Implementation research - Engaging everyone, not just scientists!
Improving access to medical treatments and other health services

The HIFA working group on Evidence-Informed Policy and Practice Group is delighted to announce a major thematic discussion on HIFA on the subject of Implementation Research.

The discussion will launch on 8 August and will continue through to 19 September 2016. We are grateful for support from the World Health Organization (WHO), the Special Programme for Research and Training in Tropical Diseases (TDR) and The Lancet. Please forward this message widely to your contacts and networks and encourage them to join us on HIFA: www.hifa2015.org/joinhifa

INTRODUCTION
Millions of children and hundreds of thousands of women die every year from diseases that are preventable with basic, existing interventions such as oral reydration solution, WAter and Sanitation Hygiene (WASH), and antibiotics. Most of these deaths are occurring because of failure to deliver basic interventions where and when they are needed. Similarly, millions of people with mental health problems, diabetes, hypertension, cancer fail to receive timely interventions to prevent and manage disease. Indeed every area of health and disease is affected by implementation issues.

This new discussion will explore a growing area of research that aims to improve the way medical treatments and other health services are delivered in low- and middle-income countries.

Implementation research can be described as a â€˜systematic approach to understanding and addressing barriers to effective and quality implementation of health interventions, strategies and policiesâ€™ (TDR Toolkit). Implementation research addresses a wide range of questions, including (but by no means limited to) questions around how to improve the availability and use of health information (the central challenge of HIFA).

OBJECTIVES OF THE DISCUSSION
1. To raise awareness and understanding of implementation research: what it is, why itâ€™s important, how it is done.

2. To learn from researchers and others who have been involved in implementation research.
3. To learn from those who have used or applied the findings of implementation research (eg guideline developers, policymakers, health managers, frontline health workers…)..
4. To hear from those in the field and especially ffrontline healthcare providers about what *they* consiider are the main challenges in improving access to all for medical treatments and other health services.
5. To promote collaboration between researchers and healthcare providers.

QUESTIONS FOR DISCUSSION
1. Have you ever heard of implementation research? What do you think of it?
2. Have you been involved in any implementation research? Can you tell us about your experience? What was your group able to accomplish TDR and how? What were the challenges?
3. Have you used or applied the the results of implementation research? How? What were the benefits?What were the challenges?
4. If you are a frontline healthcare provider, what are the key challenges in making medical treatments and other health services available to the population you serve? What needs to be done to better understand and address these challenges? Can you suggest implementation research questions that might be explored through implementation research.
5. How does your community (local community, country, professional group) view health research? How could you get them involved?
6. What is needed to strengthen national and international capacity to undertake and apply implementation research?

PROCESS FOR THE DISCUSSION
1. The discussion will last 6 weeks.
2. We shall include an emphasis on Q1 in week 1, Q2 in week 2, and so on. However, you are welcome to contribute on any question at any time.

HOW WILL THE DISCUSSION BE TAKEN FORWARD?
A summary of the discussion will be made available to all and will help inform future international conferences, including the Cochrane Colloquium (Seoul, South Korea, 23-27 October 2016) and the Global Symposium on Health Systems Research (Vancouver, 14-18 November 2016).

For more information about Implementation research, see the HIFA website:
http://www.hifa2015.org/evidence-informed-policy-and-practice/implementation-research/

REFERENCES/FURTHER READING (all free access)
[1] Peters DH et al. Implementation research: what it is and how to do it. BMJ 2013;347:f6753 http://www.ncbi.nlm.nih.gov/pubmed/24259324
[2] Hales S et al. Reporting guidelines for implementation and operational research. Bulletin of the World Health Organization 2016;94:58-64 http://dx.doi.org/10.2471/BLT.15.167585
[3] Implementation research toolkit developed by TDR
http://www.who.int/tdr/publications/topics/ir-toolkit/en/

Best wishes,
Neil

Neil Pakenham-Walsh, HIFA moderator
On behalf of the HIFA Evidence-Informed Policy and Practice Group

http://www.hifa2015.org/evidence-informed-policy-and-practice/

Dear HIFA colleagues,

First, a very warm welcome to the many (>150) new HIFA members who have joined us in the past few days (thank you to all who have helped with publicity). We hope you will enjoy our forthcoming discussion on Implementation Research.

Today, Monday 8 August, is day 1 of our 6-week thematic discussion: IMPLEMENTATION RESEARCH - ENGAGING EVERYONE, NOT JUST SCIENTISTS!

We are grateful for support from the World Health Organization (WHO), the Special Programme for Research and Training in Tropical Diseases (TDR) and The Lancet.

Millions of people die needlessly every year because they did not receive basic lifesaving interventions. Implementation research is all about finding ways to improve access to medical treatments and other health services. There is no area of research that is more important in terms of its potential to save lives and reduce suffering.

Over the coming 6 weeks we shall explore 6 questions, one each week, on different aspects of implementation research. We shall:
- develop a shared understanding of what it is and why it's important;
- learn from researchers and others who have been involved in implementation research;
- learn from those who have used or applied the findings of implementation research (eg guideline developers, policymakers, health managers, frontline health workers…)
-- and, critically, hear from frontline healthcare providers what *they* consider are the main challenges in improving access to medical treatments and other health services - what are the key areas where implementation research is needed, and what are the questions that need answering?

This week we start with a general question to help us all develop a shared understanding of what implementation research is and why it's important:

Question 1. HAVE YOU EVER HEARD OF IMPLEMENTATION RESEARCH? WHAT DO YOU THINK OF IT?

Please email your thoughts, comments, questions to: hifa@dgroups.org

For background (and to review all six questions in this discussion) see here:
http://www.hifa2015.org/evidence-informed-policy-and-practice/implementation-research/

Best wishes,
Neil

Dr Neil Pakenham-Walsh, HIFA moderator

On behalf of the HIFA Evidence-Informed Policy and Practice Group
http://www.hifa2015.org/evidence-informed-policy-and-practice/

Dear Hifa,

It's a big honor to be part of this discussion. In the first week of it, I will like to ask the difference between Quality Improvement (QI), and implementation research.

I am a QI specialist. I had my basic QI training from Institute for Healthcare Improvement (Open School) and had privilege of listening to QI gurus like Don Berwick, Don Goldman, Atul Gawande, etc. I am familiar with several models for improvement like Deming Cycle, DMAIC, AGILE/SCRUM.

Much of what we do is about uptake of knowledge and best practices (quality) in health facilities. Yet I know for sure what we do is not core research as it is, search for knew knowledge, but the adoption of it through interventions targeted at overcoming challenges hampering the uptake, and the scale up of such interventions.

So I will like to ask again, what are the differences and similarities between QI and Implementation Research?

Thank you.

Balogun Kehinde A.
MBBS, FISQua

HIFA profile: Kehinde Ayantunde Balogun is a medical doctor who works with the Catholic Caritas Foundation of Nigeria (CCFN) as a Quality Improvement Specialist. He is a certified Six Sigma Green Belt and a Fellow of the International Society for Quality in Healthcare. He is presently running his Master of Business Administration (MBA), and Master of Public Health (MPH) programmes. Currently he is working on a Centers for Disease Control and Prevention (CDC) funded care and treatment program for HIV/AIDS and TB across several states of Nigeria, and he is the Quality Improvement (QI) lead for the Benue region. His interests include public health, quality improvement in healthcare, HIV/AIDS, reproductive health, child and maternal health, and research. balogunkehinde1 AT gmail.com

Implementation research doesn't always have a quality aspect over it, but often do. Implementation research in my point of view is a systematic introduction - in the field - to new ways of doing things, most often introducing a system that has been okay in a trial

setting, but where we do not know if it works for real. It may be complex or simple, and the deal with the research is to both study the processes of implementation (Do they work?) and the outputs and outcomes (Do they improve?). Thus, the research may address different stakeholder views, economic and administrative challenges, ad coverage (not so much access and utilization).

Quality assurance or improvement is not research as such. Quality assessment or QoC research is a method to study if a planned intervention, action or mode of operation reaches a defined standard or manual. QoC research looks at ongoing operations more than new ones, and deconstructs quality into issues like inputs & Infrastructure, process/procedures or modes of operations, outputs (how many are reached or handled) and outcomes (cure rates, well being, mortality etc). A difficult aspect of QoC research is "users perspectives" as they may have unclear standards in their min [mind] and thus do not often know how they evaluate things. QoC may be studied with observations, skills assessments, systematic counting and measuring, and qualitative inquiries).

Johanne Sundby. Clinician and researcher - and editor.

HIFA profile: Johanne Sundby works at the Institute of Health and Society, Department of Community Medicine, University of Oslo, Lilongwe, Norway. johanne.sundby AT medisin.uio.no

Dear HIFA colleagues,

I must admit that the term â€implementation researchâ€™ was only vaguely familiar when I was invited to contribute to the TDR IR Toolkit. I was, however, very familiar with the term â€operational researchâ€™ (OR), having had contracts to undertake this activity in health projects. The ToRs for those projects essentially involved research studies designed to facilitate a specific implementation identifying potential implementation barriers or the potentially most effective ways to introduce various project components. Reviewing the literature following involvement with TDR indicated multiple and diverse definitions of IR, so when I started think about further work in this area it occurred to me that a useful definition would be one that distinguished it from OR. My suggestion is that IR could relate to research on one or more specific implementations of a given intervention that focus on the potential for scaling up or re-locating that intervention. Many of the activities would be similar to those undertaken for OR but with an additional focus on contextual factors that had the potential to contribute to relative success or failure. Essentially asking the questions: â€œAre there particular contextual factors that need to be in place (or absent) before we would recommend that the implementation of this intervention be attempted elsewhere?â€ and â€œCould the implementation be amended to overcome or benefit from the existing contextual factors in that new location?â€. My feeling is that we often place far too much weight on the fact that an intervention has been successful, rushing to recommend its large scale implementation in very different environments with little thought as to the political, socio-economic, cultural, historical or even geographical factors that may determine its fate.

Best regards,
Henry Lucas

HIFA profile: Henry Lucas is a Research Fellow at the Institute of Development Studies, UK. His professional interests include Health Systems, Information Systems, and Monitoring & Evaluation. h.lucas AT ids.ac.uk

From: "Mogaji Hammed, Nigeria" <mogajihammed@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (5)

Dear Dr,

Yes, I have heard on IR, and have been involved in it since 2013.

I participated in piloting the IR toolkit n 2013, and this was when i got involved. Early this year i have also taken up a refresher short course on it.

IR is a wonderful science, it brings home the beauty and reason for all other kinds of health research... IR tries to solve the basic problems of accessibility, affordability and issues surrounding compliance to proven health interventions, among others.

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From: "Pamela Sieving, USA" <pamsieving@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (6) US NIH Conference on
 Dissemination and Implementation

Good morning/afternoon!

For several years, the US National Institutes of Health has sponsored a conference on dissemination and implementation. Details of this year's meeting will be available shortly, per the Web site:

http://diconference.academyhealth.org/home

The site has links to archives for the past two years' presentations, so you can get an idea of the content of the presentations. I have not attended for a few years, but the last time, I believe in 2013, there were over 1000 attendees. I do not believe there are registration fees.

Please let me know if I can be of help with logistics for the DC area, if you are interested in attending.

I have done a few projects around the idea of dissemination and uptake of clinical research findings. The first is a paper that appeared in Ophthalmology in 1999 (PMID 10571336) which looked at practices of US-based ophthalmologists and neurologists before and after the publication of the primary findings of the Optic Neuritis Treatment Trial. The second was a poster presented in 2007 at the Association for Research in Vision and Ophthalmology, looking at uptake of several major National Eye Institute trial findings. I have attached a copy of the poster; unfortunately the 1999 paper was not eligible for inclusion in PubMed Central, but I have attached a copy of it here as well. [*see note below]

The paper reports the results of the final survey; we had done a preliminary survey using an earlier form of the questionnaire in which we asked specifically where the responders had learned about the ONTT results. It was disappointing that not a single returned survey had a response to that question! My theory was that many had learned about the results via something other than the peer-reviewed literature (the major findings were reported in the New England Journal of Medicine). It was discouraging to not have that piece of information, since we were trying to understand how clinicians knew about the results of the trial and were incorporating the findings into their practices (or not).

Best wishes,
Pam Sieving

HIFA profile: Pamela Sieving is a special volunteer at the National Eye Institute/National Institutes of Health, and an independent consultant in biomedical information access; she works primarily in the vision community to increase access to information needed to preserve and restore vision. pamsieving AT gmail.com

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation research (7)

Implementing evidence-informed policy and practice continues to be a global challenge, but more so in low and middle income countries (LMICs). One way to solve this challenge is to ensure that the evidence that informs policy and its implementation needs to be gathered locally and in context.

No sooner than one takes up an appointment in an LMIC than he/she notices how huge the challenge really is, and it does not matter how much he/she thought they knew about the challenges of that country's health system. That was my experience in 2004 when at the invitation of the State Governor, Mr Donald Duke, I took up post as Commissioner for Health / Chief Executive of the Cross River State Ministry of Health in Calabar, Nigeria (CRS). I arrived, loaded with experience of running a charity, the Nigeria Medical Forum UK / Ireland since 1991 and the BMJ West Africa edition from 1995. In both positions, my colleagues and

I ran annual training workshops for health workers in Lagos, Abuja (Nigeria), Kumasi and Accra (Ghana). We even extended the training to Calabar and Bauchi (Nigeria). So, I thought I knew about the challenges of the health systems in both countries, until we conducted a Baseline study of the CRS health system. At the top of the litany of deficiencies of the system was lack of robust research: original, clinical or field. The data that we were given by the relevant department was doubtful and unreliable because the methodology for their collection and analysis was wrong.

Apart from the occasional donor-sponsored continuing education workshops, like the one mentioned above hosted by the BMJ West Africa, majority of the health workers had not heard of evidence based practice, and those who had had only rudimentary knowledge of what it entails.

The baseline study was done at the very beginning of my tenure and the team was all inclusive and multidisciplinary and multisectoral from the Permanent Secretary, all Heads of Departments and Programme managers and representatives from the stakeholder ministries, works, utilities (water and power), education, and on arriving any of the 18 local governments engaged staff of the local government department of health. We visited all the eighteen general hospitals, the twelve in-operation and six under construction, and conducted questionnaire surveys of selected facility staff grouped department by department. We interviewed selected patients and carers / families, who gave verbal consent, after they had received care and were leaving the facility. We used the evidence that came from the baseline study from our structured baseline study to produce the first evidence-informed State Health Policy and Plan 2004-2007. I was a Clinical Governance Lead and Trainer in Europa House Surgery from 1998 to 2004 and so, naturally, we anchored the design and implementation on the 12-Pillar Clinical Governance initiative (www.hriwestafrica.com). We crafted a modified homegrown version of the original 7- pillar clinical governance concept by Prof Sir Liam Donaldson which works well in high income countries, but has little chance to work in LMICs. That version which we practiced in the United Kingdom could not fit into an LMIC like Nigeria, hence we added five additional pillars to take care of essential and fundamental ingredients for achieving any quality in any healthcare system: an evidence-informed Health Policy and Plan that is costed and funded; infrastructure & ambience; basic and advanced equipment with skilled biomedical engineers; reliable and constant utilities like power and potable; structured and enforced continuing professional development and culture of Life-long learning for all health workers (both clinical and non clinical); a â€carrots and stickâ€™ staff welfare approach to human resource management.

To ensure that every stakeholder understood the philosophy of the â€changeâ€™ that we were introducing, both within colleagues in the government and the general population, we summarized our objective as â€Protecting Patients and Supporting Practitioners who provide the care, in tandemâ€™. In CRS between 2004-2008 the government practiced the â€Health in All Programmes (HiAP)â€™ policy. The results were quick in coming from a 24/7 state-wide emergency ambulance service to a 50% drop in HIV sero-prevalence in three years; increase in routine immunization from below 20% to over 84%; elimination of Wild polio virus for four consecutive years; millions of insecticide treated mosquito nets distributed to millions of families across the state; the aesthetic, clean and green health facility environment which attracted accolades across Nigeria and internationally; and raising the salaries of state employed health workers to match that of their counterparts in the federal teaching hospital; etc.

Human Resource development and sustenance was institutionalized by creating a department of clinical governance in the state ministry of health with its budget heads (the first ever in Nigeria). All the training institutions, nursing, midwifery and health technology in CRS passed accreditation visits from their respective regulatory bodies. We established a monitoring, inspection and evaluation unit headed by a Director-grade staff to ensure that standards once established are sustained.

We were able to achieve these targets and more (captured in my book: â€whole system change of failing health systemsâ€™. 2009 (ISBN: 978-978-49487-0-8). I believe that one of the major reasons why we succeeded in strengthening CRS health system was that we enjoyed the all important Political Will of the Governor and his government. That helped us to attract and retain the support of other stakeholders both international and local, at federal state, local government levels and the communities. In LMICs, government is bigger than the private sector which means that not much can be achieved without political will. The lack of political will to support implementation of research derived evidence and policy seems to bedevil efforts to improve health systems in LMICs, and it was the handicap in CRS before I took up post, and seems to have reared its head again since my tenure ended.

The other important point is that health workers and their policy makers and implementers should make more effort to inform and educate political leaders on the value of research and of implementing the results. Political leaders talk about providing â€good health careâ€™ to their people and health workers need to show them that implementing evidence derived from research is one sure way like we did in Cross River state.

Nigeria now has a National Health Act since 2014 which has provisions for health research as a national priority. As we promote 12-Pillar clinical governance across the country, we shall use that provision as our â€call to actionâ€™ for generating evidence informed plans that will work for Nigeria as an LMIC and for implementing the research evidence. It remains work-in-progress for us at the Africa Centre for Clinical Governance Research & Patient Safety, Calabar.

Joseph Ana.

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Joseph is a member of the HIFA Steering Group. Website: www.hriwestafrica.com   jneana AT yahoo.co.uk

From: "Nancy Dixon, USA" <nancydixon@commonknowledge.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Balogun,

To address your thoughtful question, from my perspective implementation research is about answering the question "Did the quality improvement we tried work?" And if it worked, "What did we find out about what made it work?" We often call on measurement and evaluation to provide us that answer at the end of a project. But I see implementation research as much broader than looking at the result.

