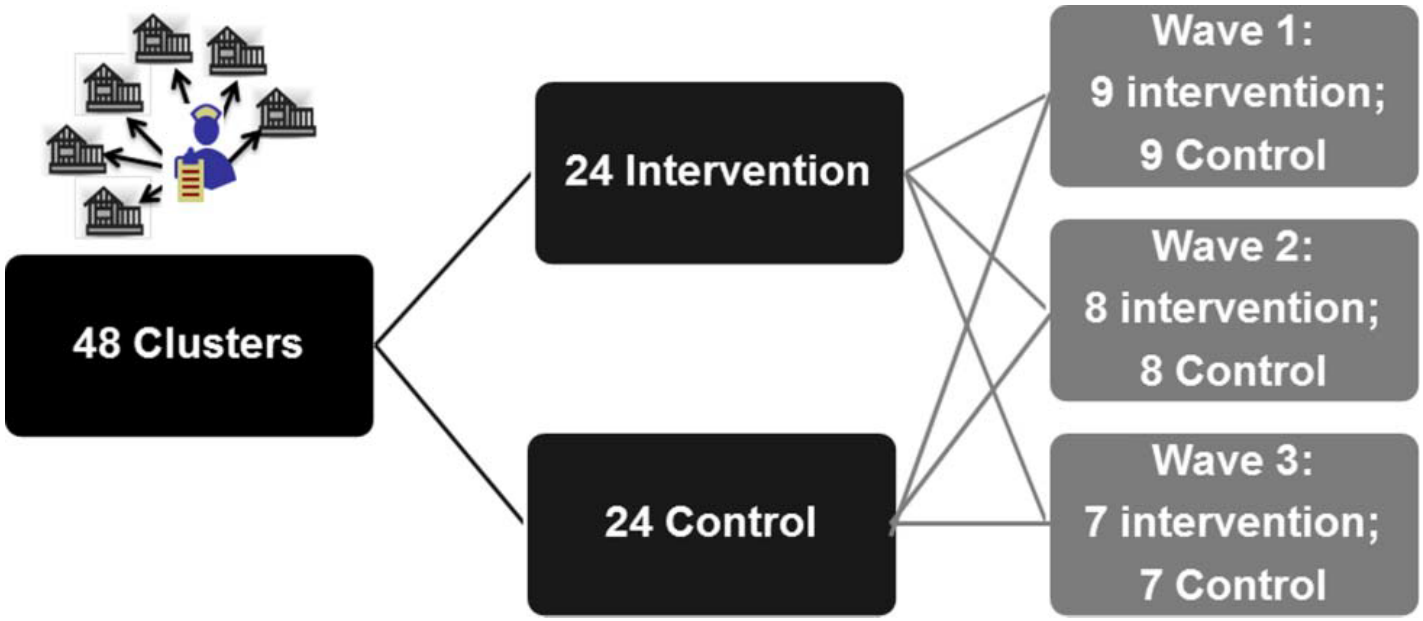
Randomization Unit:
Nurse supervisor plus
6 – 10 clinics



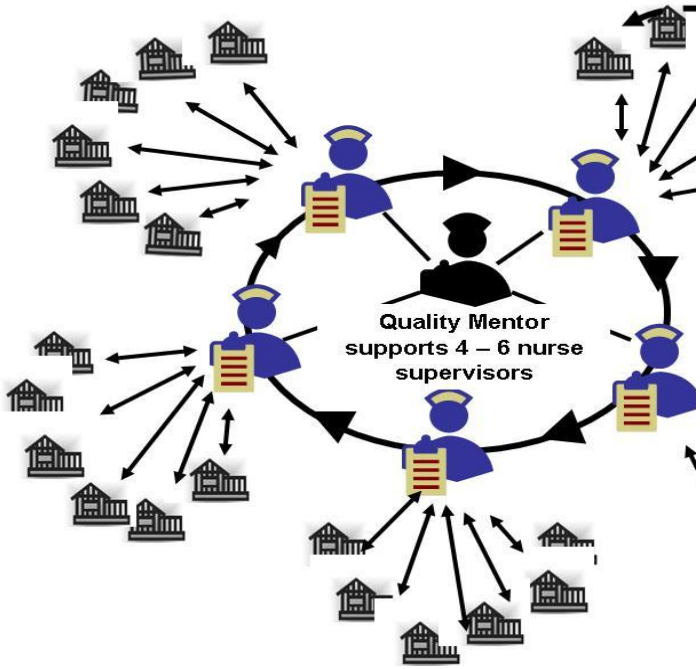
Research Questions:

1. Could a QI intervention lead to district-wide improvements in PMTCT care and outcomes?
2. Was there added value associated with clinic participation in a Collaborative Learning Networks?

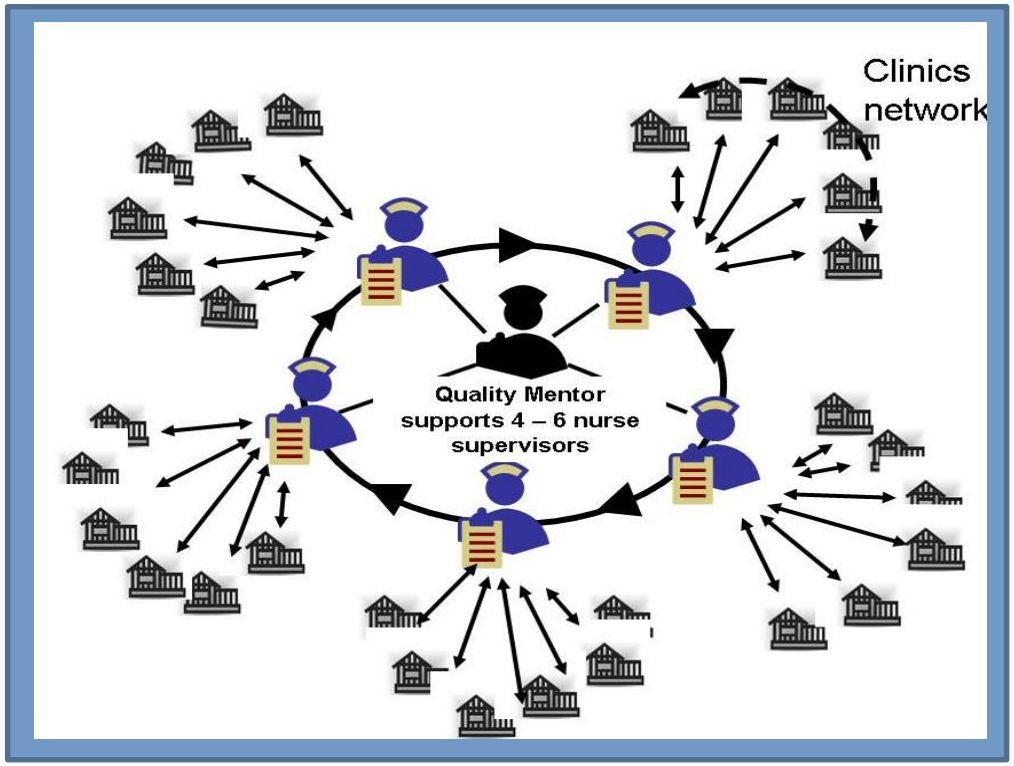
Cluster Randomization with Step Wedge design



Cluster Randomized Design

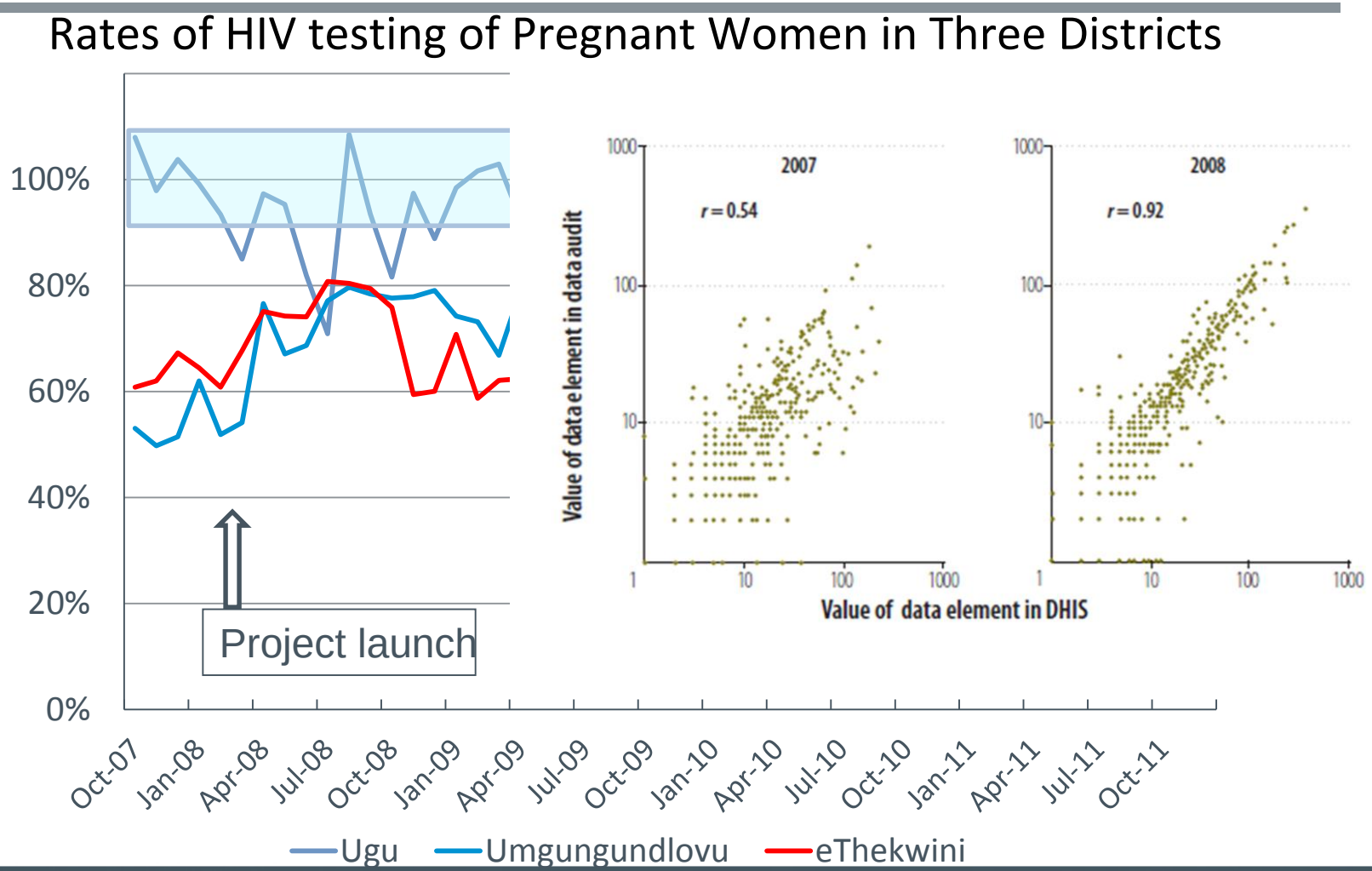


Intervention 1
QI alone



Intervention 2
QI plus collaborative
learning network

1st issue: Can you believe the data?



2nd issue: Integrity of fixed protocol

- Lack of design flexibility to take account of variation in district leadership abilities
- Design ignored natural referral linkages (usually within sub-district, but often across district borders)
- Unable to adapt design to changing realities (e.g. elimination of nurse supervisor position in one district)
- Randomization forced participation of the “unwilling” and denied participation of the “willing”
- Major impact on study staff morale

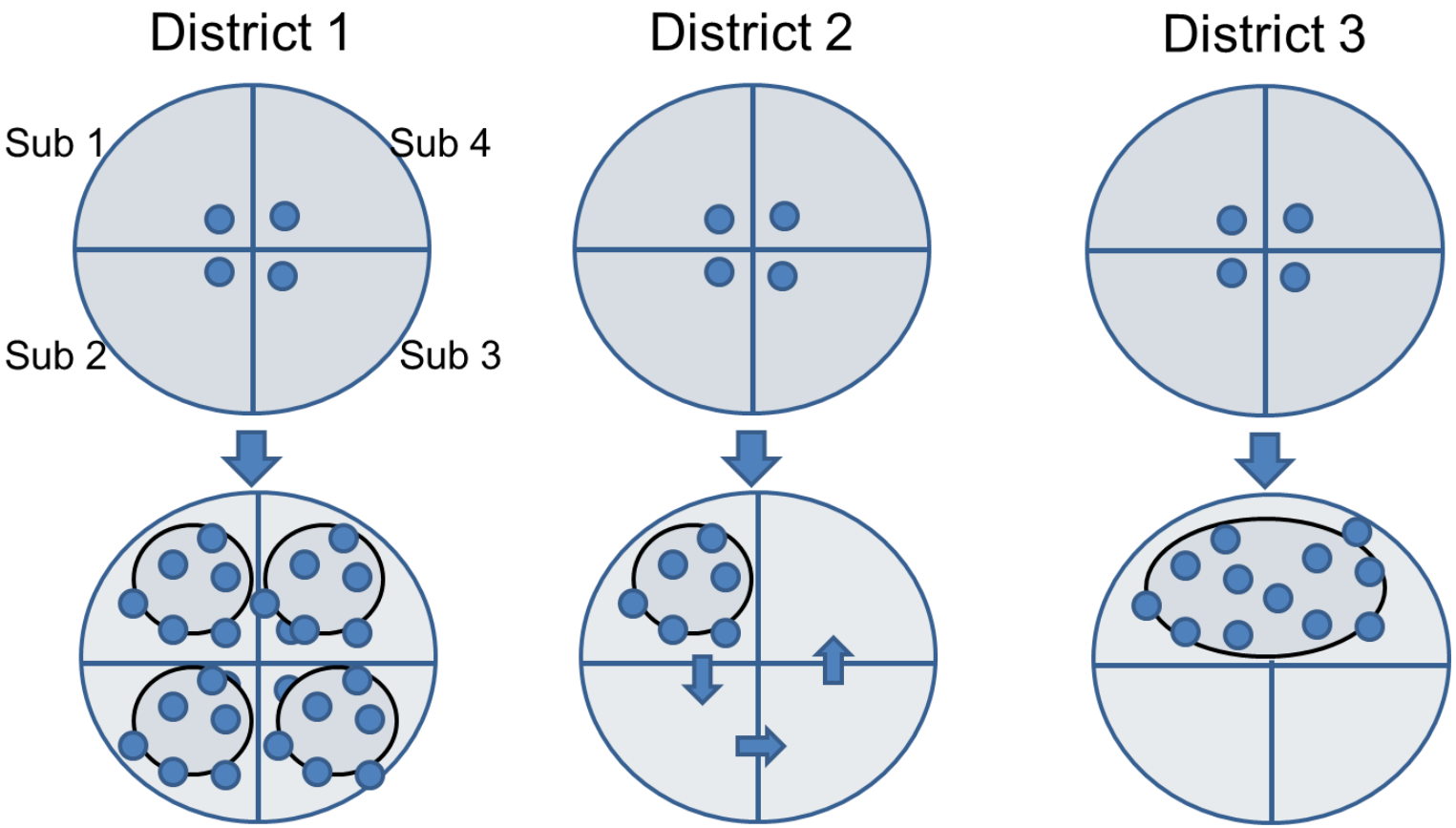
Other Issues

- Focus of intervention on clinics vs District Management team
- Contamination everywhere (district-wide supports were being improved)
- Multiple external improvements driving change (not just QI)

DSMB Review - Project Reset

- RCT abandoned – replaced with adaptive design (different for 3 districts).
- Re-designed “change unit” to account for natural referral patterns
- Pace and design of scale-up adapted to district capabilities
- Closer working relationship with District Managers
- Improved data Feedback system

Project Reset: adaptable design

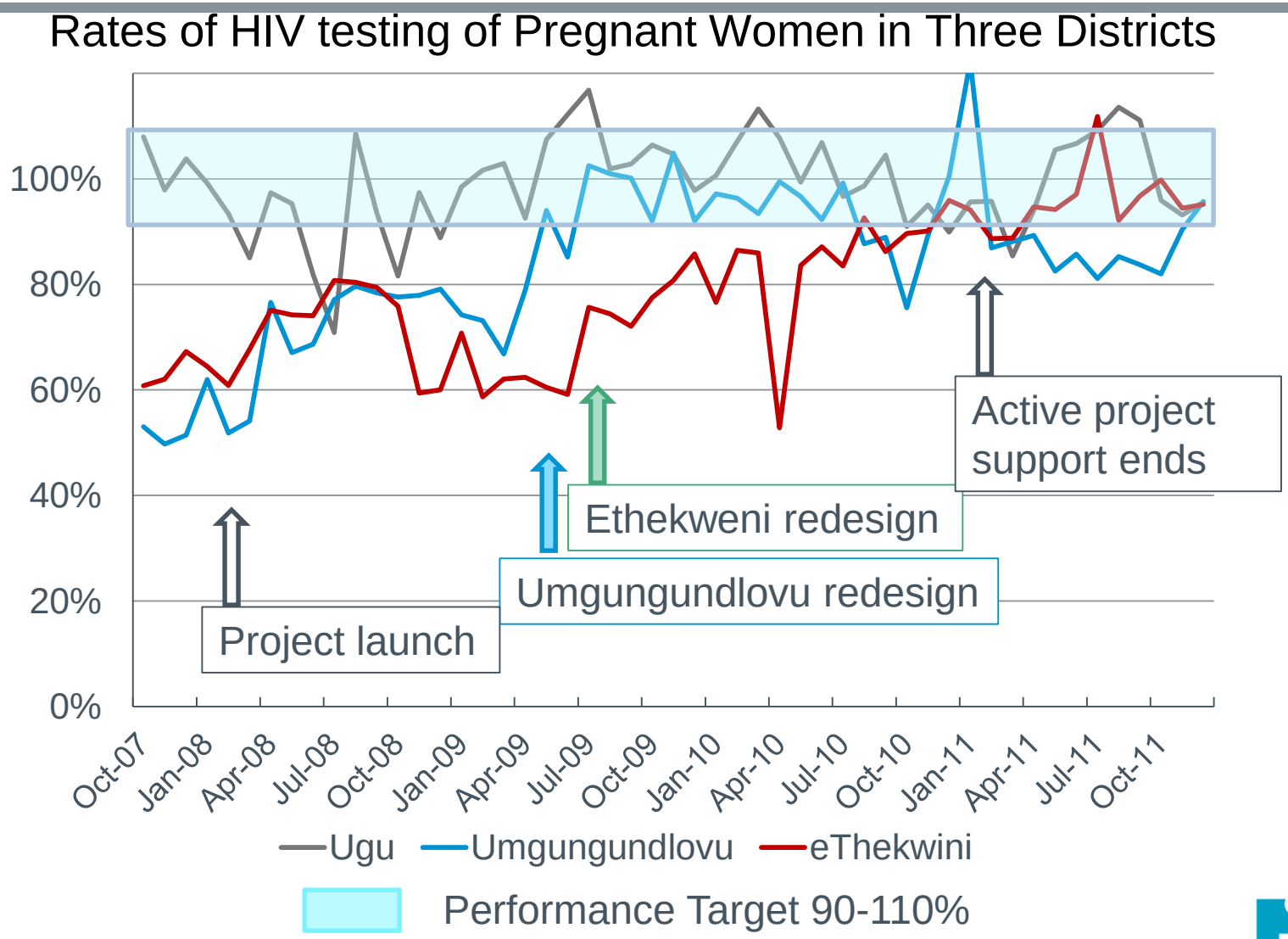


All subdistricts had hospital and facilities learning network

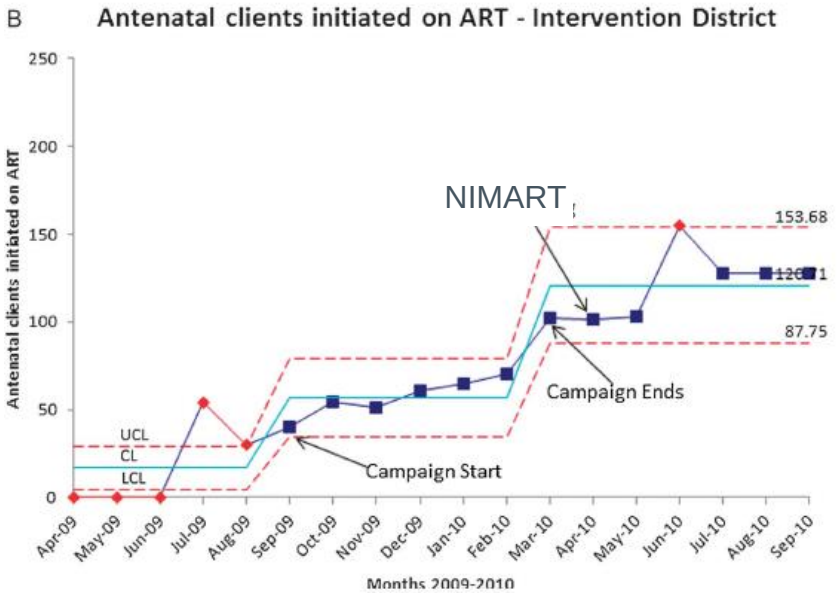
Sequential hospital and facilities subdistrict learning network

