



Translating Evidence to Policy: Who? Where? Why? And what does it mean for my research?



By Frits Ahlefeldt

WEBINAR
October 26, 2016
09:00 EST
13:00 GMT

*Hosted by Health Systems Global's
Translating Evidence into Action TWG*

 **#Ev2Action**



Avril Kaplan is currently a PhD student in the Department of International Health at the Johns Hopkins Bloomberg School of Public Health. Her research examines the implications of social capital in removing barriers to seeking health care. Prior to attending JHSPH, Avril worked at Abt Associates where she focused on health financing and the health workforce issues in Haiti, Tanzania and Rwanda.



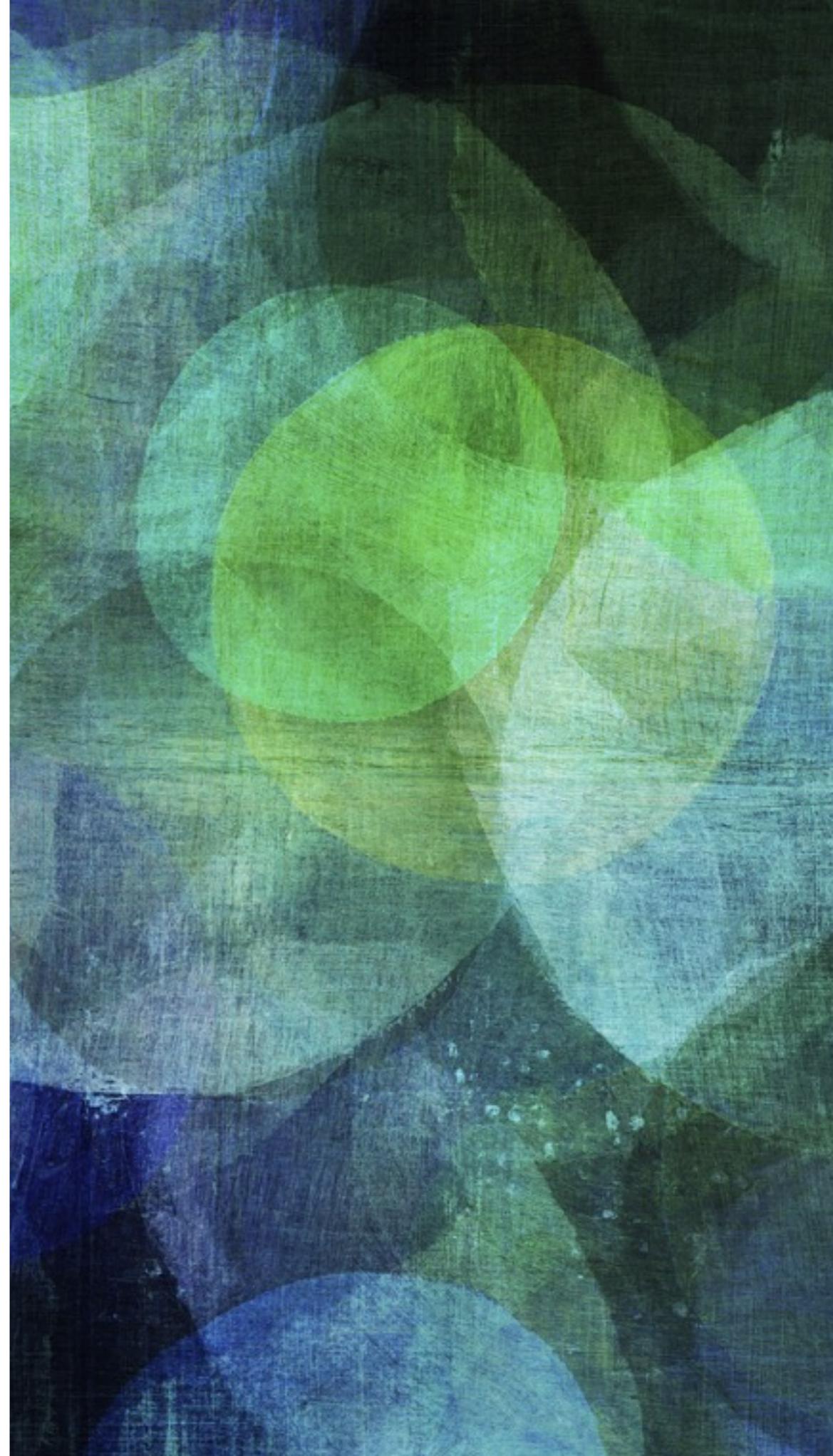
Dr Devaki Nambiar is Senior Research Scientist and Associate Professor at the Public Health Foundation of India (PHFI) who employs social science theory and mixed methods to understand and address health inequalities and social exclusion in health systems of resource-poor settings. She supports post-graduate training and capacity building in health policy and systems research as Adjunct Faculty at the Indian Institute of Public Health - Delhi. A Bernard Lown Scholar at the Harvard School of Public Health, she completed her doctorate from the Johns Hopkins Bloomberg School of Public Health in 2009.