At the recent meeting of researchers and quality improvement people in Salzburg, Austria, we concluded that because quality improvement, by its nature, is continually going through PDSA cycles, which, hopefully, changes what actions the implementers are taking, there is a need to involve researchers, or at least research, through out the whole process. Each change requires new metrics to see if that change was effective.

So implementation research helps us learn how to make quality improvement more effective.

Nancy

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From: "Nathalie Fernández, Colombia" <nathalie.fernandez@udea.edu.co>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (9)

Hi!

Yes, I have heard about IR, and I think that it is related to find aspects that do not work in a real context and to resolve them. I think that IR is very important in Public Health in order to control diseases and warranty the universal access to the health care.

From: "Babasaheb V Tandale, India" <drtandale@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (10)

Hi all

I understand implementation research as the way of delivery of knowledge or intervention in the real world settings. It differs from knowledge translation (KT) or translational research (TR) as it deals with adoption and adherence in addition to transmission of information attempted in KT or TR. However, there is great confusion on how to differentiate it from operational research. As per my understanding goes, implementation research deals with inputs and process components of evaluations.

HIFA profile: B V Tandale is a Scientist (Epidemiology) at the Indian Council of Medical

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Hi,

You might all be interested in reading the open access journal Implementation Science
http://implementationscience.biomedcentral.com/ if you are interested in research around
implementation (conflict of interest I am the Journal Development Manager at BioMed
Central for this journal). There have been a number of Editorials describing the journalâ€™s
scope that might help explain this field a little better, my personal shorthand is the science of
implementing proven interventions although thatt is a little simplistic, it does give an idea of
what to expect from the journal.

Implementation science: a reappraisal of our journal mission and scope
http://implementationscience.biomedcentral.com/articles/10.1186/s13012-015-0240-2

Education and training for implementation science: our interest in manuscripts describing
education and training materials
http://implementationscience.biomedcentral.com/articles/10.1186/s13012-015-0326-x

Evidence-based de-implementation for contradicted, unproven, and aspiring healthcare
practices http://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-9-1

The behaviour change wheel: A new method for characterising and designing behaviour
change interventions http://implementationscience.biomedcentral.com/articles/10.1186/1748-
5908-6-42

The journal has a twitter account (https://twitter.com/ImplementSci) that also tweets about
conferences and courses on occasion, the twitter hashtag that gets used is #ImpSci.

With Best Wishes,
Liz

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Journal Development Manager

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HIFA profile: Liz Hoffman is a Journal Development Editor for the journal Implementation Science (and several other journals) at the Open Access publisher BioMed Central. liz.hoffman AT biomedcentral.com

Thank you.

Implementation Research commonly known as IR has unique characteristics that differs it from all other type of research or science.

From my experience and knowledge, IR is just a science for the problem that..... Systematically synthesize knowledge or evidence about complex health system situations (usually an intervention) using a multidisciplinary approach, and also using this same multidisciplinary approach to solve these issues taking into consideration the contextual factors of that particular area (study region).

The highlighted characteristics (systematic, complex, multidisciplinary and contextual) makes IR unique.

IR search for knowledge about why a proven health intervention is not achieving its aims or more so on how to scale it up...then it moves ahead to test new evidence or adjust for the shortcomings in this regards.......and also more ahead to include such evidences or strategies into policy and practice.

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Dear HIFA colleagues,

I may not have heard of implementation research but think implementation research should similar to operational research.   Also testing innovative ideas might be implementation research.

I would love to know what is really meant by the implementation research.

Regards,

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HIFA profile: Ghulam Farooq Mansoor is a Technical Director and Senior Research Manager at the Health Protection and Research Organization in Afghanistan. Professional interests: Health Systems performance, Human Resources for Health, Epidemiology of infectious diseases (Zoonosis), and Health Policy. farooqmansoor AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (14) Measuring implementation strength

Dear HIFA colleagues,

I was intriqued to see this new paper in Health Policy and Planning (open access). The authors start by saying, 'Identifying successful implementation approaches is essential to help ensure that evidence-based, low-cost interventions reach those in need.' This appears to put the paper firmly within the realm of our current discussion on implementation research. However, a search on the full text shows that the authors do not use the terms implementation research or implementation science, nor do they use the related terms operational research or knowledge translation.

They do, however, introduce the concept of â€˜implementation strengthâ€™, which they define as 'a quantitative measure of the amount of input to, or activity to support, the implementation of a programme'.

CITATION: Measuring implementation strength: lessons from the evaluation of public health strategies in low- and middle-income settings
James R M Hargreaves, Catherine Goodman, Calum Davey, Barbara A Willey, Bilal Iqbal Avan, and Joanna RM Armstrong Schellenberg
Health Policy Plan. 2016 31: 860-867
http://heapol.oxfordjournals.org/content/31/7/860.full?etoc

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ABSTRACT

Evaluation of strategies to ensure evidence-based, low-cost interventions reach those in need is critical. One approach is to measure the strength, or intensity, with which packages of interventions are delivered, in order to explore the association between implementation strength and public health gains. A recent systematic review suggested methodological guidance was needed. We described the approaches used in three examples of measures of implementation strength in evaluation. These addressed important public health topics with a substantial disease burden in low-and middle-income countries; they involved large-scale implementation; and featured evaluation designs without comparison areas. Strengths and weaknesses of the approaches were discussed. In the evaluation of Ethiopiaâ€™s Health Extension Programme, implementation strength scoring for each kebele (ward) was based on aggregated data from interviews with mothers of children aged 1223 months, reeflecting their reports of contact with four elements of the programme. An evaluation of the Avahan HIV prevention programme in India used the cumulative amount of Avahan funding per HIV-infected person spent each year in each district. In these cases, a single measure was developed and the association with hypothesised programme outcomes presented. In the evaluation of the Affordable Medicines Facility—malaria, several implementation strength measurees were developed based on the duration of activity of the programme and the level of implementation of supporting interventions. Measuring the strength of programme implementation and assessing its association with outcomes is a promising approach to strengthen pragmatic impact evaluation. Five key aspects of developing an implementation strength measure are to: (a) develop a logic model; (b) identify aspects of implementation to be assessed; (c) design and implement data collection from a range of data sources; (d) decide whether and how to combine data into a single measure; and, (e) plan whether and how to use the measure(s) in outcome analysis.

KEY MESSAGES
Measuring the strength of programme implementation and assessing its association with outcomes is a promising approach to strengthen pragmatic impact evaluation, both to assess impact and to identify which aspects of a programme need to be strengthened.

We suggest a five-step approach for developing a measure of implementation strength: (a) develop a logic model; (b) identify the aspects of implementation to be assessed; (c) design and implement data collection from a range of data sources; (d) decide whether and how to use a single measure; and (e) plan whether and how to use the measure in statistical analysis.
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Best wishes, Neil

From: "David Beran, UK" <David.Beran@unige.ch>
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Subject: [hifa] Implementation Research (15) Open access journal:
 Implementation Science (2)

These links might be of interest regarding the ongoing discussion on Implementation Research.

Implementation science: a reappraisal of our journal mission and scope
http://implementationscience.biomedcentral.com/articles/10.1186/s13012-015-0240-2

Education and training for implementation science: our interest in manuscripts describing education and training materials
http://implementationscience.biomedcentral.com/articles/10.1186/s13012-015-0326-x

Evidence-based de-implementation for contradicted, unproven, and aspiring healthcare practices http://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-9-1

The behavior change wheel: A new method for characterising and designing behaviour change interventions http://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42

HIFA profile: David Beran is Project Coordinator of the International Insulin Foundation, London, UK. The IIF informs different global stakeholders and the general public about the plight of people with Type 1 diabetes in developing countries. david.beran AT access2insulin.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation research (15) Implementation research in the
 face of opposition - Female genital mutilation

Dear HIFA colleagues,

The Population Council has just published a 'state-of-the-art synthesis' on female genital mutilation. The full report is freely available here:
http://www.popcouncil.org/uploads/pdfs/SOTA_Synthesis_2016_FINAL.pdf

Here is an extract from the executive summary that relates to our current discussion on Implementation Research:

'The currently available data is rich in information that can inform policymakers and programmers about where to focus attention and how best to implement and strengthen current efforts for abandoning FGM/C. The data points to â€œhot spotâ€ geographic areas, identifies populations that may be more amenable to change, and highlights drivers, rationales, and patterns of influence related to the practice that should be acknowledged and addressed within policy and programmatic strategies.'

Implementation research, operational research, knowledge tranlsation - noe of these terms are mentioned in the report, but one assumes they must have a key role to identify 'how best to implement and strengthen current efforts for abandoning FGM/C'?

Indeed, I found the following interesting paragraph in a report report from the WHO Alliance on Health Systems and Policy Research, which mentions FGM as an example of 'Implementation research in the face of opposition':

'While the kind of immersion just described is helpful, there are situations where embedding research in public policy processes is simply not possible. Policy-makers, managers, and funding agencies do not always want to know how their programmes are being implemented, unless of course they can be shown to be doing well. They may have invested considerable political and financial capital in a policy, and be afraid of not producing the desired results or

of poorly managing resources. Funders are frequently resistant to research that might highlight sustainability issues or the negative unintended consequences of their programmes, such as the human resource distribution problems arising as a result of hiring people for single purpose projects, an issue often encountered with HIV projects, among others [27]. Similarly, the concerns of minority groups may not be of interest to those groups in power, particularly if there are social and political sensitivities. Areas where this kind of problem arises include issues related to men who have sex with men (MSM), the treatment of aboriginal groups, the provision of abortion services, and pervasive dangerous practices such as female genital mutilation, etc. Implementation researchers who collaborate with disadvantaged groups or civil society organizations may find themselves unable to collaborate with those who oppose them. This can be a particular problem when research is conducted in an

area suffering from ongoing civil conflict. In some cases participatory action research may even be considered revolutionary to the existing power structures. In these circumstances, an important aspect of implementation researchersâ€™ work is to find ways to get their research into agenda-setting processes to influence policy. This may also require approaches that rely more on advocacy strategies that can make use of well-designed research.'

Best wishes, Neil

From: "Balogun Stephen Taiye, Nigeria" <stbalo2002@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (17) What is the difference between
 IR and Quality Improvement? (4)

Ayantunde,

Thanks for this important question/clarification. Lovely comments from all too.

From what I understand, Implementation Research (IR) involves finding out how to deliver results of research effectively in diverse settings and ways to adapt research outcomes to fit the context and the environment of implementation. It involves â€œgetting things right the first timeâ€. Quality Improvement (QI) however involves improving on a process that is â€œout of controlâ€. This usually involves a process that has already been established (as opposed to IR) and not the implementation of a research outcome (which is a new innovation). Some aspects of QI however are relevant to IR (e.g. lean). Therefore IR, in my opinion, should include QI experts in addition to researchers and end-users of the research outcome (e.g. clinicians) amongst other.

Below are links that I think will help further clarify exactly what IR is:
http://www.who.int/tdr/publications/topics/ir-toolkit/en/ and
http://www.bmj.com/content/347/bmj.f6753 . I hope you find them useful.

Thanks.

Balogun Stephen Taiye MBBS, CSSGB, FISQua
Medical Officer/QI team leader, Olanrewaju Hospital,
HIFA-CR (Nigeria)

HIFA profile: Balogun Stephen Taiye is a Medical Officer/Quality Improvement Team Leader at the Olanrewaju Hospital in Nigeria. He is also currently a post-graduate student of Public Health and Business Administration. Personal interests: patient safety, healthcare quality improvement, reproducible research, data collection and analysis. He is a HIFA Country Representative for Nigeria: http://www.hifa2015.org/how-individuals-support-hifa2015/hifa2015-country-representatives/ Email: stbalo2002 AT gmail.com

Dear all,

Whether we call it 'quality improvement' or 'implementation research' or any other epithet, the matter remains that all health workers whether in high income or low and middle income countries, face the same challenge of how to do research properly, then take the outcome and apply it in practice to obtain desired outcome. Every one of the epithets recognizes certain criteria for success: context-specific, evidence-informed policy, plan, decision-making without which failure looms, because what may seem plausible in research environment may not be reality in the practice arena.

What we did in Cross River State, Nigeria (2004-2008) was to follow this fundamental reasoning: a comprehensive needs assessment to establish/have evidence why the health system was failing, then modified the original clinical governance because our context is very different, developed and piloted 12-Pilllar clinical governance and when it was showed that thatâ€™s what we need, escalate it across the state and beyond, to other states in the country, in both public and private health facilities.

The on-going debate on HIFA reminds me of Shakespeare in Romeo and Juliet, of the question, â€whats in a name - that which we call a rose by another name would smell as sweetâ€™. Whatâ€™s in a name if the objective of health researchers, implementers, policy makers, users and providers is to use research results to deliver quality and improved health outcomes.

Joseph Ana

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HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical

Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Joseph is a member of the HIFA Steering Group. Website: www.hriwestafrica.com   jneana AT yahoo

From: "Mohammad Ali Barzegar, Iran via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (19) IR to improve health services in
 Iran

Hi all.

In 1971 the ministry of health of Iran, the school of public health, university of Tehran and World Health Organization (WHO), jointly initiated a Health Services Development Research (HSDR) project. The project had three phases:
1) Situation Analysis,
2) Pilot and control area,(Field Laboratory Or IMPLEMENTATION RESEARCH),
3) Scaling up the pilot project if the result proved to be useful,.

The goal of the project was to establish a comprehensive health delivery system which be able to provide integrated preventive & curative health services to all people of Iran. The phase one of the HSDR project began with a situation analysis with the purpose of finding the health needs and health behavior of the population in one side and the efficiency and shortcoming of the existing health services from the other side. Population survey, medical survey, in depth social survey were carried out in a population of 6000 (1200 household) for revealing the population health needs. Health services survey was undertaken for 50% of the health facilities of the west Azerbaijan province (40 units at different levels) The findings of survey have shown different problems like curative services versus preventive, urban versus rural, vertical instead of integrated approach and more and better health services for those who were less on need. Furthermore the health services set up looked like a well dressed gentleman with beautiful tie without shoes. It meant having sophisticated secondary and tertiary levels facilities, but without Primary Health Care (PHC).

IMR & MMR were 131 and 400 per thousand live birth respectively. Birth rate was 42/1000 population and population growth rate 3.2%.

Based on the findings of the situation analysis, it was decided that a solid primary health care to be added to the periphery level of the health system at the pilot area, with this assumption that any positive development and change at periphery level will effect to whole health services system.

Phase Two: Field Laboratory (Implementation Research),

A population of 30,000 living in 30 villages at the catchment area of the Chunghranlou rural health center was selected as pilot area. Another area with a population of 7000 with similar situation to pilot area was selected as control area.
Ref. Evaluation of primary health care services in Iran., AJPH, JULY 1981, Vol, 71, No. 7 pp.739-742. By :M.A.Barzegar& A. Gezayeri.
[http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.71.7.739]

The Purpose of the field laboratory was:
a) to test different interventions and assess it's relevance and impact on the health of the population.
b) to be used for the training site for the CHWs and their instructors, students of school of medicine & nursing.
c) to be used as demonstration area for convincing the political authorities, policy makers, decision makers, planners and academia.

10 CHWs (BEHVARZ), from 10 villages elected and supported by the community were selected and theoretically trained in rural health center/ CHW's training center and practically in Health House(HH) and community by CHWs Instructors.

10 Health Houses were stablished in 10 villages, which in addition to the same village were covering 2-3 surrounding villages.

10 BEHVARZs after two months child care and general training were posted in 10 HH offered by community for residing and practice of BEHVARZ, under close supervision of CHWs instructors. Needless to say that CHWs total period is two years, in three blocks which will be completed in one year and the second year is in service training with weekly retraining exposure. It should be mentioned that out of two years CHW's training only five months is in training center for 3 blocks in first year, and the rest of two years (19 months), in service training in community and HH, under close supervision.

No any intervention was made in control area except the routine services by the existing health system.
The difference in vital statistic in pilot area covered by CHWs and control area could be seen in above mentioned article published in AJPH.

Phase Three PHC Scaling up:

While every day , month and year the events were monitored by the research team at pilot area for assessment and revision of the interventions and criteria, based on lesson learned and learning by doing , at the same time training manuals for CHWs, Instructors and Public Health Administers were developed.

After three years of operation evaluation of the project was carried out by National and International team fielded by WHO . Significant improvements were made in terms of process, outcome and impact. For example IMR, MMR, Child death under five years , Birth Rate, were reduced significantly and community satisfaction was improved dramatically. Based on the result of evaluation, the government of Iran have decided to expand the program

at country wide.At present about 20, 000 HH staffed by 35000 CHWs are serving about 35 million rural population of Iran.

I am pleased to report that the IMR, in the country is: 13/1000 MMR 37/ 100000, live birth, Birth Rate 23/1000 and population growth 1.2/100. Life expectancy for men 69 and women 71 years.

Conclusion:

I should conclude that the Implementation Research Or Operational research, using field laboratory is very important for the development of Relevant Health System. For example the integrated health services system of Iran Based On PHC is working for 45 years with extra ordinary achievements. Even the medical education became a part and parcel of the ministry of health and medical education. The Chansellor of university is the deputy to the Minister of health and in charge of health delivery system of province where his university is located. The academia have double appointments and teaching their students at different sites of health services delivery, not only in ivory tower of teaching hospitals.

HIFA profile: Mohammad Ali Barzegar is an initiator of Primary Health Care in Iran since 1971, and Representative of People's Health Movement (PHM) Iran. His interest include 45 years of national & international experiences on PHC, Sustainable Development and Public Health. barzgar89 AT yahoo.com

From: "Ayontunde Kehinde Balogun, Nigeria" <balogunkehinde1@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (20) What is the difference between
 IR and Quality Improvement? (6)

Dear Taiye,

Thank you all for the response. It provided a clear and concise difference between the two.

I consider a full understanding of IR as a necessary prerequsite for successful implementation of research outcomes, and for people like me already in QI, the understanding of the shared boundaries and differences further consolidate on that.

