Demonstrating research impact

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RESYST
RESILIENT & RESPONSIVE HEALTH SYSTEMS

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Session outline

- What is impact?
  - Types of impact
  - Challenges in demonstrating research impact

- RESYST's approach to demonstrating impact
  - Planning impact – Pathways of impact (theory of change)
  - Tracking impact – Indicators, online tools
  - Describing impact – Research impact framework

- Impact stories

What is impact?

"The demonstrable contribution that excellent research makes to the economy and society"

Research Councils UK

Academic impacts →
- New knowledge
- Methodologies, techniques
- Teaching and learning

Non-academic impacts →
- Society and environment
- Economy
- Public policy

Why do we need to demonstrate impact?

> " DFID spends £350 million of taxpayers money on research funding… we need to demonstrate it is reducing poverty, not only to the taxpayers but also to the countries we work in
>
> *DFID Evaluation Advisor, 2015* "

- To justify spending decisions to funders

- To make the case for future funding

- A moral obligation in public health research?

Types of impact: how research is used

Instrumental

Influencing development of policy, service provision, legislation, regulation

- Improvement to clinical or healthcare guidelines
- Decisions by a health service or regulatory authority informed by research

Conceptual

Contributing to understanding of policy issues, reframing debates

- Increased public awareness
- Stimulated debate
- Better understanding of the issues
- Change in attitudes

Capacity building

Technical and personal skill development

- Enhanced capacity, knowledge, skills

Types of impact: influence at different levels

RESEARCH INFORMS

Strategy, policy formulation

Global WHO guidelines/ donor spending

National National policy or strategy or regulations

Policy implementation, service delivery

State/county Plans or implementation guidelines

Facility Management practices, resource allocation decisions
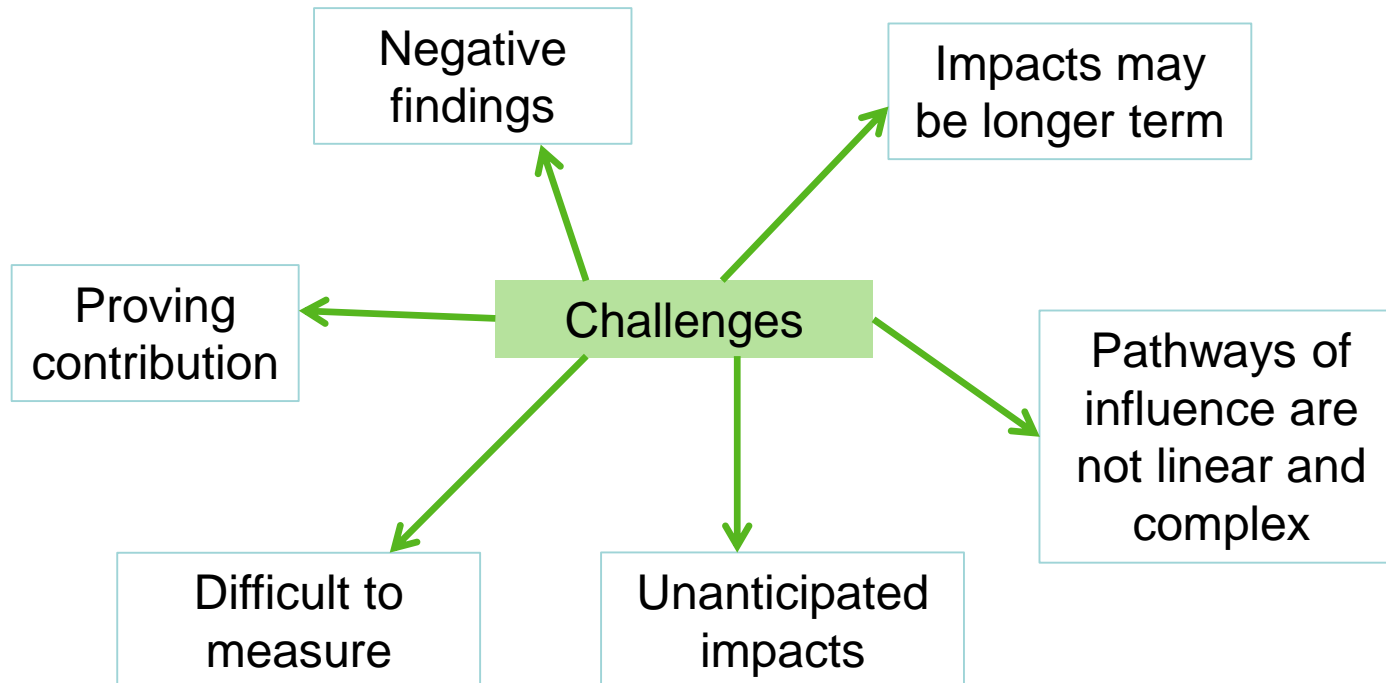
Health worker Training, attitudes

