

Implementation Science Subgroup Meeting

May 29, 2018

Participants: David Hamer (BU) [co-chair], Karin Kallander (Malaria Consortium/KI) [co-chair], Stella Abwao (MCSP/PATH), Valerie d'Acremont (SwissTPH), Danielle Charlet (URC-CHS), Nefra Faltas (USAID), Kristen Fanfant (Medicines for Humanity), Ciro Franco (Consultant), Dominique Freire (Consultant), Brynne Gilmore (Trinity College Dublin), Amy Ginsberg (SAVE), Emmanuel d'Harcourt (Consultant), Abdelmalik Hashim (MCSP/JSI), Laura Hoemeke (IntraHealth International), Elizabeth Hourani (MCSP/JSI), Patricia Jodrey (USAID), Dyness Kasungami (MCSP/JSI), Mariam Kone (Canadian Red Cross), Naoko Kozuki (IRC), Felix Lam (CHAI), Joe Lewinski (PSI), Jennifer Winestock Luna (Consultant), Sarah Marks (Malaria Consortium), Nate Miller (UNICEF), Kenneth Muko (Medicines for Humanity), Lisa Nichols (Abt Associates), Franco Pagnoni (Consultant), Serge Raharison (MCSP/JSI), Alfonso Rosales (WVI), Salim Sohani (Canadian Red Cross), Deepak Timsina (UNICEF), Charlotte Ward (Malaria Consortium), Leslie Wentworth (CHAI)

Recording Link: <https://mcsprogram.adobeconnect.com/p5tz13aogvwn/>

Meeting Notes:

- Welcome and introduction of co-chairs:
 - This group was a part of the iCCM Task Force as the Operations Research subgroup and the two co-chairs will continue this group under the Child Health Task Force.
 - David Hamer – Professor of Global Health and Medicine at Boston University School of Public Health and School of Medicine
 - Karin Kallander – Adjunct Associate Professor, Global Health at Karolinska Institutet in Stockholm, Sweden and Senior Research Advisor for Malaria Consortium in London, UK.
 - A survey was completed in June 2017 among TF members and members came up with five themes they felt should be focused on under the CH TF: advocacy, coordination, support to countries, creating learning/sharing platform, and knowledge management.
 - Under learning/sharing were two sub-themes:
 - Implementation science: how evidence informed interventions are put into practice or implemented in real world settings. Implementation science includes operations research and systematic program documentation based on active learning.
 - Basic research: the process of exploring and filling in knowledge gaps. Seeks to identify and explain relationships between variables.
 - TF members were then asked to respond to these two sub-themes on whether they should be a part of the TF agenda. Overwhelmingly, the TF members felt that implementation science needed to be focused on. While a broader research mandate was seen as important, TF members felt the group may not be the body to lead on this.

- Subgroup member introductions:

- Members introduced themselves and discussed what their organizations are doing within implementation science.
 - **Valerie d'Acremont** (*Swiss TPH and University Hospital of Lausanne*): We are implementing electronic clinical decision algorithms connected to sensors and rapid tests to manage febrile children at primary care level.
 - **Felix Lam** (*M&E lead for CHAI's essential medicines program*): The program is focused on improving coverage of ORS and zinc for diarrhea and access to pulse oximetry and oxygen for severe pneumonia/hypoxemia. We are currently operating in Ethiopia, Kenya, India, Nigeria, and Uganda. Regarding implementation research, we have program evaluations ongoing on uptake of treatments/equipment by providers and patients.
 - **Naoko Kozuki** (*Health Research Advisor at IRC*): Community health is a research and programmatic priority area at the organization level, so this subgroup is very relevant for us. We are currently brainstorming the testing of mobilizing community health systems during acute emergency onset. We have also previously conducted other research on simplifying job aids/tools for low-literate CHWs to improve quality of care/effectiveness of programs. We are also doing work on iCCM and nutrition integration, specifically with low-literate CHW cadres.
 - **Laura Hoemeke** (*IntraHealth International*): We are interested at looking at links between child health programs and PHC/UHC with a focus on health workforce/health systems issues.
 - **Joe Lewisni** (*Malaria and Child Health Advisor at PSI*): We are conducting implementation science research regarding iCCM and child health in a number of our projects including in South Sudan, Angola, and Cameroon. Most of the research is focused on quality assurance tools and research on technologies to improve referral networks.
 - **Lisa Nichols** (*Abt Associates*): Abt is implementing child health programs worldwide and we are interested in community health systems as part of our core activities on health systems strengthening and health financing under UHC.
 - **Kristen Fanfant** (*Program Manager for Latin America and the Caribbean with Medicines for Humanity*): We are focused on MCH program implementation in 6 countries and often partner with local Catholic sisters. We are also looking to study some health technologies in their clinic and community contexts.
 - **Salim Sohani** (*Canadian Red Cross*): We have RMNCH programs in Mali and South Sudan working on effective modalities in reaching out to women and children, specifically how we can effectively supervise CHWs in hard to reach areas.
 - **Nate Miller** (*UNICEF and Columbia University*): Mostly focused on child and community health in humanitarian settings. Working on building evidence on implementing child health, especially at the community level, in emergencies.
 - **Serge Raharison** (*MCSP Child Health Team, co-leading the "Expanding Package of Child Health Programs" subgroup of CH TF*): We expect close collaboration with the implementation science subgroup to help answer the "What works" and the "How to" questions.
 - **Alfonso Rosales** (*MCH Senior Adviser with World Vision US based in Washington, DC*)
 - **Brynne Gilmore** (*Researcher from Trinity College Dublin and Concern Worldwide*): I work on implementation science (operations research) for NGO community health programs and community health systems. Currently finalizing a research project on community health committees within MNCH program in Uganda and Tanzania, and have just started