**HEALTH SYSTEMS
GLOBAL
INVENTORY OF
KNOWLEDGE
TRANSLATION AND
CROSS CONSTITUENCY
ENGAGEMENT
INITIATIVES**

Devaki Nambiar

Preety Rajbangshi

with Elaine Baruwa & Heather Cogswell

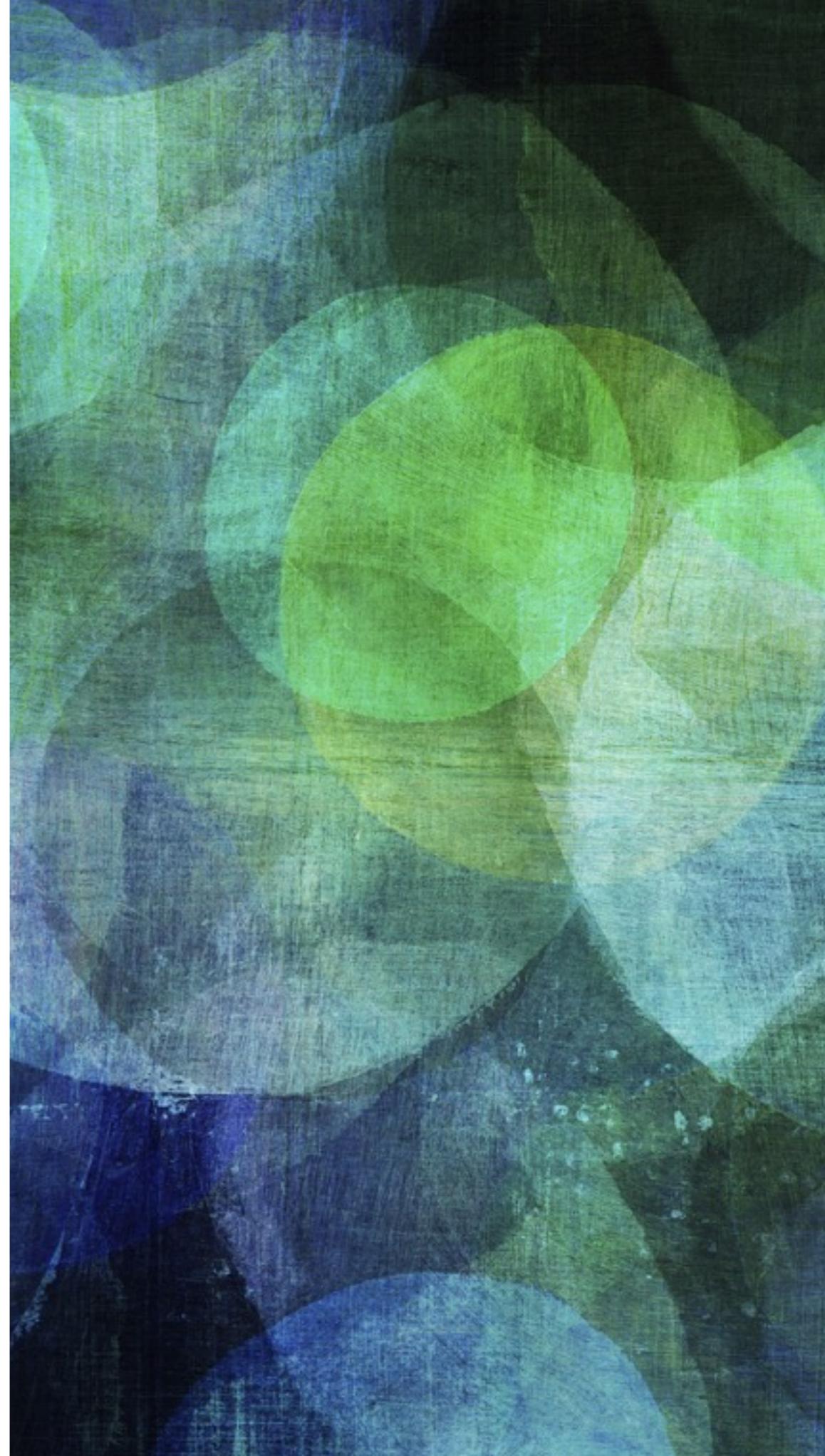


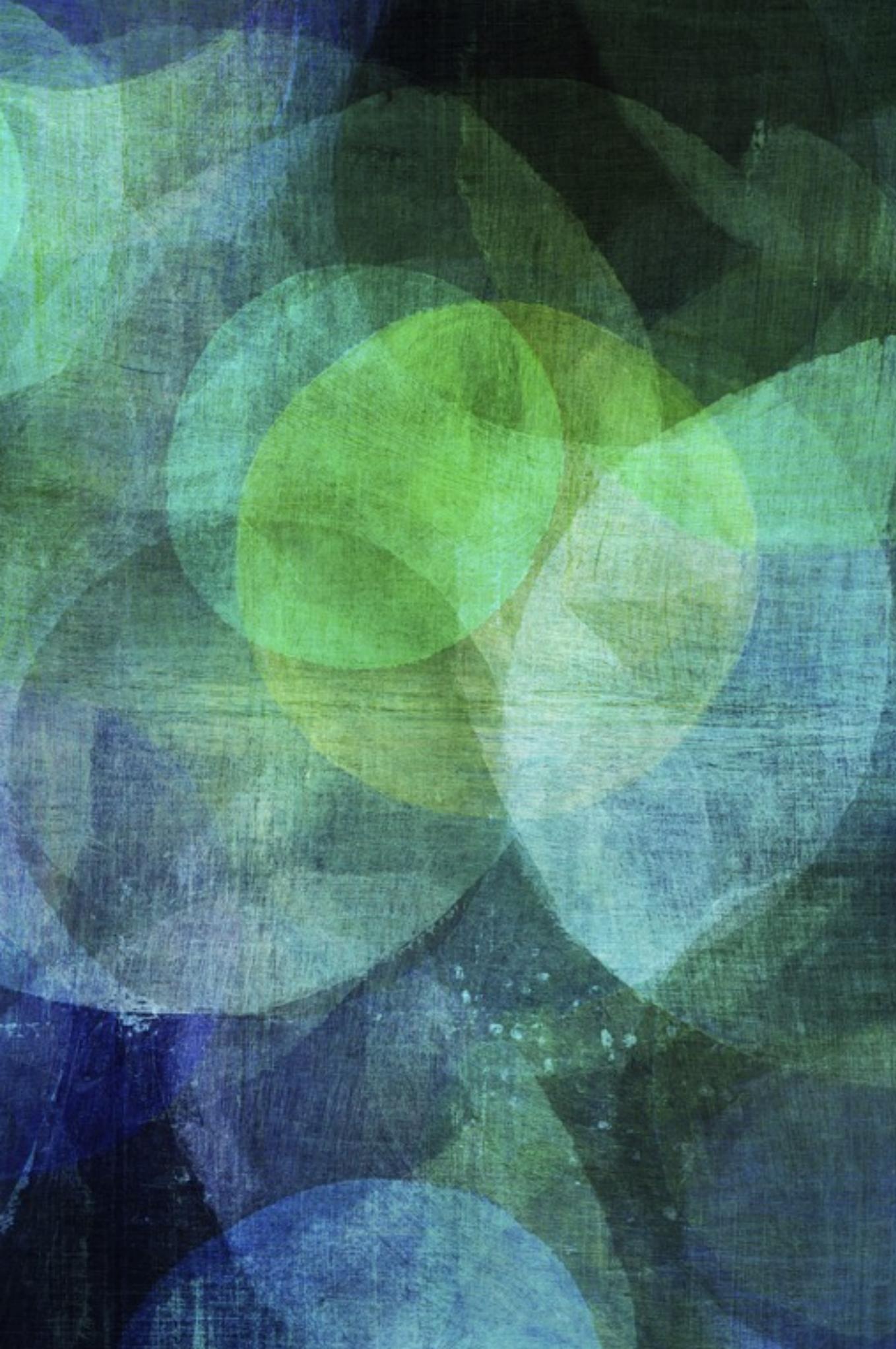
ACKNOWLEDGEMENTS

.....
Translating Evidence to Action & SHAPES TWGs
Other TWGs
.....

Catherine Connor	Vesna Kerstin Petrič
Fadi El Jardali	Peter Goldblatt
John Lavis	Kaelen Moat
Rhona Mijumbi	Andrea Yearwood
Tanya Kuchenmüller	Esther Mc Sween-Cadieux
