DISSEMINATING THE RESEARCH FINDINGS
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Responsibility for the views expressed and for any errors of fact or judgment rests with Margaret Gyapong, Edward Kamau, Robinah Najjemba, and Olumide Ogundahunsi, authors of this toolkit.
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<tr>
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<td>ACT</td>
<td>artemisinin-combination therapies</td>
</tr>
<tr>
<td>ANC</td>
<td>antenatal care</td>
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<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
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<tr>
<td>BCC</td>
<td>behavior change communication</td>
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<tr>
<td>BMI</td>
<td>body mass index</td>
</tr>
<tr>
<td>CAS</td>
<td>complex adaptive system</td>
</tr>
<tr>
<td>CHW</td>
<td>community health worker</td>
</tr>
<tr>
<td>CMS</td>
<td>Cooperative Medical Scheme</td>
</tr>
<tr>
<td>COS</td>
<td>Community of Science</td>
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<tr>
<td>DOT</td>
<td>directly-observed therapy</td>
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<td>ERC</td>
<td>ethics review committee</td>
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<tr>
<td>FGD</td>
<td>focus group discussion</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>HRP</td>
<td>Special Programme of Research, Development and Research Training in Human Reproduction</td>
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<tr>
<td>IC</td>
<td>informed consent</td>
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<tr>
<td>ICF</td>
<td>intensified case finding</td>
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<tr>
<td>IDRC</td>
<td>International Development Research Centre</td>
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<tr>
<td>IEC</td>
<td>information, education and communication</td>
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<tr>
<td>iKT</td>
<td>integrated knowledge translation</td>
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<tr>
<td>IR</td>
<td>implementation research</td>
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<tr>
<td>IRB</td>
<td>institutional review board</td>
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<td>IRP</td>
<td>Implementation Research Platform</td>
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<tr>
<td>KT</td>
<td>knowledge translation</td>
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<tr>
<td>KZN</td>
<td>KwaZulu-Natal</td>
</tr>
<tr>
<td>LLIN</td>
<td>long-lasting insecticide-treated net</td>
</tr>
<tr>
<td>LOI</td>
<td>letter of intent</td>
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<tr>
<td>LSHTM</td>
<td>London School of Hygiene and Tropical Medicine</td>
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<tr>
<td>LTFU</td>
<td>loss to follow-up</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<tr>
<td>MDR-TB</td>
<td>multidrug-resistant tuberculosis</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<td>NSF</td>
<td>National Science Foundation</td>
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<td>NTBCP</td>
<td>national TB control programme</td>
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<tr>
<td>OER</td>
<td>Office of Extramural Research</td>
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<tr>
<td>PI</td>
<td>principal investigator</td>
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<tr>
<td>PLHIV</td>
<td>person/people living with the human immunodeficiency virus</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
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<tr>
<td>QDA</td>
<td>qualitative data analysis</td>
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<tr>
<td>RFP</td>
<td>request for proposals</td>
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<tr>
<td>SAGE</td>
<td>Strategic Advisory Group of Experts</td>
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<tr>
<td>SARS</td>
<td>severe acute respiratory syndrome</td>
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<tr>
<td>SMART</td>
<td>specific, measurable, achievable, realistic and timebound</td>
</tr>
<tr>
<td>SOP</td>
<td>standard operating procedure</td>
</tr>
<tr>
<td>SWOT</td>
<td>strengths, weaknesses, opportunities and threats</td>
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<tr>
<td>TB</td>
<td>tuberculosis</td>
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<tr>
<td>TDR</td>
<td>Special Programme for Research and Training in Tropical Diseases</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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INTRODUCTION

The purpose of this module is to illustrate the key concepts of knowledge translation (KT) as relevant to implementation research (IR). It provides structured guidance on preparation of research reports, peer reviewed papers, press releases, conference presentations and policy briefs.

Upon completion of this module, you will be able to:

• Appreciate the value of continuous stakeholder engagement for dissemination and utilization of research results.
• Appreciate the value of developing of a comprehensive dissemination strategy as an integral part of a research project.
• Understand the importance of tailored dissemination tools for various target audiences.

KEY CONCEPTS

Knowledge translation

KT techniques can help researchers become more active, context-aware, and collaborative in disseminating the results of research. Application of these techniques help make research results more relevant to the target audience, and ultimately more useful.

