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TRANSLATING
RESEARCH INTO
ACTION

Improving Institutional Capacity for Health Research and Use

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Outline

- ECSA Context
- Types of research
- Research methods
- Building health research capacity
- Improving research utilization
- Conclusions and recommendations

52nd Health Ministers' Resolution on Implementation Research

- **Concern: Gap between Knowledge and Practice**
- **Urges for an active implementation research agenda to promote Rapid Scale Up of proven methods**

The kind of research needed in ECSA

- How to reduce “ Know-do” gaps in effectively introducing, delivering and scaling-up evidence-based interventions
- Improved analysis of research evidence how to communicate it to diverse audiences
- Engagement of beneficiaries and gender analysis throughout process (from research design to use of data)
- Sustainability at scale

Implementation Research

Focused on how to promote adoption and implementation of what works.

1. What is happening in design, implementation, and outcomes stages?
2. Is it what is expected or desired?
3. Why is it happening this way?

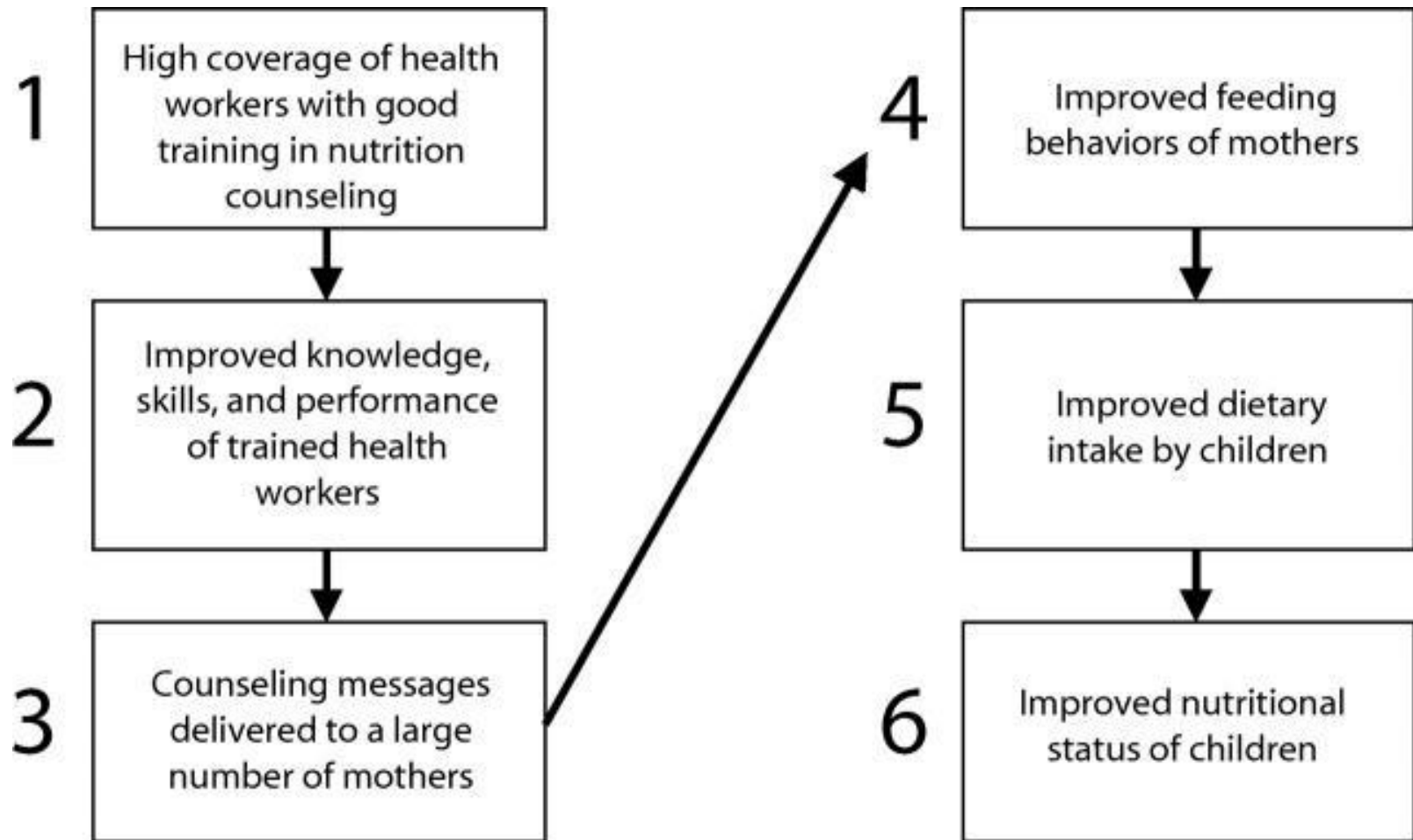
Going beyond RCTs

- Do we need Randomized Control Trials?
 - Yes.....Efficacy
- Quasi-experimental designs
 - Observational studies using adequacy or plausibility
Victora et al 2004
 - Policy analysis and Rapid Response (Uganda case)
 - Mixed methods: quantitative and qualitative approaches
 - Embedded research in ongoing interventions

Collaborative Research approaches

- Mixed methods:
 - quasi-experimental evaluative,
 - feasibility,
 - observational,
 - quality improvement
- **REACH** (Regional East African Community Health Policy Initiative)
 - 11 African countries supported by research teams in four European countries and Canada

Victora's causal pathway for improving nutrition status by education of providers



Building Institutional Capacity for Health Research

Institutionalizing processes to build research capacity of institutions and individuals

- Identify and train young researchers:
 - The ECSA's Institutional Scientific Officers' Model:
- Build research infrastructure
 - North to South capacity building
 - South to South Collaboration
 - Affirmative Action to develop research capacity
 - National investment in health research
- Support to access online research training resources