Willy Palm	Justin Parkhurst
Taghreed Adam	Somsak Chunharas
Oyunaa Lkhagvasuren	Suvajee Good
Jorge Barreto	Gerry Bloom
Yot Teerawattananon	Tom Barker
Anchalee Seangthong	Guoching Hu
Anita Wagner	Andy Haines

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OUTLINE

- rationale
- key definitions
- approach
- results so far: initiatives and platforms
- limitations
- future steps
- discussion

RATIONALE

- 'Know-do' gap
- Consonance sought between research - policy; evidence - action; knowledge - decision-making
- Various efforts exist - we are curious!
- Efforts are scattered, in some cases compiled
- Need to make accessible to HSG community

For the benefit of the large network of health systems policymakers and social science researchers affiliated to HSG, we aimed to develop and disseminate a user-friendly inventory of global knowledge translation and cross-community engagement initiatives with the TWGs of HSG as a primary audience.

KEY DEFINITIONS

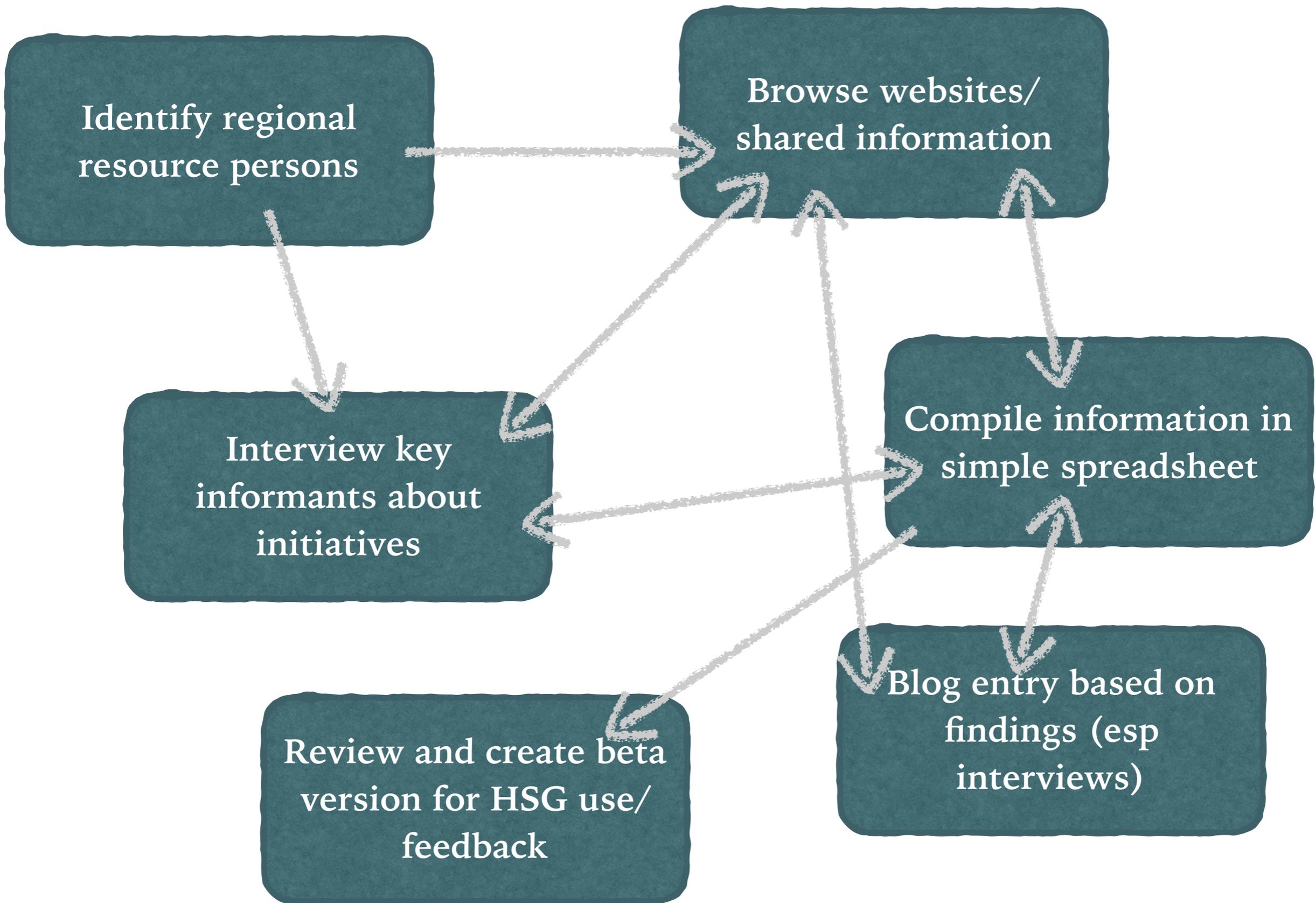
KNOWLEDGE TRANSLATION:

‘a situation where high quality, locally applicable synthesized research evidence, using the best available data informs, in the time available, action by elected officials, public servants, managers (including in NGOs), health workers, and patients/citizens (also donors, media and other intermediaries, including researchers)- systematically and transparently - in agenda setting, policy development, or implementation.’

CROSS-CONSTITUENCY ENGAGEMENT:

‘the involvement of a range of relevant stakeholders (including, but not limited to elected officials, public servants, managers (including in NGOs), health workers, patients/citizens, donors, media, and researchers) in intervening - through research or praxis - in health within or beyond the health system.’

APPROACH





It's not a revolution.
It's a slow trickle. -KI 06

- situations are unique and institutional frameworks vary, but certain strategies (tools) are tried and tested
- soft skills, networking, political savvy, etc. matter as much (often more) than evidence
- many factors that matter are beyond the control of researchers, brokers, even policymakers (timing, trust)
- humbling metaphors: trickle, dance, love

Persons contacted	56
Persons responding	23
Persons interviewed	12
Persons assisting otherwise	9 + 4



SOME FINDINGS

Majority of initiatives from Canada, EVIPNet

Initiatives tended to be highly networked/consortia-based: need to look at platforms

Strongly driven by leadership and politics

No tendencies topically (baby walkers to malaria, nutrition to mental health)

Population foci tended to be women, children, sometimes vulnerable

Meetings, evidence briefs and policy dialogues very common- but heavily context dependent

Other strategies - champions, websites, task forces

Strong path dependency (hard to nail down timelines), plenty of outputs without impact (yet)

Research on KT/CCE would help shine more light on this

SO WHAT?

Initiatives may be filtered by

- region
- country
- disease focus
- population focus
- models/tools
- HSR domain



But we suggest

- Start with platforms to understand the lay of the land
- Look at initiatives by
 - scrolling down summaries to get a quick snapshot
 - scrolling down context to understand how things took shape

LIMITATIONS

- reliance on publicly available information or networked individuals
- language constraints (English largely)
- likely exclusion of single country institutions who have not focused on publicly available documentation
- likely omission of informal or nascent efforts related to KT/CCE
- difficulty accessing very busy resource persons
- short period of time and human power constraints

FUTURE STEPS

- give us your feedback!
- suggest initiatives, expand and maintain inventory
- document KT/CCE that is happening in under-represented countries, languages, settings
- more deeply examine context, how KT initiatives evolve over time, and the role of N-S, S-S partnerships

Health Systems Global Inventory of Knowledge Translation and Cross Constituency Engagement Initiatives

Note: Information shared in this form will be reviewed for inclusion in a Knowledge Translation and Cross Constituency Engagement inventory intended to be a living document that may be used as a reference and also a repository of ongoing efforts for the benefit of the Health Systems Global Community.