Indeed QI usually deals with processes already in place, one that is often "out of control", while IR tries to get it right "the first time". I have come to see that multiple aspects of QI such as lean and six sigma would apply to IR.

Once again, thank you for the contribution and to others who contributed as well.

BALOGUN KEHINDE MBBS, CSSGB, FISQua
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HIFA profile: Kehinde Ayantunde Balogun is a medical doctor who works with the Catholic Caritas Foundation of Nigeria (CCFN) as a Quality Improvement Specialist. He is a certified Six Sigma Green Belt and a Fellow of the International Society for Quality in Healthcare. He is presently running his Master of Business Administration (MBA), and Master of Public Health (MPH) programmes. Currently he is working on a Centers for Disease Control and Prevention (CDC) funded care and treatment program for HIV/AIDS and TB across several states of Nigeria, and he is the Quality Improvement (QI) lead for the Benue region. His interests include public health, quality improvement in healthcare, HIV/AIDS, reproductive health, child and maternal health, and research. balogunkehinde1 AT gmail.com

From: "Bal Ram Bhui, Nepal via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (21) What is the difference between
 IR and Quality Improvement? (6)

Hi All,

I would also like to join and add questions to the discussion on what is IR and what is it not. As for many others, it is also not clear to me. I have read a number of WHO publications on it, some looks to be clear and yet other adds to the confusion. As one of you said, how is it different from QI initiative, I would also how is it related to Implementation Science knowledge and practice. How is is related to Impact Evaluation? I remember, about a decade ago, one of WHO Bulletin carried an article on Operation Research, Implementation Research and Health System Research. Unfortunately, I don't have a copy and nor could I find it in WHO site. The article explains the scope of each of these researches which would be very useful for our knowledge. I appreciate if someone could dig it out and share it in this group.

To me as well, what is IR is clear but what it is not is not clear. The way I see it is as way to implement a strategy to deliver health interventions with a strong research or monitoring and evaluation that will inform entire strategy design, planning, implementation, monitoring and evaluation of strategy implementation that includes documentation of all project activities, assumptions, risk mitigations, changes in and impact of contextual factors. It is about designing a strategy to delivery in an intervention and a testing it in real world situation, it is not a post implementation evaluation to me. It is also not a study or survey or research who titles read like this: Study of factors affecting low vaccination coverage in a slum area. In other words, it is a research on an implementation of a strategy with built in strong monitoring and evaluation and evidence based decision making practice (well documented practice) in the course of implementation of strategy.

Thanks

Bal Ram Bhui
Kathmandu, Nepal

HIFA profile: Bal Ram Bhui is a freelance Monitoring, Evaluation, Research Adviser in Nepal. Professional interests: Implementation research- understanding why and how it is different from basic research, operation research, impact evaluation and routine project

monitoring and evaluation. Interested to master in design, plan, implement, monitor and evaluate an implementation research in health field.   balram_bhui AT yahoo.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (22) What is the difference between
 IR and Quality Improvement? (7)

Dear Bal Ram Bhui,

"I remember, about a decade ago, one of WHO Bulletin carried an article on Operation Research, Implementation Research and Health System Research."

I have tried to find this paper without success. (Indeed, I could not find a way to search within the archive of the WHO Bulletin.)

In the meantime, here is a recent paper in the BMJ that may help provide clarity:

David H Peters et al. Implementation research: what it is and how to do it. BMJ 2013;347:f6753
http://www.bmj.com/content/347/bmj.f6753.long

'Implementation research is a growing but not well understood field of health research that can contribute to more effective public health and clinical policies and programmes. This article provides a broad definition of implementation research and outlines key principles for how to do it...'

The authors note: 'Although progress has been made in conceptualising implementation research over the past decade, considerable confusion persists about its terminology and scope'.

They offer the following definition: "Implementation research is 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)."

They also include a section on Quality Improvement (QI) which they describe as one of several implementation research methods. 'Quality improvement studies typically involve a set of structured and cyclical processes, often called the plan-do-study-act cycle, and apply scientific methods on a continuous basis to formulate a plan, implement the plan, and analyse and interpret the results, followed by an iteration of what to do next.'

Best wishes, Neil

Hi Everyone,

I once read this article in BMJ on implementation research titked "Implementation research: what it is and how to do it" which you might find useful. It is available open access at the link below.
http://www.bmj.com/content/347/bmj.f6753.long

Dr Olusesan A. Makinde
Epidemiology/ Health Informatics Specialist

HIFA profile: Olusesan Makinde is an Epidemiology/ Health Informatics specialist with several years of experience in Clinical and Public Health Practice in Nigeria and the US. He is a Physician with graduate training in Epidemiology and Health Informatics from the University of Ibadan in Nigeria and the Johns Hopkins University, USA. sesmak AT gmail.com

Below are extracts from a blog by PLoS editor Alicia Zuniga. The full text is available here: http://blogs.plos.org/speakingofmedicine/2015/10/23/adios-river-blindness-the-journey-from-drug-discovery-to-elimination-2/

The author notes 'It is a perfect example of how basic research can be translated into successful elimination of a disease' and emphasises the contribution of open access.

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'The PLOS Neglected Tropical Diseases team celebrates the 2015 Nobel Prize winners as well as recent victories in onchocerciasis elimination efforts....

'More commonly known as river blindness, onchocerciasis is caused by a parasitic worm called Onchocerca volvulus. It is transmitted by the bite of blackflies and often leads to permanent blindness. Although it is a serious health concern in Latin America and especially sub-Saharan Africa, it remains a little-known disease to those outside of these endemic regions. These areas have become the focus of long-term mass drug administration (MDA) campaigns in the fight to eliminate the disease...

'It is a perfect example of how basic research can be translated into successful elimination of a disease plaguing some of the world's most neglected populations. PLOS Neglected Tropical Diseases is proud to contribute to the fight by providing open access to high-quality onchocerciasis research. This recent attention can make onchocerciasis more recognizable in the minds of the public until the day the word is only found in history books.'
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The above author does not mention it, but the role of implementation research has been critical in the successful elimination of onchocerciasis. Here is a section from a new paper (May 2016) in the International Journal for Parasitology http://www.sciencedirect.com/science/article/pii/S221132071630015X

'Implementation research
For drugs intended for MDA (i.e. large scale use without diagnosis and treatment supervision by health care personnel), large scale trials (community studies) involving thousands of people are conducted to obtain additional data on the safety, efficacy and/or effectiveness of the drugs (Remme et al., 1989, DeSole et al., 1989a, DeSole et al., 1989b and Horton et al., 2000). Interventions intended for MDA and for individualized use in resource-limited settings also require implementation research. The studies are designed to understand and identify how to overcome barriers to effective use of the intervention. Such research resulted in e.g. the CDTI strategy and expansion of the strategy for delivery of other health interventions. Implementation research also provided the basis for todays strategy of home management of malaria (Horstick et al., 2010, Ajayi et al., 2013, Brieger et al., 2015 and Sommerfeld et al., 2015). An implementation research tool kit is available http://www.who.int/tdr/publications/topics/ir-toolkit/en/(accessed 16 January 2016).'

Best wishes, Neil

Dear Dr Neil,

That is a good news, the Democratic republic of Congo is quoted among countries that continue to undergo the burden of this disease. Most important sites are Sankuru and Maniema provinces. The Inga site (Congo central province), and Isiro (Haut Uele province) are quoted also.
In Sankuru province, the huge areas are empty of population because of blindness disease, no livestock also despite the wide savanna and numerous rivers. In the same areas, the human African trypanosomiasis causes almost the same damages. Google map show clearly the onchocerciasis burden in DRC. There is a local project there: **OLCOS** = OPERATION DE LUTTE CONTRE L'ONCHORCOSE AU SANKURU [operating of blinding filarial prevention in Sankuru] leads by **PHOrg**-Public Health Organization (phorg_healthforall@yahoo.com).
We are excited to know more about the current progress in the hope to take benefit of the innovation and to apply in our population in the measure of possible. We are opened for all contact and idea that can help us to improve the life conditions of our population.

HIFA Profile: Andre Shongo Diamba is a medical doctor, he got a MPH � International Health degree at Tulane University, school of health and tropical medicine, New Orleans, USA in spring 2016 and is looking for a job in the field.

Previously, Andre worked as coordinator at PISRF- Programme Intégré de santé de reproduction et familial (Integrated program of reproductive health and Family), a DRC participative NGO of family planning and reproductive health who provide awareness and care in favor of   women and children of low social area , and toward this group to whole community. PISRF undertake sociological, public health and biomedical research in the matter, it encourage the humanitarian and research project and open his availability to all. Andre has a tremendous experience in providing community reproductive health projects such information, communication education; provide care and leading the research. He has participated at many international conferences in the field of reproductive health and population, health, environment. Andre is interesting to provide the Social Development Goal (SDGs) in the DRC and very engaging, He pleads for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this matter. He received the HIFA Country Representatives certificate of achievement at 2013, and is writing two books as help memory to facilitate the one- to- one members contact. Andre can be contacted at pisrfrdcATyahoo.fr

Welcome to week 2 of our thematic discussion on Implementation Research! We are grateful for support from the World Health Organization (WHO), the Special Programme for Research and Training in Tropical Diseases (TDR) and The Lancet. For background on the discussion see:
http://www.hifa2015.org/evidence-informed-policy-and-practice/implementation-research/

This week we turn our attention to Question 2: *Have you been involved in any implementation research? Can you tell us about your experience? What was your group able to accomplish and how? What were the challenges?*

We hope to learn from you as researchers, health professionals, policymakers: How does implementation research work in practice?

Have you or your organisation studied *how* to improve the quality and availability of medical treatments and other health services (whether at global, national, local or institutional level). We are especially keen to hear from systematic approaches to improve quality and availability, led by a defined research question. However, we look forward also to learn from your experience in related areas such as quality improvement, operational research and knowledge translation.

Over the coming days we look forward to reach a better understanding of how implementation research work in practice - how it can be applied to real-world problems.

As we have said before, no area of research is more important. To paraphrase Sir Muir Gray, implementation of the knowledge we already have would have massively more impact than any new knowledge that is likely to emerge over the coming decade.

We look forward to learn from your experience.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa2015.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil AT hifa.org

Hundreds of millions of dollars are spent each year on disaster relief and humanitarian aid with the intention of improving the lives of those affected and reducing the impact. Evidence from health care has shown us that no matter how good the intentions, some interventions are useless or even harmful. This is no less true for the humanitarian sector. Interventions that are not based on evidence can waste vast resources and hinder effective approaches that would speed up recovery and improve health outcomes.

There is increasing recognition that the choices we make in our lives and work should be based on reliable and robust evidence. In the case of humanitarian interventions and actions, available evidence about the effects of the interventions need to considered when aid is being delivered and when writing guidelines, standards, and policies. Reliable and robust evidence will help those making decisions, developing policies and standards in the humanitarian sector to know which interventions work, which don't work and which remain unproven. And, for those interventions that work, people need to know how effective they are, so that they can choose the most appropriate and effective intervention in a specific circumstance.

One challenge is making the evidence available to everyone and easily identifiable for relevance. Evidence Aid helps to bridge this gap by making systematic reviews (synthesised evidence) freely available to all. We work with publishers to try to attain free access, if we identify an article that is pay per view. In the majority of cases, we've been successful in making the article free access if accessed through Evidence Aid. However, we need help from all those in HIFA to identify such articles and to help to build relationships with publishers. Can you help?

We are open to any suggestions of how to make our resources more relevant, how to identify systematic reviews, particularly those not published in peer reviewed journals. Up to now, we've worked with volunteers who kindly write summaries, and send us links to systematic reviews when they identify them, but this is not a systematic way of doing things, nor does it potentially capture everything in the literature.

We'd like to engage with HIFA members to see what we can do to bring evidence in the form of systematic reviews to the humanitarian sector. We are particularly interested in those systematic

reviews that relate to low and middle income countries since the burden of disasters are felt particularly keenly in these countries.

Let's work together to achieve access for all in the humanitarian sector.

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. callen AT evidenceaid.org

From: "Brian Hockley, UK" <brian.hockley@nhsbt.nhs.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (28) What is the difference between
 IR and Quality Improvement? (10)

Hi

Differences in various approaches to improve the quality of healthcare in a variety of setting have long been a subject of debate. In the UK NHS, clinical audit has had varying degrees of success as an improvement methodology and is generally regarded as distinct from "research" as it may not be generalizable and is linked to established standards not novel interventions.

You could argue that implementation research is an approach akin to change management but exploring new approaches to actually getting the findings of research into practice. Alongside this are "action research" approaches or the use of "action learning sets" with staff in clinical settings.

In the UK Blood service, colleagues are running a programme to improve feedback and uptake of service improvement recommendations which may serve as an example of "Implementation Research" https://medhealth.leeds.ac.uk/info/555/research/1388/affinitie_programme

Meanwhile, the Healthcare Quality Improvement partnership has a lot of free resources on topics related to healthcare including engaging clinicians and outlining differences and definitions of these clinical improvement approaches. Details here: http://www.hqip.org.uk/

Regards

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++
NHS Blood and Transplant
Do something amazing today - Give Blood.
Organ donation. The gift of life.
You can visit us at www.nhsbt.nhs.uk
++

HIFA profile: Brian Hockley is Clinical Audit Manager at the NHS Blood and Transplant in the UK. Professional interests: Project management to improve healthcare using peer reviewed guidelines on best practice (e.g. NICE). Currently engaged in a project with THET, via NHSBT, International Development programme to improve blood transfusion practice in Zambia.   brian.hockley AT nhsbt.nhs.uk

From: "Tom Barker, UK" <t.barker@ids.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (29) Learning by doing; Operations
 research in Northern Nigeria; and the Fourth Global Symposium on Health
 Systems Research

Dear Fellow HIFA Members,

Itâ€™s great that HIFA is exploring issues relating to implementation research, and particularly the need to engage more practitioners.

I believe this weekâ€™s main questions are:

2. Have you been involved in any implementation research? Can you tell us about your experience? What was your group able to accomplish and how? What were the challenges?

I wanted to please share recent work, learning, and an opportunity for us to exchange our experiences.

1. Learning-by-doing in Bangladesh, China, India and Uganda

There is no single solution for successfully scaling-up key interventions and reaching poor people. Implementation research, using tools and approaches that are inclusive, participatory, and flexible, is essential for â€˜learning-by-doingâ€™ to understand what works best in a particular context. Throughout the duration of the Future Health Systems project (FHS), country teams have committed to undertaking systematic learning though implementation research and by bringing together key actors involved in service delivery. In this Key Message Brief, we share some examples of how FHS teams have embodied a â€˜learning-by-doingâ€™ approach, and what the consequences of this approach have been: http://www.futurehealthsystems.org/publications/2016/5/4/fhs-key-message-brief-1-how-learning-by-doing-can-help-cut-through-complexity-in-health-service-delivery.

2. Improving service delivery and uptake in Northern Nigeria

Work funded by the UK Department for International Development to evaluate a large nutrition programme in five states in Northern Nigeria has included an operations research component to inform the adaptive implementation of interventions delivered through the programme, in partnership with government. Our work has included operations research on promoting womenâ€™s use of antenatal care services; challenges of accessing and delivering the community management of acute malnutrition; and strategies for strengthening the implementation of infant and young child feeding. You can read and download all our projects outputs at: http://www.heart-resources.org/tag/orie/

3. Discuss and learn about evidence and experiences of doing and engaging with implementation research

The programme for the Fourth Global Symposium on Health Systems Research in Vancouver, Canada, from 14th to 18th November 2016 (http://healthsystemsresearch.org/hsr2016/), includes many sessions exploring issues relevant to implementation research, including through the Symposium sub-theme of â€˜implementing improvement and innovation in health services and systemsâ€™. I noticed in a message promoting this HIFA discussion that â€œa summary of the discussion will be made available to all and will help inform future international conferences, including…the Global Symposium onn Health Systems Research (Vancouver, 14-18 November 2016)â€. It would be great to hear more about the plans for sharing the learning from this HIFA discussion in Vancouver. As well as feeding into the Symposium, it will also be important to share key discussions and debates from the Symposium to wider audiences. It would also be interesting to know if some HIFA members will be participating in Vancouver and plan to share their insights from their time in Vancouver through HIFA, social media, etc.

Best wishes,
Tom

Tom Barker
Senior Health and Nutrition Convenor
Institute of Development Studies
www.futurehealthsystems.org
www.healthsystemsglobal.org
www.ids.ac.uk
twitter   facebook

IDS: Engaging, Learning, Transforming since 1966

The Future Health Systems consortium works to generate knowledge on health systems that improves access, affordability and quality of care for poor people.

The Fourth Global Symposium on Health Systems Research will take place in Vancouver on 14-18 November 2016. Follow the build-up on Twitter via #HSR2016

HIFA profile [may need to be updated]: Tom Barker is Acting Manager of the IDS Health & Development Information Team, at the Institute of Development Studies, Brighton, UK. The HDI team provides high-quality, accessible information to support informed decision-making by policymakers and practitioners working in health and development. Activities include managing the

knowledge and information services of the DFID Health Resource Centre, producing id21 Health and the Health, Health Systems, and HIV and AIDS Resource Guides on Eldis, and collaborating with other organisations on information and communications activities.
www.ids.ac.uk/ids/info/health.html   T.Barker AT ids.ac.uk

Dear HIFA colleagues,

In parallel with our current discussion we are also exploring Implementation Research on our sister forums HIFA-Portuguese and HIFA-French.

Below are two citations shared today by Eliane Pereira dos Samtos, lead moderator for HIFA-Portuguese:

1. Implementation Research in Health: A Practical Guide
https://assets.publishing.service.gov.uk/media/57a08a0fed915d3cfd00057c/implementationguide_eng.pdf
David H. Peters, Nhan T. Tran, Taghreed Adam, WHO. 2013. ISBN 978 92 4 150621 2

'Implementation Research in Health: A Practical Guide was created with the aim of boosting implementation research capacity, particularly in LMICs. Intended for newcomers to the field, those already conducting implementation research, and those with responsibility for designing and implementing programmes and policies, the guide provides an introduction to basic implementation research concepts and language, briefly outlines what it involves, and describes the many exciting opportunities that it presents.'