KT activities

There are essentially two types of KT activities: end-of-grant and integrated knowledge translation (iKT). End-of-grant activities is often built into funding proposals (1). As the name suggests, such activities are typically conducted at the end of the knowledge creation process. They are focused on translating knowledge into effective communication tools and disseminating those to a particular audience. These include peer-reviewed papers, guidelines, conference presentations, press releases, radio spots, community dramas, and so on. These activities essentially present completed findings. Although end-of-grant KT activities can be conducted as part of IR, it is a limited (and relatively expensive) activity (2, 3). By its nature, it lags behind the research and findings may not be available in time to address the problem.

Integrated KT approaches allow more innovation and are effective in providing timely solutions to implementation problems. This approach is a mixture of art and science, and in many ways illustrates the core features of IR itself. For example, it is multi-stakeholder and multidisciplinary, as well as dynamic and interactive (4). The integrated approach requires researchers and key knowledge end-users to collaborate and jointly conduct many of the essential steps, identify research questions; determine methodologies; conduct the research; interpret findings; disseminate and apply the findings – together. Because the findings reflect the needs of knowledge users, they have a much higher likelihood of being acknowledged and used. iKT also includes activities such as priority setting, development of policy briefs, facilitation of dialogues, and the development of knowledge translation platforms/rapid response services. Integrated approaches do not treat knowledge as something that can be generated, disseminated and then applied (as it is sometimes simplistically envisioned in end-of-grant KT). Rather, iKT views research knowledge – from its creation through to its application – as a collective, co-productive undertaking (5). It respects a two-way dynamic, in which research evidence is created, shaped and ultimately used by many different stakeholders. In some ways, this approach reverses the usual ‘authority’ of researchers, who no longer possess exclusive control of research evidence. In order to make research evidence more relevant and
responsive, iKT approaches involve practitioners, planners and programme managers (among others) in the process of identifying, designing and conducting research. This uniquely positions research as a tailored, context-sensitive input responding to user needs and demands.

Box 1

Example: IR evidence uptake and use for policy-making

This project addressed scaling up of zinc for young children (SUZY) in Bangladesh. The integrated KT approaches aided policy-makers to integrate IR outcomes into making decisions on the treatment of childhood diarrhoea.

Various stakeholders were involved throughout the entire project cycle. Collaboration between policy-makers and researchers facilitated the sharing of tacit knowledge, policy positions and the setting of common priorities and goals. Whereas some stakeholders had not been considered during the conceptualization of the project, they were brought on board later to expedite the scale-up process. The other lesson from the collaborative approach was the adoption of best delivery methods. For example, the use of existing community health systems [i.e. community health workers whose primary focus was family planning] was initially contemplated as a channel to scale up the intervention. However, this was discontinued when they realized it would not be feasible (an additional task for the community health workers). Zinc products were available over-the-counter, and could be administered easily, physicians (especially paediatricians) were identified as key players in promoting and prescribing it. The outcome of these findings enabled the project to embark on training within medical colleges and of public health physicians at the district and sub-district levels. Some 8000 village doctors acted as trainers for more than 200 000 informal providers.

Research conclusions:

• In order to effectively implement evidence-informed policy, policy-makers and researchers should learn together and work in partnership to improve access and delivery.
• Steps should be taken to increase the demand for research use and KT through sustainable partnerships and mechanisms, including KT platforms (at the district, provincial and national levels), which promote the early involvement of policy-makers, managers, health care providers and patients, and serve as the basis for capacity-strengthening activities.

Source: (6)

Barriers and facilitators to uptake of research evidence

There are various barriers and facilitators to the uptake of research evidence. Many users of research evidence (e.g. programme managers and implementers) operate in an environment with unique pressures and imperatives. Their timelines for action can be very short, and their expertise in applying or balancing different inputs to solve problems may be limited.

Barriers to research evidence uptake

1. Perception of research evidence by practitioners: How do practitioners balance evidence with other competing influences? (7). This can include practitioners lacking a clear idea of where to access relevant, tailored information to suit their needs, how to distinguish quality of evidence sources, and how to ultimately use it (8). After all, “evidence speaks with many voices,” and any one piece of evidence might have multiple different (and even contradictory) implications (9). Findings may also be ambiguous and lack precise estimates of intended effects (10).

2. Organizational culture. How does an organization make decisions? How does information flow within an organization? What are its abilities to interact with research evidence? (11, 12). ‘Groupthink’ or ‘how we do things around here’ can also slow or distort the use of research evidence. The prevailing administrative context may also shield programme managers,
implementers or technical officers from a researchers’ advocacy, and they may feel no accountability to the research community (8).

3. The low skills (especially research or evidence-appraisal skills) among practitioners, either to assess research evidence or to balance it against competing sources of influence (8).

