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Procedures Manual for  
Evaluating Knowledge-  
Translation Platforms in  
Low- and Middle-  
Income Countries

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# Overview

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## Evaluating Knowledge-Translation Platforms in Low- and Middle- Income Countries (KTPE) Study

A number of units, called "knowledge-translation (KT) platforms," have been launched in municipalities, countries, and regions around the world to experiment with efforts to address the challenges of linking research evidence to policy about health systems. The KTPE study seeks to describe (over a 4-year period) what these KT platforms are doing, which of their efforts can be improved, and which combinations of their (infra)structure, activities, and outputs can be matched to particular contexts in order to achieve desired outcomes and impact.

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# Preface

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The KTPE study arises out of a program of research related to supporting, monitoring, and evaluating evidence-informed health policies and systems in low- and middle-income countries. Components of this program of research have garnered funding and technical support from a number of sources including: the World Health Organization, the Canadian Institutes of Health Research, the European Union Framework Programme 7 (SURE), the Alliance for Health Policy and Systems Research, Canada's International Development Research Centre's International Research Chairs Initiative, and the National Collaborating Centre for Methods and Tools (McMaster University).

With such a wealth of support can come many expectations concerning objectives, plans, timelines, and deliverables. A tension may thus arise concerning the weight given at various points in time to (i) program-driven goals of understanding what aspects of KT program activities are perceived by the platforms' "clients" to be helpful to them and how these activities might be improved, along with understanding what activities seem to be having an impact in terms of the platform's mission versus (ii) the theory- or literature-driven goal of building a conceptual framework for understanding the relationships among (infra)structural and contextual factors and KT platforms' activities, outputs, outcomes, and impact. While the first goal may seem to be independent of the second and at times possibly the more pressing one for individual KT platforms, the two are in fact mutually dependent. To assess impact it is necessary to map (or create a framework for understanding) how factors that may play a role in successfully achieving the platforms' goals come together in particular contexts or settings. A second tension may arise between the goal, on the one hand, of building or enhancing capacity within KT platforms and local M&E evaluation teams, and the needs, on the other hand, to generate comparable data across the KT platforms by following standardized procedures and using standardized tools and to centralize the main data management and analysis activities concerned with making comparisons across KT platforms.

Each KT platform needs to be cognizant of these potential sources of tension and navigate them through dialogue amongst themselves and with the KTPE core team. The purpose of the overview that follows is not to identify the convergences and divergences in expectations of how M&E efforts should proceed but to outline the expectations (objectives) of the KTPE study and describe the M&E plan offered to KT platforms by virtue of their participation in the KTPE study.

# Overview of KTPE Study: Monitoring and Evaluation Plan

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## Once in a lifetime opportunity

Four challenges are commonly cited by those striving to support evidence-informed health policies and systems:

1. research evidence competes with many other factors in the policymaking process;
2. research evidence isn't valued enough by policymakers and stakeholders as an information input;
3. research evidence isn't relevant to the policy issues that policymakers and stakeholders face;
4. research evidence isn't easy to use.<sup>1</sup>

While the first of these challenges is a given in political systems around the world, the World Health Organization (WHO), European Union Framework Programme 7 (SURE), Canada's International Development Research Council (IDRC), the Alliance for Health Policy and Systems Research and others have nurtured the development of units and networks that seek to address challenges 2-4. These 47 units and networks call themselves "knowledge-translation (KT) platforms" because they seek to convert the knowledge arising from research into the types of action on the ground that can mean the difference between life and death or the difference between good health and bad health for a country's citizens.