2. Implementation Research: A Synthesis of the Literature
http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf
Dean L. Fixsen Sandra F. Naoom Karen A. Blase Robert M. Friedman Frances Wallace. Tampa, FL: University of South Florida, Louis de la Part Florida Mental Health Institute, The National Implementation Research Network. 2005. (FMHI Publication # 231).

'In summary, the results of this literature review and synthesis confirm that systematic implementation practices are essential to any national attempt to use the products of science — such as evidence-based proggrams — to improve the lives of its citizens. Consequenttly, a concerted national effort to improve the science and the practice of implementation must accompany support for the science of intervention. The components of implementation and factors promoting its eff ectiveness
must be understood, and we hope the frameworks and recommendations introduced in this volume provide a foundation for this understanding.'

Best wishes,
Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil@hifa.org

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (32) Implementation and
 de-implementation (2) Why bother about authors and publishers who decide to
 restrict access to research? (2)

Sorry all,
but why bother about reading restricted access papers?.

Joseph Ana

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HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Joseph is a member of the HIFA Steering Group. Website: www.hriwestafrica.com   jneana AT yahoo.co.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (33) TDR Implementation research
 toolkit

Dear HIFA colleagues,

I would like to highlight the TDR Implementation Research toolkit and invite comments from any of the 200 researchers, academics, disease control programme managers, policy-makers, health administrators, communication scientists and journalists who have contributed to test and evaluate it. (We have already heard from two researchers - Henry Lucas and Mogaji Hammed - and look forward to hear more.)

I also invite HIFA members to take a look and share your thoughts:
http://www.who.int/tdr/publications/topics/ir-toolkit/en/

'This toolkit was designed to help people learn a standard process that would lead to results that could be compared across regions and countries. It is designed to help identify system bottlenecks and the stakeholders to be involved, formulate appropriate research questions, conduct the research and develop a plan for implementing the study results.'

'Who can use this toolkit?
- Health care service providers
- Programme staff
- Researchers
- Decision-makers
- Finance and administration officers
- Media'

'Learn how to:
- Identify barriers to implementation and formulate the research question
- Make your case for funding
- Set up a study design and appropriate methodologies
- Plan the project (budget, personnel, timelines, monitoring and evaluation)
- Collect, analyse and present research information
- Develop a dissemination plan
- Monitor and evaluate your research project'

'Over 200 researchers, academics, disease control programme managers, policy-makers, health administrators, communication scientists and journalists contributed to test and evaluate the toolkit. Major funding was provided by USAID, with additional support from the Implementation Research Platform at the World Health Organization.'

'Interested in using the toolkit for a workshop and would like assistance?'
Contact: Olumide Ogundahunsi
E-mail: ogundahunsio@who.int

With thanks,
Neil

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www.hifa2015.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil AT hifa.org

Dear all,

It has been an interesting and a very useful discussion I managed to catch up with after a hiatus of a fortnight (health reasons). Yes, the IR toolkit that Neil cited is very informative and it guided me in the past for projects in which I was on the advisory or a community collaborator. Strongly recommend looking at it not just as a guide to improve implementation (for which monitoring and evaluation research also does something) or simply to introduce Quality indicators into evaluation as a part of implementation but go beyond it...to ask questions that can be a starting point for new thinking, especially for supporting scale up of care interventions integrated into health systems.

Knowledge developed on an iterative basis, starting with formative research on implementation (instead of Pilots) can truly enable organisations and frontline workers alike to develop a capacity to learn through collaborative endeavours, put into effect the knowledge assimilated, with scientific enquiry and problem solving going hand in hand. The self assessment framework is good to use when the researchers are also part of the implementation team.

IR can be particularly useful as a vehicle for grass roots communication and help adopt context specific approaches to facilitate the process of implementation of National Health programs at all levels.

Please find cited two examples of IR; the papers are from the formative research phase of the ANCHUL project (Policy brief posted on Hifa earlier).

1. Open access article downloadable from bmjopen.bmj.com

Devasenapathy, N., George, M.S., Ghosh-Jerath, S., et al. "Why Women Choose to Give Birth at Home: A Situational Analysis from Urban Slums of Delhi."BMJ Open, 2014, 4:e004401 [http://bmjopen.bmj.com/content/4/5/e004401.full]

2. Open access article - Licensee BioMed Central

Ghosh-Jerath et al. "Antenatal CAre (ANC) Utilization Dietary Practices and Nutrtitional Outcomes in Pregnant and Recently Delivered Women in Urban Slums of Delhi, India: An Exploratory Cross-Sectional Study." Reproductive Health, 2015, 12:20 [https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-015-0008-9]

Thanks and regards,
Sunanda

HIFA profile: Sunanda Kolli Reddy is a Consultant in Early Childcare and Development & Health Promotion in the context of Disability in Development at the Centre for Applied Research and Education in Neurodevelopmental Impairments & Disability-related Health Initiatives, CARENIDHI, in India. Professional interests: Developmental Paediatrics, by training and professional experience, community studies, with focus on childhood developmental disabilities, early intervention and health promotion in the context of disability in resource-poor community settings. write2sunanda AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (35) Which health research gets used and why?

Dear HIFA colleagues,

'Supporting the involvement of health sector professionals in the design, conduct and interpretation of research appears to be an especially worthwhile investment.'

This is the conclusion of a new paper in the open-access journal Health Research Policy and Systems, which analysed how the results of 30 studies were used and 'which features of research and translation processes were associated with the use of the results'.

The question "Which health research gets used and why?" is I think an important implementation research question. It makes me kenn to find out more about the typology of implementation research - that is, the key questions that underlie implementation research, and how these can be best organised. This would perhaps give us all further clarity on the scope of implementation research. Is anyone aware of a typology of implementation research and IR questions?

The paper below finds that investment in engaging health professionals appears to be 'especially worthwhile'. As we learned last week on HIFA, this (involvment of health professionals and other stakeholders) is already a key feature of implementation research. Perhaps there is a case for increasing the engagement of health professionals in other types of research also? (Looking briefly at the characteristics of the 30 studies, it appears that only a few might be classified as 'implementation research'.)

CITATION: Which health research gets used and why? An empirical analysis of 30 cases
Maarten Olivier Kok et al.
Kok et al. Health Research Policy and Systems (2016) 14:36
DOI 10.1186/s12961-016-0107-2

ABSTRACT

Background: While health research is considered essential for improving health worldwide, it remains unclear how it is best organized to contribute to health. This study examined research that was part of a Ghanaian-Dutch research program that aimed to increase the likelihood that results would be used by funding research that focused on national research priorities and was led by local researchers. The aim of this study was to map the contribution of this research to action and

examine which features of research and translation processes were associated with the use of the results.

Methods: Using Contribution Mapping, we systematically examined how 30 studies evolved and how results were used to contribute to action. We combined interviews with 113 purposively selected key informants, document analysis and triangulation to map how research and translation processes evolved and contributions to action were realized. After each case was analysed separately, a cross-case analysis was conducted to identify patterns in the association between features of research processes and the use of research.

Results: The results of 20 of the 30 studies were used to contribute to action within 12 months. The priority setting and proposal selection process led to the funding of studies which were from the outset closely aligned with health sector priorities. Research was most likely to be used when it was initiated and conducted by people who were in a position to use their results in their own work. The results of 17 out of 18 of these user-initiated studies were translated into action. Other features of research that appeared to contribute to its use were involving potential key users in formulating proposals and developing recommendations.

Conclusions: Our study underlines the importance of supporting research that meets locally-expressed needs and that is led by people embedded in the contexts in which results can be used. Supporting the involvement of health sector professionals in the design, conduct and interpretation of research appears to be an especially worthwhile investment.
--

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (37) Definitions of Implementation
 Research

Thank you to all for your inputs into the discussion so far. Some of us have found it quite challenging to understand exactly what implemenbtation research is and how it differs from other related terms such as quality improvement, operational research and knowledge translation. In order to help our collective understanding I have compiled the following specific inputs:

A. WHAT HAS BEEN PUBLISHED ABOUT THIS?

1. "Implementation research is the scientific inquiry into questions concerning implementation—the act of carrying an intention into effect,, which iin health research can be policies, programmes, or individual practices (collectively called interventions)." David H Peters et al. Implementation

research: what it is and how to do it. BMJ 2013;347:f6753.
http://www.bmj.com/content/347/bmj.f6753.long

'Quality improvement [is a method of IR that] typically involves a set of structured and cyclical processes, often called the plan-do-study-act cycle, and apply scientific methods on a continuous basis to formulate a plan, implement the plan, and analyse and interpret the results, followed by an iteration of what to do next.'

2. 'The review was challenging due to the lack of well-defined terms. Diffusion, dissemination, and implementation sometimes referred to the same general constructs and, at other times, quite different meanings were ascribed to the same terms.' Implementation Research: A Synthesis of the Literature. http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf
Dean L. Fixsen Sandra F. Naoom Karen A. Blase Robert M. Friedman Frances Wallace. Tampa, FL: University of South Florida, Louis de la Part Florida Mental Health Institute, The National Implementation Research Network. 2005. (FMHI Publication # 231).

3. TDR Toolkit: '[Implementation Research is] a systematic approach to understanding and addressing barriers to effective and quality implementation of health interventions, strategies and policies'

B. WHAT DO HIFA MEMBERS THINK?

GENERAL COMMENTS
Mogaji Hammed, Nigeria: "IR is a wonderful science, it brings home the beauty and reason for all other kinds of health research... IR tries to solve the basic problems of accessibility, affordability and issues surrounding compliance to proven health interventions, among others."

Nancy Dixon, USA: "Implementation research is about answering the question "Did the quality improvement we tried work?" And if it worked, "What did we find out about what made it work?"… Implementation research helps us learn how to make quality improvement more effective."

Nathalie Fernandez, Colombia: "I think that it is related to find aspects that do not work in a real context and to resolve them. I think that IR is very important in Public Health in order to control diseases and warranty the universal access to the health care."

Bal Ram Bhui, Nepal: "I have read a number of WHO publications on [Implementation Research], some looks to be clear and yet other adds to the confusion… The way I see it is as way to iimplement a strategy to deliver health interventions with a strong research or monitoring and evaluation that will inform entire strategy design, planning, implementation, monitoring and evaluation of strategy implementation that includes documentation of all project activities, assumptions, risk mitigations, changes in and impact of contextual factors. It is about designing a strategy to delivery in an intervention and a testing it in real world situation, it is not a post implementation evaluation to me. It is also not a study or survey or research who titles read like this: Study of factors affecting low vaccination coverage in a slum area. In other words, it is a research on an implementation of a strategy with built in strong monitoring and evaluation and evidence based decision making practice (well documented practice) in the course of implementation of strategy."

Brian Hockley, UK: "You could argue that implementation research is an approach akin to change management but exploring new approaches to actually getting the findings of research into practice. Alongside this are "action research" approaches or the use of "action learning sets" with staff in clinical settings."

IR AND QUALITY IMPROVEMENT

Johanne Sundby, Norway: "Implementation research doesn't always have a quality aspect over it, but often do. Implementation research in my point of view is a systematic introduction - in the field - to new ways of doing things, most often introducing a system that has been okay in a trial setting, but where we do not know if it works for real. It may be complex or simple, and the deal with the research is to both study the processes of implementation (Do they work?) and the outputs and outcomes (Do they improve?). Thus, the research may address different stakeholder views, economic and administrative challenges, and coverage (not so much access and utilization)."

Balogun Stephen Taiye, Nigeria: "Implementation Research (IR) involves finding out how to deliver results of research effectively in diverse settings and ways to adapt research outcomes to fit the context and the environment of implementation. It involves 'getting things right the first time'. Quality Improvement (QI) however involves… a process that has already been eestablished (as opposed to IR) and not the implementation of a research outcome (which is a new innovation)."

IR AND OPERATIONAL RESEARCH

Henry Lucas, UK: "Reviewing the literature following involvement with TDR indicated multiple and diverse definitions of IR, so when I started think about further work in this area it occurred to me that a useful definition would be one that distinguished it from OR. My suggestion is that IR could relate to research on one or more specific implementations of a given intervention that focus on the potential for scaling up or re-locating that intervention. Many of the activities would be similar to those undertaken for OR but with an additional focus on contextual factors that had the potential to contribute to relative success or failure. Essentially asking the questions: "Are there particular contextual factors that need to be in place (or absent) before we would recommend that the implementation of this intervention be attempted elsewhere?" and "Could the implementation be amended to overcome or benefit from the existing contextual factors in that new location?" My feeling is that we often place far too much weight on the fact that an intervention has been successful, rushing to recommend its large scale implementation in very different environments with little thought as to the political, socio-economic, cultural, historical or even geographical factors that may determine its fate."

IR AND KNOWLEDGE TRANSLATION

B V Tandale, India: "I understand implementation research as the way of delivery of knowledge or intervention in the real world settings. It differs from knowledge translation (KT) or translational research (TR) as it deals with adoption and adherence in addition to transmission of information attempted in KT or TR. However, there is great confusion on how to differentiate it from operational research. As per my understanding goes, implementation research deals with inputs and process components of evaluations."

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil@hifa.org

Hello everyone

I was very interested to hear people's views on the important question raised by HIFA in this discussion: "What is needed to strengthen national and international capacity to undertake and apply implementation research?"

I completely agree with Joseph Ana's point on this, that the evidence must be gathered locally to be relevant to the policy makers. However, in terms of the practicality of encouraging more implementation research to be carried out - what can we do to achieve this?

The first thing that comes to mind, of course, is simply encouraging a greater awareness of what implementation research is, and that it is achievable for all health workers and researchers - not just doctors and policy makers. There seems to be little awareness of the importance of IR, which therefore limits the willingness and capacity of institutions to carry out research in this area.

I think the other thing that may be important is to encourage people to share their experiences in terms of the real-life practicalities of running such projects, so that others can understand that it is achievable for everyone, and can plan for obstacles which may occur; perhaps also sharing protocols and data capture documents to facilitate others' work. This could be achieved through working groups, document-sharing, and open-access forums such as HIFA.

I think HIFA's current project on this matter will make a huge contribution to improving awareness around IR. Furthermore the key individuals such as Dr Ana who are taking this forward in their local settings have a great role to play in encouraging their institutions to look at the gaps in IR and how to fill them. These individuals will encourage institutions to see IR as important and achievable, which can in turn help to improve the institution's willingness and capacity for these projects. By providing real-life experiences, peer support, tools and templates by groups who've successfully conducted IR projects in the past, we can assist these individuals in legitimising and encouraging this work.

If it is helpful, Global Health Trials will gladly make available an online, open-access area for individuals to share their real-life experiences, protocols, interact with peers, promote this discussion and its results, and link to useful toolkits such as TDR's work.

Kind regards
Tamzin

Dear Neil,

Thank you for the great survey of definitions of implementation research. While I empathize with the confusion that people feel about the term, particularly among those who have committed themselves to translating research evidence into practice for many years without it being acknowledged as implementation research, I do believe that there is value to articulating a new vision of knowledge translation, operational research, etc implementation research as a new and integrative translational discipline. The journal Implementation Science provides a great definition (NIH's definition is very similar):

"The study of methods or strategies to promote the systematic uptake of proven interventions into routine clinical practice. In this context, it includes the study of influences on the behavior of patients, providers, and organizations in either healthcare or population settings."

Perhaps even more helpful than a short definition, I think implementation research can be characterized by a number of representative (although not exhaustive) elements:

1.   Systematically tackles real-world knowledge-practice gaps
2.   Seeks to use and create generalizable knowledge
3.   Requires interdisciplinary collaborations and methods from across the population, medical, social, and engineering sciences
4.   Engages stakeholders at multiple levels
5.   Uses theory to explain mechanisms & design interventions
6.   Includes rigorous multi-level evaluation

Finally, I highly recommend the following article which compares operational research, implementation research, and health-services research, and provides examples of differences in their overall goals and in the way research questions are articulated:

Jan H F Remme, Taghreed Adam, Francisco Becerra-Posada, Catherine D'Arcangues, Michael Devlin, Charles Gardner, Abdul Ghaffar, Joachim Hombach, Jane F K Kengeya, Anthony Mbewu, Michael T Mbizvo, Zafar Mirza, Tikki Pang, Robert G Ridley, Fabio Zicker, and Robert F Terry. Defining Research to Improve Health Systems. PLoS Med, 2010 vol. 7 (11) pp. e1001000-7.

Best,
Luke

_____

J. Lucian (Luke) Davis, MD, MAS
Epidemiology of Microbial Diseases | Yale School of Public Health
Pulmonary, Critical Care, and Sleep Medicine | Yale School of Medicine
New Haven, CT USA

HIFA profile: Luke Davis is a Associate Professor at the Yale School of Public Health in the United States of America. Professional interests: Tuberculosis, Severe Illness Care, and Low-income countries. Lucian.Davis AT yale.edu

Dear Neil,

Thank you very much for trying to bring together the different views of people about these important concepts (IR, QI, and the rest), in a way that illuminates our understanding. As a QI specialist who is frequently involved in quality improvement, the concept of quality improvement was clear to me ab initio, the confusion however, was how it is different for IR. All the contributors have helped to get a better undertaning of what the two concepts are. Particularly helpful (for me) are the contributions from Johanne Sundby (Norway), Henry Lucas (UK), and Balogun Stephen Taiye (Nigeria). From their contributions, I understand that:

IR is about designing and implementing quality interventions, proven by research, on a larger scale through adaptation of it into context in a way that promote quick and rapid uptake of new knowledge.
QI is an iterative method that examines current systems (through performance measurement), identifies arears of low/poor quality, and then designs interventions (in an iterative manner) to address the cause(s) of the poor quality and implements it/them within the system.

If quality is akin to a good house, IR finds the best ways to build the good house while QI looks for house already built, finds defects in the house (that makes it fall short of the required standard), and tries to fix the defects in order to have a house of good quality.

As for the relationship between the two:

Both IR and QI seek to achieve quality, one through designing of quality systems, and the other through improvement of existing system.
IR will benefit from knowledge and lessons learnt from QI in the designing of quality systems
A well planned and executed quality design often do not work perfectly, in which case QI becomes an essential component of IR by identifying and fixing the defects to achieve quality.