4. The perceived cost and timelines of research. Given the short time horizons that many practitioners have to make decisions, research could be considered too expensive, too time-consuming or too much of a luxury to have real practical value (13).

5. Information overload. Practitioners, programme managers and implementers may become overwhelmed by the sheer number of information sources; or become persuaded by other influences (e.g. lobbyists or other interest groups who have financial resources, abilities, and/or insider knowledge on advancing a particular agenda) (10).

Facilitators of research evidence uptake
Facilitators leading to wider adoption of the research evidence may include:

1. Researchers reframing practice issues to align with the existing evidence base (8). Framing the problem is an essential step in many KT activities (e.g. a policy brief) and can bring together many different types of evidence to respond to a particular practice or implementation need.

2. Strengthening the capacity of practitioners to: demand research evidence that responds to and supports their needs; and to access, assess, adapt and apply research evidence in their daily work (14).

3. Researchers collaborating with practitioners to generate essential information, to encourage active sharing, and identify pressing priorities (8).

4. Creating targeted messaging (e.g. policy briefs, press releases) emphasizing the role that research evidence can play in contributing to better programmes or improved interventions (12, 15). Research evidence can be communicated more effectively by turning them into compelling stories. For example, by contrasting ‘the costs of action versus those of inaction’ the likelihood of evidence influencing decision-making may be much higher (10).

5. Researchers pursuing personal contact with practitioners and developing trust (16). Trust built from personal relationships can be a vital ingredient connecting the worlds of research and practice.
Example: Research translation to inform national health policies. Learning from multiple perspectives in Uganda

**Background:** Research and evidence can have an impact on policy and practice, resulting in positive outcomes. However, research translation is a complex, dynamic and non-linear process. Although universities in Africa play a major role in generating research evidence, their strategic approaches to influence health policies and decision-making are generally weak. This study was conducted with the aim of understanding the process of translating research into policy in order to guide the strategic direction of Makerere University College of Health Sciences (MakCHS) and similar institutions in their quest to influence health outcomes nationally and globally.

**Methods:** A case study approach using 30 in-depth interviews with stakeholders involved in two HIV prevention research projects was purposively selected. The study sought to analyse the research-to-policy discourses for the prevention of mother-to-child transmission (PMTCT) of HIV. The analysis sought to identify entry points, strengths and challenges by interviewing three major groups of stakeholders in Uganda: researchers (8), policy-makers (12) and media practitioners (12).

**Results:** Among the factors that facilitated PMTCT policy uptake and continued implementation were: Shared platforms for learning and decision-making among stakeholders; implementation pilots to assess feasibility of the intervention; the emergence of agencies to undertake operations research; and the high visibility of policy benefits to child survival.

**Implication:** For effective uptake of IR findings, all stakeholders should be involved throughout the entire process of the research project in order to enhance the learning and decision-making processes among various stakeholders.

Source: (17).

**Reflection activity**

Taking a cue from the Uganda example above, reflect on a health programme you are familiar with in your country. Is there a policy underpinning this programme? What research evidence was used to formulate this policy?

**Dissemination tools**

Various dissemination tools are available to research teams pursuing the uptake of research findings. All these tools should be considered less as individual pieces and more as parts of a whole. The various tools should be used in concert within a larger plan that together produces a complete effective dissemination package. Each tool has different strengths and weaknesses in reaching audiences and therefore by using more than one, the tools complement one another to produce a strong dissemination plan. In many cases, the work that goes in the development of one tool can be replicated or modified into the development of another. Increasing the number of ways that research findings reach key audiences increases the chances of uptake and action. The dissemination tools considered in this module will include, research reports, peer review papers, press releases, and policy briefs.

**Research reports**

At the conclusion of any IR project, funders expect reports from the grantees. The content of the research report depends on the funder and their specific requirements. A review of the initial
grant agreement is therefore the obvious place to start when deciding on the structure and content of the report. If the funder has provided a report template with sections that need to be followed, then the exercise of writing a research report is relatively straightforward. The following sections are typical of many research reports, and peer-reviewed papers: title; list of authors and institutional affiliations; acknowledgement; abstract; executive summary; introduction; literature review; research design/methodology; results; discussion; conclusions; and references. However it is essential to follow guidelines from respective funders and/or journal publishers/editors.

