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Background

- The Global Evidence, Local Adaptation (GELA) project aims to maximize the impact of research on poverty-related diseases by increasing researchers and decision-makers' capacity to use global research to develop locally relevant guidelines for newborn and child health in Malawi, Nigeria and South Africa.
- To facilitate engagement between researchers and decision makers, GELA project implemented an Integrated Knowledge Translation (IKT) approach.
- IKT has the potential to enhance knowledge co-production and promote uptake of research evidence in health programs, policies and practices, however, in Low and Middle Income countries (LMICs) there are limited studies documenting lessons learned in the development and implementation of IKT.

Study Objectives

- To document and record experiences and lessons learned with developing and implementing an IKT strategy.
- To describe methods used in documenting experiences and lessons learned to enhance effective development and implementation of an IKT strategy.

Methods

Study design

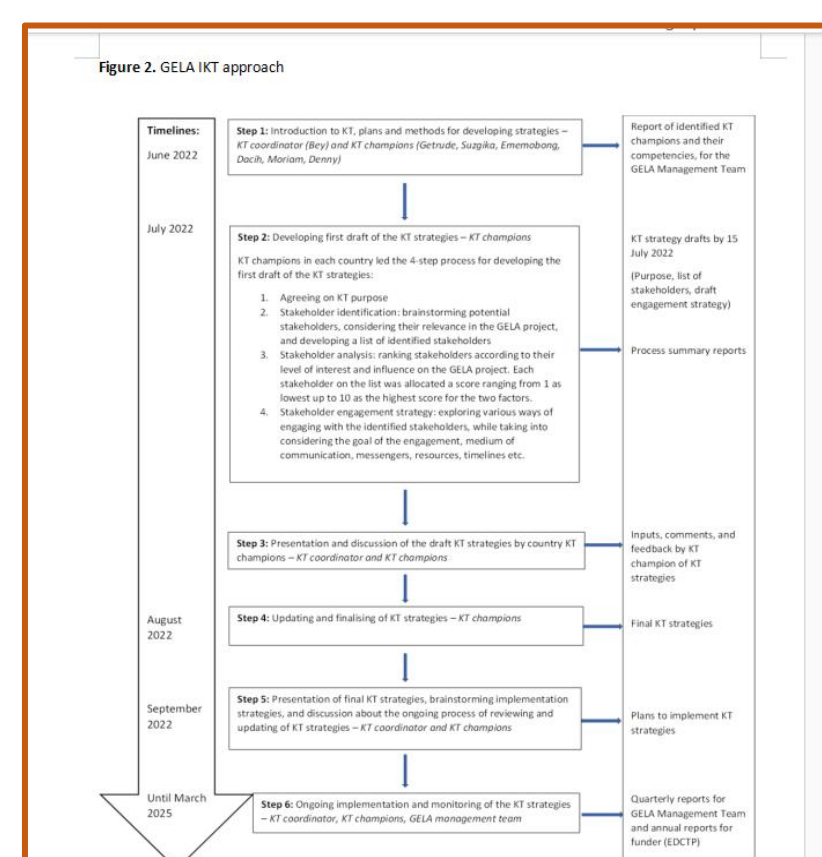
- This is a non-linear and iterative approach where two IKT champions from Malawi, and an overall GELA coordinator (representing Malawi, Nigeria and South Africa) formed the GELA IKT Working Group.

Data collection tools

- A questionnaire was used to collect data on experiences learned from developing an IKT strategy between April 2022 to March 2023.
- IKT champions participated in five 2-hour Working Group meetings held via Zoom. In the meeting they produced Working Group meeting minutes, presentation slides, process documents, including strategy templates and reflection notes which supported in documenting lessons learned.

Results

Figure 1. GELA IKT approach



- Figure 1 presents a flowchart of the IKT approach taken within GELA, involving the IKT working group, the broader country teams, and the GELA management team.
- The approach has enabled ongoing engagement with relevant stakeholders to keep them informed and updated on the research activities.

Experiences learned across three countries (Malawi, Nigeria and South Africa)

- All IKT champions across the three countries have similar training in Evidence-Informed Decision-Making, but their training in IKT varied.
- IKT champions felt it was challenging to carry out a comprehensive mapping of stakeholders, determine stakeholders' level of interest and influence on GELA using the power-interest matrix, and identify realistic indicators for monitoring the country-specific strategies.