The views express here are entirely my opinion based on my understanding of the concepts. I will be glad to read other people's opinion.

BALOGUN KEHINDE MBBS, CSSGB, FISQua

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HIFA profile: Ayontunde Kehinde Balogun is Quality Improvement Specialist at the Congestive Cardiac Failure, CCF, of Nigeria. balogunkehinde1 AT gmail.com _

Dear Neil,

Thank you very much for your clarifications. Actually, the Faculty of Medicine of Eduardo Mondlane University with the collaboration of the Vanderbilt University be hosting a one week course on Implementation Science on the week of 12.09-16.09.2016.

Best regards

HIFA profile: Beatriz Manuel is a Medical Doctor at the Faculty of Medicine, Eduardo Mondlane University (UEM), Mozambique. Professional interests: Medical Education, Gender, Community Health, Research, Information Technology for Health and Education. chonguile@gmail.com

Dear HIFA colleagues,

I would like to invite discussion around Question 3:

3. HAVE YOU USED OR APPLIED THE RESULTS OF IMPLEMENTATION RESEARCH? HOW? WHAT WERE THE BENEFITS? WHAT WERE THE CHALLENGES?

Implementation research is all about improving the delivery of treatments and services. All of us (whether we are a researcher, guideline developer, policymaker, health manager, frontline health professional, publisher, inforrmation professional...) share this broad goal 'to improve the way medical treatments and other health services are delivered in low- and middle-income countries'. One could argue that all of us have a role to play in accelerating progress towards this shared goal, whether at local, national or global level.

Similarly, each of us has the potential to use or apply the results of implementation research in our work.

We look forward to learn from your experience:
- Have you ever used or applied the results of implementation research in your work?

- How?
- What were the benefits?
- What were the challenges?

Please feel free also to discuss related questions such as:
- How easy (or difficult) is it to find the results of implementation research that are relevant to my needs? Are they timely, accessible and appropriately packaged?
- To what extent is the existing body of IR robust and comprehensive?
- How can new IR studies build on existing knowledge? What is the role (and challenges) of systematic reviews in helping to answer implementation research questions?

Best wishes, Neil

Dr Neil Pakenham-Walsh, HIFA moderator
On behalf of the HIFA Evidence-Informed Policy and Practice Group
http://www.hifa2015.org/evidence-informed-policy-and-practice/

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (43) What Is Implementation Science
 and What Forces Are Driving a Change in Medical Education?

(with thanks to Irina Ibraghimova and LRC Network)

Below are the citation and abstract of a new paper in the American Journal of Medical Quality. Unfortunately the authors have felt it necessary to publish this in a restricted-access journal, thereby limiting its usefulness.

CITATION: Am J Med Qual. 2016 Aug 10. pii: 1062860616662523.
What Is Implementation Science and What Forces Are Driving a Change in Medical Education?
Thomas DC, Berry A, Djuricich AM, Kitto S, Kreutzer KO, Van Hoof TJ, Carney PA, Kalishman S, Davis D.
http://www.ncbi.nlm.nih.gov/pubmed/27516607

Contact: david.thomas@mssm.edu

ABSTRACT: 'Evidence-based interventions to improve health care and medical education face multiple complex barriers to adoption and success. Implementation science focuses on the period following research dissemination, which is necessary but insufficient to address important gaps in clinician performance and patient outcomes. This article describes the forces on health care institutions, medical schools, physician clinicians, and trainees that have created the imperative to design educational interventions to address the gap between evidence and practice. These forces include accreditation, certification, licensure, and regulatory and research funding initiatives focused on improving the quality of health professions education and clinical practice. Medical educators must expand their focus on "what to change" to include "how to change" in order to prepare health care professionals and institutions to effectively adopt new evidence-based practices to improve patient, and ultimately population, outcomes.'

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil@hifa.org

From: "Beatriz Manuel Chongo, Mozambique" <chonguile@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (44) What Is Implementation Science
 and What Forces Are Driving a Change in Medical Education? (2)

Dear Neil,

Thank you very much for sharing this paper.

It is really a pity that the authors only share the abstract.

In my masters dissertation I was looking on what are the gaps in medical education and also nurses from higher education nurse schools, regarding HIV/AIDS contents in order to improve medical doctors KAP [*] to follow people living with HIV.

I found that the schools refer that they deal with the contents but it wasn't possible to see the contents well structured in the curricula, meaning that there are not specifics standard on hoe the doctors and nurses adress the contents.

At the moment, in my PhD research, I'm doing almost the same at the medical schools in Mozambique, to see what and how the medical schools address regarding KAP to deal with Intimate Partner Violence.

In my literature review, I found that many medical schools don't deal with this contents in a well structured way or they simple don't adress contents.

I hope that the medical teachers can collaborate more on filling the questionnaires and participate in the interviews, as we are always struggling to have they collaborating.

I'll share the results as soon as I have it.

Best regards

HIFA profile: Beatriz Manuel is a Medical Doctor at the Faculty of Medicine, Eduardo Mondlane University (UEM), Mozambique. Professional interests: Medical Education, Gender, Community Health, Research, Information Technology for Health and Education. chonguile AT gmail.com

[*Note from HIFA moderator (Neil PW): KAP = Knowledge, Attitudes, Practice]

(with thanks to Jon Brassey and Evidence-based-health discussion forum)

'Guideline implementation does not seem to have an impact on provider performance, nonetheless it may influence patient outcomes positively.' An intriguing conclusion, but unfortunately the full text is restricted-access so many of us cannot read it. I was going to contact the lead author to encourage her to self-archive the paper in an open-access repository so that everyone can read it. This is an option for many (most?) However, I find that the British Journal of Psychiatry is a Romeo white journal, which means the authors are not allowed to self-archive. I have invited the authors to join us.

CITATION: Girlanda F, Fiedler I, Becker T, Barbui C, Koesters M. (2016) The evidence-practice gap in specialist mental healthcare: systematic review and meta-analysis of guideline implementation studies. The British Journal of Psychiatry, 1-7.
http://www.ncbi.nlm.nih.gov/pubmed/27445353

Contact: francesca.girlanda@virgilio.it

BACKGROUND: Clinical practice guidelines are not easily implemented, leading to a gap between research synthesis and their use in routine care.
AIMS: To summarise the evidence relating to the impact of guideline implementation on provider performance and patient outcomes in mental healthcare settings, and to explore the performance of different strategies for guideline implementation.
METHOD: A systematic review of randomised controlled trials, controlled clinical trials and before-and-after studies comparing guideline implementation strategies v. usual care, and different guideline implementation strategies, in patients with severe mental illness.
RESULTS: In total, 19 studies met our inclusion criteria. The studies did not show a consistent positive effect of guideline implementation on provider performance, but a more consistent small to modest positive effect on patient outcomes.
CONCLUSIONS: Guideline implementation does not seem to have an impact on provider performance, nonetheless it may influence patient outcomes positively.
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Dear HIFA, CHIFA and HIFA-Zambia colleagues,

Thank you for all your contributions so far to our discussion on Implementation Research.

I would like to invite you to watch the short video on the WHO TDR Implementation Research Toolkit. You can view it direct from the HIFA website here:
http://www.hifa2015.org/evidence-informed-policy-and-practice/implementation-research/

The video starts with a few seconds of an all-too-familiar scene: a young child with malaria, and the voice-over "An African child, sick with malaria and no medications available".

The question of "How to improve the timely availability of antimalarial medicines for children in Africa?" is one of thousands of questions that can be progressively answered by Implementation Research.

I invite HIFA and CHIFA members to provide examples of implementation research studies that have helped to answer this specific question. Have you been involved in research, or in applying the findings of research, in order to improve the availability of antimalarial medicines for children in Africa? If so, please send a brief email to hifa@dgroups.org and/or chifa@dgroups.org

Best wishes, Neil

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From: "Olumide Ogundahunsi, Switzerland" <ogundahunsio@who.int>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (47) Awareness and understanding of
 IR

Discussing implementation research in the context of a research protocol development workshop at the Aga Khan University Karachi. Perspectives expressed suggest that IR is:

* a key to addressing health system constraints that may delay the effective adoption or delivery of tools, strategies and interventions for disease control.

* an opportunity to bridging the divide between the "parallel universes of" researchers and policy makers

* a platform for bringing together stakeholders and people from various disciplines (multidisciplinary) to address gaps in implementation and scale up of intervention

* an essential step in strengthening public health programmes through research demanded by close to the demand and supply of services

* cross cutting and can include operations, health systems and health policy research

* often contextual, dynamic, adaptive and sometimes complex and multisectoral

* applicable to other complementary fields such as education, psychiatry and social services

There is general agreement by the teams present (disease control programme staff, researchers / academics) that IR is demand driven and research questions are framed based on needs identified together with relevant stakeholders / implementers in the health system (or policy makers). Like the proverbial 7 blind men attempting to describe an elephant, a universal definition of IR appear elusive!

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (48) Delayed implementation of
 Nigeria National Health Act 2014 (2)

Dear Joseph and all,

You mentioned in your latest message that implementation of the Nigeria National Health Act 2014 has been delayed by 20 months. Can you or others provide any insights into the causes of this delay? Is anyone systematically studying the process, or is it even feasible to do so?

The systematic study of whether, when and how health policy is implemented in different contexts is clearly an important part of the remit of implementation research. I invite all to consider this in our discussion. How much do we know about the drivers and barriers to policy implementation, and to what extent are there lessons to be learned for other contexts/countries?

I look forward to hear from HIFA members about any research in this area.

Best wishes, Neil
HIFA moderator

Dear All,

There are a multitude of reasons why the Act has suffered such a delay: The former President signed the Act on 31st October 2014; the delay started right away because until the general election and change of President apart from constituting a Technical Working Group (TWG) to implement it not much happened. The TWG was broken down to five subcommittees that worked very hard to produce draft working plan which remain with them, and nobody has explained why; then the new President took a while to set up his administration / appointing ministers. Eventually he did and then the wait has continued.

We shall not tire of waiting. The Act is now the Law to underpin a Nigeria Health System whenever it is fully implemented.

Joseph Ana.

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the Cross River State Ministry of Health, Nigeria in 2007. Joseph is a member of the HIFA Steering Group. Website: www.hriwestafrica.com   jneana AT yahoo.co.uk

Dear HIFA, CHIFA and HIFA-Zambia colleagues,

Yesterday I sent a message to highlight the TDR Implementation Toolkit video, which starts with "an African child, sick with malaria and no medications available".

The question of how to improve the timely availability and use of antimalarials (and other life-saving treatments) is an implementation research question. So what do we know about this issue?

I was interested to read this paper in the American Journal of Hygiene and Tropical Medicine. (I invite HIFA members to share other papers that shed more light on the issue of access to timely antimalarials.) The paper is a reminder that the focus of an implementation research question needs to be considered in the wider context of health service delivery. Thus, in the paper below, the question of 'how to improve access to antimalarials' needs to be seen within the wider context of 'how better to deliver integrated case management of malaria, pneumonia, and diarrhoea'. Below are the citation and selected extracts. I have invited the authors to join us.

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CITATION: Am J Trop Med Hyg. 2012 Nov 7; 87(5 Suppl): 151"153.
doi: 10.4269/ajtmh.2012.12-0505
Integrated Community Case Management: Next Steps in Addressing the Implementation Research Agenda
Davidson H. Hamer, David R. Marsh, Stefan Peterson, and Franco Pagnoni
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3748516/

Integrated community case management (iCCM) of malaria, pneumonia, and diarrhea has been increasingly adopted as a strategy to improve the access of children to treatment of these diseases in underserved areas...

Well-designed implementation research and rigorous monitoring and evaluation of programs have been and will continue to be important sources of evidence for improvement of iCCM policies and program implementation...

there remain many gaps in our understanding of the optimal approaches to the implementation, scale-up, and sustainability of iCCM programs, and new questions have arisen...

For example, there remain many questions on the effect of iCCM on community health workers, including their capacity to absorb increasing amounts and complexity of disease management tasks, their role in surveillance and reporting of routine disease burden from the community level, optimal approaches for supervision, and the best strategies for remuneration (Table 1).4 There is also a need for more data on the impact of iCCM on child health outcomes, both reduction of morbidity and mortality, and the cost-effectiveness of this strategy. Similarly, how can adequate coverage be

achieved and how can the private sector be effectively engaged in the delivery of iCCM, and conversely can iCCM bring order to and improve the quality of care in unregulated health markets?...

So, what are the next steps? We recommend that the operational and applied health research priorities for iCCM be systematically reviewed and updated using the methods developed by the Child Health and Nutrition Research Initiative. This approach to research priority setting requires a well-defined context, transparent evaluation criteria, and independent input from investors, technical experts, and other stakeholders... Funding for implementation research on iCCM has been inconsistent and at times disappointing... Such research can and should be built into iCCM implementation. The medium- and long-term results of additional delivery science experiments will help inform program, policies, and ultimately improve the health of children living in challenging, resource-poor environments.
--

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Dear HIFA, CHIFA and HIFA-Zambia colleagues,

Implementation research is 'a systematic approach to understanding and addressing barriers to effective and quality implementation of health interventions, strategies and policies' (TDR Implementation Toolkit).

We have looked at the role of implementation research in 'understanding and addressing barriers' to the timely availability of antimalarial medicines for children - as one of hundreds of examples of IR in action. The complexity of the subject grows with each new paper we may look at. We have seen, for example, that the question of availability of antimalarials is perhaps not a question that can be addressed in isolation, but perhaps more appropriately in relation to the wider challenge of integrated community case management of childhood illness and the availability and use of appropriate treatments (such as antibiotics and ORS) for childhood pneumonia, diarrhoea and other illnesses.

I searched without success for a systematic review on understanding and addressing barriers to integrated community case management of childhood illness. The exercise made me aware that looking for evidence around implementation is not always straightforward.

Perhaps, if I were a policymaker, I would need to come at the question from a different angle. Rather than look from the lens of implementation research and systematic reviews, I start from iCCM and type into google "integrated community case management of childhood illness". I get a lot of results

of different perspectives from different international health organisations, with different dates (and some without dates).

One of these results looks particularly useful: WHO/UNICEF JOINT STATEMENT - Integrated Community Case Management (iCCM). Indeed I remember it being circulated on HIFA in 2012. http://www.who.int/maternal_child_adolescent/documents/statement_child_services_access_who unicef.pdf

'This statement presents the latest evidence for integrated community case management (iCCM) of childhood illness, describes the necessary programme elements and support tools for effective implementation, and lays out actions that countries and partners can take to support the implementation of iCCM at scale.'

The statement provides practical, concise, comprehensive guidance - with references - on how to improve iCCM of childhood illness.

It describes eight 'benchmarks for implementation':
1. Coordination and policymaking...
2. Costing and financing...
3. Human resources...
4. Supply chain management...
5. Service delivery and referral...
6. Communication and social mobilization...
7. Supervision and performance quality assurance...
8. Monitoring and evaluation and health information systems...

The above WHO/UNICEF statement in turn referred me to CCM Central, 'a product of the iCCM Task Force. The website aims to centralize resources, provide examples of best practices and give access to tools. It also provides a forum for answers to questions and discussions of challenges. The website has been developed and is currently managed by the USAID-funded Maternal and Child Survival Program (USAID/MCSP)'. www.CCMCentral.com

I could not find the 'forum for answers to questions and discussions of challenges'. Nevertheless CCM Central appears to be what policymakers need: a comprehensive and up-to-date resource on integrated community case management (iCCM) of childhood illness, with a focus on implementation/health systems. I confess I was not familiar with the site before now - it has barely been mentioned on the HIFA or CHIFA forums, if at all. I have invited CCM Central to join us to say more about their work.

Does CCM Central meet the information needs of policymakers and others? Does it provide a comprehensive picture of implementation research on iCCM? Are policymakers adequately aware of it?

Best wishes, Neil

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Here are extracts from the TDR Implementation Research Toolkit video (2014):

'The toolkit has been refined through 5 pilot tests in South Africa, Uganda, Botswana, Bangladesh and Ghana. At each, teams of a researcher, policy-maker and healthcare provider brought their own projects to develop using the toolkit.'

Dr Olumide Ogundahunsi, Research capacity strengthening and knowledge management, TDR
"So what we're trying to do with this is train research teams in low- and middle-income countries to improve access and delivery of interventions , particularly those which have been shown to work in the controlled environment of clinical trials and well-structured settings, so basically it's improving capacity to do research in a real life context."

'Here are just a few of the projects from the Bangladesh workshop that are using this process.'

Dr Pahalagedera Kusumawathie, Programme Manager, Sri Lanka Regional Office for the Anti-Malaria Campaign
"Many activities are being done to control dengue in our country. However, in spite of all these resources and all these efforts, and all the knowledge we also have - because we know the mosquito breeding sites and we know the correct interventions - our dengue incidence goes higher year by year. The dengue vector breeds in and around human habitations, and we need community participation to remove and eliminate those breeding sites."

Mr Anisuddin Ahmed, Statistician, International Centre for Diarrhoeal Disease Research, Bangladesh
"We designed a $100 kitchen, and within this kitchen there is an improved cooking stove, so the mother is prevented from the smoke. All the mothers have experienced their traditional stoves, and the small fuel, and they have the idea that if we use these new stoves and new kitchens it could hamper their health, their environment, their cultural beliefs. So when we said this is a kitchen and we say that this kitchen could help you to bring up a healthy baby, it's a very sensitive issue because low birthweight of newborns it's not just a factor of the environment, there are multiple factors, so using the implementation research it helps us see how it can be achieved at the end of the study."

Dr Abdul Razak Abdul Muttalif, Chief Consultant Respiratory Physician, Ministry of Health Malaysia
"In my country we have two kinds of medical treatment groups, one is private doctors and one is government, a kind of public services. A lot of patients go to a private doctor first, for any diseases, and I feel that the focal point for TB would be more in the private first and then they come to the government. There's a delay in TB diagnosis, because when they go private, there's no x-rays there, there's no microscopy in these facilities. So when the patients go to the doctor with a

chronic cough, fever and loss of weight, the doctor just gives them antibiotics and the patients are not investigated for TB. So I feel that with the partnership, we can have the doctors refer all cases to government services for investigation for common diseases like TB."