Other uses of research reports

One key question to have in mind throughout the process of writing the report is: What other ways can we use or present this information? A research report can be the source of information and insights for various kinds of additional products. The tables and charts can become the major visuals of a conference presentation. The executive summary can contribute to a page of take-home messages, to a press release, or suggest the argument of a policy brief. And most of all, the research report can be a template for peer-reviewed papers, a way of ordering thought and simplifying very complex processes into phrases suited for digestion by the wider research community. Many parts of the report can be lifted, often with only moderate adjustments, straight into a peer-reviewed paper.

Peer-reviewed papers

For many researchers, publication in a peer-reviewed journal is a peak achievement. It signals acceptance of the work within the community, a visible contribution to the field and a reward for many years of work. Although publication is extremely important, it is by no means the end of the implementation research process. Instead, the publication should be considered as the beginning of a new cycle of achieving influence. The big limitations of peer-reviewed publications, is that key audiences (for instance, practitioners and programme implementers) tend not to read them extensively if at all.

Although the structure of a peer-reviewed paper can be very similar to a report, its audience differ. Every journal has specific requirements and formats for submitted articles, a preferred style (e.g. length of abstracts, reference style, etc.), and particular guidelines to be followed by all authors. Therefore, before writing a paper, the logical first step is to identify the intended journal. Browsing back issues (most make some content available online) to see the types of articles to published is a useful place to begin. Choose a journal that routinely publishes content related to your study and follow the instructions for authors closely. Journals that accept IR research include: Health Policy and Planning; Tropical Medicine and International Health; Social Science and Medicine; Human Resources for Health; Global Public Health; Community Health Education; and The Bulletin of the World Health Organization. Publication in an “Open Access” journal (i.e. a journal that permits unrestricted access and reuse of the published article) is encouraged by many funders of research. Upon selecting a journal, locate the submission guidelines on the journal web site.

Examples of abstracts for peer-reviewed papers

Example 1:

Abstract

Intensified tuberculosis case finding (ICF) is used in people living with the human immunodeficiency virus (PLHIV) to reduce the burden of tuberculosis (TB). We conducted a retrospective study in 300 PLHIV attending an HIV care clinic in Ethiopia to assess ICF performance during a 12-month period. Between 80% and 95% of patients were screened for TB at enrolment and at each 3-month follow-up visit. Thirty-four (11%) patients were diagnosed with TB, of whom 27 (79%) were identified in the first 6 months. This study assessed serial ICF in routine settings, showing that TB screening had its largest diagnostic yield in the first 6 months.

Example 2:


Abstract

Background: High rates of loss to follow-up (LTFU) are undermining rapidly expanding antiretroviral treatment (ART) services in sub-Saharan Africa. The intelligent dispensing of ART (iDART) is an open-source electronic pharmacy system that provides an efficient means of generating lists of patients who have failed to pick-up medication. We determined the duration of pharmacy delay that optimally identified true LTFU.

Methods: We conducted a retrospective cross-sectional study of a community-based ART cohort in Cape Town, South Africa. We used iDART to identify groups of patients known to be still enrolled in the cohort on the 1st of April 2008 that had failed to pick-up medication for periods of ≥ 6, ≥ 12, ≥ 18 and ≥ 24 weeks. We defined true LTFU as confirmed failure to pick up medication for three months (since last attendance). We then assessed short-term and long-term outcomes using a prospectively maintained database and patient records.

Results: On the date of the survey, 2548 patients were registered as receiving ART but of these 85 patients (3.3%) were found to be true LTFU. The numbers of individuals (proportion of the cohort) identified by iDART as having failed to collect medication for periods of ≥ 6, ≥ 12, ≥ 18 and ≥ 24 weeks were 560 (22%), 194 (8%), 117 (5%) and 80 (3%), respectively. The sensitivities of these pharmacy delays for detecting true LTFU were 100%, 100%, 62.4% and 47.1%, respectively. The corresponding specificities were 80.7%, 95.6%, 97.4% and 98.4%. Thus, the optimal delay was ≥ 12 weeks since last attendance at this clinic (equivalent to eight weeks since medication ran out). Pharmacy delays were also found to be significantly associated with LTFU and death one year later.

Conclusions: The iDART electronic pharmacy system can be used to detect patients potentially LTFU and who require recall. Using a short a cut-off period was too non-specific for LTFU and would require the tracing of very large numbers of patients. Conversely prolonged delays were too insensitive. Of the periods assessed, a ≥ 12 weeks delay appeared optimal. This system requires prospective evaluation to further refine its utility.

