Existing frameworks for translating research evidence into policy and practice

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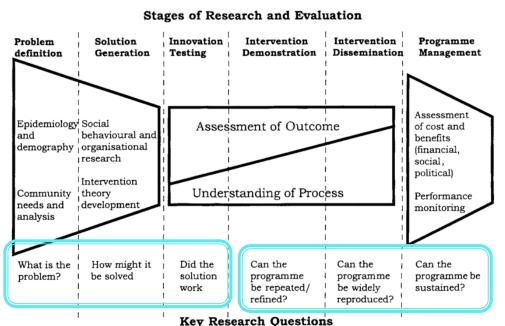
Narrative review of frameworks for translating research evidence into policy and practice

Public Health Research & Practice February 2017

- 41 different framework identified
- ✓ None specific to maternal newborn health
- ✓ Different models generated from different fields: implementation science (RE-AIM) vs basic and medical sciences ('T' models) vs health services research (KTA and PARiHS frameworks) vs public health (EBPH and research progression models)
- ✓ Lack of consistent terminology: 'research translation' often used interchangeably with 'knowledge translation', 'knowledge to action', 'evidence based policy and practice' and 'research implementation'
- ✓ All frameworks acknowledge the difficulty of closing the gap between research and practice

Sequential Vs Circular models



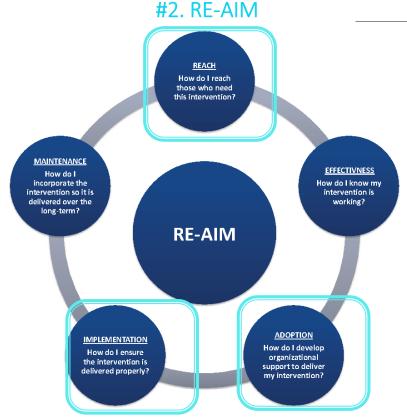


First developed by: Nutbeam and Bauman (2006)

Context applied: Public health, child obesity prevention, chronic diseases...

Implications: simple, useful to map the evidence at each stage

Use: limited (only 5 studies)



First developed by: Glasgow (1999)

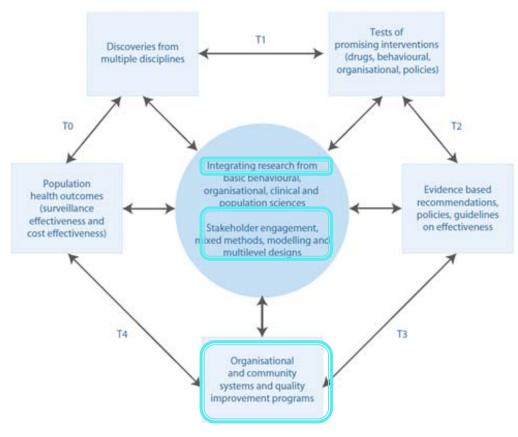
Context applied: Health behavior change, prevention, family medicine, patient-centred medical home, community health centres,

implementation grants, multisector partnerships,

Use: Most used framework

Stellar model

#3. Translation research continuum or 'T' models

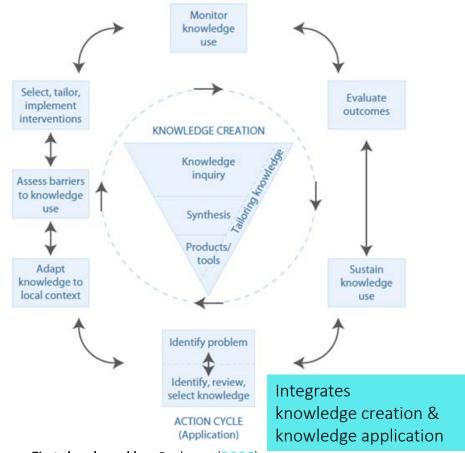


First developed by: Zerhouni (2003)

Context applied: child health, breastfeeding, general medical research

Complex structure model

#4. Knowledge to Action (KTA) framework



First developed by: Graham (2006)