Watch the whole video (6 minutes) here:
http://www.hifa.org/news/new-discussion-implementation-research-engaging-everyone-not-just-scientists

The three case studies above are examples of the 5 pilot tests introduced in 2014. It would be interesting to know what has happened in the past 2 years and whether and how implementation research has contributed to resolving these issues. We invite the above to share lessons learned.

Best wishes, Neil

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (53) Systematic reviews of
 Implementation Research

Dear HIFA colleagues,

What is the role of systematic review in implementation research?

In clinical research systematic reviews have a central role in synthesising available evidence.

A brief search on "implementation research" and "systematic review" or "Cochrane" did not provide much practical information in this area. Perhaps the contextual nature of IR does not lend itself easily to systematic review?

Can anybody comment?

Best wishes, Neil

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

HI Neil,

There are a few SRs in the Cochrane library: "Implementation of treatment guidelines for specialist mental health care" for instance.

There are also several hundred non-SR reports, papers, abstracts, etc., indexed in the Cochrane Library; 'implementation' is a multi-purpose word, though, so someone would have to examine the titles closely. For example, in the "economic evaluations" category: "Cost-effectiveness of multifaceted evidence implementation programs for the prevention of glucocorticoid-induced osteoporosis (Provisional abstract)"

Another resource is the Campbell Collaboration, which tries to do the same type of research as Cochrane, but in the social sciences. It's freely available at campbellcollaboration.org

Best wishes,
Pam Sieving

HIFA profile: Pamela Sieving is a special volunteer at the National Eye Institute/National Institutes of Health, and an independent consultant in biomedical information access; she works primarily in the vision community to increase access to information needed to preserve and restore vision. pamsieving AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (56) IR and integrated primary health
 care

I would like to share this new paper on 'Integrating Neglected Tropical Disease and Immunization Programs: The Experiences of the Tanzanian Ministry of Health' (with thanks to Bill Brieger and Tropical Health Update). The full text is freely available here:
http://m.ajtmh.org/content/95/3/505?ct

(The paper does not mention it, but is a reminder of Alma-Ata and the longstanding debate between vertical, horizontal and diagonal programmes. The approach outlined here might be described as diagonal or double-vertical.)

As a personal comment, it is notable that there are thousands of papers 'out there' that could be described as 'Implementation Research', and yet may not be easy to identify as such. Also, the range of IR appears to be hugely diverse. All of this presumably makes it challenging for practitioners, researchers and policymakers to identify and apply IR. Would anyone like to suggest solutions, or recommend/suggest a typology for IR?

CITATION: Upendo JM et al. Integrating Neglected Tropical Disease and Immunization Programs: The Experiences of the Tanzanian Ministry of Health
doi: 10.4269/ajtmh.15-0724 Am J Trop Med Hyg 2016 vol. 95 no. 3 505-507

ABSTRACT

Global health practitioners are increasingly advocating for the integration of community-based health-care platforms as a strategy for increasing the coverage of programs, encouraging program efficiency, and promoting universal health-care goals. To leverage the strengths of compatible programs and avoid geographic and temporal duplications in efforts, the Tanzanian Ministry of Health and Social Welfare coordinated immunization and neglected tropical disease programs for the first time in 2014. Specifically, a measles and rubella supplementary vaccine campaign, mass drug administration (MDA) of ivermectin and albendazole, and Vitamin A were provisionally integrated into a shared community-based delivery platform. Over 21 million people were targeted by the integrated campaign, with the immunization program and MDA program reaching 97% and 93% of targeted individuals, respectively. The purpose of this short report is to share the Tanzanian experience of launching and managing this integrated campaign with key stakeholders.

Best wishes, Neil

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (57) Systematic reviews of IR (4)
 MESH (Medical Subject Headings) and IR

Dear Neil,

There is no MESH term for Implementation Research. The closest is â€œTranslational Medical Researchâ€

If you search PubMed using this term and filter it using â€˜Article Typesâ€™ Systematic Review you will get 324 results (no date or language or another other filter applied).

"Translational Medical Research"[MAJR] AND systematic[sb]

If you do a phrase search for â€œimplementation researchâ€ and limit to systematic review

"implementation research"[All Fields] AND systematic[sb]

You will get 151 results. However the â€˜systematic reviewâ€™ filter on PubMed includes other types of reviews. You could limit to Meta-Analysis only, then you will see just 10 results.

This recent one looks interesting:

â€œA bibliographic review of public health dissemination and implementation research output and citation ratesâ€

http://www.ncbi.nlm.nih.gov/pubmed/27583203

Regards
Aoife

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (59) IR versus 'implementing research
 results in practice'

Hi Neil,

You observed and wrote, rightly I feel, that 'As a personal comment, it is notable that there are
thousands of papers 'out there' that could be described as 'Implementation Research', and yet may
not be easy to identify as such. Also, the range of IR appears to be hugely diverse. All of this
presumably makes it challenging for practitioners, researchers and policymakers to identify and
apply IR. Would anyone like to suggest solutions, or recommend/suggest a typology for IR?'

I am reminded of one of my earlier comments on this discussion. I asked, whats in a name, purely
because of the very points that you raised above. Frankly, I don't see anything wrong with the good
old, 'implementing research results in practice'. It covers everything that I have read so far on this
forum, ably submitted by a wide spectrum of members, from experts to not-so-experts.

Joseph Ana.

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From: "Naina Pandita, India" <naina.pandita@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (60) MESH (Medical Subject Headings)
 and IR (2)

Dear Members,

To get a precise and hopefully relevant search results in PubMED it is best to start with looking for the terms or string of terms in the title. Then you can browse the MeSH terms and select the closest that suits your requirement. Doing a quick search for "Implementation Research" in title yielded 172 references from 2000-2016; the tricky thing though with PubMED is that the most recent references may or may not have MeSH terms as they are under process of being indexed.

I am willing to share more on the nuances of searching PubMED with those who are interested.

Thanks and regards,
Naina Pandita

HIFA profile: Naina Pandita is an Independent Consultant in Health/Medical Information and Information Services; she is former Sr. Technical Director at National Informatics Center, New Delhi India where she headed the Indian Medlars Center from 1999-2009 and during this period she was involved in health/medical information services, databases' content development and training programs in information retrieval techniques. In addition she also worked on contractual basis with the SEARO Library, World Health Organization, New Delhi from 2012-2013. naina.pandita AT gmail.com

From: "Liz Hoffman, UK" <liz.hoffman@biomedcentral.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (61) Systematic reviews of IR (6)

Dear Neil,

Systematic reviews are sufficiently important in implementation science that we have a dedicated article systematic review article type in the journal Implementation Science. I did a quick search in Scopus on (TITLE-ABS-KEY ("implementation science" OR "implementation research") AND TITLE-ABS-KEY ("systematic review" OR cochrane)) and found 113 documents. We have published approximately 74 systematic reviews in the journal. However, only 19 of the Implementation Science systematic reviews came up on this search. Looking at the difference between the two lists, what seems to be missing from the Scopus search are the more condition focussed reviews.

Cheers,
Liz

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HIFA profile: Liz Hoffman is a Journal Development Editor for the journal Implementation Science (and several other journals) at the Open Access publisher BioMed Central. liz.hoffman AT biomedcentral.com

I've just spent a few moments in PubMed: I searched for this:
    "implementation research"[ti]

PubMed does have "implementation research" in its phrase index (note: not all phrases searchers use are treated as an actual phrase in PubMed; if not, the terms are searched independently, then ANDed together by the search program.

Then I used the filter for Medline indexing to modify the retrieved set, so I could look at the MeSH indexing terms which have been applied to these articles.

There is little consistency; some useful terms are
  diffusion of innovation

communication
quality improvement
health policy
information dissemination
translational medical research

I see nothing that adds sensitivity and specificity to a search on this topic in MeSH, and no consistency.

A few possible strategies:
Author keywords: in 2013, NLM announced a policy change, to add author keywords to the PubMed record:
https://www.nlm.nih.gov/pubs/techbull/jf13/jf13_pm_keywords.html
So authors can now essentially 'self index' by making sure that keywords description of implementation research are added to their publications.
Change in MeSH and indexing policy: The Cochrane Collaboration worked with NLM to recognize the importance of good indexing for evidence-based medicine to enhance retrieval for this subject, and in 2008, several subject headings were added to MeSH, and there was some retrospective indexing. HIFA could look for other interested entities and prepare documentation with which to approach NLM.

Best wishes,
Pam Sieving

HIFA profile: Pamela Sieving is a special volunteer at the National Eye Institute/National Institutes of Health, and an independent consultant in biomedical information access; she works primarily in the vision community to increase access to information needed to preserve and restore vision. pamsieving AT gmail.com

From: "Kausar Skhan, Pakistan" <kausar.skhan@aku.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (63) Typology of IR

I think a typology of IR can be made and could be a useful document for all those using IR (I subscribe to participatory action research, and kept coming across a diversity in the approach, and the i foind a typology. A very very useful document). While building a typology could be a lengthy exercise, I think key elements of IR could be identified by this group. This would help all users of IR to see how far or close they are to the proposed standard of IR.

Would also like to suggest that we articulate the underlying ideology of IR. Does it have an underlying politics? Or is it a de-politicised process.

Kausar

HIFA profile: Kausar Skhan is with the Community Health Sciences Dept of Aga Khan University, Karachi, Pakistan. kausar.skhan AT aku.edu

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (64) IR versus 'implementing research
 results in practice' (2)

Dear Joseph and all,

Joseph: "I don't see anything wrong with the good old, 'implementing research results in practice'. It covers everything that I have read so far on this forum, ably submitted by a wide spectrum of members, from experts to not-so-experts."

I'd like to explore the definitions a bit more.

Implementation research, as defined by Peters et al 2013
(http://www.bmj.com/content/347/bmj.f6753.long) is:

"Implementation research is 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)."

This suggests a key difference between implementation research and 'implementing research results in practice'. 'Implementing research results in practice' (and policy) is what practitioners and policymakers do on a daily basis (or, at least, the subgroup of practitioners and policymakers who seek and use evidence in policy and practice). This is what might be called 'implementation of evidence-informed policy and practice'.

By contrast, implementation research is the scientific inquiry into questions concerning implementation (not primarily the efficacy of the intervention itself). Implementation research starts by identifying and then exploring one or more research questions that relate to *how* better to implement a proven policy or practice.

Peters et al (2013): 'As in other types of health systems research, the research question is the king in implementation research. Implementation research takes a pragmatic approach, placing the research question (or implementation problem) as the starting point to inquiry; this then dictates the research methods and assumptions to be used.'

Perhaps a key point (I haven't seen this in any of the papers but it strikes me as important) is the distinction between 'evidence-informed implementation' and 'evidence-informed policy and practice'. We therefore can perhaps differentiate the various terms as follows:

1. Implementation of policies and practice that are not informed by consideration of all available evidence

2. Implementation of evidence-informed policy and practice

3. Implementation research (which presumably should normally be confined to explore questions relating to implementation of evidence-informed policy and practice)

4. Dissemination of implementation research findings

5. Evidence-informed implementation of evidence-informed policy and practice (this is I think the deal we are all looking for: to implement the right interventions in the most effective way).

I hope this helps clarify and has not added to confusion. IR is an im

important but challenging topic and I hope we can develop a shared understanding of what it is and what it isn't.

Best wishes, Neil

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (65) What challenges do you face in
 providing healthcare for those who need it?

Dear HIFA colleagues,

Thank you for your inputs into our discussion on Implementation Research http://www.hifa.org/news/new-discussion-implementation-research-engaging-everyone-not-just-scientists

We have learned that frontline health professionals are critical in implementation research (IR) because they are best placed to identify and describe the challenges of implementing effective interventions. Frontline health professionals are therefore key in defining the implementation *research questions* that would then be explored through IR. The approach could be used to improve implementation of any proven healthcare intervention, whether at primary level (eg provision of oral rehydration solution for children with acute diarrhoea), district level (eg provision of surgery for appendicitis), or tertiary level (eg provision of dialysis for renal failure).

This week we would like to invite people to explore the following:

[Question 4.] If you are a frontline healthcare provider, what are the key challenges in making medical treatments and other health services available to the population you serve? What needs to

be done to better understand and address these challenges? Can you suggest implementation research questions that might be explored through implementation research?

Also, are you aware of any previous examples where frontline health professionals have contributed to define an implementation research question?

It would be especially interesting to learn of any examples of successful IR in action. Are you aware of any examples that have demonstrated the application of IR through the whole research cycle, namely:

1. Generation of an IR research question (based on expressed faced by frontline healthcare providers)
2. Design and undertaking of an IR study to explore/answer the question.
3. Generation and dissemination of IR findings
4. Uptake of IR findings into practice (whether local/national or global)

Best wishes, Neil

Dr Neil Pakenham-Walsh, HIFA moderator

On behalf of the HIFA Evidence-Informed Policy and Practice Group
http://www.hifa.org/projects/evidence-informed-policy-and-practice
From: "Rakesh Biswas, India" <rakesh7biswas@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (66) What challenges do you face in
 providing healthcare for those who need it? (2)

Thanks Neil,

Here's one possible IR question from a front-line health-work experience that may help answer your well framed queries (my answers here still resemble queries though):

1. Generation of an IR research question (based on expressed need faced by front-line healthcare providers):

The expressed need has been detailed here: http://casereports.bmj.com/content/2016/bcr-2015-211127.full?keytype=ref&ijkey=GrkuudGK4zzuAwk by Amy Price, Bhavik Shah and Chase Yarbrough.

In short: "Intramuscular injections in low and middle income countries are frequently administered incorrectly resulting in chronic morbidity. Injuries causing injection nerve palsy are easily preventable by proper training and understanding of the anatomy of the sciatic nerve."

What we didn't document in that published experience was the fact that one could have a very simple solution to the problem if the entire training bottom-line could be simplified to this, "Always keep the patient supine when you inject in the gluteal region." One of our co-authors while in the dissection room discovered (by making repeated passes in the gluteal region of the cadaver in a supine position using a standard syringe) that it would be near not possible to injure the sciatic nerve if one were to inject in a supine position for even a novice.

2. The design for a large scale study to answer this more rationally would be difficult as there is no study to provide us a reasonable quantitative estimate of the problem. We could have two groups, one where the traditional practice of gluteal injections is continued and another where just the supine position is effected but blinding could be a problem?

3. Generation and dissemination of IR finding: In absence of resources to carry out the design above one may just be tempted to disseminate the hypothesis. "Always keep the patient supine when you inject in the gluteal region," in a thoughtful manner in one's own local practice area?

4. If/when the magnitude of the problem is defined globally (incidentally we did receive a few emails after we published our case-study from across the globe suggesting that the problem was wide spread) one could get other centers to also gather resources to test the supine hypothesis?

We had another similar simple idea around preventing antibiotic misuse in the management of viral fevers here: http://www.ncbi.nlm.nih.gov/pubmed/17576636 with similar implications to what has been stated above and we never managed to scale its implementation in spite of a few more thesis around it.

Would be interested to learn more from the group.

best,
rb

HIFA profile: Rakesh Biswas is a professor of Medicine in the LN Medical College and Research Center, Bhopal, India. He was formerly at the People's College of Medical Sciences, Bhopal. His interests include clinical problem solving applied to patient centered health care and health education. He has extensively published his experiences in clinical problem solving in global academic journals and books and is currently a deputy editor for BMJ Case reports, UK, chief editor for the International Journal of User Driven Healthcare, US and a regional editor for the Journal of Evaluation in Clinical Practice, UK. He is an academic co-investigator in funded programs of research on 'User Driven Healthcare' in India and Ireland. rakesh7biswas AT gmail.com

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (67) IR versus 'implementing research
results in practice' (3)

Dear Neil,

As I said, I have read through most of the contributions on this discussion and really cant see the difference except that advocates of IR may have removed part of the cycle of implementing research result. I know the implementation of research results that includes in the cycle, learning lessons from reviewing the impact of the new results. Implementing research results without looking back to be sure whether it works or not would not make sense.

Joseph Ana

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HIFA profile: Joseph Ana

I think there is something in the 'scientific' part of implementation research. As researchers, we are looking for underlying processes that explain observed phenomena. In IR, we are looking to understand what is it about people, groups, societies that drive practice in a particular way and, specifically, how can this be best influenced in order to being about the changes that have been defined as required. This means taking a theoretically informed as well as an evidence-based approach and it means interpreting any findings in terms of growth of the science as well as implications for implementation. As a concrete example, when I study implementation, as a psychologist, I am addressing the research question in terms of what psychological processes determine how people behave at work and what influences practice. My approach will be informed by current thinking in psychology of behaviour and my findings will form part of the scientific understanding of behaviour. I am also interested in whether intervention X is effective in determining outcome Y but that is not all of my interest.

Best wishes
Lucie

Lucie Byrne-Davis PhD CPsychol PFHEA

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Hi Lucie/All,

Thank you for this and excuse my silence on this important topic. I have been following the discussions with interest but have been pretty flat working with project partners on implementing our emergency care communications project in Chitambo District, central Zambia.

I have been puzzling over what the difference is between IR and Participatory Action Research (PAR) or Participatory Action Learning (PAL). However, I now understand that IR is an umbrella term for a number of approaches, including PAR, PAL and other approaches. Am I right?

Thank you Neil and others for some very useful publications. I especially like Peter's et als article 'Implementation research: what it is and how to do it:' http://www.bmj.com/content/347/bmj.f6753

This article seems to clarify and de-mystify the approach. I have forwarded the link to project partners who are exploring potential for building capacity of your current grant-funded project through seeking to pilot a fuller Emergency Medical Dispatch (EMD) system in the Chitambo District: http://www.sciencedirect.com/science/article/pii/S2211419X15000701.
IR definitely seems the right way forward on this.