For further information, contact Devaki Nambiar (devaki.nambiar@phfi.org) and/or Preeti Rajbangshi (preeti.rajbangshi@phfi.org).

* Required

Submitter's Name *
Your answer _____

Submitter's contact information (Email ID, phone number) *
Your answer _____

1. Name or title of the Knowledge Translation (KT)/Cross-Constituency Engagement (CCE) initiative? *
Your answer _____

2. Details of key contacts/informants (Name, Institutional affiliation, Email id)
Your answer _____

3. WHO region (s) in which the initiative was undertaken *

African region

Region of the Americans

The background features a complex, abstract composition of overlapping, semi-transparent circles. The color palette is diverse, including deep blues, vibrant greens, and warm reds. The circles vary in opacity, creating a layered, ethereal effect. The overall texture is reminiscent of a watercolor or ink wash painting.

A RESEARCHER'S PERSPECTIVE

Nagaland has among the lowest health service utilization within India defined by both supply and demand side constraints...

- **Demand side:** willingness/ability to pay, opportunity cost of seeking care, ability to reach services, expectations about how services should be provided
- **Supply side:** physical location, cost of services, availability of medicines, availability/skills/motivation of providers



...**social capital** may be a resource to overcome these constraints

Social capital is one of the most studied topics in public health research

- Social capital can be defined as the existence and quality of relationships and networks within a community that lead to collective action, as well as the resources embedded within individual relationships and networks.
- The existing body of research has not translated into policy and practice

Social capital as mechanism to increase utilization of health services is relevant in Nagaland because...

- Most people live in rural villages where, anecdotally, there are high levels of social cohesion, trust, cooperation and many groups/associations
- Health system governance is decentralized to the villages through the 2002 ***Communitization of Public Institutions and Services Act***
- The Act aims to leverage social capital within Naga villages to improve service delivery and utilization

My research has three research objectives

1. To assess the psychometric properties of a modified version of the Shortened Adapted Social Capital Assessment Tool (SASCAT) in the context of Nagaland, India.
2. To determine if the level of social capital among individuals and within communities is associated with utilization of health services at local government facilities.
3. To understand the pathways through which social capital influences utilization of health services in Nagaland.

What can I do to help translate my research findings into policy?

- When to engage?
- How to engage?
- Who to engage?

REFLECTIONS FOR A RESEARCHER

- KT/CCE is linked to, but distinct from the practice of research itself.
- Typically, KT involves synthesis of evidence/knowledge across studies.
- It is crucial to think about KT in an individual research study, however (many do), but also to situate your individual study in the larger context.
- Based on your research question and study design, think critically also about whom your findings will honestly matter to - knowledge brokers, knowledge synthesizers, policymakers themselves? - be realistic!
- Where you start matters - have you spoken to your KT audience - implementers, practitioners, the community - in deciding your topic? Does it matter to them? Is it a question they are asking?



**ADDITIONAL
QUESTIONS?**



Join us in Vancouver!

**DECODING KNOWLEDGE TRANSLATION:
INITIATIVES, INSTITUTIONS, AND PERSPECTIVES
ON MOVING FROM KNOWLEDGE TO ACTION
AND WORKING ACROSS CONSTITUENCIES
FOR POLICY/PROGRAMME CHANGE**

Thursday, November 17th

16.00 – 15.30, 85 Theatre

REFLECTIONS FOR A PRACTITIONER

- Getting a useful answer in evidence and research requires a good question! (many questions don't have answers...yet)
- Need to exercise *phronesis* -prudence in individual cases, while building a culture of acceptance of evidence - hold researchers to account
- Priority has to be given to KT/CCE as a distinct set of activities (i.e. separate from research itself)- ideally not as a project, but as part of the functioning of the department/ministry/organisation
- KT/CCE can be a strong co-learning and trust-building experience - including when KT/CCE are embedded in international consortia