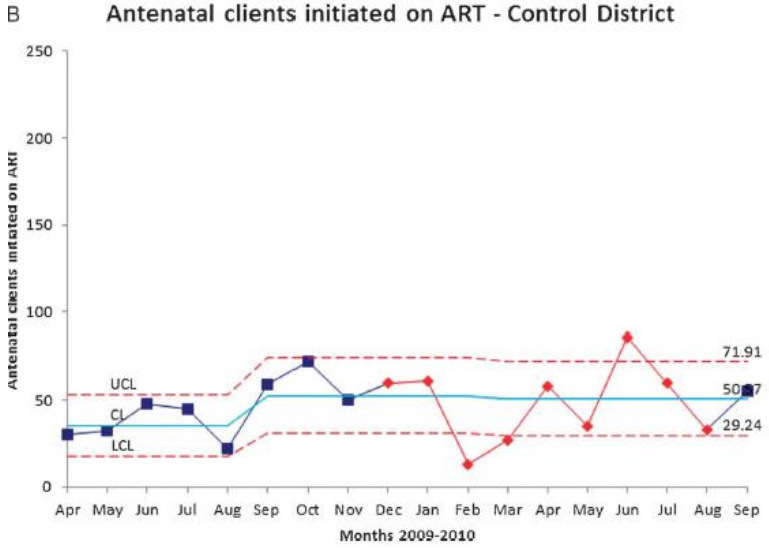
Focus on only one hospital/facilities learning network

Adaptive design – 3 districts, 3 designs



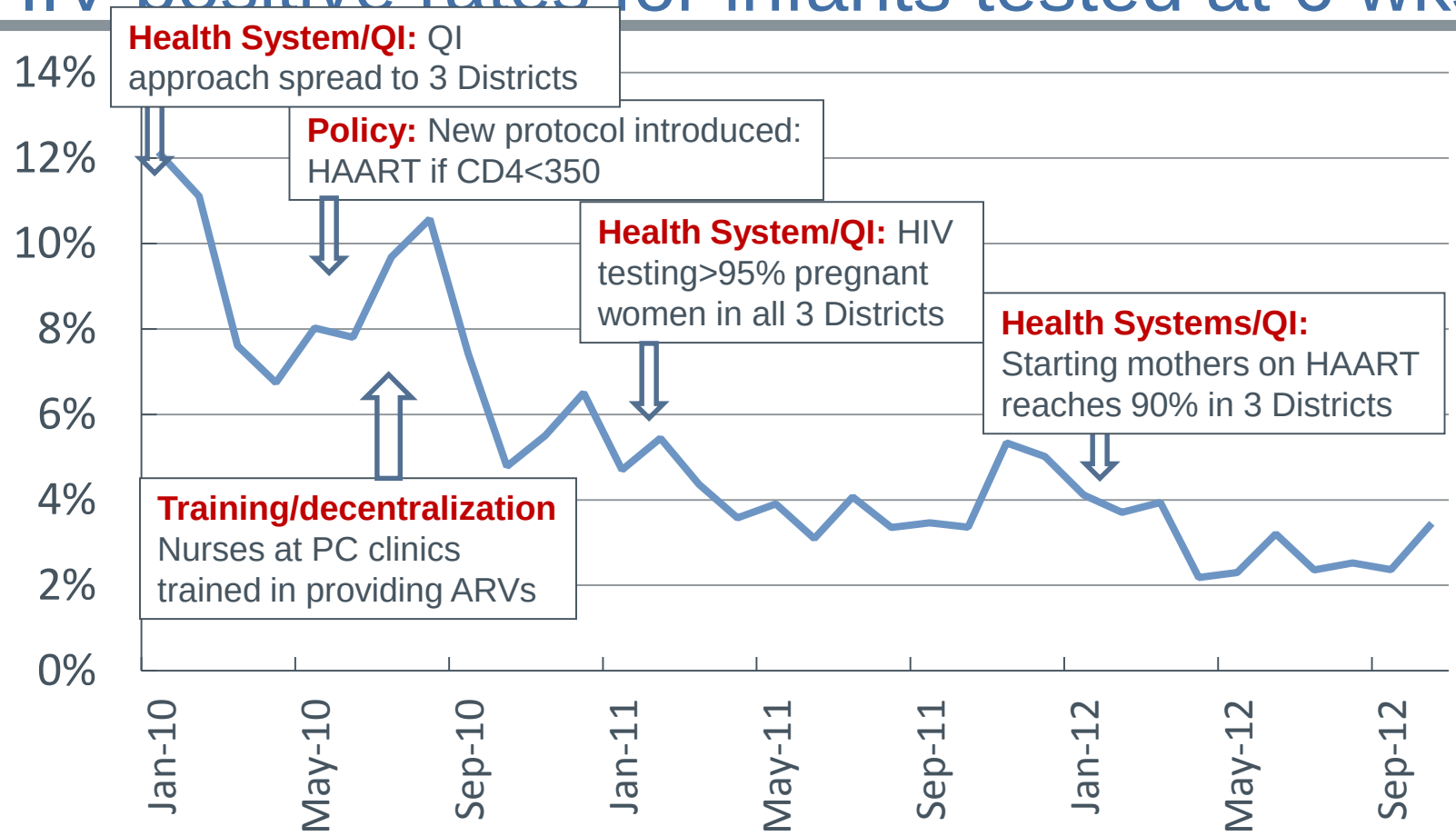
Using Counterfactuals (whole district comparisons)





Ngidi et al. J Acquir Immune Defic Syndr 2013;63:e133–e139

Eliminating MTCT:
HIV positive rates for infants tested at 6 wks



Conclusions/Questions

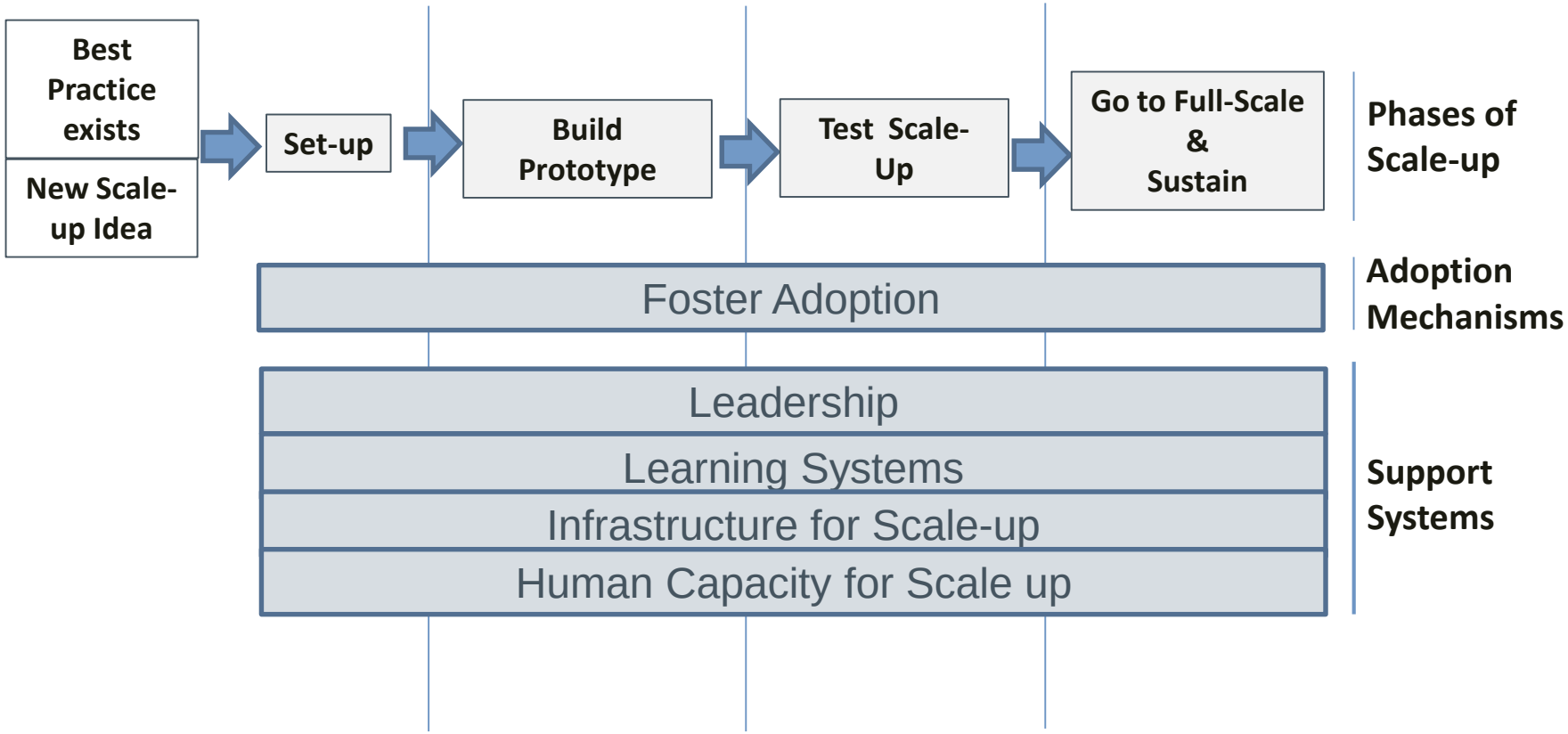
- Are cluster randomized designs appropriate for QI studies in complex settings?
- Can/should CRDs be applied within districts?
- Are counterfactuals needed in QI
- Are time-series plus step wedge designs sufficient for QI research in complex settings?
- Was this CRD attempted too early - would it have succeeded with a mature implementation change package?

A case report of evaluating a large-scale health systems improvement project in an uncontrolled setting: a quality improvement initiative in KwaZulu-Natal, South Africa

Kedar S Mate,[1,2] Wilbroda Hlolisile Ngidi,[3] Jennifer Reddy,[3] Wendy Mphatswe,[3] Nigel Rollins,[3,4] Pierre Barker[1,5]

Thank You!

Implementation and Scale-up Framework



IFAKARA HEALTH INSTITUTE
research | training | services

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TRANSLATING RESEARCH INTO ACTION

AMDD
Averting Maternal Death and Disability
MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

AMDD experience with implementation research: Partners in the Staha Project

Kate Ramsey

Implementation Science Symposium, FHI360

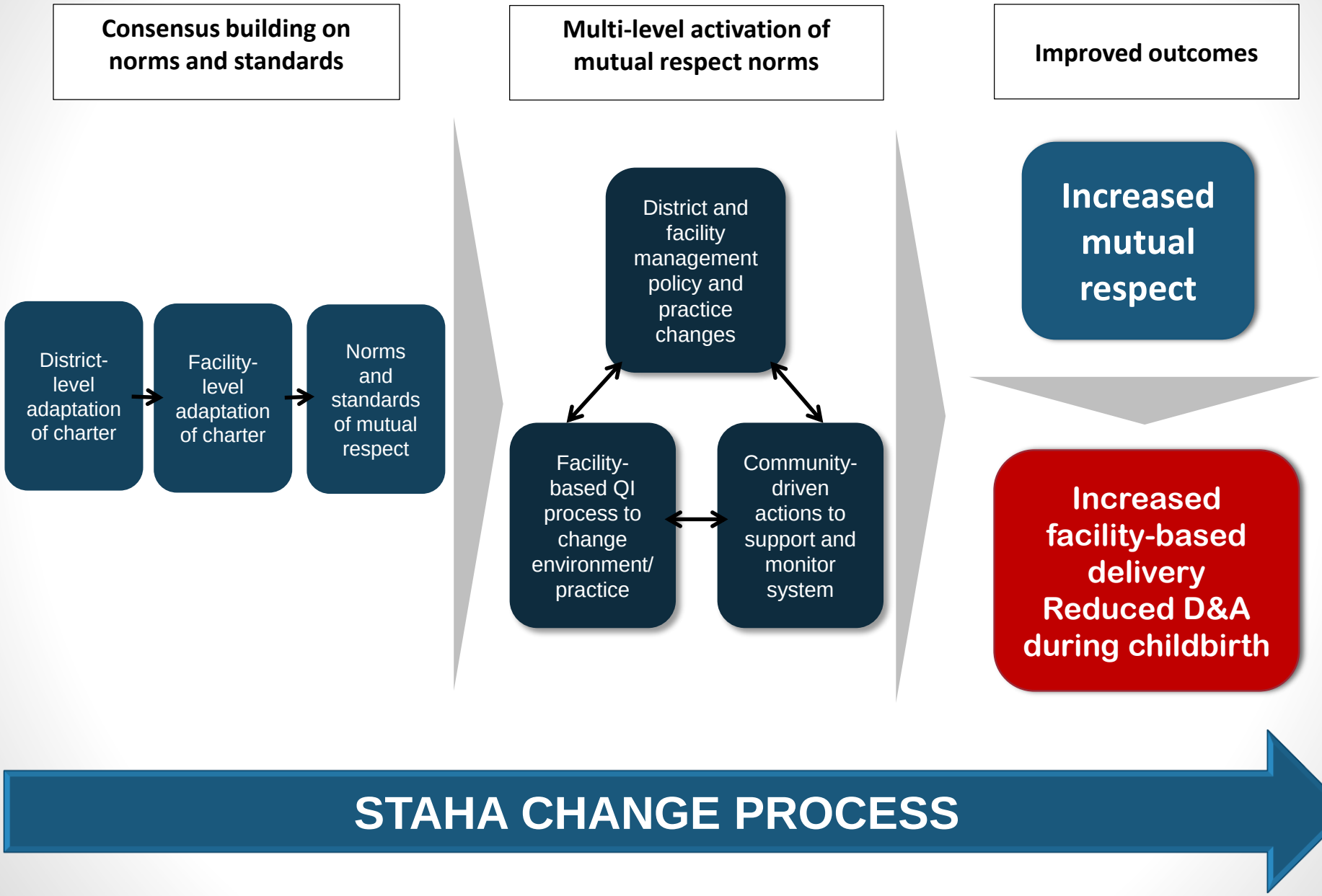
4 September 2014

The Staha Project

1. Determine the nature, types, and prevalence of D&A in childbirth
2. Develop and validate tools for assessing D&A
3. Identify and explore the potential drivers of D&A
4. Design, implement, monitor and evaluate the impact of interventions to reduce D&A
5. Document & assess the dynamics of implementing interventions to reduce D&A and generate lessons

Increase facility-based delivery

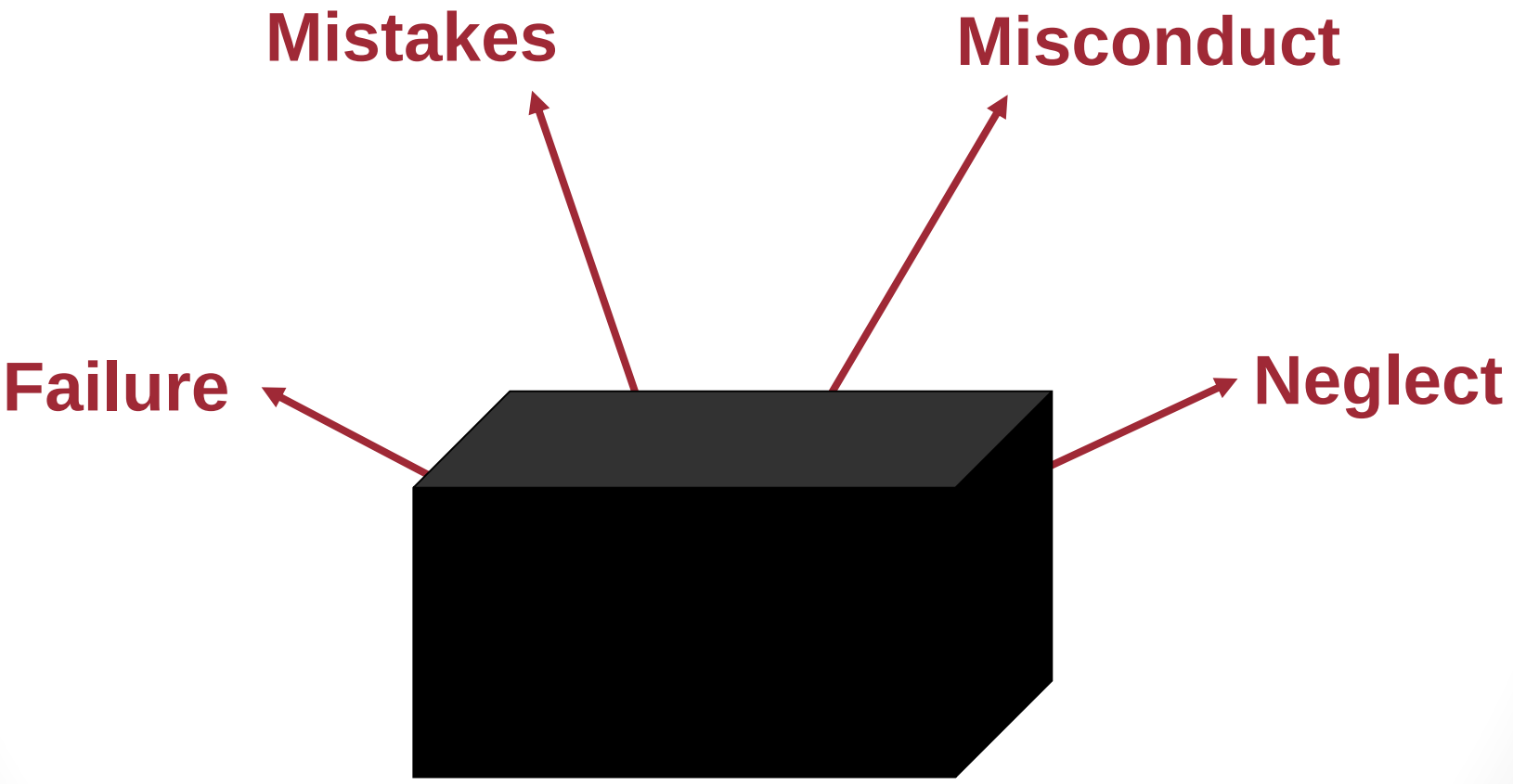
Reduce the % of women reporting any form of D&A


Consensus building on norms and standards
Multi-level activation of mutual respect norms
Improved outcomes
District-level adaptation of charter
Facility-level adaptation of charter
Norms and standards of mutual respect
District and facility management policy and practice changes
Facility-based QI process to change environment/ practice
Community-driven actions to support and monitor system
Increased mutual respect
Increased facility-based delivery Reduced D&A during childbirth
STAHA CHANGE PROCESS

