

ISSUE BRIEF ON KNOWLEDGE TRANSLATION AND POLICY/PRACTICE INFLUENCE

BASED ON THE SUMMATIVE EVALUATION OF THE INNOVATING FOR MATERNAL AND CHILD HEALTH IN AFRICA INITIATIVE

KEY CONCEPTS

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.'* [1] It is an *'iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge.'* [2]

Implementation Research: *'the scientific inquiry into questions concerning implementation—the act of carrying an intention into effect, which in health research can be policies, programmes, or individual practices (collectively called interventions). The intent is to understand what, why, and how interventions work in “real world” settings and to test approaches to improve them.'* [3]

Embedded Research: *'aims to shine a light on implementation barriers and associated health systems failures, by engaging actors working within health care systems to conduct rigorous scientific inquiry.'* [4]

CONTEXT

The issue brief on knowledge translation (KT) was prepared as part of the summative evaluation of the Innovating for Maternal and Child Health in Africa (IMCHA) initiative to improve maternal, newborn and child health outcomes by strengthening health systems, using primary health care as an entry point. IMCHA was launched in March 2014 by the International Development Research Centre (IDRC), the Canadian Institutes of Health Research (CIHR) and Global Affairs Canada (GAC) and is scheduled to end in July 2021.

IMCHA supports 28 implementation research projects in 11 African countries that were awarded to 19 research teams in a first round, followed by 9 synergy grants expanding the scope and depth of selected projects. All teams are led by a Principal Investigator (PI) of an African research institution and have, in addition, a Co-Principal Investigator (Co-PI) affiliated with a Canadian research institution and a Co-PI in a decision-making position, generally in local, regional or national government. Two additional grants were awarded to Health Policy and Research Organisations (HPRO) in West and East Africa that are tasked with supporting capacity-strengthening of the research teams, facilitating mutual learning among them, supporting knowledge translation and raising the profile of the research in order to facilitate the adoption of results at scale in national and regional health policies.

The summative evaluation was implemented between November 2019 and September 2020. Data were collected between December 2019 and May 2020, including an online survey of IMCHA researchers and key informant interviews with researchers, decisionmakers and other stakeholders in Canada and in programme countries. The issue brief summarises findings of the evaluation on the pathways used by research teams to influence policy and practice and on the support they received for this task from HPROs and IMCHA management. It draws lessons and recommendations from these findings.

KNOWLEDGE TRANSLATION AND EMBEDDED RESEARCH

Health policies, systems or programmes do not improve automatically because sound evidence is available. Knowledge about and availability of effective interventions do not mean that they are applied or practiced. Among the challenges in the translation of evidence into health policies and practices are role conflicts between researchers who generate evidence, and decisionmakers who, in a political environment, have to respond to issues in real time on the basis of often incomplete evidence.

Knowledge translation is the term used for efforts to overcome the divide between researchers and decisionmakers and to strengthen the link between research and action. In 2013, the World Health Report on

research for universal health coverage listed as its top recommendation for translating research into policy and practice that **research should be embedded within policy-making processes** in order to facilitate the dialogue between science and practice. [5]

Since then, the body of literature on embedded health policy and systems research has grown. The state of knowledge in this emerging field was summarised in 2018 in a technical brief by the Alliance for Health Policy and Systems Research. [4] The brief acknowledged that the theoretical frameworks for this approach were not yet fully developed and that there are multiple definitions, models and concepts. The model pursued by IMCHA of embedding decisionmakers as Co-PIs in research projects is not extensively documented.

One study, published in 2019, analysed the results of 10 health research projects in Latin America that were jointly led by a policymaker or programme manager and a researcher from a co-applicant research institution. The study concluded that the co-production of research by researchers and research users has the potential of enhancing evidence-informed policy and practice; that embedded research promotes the likelihood of evidence being used for the improvement of implementation; that embedding research in policy and practice is facilitated when the research questions are relevant and the findings are actionable; and that the main constraints are policy implementation timeframes and complex political processes. [6]

WHAT WERE THE EXPECTED AND ACTUAL PATHWAYS USED BY IMCHA GRANTEES TO INFLUENCE POLICY AND PRACTICE?