Medical Education Partnership Initiative....Opportunity

- **Research Resources Program Objectives**
 - Coordinated by the U.S. Global AIDS Coordinator (OGAC)
 - with NIH and HRSA
 - Fogarty Awards
 - NIH and HRSA under OGAC
 - Support for partnership between Sub-Saharan and US medical schools to strengthen and build clinical and research capacity

Indigenous Research Capacity Building Efforts in ECSCA

- Inter-university partnership
 - EA University Council
- South to South Exchanges:
 - Teaching Faculty; Graduate Students; Research Fellows; ISOs; Private Sector competitions
- Multi-Center Studies e.g.:
 - Maternal Health; Adolescent health; Complications of unsafe abortion and Asphyxia of Newborn studies supported by ECSCA Secretariat
- Mentoring and coaching new researchers
- Building a culture of inquiry
 - at lower levels of the health system

Investing in Health Research

- **GH Core Budgets –**
 - TRAction Project Implementation research
- **Associate awards**
 - USAID Regional Bureau and Mission Field Support –
- **Interagency Agreements**
 - from other Federal Agencies
- **Matching Funds from Implementing partners**
- **National governments linking research to development and allocating funds**
- **Incentivizing research training for higher degrees in rural facilities**

Gender in TRAction Research

- Require gender equity addressed in all research design
- Strive to pair researchers with women's groups in the country
- Identify and develop a strong cadre of female researchers

Example of Implementation research for Malaria prevention

In areas with perennial malaria transmission, where prevalence has been reduced by IRS, can the low prevalence be maintained with high LLIN coverage and use?

Examples of Implementation research

on iCCM:

- iCCM: 4 phases of program development embedded in 1 or more program to answer question related to:
 - Health program design,
 - Implementation,
 - Scale up,
 - Impact and sustainability
- iCCM costing and financing
 - Determine the cost and resources required
 - Analyze trade-offs between other priority programs
 - Make projections for future iCCM program needs
 - Recognize financial shortfalls
 - Help leverage partnerships to assist with financing
- iCCM policy
 - Policy barriers to deciding to implement iCCM
 - Policy barriers that delayed or impeded progress
 - Strategies or solutions to overcome policy barriers?