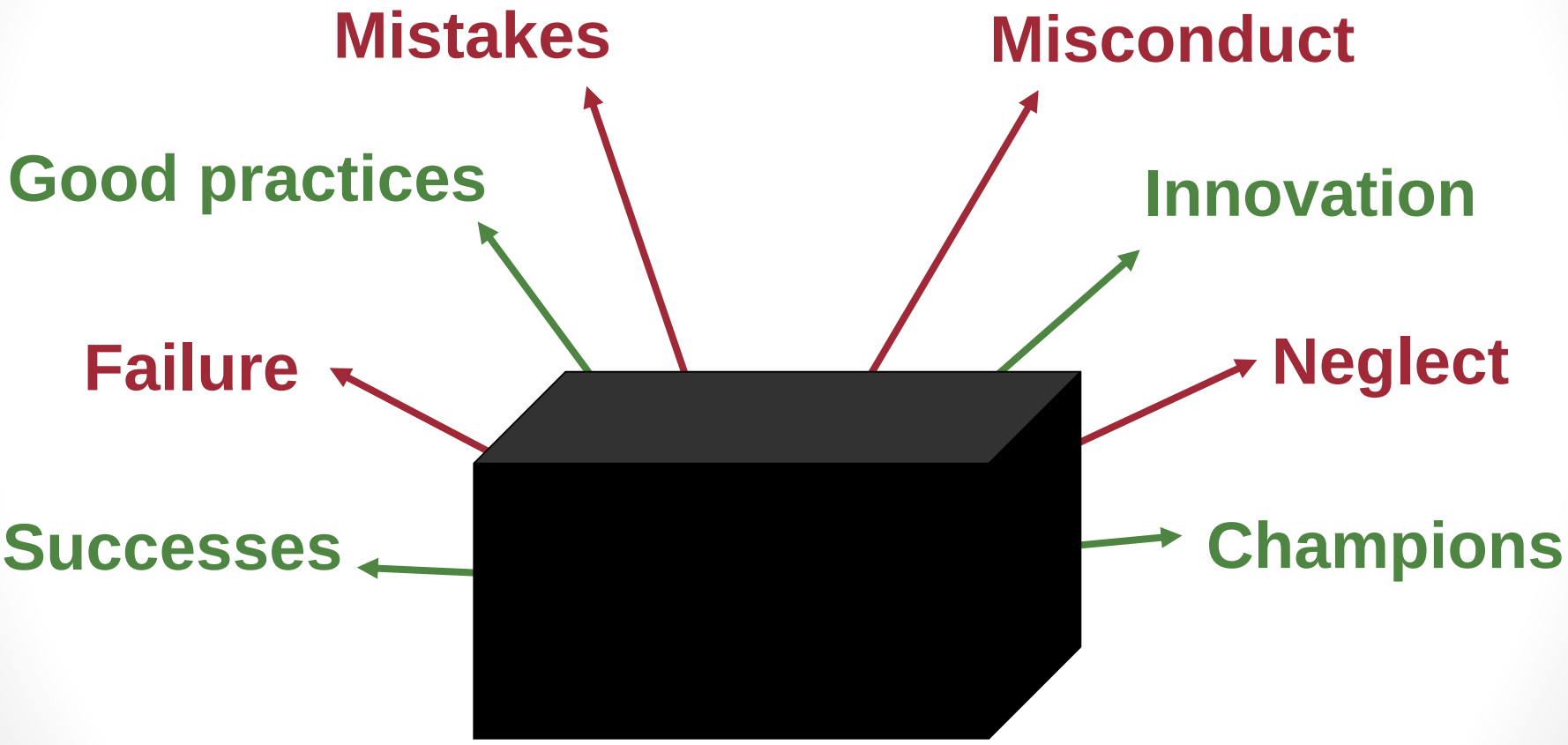
The Partners

- Ifakara Health Institute (IHI)
- Averting Maternal Death & Disability Program (AMDD), Columbia University Mailman School of Public Health
- Tanzanian health system

Opening the Black Box



Opening the Black Box

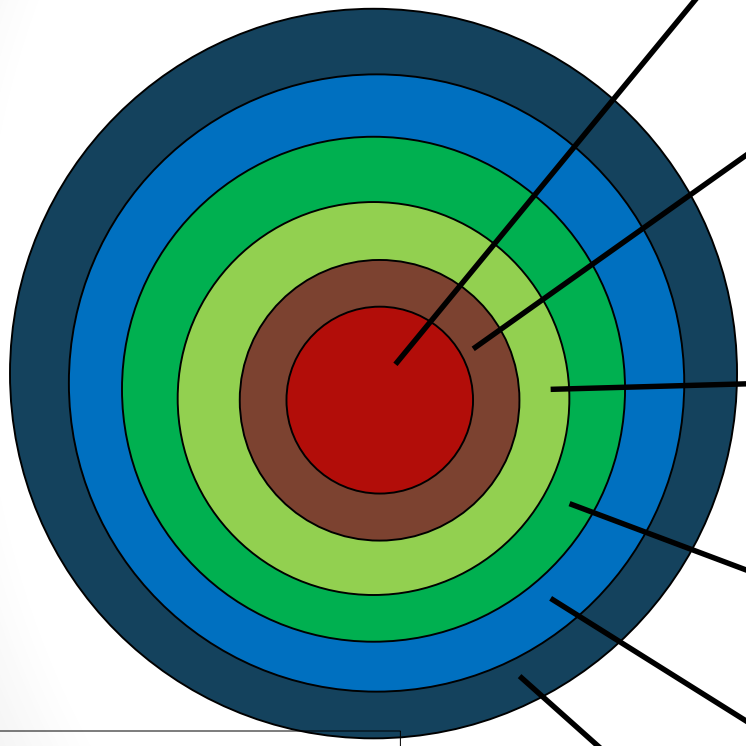


Norms

Evidence

Values/beliefs around the problem

Defining disrespect and abuse in facility-based childbirth



Individual level

Structural level

Policy Level

Behavior that all agree is D&A

Normalized D&A:
Behavior that women consider D&A but providers do not

D&A behaviors that women consider normal/acceptable

Poor care caused by system deficiencies that is considered D&A by women and providers

Poor care caused by system deficiencies that is considered normal and acceptable

Deviations from national standards of good quality care

Deviations from human rights standards (available, accessible, acceptable, quality)

Initial intervention target

Prevalence Measure

Policy Advocacy

Structures

Hierarchy

Silos

Resources

Financial

Human

I know I am talking to you here as researchers but I believe that this message may go further. I would like to request the government to make sure that it implements its policies because ensuring the implementation of its policies is how it gains the trust of the community. But if the government does not fulfill its promises to the community it's obvious that the community will no longer have trust in it.

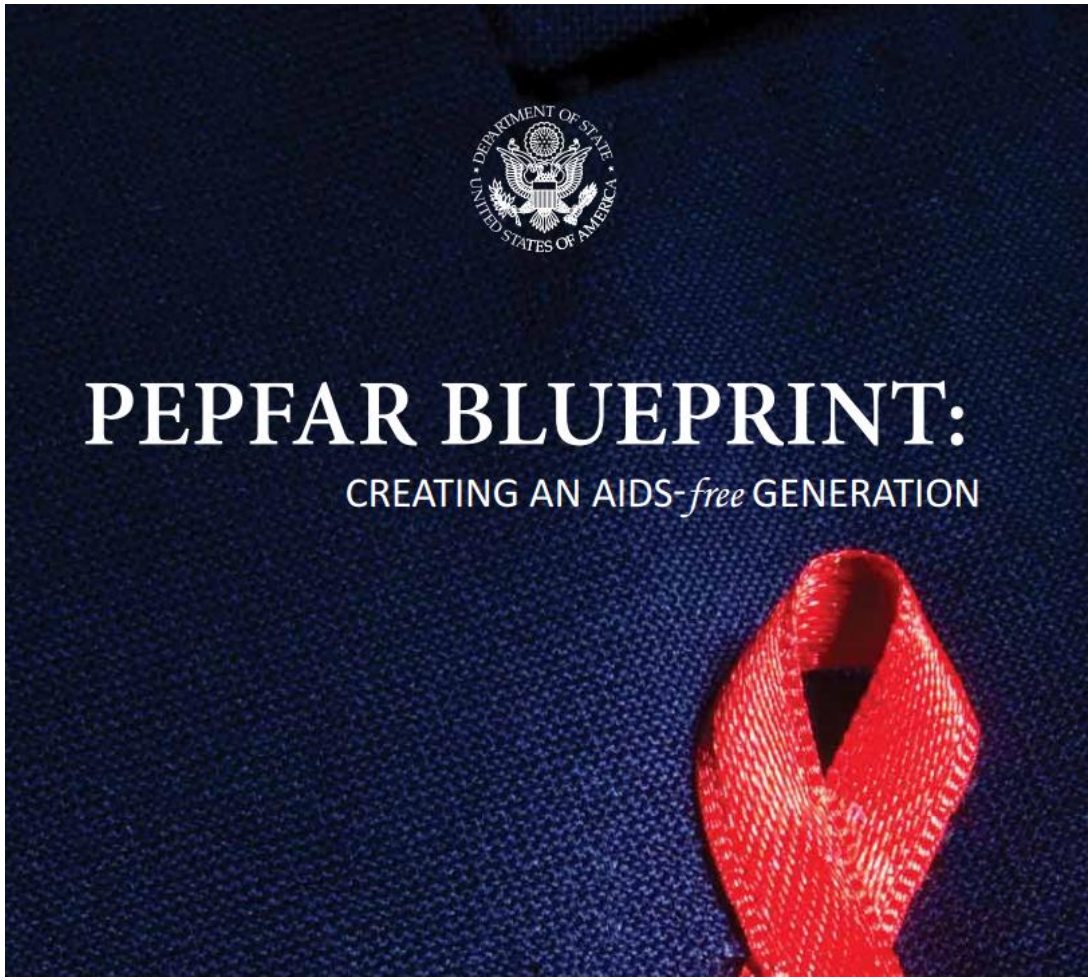
Charter Drafting Committee Member, Korogwe

THANK YOU!

Introducing Innovations to Fragile Health Systems: The Case of HIV-Family Planning Service Integration

Theresa Hoke, PhD, MPH
Director, Health Services Research
FHI 360

Health System Building Blocks



"Optimize PEPFAR as a platform to incorporate and integrate other essential health services for women, including the integration of HIV and family planning (FP) services…."

- Articles on 2 trials testing service delivery interventions

- Systematic review of 12 additional studies
  - 5 of 12 studies conducted in context of clinical trials
  - Only 5 articles reported process data

Promoting long-acting and permanent methods to PMTCT clients in Cape Town

- PEPFAR-funded provider training in FP for HIV+ women
- Training: IUD insertion
- Coaching
- Counselling aids
- IUD insertion equipment
- Reinforced referrals for sterilization

Results: Survey with Postpartum PMTCT Clients

	Pre-intervention (n=265) %	**Post-intervention** (n=266 %
Desire future pregnancy	11	15
CURRENT METHOD AMONG FP USERS		
IUD	0	<1
Sterilization (F)	7	9
Condoms (M/F)	6	12
Injectables	86	86
PROVIDER HAS TALKED TO YOU ABOUT…		
IUD	4	13
Female sterilization	28	36

Intervention Tracking Tool

Intervention components as planned	Activities as actually implemented	Contributions of individuals and organizations	Considerations for replication/expansion
INTERVENTION COMPONENT 1			
Activity			
Activity			
Activity			
INTERVENTION COMPONENT 2			
Activity			
Activity			
INTERVENTION COMPONENT 3			
Activity			
Activity			

Process Evaluation Findings

- Training providers to provide new methods was challenging
  - Inadequate foundation of FP knowledge
  - Incomplete participation in classroom sessions on the IUD
  - Low client recruitment for on-the-job practicum
  - Some providers lacked confidence to counsel on sterilization
- Training not reinforced with changes to service delivery procedures
- Routine supervisory system inadequate
- Coaching: Some providers were not inclined to take on additional responsibilities

(Hoke et al. *BMC Reproductive Health*, 2013)

Promoting Family Planning Use by Care & Treatment Clients through Constructive Male Engagement

- Provider training:
  - FP for HIV+ women
  - Gender
- Mentoring
- Clinic adjustments
  - To accommodate FP counselling
  - To engage men
- Counseling flipbook

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THE SCIENCE OF IMPROVING LIVES

Results: Survey with Care & Treatment Clients (Intervention Group)

	Pre-intervention (n= 416) %	Post-intervention (n=330) %
Desire future pregnancy	31	31
CURRENT FP USE		
Dual method use	13	14
FP method other than condoms	56	49
SERVICES RECEIVED		
Provider talked about FP	18	35
Offered couple's counselling on FP	30	43

Process Evaluation Findings

- Learning needs surpassed time allotted for training
- Need for ongoing mentoring greater than anticipated
- Commodity stock-outs
- High client volume and health worker shortage
- Low morale

WHO Health System Building Blocks

- Service Delivery
- Health Workforce
- Medical Products
- Information
- Leadership and Governance
- Financing

Recommended targets for future research on HIV-FP integration

Service Delivery	Improve client flow
Health Workforce	Motivate providers
Medical Products	Reinforce commodity management
Information	Track performance
Leadership and Governance	Translate policy guidance into performance expectations
Financing	Deliver services in a way that's affordable to facilities and clients

IMPLEMENTATION SCIENCE AND FAMILY PLANNING AND REPRODUCTIVE HEALTH: CHALLENGES AND OPPORTUNITIES

Laura Reichenbach,
Deputy Director for Research, Evidence Project

Implementation Science in Global Health: Maximizing Impact in an Imperfect World
September 4, 2014

USAID
FROM THE AMERICAN PEOPLE

Evidence

5 + 5 Project on Implementation Science to Improve FP/RH

POPULATION COUNCIL
Ideas. Evidence. Impact.

IPPF International Planned Parenthood Federation

PATH
A catalyst for global health

msh
Management Sciences for Health

INDEPTH Network
Better Health Information for Better Health Policy

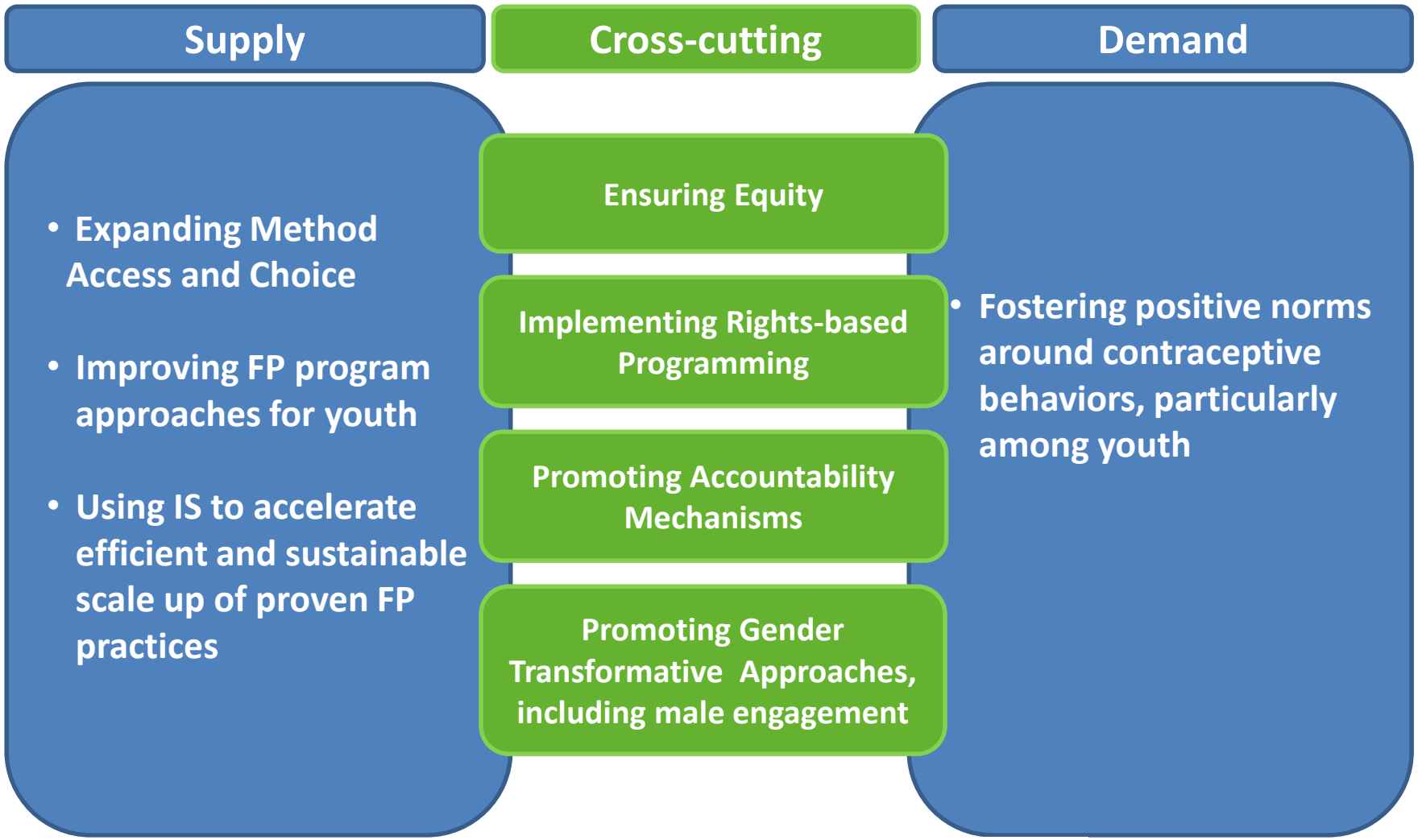
PRB
INFORM EMPOWER ADVANCE

With a University Research Network:
Columbia, Washington, LSHTM

USAID
FROM THE AMERICAN PEOPLE

Evidence

The Evidence Project
Conceptual Framework of Implementation Science (IS) Priorities

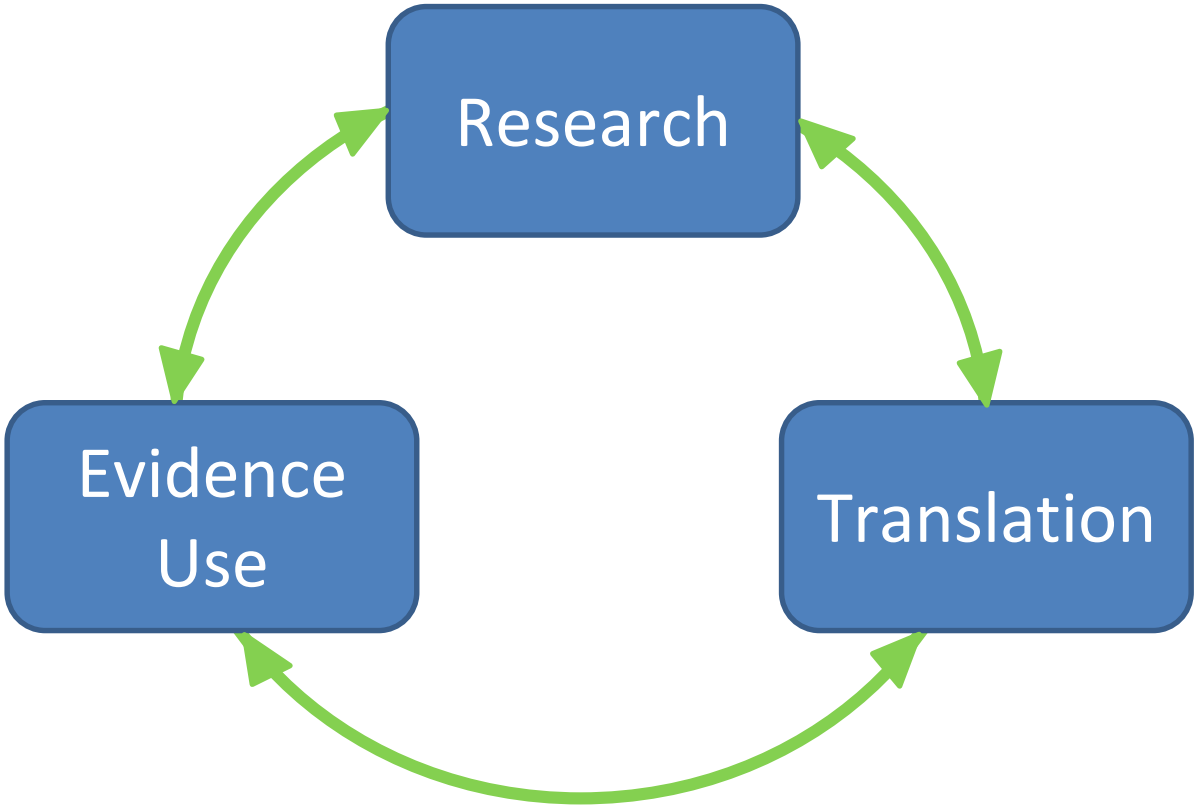


USAID FROM THE AMERICAN PEOPLE

Evidence

Implementation Science

"Application of systematic learning, research and evaluation to improve health practice, policy and programs" (USAID, GH, n.d.)