Press release

The media is a crucial audience for research findings because it is both a target for and disseminator of research evidence. The media can reach stakeholders that research teams cannot. They can popularize findings, press governments for change, and highlight inequities or programmes that are not working. However, researchers must be aware that the media can be sensational with bold headlines, while the actual reporting may lack important facts. For these reasons, one of the best
ways to reach media organizations is through a press release. This is similar in many regards to a sheet of take-home messages, but a press release has its own style and structure which should be followed.

In general, press releases are:

• No longer than one page. It may feature a photograph and/or logo of the research institution; other than this it comprise text.
• Topped by a strong and informative headline. Newspapers, depend upon a catchy ‘hook’ (the title) to convince people to read their articles, and a press release is no different. This is no simple task – to use ten words or less to capture the essence of a research project is very challenging. For a non-specialist audience you can focus on the most compelling/shocking and/or fascinating aspect of the project. Brainstorming on this might help to find the ten words that really capture what the project is about and why people should care about the results/conclusions.
• Summarized in several lines – justifying why the research findings deserve publication (dissemination/sharing). A small photograph or graphic may be helpful in reducing complexity to a simple but powerful image.

Have a two-paragraph body that answers the who, what, where, why and how questions for a lay audience. The media typically structures its articles to begin with the most important information and end with the least important. End with a section containing more information about the research institution or principal investigator. Also include contact information so that the newspaper or journalist can follow up if need be.

**Box 3**

**Example: Yellow fever vaccination booster not needed**

News release
17 May 2013 | Geneva – The yellow fever ‘booster’ vaccination given ten years after the initial vaccination is no longer necessary, according to WHO. An article published in WHO’s Weekly Epidemiological Record (WER) reveals that the organization’s Strategic Advisory Group of Experts (SAGE) on Immunization has reviewed the latest evidence and concluded that a single dose of vaccination is sufficient to confer life-long immunity against yellow fever disease. Since yellow fever vaccination began in the 1930s, only 12 known cases of yellow fever post-vaccination have been identified, after 600 million doses have been dispensed. Evidence showed that among this small number of ‘vaccine failures,’ all cases developed the disease within five years of vaccination. This demonstrates that immunity does not decrease with time.

**Important news for yellow fever endemic countries and travellers**

“The conventional guidance has been that the yellow fever vaccination has had to be boosted after ten years,” says Dr Helen Rees, chair of the SAGE. “Looking at really very good evidence, it was quite clear to SAGE that in fact a single dose of yellow fever vaccine is effective. This is extremely important for countries where yellow fever is endemic, because it will allow them to reconsider their vaccine scheduling. It is also important for travellers.”

Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes that is endemic to 44 countries in tropical areas of Africa and the Americas. Infection with the yellow fever virus causes varying degrees of disease, from mild symptoms to severe illness with bleeding, jaundice and fatal outcomes.
Estimated 200 000 new cases each year
There are an estimated 200 000 cases of yellow fever worldwide each year. About 15% of people infected with yellow fever progress to a severe form of the illness, and up to half of those will die, as there is no cure for yellow fever. Treatments are aimed simply at reducing patients’ discomfort.

The vast majority of reported cases and deaths occur in sub-Saharan Africa. In endemic regions of Africa, yellow fever natural immunity is acquired with age, putting children at highest risk of infection. Over the past two decades, the number of yellow fever cases worldwide has increased due to declining population immunity to infection, deforestation, urbanization, population movement and climate change.

Vaccination is the most effective measure
Vaccination is considered to be the most important and effective measure against yellow fever. Protective immunity develops within 30 days for 99% of people receiving the vaccination. For routine immunization programmes in Africa, home to 31 of the 44 yellow fever-endemic countries, the vaccine costs about $0.82 per dose.

SAGE is the principal advisory group to WHO for vaccines and immunization. It is charged with advising WHO on overall global policies and strategies, ranging from vaccines and technology, research and development, to delivery of immunization and its linkages with other health interventions. SAGE is concerned with all vaccine-preventable diseases including childhood vaccines and immunization.

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Policy brief
Policy briefs are short documents that present the findings and recommendations of a research project to a non-specialized audience. It is a stand-alone document, focused on a single topic and no more than 2–4 pages (~1500 words). Jones and Walsh (18) have observed that: “Policy briefs, if carefully designed, can be a powerful tool for communicating research findings to development policy audiences.” Because policy-makers are constrained by time and overwhelmed by various sources of information, they are likely to make quick decision by selecting the ‘evidence’ most appropriate to their political leanings.

Furthermore, in practice, research evidence is considered through the lens of policy-makers’ experience, expertise and judgment, contextual pragmatics, available resources and the policy context, as well as the habits, values and traditions of policy-makers, and the influence of lobbyists and pressure groups. Increasing the usage of evidence in policy-making therefore requires a communication approach that is informed by an understanding of and engagement with these competing influences.

