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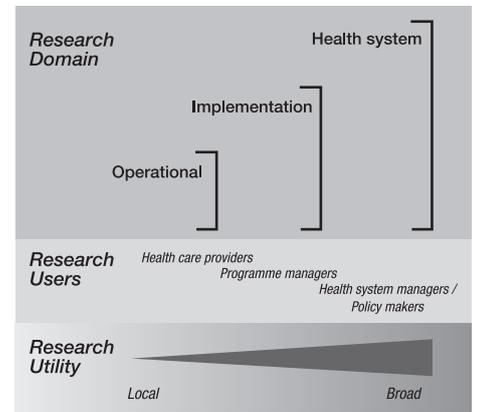
Implementation Research in HRP

Operationalizing the United Nations Secretary-General's Global Strategy for Women's and Children's Health

As the world moves closer to the target date for achieving the Millennium Development Goals, there is growing concern about the large gap between knowledge of effective interventions and their use in health-care programmes, especially in under-resourced settings. Those concerns led to increasing recognition of the need for research in improving access to and quality of care and to strengthen health systems.

Research to improve health systems

Research to improve health systems tends to be defined as implementation research, operations research or sometimes health systems research. The three research types have different research domains and focus although there are often overlaps between all three. Operations research tends to focus on operational problems within a local context while health systems research focuses on macro-level system issues. Implementation research typically falls between the two and aims to develop strategies for available health



practices to improve the access to, and the use of, these interventions. HRP has a history of implementing all three types of research in improving sexual and reproductive health.

“Implementation research is the scientific study of methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice, and hence to improve the quality (effectiveness, reliability, safety, appropriateness, equity, efficiency) of health care. It includes the study of influences on healthcare professional and organisational behaviour.”

Implementation Science Journal (<http://www.implementationscience.com>)

Within the UN Secretary-General's Global Strategy for Women's and Children's Health, HRP commits to: implement and coordinate a prioritized research agenda for improving maternal health; reinforce its support to research capacity strengthening in low- and middle-income countries; generate, synthesize and provide evidence and promote the uptake of research findings that inform policies and programmes; and advocate for increased resources towards research and innovation in sexual and reproductive health, and maternal and child health. It further commits to support countries, in the context of the Department of Reproductive Health and Research, to: translate research evidence into practice; identify and promote best practices; define and update norms and standards; scale-up interventions; foster linkages between sexual and reproductive health, maternal and child health and HIV/AIDS interventions; and to support scientific oversight and tracking of progress in the implementation of the Global Strategy for Women's and Children's Health.

Operationalizing the United Nations Secretary-General's Global Strategy for Women's and Children's Health



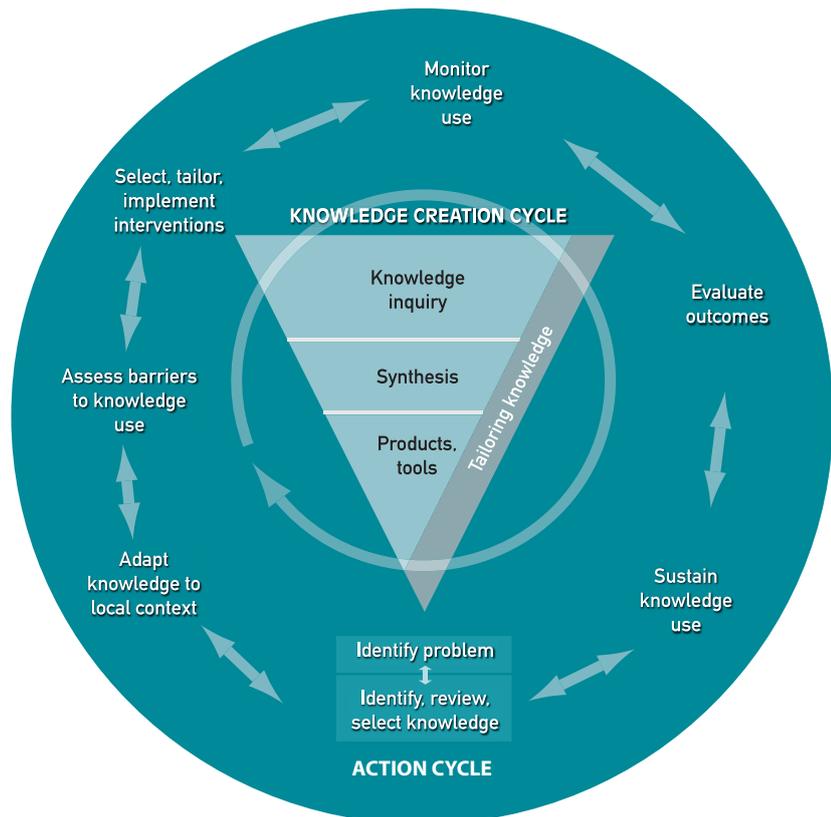
Department of Reproductive Health and Research including



