

Approaches to Maximizing the Influence of Implementation Research on NTD Policy and Programming

Session Date & Time:	Monday, November 18 at 1:00 PM
Session Location:	Bellagio Ballroom – Section 1
Session Description:	Producing evidence is essential, but equally important is ensuring that evidence informs policy, strategy, and implementation. The session will highlight several strategies used to achieve multiple forms of impact at different levels of the system supporting neglected tropical disease (NTD) programming, seeking to address inequities and better serve vulnerable groups affected by a cross section of NTDs.
Session Chair:	Rachael Thomson
Session Rapporteur:	Alison Ower, Imperial College London

KEY DISCUSSION POINTS

- Addressing gaps in knowledge which contribute to misdiagnosis. Example of female genital schistosomiasis (FGS) in Ghana where the strong association of blood in urine with a schistosomiasis (SCH) infection diagnosis has led to the impression that women don't get infected, as women/girls typically do not report that symptom. This association leads to the thinking that SCH infection only occurs in males and to misdiagnosis of a sexually transmitted infection (STI) in adolescent girls.
- Utility of visual methods to (i) disseminate research findings and (ii) ask for potential solutions to address the operational bottlenecks, with themes including: community awareness, community drug distributor selection, interaction with the environment, acceptability, availability, accessibility, training, supervision, and mobilization for programs.
- Increased involvement of state and local government health system actors in implementation research to generate evidence-based solutions, led to greater understanding of the implementation challenges and how to tackle them, as well as skills acquisition – these collaborative bottom-up findings led to increased knowledge and ownership of the program.
- Utility of a research utilization framework for a project to ensure the production of relevant results for the needs identified, as well as the effective use and dissemination of evidence. Translation of evidence to different stakeholders requires the use of multiple mediums dependent on the audience (e.g. scientific papers, learning packs for program managers, policy documents, other media outlets).

KNOWLEDGE GAPS IDENTIFIED

- Conceptual: how can program managers and teams be supported to identify knowledge gaps?
 - Need for a simple, cheap and useful tool for diagnosis of FGS to prevent misdiagnosis in girls/women as a STI, in addition to comprehensive diagnosis/treatment guidelines.
 - Should morbidity be managed on a case by case basis or on a large-scale level (i.e., mass drug administration, or MDA)?
 - Lack of communication strategy for behavioral awareness to reduce the stigma attached to FGS
- Instrumental: how can innovative research and program methodologies be used to support service beneficiaries to make program change?
 - Need for mapping levels of bureaucracy in implementation of programs to understand how NTD programs interact with the health system at a country level
 - Missing links in understanding the barriers to MDA that could be bridged through training community members to do ethnographic surveys
- Capacity building: how can program managers and teams be best supported to demand and use research evidence to make program change?
 - How can partnerships be evaluated (cost/benefit) to different stakeholders?
 - A disconnect exists between academic findings and outputs and program managers; can the impact of these findings be measured, starting with if the research was requested by a program team (by who and when) and if the findings were subsequently relayed and used?
 - Develop strategies to evaluate whether a training has been successful and if it has been implemented in a sustainable way (i.e. knowledge cascade to ensure national sustainability)
 - How to best set priorities for programs and can this ability be developed all levels in a country, where these priorities can then be relayed back to funders
- Enduring connectivity: what strategies can be used in research programs to ensure sustained engagement of implementers and communities?
 - It is a challenge to get all partners to invest their time, for example government partners should be involved from the beginning of a project and capacity to sustain programs developed
 - Training for skills development takes time (2+ years), but there are intermediate steps (e.g. abstract writing, questionnaire design) and would resources such as these work to develop capacity?

RECOMMENDED NEXT STEPS

- Need for further training tools and guidelines to easily screen and diagnose FGS at point-of-care, as well as ensuring the availability of drugs in communities after an MDA so access exists outside of scheduled distribution.
- Determine if the use of innovative technologies allow for better understanding of barriers to treatment/services, such as through photos or voice recordings, to understand the daily challenges

that community members face. Further, use geo-tagged photos to outline potential transmission sites (e.g. schistosomiasis).

- Strengthen communication pathways between program teams and academic institutions to determine research questions of interest from a field/program setting, facilitate the feedback of the findings, and the measure the subsequent impact on/uptake by programs.