5.2.1. How to bridge between health systems researchers and practitioners in the field of international health cooperation

Convener and Chair: Thomas Schwarz, CH

O.5.2.1.001	**Challenges and solutions in collaboration between non-governmental implementing organizations and local research institutions in developing countries** Cecilia Capello, CH	13:30- 1

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Introduction: The non-governmental organization (NGO) Enfants du Monde (EdM) supports Ministries of Health (MoH) and NGOs to operationalize the World Health Organization's (WHO) framework for Working with Individuals, Families and Communities (IFC) to improve maternal and newborn health in several countries. Conducting research is a priority in order to generate evidence for advocacy and programme fine-tuning. In 2014, EdM and its partners collaborated with local research organizations (ROs)/researchers in Bangladesh, Burkina Faso and Haiti to conduct baseline studies within this context.
Methods: Studies employed a rigorous mixed-methods approach. With technical support from WHO and the University of Geneva (UNIGE), EdM drafted terms of reference (ToR), following which ROs submitted research protocols. Protocols, including methodology, were finalized jointly with EdM and MoH. Researchers collected and analysed data and the report was finalized jointly.
Results: Common challenges emerged in the processes throughout all studies, including:
1) Expectations of NGOs and ROs regarding research: ToR proved insufficient for communicating completely the programme contexts and theories of change. A solution to this was investing in capacity building of ROs through exchanges and workshops;
2) Budget challenges: The costs of carrying out research are high, and NGOs are limited in their ability to justify research in their budgets. Agreeing required give and take on both sides. This included an understanding of ROs that mid-sized NGOs have limited resources for research and a willingness of NGOs to increase investment in research;
3) Involvement of MoH and other partners: While necessary for a high degree of engagement by all partners, it proved time consuming;
4) Different expectations and requirements in ethical considerations: Our solution was to insist on holding to the highest standards and submit the protocol to MoH for ethical approval. In every case research skills within the NGO, support of WHO and UNIGE, and input from other ROs were critical to success. This facilitated supporting local researchers, ensuring quality and accountability. The final result was three high-quality baseline reports.
Conclusion: Effective collaboration between implementers and ROs requires give and take and a high degree of investment on both sides. In our case, the ultimate result was a synergistic relationship which met the needs of all organisations.
Disclosure: Nothing to disclose

O.5.2.1.002	**Key determinants for a successful collaboration between NGOs and universities in health research** Michael Hobbins, CH	13:45- 1

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Introduction: Non-governmental Organisations (NGO) are often close to the action, know the reality and needs of their partners and beneficiaries, and are best situated to investigate their surroundings. However, they often lack resources (time, human and financial) to perform sound research. This abstract explores the potential to define key determinants of success for collaborations between NGOs and universities in health and development based on 6 years of experience validated through a case example.
Methods: SolidarMed (SM) is a Swiss NGO implementing evidence-based health system strengthening projects in 5 southern-eastern African countries. The University of Sheffield, UK, offers a Masters programme in Public Health & International Development (MPHID), which includes a thesis based on original research. The University looks actively for placement opportunities where students can carry out this research in collaboration with a host NGO. A Placement Agreement between the NGO, the University, and the student enshrines the common understanding, roles and responsibilities behind the collaboration. Financial responsibility for most of the placement lies with the student. Hosts and students separately evaluate the placement experience at the end of the programme to address any shortfalls in the future.
Results: From 17 students on the MPHID programme in 2014/15, 2 (12%) selected 2 projects, respectively, from a list of 21 research topics in four countries (9.5%) offered by SM. Nine additional international organisations offered placements specifically related to public health, which were selected by another 13 students, whilst the remaining students chose non-health related placements. Based on previous experience, some of the key determinants of success for such collaboration include a clear structured frame within which the collaboration takes place; focussed, realistic research topics meeting all expectations; the student's maturity to manage the project; as well as the host organisation's motivation and support at the placement site and during preparation.
Conclusions: The experience shows that key determinants for successful collaborations between NGOs and Universities can be defined and may be beneficial to students, universities and host organisations worldwide. SM and University of Sheffield will

be able to validate the above findings with its ongoing case example and share these late breaker findings during the ECTMIH conference.
Disclosure: Nothing to disclose