IS Challenges and Opportunities

- Research protocol development
- Evidence utilization
- Scale up
- Capacity building and local ownership

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- Research protocol development
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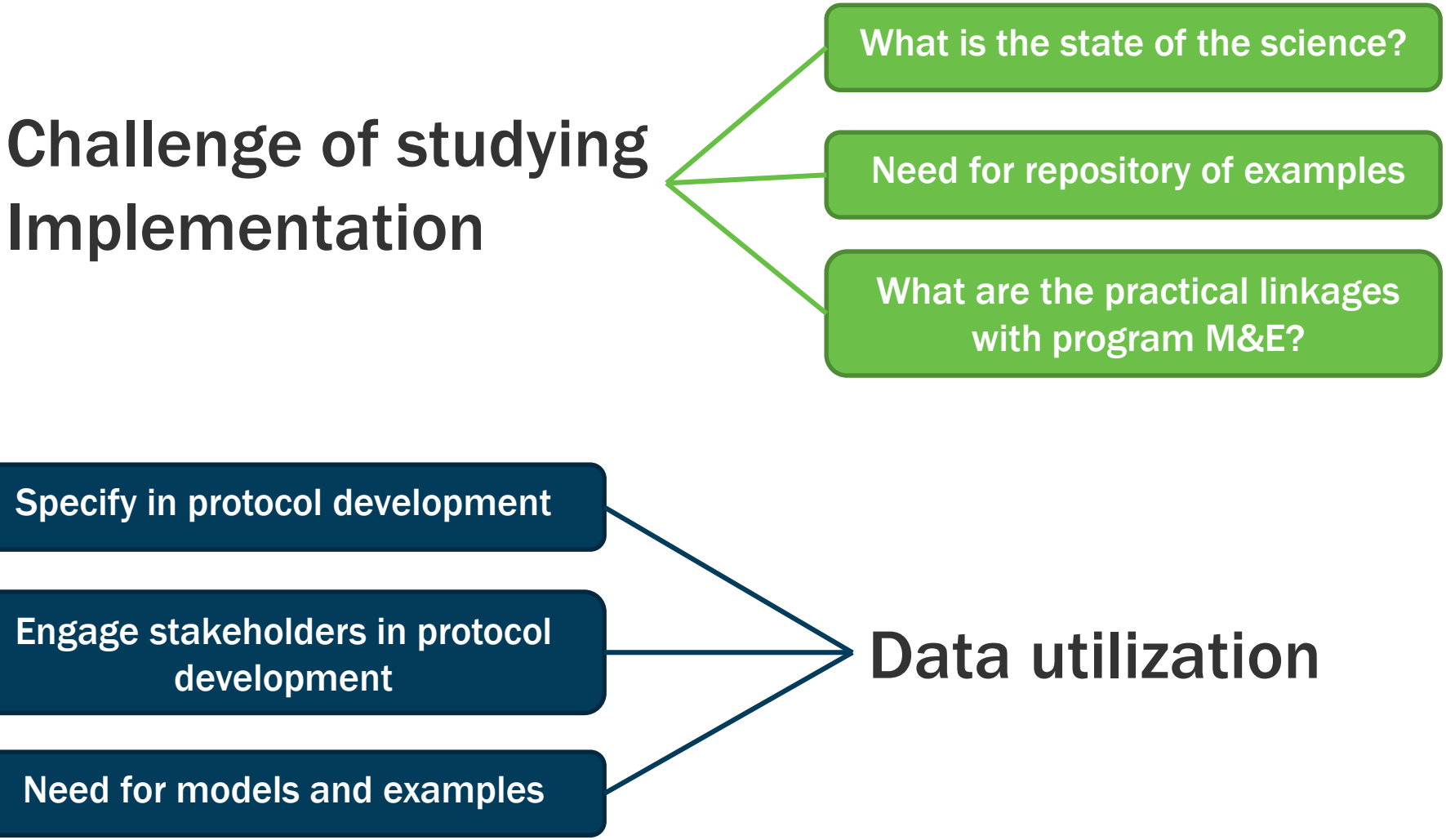
Research protocol development



IS Challenges and Opportunities

- Research protocol development
- **Evidence utilization**
- Scale up
- Capacity building and local ownership

Selected USAID-funded FP/RH Projects with a Focus on Evidence Generation and/or Use (over 3 decades)

- FRONTIERS (Operations Research)
- MORE (Maximizing Results of OR)
- Data for Decision-making
- E2A Project (Evidence to Action)
- MEASURE Evaluation (data demand and use)
- PROGRESS in Family Planning
- The Evidence Project (evidence generation, translation and use)

Population Council
FRONTIERS
IN REPRODUCTIVE HEALTH
Legacy Series: MAXIMIZING UTILIZATION OF RESEARCH

DDM

OPERATIONS RESEARCH
Helping Family Planning Programs Work Better

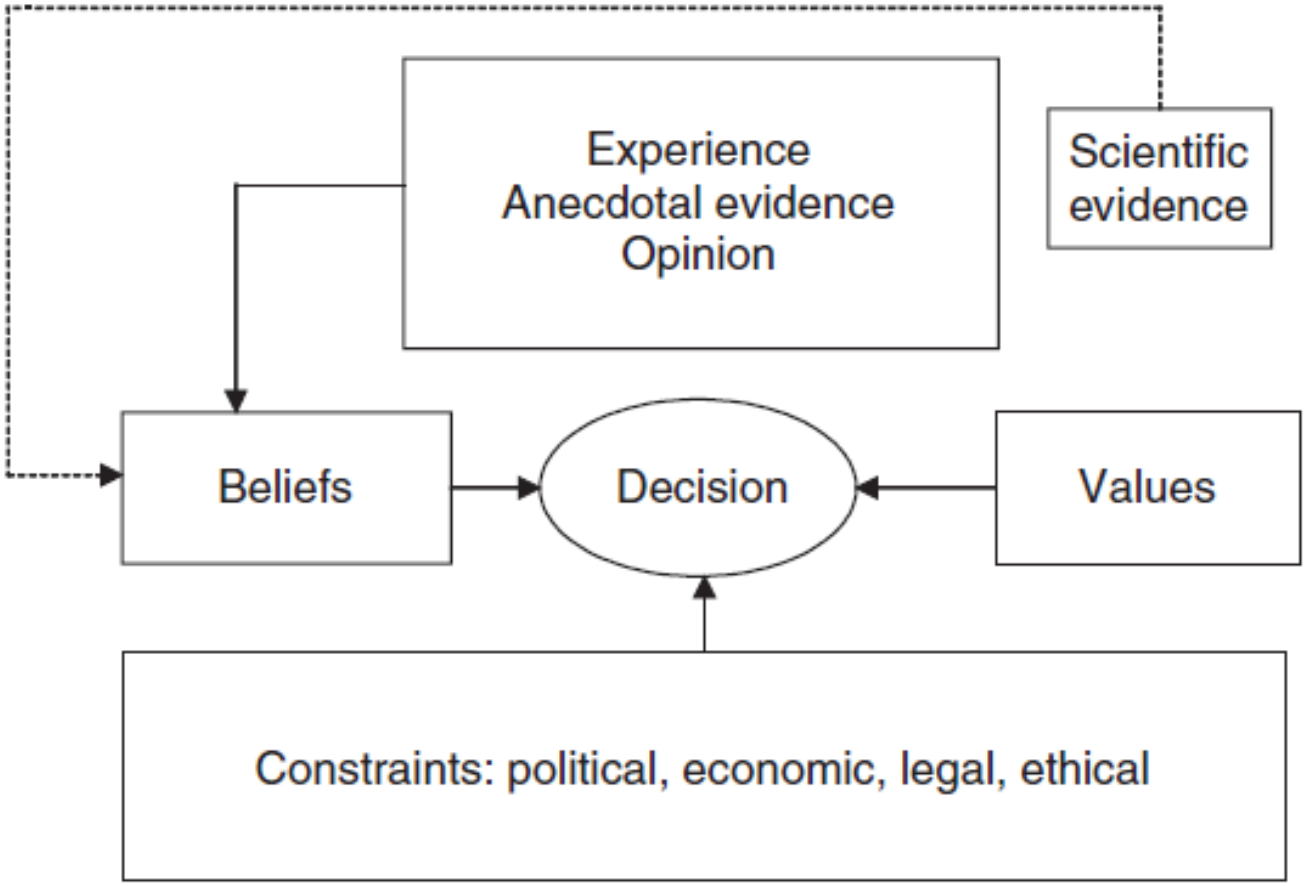
E2A EVIDENCE TO ACTION
for Strengthened Reproductive Health

MEASURE Evaluation

PROGRESS IN FAMILY PLANNING

Evidence

Conceptual Framework of the Role of Evidence in Decisionmaking



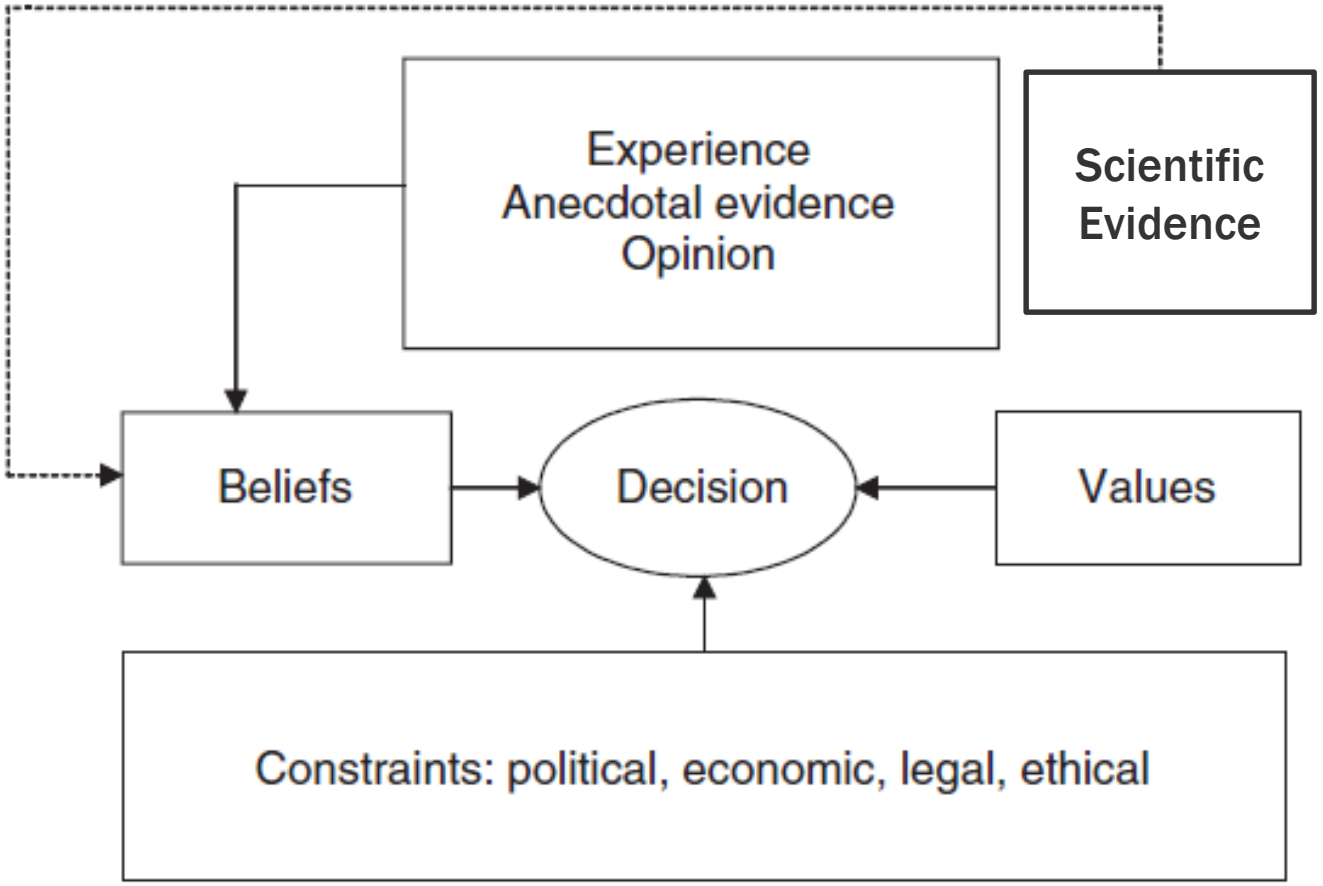
Source: Cookson, 2005.

Synthesis on evidence use

What do we mean by evidence and what evidence is there that evidence is used in decision-making?

How can we make sure that research evidence plays a bigger role in decision-making vis a vis other factors?

Conceptual Framework of the Role of Evidence in Decisionmaking



Source: Cookson, 2005.

IS Challenges and Opportunities

- Research protocol development
- Evidence utilization
- **Scale up**
- Capacity building and local ownership

Key Research Questions for Scale Up

- What are facilitating factors to scale up?
- What characteristics of implementation foster its success for scale up?
- What health systems and contextual factors are essential to scale up?
- How can we achieve scale at a faster pace?

IS Challenges and Opportunities

- Research protocol development
- Evidence utilization
- Scale up
- Capacity building and local ownership


NEW DIRECTIONS IN
IS AT USAID
Joseph F. Naimoli
Health Systems Research Advis
Office of Health Systems
USAID
lementation Science Course,
shington
gust 8, 2014
ROLE OF EVIDENCE IN
POLICIES, PROGRAMS &
PRACTICES
Karen Hardee, Project Director
Intensive Course on Implementation Science for
Family Planning and Reproductive Health
UW, Seattle WA
August 4-15, 2014
USAID
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Evidence


username =
Password =
event+Ø219
UEBT=YUQX=UY
Counseling
FACILITY
CONTR
Del
Training
Postpartum
Counseling
Supply

Capacity building and local ownership

- **Intensive course in IS for Family Planning and Reproductive Health**
  - Whose capacity? In what?
  - Build on legacy of existing work
  - Consider new models and approaches

- **How to foster local ownership?**
  - Time constraints
  - Capacity issues
  - Requires continued investment and commitment

IS Opportunities

- Research protocol development
- Evidence utilization
- Scale up
- Capacity building and local ownership

THANK YOU

The Evidence Project is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-13-00087. The contents of this presentation are the sole responsibility of the Evidence Project and Population Council and do not necessarily reflect the views of USAID or the United States Government.

The Evidence Project seeks to expand access to high quality family planning/reproductive health services worldwide through implementation science, including the strategic generation, translation, and use of new and existing evidence. The project is led by the Population Council in partnership with the INDEPTH Network, the International Planned Parenthood Federation, Management Sciences for Health, PATH, and the Population Reference Bureau.

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Evidence

IMPLEMENTATION RESEARCH

Gina Dallabetta
Senior Program Officer, HIV/Integrated Delivery

FHI 360 Meeting
September 4, 2014

OVERVIEW OF PRESENTATION

- Examples of foundation work
- Deep dive into one example, Avahan
- Concluding remarks

IMPLEMENTATION RESEARCH AT THE FOUNDATION

Foundation does not classify grants as Implementation Research

Wide variety of opinions regarding Implementation Research (very informal survey)

- *"My experience is that much of what is being called implementation science is really just process evaluation of health interventions. It is actually disappointing to see that many of the counterfactual-based methods used in health are ignored once a question moves into the "implementation" realm."*

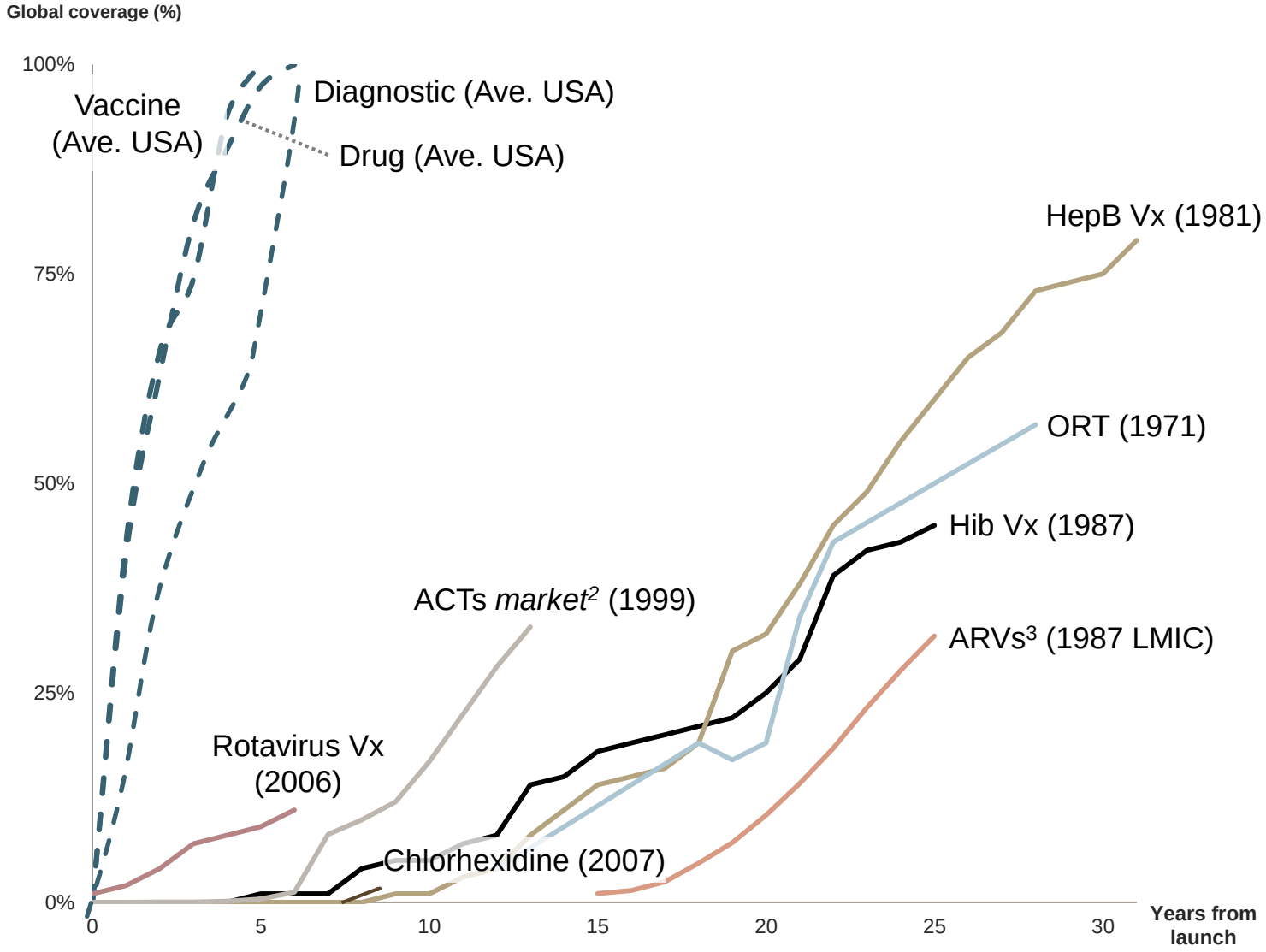
- *"Is it the same as operations research?"*

- *"It is implementation analysis to inform and guide the scale up of programs."*

THE FOUNDATION IS FOCUSED ON CHALLENGES OF SCALE FOR IMPACT AND DELIVERY COVERAGE OF NEW TECHNOLOGIES

- "Existing interventions have potential to cost effectively avert most neonatal and maternal deaths. The barriers that are preventing these life-saving interventions from reaching people who need them are primarily implementation barriers and often not technical barriers."