Would questions like 'What is most important to you as regards emergency care delivery in your area?' or 'What are the main obstacles to obtaining skilled emergency care help?' be the sort of starting point you would expect in an IR project of this nature? Directed towards both community members and headworkers? We did include such questions in our baseline evaluation of the current phase of our project. However, in retrospect, I think much more intensive community engagement was needed and should be built into any further collaborative work we do in this area.

Thank you and best wishes
Jo

HIFA profile: Jo Vallis is Research Officer at NHS Education for Scotland (http://www.nes.scot.nhs.uk/) and Coordinator of Scottish Charitable Incorporated Organisation (SCIO) Friends of Chitambo, which supports health projects at Chitambo Hospital, central Zambia: http://friendsofchitambo.blogspot.co.uk/ She is a medical sociologist with a general and paediatric nurse/nurse teaching background. Email address: jo.vallis AT nes.scot.nhs.uk

From: "Charles Dhewa, Zimbabwe via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (70) IR versus Participatory Action Research (2)

Thanks Jo. However, I find IR slightly different from PAR and PAL which tend to romanticize learning by assuming that every community member is motivated to learn the same way. IR brings a certain level of realism which I have found lacking in PAR or PAL.

Waving from Harare,

Charles Dhewa
www.knowlegetransafrica.com / www.emkambo.co.zw

HIFA profile: Charles Dhewa is the Chief Executive Officer of Knowledge Transfer Africa (Pvt) Ltd
based in Harare, Zimbabwe. dhewac AT yahoo.co.uk

Thank you Charles, great to hear from you again after some time!   Greetings from over here in
Scotland. How is life in Harare?

It's interesting what you say about IR having more realism than PAR and PAL. Can you please
explain more? I agree that PAR and PAL may tend to use slightly artistic approaches...drawings,
diagrams etc.   But those can be useful and they don't necessarily have to use those forms of data
collection, do they?

I do agree that realism is what 's needed in remote and rural Zambia and my Zambian partners are
strong on 'just doing' approaches (resources permitting). But how do you see IR bringing more
realism? I would love to hear about any projects where you have used it and how exactly it works? I
need to be convinced it is not just the latest research buzz word...but that attitude may just be born
of ignorance!

Thank you and stay well
Jo

HIFA profile: Jo Vallis is Research Officer at NHS Education for Scotland (www.nes.scot.nhs.uk/)
and Coordinator of Scottish Charitable Incorporated Organisation (SCIO) Friends of Chitambo, which
supports health projects at Chitambo Hospital, central
Zambia: http://friendsofchitambo.blogspot.co.uk/ She is a medical Sociologist with a general and
paediatric nurse/nurse teaching background.

I would like to understand more the psychological theories of behaviour. Considerable work
has been done on psychology of poverty and community psychology. I would like know if
anybody has any reference for this perspective in IR.
Kausar.

HIFA profile: Kausar Skhan is with the Community Health Sciences Dept of Aga Khan
University, Karachi, Pakistan. kausar.skhan AT aku.edu

I think the ideology that shapes PAR is its strength. It seeks to work for social transformation which is often not the vision of research which seeks short change.

PAR does not 'romantacise learning'. It is committed to engaging people in a learning process. IR can take a PAR approach and may not, and instead take a very reductionist approach.

HIFA profile: Kausar Skhan is with the Community Health Sciences Dept of Aga Khan University, Karachi, Pakistan. kausar.skhan AT aku.edu

Agree Gender and Self efficacy and local context often get missed in the former (Implementation Research) and turn out to be the biggest drivers of change in the latter (implementing research results in practice).

HIFA profile: Leila Varkey is a Senior Adviser in Reproductive, Maternal, Newborn and Child Health (RMNCH) at the Centre for Catalyzing Change in India.   Professional interests: Midwifery, Health Systems especially HRH, Quality of Care (QI and QA), India, and Scale up.   lvarkey AT c3india.org

Dear Jo,

Thanks for the feedback. Harare is great. I still maintain that PAR and PAL romanticize how people acquire and make sense of knowledge. Millions of dollars that have been poured into PAR/PAL and other acronyms with an air of inclusion have not changed lives. I am smuggling some elements of IR into informal agriculture markets where I work and find them very useful. The framing of IR gives it much better focus. In a world teeming with too many options, the biggest resource is purposeful focus. PAR assumes everyone wants to participate in issues that affect their lives. How practical is involving every community member in designing a new injection or coming up with a new pill for curing a certain disease? Just as not every driver or car owner wants to understand how the engine functions, trying to get everyone in coming up with innovations doesn't generate sustainable results that have to be continually tested and revised. If those who designed stethoscopes and mobile phones had decided to do so using PAR, designing may not have been completed up to this day. IR carries specific disciplinary principles that can generate far superior answers than asking everyone to contribute their own views through PAR. I grew up in African villages where consensus was over-rated (it's still the case). What is the point of consensus when it doesn't

lift people out of poverty or doesn't help people to fully exploit the nutritional diversity of their food systems? I think it was the late Steve Jobs who said, "You cannot build a business through focus group discussions," something to that effect.

Waving from Mbare Market,
Harare, Zimbabwe

HIFA profile: Charles Dhewa is the Chief Executive Officer of Knowledge Transfer Africa (Pvt) Ltd based in Harare, Zimbabwe. dhewac AT yahoo.co.uk

From: "Peter Jones, UK via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (76) Hodges' model: Process,
 Purposes, Practice, Policy

As Leila (Varkey) notes:

"Agree Gender and Self efficacy and local context often get missed in the former (Implementation Research) and turn out to be the biggest drivers of change in the latter (implementing research results in practice)."

Seeking an overview of a project / situation / context can be problematic. Which is where the use of a generic conceptual framework can help as a reflective scoping tool. Implicit within Hodges' model are, for example, 4P's associated with the model's specific knowledge (subject) domains:

PROCESS - sciences (all of them! events, cause-effect, geography, locality, climate...)
PURPOSES - intra/interpersonal (individual, self-efficacy, communication, learning, motivation...)
PRACTICE - sociology (communities of practice, gender, culture, ethnicity...)
POLICY - politics (governance, accountability, access, dissemination, human rights...)

Regards,

Peter Jones
Lancashire, UK
Blogging at "Welcome to the QUAD"
http://hodges-model.blogspot.com/
Hodges Health Career - Care Domains - Model
h2cm: help 2C more - help 2 listen - help 2 care
http://twitter.com/h2cm

HIFA profile: Peter Jones is a Community Mental Health Nurse with the NHS in NW England and a graduate student at Lancaster University - Technology Enhanced Education. Peter champions a conceptual framework - Hodges' model - that can be used to facilitate personal and group reflection and holistic / integrated care. A bibliography is provided at the blog 'Welcome to the QUAD' (http://hodges-model.blogspot.com). h2cmuk AT yahoo.co.uk

From: "Kausar Skhan, Pakistan" <kausar.skhan@aku.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Implementation Research (77) IR versus Participatory Action Research (5)

IR claims to be normative, and PAR is also normative.

So, what is the place of realism in IR? [*] when the term â€™realismâ€™ is invoked, what does it imply? does it amount to saying, â€accept the status quoâ€™ ?

HIFA profile: Kausar Skhan is with the Community Health Sciences Dept of Aga Khan University, Karachi, Pakistan. kausar.skhan AT aku.edu

[*Note from HIFA moderator: The above refers to Charles Dhewa's previous message: "IR brings a certain level of realism which I have found lacking in PAR or PAL."]

From: "Lucie Byrne-Davis, UK" <lucie.byrne-davis@manchester.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (78) IR and psychological theories of behaviour (2)

The psychological work in IR tends to take a behavioural approach, asking why and in what circumstances someone would change their practice and which interventions make practice change more likely. Implementation Science, an open access journal, has many papers authored by psychologists working in this area although most studies are in more economically developed countries.

Best wishes
Lucie

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From: "Stephen Ng'ang'a, Kenya" <snganga@strathmore.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (79) IR versus Participatory Action Research (6)

Hi Charles

I come from social science background I beg to differ with your description of PAR/PAL. While it is true that you can not possibly get the input of everyone, there are instances where local populations know what is happening around them.

To get involved in a community without finding out what they themselves have been doing regarding the matter is somewhat inviting failure. Plenty of stories litter literature on this subject

check the debate of malaria nets in healthcare in Kenya or agricultural empowerment of the people in Zambezi....involvement is key.

Secondly I believe that the design of the research and the questions you seek to answer determine the level of community engagement.

I suggest you have a fresh look at literature on action research and maybe what you refer to here has those elements too

Stephen

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From: "Charles Dhewa, Zimbabwe via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (80) IR versus Participatory Action
 Research (7)

Dear Stephen,

I agree with you. However, there are also numerous stories where people were involved all the way but no change was achieved because the intervention was simply domesticated to become part of the status quo. Change is about rocking the boat. There are also stories showing how change was a painful process involving disruption of taboos, rituals and other sacred cows. Knowing what is happening and transforming the situation are two different things.

Best,

Charles Dhewa
Harare, Zimbabwe

HIFA profile: Charles Dhewa is the Chief Executive Officer of Knowledge Transfer Africa (Pvt) Ltd based in Harare, Zimbabwe. dhewac AT yahoo.co.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Dear HIFA colleagues,

I was interested to read this new blog 'Where are the stakeholders in implementation science?'
https://i2insights.org/2016/09/08/co-creation-and-implementation-science/comment-page-1/#comment-567

In it the authors refer to the importance of stakeholder engagement and suggest that implementation science (which I think is almost synonymous with implementation research) does not adequately engage stakeholders and that it takes an inherently top-down approach.

I have invitd the authors to join us.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil@hifa.org

From: "Soumyadeep Bhaumik, India" <soumyadeepbhaumik@rediffmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (82) Qualitative research and IR

Dear HIFA Colleagues,

I am indeed intrigued by the discussion on IR in the past few weeks and in general it appears that there is substantial differences on what people mean by IR. I was wondering on the related issue on whether all qualitative research related to health is IR since they are quite context specific and aid implementation or help to understand implementation in one way or the other. Would appreciate views on this

Best Wishes
Soumyadeep

in.linkedin.com/in/soumyadeepbhaumik/

HIFA profile: Soumyadeep Bhaumik was the HIFA Country Representative of the Year for 2012, and is a medical doctor from India working in the field of evidence syntheses. He has previously worked as a Senior Research Scientist at the South Asian Cochrane Network and Centre, India and as a Biomedical Genomics Fellow in BioMedical Genomics Centre, Kolkata. He has also consulted for evidence synthesis projects for Evidence Aid, Oxford UK and Public Health Foundation of India.He currently studies international public health in the Liverpool School of Tropical Medicine. In addition he has experience in science and research communication and has written for British Medical Journal, Canadian Medical Association

Journal, Lancet and Lancet Oncology and National Medical Journal of India.
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Dear Joseph and all,

"I have read through most of the contributions on this discussion and really cant see the difference [between IR and 'implementing research results in practice']."

As Soumyadeep has mentioned in his message earlier today, it is intriguing that much of our discussion has focused on what IR is (and isn't). We continue to grapple with what IR is, and this lack of collective understanding presents a barrier to the acceptance and development of IR as a branch of science. IR can only reach its full potential when there is a broad and collective understanding of what it is.

I am reminded of the collective (mis)understanding of systematic reviews. They have been around a few decades and are only recently becoming understood by a majority (minority?) of health professionals. IR is a much newer term that is, as yet, not widely understood. This is further complicated by its interchangeability in some countries (such as the USA) with related concepts such as knowledge translation.

Coming back to the difference between IR and 'implementing research results in practice'... In my understanding, the main difference is that IR seeks to identify the most effective approaches to implementation, whereas 'implementing research results in practice' is synonymous with evidence-based practice. The former seeks to inform evidence-based implementation (ie to define implementation approaches that are most likely to be effective in different contexts), whereas the latter is straightforward 'implementation' without inclusion of a systematic approach to identify the best methods of implementation.

'Implementing research results without looking back to be sure whether it works or not would not make sense.'

Yes, but 'implementing research results' (ie implementing interventions that have previously been proven to be effective) can only be described as IR when it involves a deliberate piece of research that is designed explicitly to answer a specific IR question.

I hope I haven't confused things further. I, like many of us, am a newcomer to this field.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil@hifa.org

I agree with the distinction made by Neil between IR and 'implementing research results'. I wish to add a point, that IR by definition has to have implementers as research partners. For me this is a very significant element of IR, at least on developing countries where researchers carry low opinion of public sector implementers

Kausar

HIFA profile: Kausar Skhan is with the Community Health Sciences Dept of Aga Khan University, Karachi, Pakistan. kausar.skhan AT aku.edu

Dear All,

I have also followed some of the very interesting discussion.

In the early 1990s I took part in a community mental health project spanning 2.5 years. This concerned provision of a community mental health service prior to a purpose built building opening. The data collected made use of a database created before the project opened its door to the public of the local area (Bamber Bridge, Preston, UK). People could self-refer a key objective being determination of mental health care needs in the community.

I mention this project as implementation should be embedded in the real world and in the above example was dynamic in that the project was responsive to the community's needs (the project had multi-agency governance) the data collected informed service planning through regular reports.

To Soumyadeep's observation about qualitative research and IR I would venture that triangulation is needed, or in more recent thinking mixed-methods.

We captured demographic data and surveyed users and carer's of the service for their experience.

When I first noticed the discussion I thought of evaluation research with the expectation that this would loom large.

As I wonder whether I can proceed with my latest research (trying to finalise the proposal) evaluation is central and will once again utilize a database (a website) and mixed-methods.

My supervisor pointed me to RUFDATA which raises a series of questions:

RUFDATA Evaluation Questions
    * What are our Reasons and Purposes for evaluation?
    * What will be our Uses of our evaluation?
    * What will be the Foci for our evaluations?
    * What will be our Data and Evidence for our evaluations?
    * Who will be the Audience for our evaluations?
    * What will be the Timing for our evaluations?
    * Who should be the Agency conducting the evaluations?

Soumyadeep's query "on whether all qualitative research related to health is IR since they are quite context specific and aid implementation or help to understand implementation in one way or the other." invites me to highlight again the utility of Hodges' model.

The humanistic - mechanistic axis facilitates consideration, inclusion and integration... (as needed) of qualitative - quantitative and subjective - objective. I would argue that Soumyadeep's remark of "one way or the other" - points to the need for a pluralistic approach. It is rare that a situation reduces to a specific context* that is not amenable to reflection across the domains of Hodges' model and asking that question can (imho) help assure implementation.

The question switches from what is implementation research to what is being implemented?

Saunders, M. (2000). Beginning an Evaluation with RUFDATA: Theorizing a Practical Approach to Evaluation Planning. Evaluation, 6(1), 7-21.
Saunders, M. (2012). The use and usability of evaluation outputs: A social practice approach. Evaluation, 18(4), 421-436.
David H. Peters, Nhan T. Tran, Taghreed Adam. (2013). Implementation research in health: a practical guide.
Alliance for Health Policy and Systems Research, World Health Organization.

*situational awareness and risk assessment demands an initial multi-contextual stance?

Thanks for the stimulating discussion.

Best wishes
Peter

Peter Jones
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& Graduate Student - Lancaster University: Technology Enhanced Learning
Blogging at "Welcome to the QUAD"
http://hodges-model.blogspot.com/

HIFA profile: Peter Jones is a Community Mental Health Nurse with the NHS in NW England and a graduate student at Lancaster University - Technology Enhanced Education. Peter champions a conceptual framework - Hodges' model - that can be used to facilitate personal and group reflection and holistic / integrated care. A bibliography is provided at the blog 'Welcome to the QUAD' (http://hodges-model.blogspot.com). h2cmuk AT yahoo.co.uk

From: "Augustine Anayochukwu Onyeaghala, Nigeria" <aaonyeaghala@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (86) IR versus Translational Research

Dear Neil and Colleagues

I have been following and reading closely the discussions on IR and IR in practice. My question: is there a difference, similarity between IR and TR (Translational Research)?

Please let us share our thoughts as we (all countries in LMIC) are in dire need to begin to translate basic studies to population application and benefits which I also think is the hull mark of IR.

Thank you.

Augustine Onyeaghala, PhD

HIFA profile: Dr Augustine Onyeaghala is a Biomedical Scientist, Clinical Research Scientist, Quality Assurance Professional and Author. He had Post Graduate Degrees MSc and PhD in Clinical Chemistry and Clinical Research respectively. His areas of specialization are Herbal Medicine, drug development, clinical and translational research.   He is currently a Senior Lecturer at the Department of Medical Laboratory Science, Afe Babalola University, Ado Ekiti, Nigeria. His current research interests are translating the findings from Herbal Medicine research to human applications, regulatory science and quality assurance. aaonyeaghala AT gmail.com

From: "Dorothy Chanda, Zambia" <chanda.doro@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (87) IR versus 'implementing research
 results in practice' (7)

Dear Dr. Neil and all,

I would like to make some contributions towards this topic under discussion. As a researcher, this is a very important discussion under Implementation of Research. There is need to come up with the process to be followed before the implementation of research findings. I feel that ignoring this process creates a stumbling block to implementation of research findings in developing countries. Herein lies the difficulties we encounter in implementing research findings in developing countries. It is common practice, to pile up bound research booklets in our libraries because the researchers do not follow the steps involved in implementing the research findings. On completion of the research, there is need to publish it. The publication gives the author, the confidence to move on towards

implementation. The author needs to know the steps that lead to implementation of the research findings. This is very critical because without following these steps, the implementation will be almost impossible as implementation needs to be backed by policy for evidence-based practices.

Primarily, we need to come up with a reason for conducting the research. The answer to this is for knowledge generation based on the research findings and identifying 'what is new about the research findings/results.' This is followed by dissemination of the results to the study population and the funders/stakeholders who are very critical to the implementation of the research findings. With the agreement and support of the Hospital Board of Managers/ Governors, the hospital administrators, the researcher can go ahead and arrange for a 'policy dialogue'. with the Ministry of Health and the relevant stakeholders and the study participants from the study population, the religious leaders and Community leaders where necessary. This team will decide the need for policy formulation based on the contribution from all the relevant stakeholders. Once the policy is formulated and approved, the policy is included into the existing framework for use under evidence-based practices. Please note that it does not end here, there is the need to conduct a monitoring and evaluation of the project conducted in-order to identify the relevance, output, progress, efficiency, effectiveness, outcome and impact of the project that have been implemented.