Key ingredients of effective policy briefs (19)
To effectively serve its intended purpose a policy brief should be (19):
1. **Focused** on achieving the intended goal of convincing the target audience.
2. **Professional** (i.e. not academic). The typical audience for a policy brief is not interested in the research/analysis procedures conducted to generate the evidence, but rather the writer’s perspective on the problem and potential solutions based on the new evidence.
3. **Evidence-based.** The policy brief is a communication tool. The audiences not only expect a rational argument but will only be convinced by arguments supported by evidence that the problem exists and the consequences of (or not) adopting a particular course of action.
4. Limited to a particular problem or specific aspect of a given problem.
5. Concise. Typical audiences often do not have the time or inclination to read an in-depth, 20-page argument on a policy problem. Therefore, it is expedient that policy briefs do not exceed a maximum of 6–8 pages.
6. Understandable. Use clear and simple language (i.e. not jargon and concepts of an academic discipline).
7. Accessible to the intended target audience.
8. Promotional. i.e. should catch the eye of the intended audience through use of colour, logos, photographs, slogans and illustrative quotes.
9. Practical and feasible. It must provide arguments based on what is actually happening in practice with a particular policy and propose recommendations that are realistic and feasible to the target audience.

Common structural elements of a policy brief
Policy briefs directly reflect the range of roles that policy analysts fill (from researcher to advocate). The IR projects that policy briefs typically focus on are from the more action-oriented, advocacy end of the continuum. Although there is much variation even at this end of the scale, the most common elements of policy briefs are: title of the document; executive summary; context and importance of the problem; critique of policy option(s); policy recommendations; appendices and sources consulted or recommended.

Box 4

Example: Policy brief on support for scaling up ACTs in treatment of simple P. falciparum malaria in Burkina Faso

Policy issues
The resistance of P. falciparum to conventional antimalarial drugs is well attested by a number of studies throughout the world, including in Burkina Faso. The efficacy of artemisinin-combination therapies (ACTs) has also been proven in various studies and the large-scale use of ACT is recommended by WHO. Like other countries, Burkina Faso opted to change its drugs strategy for treatment of simple malaria by substituting ACT for chloroquine treatment in February 2005. At the time of writing, this scaling up of ACTs has not been applied to all age groups.

Scale of the problem
Malaria is a major public health problem in Burkina Faso, with more than 2 million recorded cases and over 4000 deaths every year, especially among children under 5 years of age. The majority of medical consultations, hospital admissions and deaths are malaria-related. Proper management of malaria requires the use of effective treatment. However, the socioeconomic status of the population, limited public resources and poor health service infrastructure prohibit large parts of the population from accessing this life-saving treatment.

Policy options
Given this situation, there is an urgent need for policies to improve universal and equitable access to ACTs for treatment of non-complicated malaria. These policy options are:
• Urge private-sector stakeholders (pharmacies, clinics and surgeries) to comply with national directives on subsidized pricing of ACTs.
• Motivate community health workers responsible for home-based management of simple malaria.
• Withdraw the antimalarial drugs used in monotherapy to treat simple malaria.
**Implementation considerations**

To implement any of these three policy options, it is essential to:

- Provide information/raise awareness of the principal malaria control stakeholders.
- Ensure that ACTs adapted to each age group are available countrywide.
- Train the staff tasked with dispensing ACTs.
- Review certain regulatory arrangements relating to policy implementation.

Source: Personal communication, EVIPNet Team in Burkina Faso.

**Using multiple dissemination platforms**

IR involves researchers and multiple stakeholders with different capabilities and access to different dissemination platforms or channels. The nature and implications of your findings may suggest a particular channel. For example, if the major audience of a study is a group of patients in a rural clinic, then creating a community drama may be an effective channel, as might printing up a very simple brochure for patients awaiting care, or the use of colorful cartoon/animations for young children.

The Internet also offers various platforms to disseminate your team’s work, such as social media platforms or blogs.

**Dissemination strategy**

**Developing a dissemination strategy**

The dissemination process must be part of the IR project cycle. Involving stakeholders in the dissemination process early will enhance greater ownership of the research process and the ultimate uptake of the research findings.

Specific steps are recommended for research teams as they discuss and identify their dissemination strategies and related needs. This is intended as generic guidance that can be modified and customized for specific projects. The end result should be a context-sensitive strategy designed to disseminate particular research findings to specific audiences.