The request for proposals issued by IMCHA defined characteristics that were common to all funded projects. There were, however, considerable differences among the projects in the type of research questions asked and in their position on the continuum from primary health care practice to national health policy.

- On one end of this continuum were projects that implemented activities at the **community and primary care level** to increase utilisation, equity and quality of maternal, newborn and child health services. These included, for instance, measures to improve the effectiveness of service-provision by volunteer community health workers, developing community-led patient transport systems, or improving the capacity of primary care health facilities to provide services. The projects were generally implemented on a limited geographic scale, covering populations and services in a district, sub-district or even smaller administrative unit, and they focused more directly on primary care practice rather than policy.
- On the other end of the continuum were projects that anchored their research questions on **national health policy initiatives** such as the introduction of a free maternal health care policy, a policy to introduce performance-based payments for health workers in the public service or a revision of the methodology for collecting mortality data in the national health information system.

All IMCHA projects could be mapped on this continuum from primary health care practice to national health policy according to their proximity to one of these two poles. Their position was a major determinant of the pathways used for knowledge translation. Project teams that researched interventions in community and primary care generally included decisionmaker Co-PIs at district level who were instrumental in communicating research findings to higher level health authorities. In some projects, the PIs participated in national technical working groups where they were able to directly enter their findings in national policy discussions. This was the case in at least one country visited by the evaluation team where interviewed officials of the ministry of health stated that government delayed the implementation of a policy on community health workers in anticipation of the results of an IMCHA-funded study on methods to motivate and retain these voluntary cadres.

HPROs had an important role in facilitating knowledge translation of research conducted at community and primary care level. Their position and links to inter-governmental policy institutions facilitated access to national decisionmakers and provided platforms for the national dissemination of the research evidence.

- **Geographic clustering**, i.e. joint presentations and policy dialogues implemented by all projects working in one country facilitated by HPROs appeared to enhance the policy influence. This is, however, only a preliminary finding because data collection for the evaluation was too early to assess policy impact.

- The IMCHA theme of maternal and child health provided a common ground for **thematic clustering**. National, regional and global events provided opportunities for the presentation and discussion of all IMCHA projects. Although projects in several countries focused on the sub-theme of services provided by community health workers, the evaluation did not note any clustering of dissemination or knowledge translation activities around this theme within countries or across several countries.

The pathways for knowledge translation used by the projects researching the implementation of national policy differed significantly. Although they also collected and analysed data at the community and primary care level, they did so with the objective of studying the implementation and impact of national policies or planned policies. Their decisionmaker Co-PIs were generally located at national government level and were often quite influential in defining the research questions. Evidence generated by these projects fed directly into national policy decisions. They consequently relied less on support from HPROs.

WHAT WORKED WELL AND WHAT DID NOT WORK AS EXPECTED?

Policy processes have their own timeframes that are generally much longer than the lifecycles of implementation research projects. It was therefore arguably too early to draw conclusions about the effectiveness of knowledge translation approaches on the basis of data collected during the last year of IMCHA when the research teams were still involved in collecting data and analysing research results. Nevertheless, several research teams reported **early policy and/or practice achievements** to which they had contributed to varying degrees. While these are preliminary results, it is notable that they were achieved by projects that collaborated directly with national health authorities and by projects that collaborated with decisionmakers at facility or district levels.

LEVEL	EXAMPLES OF POLICY/PRACTICE ACHIEVEMENT
Community and health facility level	<ul style="list-style-type: none"> • Health issues discussed by women's group were integrated in hospital and health centre policies • Simulation learning and peer-to-peer learning cards were introduced in primary health care facilities to support providers in maintaining their knowledge and skills
Sub-national level (district, region or state)	<ul style="list-style-type: none"> • Mental health was integrated in primary health care services at state level • A policy requiring women attending antenatal care to be accompanied by their male partners was reviewed as it was found to discriminate against single women • The state government adopted a strategy and guidelines for home visits for all health partners working in the state • Presentation of research results to the state government contributed to accelerated development of the institution charged with delivering primary health care services
National level	<ul style="list-style-type: none"> • The national malaria programme revised its processes of selecting, training and supervising community health agents • The ministry of health adopted the project curriculum for training providers in comprehensive emergency obstetric and newborn care and in anaesthesia

It is too early to predict which types of projects will have the greatest impact on improving policy or practice, and which types will not work out as expected. Many research teams experienced some constraints. These included changes in decisionmaker Co-PIs who were assigned to different posts within their administrations, changes in national policies or priorities, or the findings that the piloted interventions were not effective in improving access to or delivery of care. These are, however, anticipated risks of implementation research that do not necessarily invalidate the work done and do not preclude the generation of evidence for the improvement of maternal, newborn and child health.