one on a community engagement project implemented by an NGO within Kenya, using realist evaluation to understand how, why, and for whom CE can work.

- **Danielle Charlet (URC):** I work on the HEARD Project, which is a USAID-funded implementation science project within USAID's Health Research program. Very generally, the project focuses on agenda setting for implementation science priorities (through a broader stakeholder engagement process), data liberation, evidence reviews, and evidence generation. One major focus is establishing implementation science collaboration to respond to specific implementation science questions/priorities (usually with a regional focus).

- Discussion of TOR:

- The co-chairs presented the draft TOR and members raised questions and comments, some of which are outlined below.
 - Need to create a definition of implementation science for the work of the TF within the subgroup TOR.
 - The first three roles and responsibilities are a new to the older OR iCCM subgroup which shows the expansion of the mandate.
 - There is an opportunity for this subgroup to serve as a platform to disseminate in-progress or preliminary results/learning. Most of the time people are trying to have research published, but this can take a long time and we may be discussing programs after they have already ended.
 - A lot of the feedback from the TF survey included a need for country-level engagement. This group can function as a platform for bi-level directional sharing.
 - What is the value add of this subgroup in comparison to others under the CH TF? Perhaps a mapping exercise within the TOR would be useful.
 - The knowledge management aspect of the TF will be mainly done by the Secretariat and they are currently in the process of hiring a KM Advisor.
 - What is the value add or how will this subgroup collaborate with other groups focusing on implementation science (for example the TRAction project). Another global coordinating mechanism that we could coordinate with would be the QED Network (now called the Quality of Care Network).
 - How does this group relate to CORE Group? CORE Group is a network of NGOs, faith-based organizations, etc. that are doing some research but are usually more programmatic, service delivery. We should coordinate for dissemination of information but the groups are not necessarily conflicting. There is an iCCM CORE group with a partly overlapping TOR.
 - Curating information and disseminating evidence across committees is a gap that this group could help fill. Gap in curating the evidence and making them more usable to those in the field.
- Membership list includes those organizations that have at least one person who has expressed interest or have taken part in the calls for this group.
 - Would like to have more country participation in the group. Possible dissemination of research briefs could be something practical to share.

- The Secretariat is designing a new website for the CH TF and will be able to migrate information over from the iCCM TF website. The new website will be a place to share knowledge and hopefully assist country colleagues.
 - The TF is also currently working on a more effective strategy to engage with countries. One avenue may be the CH TWGs in country.
- Meeting schedule:
 - Every two months for one hour.
- Discussion of TRAction studies on unclassified fever:
 - *Please see presentation and recording for additional information.*
- Next Steps/Action Items:
 - Members to send co-chairs comments on subgroup TOR within the next two weeks. Co-chairs to compile comments and send out an updated draft of TOR.
 - Chairs to create a document to create an inventory of ongoing research studies and organizations/work being done in implementation science.