Integrated Knowledge Translation strategies to enhance evidence-informed newborn and child health guidelines in three African countries

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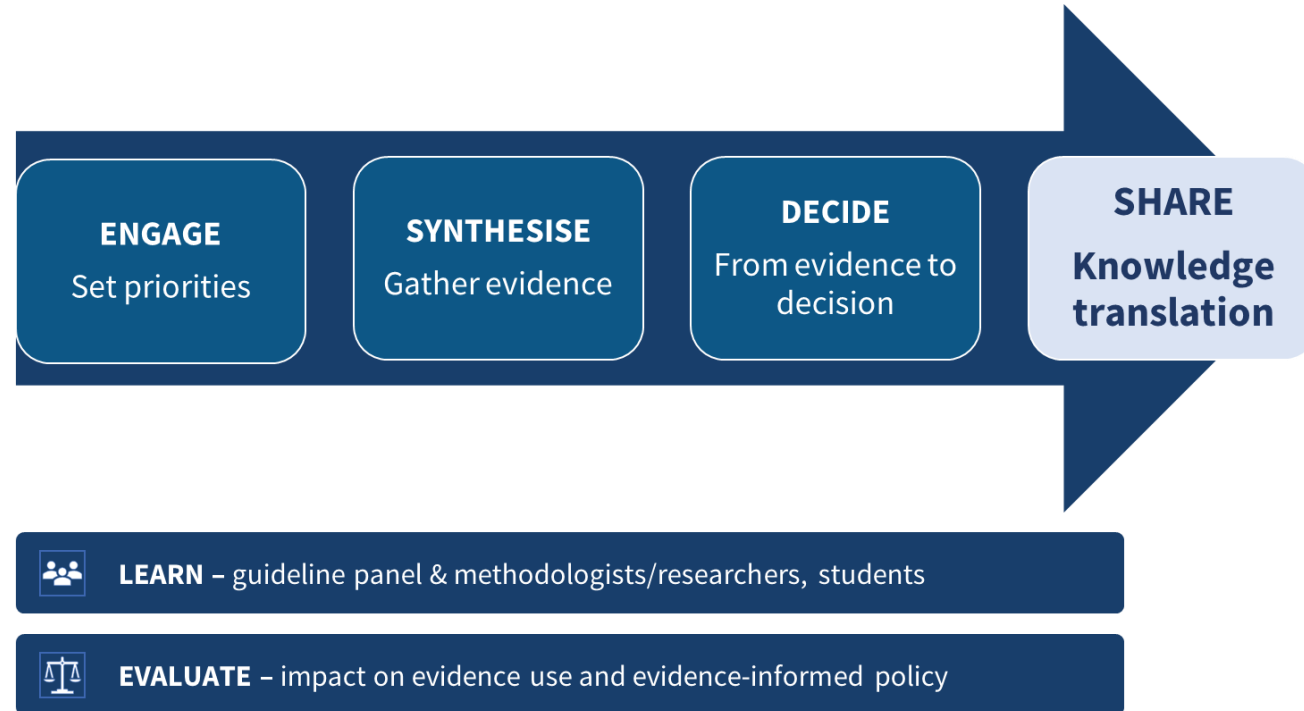
- ➢ I have no actual or potential conflict of interest in relation to this presentation.

- ➢ The South African Medical Research Council recognizes the catastrophic and persisting consequences of colonialism and apartheid, including land dispossession and the intentional imposition of educational and health inequities. Acknowledging the SAMRC's historical role and silence during apartheid, we commit our capacities and resources to the continued promotion of justice and dignity in health research in South Africa.

Global Evidence, Local Adaptation (GELA)

To facilitate collaboration with stakeholders, we adopted an Integrated Knowledge Translation (IKT) approach within GELA – for systematically mapping and engaging decision-makers and stakeholders and ensuring ongoing communication and dissemination.

Methods

➢ Six IKT champions from Malawi, Nigeria and South Africa, and a coordinator formed the GELA IKT Working Group

➢ Data collection (April 2022 to March 2023):

- Five 2-hour Working Group meetings held via Zoom
- Working Group meeting minutes , presentation slides and video recordings
- Process documents, including strategy templates and reflection notes

Stakeholder 1: Director of Child Health, Western Cape Province							
Goal/Purpose of Engagement (Raise awareness/interest, Inform, clarify, effect policy/practice/public action)	**Main Message**	**Medium** (PolicyBrief, Manuscript, report, Podcast Video, Blogshot, Interview, etc)	**Forum/Vehicle** (Conference, Face-Face, Email, Radio, Twitter, Telephone etc)	**Messenger** (Self, Colleague, Media, intermediary/Broker, Funder, Community member, etc...)	**Timing**	**Resources** (Time, Human, Financial, tools)	**Measuring uptake** (see sheet: Measuring uptake key for details)
1. Raise awareness about GELA	Objectives of GELA	SAMRC Website	Email	Tamara Kredo	31-May	Time (15 minutes)	Type of indicator: Usefulness (e.g. read the email) Indicator: Response Data collection method: Email Timing: Within 4 weeks of emailing them
2. Inform about a GELA scientific meeting							Type of indicator: Indicator: Data collection method: Timing:

IKT approach applied within GELA

1. Introduction to IKT and the purpose of IKT within GELA

Getting
the right **information**
to the right **people**
in the right **format**
at the right **time**
at the right **place**
in the right **way**
to influence (policy and
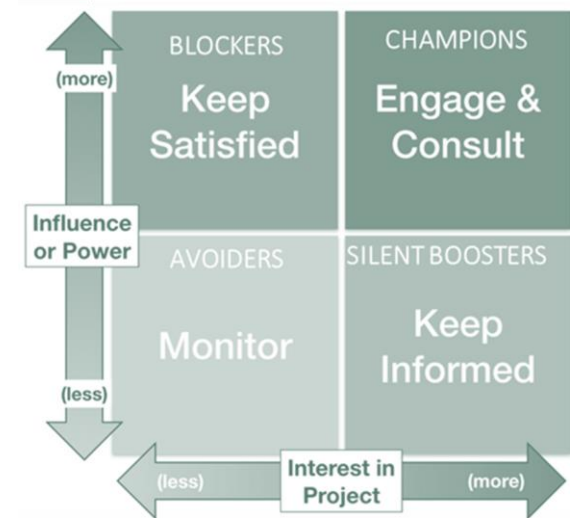practice) decision-making.

- Center for Evidence-Based Health Care, Stellenbosch University

2. Developing first draft of the country-specific IKT strategies: stakeholder mapping and analysis

3. Peer feedback on the draft IKT strategies

4. Finalising IKT strategies for implementation

5. Brainstorming implementation strategies, including managing potential challenges and opportunities

Measuring uptake (see sheet: Measuring uptake key for details) 1. What was the outcome? 2. What were the agreed next steps? 3. Did the stakeholder find the meeting useful? 4. What are your reflections about the opportunities/challenges of implementing the activity?	What are your reflections about the activity/engagement?	What did you learn? What opportunities emerged?	What challenges did you face?	What is the current goal status? (achieved, ongoing, stopped)	What are the next steps?

6. Implementing, monitoring and updating of the IKT strategies on an ongoing basis

IKT champions' skills and motivations

➢ **Education:**

- Master's degree in a relevant field, e.g. public health and information science
- Additional training in Evidence-Informed Decision-Making, but training in IKT varied

➢ **Work experience:**

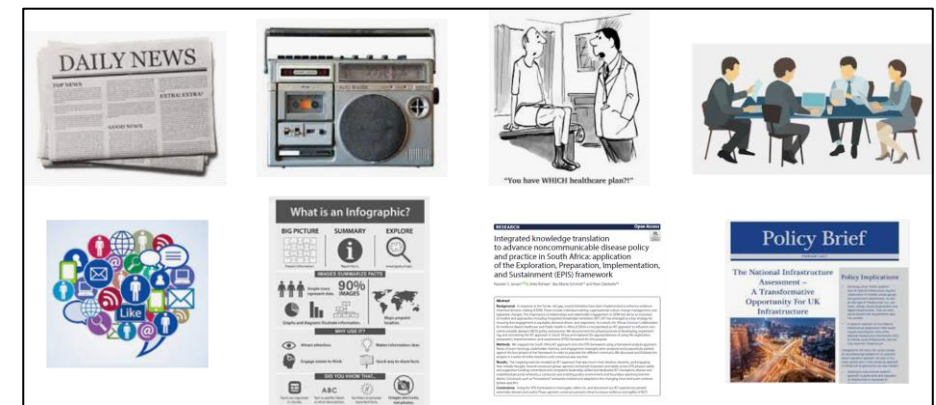- Ranged from 1-10 years, with varied experience with engaging stakeholders

➢ **Motivations:**

- Generally felt confident and motivated to coordinate country-specific IKT
- Saw the IKT role as an opportunity to learn new skills and to strengthen relationships with country-specific stakeholders

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Challenges:

➢ Finding the contact details of prioritised stakeholders (e.g. internet searches, calling institutional receptions)

➢ Identifying preferred formats and channels of communication

➢ Managing stakeholders' personal interests and competing priorities

➢ Engaging gatekeepers and bureaucratic processes (permissions from relevant Ministries of Health)

Opportunities:

➤ Using appropriate messengers to get buy-in from stakeholders

➤ Trying different communication options (including WhatsApp, hybrid meetings)

➤ Leveraging on existing relationships and contacting institutional receptions for guidance

➤ Learning more about the time and resources required to implement IKT, considering different stakeholders' needs and preferences

Conclusions

➢ Our experiences and process with developing and implementing IKT within GELA can help colleagues in similar African settings

➢ The flexible and evolving nature of IKT can help IKT champions and researchers tailor activities and processes according to stakeholder needs and preferences in their contexts

➢ There is need for further research on approaches and indicators for monitoring and evaluating IKT

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