Improved patient health

Improved care practices, or healthcare guidelines

Increased efficiency in delivery of health services

Raised public awareness of a health risk or benefit

Challenges of demonstrating impact

RESYST's approach

1. Planning for impact
   - Policy relevant research questions, building relationships with stakeholders
   - Theory of change

2. Tracking impact
   - Indicators (tracking forwards)
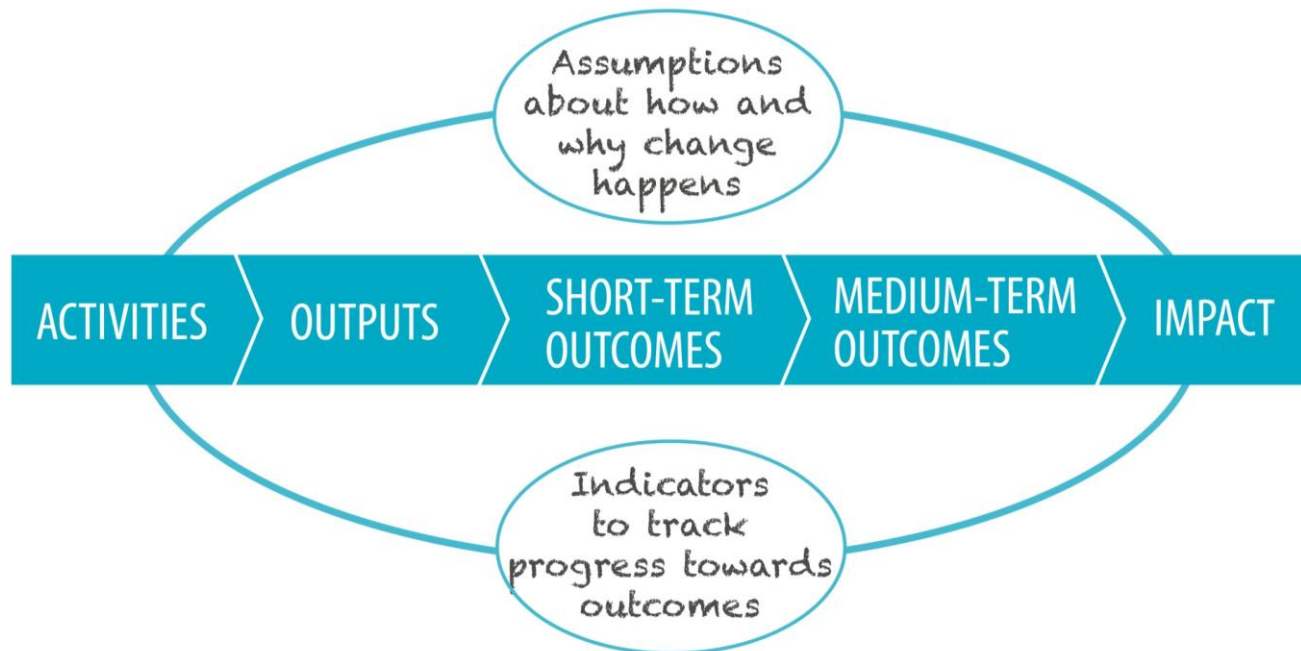   - Collecting evidence

3. Describing impact
   - Research impact framework (tracing backwards)
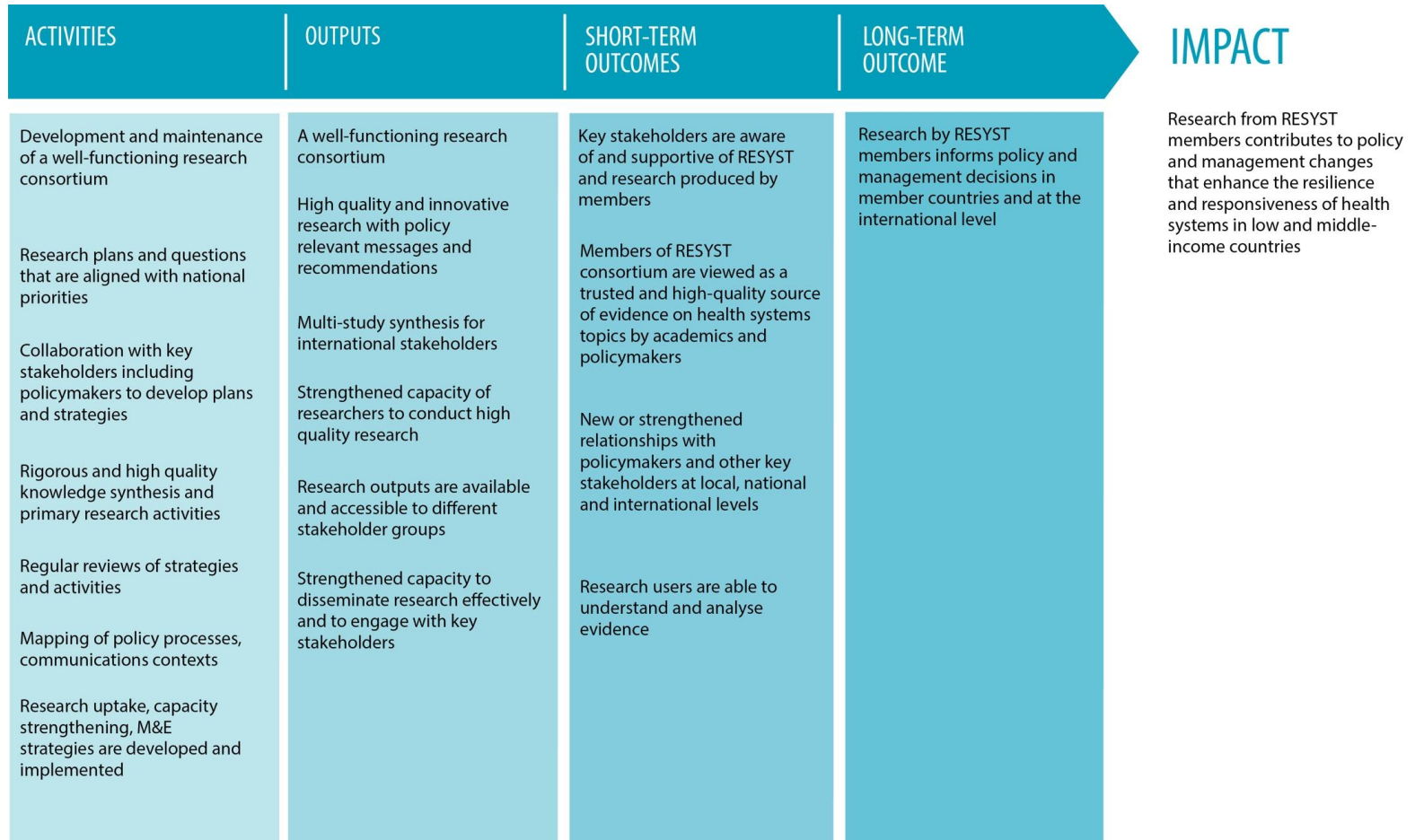   - Impact stories: case study, infographic, videos