- "Life-saving drugs and vaccines, and diagnostic tools are expensive in the developing world, can take years to introduce, and are difficult to make widely available."



Product launch year is shown in parentheses. LMIC = Lower- and middle- income countries

SOME EXAMPLES OF FOUNDATION GRANTS ADDRESSING SCALE

- Malaria Control and Elimination Partnership in Africa (MACEPA)
- Better Immunization Data (BID)
- Demand creation for Voluntary Medical Male Circumcision (VMMC)
- Reduction of Maternal and Infant Mortality in Bihar (Ananya)
- Reducing infant mortality through Kangaroo Mother Care

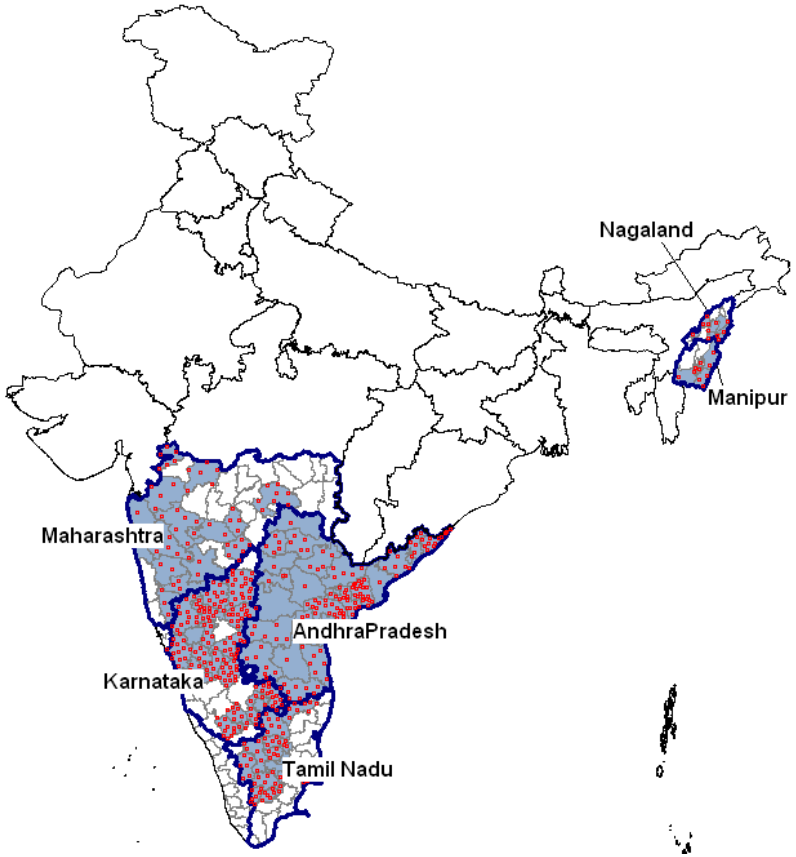
OVERVIEW OF PRESENTATION

- Examples of foundation work
- Deep dive into one example, Avahan
- Concluding remarks

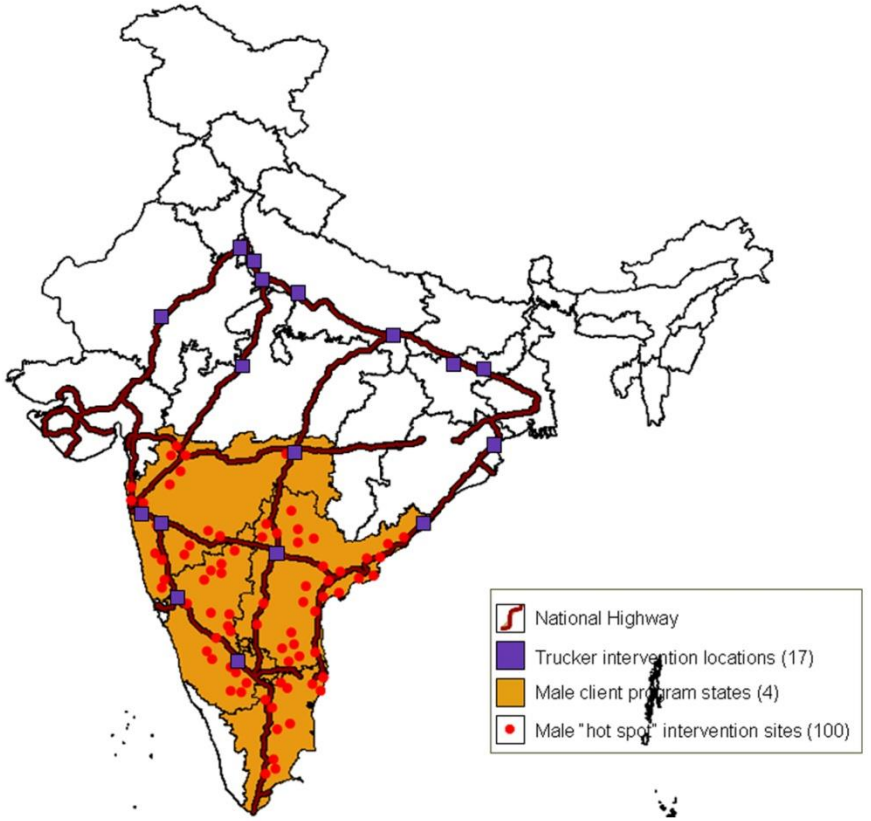
AVAHAN I- SNAPSHOT

6 states, 82 districts
Combined State Population
~ 300 million
High risk groups covered
FSW – 220,000
MSM / TG – 80,000
PWID – 18,000
Men at risk – 5 million

High risk groups

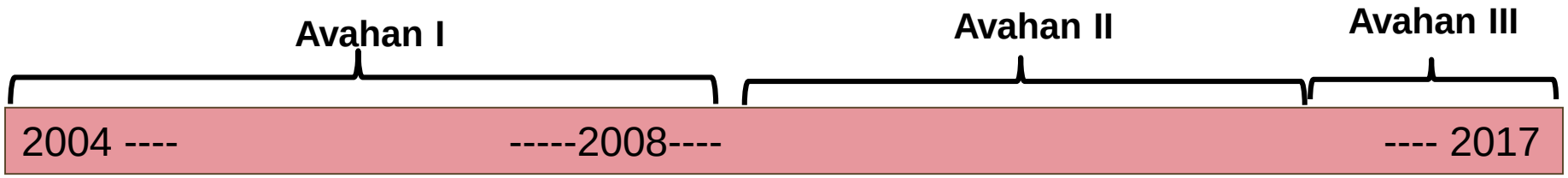


Men at risk



Investment:
US$ 235 million

AVAHAN'S GOALS OVER A 13 YEAR PERIOD



Build / Operate HRG prevention program at scale

- Demonstrate program at scale with coverage, quality
- Document declining HIV infection trends in core, bridge, general population

Transfer program to government, other stakeholders, communities

- Sustain funding / management without program disruption
- Strengthen communities to sustain transition post-handover

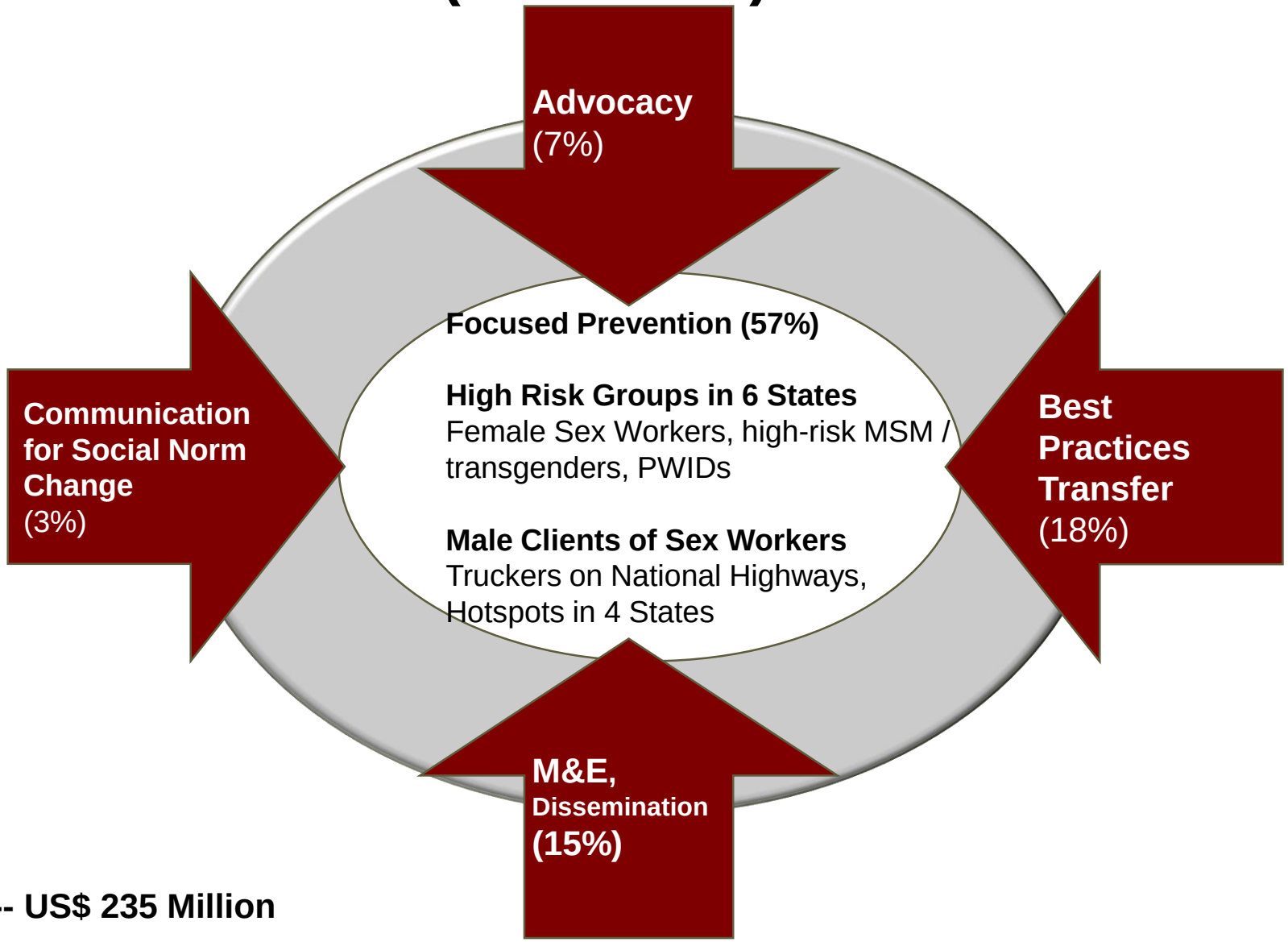
Disseminate learnings

- Actively foster opportunities for creating learnings from Avahan
- Disseminate learnings through a wide variety of mechanisms and fora

Sustainable communities

- Strengthen CBOs to sustain strong HIV response

PHASE I DESIGN (2003-2009)

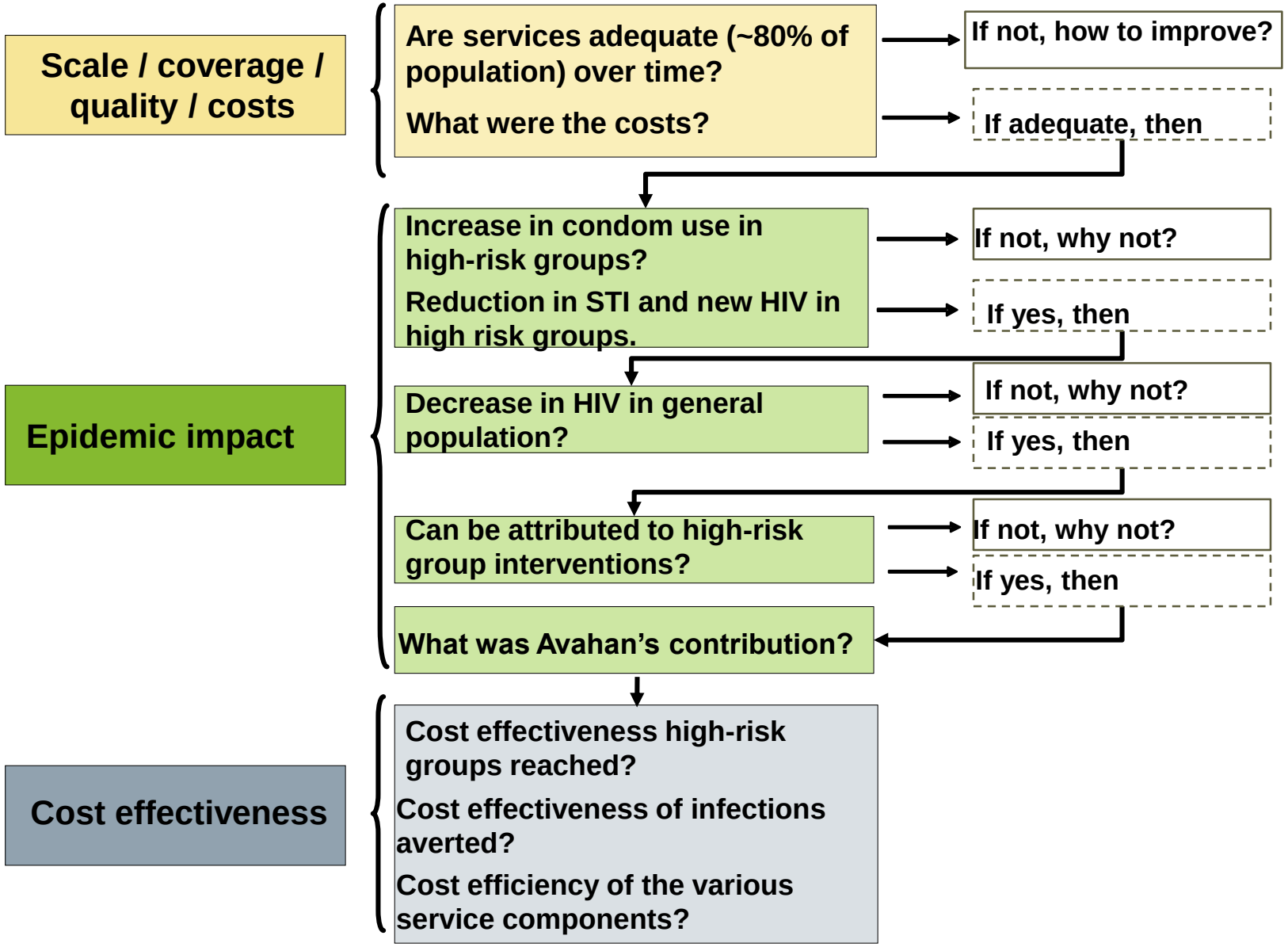


100% -- US$ 235 Million

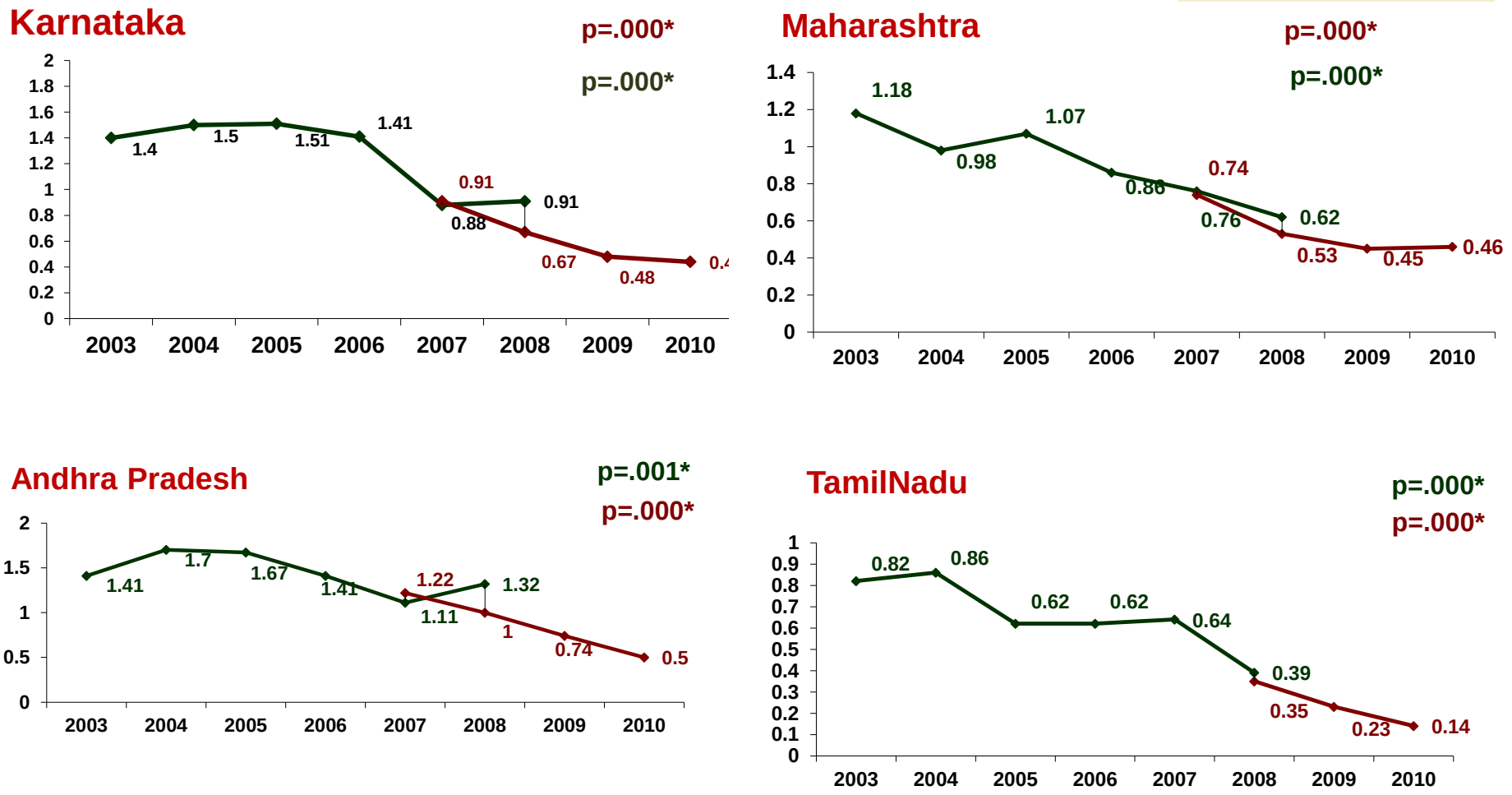
The Prevention Package

- Outreach, Behavior Change Communication
- Commodities (condoms, lubricants, needles)
- Clinical services for STIs + counseling
- Case managed approach to referral - TB, HIV testing, ART
- Local advocacy – police sensitization, crisis response, community advisory committees
- Community mobilization

AVAHAN IMPACT EVALUATION QUESTIONS



Declines in HIV prevalence in ANC clinics in four southern states *



* *As measured in antenatal clinics (ANC)consistent sites*

Source: National AIDS Control Organization (NACO) HIV Sentinel Surveillance

CONTEXT THAT CONTRIBUTED TO AVAHAN SCALE-UP

Indian context:

- Key population programming priority for GoI.
- GoI under NACP-II investing in NGOs for prevention.
- Routine KP surveillance, enumeration exercise, behavioral survey.
- Comprehensive TI strategy.
- Long history of participatory development approaches and global model for FSW – Sonagachi.
- Nonetheless, significant stigma, violence, low social status of target population.