The KT platforms are experimenting with systematic, multi-faceted, and synergistic efforts, such as:

- striving to convince policymakers and stakeholders to place value on the use of research evidence by highlighting examples from the past or from other jurisdictions where research evidence made the difference between policy success and policy failure (to address challenge 2);
- engaging policymakers and stakeholders periodically in priority-setting processes, communicating to researchers the long-term requirements for new primary research, medium-term requirements for systematic reviews, and short-term requirements for evidence summaries (or policy briefs , as many KT platforms prefer to refer to a particular approach to

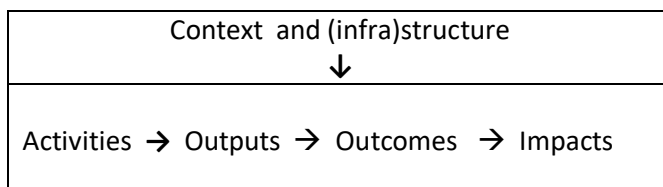
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<sup>1</sup> Lavis JN, Lomas J, Hamid M, Sewankambo NK. Assessing country-level efforts to link research to action. Bulletin of the World Health Organization 2006;84(8):620-8.

evidence summaries), and supporting long-term partnerships among researchers, policymakers, and stakeholders to ask and answer researchable questions together (to address challenge 3);

- producing policy briefs and communicating the take-home messages effectively; maintaining a policymaker-targeted website that provides "one-stop shopping" for optimally packaged high-quality and high-relevance systematic reviews; providing training for policymakers to allow them to find and use research evidence efficiently; proposing changes to cabinet submissions and program plans to prompt policy analysts to summarize whether and how research evidence informed problem definition and policy option specification; and organizing policy dialogues that bring together policymakers, civil society groups, researchers, and other stakeholders to discuss policy challenges (to address challenge 4).

In undertaking a unique, prospective evaluation of the 47 KT platforms, the "Evaluating Knowledge-Translation Platforms in Low- and Middle-Income Countries" (KTPE) study provides a once in a lifetime opportunity to learn in real time how to support evidence-informed health policies and systems by understanding better the relationships between KT platform activities, outputs, outcomes, and impacts along with the influence of context and (infra)structure:



## Study objectives

Specifically, the KTPE study seeks:

- To document annually the activities and outputs of each KT platform, as well as the (infra)structural and contextual factors that may affect the relationships among activities, outputs, and (eventually) outcomes and impact.
- To evaluate the three most innovative activities – namely priority-setting processes, policy briefs, and policy dialogues – organized by each KT platform.
- To evaluate, at three points in time, the following outcomes in each KT platform jurisdiction: availability of research evidence about high-priority policy issues; whether relationships among policymakers and researchers have been developed and strengthened; and whether policymakers' capacity to support the use of health research evidence in health systems policymaking has been strengthened.

- To evaluate whether the desired impact – that health systems policymaking processes take into account health research evidence – has been realized in selected KT platform jurisdictions.

A fifth objective, which rests on and at the same time informs the other four, is:

- To develop a theoretical framework that identifies relationships among (infra)structural and contextual factors and KT platforms' activities, outputs, outcomes, and impact (both within and across jurisdictions) that will predict how these factors interact to produce the desired KT platform impact.

## **Monitoring and Evaluation (M&E) Activities**

To address these objectives, we will undertake several sets of M&E activities. Although these are described below by objective, what is learned in undertaking one set of M&E activities is intended to inform the other sets. Similarly, what is learned in one KT platform is intended to inform what is learned in other platforms.

### ***Objective 1: Documenting KT platform (infra)structure, activities, outputs, and context***

Each year, beginning at baseline, and then again at the end of Year 1, Year 2, and Year 3, an Annual Profile and Inventory will be undertaken to document information about:

- the KT platform's (infra)structure (e.g., governance, team size, and composition) and the context in which it operates (e.g., what stage it is at in its implementation);
- its activities (e.g., generating awareness about and support for research on identified policy issues) and outputs (e.g., new or updated policy briefs on identified policy priorities) over the year, and the activities and outputs they plan to produce in the coming year;
- requests made to the KT platform for information and support; and
- use of the KT platform website (if applicable).

To corroborate these self-reported data, reports and work plans for funders will be reviewed and bibliographic database analyses will be performed to profile shifts in the production of systematic reviews.