Example of Implementation on Modeling CHW Tasks and Time

The Research Issue

- Feasibility Research on CHWs: :
 - Current availability of CHWs
 - Potential availability of new CHWs from training programs
 - Using multi-purpose CHWs vs. single purpose CHWs
 - The resources it takes to support the CHWs
 - The time it takes a CHW to perform the assigned tasks and the time they have available
 - using CHW to carry out certain tasks

Example of Implementation Research

MNCH, FP & TB Services

Identify Strategies for closing gaps in:

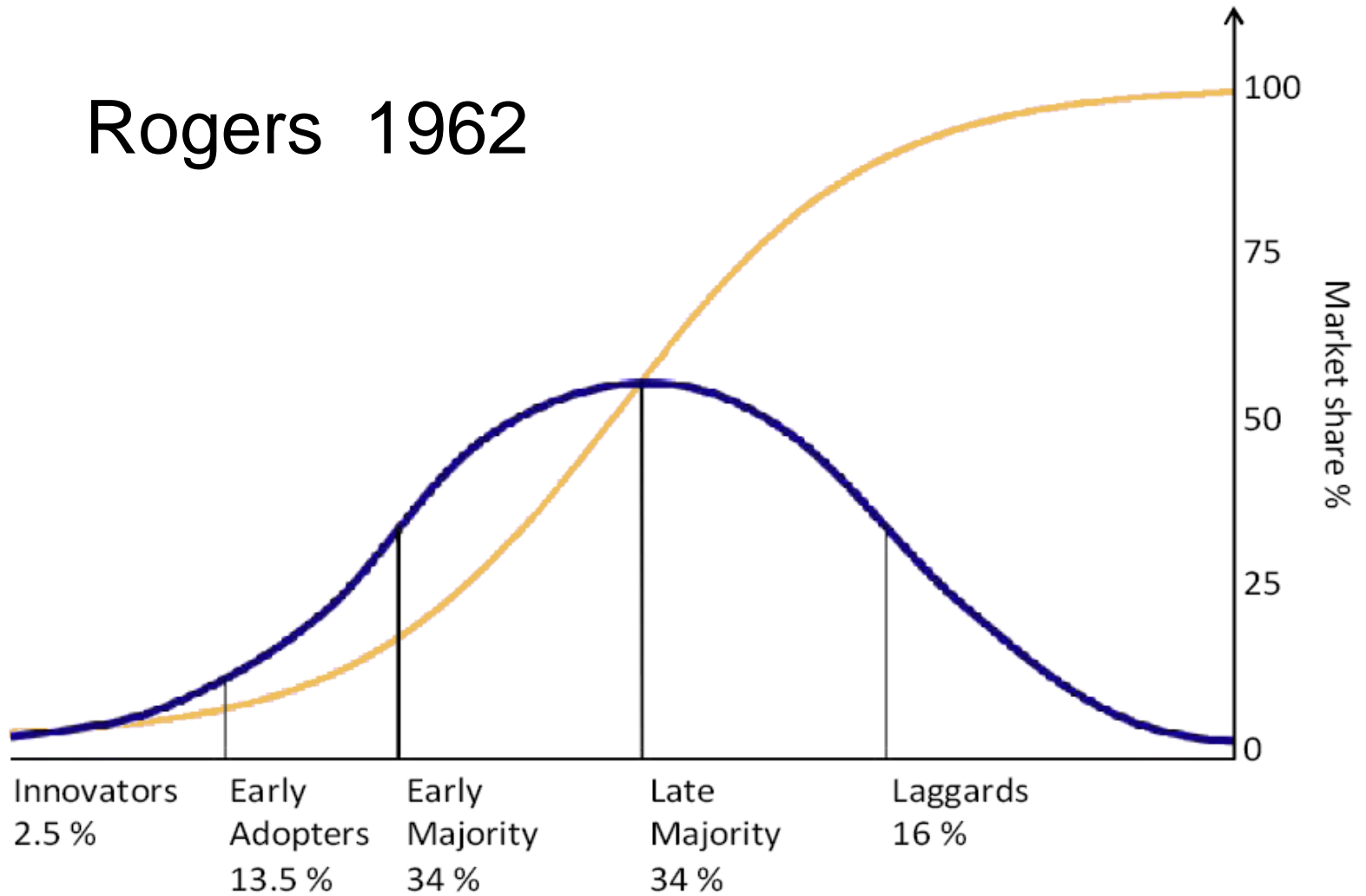
- MNCH
 - Maternal and Newborn
 - Demand and access
 - Service Delivery
 - Infant and Child Care Services
 - Key bundle of services that should be delivered
 - Where should each of these interventions be delivered
 - How can CCM of infant and child illness be expanded
 - What is the quality of facility infant and child health services