Context applied: Translating knowledge to consumers, critical care nutrition, asthma, osteoporosis, dialysis

Public Health Research & Practice February 2017

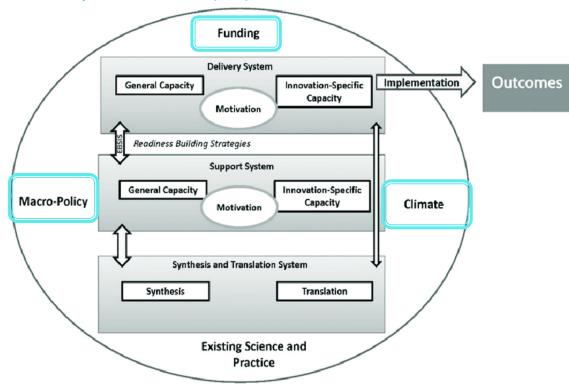
Models giving emphasis to context and facilitating factors

#5. Promoting Action on Research Implementation in Health Services (PARiHS) framework

EVIDENCE –
research, clinical and
patient experience,
local data

FACILITATION –
purpose, role,
skills and
attributes

First developed by: Kitson, Harvey and McCormack (1998) Context applied: neonatal health, pain management #6. Interactive Systems
Framework for Dissemination
and Implementation (ISF)



Context applied: Teenage pregnancy

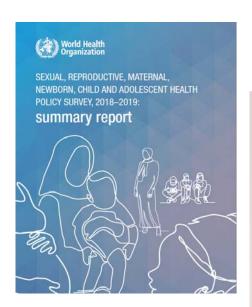
Recommendation for research

- ✓ More work is needed to determine how research translation frameworks are being used by researchers, policy makers and institutions.
- √ "We encourage authors to document accounts of successful and unsuccessful application of these frameworks in real-world case studies and, importantly, encourage journals to publish these data"

Bridging Research and Practice Models for Dissemination and Implementation Research Am J Prev Med 2012;43(3):337–350

- √61 models were retrieved
- ✓ Only the minority (8 models) addressed policy activities.



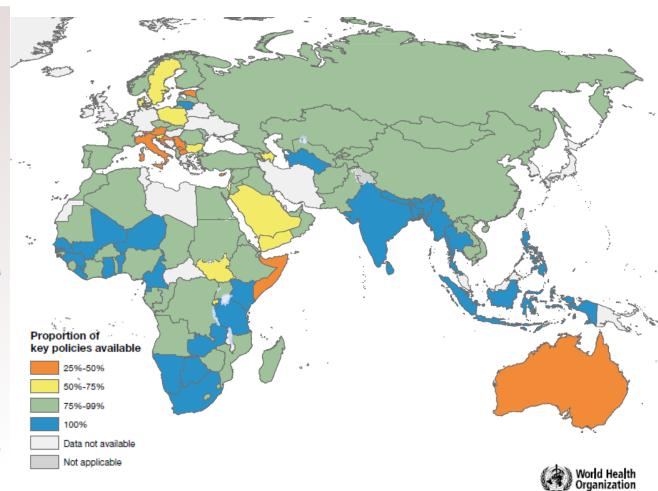


2020

Key policies in the SRMNCAH are lacking even in the European region

16 national policy areas covered in the 2018–2019 SRMNCAH policy survey

- Family planning/contraception
- Diagnosis, treatment and counselling for sexually transmitted infections (STIs)
- Comprehensive national cervical cancer prevention
- Antenatal care (ANC)
- Childbirth
- Postnatal care for mothers and newborns
- Management of low birth weight and preterm newborns
- Child health and development of children
- Early childhood development
- Integrated management of childhood illness
- Management of childhood pneumonia
- Management of childhood diarrhoea
- Management of malaria with appropriate recommendations for children (in malariaendemic countries)
- Management of acute malnutrition in children
- Policies/guidelines specifically addressing people ages 10–19
- Multisectoral plans of action and policies/ guidelines for the health system response to violence against women.