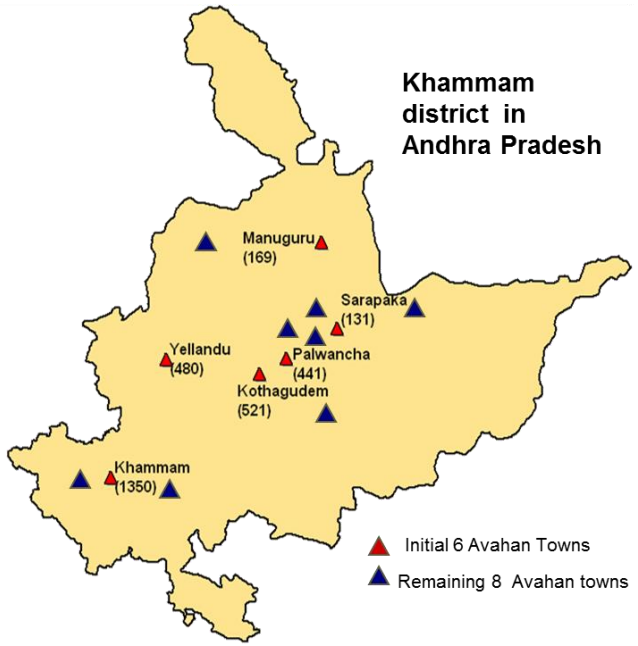
Avahan context:

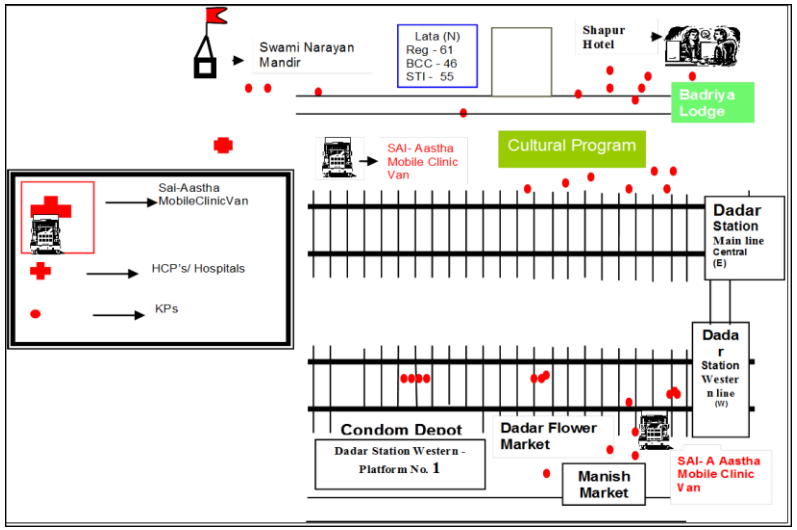
- NGO program
- Completely outside government
- “Sufficient” funding
- Controlled all elements of intervention

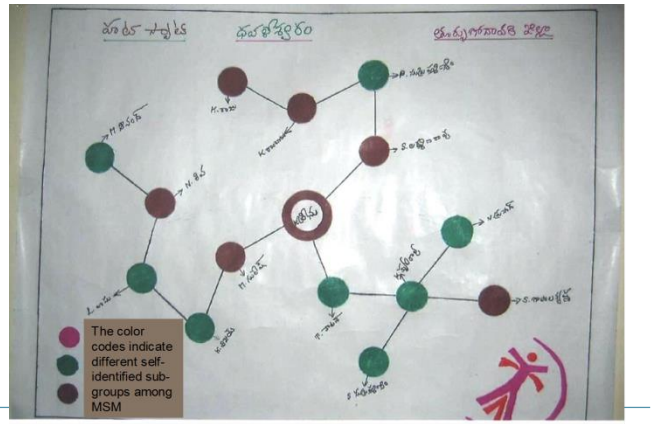
ELEMENTS OF SCALE-UP – DATA USE, REFINEMENT, PUSHING DATA USE DOWN TO FRONTLINES

Design

- District level mapping for hot spots and size estimates – largest first
- Site level mapping for outreach and service placement
- Network mapping to assign peer outreach worker to clients



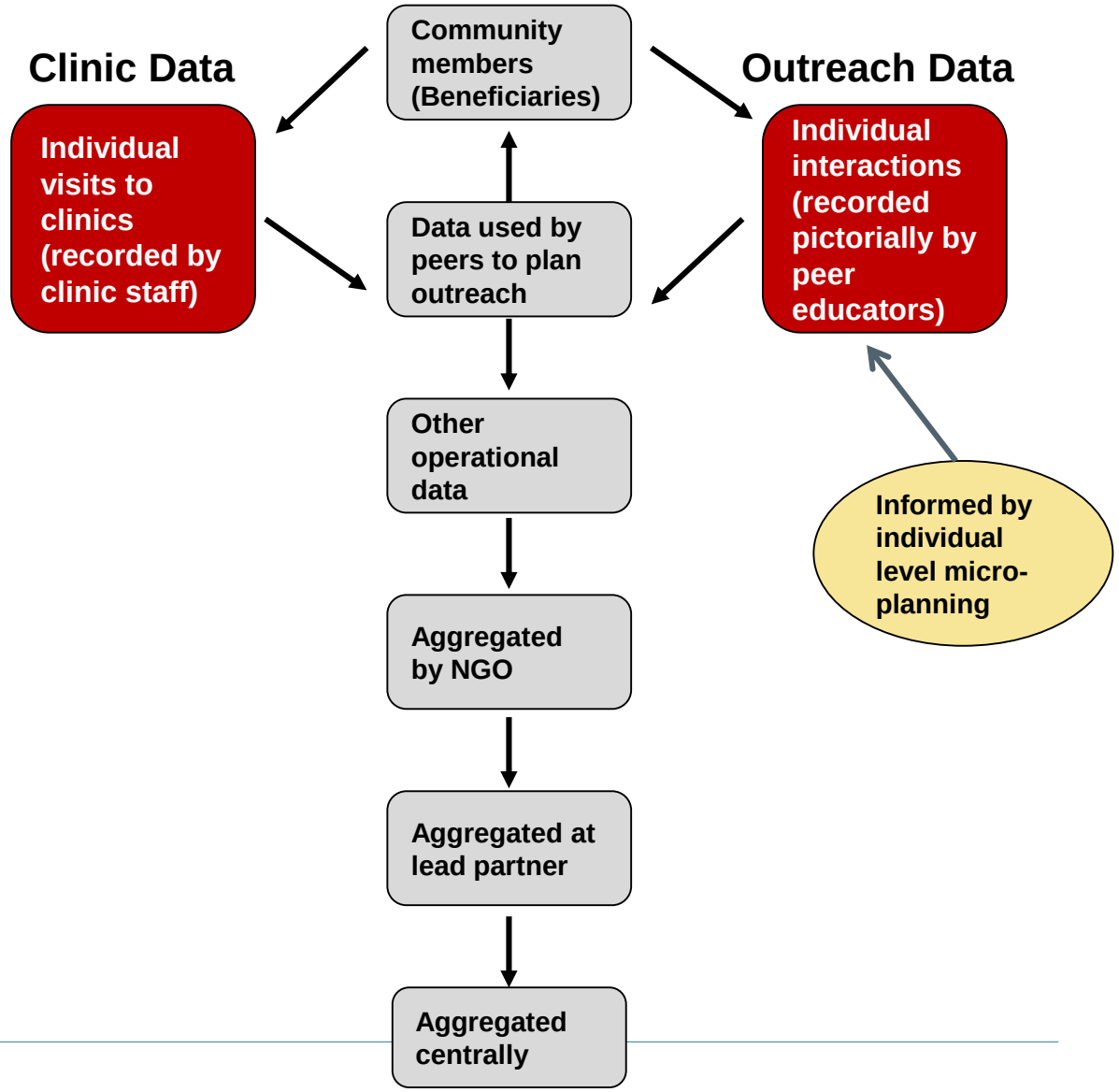




ELEMENTS OF SCALE-UP – DATA USE, REFINEMENT, PUSHING DATA USE DOWN TO FRONTLINES

Implementation

- Common minimum program with targets
- Phase specific indicators
- Routine MIS
- Use at all levels (informed through mentoring)
- Intensive field engagement, regular reviews at all levels



THE COMMON MINIMUM PROGRAM

Define set of activities to be accomplished by all implementers in areas:

- Community mobilization
- Advocacy
- Communication for behavior change
- Clinical services
- Monitoring for management
- Management

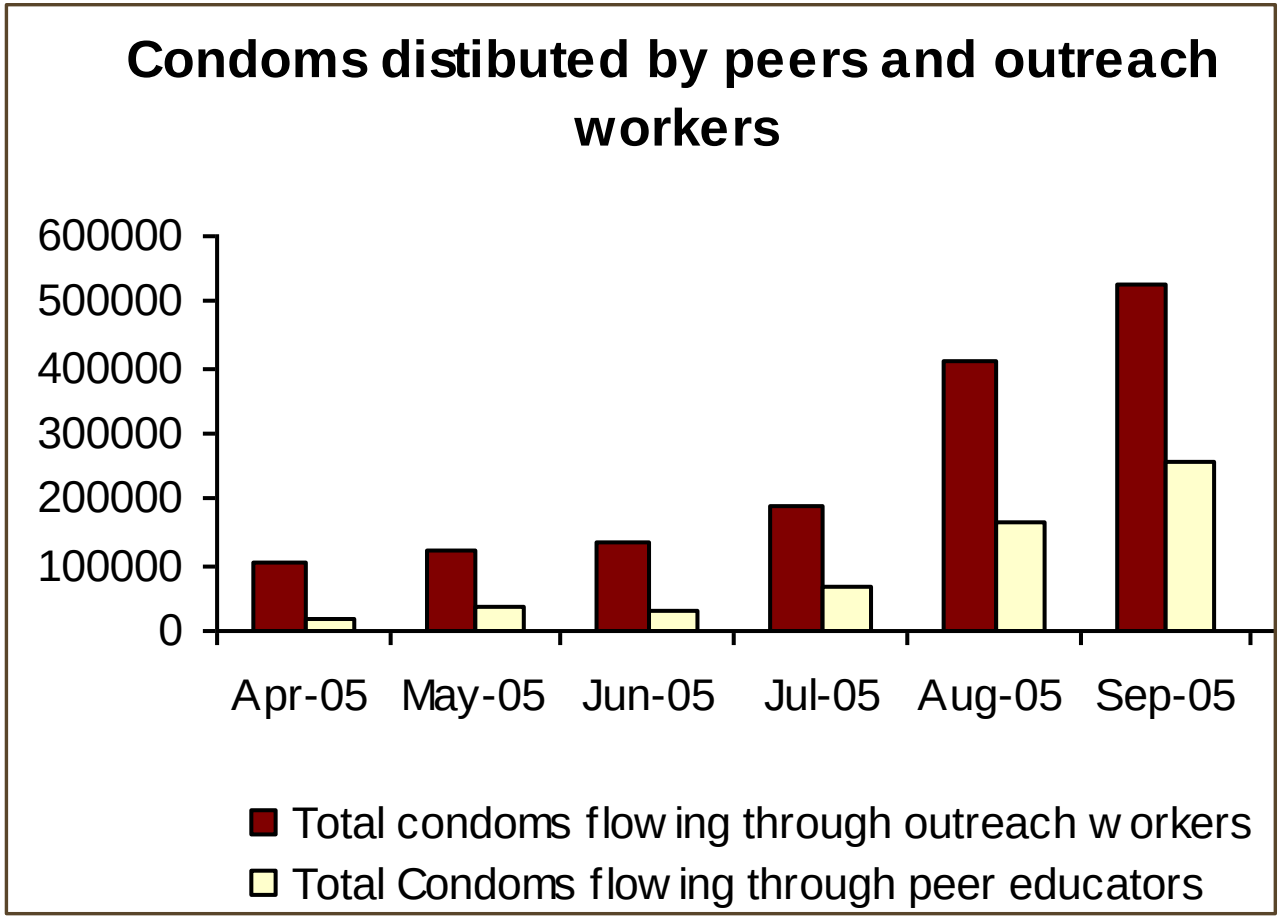
Basis for indicators and data review in supervision visits

A living document - developed in 2004, revised in 2006 and 2010.

- Informed by program experience
- Mechanism for program learning (most changes in CM section)
- Set standards but allowed for innovation

Additional learning mechanisms established later in project.

ROUTINE MIS DATA AND PROGRAMMING DECISIONS – EARLY EXAMPLE



Background:

Avahan offers free condoms to high risk groups

Data:

<50% of condoms distributed by 1200 peers

>50% of condoms distributed by 131 NGO staff

Relevance:

Scaling and speeding condom distribution

Investigation:

Lack of trust

Lack of confidence in peer educator ability

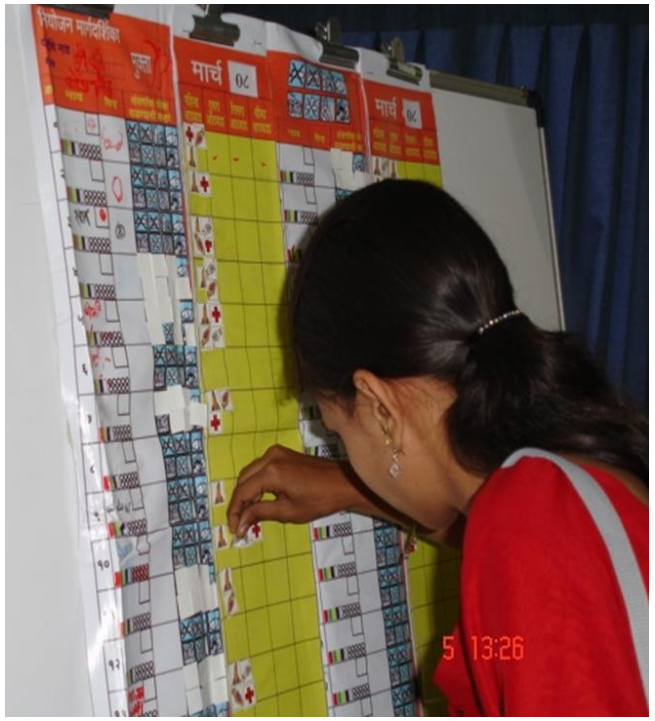
Concern for position

Action:

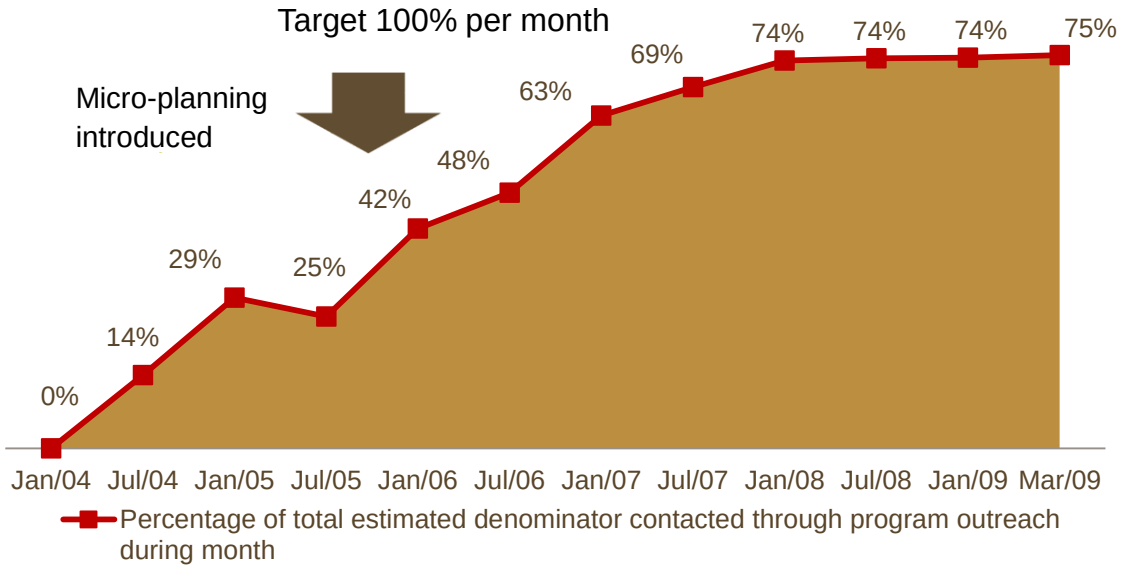
Skill building / tools for peers

Coaching for NGO staff

PEER OUTREACH WORKERS BECAME DATA USERS AND CASE MANAGERS

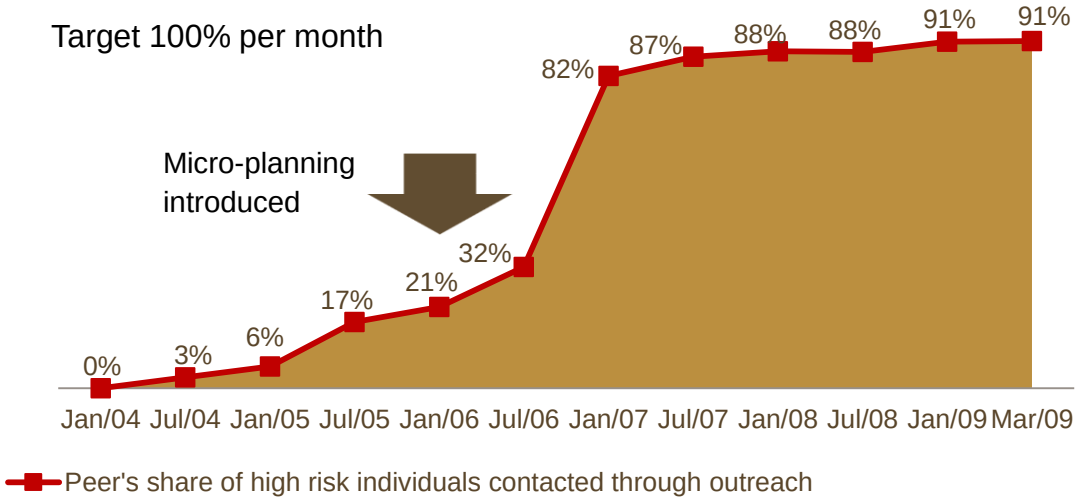


OUTREACH CONTACTS INCREASED WITH MICROPLANNING



Monthly outreach

Total reached climbed steadily as peers skills enhanced



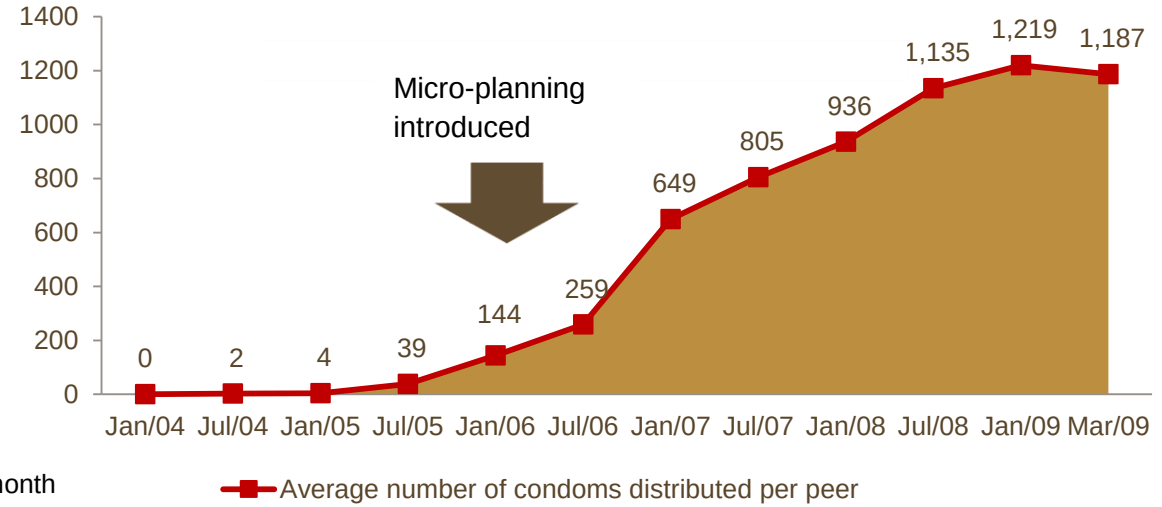
Peers contact

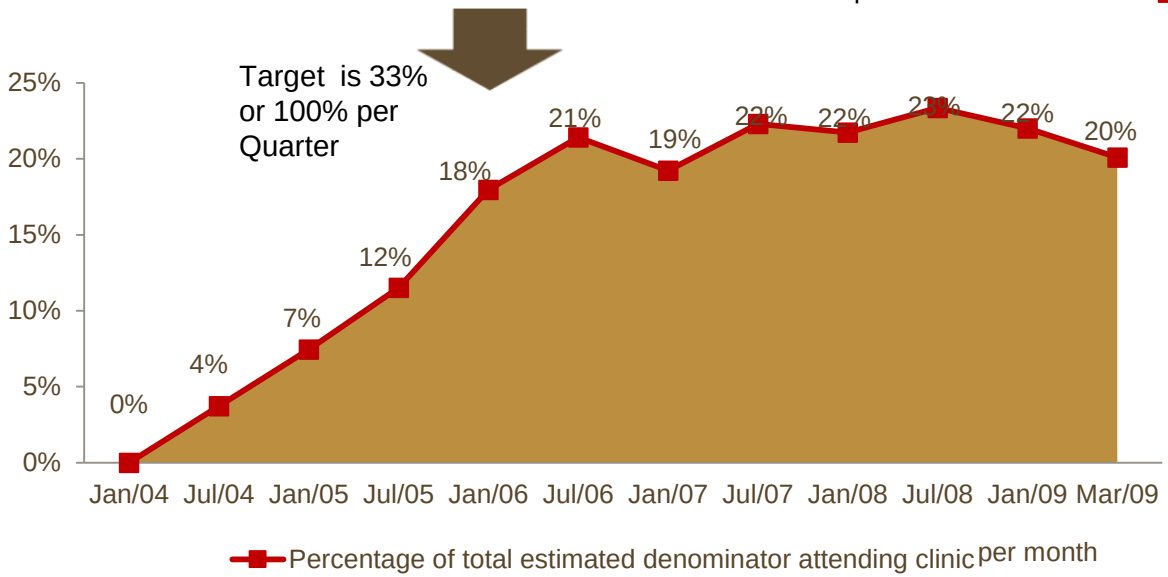
Micro-planning enabled peers to do the bulk of the outreach