Bye for just now.
Dorothy Chanda

Dr Dorothy Chanda (PhD).
Head of Section, Community, Public /Global Health, Researcher, Course Co-ordinator & Senior Lecturer in Community Health Nursing
Dept of Nursing Sciences,
School of Medicine,
University of Zambia.

"INITIATE HEALTHY MODEL RURAL GEOLOCATIONS FOR NATIONAL DEVELOPMENT"

HIFA profile: Dorothy Chanda is the Head of Global/ Public and Community Health Unit at the School of Nursing Sciences at the University of Zambia. She is a Senior Lecturer and a Researcher and Author. She completed her PhD in 2013. Her interests include research, capacity building in health, community health nursing and teaching. dorothy.chanda AT unza.zm

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (88) Attitudes to health research (1)
 How to strengthen IR

Dear HIFA colleagues,

Thank you for your contributions to our discussion on Implementation Research. We now enter our *final week* and I would like to introduce two new questions for us to explore:

5. How does your community (local community, country, professional group) view health research? How could you get them involved?

6. What is needed to strengthen national and international capacity to undertake and apply implementation research?

For all 6 questions and background, please see:
http://www.hifa.org/news/new-discussion-implementation-research-engaging-everyone-not-just-scientists

Please send your thoughts to hifa@dgroups.org

Best wishes, Neil

On behalf of the HIFA Evidence-Informed Policy and Practice Group
http://www.hifa.org/projects/evidence-informed-policy-and-practice

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www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign

From: "Leila Varkey, India" <lvarkey@c3india.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (89) IR versus 'implementing research
  results in practice' (8)

My response is in relation to Dorothy Chanda, Zambia September 12 discussion. About taking this debate forward

In late 2009-10 I was consulting with IntraHealth International on their USAID funded Vistaar Project: â€œFrom Evidence to Actionâ€ and we devised a methodology of â€œexpert reviewâ€ to help translated successful models to scale in the same state/province or in another province. This was called E3 - Effectivness, Efficiency and Expandability. This methodology helped to select which interventions were ready for scale up. You might want to look at the briefs of the key interventions and then also the mid-term and end term reviews of the Vistaar project to understand what worked in taking evidence of improving Maternal child health and nutrition to scale.

Some of the Evidence reviews are at this link - notice the long list of people involved in sharing their expertise on the decisions.
http://www.intrahealth.org/page/vistaar-publications-type#rev

Chanda might also like to read
http://www.intrahealth.org/files/media/documenting-the-use-of-participatory-approaches-in-intrahealths-vistaar-project/VISTAARProcesstoLLC2009.pdf

best
Leila

Dr. Leila C. Varkey
Project Director
The White Ribbon Alliance for Safe Motherhood India(WRAI)
Advocating for Better Quality of Care

HIFA profile: Leila Varkey is a Senior Adviser in Reproductive, Maternal, Newborn and Child Health (RMNCH) at the Centre for Catalyzing Change in India.   Professional interests: Midwifery, Health Systems especially HRH, Quality of Care (QI and QA), India, and Scale up.   lvarkey AT c3india.org

From: "Mohammad Ali Barzegar, Iran via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (90) Attitudes to health research (2)
  How to strengthen IR (2)

Dear Neil and HIFA colleagues,

Thank you all for the interesting discussions and knowledge sharing on implementation research which all of us benefitted from it. I would like to share my observations regarding the Question number 5 at national and international levels.

In 1970-1983 I was the academic member of a school of public health (SPH), which was one of the best in comparison with quite good numbers of SPH that I have visited or lectured. But unfortunately such a high standard school was in view that only faculty members, and students of P.H.D., and last year of Master degree should be involved in research. At the same time the policy was on that direction that SPH should admit students for Master and PHD program. But thanks to the PHC and Health For All (HFA) movement that this narrow approach was changed to the health team training approach including CHWs (BEVARZ), and their instructors. Also BEVARZ became involved in research projects like Oral Rehydration Salt (ORS) research introduced by WHO, malnutrition and correlation of hypertension and long time contraceptive utilization. But it seems to me that undergraduate students in school of medicines, nursings and para medical institutions still are not being involved in research program. While I remember that a first year student of pathology requested me to be his mentor for his thesis in connection with the laboratory network of the country health services system based on PHC which were being established. After two years hard work done by the wonderful student and provision of systemic approach guidance by me to him, not only the thesis was recognized as the best one in the university it was adapted by the high health council as the laboratory structure of the health system of the country at different levels. (primary, secondary and tertiary). The purpose of mentioning the above story was to emphasize that how many talents and opportunities were missed because of not involving different members of health team in research.

Regarding the involvement of the community as you are well aware WHO have carried out an evaluation of HFA Strategy in 190 member states. The evaluation have revealed that in addition to the several cultural, technical and managerial challenges, weak Community Participation and lack of Inter-Sectoral Collaboration were the main causes of the failure of the strategy. The evaluation did not elaborated why the people did not participated? But as a part of methodology of an integrated socio-economic program called Basic Minimum Needs (BMNs), when we fully involved people in needs assessment, priority setting and projects development and implementation/ evaluation in three countries we have realized that why

the people did not participated and supported the HFA strategy. Because in rural areas of the three countries (Somalia, Pakistan, and Iran), where BMNs were experienced and people have set their priorities based on Needs assessment made by themselves with support of technical experts from different sectors, Health was in Six Rank. Needless to say water for drinking and agriculture was first in all the three countries. Then Means of livelihood, environment, Housing, Social security and the six one was Social services(Health& Education), Communications, Drugs rehabilitation, and Emergency preparedness.

Conclusion:
- when local people are involved in data gathering the most accurate information is gathered which is the base for correct community diagnosis.
- relevant priority will be set.
- they feel ownership if be involved from the beginning and will support the program.
- the people awareness will be upgraded and People will be empowered.
- as far as people needs are inter-related the Inter-Sectoral integration will be developed from bottom-up, and other levels have to be changed. ------Social determinants of health(SDOH), or Health In All Policy and sustainable development will be materialized.
- Health For All by All For Health will be attained.
- lastly The Implementation research will be strengthened, and scattered.

Regards. Dr. M.A. Barzegar.

HIFA profile: Mohammad Ali Barzegar is an initiator of Primary Health Care in Iran since 1971, and Representative of People's Health Movement (PHM) Iran. His interest include 45 years of national & international experiences on PHC, Sustainable Development and Public Health. barzgar89 AT yahoo.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (92) A systematic review of the use
 of the Consolidated Framework for IR

Dear HIFA colleagues,

(with thanks to Isabelle Wachsmuth, WHO, lead moderator, HIFA-French)

Below are the citation and selected extracts from a new systematic review in the open access journal Implementation Science. The abstract and full text are available here:
http://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0437-z?utm_campaign=BMC40158A&utm_medium=BMCemail&utm_source=Teradata

CITATION: A systematic review of the use of the Consolidated Framework for Implementation Research
M. Alexis KirkEmail author, Caitlin Kelley, Nicholas Yankey, Sarah A. Birken, Brenton Abadie and Laura Damschroder
Implementation Science 201611:72
DOI: 10.1186/s13012-016-0437-z

EXTRACTS

'A top priority for implementation research is to understand why an innovation is successfully implemented in one setting, but not in another. Without a theoretical framework to guide data collection, analysis, and interpretation, implementation researchers often identify determinants of implementation that apply only to the specific contexts in which their research was conducted... Many implementation theoretical frameworks describe similar or overlapping constructs, each with slightly different terminologies and definitions [2]. Thus, in 2009, Damschroder et al. undertook a review of the implementation science literature with the aim of integrating previously published theories into a single, consolidated framework to guide implementation research..'

'The Consolidated Framework for Implementation Research (CFIR) provides a common language by which determinants of implementation can be articulated...

'Our specific research objectives for this systematic review are as follows:
Objective 1: determine types of studies that use the CFIR.
Objective 2: determine how the CFIR has been applied, including depth of application.
Objective 3: determine the contribution of the CFIR to implementation research.'

'Most studies applied the CFIR during- or post-implementation to identify barriers and facilitators to implementation of an innovation. Only two studies (7.69 %) used the CFIR prior to innovation implementation to help inform future implementation efforts. This is a potential missed opportunity since studies that did use the CFIR prior to implementation (e.g., [10]) were able to identify potential barriers to implementation, refine their implementation strategy, and adapt the innovation before implementation began.'

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil@hifa.org

From: "Sunanda Kolli Reddy, India" <write2sunanda@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (93) Consolidated Framework for
 Implementation Research

Neil and fellow HIFA members,

The CFIR was what I was looking for. Thank you so much for this systematic review of the use of CFIR.

I was only wondering about the paucity of articles that qualified for systematic review. Could it be that we are overlooking multidisciplinary nature of some of the good work under implementation science and searching for published articles in medical journals only?

Disaster management and Nexus between policy and implementation across disciplines including healthcare and education during relief phase in Sub Saharan Africa must be a good example of IR even if one did not describe the studies under IR category.

Related articles may be found here
www.unisdr.org/files/2229_DRRinSubSaharanAfricaRegion.pdf

Best regards,
Sunanda

HIFA profile: Sunanda Kolli Reddy is a Consultant in Early Childcare and Development & Health Promotion in the context of Disability in Development at the Centre for Applied Research and Education in Neurodevelopmental Impairments & Disability-related Health Initiatives, CARENIDHI, in India. Professional interests: Developmental Paediatrics, by training and professional experience, community studies, with focus on childhood developmental disabilities, early intervention and health promotion in the context of disability in resource-poor community settings.   write2sunanda AT gmail.com

[Note from HIFA moderator (Neil PW): Here is the link to the systematic review:
http://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0437-z?utm_campaign=BMC40158A&utm_medium=BMCemail&utm_source=Teradata   ]

From: "Augustine Anayochukwu Onyeaghala, Nigeria" <aaonyeaghala@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (94) Any Difference between IR and Translation Research? (2)

I have been following and reading closely the discussions on IR and IR in practice. My question: is there a difference ,similarity between IR and TR (Translational Research) ?

Please let us share our thoughts as all countries in LMIC are in dire need to begin to translate basic studies to population applications which I also think is the hull mark of IR.

Pls share your thoughts.
Thank you.

Augustine Onyeaghala, PhD

HIFA profile: Dr Augustine Onyeaghala is a Biomedical Scientist, Clinical Research Scientist, Quality Assurance Professional and Author. He had Post Graduate Degrees MSc and PhD in Clinical Chemistry and Clinical Research respectively. His areas of specialization are Herbal Medicine, drug development, clinical and translational research.   He is currently a Senior Lecturer at the Department of Medical Laboratory Science, Afe Babalola University, Ado Ekiti, Nigeria. His current research interests are translating the findings from Herbal Medicine research to human applications, regulatory science and quality assurance. aaonyeaghala AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Dear Augustine,

Thank you for re-sending your question. I'll have a try to start answering it, though I am no expert. I hope others will add.

Peters et al define Implementation Research as follows:

"Implementation research is the scientific inquiry into questions concerning implementation — the act of carrying an intention into eeffect, which iin health research can be policies, programmes, or individual practices (collectively called interventions)." David H Peters et al. Implementation research: what it is and how to do it. BMJ 2013;347:f6753.
http://www.bmj.com/content/347/bmj.f6753.long

There appear to be many different definitions of translational research.

The Wikipedia definition is unhelpful, I think, as it appears to equate TR to implementation:

'Translational research applies findings from basic science to enhance human health and well-being. In a medical research context, it aims to "translate" findings in fundamental research into medical practice and meaningful health outcomes.'

Robio et al (2010) offer the following definition:

'Translational research fosters the multidirectional integration of basic research, patient-oriented research, and population-based research, with the long-term aim of improving the health of the public. T1 research expedites the movement between basic research and patient-oriented research that leads to new or improved scientific understanding or standards of care. T2 research facilitates the movement between patient-oriented research and population-based research that leads to better patient outcomes, the implementation of best practices, and improved health status in communities. T3 research promotes interaction between laboratory-based research and population-based research to stimulate a robust scientific understanding of human health and disease.'
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2829707/

Although the above definition does not say so, I think TR must (like IR) start by defining a research question. T1 is clearly very different to IR. T2 is very similar to IR. The description of T3 is confusing and I was unable to get clarity from the full text.

It is a pity that Peters et al didn't explain the difference between IR and TR in their BMJ article. If anyone can help elucidate further, please do!

It's interesting that many of the 95 messages in our discussion have been attempts to understand what IR is and what it isn't, and how it differs from related areas of research. It seems that IR continues to be esoteric: understood by only a small number of people with a specialized knowledge or interest (and even they do not necessarily have a shared understanding!). There is no doubt that

IR is important, but as long as it continues to be hard to define, it will fail to get the support it needs from funders and policymakers.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil@hifa.org

There must be experts in the field who will offer professional and practical opinions. Looking through the Literature may not be enough. Richard.

HIFA profile: Richard Uwakwe is Professor of Psychiatry at College of Health Sciences, Nnamdi Azikiwe University, Nnewi, Anambra State, Nigeria. ruwakwe2001 AT yahoo.com

Dear Neil,

Good day. Thanks so much for your efforts to explain both TR and IR. Your comment thus: 'There is no doubt that IR is important, but as long as it continues to be hard to define, it will fail to get the support it needs from funders and policymakers" has captured it all.

However, in my own understanding, I have the following to say about TR and IR: Translational Research (TR) focuses on bringing the findings from basic research to beside (client application). It ensures that information generated from basic scientific studies is translated into diagnostic and clinical management with a view to benefiting the human population. Translational research focuses on removing obstacles to multi-disciplinary research and ensures collaboration and integration of research findings from biomedical, social or public health discipline are achieved. It aims to utilize information from clinical, lab, public health studies to improve patient management and prognosis.

TR is usually in three phases (T1-T3). T1 as you noted takes studies from pre-clinical studies to clinical applications. Example is Phases I and II Clinical Trial of a new drug which showed some therapeutic benefits from Pre- clinical studies.

T2 Examines the strength of evidence from all available studies using Meta- analysis and Systematic review prior to the clinical application of information generated from T1.

T3 focuses on dissemination of research information gathered from T1 and T2 which is often achieved through policy formulation or change.

Following this brief, it is very evident that IR is a part of TR. There cannot be good IR without TR; and IR is the ultimate outcome for all TR processes. While TR focuses on T1-T3, IR only deals with T3 process in TR. For the proponents of IR, my professional advice:- if IR is to be made relevant, then the frameworks for quality TR among researchers should be strengthened.

Glad to receive futher comments from colleagues
Thank you.

Augustine Onyeaghala, PhD.

HIFA profile: Dr Augustine Onyeaghala is a Biomedical Scientist, Clinical Research Scientist, Quality Assurance Professional and Author. He had Post Graduate Degrees MSc and PhD in Clinical Chemistry and Clinical Research respectively. His areas of specialization are Herbal Medicine, drug development, clinical and translational research.   He is currently a Senior Lecturer at the Department of Medical Laboratory Science, Afe Babalola University, Ado Ekiti, Nigeria. His current research interests are translating the findings from Herbal Medicine research to human applications, regulatory science and quality assurance. aaonyeaghala AT gmail.com

Dear All,

My interpretation of translational research is that it defines both the goals (moving research along a continuum from fundamental to applied knowledge) and the process (collaboration between scientists from different disciplines requiring them to translate these concepts into the language of different disciplines, with the implicit promise that this will lead to new insights and understandings). Another aspect is that we often think of the outcomes of translational research moving along a pipeline towards wider application and dissemination, but the process of translational research can be bi-directional, when for example fundamental scientific concepts are inductively applied to develop new tools for application to patients, or patient data or samples are passed back to basic scientists to allow them to test and validate their models.

Implementation research then is just one of a number of forms of translational research, in which the basic scientists usually come from the social or engineering sciences and the clinical scientists come from the health and population sciences. AS others have suggested, there are many different taxonomies for slicing up the translational sciences, from the traditional T1/T2/T3 paradigm already mentioned (see Westphall et al â€œPractice-Based Research?â€œBlue Highwaysâ€ on the NIHH Roadmapâ€ JAMA 2007 at http://jama.jamanetwork.com/article.aspx?articleid=205216) to a recent T0-T4 schema (Sampson et al â€œImplementation Research: The Fourth Movement of the

Unfinished Translation Research Symphonyâ€ Global Heart 2016, http://www.globalheart-journal.com/article/S2211-8160(16)00009-0/pdf.)

Practically speaking, cutting the loaf into so many slices may be counterproductive to the recruitment efforts of the translational research movement! Yet, there is an important value for the field of implementation research in conveying the idea that fundamental science is a critical element of implementation research. This is important, because for implementation science to move forward, it needs support, recognition, and funding from both the world of science and the world of practice.

Best,
Luke

_____

J. Lucian (Luke) Davis, MD, MAS
Epidemiology of Microbial Diseases | Yale School of Public Health
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HIFA profile: Luke Davis is a Associate Professor at the Yale School of Public Health in the United States of America. Professional interests: Tuberculosis, Severe Illness Care, and Low-income countries.   Lucian.Davis AT yale.edu

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (99) Any difference between IR and
 Translation Research? (7)

Dear Luke
This is such an elegant way to describe the interface between research and practice and the challenges of working in the intersection. Thank you (can I quote you?)
BEST WISHES
Lucie

HIFA profile: Lucie Byrne-Davis is a Clinical Psychologist at Manchester Medical School in the United Kingdom. Professional Interests: Research into health professional practice, and the psychological determinants of change in practice.   lucie.byrne-davis@manchester.ac.uk

From: "Kausar Skhan, Pakistan" <kausar.skhan@aku.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Implementation Research (100) Any difference between IR and
 Translation Research? (7) IR and public sector involvement

A core elements of implementation research is the involvement of the public sector. I'd [If] this is missing then it is not implementation research, and can be called by any name.

HIFA profile: Kausar Skhan is with the Community Health Sciences Dept of Aga Khan University, Karachi, Pakistan. kausar.skhan AT aku.edu