O.5.2.1.003	**From well-researched, tested and documented pilot interventions to health impact for all; from laboratory systems research to changing lives: in search of the holy grail of scalability** Bart Vander Plaetse, CH B. Vander Plaetse Novartis Foundation, Basel, Switzerland **Introduction:** For many years the Novartis Foundation has been piloting a number of projects focusing on enabling better health outcomes for more people in LMIC. Most of these have been well documented, and as pilots, are deemed to have successfully demonstrated proof of concept. The huge challenge however is to ensure that these examples of innovation transit through to having lasting impact at scale. Sustainability and scalability are important characteristics of innovations that determine the true long term impact they will eventually have. The Foundation is on a journey to ensure that creating solutions goes beyond short-lived pilot successes, by instilling from the start preconditions to scale and sustainability. We present a framework we use in our due diligence to select, implement and monitor our projects. **Methods and materials:** We reviewed our existing project portfolio and those in our shortlist pipeline against a combined set of scalability factors. Based on existing literature that combines lessons learned from success and failure in scale-up of innovations in health service delivery and structured interviews with key opinion leaders, we distinguish 34 factors in 2 broad categories: Differentiators/catalysts, and contributors/promotors; across 5 domains: communities & patients, providers, strategic approach, financing and leadership & governance. **Results:** The structured and outcome-at-scale focused review enabled us to better understand limitations encountered, strategically re-orient current initiatives and engage more forward looking with new opportunities. Our projects of generation 2.0 have different characteristics as those from the generation 1.0; and continued evaluation and fine-tuning using the scale framework will ensure that this transformation allows us to go beyond the pilot-phase. **Conclusions:** A cemetery filled with successful and well documented pilots has failed billions of poor people in their aspiration to good health. By going beyond a proof of concept towards a proof of concept+scalability framework, and discussing sustainability and scale at the start of the project, we believe we do not only deliver innovation, but innovate delivery towards having lasting impact at scale. Embracing concept+scalability thinking allows systems research to align more strategically with realities in practice, and ensure bolder steps towards universal health coverage. **Disclosure:** The described approach was developed and implemented during the authors employment at the Novartis Foundation.	14:00- 1
O.5.2.1.004	**Improving programme implementation through embedded implementation research (iPIER)** Nhan T. Tran, CH N.T. Tran World Health Organization, Alliance for Health Policy & Systems Research, Geneva, Switzerland **Brief introduction:** Implementation research is most likely to be useful where implementers such as programme managers have played a part in the identification, design and conduct of the research undertaken, and are not just a passive recipients of results. In order to effectively integrate implementation research into the decision-making processes it is not enough to simply open lines of communication with implementation researchers at an early stage; implementation research needs to be embedded in the overall design, planning and decision-making endeavour. **Methods and materials:** The Alliance for Health Policy & Systems Research, in collaboration with 3 WHO Regional Offices, is implementing a program of implementation research to support the implementation of current programmes in these regions with the objective of facilitating improvements in programme implementation through research that is embedded within existing implementation processes. This programme comprised two components: 1) capacity development for implementers such as programme managers and district health officers in identifying implementation barriers and on the application of basic research approaches to understand and solve these barriers; 2) small grants (USD 15-20K) to support the conduct of implementation research activities by programme managers and district officers to resolve implementation barriers. **Results:** Initial calls for expressions of interest (EOI) yielded an overwhelming response from implementers demonstrating the relevance of this type of research to the work of implementers as well as their interest in engaging in research. To-date, 8 projects are being supported in the Americas, 13 in the Eastern Mediterranean region, and 6 in the South and Eastern Asia region. Projects range from issues relating to non-compliance of guidelines to the expansion of e-health platforms. **Conclusions:** Embedding research within programme processes can facilitate the use of evidence by decision-makers. Implementation research is critical to the successful implementation of proven effective interventions and should be embedded as a core function of the system in which these programmes are being implemented. Programme managers and other implementers have an important role in this effort and rather than be viewed as potential recipients of research results, should lead it. **Disclosure:** Nothing to disclose	14:15- 1
O.5.2.1.005	**Fairness in international collaborative research partnerships for health, time for a certification process: COHRED Fairness Index** Janis K. Lazdins, CH J.K. Lazdins, N. Musolino, C. IJsselmuiden, J. Toohey COHRED – Council on Health Research for Development, Geneva, Switzerland **Introduction:** Global support for health in low middle-income countries has resulted in many improved products and services, but has not consistently improved the systems that countries need to conduct or partner research and to translate results into effective policy and practice. The Council on Health Research for Development (COHRED) is developing the COHRED Fairness Index™ (CFI) that will provide a recognized global benchmark of 'good practices' in health research collaborations taking place in low and middle income countries. **Methods:** The development of CFIs the result of a multi-sector consultation approach involving a Technical Working Group comprised of key stakeholders from NGOs, International organizations, philanthropies, donors, the public and private sector as	14:30- 1