Figure 2. Malawi IKT implementation experiences and lessons learned

STAKEHOLDERS' NAMES AND ORGANISATIONS	Goal/Purpose of Engagement (Outcome, evidence, interest, (define, classify, effect, priority, specific, brief) (in action)	Main Message	Medium (Digital, Print, Audio, Video, Radio, Social Media, Email, etc.)	Forum/Vehicle (Workshop, Focus Group, Roundtable, etc.)	Messenger (Name, Title, Organisation, Contact Info)	Timing	Resources (Time, Budget, Materials, etc.)	Measuring uptake	Reactions	Goal Achieved (Yes/No)	Challenges Faced	Lessons/Opportunities
Ministry of Health (MoH)	Goal 1: Establishing a working group to coordinate and lead the implementation of the IKT strategy.	Establishing a working group to coordinate and lead the implementation of the IKT strategy.	Meetings, Email	Workshop	Gertrude Tendai Kunje, Evidence Informed Decision Making Centre, Kamuzu University of Health Sciences	April 2022	Time, Budget	Uptake measured by number of participants in the working group.	Positive reactions, interest in the IKT approach.	Yes	None	Establishing a working group to coordinate and lead the implementation of the IKT strategy.
Health Systems Research Unit (HSRU)	Goal 2: Collaborating with the MoH to develop and implement the IKT strategy.	Collaborating with the MoH to develop and implement the IKT strategy.	Meetings, Email	Workshop	Suzgika Lakudzala, Health Systems Research Unit, South African Medical Research Council	April 2022	Time, Budget	Uptake measured by number of participants in the working group.	Positive reactions, interest in the IKT approach.	Yes	None	Collaborating with the MoH to develop and implement the IKT strategy.
Stellenbosch University	Goal 3: Collaborating with Stellenbosch University to develop and implement the IKT strategy.	Collaborating with Stellenbosch University to develop and implement the IKT strategy.	Meetings, Email	Workshop	Bey Schmidt, Stellenbosch University	April 2022	Time, Budget	Uptake measured by number of participants in the working group.	Positive reactions, interest in the IKT approach.	Yes	None	Collaborating with Stellenbosch University to develop and implement the IKT strategy.
Kamuzu University of Health Sciences	Goal 4: Collaborating with Kamuzu University of Health Sciences to develop and implement the IKT strategy.	Collaborating with Kamuzu University of Health Sciences to develop and implement the IKT strategy.	Meetings, Email	Workshop	Gertrude Tendai Kunje, Evidence Informed Decision Making Centre, Kamuzu University of Health Sciences	April 2022	Time, Budget	Uptake measured by number of participants in the working group.	Positive reactions, interest in the IKT approach.	Yes	None	Collaborating with Kamuzu University of Health Sciences to develop and implement the IKT strategy.
University of Calabar Teaching Hospital	Goal 5: Collaborating with University of Calabar Teaching Hospital to develop and implement the IKT strategy.	Collaborating with University of Calabar Teaching Hospital to develop and implement the IKT strategy.	Meetings, Email	Workshop	Gertrude Tendai Kunje, Evidence Informed Decision Making Centre, Kamuzu University of Health Sciences	April 2022	Time, Budget	Uptake measured by number of participants in the working group.	Positive reactions, interest in the IKT approach.	Yes	None	Collaborating with University of Calabar Teaching Hospital to develop and implement the IKT strategy.

- Collaboration and networking: the use of already existing relationships with the Ministry of Health (MoH) leveraged in identification of new stakeholders and gain of support.
- Political will: a less obvious but crucial factor, we learnt that full support from the government ensure alignment of priorities and sense of ownership.
- Lack of training in IKT contributed to variations in implementing a comprehensive mapping of stakeholders

Conclusion

- Our experiences of adopting an IKT approach within GELA can help other researchers in similar African settings systematically plan for IKT, communication and dissemination of project outcomes.
- The flexible and evolving nature of IKT can help specialists and researchers tailor activities and processes according to stakeholder needs and preferences in their context.

Future research direction

- There is need for further research on IKT indicators for monitoring and evaluating IKT since there is limited research on IKT in LMICs.

References

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