1. Theory of change

- Maps out expected pathways between activities and intended impact

RESYST theory of change

ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOME	IMPACT
Development and maintenance of a well-functioning research consortium	A well-functioning research consortium	Key stakeholders are aware of and supportive of RESYST and research produced by members	Research by RESYST members informs policy and management decisions in member countries and at the international level	Research from RESYST members contributes to policy and management changes that enhance the resilience and responsiveness of health systems in low and middle-income countries
Research plans and questions that are aligned with national priorities	High quality and innovative research with policy relevant messages and recommendations	Members of RESYST consortium are viewed as a trusted and high-quality source of evidence on health systems topics by academics and policymakers		
Collaboration with key stakeholders including policymakers to develop plans and strategies	Multi-study synthesis for international stakeholders			
Rigorous and high quality knowledge synthesis and primary research activities	Strengthened capacity of researchers to conduct high quality research	New or strengthened relationships with policymakers and other key stakeholders at local, national and international levels		
Regular reviews of strategies and activities	Research outputs are available and accessible to different stakeholder groups			
Mapping of policy processes, communications contexts	Strengthened capacity to disseminate research effectively and to engage with key stakeholders	Research users are able to understand and analyse evidence		
Research uptake, capacity strengthening, M&E strategies are developed and implemented				

2. Tracking impact

Outcome indicators

- Article citations (google scholar)

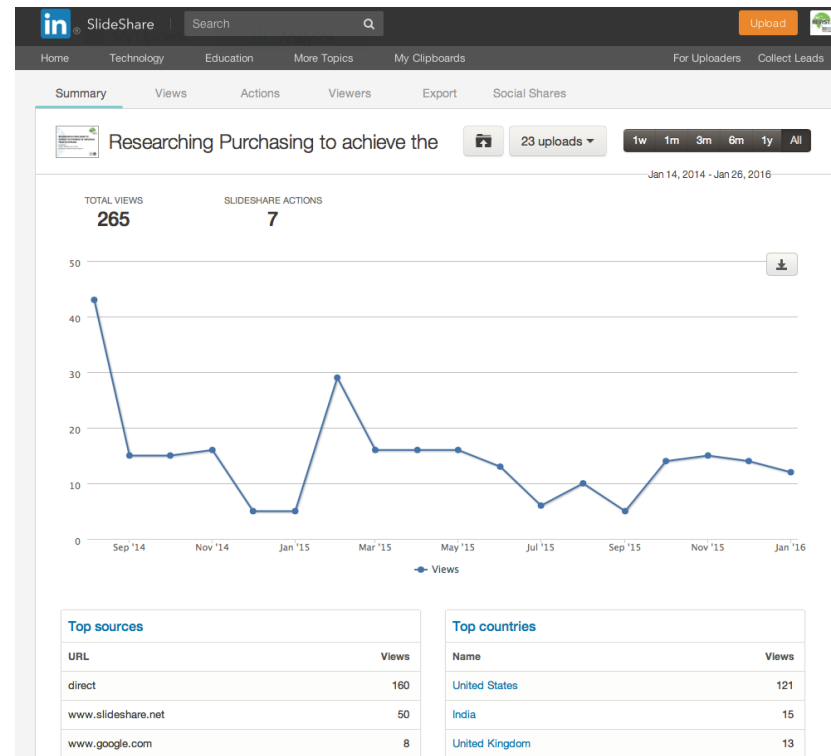- Downloads of publications: journal metrics, web downloads, Slideshare views

What we track

- Website and social media: website visits (Google Analytics), Twitter clicks (Bitly), social media presence (Altmetric), newsletter opens (Mailchimp)

What we track

- Stakeholder engagements (formal/informal meetings, participation on advisory committees, conferences)

- Requests for research consultancy or advice by policymakers

Request for Advice by Wina Sangala, Deputy Director of the Malawi Health Sector Programme Technical Assistance (MHSP-TA) team - 23 June 2015

View | Edit

Submitted by wolfer on 23 June 2015

Name of RESYST representative to whom request was made: **Sassy Molyneux**

Name and position of person(s) who made the request:
Wina Sangala, Deputy Director of the Malawi Health Sector Programme Technical Assistance (MHSP-TA) team

Request for tools on community accountability measurement, and policy briefs on committees and direct facility funding.