**The overall approach**

The research team could be tempted to focus on the creation of particular information products. For example, there have been instances where a research project has created videos featuring a visual component to the research and feature interviews with the researchers and other major stakeholders. However, single one-way products do not constitute a dissemination strategy.

Strong dissemination strategies feature: two-way dialogues (not just from the stakeholders/researchers to an audience, but also feedback and responses from the audience); precisely tailored and targeted messages suited to particular audiences; and mechanisms to evaluate relevant indicators, so that the strategy and its products can be revised and improved.
Steps in developing a dissemination strategy

The figure below highlights nine separate steps research teams should consider in developing a dissemination strategy.

1. Review past dissemination efforts
2. Devise dissemination objectives
3. Determine audiences
4. Develop messages
5. Decide on dissemination approaches
6. Determine dissemination channels
7. Review available resources
8. Consider timing and windows of opportunity
9. Evaluate efforts

Figure 1. Steps in developing a dissemination strategy

Step 1: Review past dissemination efforts

When developing a dissemination strategy, it is prudent to begin by looking at what was done in the past. How did the research team disseminate information in the past? What products were created? Which ones worked? How did particular audiences respond? This can be done as an internal brainstorming exercise, review of relevant documents, or as a survey (formal or informal) with stakeholders who received the team’s communications in the past. Alternatively, a formal audit of previous dissemination efforts (often conducted by a third party) can assess performance and, more importantly, gauge perceptions that key stakeholders have of the team’s research, and of the climate surrounding the research. This type of information can significantly influence the selection of future tools and dissemination channels.

Step 2: Devising dissemination objectives

The research team should brainstorm around what it hopes to achieve by disseminating IR results. Why does the team wish to communicate processes or findings to particular audiences? Is the purpose of the dissemination to increase awareness, understanding, action, or to support local involvement?

Below are examples of dissemination objectives for a youth HIV prevention campaign:

Box 5

Example: By the end of 2013, the project will provide the youth with information on:
- HIV prevention strategies
- The life skills to prevent/mitigate HIV infection
Step 3: Determining primary and secondary audiences

Determining the primary and secondary audiences for the information being disseminated is a critical aspect of the dissemination strategy. The research team must understand who the audience is, how they absorb research evidence, their timelines, needs, etc. This will greatly increase the likelihood that the dissemination approach will meet its objectives.

Every IR project has multiple audiences with unique abilities and needs. Messages must be appropriately tailored taking these into consideration.

One tested way to ensure your team addresses the needs of all stakeholders in the dissemination process is to classify them into primary and secondary audiences. Primary audiences are those who need to make a decision or a change. Secondary audiences are those in a position to influence the decisions or actions of the primary audience. The level of audience (primary or secondary) is determined by the dissemination objectives.

Example:
In an intervention to perform safe male circumcisions for HIV prevention, where you are aiming to persuade the men to come for circumcision, the primary audiences are men who are at risk of HIV infection in relation to safe male circumcision (e.g. the uncircumcised men and sexually active circumcised men). Secondary audiences would include health workers, opinion leaders, caretakers of uncircumcised boys and female sexual partners. Each audience requires its own targeted communication strategy.

However, in the same intervention, if the objective of the dissemination is rather to seek support of the policy-makers to incorporate circumcision policies into existing national health policy, then the ministry of health officials and legislatures, plus other opinion leaders, would be the primary audience.

Step 4: Developing messages

Messages are at the heart of any dissemination product. Messages should be direct, simple, and explain the problem the research sets out to address. In addition, the solution the research may have generated, the particular implications of the research findings, and/or what might be expected of different audiences as a consequence of those findings should be captured in the message. IR projects often result in three to five key messages. While of course this does not represent the research in its totality, these messages can convey the essence of the research and its implications in a few concise words and phrases.

Messages should be written exclusively for one audience, bearing in mind the audience's needs and abilities with respect to the research evidence. A member of this audience should be able to read (or watch or listen to) those key messages in two minutes or less.

Step 5: Deciding on dissemination approaches

One way of choosing dissemination approaches is by initiating several stages of 'conversation' with a specific audience. The CHSRF's 'graded-entry' approach (14) offers one such idea. As an initial outcome of this approach, the research team develops a short document (i.e. 1 page or less) for a major audience. The document should focus exclusively on the most important findings for that audience and their major implications. Assuming the audience's positive reaction, a more detailed 3-page document could then follow, providing more detail about the research project itself, and positioning the implications against the context and other scientific evidence, etc. This could then be followed by a 25 page document (and/or a peer-reviewed paper) that explains technical matters such as the methodology.
Step 6: Determining dissemination channels

No matter how good the dissemination product, it will have very little impact if it is not disseminated via the most relevant channels. For example, a beautifully produced DVD with videos and photographs that capture the magnitude of a research project impact is useless if members of the intended audience do not have DVD players or even reliable electricity supply. Relying on the Internet as a channel for dissemination obviously assumes user connectivity, access to certain minimum bandwidth and sufficient skills to be able to find and use the research team’s work.