Source: Avahan program data for FSW and MSM/TG for the four southern states (Andhra Pradesh, Karnataka, Maharashtra, and Tamil Nadu)

SERVICE UTILIZATION INCREASED WITH MICRO-PLANNING

<u>Condom distribution</u>
Steady rises since peers began doing bulk of outreach

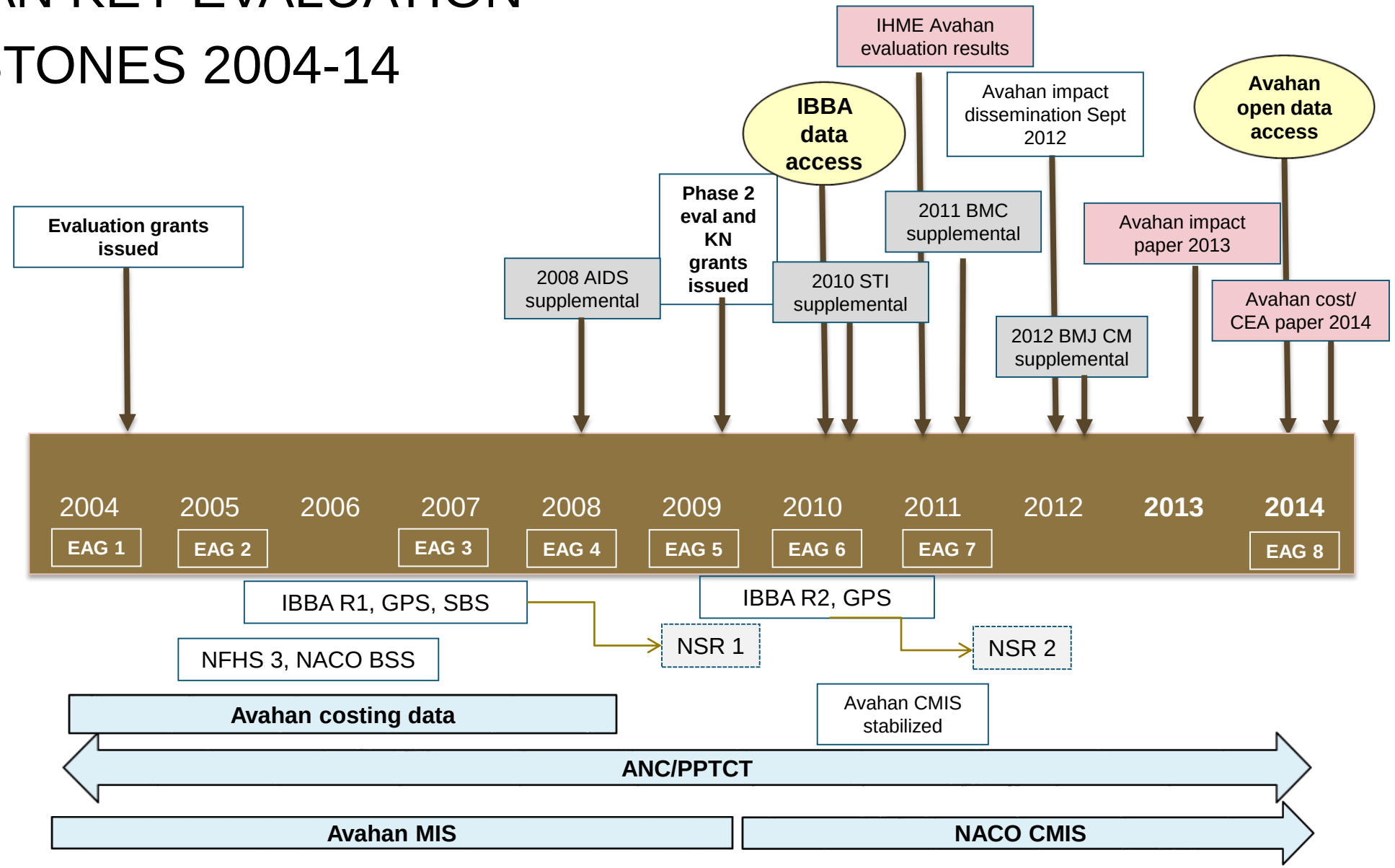




<u>Clinic attendance</u>
Rose and stayed steady since micro-planning introduced

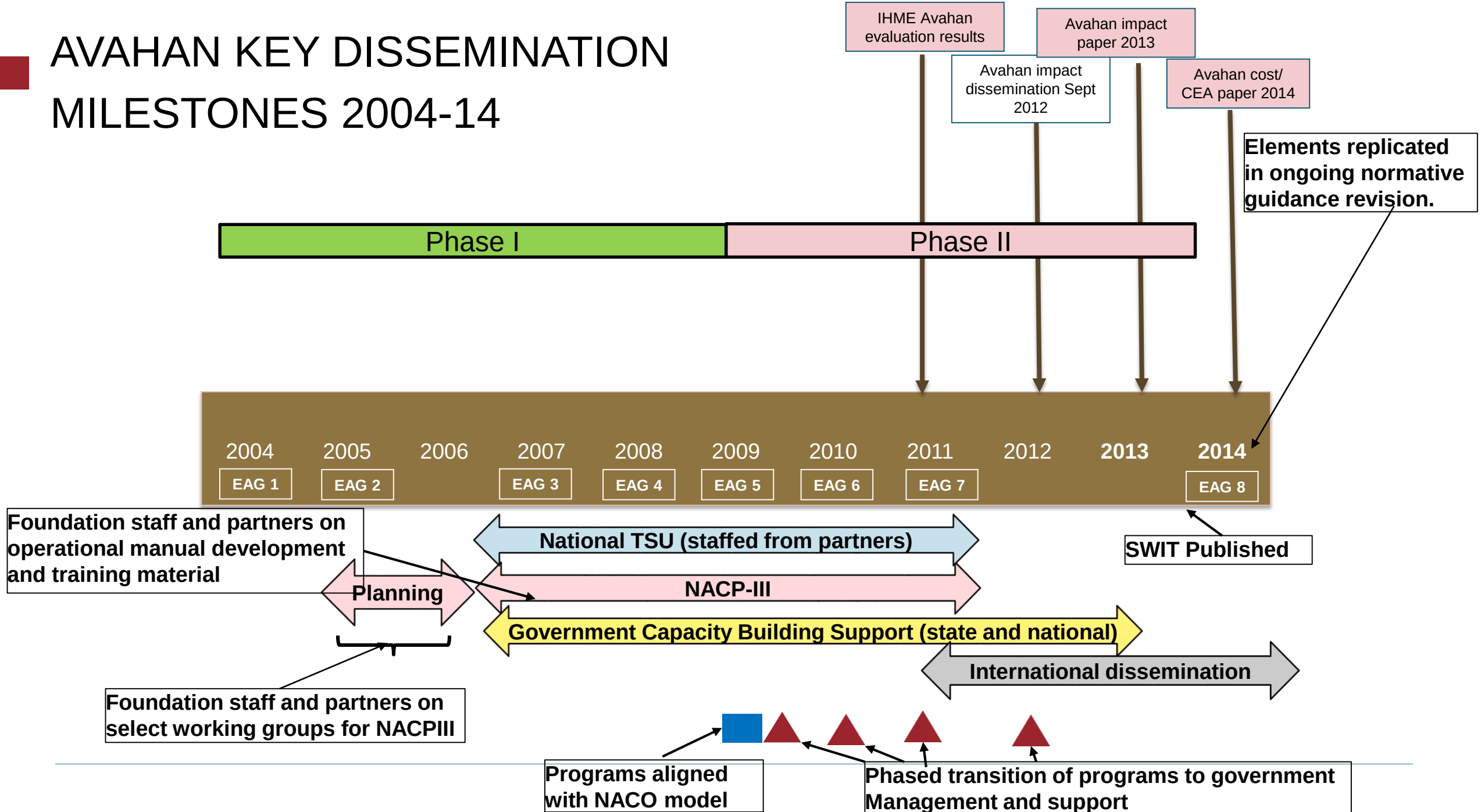
Source: Avahan program data for FSW and MSM/TG for the four southern states (Andhra Pradesh, Karnataka, Maharashtra, and Tamil Nadu)

AVAHAN KEY EVALUATION MILESTONES 2004-14



Phase I | Phase II

AVAHAN KEY DISSEMINATION MILESTONES 2004-14



DISSEMINATION AND INFLUENCE

Within India

- “Inside track” communication
- Enough experience at the right policy window.
- Avahan was successful at what India aspired to do
- Significant investment to help operationalize the design with Avahan approaches.

Global

- Publication of evaluation results and programmatic learnings in peer reviewed publications, monographs, tools.
- Incorporation of learnings into global manuals and protocols
- Support for replication of elements in other countries
- Former partners and employees in key positions

TENSIONS IN OUR MEASUREMENT LEARNING, AND EVALUATION WORK…

Proving Impact	**Improving Programming**
Controlling through M&E (it's for us)	**Building ownership through M&E (it's for them)**
Using only High Quality Data (doing it ourselves)	**Integration with Govt system (building on, using, and strengthening)**
Using MLE to enforce fidelity	**Building in, and anticipating, multiple paths to the goals**
Keeping accountability on process and activities	**Keeping Attention on Outcomes**

CONCLUSIONS

1. Goal of IR should contribute to implementation / policy issues relevant to the country. Global learning is a secondary benefit.
   - Most implementation issues are context specific
   - Good documentation is necessary to “extract” global learnings

2. Improving routine data systems in countries is critical for IR
   - To identify implementation issues, local innovations
   - Key data source for implementation research
   - Improve country management
     - Use doesn’t just happen, it needs to be facilitated
     - Strengthen connection between analysis and action
     - Using data improves data, improved data is more likely to be used
   - Single view of data is important

CONCLUSIONS

3. Dissemination and influence → program change is complex

- Important to be aware of policy windows in countries
- For most interventions, policy makers, implementers and managers need evidence of improvement (less uncertainty), not proof (certainty).
- Even “simple” changes need support for institutionalization

- International processes currently require peer reviewed publications:
  - WHO – GRADE evidence
  - Cochrane reviews – prefers RCTs

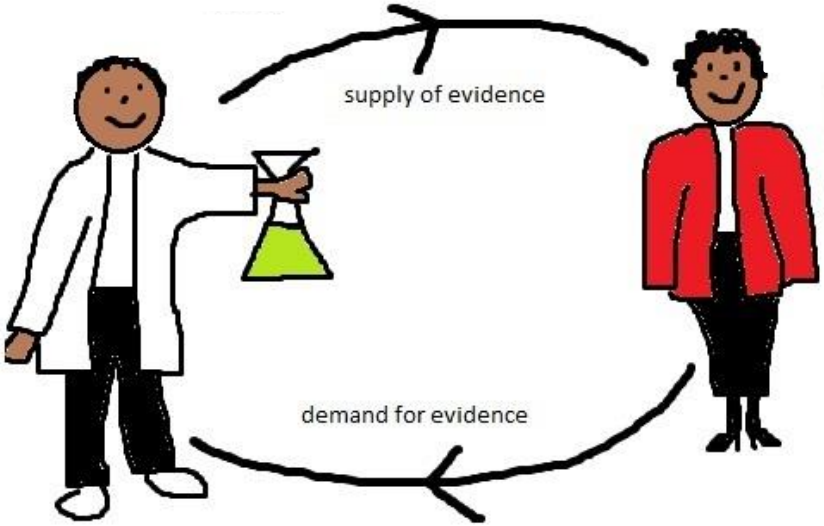
THANK YOU

IMPLEMENTATION RESEARCH AND EVIDENCE GEEKS

A call for unity!

Dr Kirsty Newman

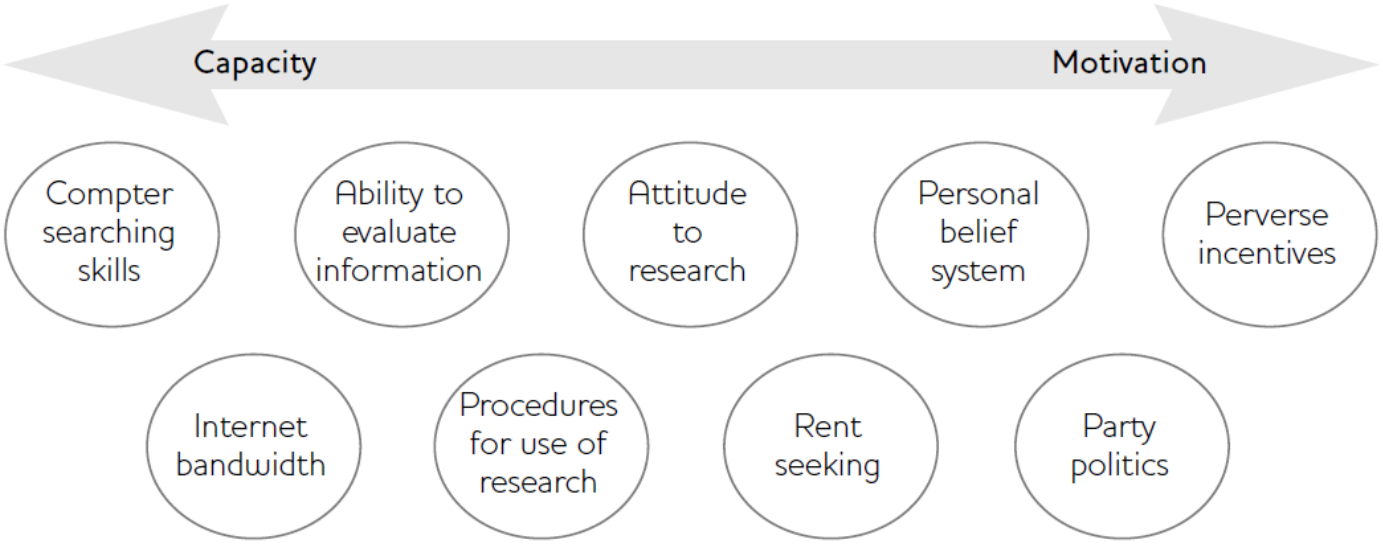
International Conference on Evidence-Informed Policy, Nigeria 2012



"…the two facets of organizational readiness for change--change commitment and change efficacy--are conceptually interrelated"

Bryan J Weiner "A theory of organizational readiness for change" Implementation Science 2009, 4:67

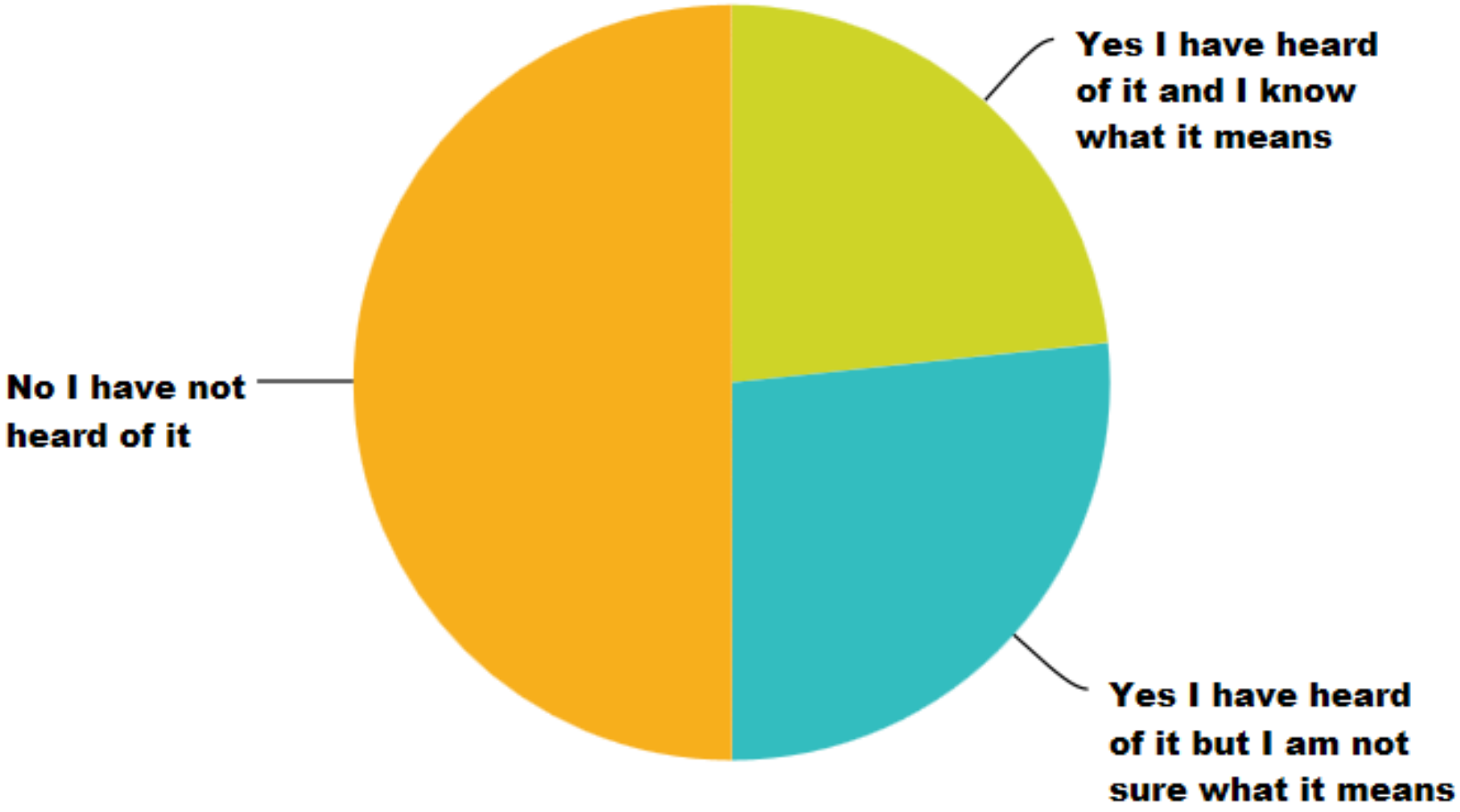
Figure 1 Capacity and motivation are two overlapping factors which make up demand for research evidence and examples of each are given



Kirsty Newman, Catherine Fisher, and Louise Shaxson. "Stimulating Demand for Research Evidence: What Role for Capacity-building?" IDS Bulletin 2012: 43.5

I am familiar with the term 'implementation science/research'?