Request for: **Advice**

Date: **23 June 2015**

Country: **Kenya**

Themes: **Governance**

Response to request: **Accepted**

Institutions:
KEMRI-Wellcome Trust Research Programme

Evidence of impact

Reference in policy/government report

Reference in guidelines

Testimonial (letter, email)

Types of evidence

Link to media coverage (article, video)

Academic citation

Meeting minutes / documentation
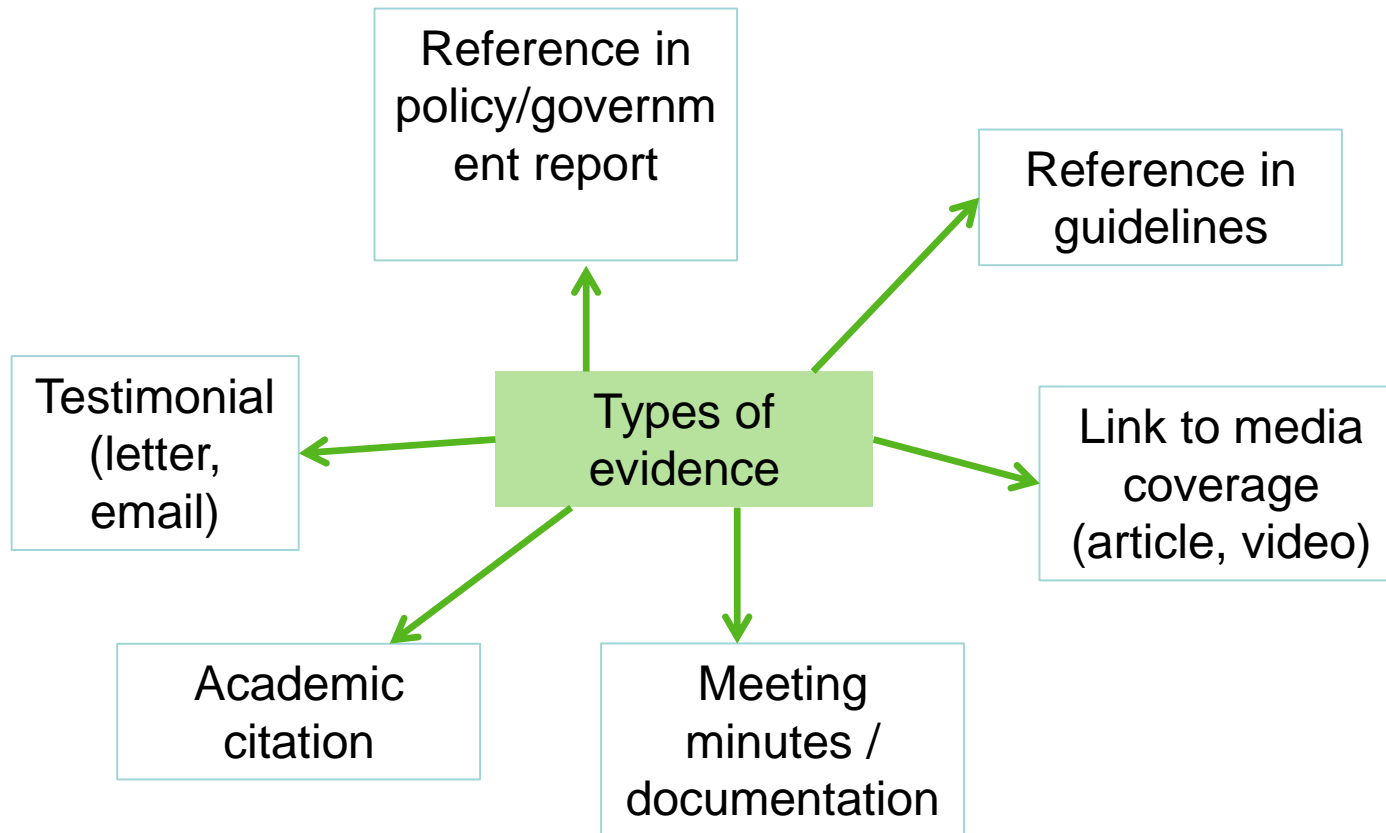
3. Describing impact: Research impact framework (RIF)

