

Progress to date

Objective	Previously completed work
<p>To describe annually the activities (processes) and outputs of each KT platform, as well as the (infra)structural and contextual factors that may affect the relationships among activities, outputs and (eventually) outcomes and impact and select usage statistics</p>	<ul style="list-style-type: none"> • Reviewed all documentation prepared by the 18 KT platforms in Asia and Africa • Identified commonalities in the KT platforms' proposed activities, outputs, and anticipated outcomes and impact • Developed and solicited participating jurisdictions' feedback on: <ul style="list-style-type: none"> ○ a common logical framework for all of the KT platforms ○ a questionnaire to describe annually each KT platform's structure, activities, outputs, and context and to collect three types of usage statistics • Conducted pilot bibliographic database analyses to profile the baseline production of systematic reviews in all 28 jurisdictions since 1996 and to confirm the feasibility of using this method as a source of corroboration for self-reported survey data
<p>To conduct formative evaluations of the priority-setting processes, packaged evidence summaries and deliberative dialogues organized by each KT platform in year 1</p>	<ul style="list-style-type: none"> • Identified the three most innovative but unevaluated activities from among those proposed by the 18 KT platforms in Africa and Asia • Developed and solicited participating jurisdictions' feedback on three questionnaires (one for participants in their priority-setting processes, one for recipients of their packaged evidence summaries, and one for participants in their deliberative dialogues) to inform how each of these activities / outputs can be improved in later years
<p>To conduct outcome evaluations of each KT platform at baseline (for comparative purposes) and in years 2 and 4 with a focus on the platforms' anticipated outcomes: namely that health research evidence about high-priority policy issues is made available, relationships among policymakers, researchers and KT specialists are developed or strengthened, and policymakers' capacity to support the use of health research evidence in health systems policymaking is strengthened</p>	<ul style="list-style-type: none"> • Developed and solicited participating jurisdictions' feedback on a questionnaire to be used at baseline and in years 2 and 4 to survey policymakers, stakeholders and researchers about evidence availability, relationships and capacity • Conducted pilot media analyses to assess the feasibility of profiling shifts in how policymakers, stakeholders and researchers talk about policy priorities, research evidence, and deliberative dialogues in the media
<p>To conduct impact evaluations of each KT platform in years 3 and 4 with a focus on the platforms' anticipated impact: namely that health systems policymaking processes take into account health research evidence</p>	<ul style="list-style-type: none"> • Developed and solicited participating jurisdictions' feedback on an approach to conducting case studies of health systems policymaking processes, with a focus on the KT platforms' roles in ensuring that these processes take into account health research evidence, which includes interviews of policymakers, stakeholders and researchers and documentary analyses