HOW DID THIS PLAY OUT DIFFERENTLY AT LOCAL, NATIONAL OR REGIONAL LEVELS, BY THEMATIC OR BY GEOGRAPHIC DISTRIBUTION?

IMCHA funded projects in two regional clusters, 6 research teams with 9 projects in West Africa, and 13 research teams with 19 projects in East Africa. Each cluster was supported by an HPRO. In a survey conducted

by the evaluation team, both were rated about equally effective by African researchers while the responses from Canadian researchers varied greatly, with many declining to provide a rating.

Efforts to generate **regional policy influence** were implemented by both HPROs using existing intergovernmental political and technical fora. An assessment of the effectiveness of these efforts was, at the time of the evaluation, not yet possible.

Both the research teams and the HPROs were engaged in generating **national policy influence** using the pathways already described. The combined effort of the research teams in Tanzania with the East Africa HPRO was particularly successful in gaining national attention. Six (6) research teams in Tanzania received funding for 10 IMCHA grants with a combined budget of almost 8 million dollars. In addition, Canada supports several large health programmes in Tanzania and has a high visibility in the health sector. These factors may have contributed to enhancing the policy influence of IMCHA projects in this country.

Projects working at **local level** reported influence on practice at community, health facility and district level, as well as, in most cases, efforts of scaling these up to achieve policy changes at higher levels. The effectiveness varied among projects.

WHAT ARE THE LESSONS LEARNT AND RECOMMENDATIONS AROUND MEASURING POLICY AND PRACTICE INFLUENCE/OUTCOMES FOR COMPLEX INITIATIVES SUCH AS IMCHA?

The **indicator** defined by IMCHA to measure policy and practice influence was the '*number (type) of influence of IMCHA research projects on policy and programming per project*'. The main complexities in measuring this indicator are (i) the **delayed timing of changes in policy and practice**, and (ii) the **difficulty in assessing contribution**, especially when the influence is self-reported by the project implementers. Policies may be referenced to normative guidelines but rarely to individual research results. For instance, when a research team reports that the presentation of its results led to an accelerated development of the state institution for delivering primary health care, questions of quantification and verification arise. Impact evaluations **at project level** would allow qualitative assessments of the extent to which each project influenced policy and practice. While this may be an option for a sample of projects, it is not feasible for an initiative that funded 28 projects. It would also raise issues of aggregation. How, for instance, do you aggregate the influence of a research project in one country where government officials stated that they were waiting for the research outcomes prior to implementing a national policy with the result reported by another research team that health facilities in a local area were more receptive to discussing issues raised by women's groups?

While it will not be possible to measure the **aggregate policy influence** of a large initiative such as IMCHA, the influence of individual projects can be assessed qualitatively and presented on a scale from low to high at different levels of policy and practice (local, national, regional). For **real-time monitoring** of knowledge translation, however, the only feasible option for quantitative aggregate measurement is to count knowledge translation activities. This, however, requires a clear definition of knowledge translation activities that distinguish them from pure dissemination events such as the presentation of study findings in an academic context, as well as a means of verification for self-reported knowledge translation activities.

RECOMMENDATIONS

- ⇒ **Recommendation 1:** In order to better assess the policy/practice influence of complex initiatives such as IMCHA, impact evaluations of a sample of projects could be commissioned between one and two years after project closure to account for delayed timing of changes in policy and practice.
- ⇒ **Recommendation 2:** In any future complex initiative that aims at influencing policy and practice, the donor partners should consider including an indicator for knowledge translation activities that is defined according to accepted definitions of the concept of knowledge translation and that includes a means of verifying that reported activities meet these definitions.

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