- Framework to help researchers to think through research impacts, and then describe the pathways of impact

- Makes the link between:

    Research ⟶ Outputs ⟶ Outcomes ⟶ Impact

- Broad approach:
    - Can be applied to one piece of research or to a collective body of research that occurs over several years
    - Covers engagements specific to the research, and those relating to the research (where research is part of a larger body of work)

- Recognises different types of impact

- Provides space to highlight potential impacts to accommodate short time-scales demanded by funders

Outline of the RIF

Impacts on policy and practice	Engagement with research users	Background to the research

- Examples of different types of impact
- Evidence of impacts
- Description of potential wider impacts

- Interactions relating specifically to the research (before, during and after)
- Interactions with policymakers and practitioners relevant to the research,
- Interactions with intermediaries, e.g. media, NGOs

- Aim of the research
- Relevance of the research
- Intended users
- Likely beneficiaries
- Research outputs and dissemination activities

Impacts from RESYST research

Impact	Who, where	Brief description and pathway of impact
Influencing policy debates and discussions	Health Financing Unit, Federal MoH, Nigeria	Research shared with the Technical Working group for the operationalization of the National Health Act, and Unit in MoH responsible for planning Universal Health Coverage
Use of new training tools for health planning and budgeting	Kilifi County Health Management Teams, Kenya	Research findings fed into the MoH planning department, and led to development of new tools to be used by county policymakers to better plan health spending decisions
Policy influence on National Health Insurance strategy	National Department of Health, South Africa	Research used by health policymakers to inform their new White Paper and plans for implementing National Health Insurance policy

Describing impact through stories

- Writing a narrative of the impact

  - Research impact framework provides a basic structure for the narrative

  - Provides context, concise definition of the issue, explains why the issue is important

- Stories can be told in different ways depending on who they are for

  - Written case studies

  - Photo stories or video interviews

Appealing to the intended audience

Characteristic	Researcher	Funder
Knowledge of subject	Vast	Variable, ranging from vast to limited
Attitude to subject	Desire to understand topic in detail	Want to know how information is relevant to them
Time constraints	Take maximum time to study topic	Want to digest information as quickly as possible
Purpose of communicating to audience	Convey findings of research	Demonstrate impact of research
Desired result	Advance knowledge in research field	Inform judgment about research impact

Source: Table adapted from V. Williams et al (2009)
Demonstrating and Communicating Research Impact Rand Corporation

HEALTH POLICY RESEARCH GROUP: SHAPING NIGERIA'S ROADMAP TO UNIVERSAL HEALTH COVERAGE

Nigeria currently has some of the worst health outcomes in the world, due in part to the poor state of primary health care services, which are characterised by a lack of coverage, especially in rural areas, inadequate health facilities and high out of pocket payments. The 2014 National Health Act (NHAct), which sets out a legal framework for the provision of health services, has the potential to transform health care provision in Nigeria and, through the Basic Health Care Provision Fund (BHCPF) to extend primary health care to all Nigerians. As such, the NHAct has become synonymous with the country's roadmap to Universal Health Coverage (UHC).