UNDP • UNFPA • WHO • World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

Knowledge exchange and transfer

HRP strives to conduct research that is meaningful to country programmes and is accompanied by appropriate capacity strengthening and knowledge exchange activities. In 2009 HRP adopted a knowledge-to-action (KTA) framework. The KTA framework identifies two key components: the knowledge creation and action cycles. Knowledge creation starts with primary research to evaluate promising interventions, continues with the synthesis of the research and development of knowledge tools to communicate the research evidence to stakeholders. The knowledge tools are most often presented in the form of evidence-based guidelines and other publications for adaptation and utilization. The guidelines generally require adaptation to be used locally. When those guidelines are intended to be put in practice an active implementation strategy is often required. Implementation research typically focuses on those strategies and informs us on 'how' to implement best practices.



Scaling-up proven interventions

HRP has a large portfolio of activities that support utilization of research findings in practice including scaling-up of effective interventions at national level. HRP implementation research activities cover all main areas of sexual and reproductive health. e.g.:

Implementing the World Health Organization (WHO) model of antenatal care (Mozambique, Thailand)

- The effect of the integration of key interventions into routine antenatal care on obstetric and newborn outcomes as well as the detection, treatment and prevention of major health-related conditions (e.g. anaemia, and infectious diseases such as HIV/AIDS, malaria, and congenital syphilis) in Mozambique will be evaluated in a cluster randomized trial. (To be initiated in 2012)
- In Thailand, the Ministry of Public Health has implemented the WHO Antenatal Care Model in the North-East region and following its successful implementation decided to scale it up in the whole country with appropriate monitoring and evaluation. (Ongoing in 2011)

Implementing evidence-based guidelines (Argentina, Uruguay, Mexico, Thailand)

- WHO implemented a multifaceted educational outreach trial to improve obstetric practices in Mexico and Thailand. The trial did not show consistent increases in practices with the approach followed (*BJOG*, 2007;114:16–23).
- In Argentina and Uruguay a multifaceted strategy to increase oxytocin use after childbirth and reduce episiotomy in a cluster randomized controlled trial design showed significant and sustained increases in oxytocin use. (*New England Journal of Medicine*, 2008, 358:1929-1940).

Scaling-up the use of magnesium sulfate for the prevention and treatment of eclampsia (Mozambique)

- An implementation research project will evaluate the effectiveness of a multifaceted intervention to improve quality of care for women with eclampsia at hospitals and primary health care clinics in Mozambique, measured as the proportion of women that received care appropriate for their condition. (Planned for 2011).

Effectiveness of birth plans in increasing the use of skilled delivery (United Republic of Tanzania)

- Formative research conducted in United Republic of Tanzania indicated the greater need for engaging families in antenatal care to improve skilled birth attendance (*BMC Pregnancy and Childbirth*, 2010, 10:13)

A one-stop versus conventional service for antenatal syphilis screening (Mongolia)

- One-stop services increased the detection rate of syphilis, treated more positive women and their partners, and effectively reduced the rate of congenital syphilis in a cluster randomized trial in Mongolia. (*Sexually Transmitted Diseases*, 2009, 36(11):714-720).

Mid-level care providers provision of manual vacuum aspiration and medical abortion (Nepal, South Africa, Viet Nam)

- Two randomized trials with the objective of expanding access to care through task-shifting in Nepal, Viet Nam and South Africa indicated that with appropriate training, mid-level health-care providers can provide medical (Nepal: *Lancet*, 2011, 377:1155–1161 and manual vacuum aspiration abortions (South Africa and Viet Nam) as safely as doctors can (South Africa, Viet Nam: *Lancet*, 2006, 368:1965–1972).

Visual inspection with acetic acid and cryotherapy implementation – assessment of barriers (Madagascar, Malawi, Nigeria, Uganda, United Republic of Tanzania, Zambia)

The demonstration project to assess the acceptability and feasibility of implementing a cervical cancer prevention programme based on the “screen and treat” approach using visual inspection with acetic acid (VIA) was completed showing high acceptability by the women.

Increasing the use of antenatal corticosteroids for mothers at high risk of pre-term births in developing countries (multicountry)

RHR is collaborating with the NIH Global Network for Women’s and Children’s Health Research to implement a pragmatic cluster randomized controlled trial designed to evaluate the effects of a multifaceted intervention that will improve the identification of pregnancies at high risk of preterm birth and will facilitate the appropriate use of steroids to women at risk of preterm delivery, with the goal of reducing neonatal mortality rates among preterm infants in communities with low antenatal steroid use.