The consideration of appropriate channels is an essential step as it helps to narrow down, in very realistic ways, the types of communications tools that are practical, reach the right audiences and within the available budgets. Above any other consideration, the choice of channel(s) dictates who receives (and therefore who might act upon) messages.

Step 7: Reviewing available resources

It is important to consider the resources available for the dissemination activities. What materials are available for this work? Who can do it and what kinds of skills do they have? How much funding is available to create and implement this strategy? Will any of these variables change as we implement the strategy?

One reason why research teams tend not to be adept at sharing their findings is because dissemination can be expensive to carry out. Some forms of dissemination require significant resources as well as a high level of capacity. Communication products can also carry hidden costs, such as translation of materials into multiple languages, or costs for specialized skills such as graphic design, etc. The more realistic and precise the team can be about all of these costs the more realistic the expectations for this work will be. This is best achieved by drawing up detailed budgets for each product from the outset.

Step 8: Considering timing and windows of opportunity

A timeline for developing and disseminating information/communication products may be obvious but worth reiterating. There may be, for instance, an upcoming conference or other event at which the research team can distribute several different communication products, deliver a plenary presentation, and/or arrange some face-to-face meetings.

Given some of these suggestions for a staged approach, the research team must pay attention to issues of timing. This involves being aware of shifts within an audience (suggesting greater receptivity to your team’s work), windows of strategic opportunity that might suddenly open to which your team must respond quickly, and the activities of like-minded researchers and institutions, whose actions may help in advancing your team’s agenda.

Step 9: Evaluating dissemination efforts

As with all aspects of the IR process, dissemination of results and implications also requires careful evaluation and feedback. Dissemination should be carefully planned so that the intended audience(s) are reached. During implementation, adjustments may be needed to ensure a maximum return on investment and attention. One question that can usefully guide the entire approach to dissemination is: What will change if communications are completely successful? You don’t just want to get your findings into the public domain, you want specific audiences to receive them and act upon them. What kind of action then, among key audiences, equates with success?
Assessing budgetary implications is also important. Recognizing the effort that goes into successful dissemination, you need to be clear that you have used the right tools, struck the right balance among available tools, and received sufficient user feedback. This can be collected via some formal surveying and key informant interviews, and be invaluable of planning future strategies. An ‘impact log’ (20) can be another way to accumulate feedback on your communications strategies. Usually done informally, an impact log documents stakeholder reactions, media references, peer review references, etc.; media references to the work; peer-review references, etc. The research team can then synthesize all of this information into a lessons learnt or best-practice document. In some cases, the feedback may immediately shift or alter some of the products to ensure they reach the right audiences with the right messages.

Reflection Activity

Below is an example of a dissemination strategy. Use this example and the template provided to guide your team in developing a first draft of your dissemination plan.
Dissemination objectives
- Providing general information
- Announcing news
- Informing ethical bodies
- Improving communication between different stakeholders
- Improving collaboration between different multisite study teams

Project X’s dissemination strategy
- Technical issues
- Societal issues
- Ethical issues
- Personnel/organizational issues

Dissemination content

Dissemination channels/tools
- Community meetings
- Interpersonal communication
- Local events
- Web sites
- Email messages
- Project team conference/meetings
- Policy briefs
- Dissemination workshops
- Technical reports
- Scientific seminars
- Mass media
- Scientific publication

Target audiences
- Community
- Implementing team
- Policy-makers/MoH officials
- Research community
- Ethical review committees
CONCLUSION

Congratulations on completing Module 5 Dissemination of Research Findings. This module illustrates the key concepts of knowledge translation that relate to IR. This module also described the value of continuous stakeholder engagement for discussion and utilization of research results, the value of developing of a comprehensive dissemination strategy in a research project, and the importance of tailored dissemination tools for the different target audiences. We hope that you found enjoyed this module helpful and have increased your knowledge and understanding of dissemination of results and research findings. We encourage you to continue with Module 6 entitled, Monitoring and evaluation.
REFERENCES


### Additional reading