The NHAct is currently at a critical stage where guidelines are being developed for its implementation in concurrence with a review of Nigeria's 2004 National Health Policy, the draft Healthcare Financing Policy and the National Strategic Health Development Plan (2010-2015). As part of this process researchers from Health Policy Research Group (HPRG) at the University of Nigeria are playing a prominent role, enabled by their reputation as experts in the field of health financing and policy and trusting relationships with both health policymakers and civil society organisations.

ASSISTING IN POLICY DEVELOPMENT

Professor Obinna Onwujekwe is the co-chair of the Healthcare Financing, Equity and Investment sub-committee of the Technical Working Group for the Operationalisation if the NHAct. He is also supporting the Healthcare Financing Unit of the Federal Ministry of Health to develop plans for UHC, and leads the team responsible for developing the National Healthcare Financing and Equity Policy and

A policy brief that contains the framework and recommendations for improving accountability was shared at a dissemination meeting and discussed with members of the sub-committee on Healthcare Financing, Equity and Investment during their regular meetings. By feeding directly into discussions regarding the formulation of guidelines for the BHCPF, the research has potential to improve how the Fund is implemented and help to ensure that money flows to primary health care services as intended.

CONVENING POLITICIANS, ACADEMICS AND ACTIVISTS

As well as directly contributing to policy discussions, the policy brief has also been shared with civil society and health advocacy organisations in Nigeria, including the Health Reform Foundation of Nigeria (HERFON), Nigeria Health Watch and the Health Sector Reform Coalition, with members including Save the Children, Bill and Melinda Gates Foundation Nigeria, and the Nigeria Medical Association.

MAPPING **KEMRI**|Wellcome Trust RESYST RESEARCHERS' INFLUENCES ON POLICY AND PRACTICE

RESYST
RESILIENT & RESPONSIVE HEALTH SYSTEMS

- INFORMAL ADVICE
- FORMAL ADVICE & TECHNICAL SUPPORT
- FORMAL CONTRIBUTIONS TO TEACHING
- INFORMAL ADVICE TO PRACTITIONERS

EDWINE BARASA

In my research I have developed a framework for setting and evaluating healthcare priorities. I have drawn on this during policy discussions about how Kenya should structure its purchasing arrangements to improve efficiency and equity. I Chair the technical working group that develops proposals for the healthcare purchasing arrangements and benefits package within the country.

I am also a member of a technical working group responsible for developing and implementing a health insurance subsidy program for the poor, and for developing strategies to improve coverage among the informal sector.

▶ WATCH EDWINE BARASA'S IMPACT STORY

EDWINE BARASA & BENJAMIN TSOFA

In our research relating to priority setting practices in public hospitals, we found that hospitals rely heavily on user fee revenue to finance services. When user-fee funds were disrupted following devolution, we worked through our many formal and informal networks to ensure that short and long term strategies were put in place to keep hospitals open and functioning. This was particularly important for the poorest populations who cannot afford alternative health care.

▶ WATCH EDWINE AND BENJAMIN'S IMPACT STORY

HIGHER EDUCATION
- University of Nairobi, School of Economics and Public Health
- Pwani University, School of Public Health
- Strathmore University, School of Healthcare Management

MINISTRY OF HEALTH

Intersectoral coordinating committees
- Health sector planning
- Health financing
- National hospital insurance fund
- Immunisation

Technical working groups
- Health finance strategy coordination
- Monitoring and evaluation of health sector performance
- Leadership training
- Human resources for health
- National Immunisation

NATIONAL LEVEL

POLITICAL ACTORS
- Kenyan parliament
  - Parliamentary committee of health
  - Senate health committee
- Council of govenors
  - Health secretariat
- Constitutional committees
  - Commission for implementation of the constitution

PRIVATE SECTOR
- Kenya private sector alliance

DEVELOPMENT PARTNERS
- World Bank Health sector team
- GIZ country office Health financing teams
- JICA country office
- USAID - HPP Health financing and governance teams
- World Health Organization County office, health systems