well as academia.

Results: Based on a series of precisely developed indicators, the CFI is designed to provide an assessment tool to stakeholders to measure and report vital information that reflects their performance with respect to transparency, level of engagement, accountability and equity in their collaborations. Governments, institutions or researchers can use the CFI to examine and evaluate their respective research collaboration standards in order to get the confidence of where they stand in the 'fair standards' arena or how they can bring productive changes for improvement in their practices.

Concussions: The CFI through a verification and certification procedure that includes reporting and auditing processes shall strengthen contracting competences, articulate the needs and expectations of the different actors involved and increase trust. It can minimize reputational risk and posterior resource consuming litigation. The added values of its implementation will be to improve the alignment of interests of all partners in global health research and to reduce inequity in health research.

Disclosure: Support for COHRED CFI Colloquium 4, 16-17 April 2015 from Sanofi - Aventis Group, Pfizer and Celgene

| O.5.2.1.006 | **Successfully connecting NGO practice and health systems research - getting evidence into NGO practice & NGO practice into research**
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 Introduction: For driving the best science to meet global health challenges, the system has to build on researchers, policy-makers and practitioners creating, sharing and applying knowledge. NGOs translate needs into action. Researchers generate systematic knowledge for evidence-based decisions and actions.
 Methods and materials: The aim of the study was to develop a framework on how to get evidence into NGO practice and for supporting researchers to get NGO practice into their research. Enablers, barriers, and supportive tools are identified for NGOs to integrate more evidence into their work; and for NGO-research Collaborations. A literature review, an online questionnaire collected information from 30 NGOs, face to face interviews and two workshops involving 18 NGOs and 8 researchers were conducted. Case studies showing good practices of NGOs integrating evidence into their work and of NGO-research collaborations were identified.
 Results: The findings highlight challenges for NGOs to integrate health systems research in their work, and difficulties with the uptake of research findings into practical NGO work. Larger NGOs especially have increased investments in research and show institutional buy-in. NGOs and researchers alike see collaborations as beneficial for both (e.g. NGOs benefit from technical expertise on research methodology; researchers from access to the field). However, they are challenged by different time lines, incentive structures, and working cultures.
 Conclusion: For successful collaborations between practitioners and researchers, sufficient time has to be invested to build a relationship that is based on trust, respect, transparency and equity. Available tools and resources have been compiled in a web-based "toolbox" (www.ngo-research-toolbox.org) for NGOs and researchers to facilitate collaboration, as well as for NGOs to integrate evidence into practice. Tools alone will however not be sufficient to support the process - an enabling environment is required within NGOs ("doers" becoming "doer-thinkers"), research communities ("thinkers" becoming "thinker-doers") as well as funding agencies ("funders of results" becoming "funders of processes, results and research uptake"). Only the collective capacity of all stakeholders will enable creating, sharing and applying knowledge to meet global health challenges.
 Disclosure: This study was conducted as part of a Master Thesis in International Health at the Swiss Tropical and Public Health Institute and in coordination with Medicus Mundi International. The research questions and objectives of the study have been developed based on the Medicus Mundi International Research Policy. Supervisor of the thesis: Nicolaus Lorenz, Deputy Director, SwissTPH | 14:45-
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