Implementation Research Platform

The Implementation Research Platform (IRP) was established in 2010 to support countries with high burdens of maternal, newborn and child mortality and morbidity by increasing research capacity to implement effective interventions in Africa. The Alliance for Health Policy and Systems Research (AHP SR) is hosting the IRP in partnership with the WHO Department of Maternal, Newborn, Child, and Adolescent Health (MCA), the HIV/AIDS Department, the Special Programme of Research, Development and Research Training in Human Reproduction (HRP), and the Special Programme for Research and Training in Tropical Diseases (TDR). The IRP objectives are:

- to identify common implementation problems and their main determinants which hinder effective access to interventions;
- to develop and test practical solutions to these problems that are either specific to particular health systems and environments or that address a problem common to several countries in a region;
- to determine the best way of introducing these practical solutions into the health system and to facilitate their full-scale implementation, evaluation and modification as required.

Implementation Research Platform: where are we now?

HRP is contributing to and leading several lines of work within the IRP.

1. Direct research funding

Of the seven research projects approved in the first round of grants in November 2010, three are supported and monitored by HRP.

- **Middle East Alliance:** Assessing the acceptability, feasibility and effectiveness of a strategy for improving the quality and safety of maternal/neonatal health care in the health system contexts of four Middle Eastern countries (Egypt, Lebanon, Occupied Palestinian Territories, Syria).
- **Uganda:** Innovations for increasing access to integrated safe delivery, PMTCT and newborn care in rural Uganda.
- **Guatemala:** A matched pair cluster-randomized implementation study to measure the effectiveness of an intervention package aiming to decrease perinatal mortality and increase institution-based obstetric care among indigenous populations in Guatemala.

2. Evidence synthesis

Using its long history of expertise in knowledge synthesis, for this initiative, HRP developed the concept note and the call for proposals in the IRP. Eleven systematic reviews have been funded and are currently ongoing. Two of those systematic reviews are contributing to the “WHO Guidelines for optimizing the delivery of key maternal and newborn interventions through task-shifting”, which is being led by HRP.

3. Leveraged funding initiative

This track is jointly conducted by HRP and MCA. HRP identified priority countries for support for the first 12 months to work with in this initiative, namely: the Democratic Republic of the Congo, Ethiopia, Guinea, Nigeria, Mozambique and Zambia. HRP and MCA will work with WHO’s country offices, ministries of health, other partners and donors in these priority countries to develop full research protocols and leverage funds for the execution of these projects to scale up maternal, newborn and child health interventions to achieve Millennium Development Goals 4 and 5.

Strategic vision for the future

HRP will take the lead internationally to define and implement an acceleration plan towards achieving universal access to sexual and reproductive health within countries of greatest need using combined intervention delivery approaches such as the Strategic Partnership Programme model, the WHO Strategic Approach, ExpandNet, and the Implementing Best Practices Initiative, with appropriate support for monitoring and evaluation.

HRP will lead the creation of Centres of Excellence in implementation research to reduce maternal mortality in high-burden countries. These will link with UN H4+ and the UN Secretary-General’s Global Strategy for Women’s and Children’s Health.

HRP’s track record in research capacity strengthening over the past 25 years makes it ideally placed to tackle this ‘implementation research’ and ‘scaling-up’ challenge.

About HRP

The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) was established in 1972 by WHO. In 1988, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and The World Bank joined WHO as the Programme's cosponsors. The four cosponsoring agencies, together with the major financial contributors and other interested parties, make up the Programme's governing body, the Policy and Coordination Committee (PCC), which sets policy, assesses progress, and reviews and approves the Programme's budget and programme of work.

Broad strategic technical advice on the Programme's work is provided by the Scientific and Technical Advisory Group (STAG). In 1999, STAG assumed the responsibility for reviewing, and advising on, the work of the whole Department.

Regional Advisory Panels (RAP) monitor and evaluate the work in their respective geographical regions. At an annual meeting, progress is reviewed and evaluated, and joint plans for the coming year are made for headquarters and for each region.

The Research Project Review Panel (RP2) reviews all projects which are supported by the Programme, from a scientific, technical, financial and ethical perspective. In addition, the Programme has several strategic review committees, expert groups and specialist panels that advise on detailed research strategies and promote debate on sexual and reproductive health issues.

Administratively, HRP is the research arm of the WHO Department of Reproductive Health and Research (RHR), whose vision is the attainment by all peoples of the highest possible level of sexual and reproductive health. It strives for a world where all women's and men's rights to enjoy sexual and reproductive health are promoted and protected, and all women and men, including adolescents and those who are underserved or marginalized, have access to sexual and reproductive health information and services.

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