COUNTY LEVEL

MOMBASA COUNTY
- County department of health
- Mombasa hospitals

CROSS COUNTY
- Coast counties group

KILIFI COUNTY
- Sub-county health management team
- County hospital managers
- Facility managers
- County department of health
- County government

BENJAMIN TSOFA

My experience in the health sector began as a clinician before moving into hospital and public health management.
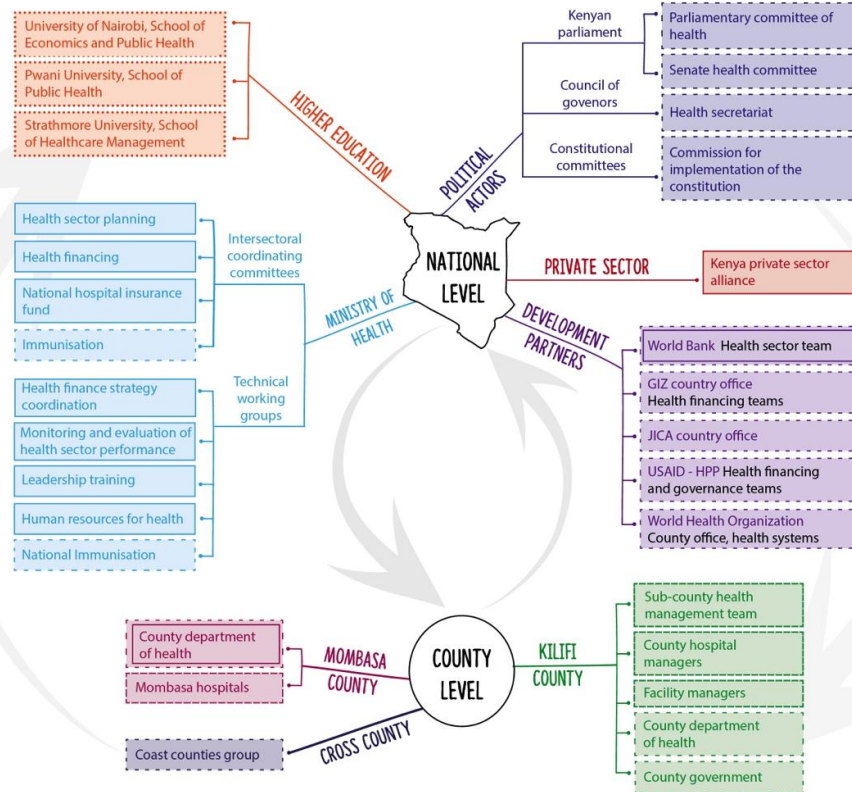
My research investigates health systems governance with a focus on planning, budgeting, priority setting and the impact of political devolution on the health sector. I have provided technical advice at both county and national levels; supporting policy development, building tools and guidelines for budgeting and planning as well as translating these frameworks into practice.

▶ WATCH BENJAMIN TSOFA'S IMPACT STORY

MARY NYIKURI

I research day-to-day management practices of sub-county managers and how they interact with and support primary health care facility managers. I meet regularly with sub-managers and facility in-charges to interview and observe, and feedback my observations which can lead to change. Following my feedback regarding the lack of preparedness of facility in-charges to carry out crucial roles, a sub-county manager introduced new induction processes and terms of reference for facility managers.

▶ WATCH MARY NYIKURI'S IMPACT STORY

UNIVERSITY OF OXFORD

UKaid
from the British people

Mary Nyikuri: KEMRI impact video

RESYST Channel

Edwine Barasa: KEMRI impact video

RESYST Channel

Conclusion

- Demonstrating research impact is a necessary component of many research projects

- However, there are several challenges in demonstrating impact, especially given the long time frames that impact can take to happen

- RESYST has developed an approach to demonstrating impact that maximises our chances of impact from the start, actively tracks the use of outputs, and traces backwards

- There are different ways of telling impact stories, which should be tailored for their target audience

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