

Research-Practitioner collaboration -

Link research with development ; so ensure research influences scaling-up

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Researcher – Practitioner Collaboration
Delivering Effective Health Care for All
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Problems of getting research into practice

The usual research - dissemination model

1. Research “discovers” solutions, then try to
2. “Market” to busy decision-makers & practitioners

Necessary, but not sufficient, as ***not***:

1. starting from perspective of decision-makers
2. a typical service context – so not replicable
3. skills, operational guides or materials for scale-up.

Solutions from experience – embedded research and development

- On-going *partnership* – priorities of programme
- Focus on opportunities for going to scale eg.
Policy, plans & funds exist– but *how to do effectively?*
- Exploratory studies *focussed* - on barriers to scale-up
- Test delivery strategies within programmes
 - ***realistic resources & integrated in general services***
- Researchers a catalyst for action, **draft guidelines etc.**
- Conduct research; pilots & trial *within* programmes
 - **+ *Implementation support to districts eg GFATM SR***

COMDIS Research, development, evaluation “embedded” within programmes approach

Review **evidence**, WHO guidelines and existing experience +/-
exploratory research (eg barriers - interviews managers, providers, patients)

Choose the best **delivery strategies** – **design** model of care

Draft/adapt operational **guidelines**, modules and other materials

Pilot-evaluate in early implementation districts –
test delivery options: comparison sites, **RCT?** & **explanatory study?**

Refine delivery strategies and materials

Scale-up nationally, disseminate experiences and products.

Implications of embedded approach

- Improves resource use of national & global funds
- Effective implementation at scale – better outcomes
 - **and with success, helps mobilise more !**
- Builds **capacity** of programmes
 - **on research, development and implementation**

Examples, COMDIS partners

- The national TB, malaria and AIDS/STI programmes
- Nuffield, Leeds & MC
- ASD Pakistan – Scale-up TB, Malaria guides, modules
- COMDIS China – TB guide 2,500 doctors in China
- Various countries– New regimen, diagnosis algorithm & family Tx support, nationally eg. HERD Nepal.
- Swaziland GSH – TB-HIV/ART H centres-community
- Ghana KNUST – IPT and TB guide national
- MC Uganda – Bednet delivery, ACT & RDT policy

COMDIS HSD focus is on e.g. primary care – CVD, community intervention and urban health.