





COLLABORATION FOR IMPLEMENTATION RESEARCH AND DELIVERY SCIENCE

CALL FOR CASE STUDIES OF IMPLEMENTATION RESEARCH AND DELIVERY SCIENCE

Deadline: 31 March 2016

PURPOSE OF CALL

The purpose of this call is to solicit case studies that are real examples of projects of Implementation Research and Delivery Science (IRDS). The objectives of these case studies are to demonstrate the benefits of employing this approach on health systems and/or outcomes, as well as to provide insight on how projects are carried out in practice. Case studies will be published in a compendium by the Collaboration for Implementation Research and Delivery Science between the Alliance for Health Policy and Systems Research within the World Health Organization, the World Bank, and the United States Agency for International Development. The compendium will showcase the range of IRDS projects and the potential of this approach for improving health. This compendium may be used for reference by program managers carrying out implementation research in low and middle income countries, teaching by professors or others involved in training and capacity building for research, or to promote IRDS to the greater global health community. This represents a unique opportunity for researchers, decision-makers, and other stakeholders engaged in IRDS to highlight their work.

WHAT WE ARE LOOKING FOR

The case should be a real-world example of an IRDS project that was carried out with the aim of generating knowledge on the implementation and scale up of interventions, including policies, programs, and practices, as a means of contributing to health improvements and/or systems strengthening in low and middle income countries.

Specifically, we are looking for cases that highlight the following factors:

- Research that generated knowledge on the implementation and scale up of interventions that was applied, resulting in demonstrated improvements in health systems and/or outcomes;
- Projects that engaged important and diverse stakeholders throughout the research process;
- Research that used a mixed methods approach to provide an in-depth understanding of implementation and scale up;
- Research that identified lessons learned (both positive and negative) about implementation, as well as proposed feasible options for action within the context;
- Projects that contributed to the establishment of mechanisms or a system for continuous learning and adaptation during implementation.







Cases that demonstrate one or more of these factors will be considered for inclusion in the compendium.

SELECTION PROCESS

There will not be any financial compensation for this work. While the development of the case study is voluntary, it does provide a unique opportunity for researchers, decision-makers, and other stakeholders engaged in IRDS to highlight their work to the global health community.

All submissions should be made at http://ahpsrproposalsubmission.org/ in response to the Call for Case Studies of Implementation Research and Delivery Science. Hard copies will not be accepted. All submissions must be written in English. No further edits can be made once your abstract is submitted through the website.

Abstracts should be submitted between now and 31 March 2016.

The abstract should be approximately 500-1000 words and include the following five components:

1. Introduction

- Context and health system;
- Intervention, implementation barriers and/or system failures;

2. Study and Results

- Study question(s), design and methods;
- Results and dissemination;

3. Project Implementation

- Conceptualization and implementation;
- Stakeholder engagement;

4. Knowledge Generation, Use, and Outcomes

- Key lessons learned and proposed options for action;
- Use of knowledge to inform implementation and scale up;
- Demonstrated improvements in health systems and/or outcomes;

5. Informing Practice

 Key message for informing the practice of IRDS to be shared with the global community.

Abstracts will be reviewed by a Technical Review Panel convened by the Collaboration for IRDS and evaluated based on:

- The strength of the case in demonstrating the benefits of employing this approach on health systems and/or outcomes;
- The strength of the key message for informing the practice of IRDS;
- Quality of the description of the study rationale, design and implementation, and results;
- Quality of the discussion on the use of knowledge to inform implementation and scale up;
- Diversity of contexts, interventions, implementation barriers, study designs and methods for IRDS.







Successful applicants will be notified in writing on a continuing basis. The Alliance for Health Policy and Systems Research may contact applicants prior to selection in order to request additional information as needed. Projects that are selected will be invited to develop their abstracts into full case studies. Ongoing support in the identification of key messages and development of the final case study will be provided.

Final case studies should be completed by 1 May 2016.







BACKGROUND

While remarkable health improvements have been made over the past few decades due to economic development, innovations in biomedical science, and public health advances, a persistent challenge in the era of the Sustainable Development Goals is in achieving adaptable and sustainable implementation to impact population health in low and middle income countries. The failure of many well-intentioned health policies, programs and practices applied outside of the controlled settings of research trials and small pilots reveals the need to better understand and respond to the processes and complexities of implementation. The promise of implementation research and delivery science is in the timely generation of relevant knowledge that may be applied within real-world conditions to strengthen the implementation and scale up of interventions, contributing to improvements in the survival, productivity, and health status of populations.

IMPLEMENTATION RESEARCH AND DELIVERY SCIENCE

According to the statement released by the Collaboration for IRDS, implementation research and delivery science is a type of health policy and systems research that uses scientific methods to address the challenges of implementation. It is a transdisciplinary approach to understand and strengthen this process, which includes scaling up, sustaining, as well as improving quality, efficiency, equity, and effectiveness, of policies, programs, and practices in real-world settings. It involves iterative methods with the aim of achieving sustainable adoption, fidelity, and coverage of evidence-informed practice.

Ideally, implementation research and delivery science:

- Directly informs decisions about implementation or is embedded within processes;
- Is driven by implementers or intended beneficiaries of interventions;
- Is a collaborative effort that engages a range of stakeholders;
- Supports a culture of continuous learning and adaptation within programs and organizations.

COLLABORATION FOR IMPLEMENTATION RESEARCH AND DELIVERY SCIENCE

Implementation research and delivery science is recognized as an important approach that has received increased global attention in recent years. The Collaboration for Implementation Research and Delivery Science was established in recognition of the fact that a lack of consensus on what implementation research is and how it should be carried out has hindered the approach from gaining greater prominence in the field. Initiated by the Alliance for Health Policy and Systems Research (AHPSR) within the World Health Organization (WHO), World Bank and United States Agency for International Development (USAID), the collaboration is supported by a secretariat that includes the TRAction Project and Johns Hopkins University.

COMPENDIUM OF CASE STUDIES

The collaboration hosted a series of three consultative meetings in 2014 in Washington, D.C. and Accra, Ghana to discuss a common platform for implementation research. These efforts culminated







in a Statement on Advancing Implementation Research and Delivery Science that was introduced at the Third Global Symposium for Health Systems Research in Cape Town, South Africa. One of the major recommendations that emerged from this discussion was the need to develop a compendium of case studies that showcase the range of IRDS projects and the potential of this approach for improving health. This compendium may be used for reference by program managers carrying out implementation research in low and middle income countries, teaching by professors or others involved in training and capacity building for research, or to promote IRDS to the greater global health community. This represents a unique opportunity for researchers, decision-makers, and other stakeholders engaged in IRDS to highlight their work.

FOCAL POINTS

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