- Family Planning
 - Demand generation
 - Service delivery

- Tuberculosis
 - Earlier and increased TB case detection, treatment success, and quality of services to prevent MDR-TB
 - TB among children

Improving adoption and use of innovations

Rogers 1962



Diffusion of Innovation - Rogers

First edition (1962)

- Rogers proposes that adopters of any new innovation or idea can be categorized as:
 - ✓ Innovators (2.5%),
 - ✓ Early adopters (13.5%),
 - ✓ Early majority (34%),
 - ✓ Late majority (34%), and
 - ✓ Laggards (16%),

Based on the mathematical Bell curve

Crossing the Chasm-Moore

- ***Crossing the Chasm written in*** 1991 and revised 1999, Geoffrey A Moore techniques to successfully cross the "chasm," :
 - Choosing a target market,
 - Understanding the whole product concept,
 - Positioning the product,
 - Building a marketing strategy,
 - choosing the most appropriate distribution channel and pricing.

We have High Impact Interventions

- Primary Immunization to all children;
- Use of ARVs for PMTCT and AIDS
- DOTs for TB
- ICCM for Malaria, diarrhea and pneumonia;
- ACTs for malaria, Zinc for diarrhea, Cotrim for non-severe Pneumonia
- RDTs for diagnostics
- LLINs
- FP

Improving utilization of research evidence

“The true test of the effectiveness of health development research is whether people use it for decision making, influencing, referencing or most importantly to bring about change”.

Getting Research into Policy and Practice; Health Insights, October 2009, Issue 78.

Lessons Learned:

- Influence agendas by raising the profile of neglected health issues (sound data; effective dissemination)
- Frame issues to fit the target audiences
- Multi-channel dissemination of research

Tools to support Evidence Informed Health Policy

- Policy makers want to know:
 - what the problem is;
 - what is the cause of the problem;
 - what indicators can be collected to monitor the problem, and
 - the magnitude of the problem, and
 - how the problem can be framed to stimulate action in implementing a solution.

Barriers to use of Research in Tanzania – NIMR Report 2008-2020

- Non involvement of key stakeholders from the conception of the policy problem
- Language used in repackaging research results,
- Inadequate resources (human, finance)
- Lack of an intermediary body to translate available research findings into policy issues.
- Poor collaboration between researchers and policy makers,
- Lack of information sharing mechanisms, poor documentation of research findings, and poor management of health information systems.

Advocacy: Evidence to action

What is the priority problem that needs action e.g. low coverage for PMTCT

- Can the Director General of Health Services convince his Health Minister about for example low coverage of PMTCT and what needs to be done to take services to scale?
- Can the Health Minister convince the Cabinet and the President on the same?
- Can the parliamentarian make the case to pass a law providing resources?
- Are service providers well informed and skilled to provide PMTCT when commodities and supplies are provided?
- Are the civil society informed enough to demand the services?

The message must be packaged differently for these different audiences.

Example of efforts to move from evidence to policy and action

- SURE: Supporting the Use of Research Evidence
- SEARCH: 11 African countries supported by teams in four European countries and Canada.
- Uganda: SURE/EVIPNet team has piloted a rapid response mechanism with 48 hour response.
- Based on Uganda pilot, EVIPNet teams underway in Burkina Faso, Cameroon, and Zambia

The Directors' Joint Consultative Committee (DJCC) concept - Bridging the gap between research evidence and use

- **Composition:** Director Generals of Health Services; Directors of National Research Institutes and Deans of Medical and allied Professional Institutions of Higher Learning
- **Why?:** To bring together **researchers, trainers and implementers** to advise governments on how to improve health
- **Is it really working** as originally conceived at regional Level?

Conclusion

- The ECSA HC has the knowledge and tools to strengthen training in research & build the necessary research infrastructure
- Mechanisms for knowledge harvesting, management and sharing among various populations both in the demand and supply sides of the health system need strengthening
- Political will and commitment are needed to provide resources, leadership and stewardship that will institutionalize these processes and sustain them. **Thank you**