REGIONAL COMMITTEE FOR EUROPE 66TH SESSION

Copenhagen, Denmark, 12-15 September 2016

Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region



VISION

- The long-term vision of the Action plan is to contribute to **reducing inequalities in health** and to improving health status and well-being in the European Region.
- This will be achieved through the **enhanced generation and use of information and evidence in policy-making**, in line with the health-related United Nations SDGs and the Health 2020 policy framework.

ACTIONS

- Action area 1: strengthening national health information systems, harmonizing health indicators and establishing an integrated health information system for the European Region
- Action area 2: establishing and promoting <u>national health research institutes and</u> systems to support the setting of public health priorities
- Action area 3: increasing <u>country capacities</u> for the development of evidence-informed policies (knowledge translation)
- Action area 4: <u>mainstreaming the use of evidence</u>, information and research in the implementation of Health 2020 and other major regional policy frameworks

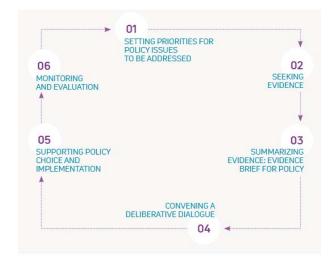
Evidence-informed Policy Network (EVIPNet)

EVIPNet Europe: 23 Members



The key objectives of the Network are:

- ♦ to promote the systematic use of research evidence in policy-making to improve health systems through a networked structure;
- ♦ to increase country capacity in KT;
- ♦ to institutionalize KT through the establishment of KTPs.



Four main EVIPNet tools

- Situation analysis
- Evidence brief for policy
- Policy dialogue
- Rapid response



SITUATION ANALYSIS

The national context

 What specific aspects of the country's general context and climate could affect the future KTP's establishment and

operations?

 Perform desk research related to overall political, economical, sociocultural systems.

2

The health system

- What health system characteristics might influence the future KTP?
- Describe major features, processes, actors, relationships in the health system.
- Describe health system reforms and policy priority issues.

0

The national health information system

- What aspects of the country's HIS might influence the KTP?
- Describe how the HIS collects, analyses and disseminates health information.
- Describe how the HIS is governed and managed.

4

The national health research system

- What aspects of the country's NHRS might influence the KTP?
- Describe how the NHRS coordinates, structures, funds health research processes.
- Describe how the health research is governed and managed; describe capacities.

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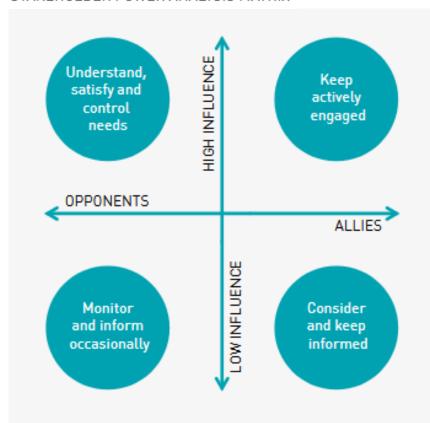
Evidence-informed policy processes

- What are the future EIP efforts in the country and how do the health system and NHRS interface with them?
- Describe KT capacities, opportunities for and barriers to the future EIP efforts in health.

More resources at: https://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/evidence-informed-policy-network-evipnet

Evidence-informed Policy Network (EVIPNet)

STAKEHOLDER POWER ANALYSIS MATRIX





Communication tools

RESEARCHERS	STAKEHOLDERS (POLICY-MAKERS AND INFLUENCERS)	THE GENERAL PUBLIC
 Policy studies Research papers Working papers Policy reports Policy-oriented journal articles Conference/seminar presentations Less formal presentations in meetings or lobbying activities Presentations to working groups and public hearings 	Policy briefs, memos and fact sheets Media (sound)bites Newsletters Policy reports Infographics Less formal presentations in meetings or lobbying activities Presentations to working groups and public hearings Documentary videos Advocacy-based advertising Email campaigns Dedicated advocacy websites or pages Social networking: Facebook, Twitter SMS/WhatsApp messaging campaigns	Articles in newspapers Adverts, banners, posters, T-shirts, stickers Radio and TV programmes Public meetings and hearings Speeches to the public Infographics Documentary videos Advocacy-based advertising Email campaigns Dedicated advocacy websites or pages Social networking: Facebook, Twitter SMS/WhatsApp messaging campaigns