Answered: 30 Skipped: 0

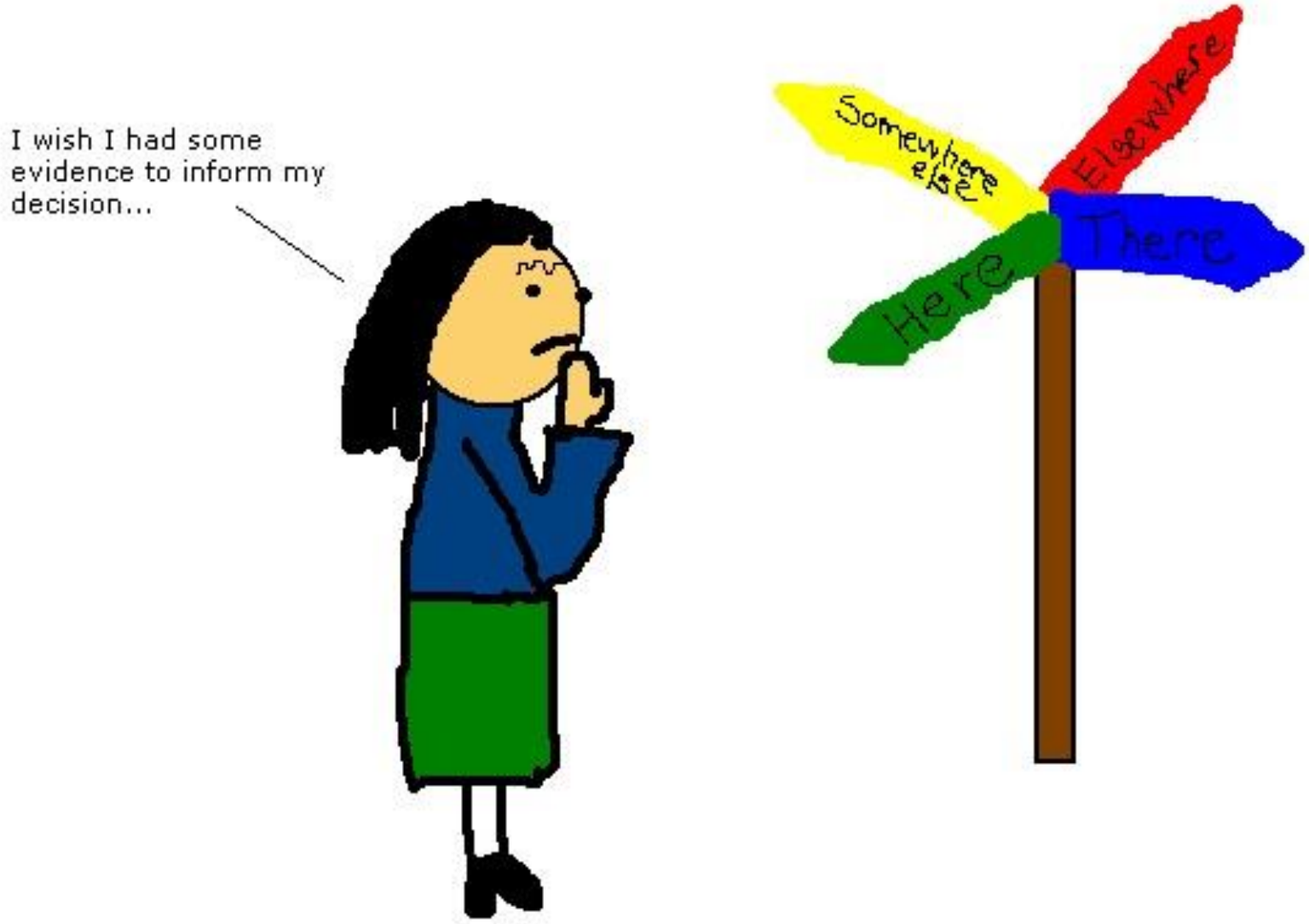


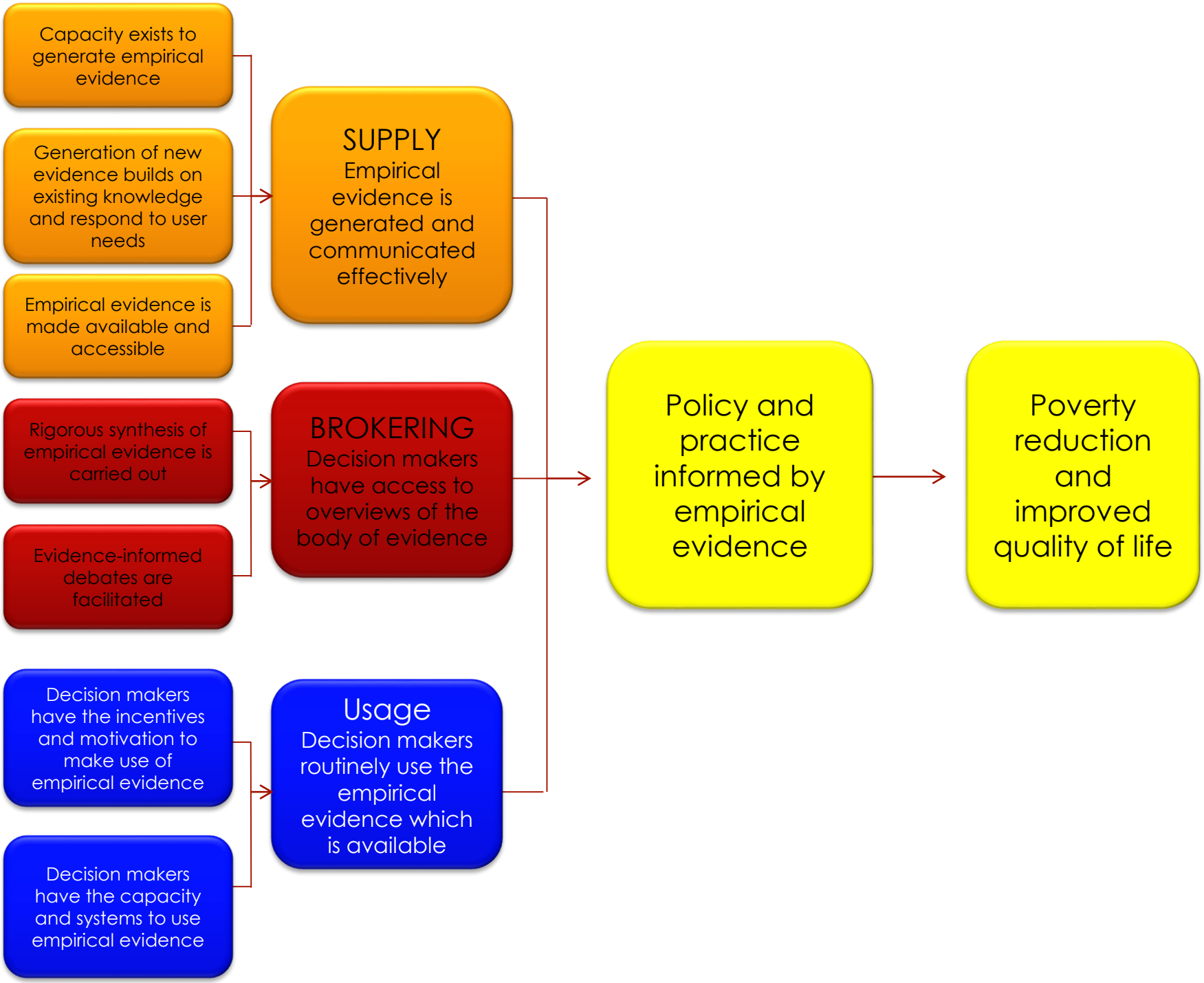
What can we evidence geeks offer you?

- Focus on the 'demand-side'
- Tips on getting implementation science into use
- Lots of guinea pigs to study!

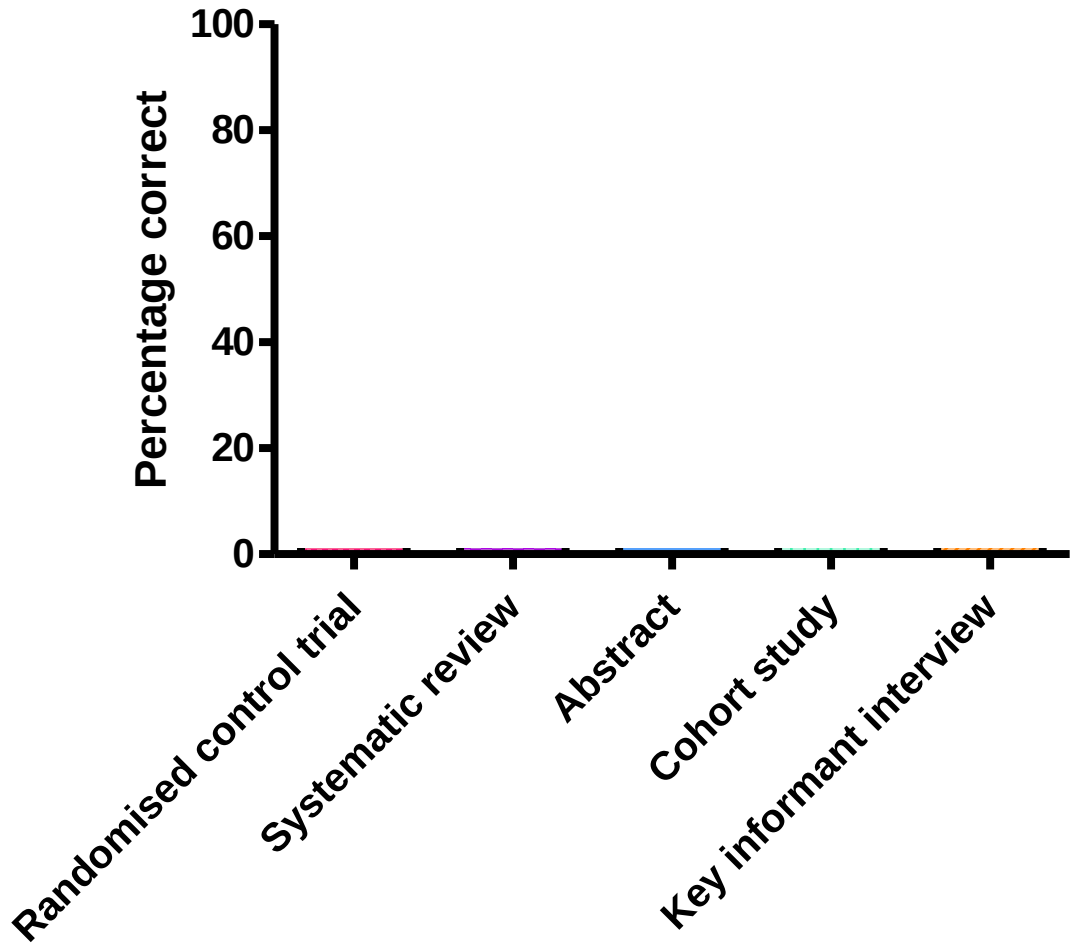
Supply

Demand/Usage



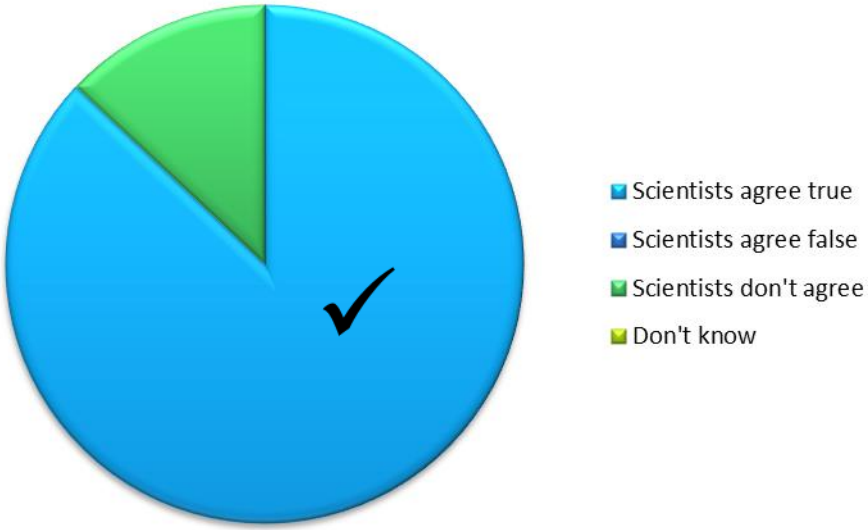

Capacity exists to generate empirical evidence
Generation of new evidence builds on existing knowledge and respond to user needs
Empirical evidence is made available and accessible
SUPPLY
Empirical evidence is generated and communicated effectively
Rigorous synthesis of empirical evidence is carried out
Evidence-informed debates are facilitated
BROKERING
Decision makers have access to overviews of the body of evidence
Decision makers have the incentives and motivation to make use of empirical evidence
Decision makers have the capacity and systems to use empirical evidence
Usage
Decision makers routinely use the empirical evidence which is available
Policy and practice informed by empirical evidence
Poverty reduction and improved quality of life

‘Research advisors’ picking correct definition of research terms

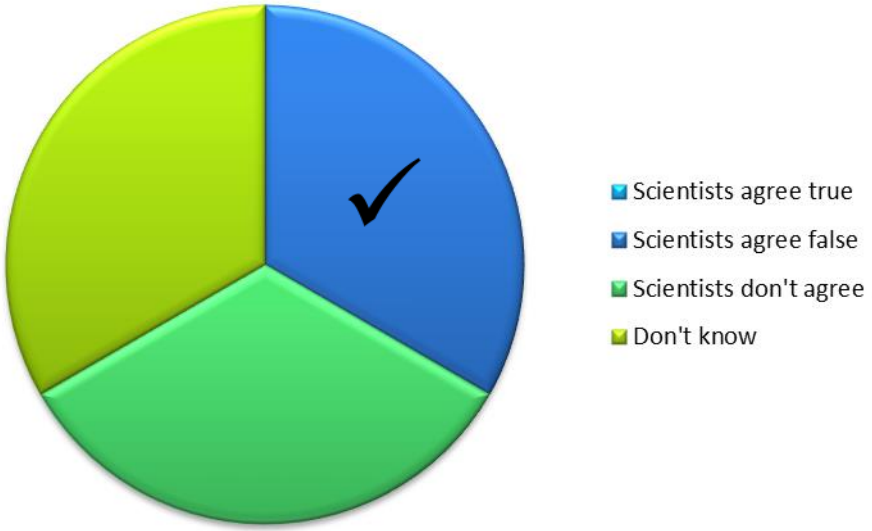


Identifying scientific consensus

Human contribution to climate change?



HIV created by CIA?

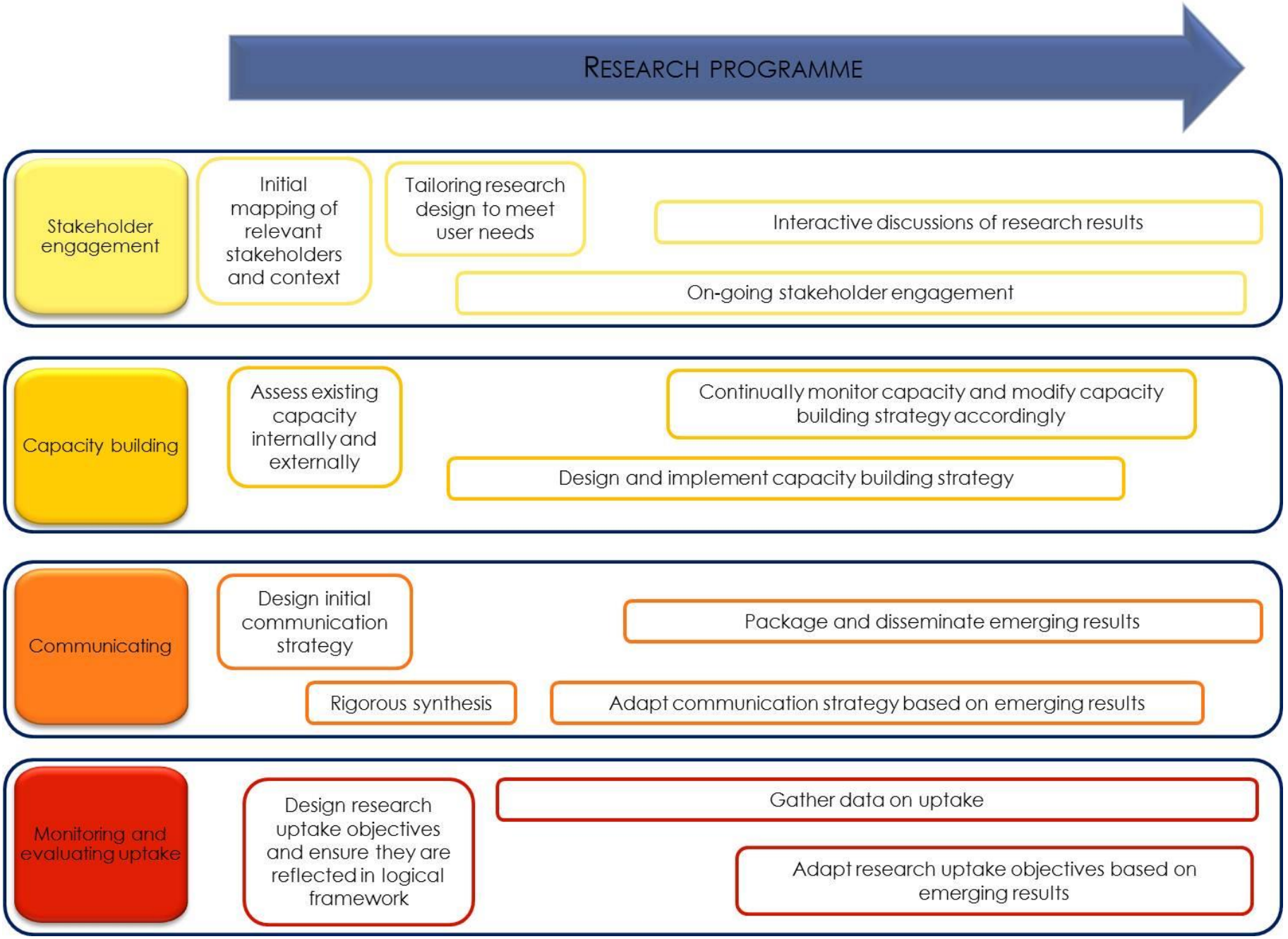


RESEARCH UPTAKE

A guide for DFID-funded research programmes

UKaid
from the British people

Last updated May 2013


RESEARCH PROGRAMME
Stakeholder engagement
Initial mapping of relevant stakeholders and context
Tailoring research design to meet user needs
Interactive discussions of research results
On-going stakeholder engagement
Capacity building
Assess existing capacity internally and externally
Continually monitor capacity and modify capacity building strategy accordingly
Design and implement capacity building strategy
Communicating
Design initial communication strategy
Package and disseminate emerging results
Rigorous synthesis
Adapt communication strategy based on emerging results
Monitoring and evaluating uptake
Design research uptake objectives and ensure they are reflected in logical framework
Gather data on uptake
Adapt research uptake objectives based on emerging results

Building Capacity to Use Research Evidence (BCURE) Programmes

Rafamerchan, flikr

What can implementation research offer to the evidence geeks?

- Contribute to global discussions on evidence-informed policy/practice
- Provide evidence to inform practice of 'evidence geeks'
- Help us get better at evaluating efforts to get research into use

Thanks!

- DFID research uptake guidance https://www.gov.uk/government/publications/research-uptake-guidance
- Evidence-based policy in development network https://partnerplatform.org/ebpdn/
- BCURE http://bcureglobal.wordpress.com/
- My blog http://kirstyevidence.wordpress.com/
- Evidence into Action twitter @DFID_Evidence
- My twitter @kirstyevidence