Skills for EVIDENCE-INFORMED POLICY-MAKING



The process requires a major set of skills



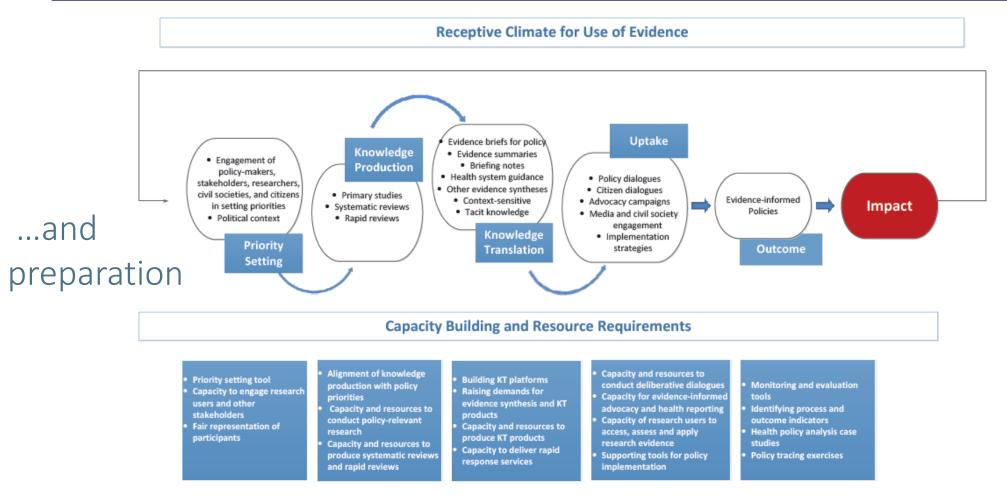


Figure 1. A conceptual framework for a backward design in Knowledge Translation (KT)

Facilitators and barriers

FACILITATING FACTORS

- 1. **Personal contact** between scientists and policy-makers
- 2. Timely research
- Summaries of research outcomes with recommendations by scientists for decisionmakers

INHIBITING FACTORS

- 1. Absence of personal relationships
- 2. Poor quality of research
- Lack of mutual trust between scientists and policy-makers
- 4. Disagreement over budgets.
- 5. Info-demic

The sheer volume of evidence emerging during COVID-19 and the speed at which it evolves poses a challenge for policy makers

EIGHT STRATEGIESfor Research to Practice

- 1. Include key stakeholders in research to increase the likelihood of producing useful research findings
- 2. Design and evaluate pilot projects to enhance the potential for future replication and scale-up
- 3. Develop and implement a plan for disseminating research findings to key audiences
- 4. Advocate policy changes that will facilitate the widespread use of evidence-based practices
- 5. Engage **champions** to increase the likelihood that a new or underused evidence-based practice will become the standard
- 6. Develop job aids to help practitioners implement new evidence-based policies or guidelines
- 7. **Replicate** interventions that have been proven effective
- 8. Scale up interventions that have been proven effective



Proposal for 2 joint papers

Specific to MN field

- 1. Reporting case studies
- Document facilitators and barriers

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RESEARCH

Open Access

Utilization of research findings for health policy making and practice: evidence from three case studies in Bangladesh



Contributors to this workshop



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New entries June 2021

Switzerland – Haute École de Santé Vaud, Lausanne

France - BFHI France, Paris

Centre of Postgraduate Medical Education, Warsaw, Poland Association of Obstetricians & Gynaecologists of Ukraine (AOGU)

Shupyk National Healthcare University of Ukraine

Thank you! Merci! Takk skal du ha!

Hvala ti! Спасибо! Хвала вам!

¡Gracias! Obrigada! Хвала!

Hvala vam! Danke dir! Dziękuję!

Tack! Mulţumesc! Grazie!