Data about KT platforms' (infra)structure, context, activities, and outputs will inform the evaluation of evidence availability, relationships, and capacity (Objective 3) and the development of a theoretical framework (Objective 5). The exercise, at the end of Years 1, 2, and 3, of reviewing past and planned activities will provide KT platform teams with an opportunity to see how they are doing in achieving the goals they set in terms of activities and outputs. Data on requests for information or support and on website usage will provide valuable insights into the kinds of information and support that various KT

platform "clients" (policymakers, stakeholders, and researchers) are seeking, on what topics, and how often they seek it, in addition to what reviews and briefs KT platforms have produced.

For a detailed description of the procedures and tools/instruments associated with this set of M&E activities, see the Annual Profile and Inventory section of the Procedures Manual.

***Objective 2: Evaluating priority-setting processes, policy briefs, and policy dialogues***

As three of the most innovative activities planned by KT platforms, special attention will be given to conducting formative evaluations of their priority-setting processes, policy briefs, and policy dialogues. These evaluations will provide KT platforms with timely feedback from its policymaker, stakeholder, and researcher "clients" about how useful they found various features of these activities (such as *not* aiming for consensus in a policy dialogue), and how, in their view, the activities might be improved. Such information may be used by the KT platform in planning future events or in preparing new policy briefs.

The formative evaluations will also permit us, by looking across the results of formative evaluations conducted by various KT platforms, to see relationships between particular issues and contexts on the one hand, and specific features of the key activities on the other. For example, we may learn that *not* aiming for consensus in a policy dialogue is viewed by policymakers as useful for a highly politicized issue or in a multi-party political system, but perhaps not useful for another issue or in another context.

For a detailed description of the procedures and tools/instruments associated with this set of M&E activities, see the Formative Evaluation section of the Procedures Manual.

***Objective 3: Evaluating evidence availability, relationships, and capacity***

An Outcomes Evaluation will be carried out at three points in time (baseline and at the 1.5- and 3-year marks) to assess three areas in which the KT platforms anticipate achieving particular **outcomes**:

- the availability of health research evidence about high-priority policy issues,
- the strength of relationships among policymakers and researchers, and
- the strength of policymakers' capacity to support the use of health research evidence in health systems policymaking.

Specifically, the outcomes evaluation will survey a purposive sample of 50 policymakers', stakeholders', and researchers' views about each of the above. However, it is **policymakers'** access to evidence and perceptions of the utility of available evidence, as well as their interactions with researchers and their participation in training courses related to acquiring, using, presenting, and promoting evidence that is the focus of the evaluation. Whereas the formative evaluations surveyed actual "clients" of the KT platforms – that is, individuals with immediate experience of one the platform's outputs – the outcomes evaluation will survey "potential clients" – that is, individuals within the policymaking community defined by KT platform's jurisdiction, but who may not have read a policy brief, participated in a training event, or accessed the platform's website.

These self-reported survey data will be augmented by a media analysis to profile shifts in how policymakers, stakeholders, and researchers talk about policy priorities, research evidence, and policy dialogues in the media.

For a detailed description of the procedures and tools/instruments associated with this set of M&E activities, see the Outcomes Evaluation section of the Procedures Manual.

***Objective 4: Evaluating policymaking processes***

Case studies of a health systems policymaking process will be conducted in three of the 47 KT platforms in Year 3 and in another three KT platforms in Year 4. Specifically, the case studies will look at the KT platforms' roles in ensuring that these processes take into account health research evidence. Compiling the case studies will involve:

- Conducting a documentary analysis (to identify descriptive or analytical research related to the selected policymaking processes, to profile whether and how health research evidence is cited in documents produced during the policymaking process, to ascertain the nature of legislative debates about the policy domain, and to reconstruct the organizational chart for the relevant government departments during the period in which the policymaking took place);
- Drawing on a centrally-conducted media analysis (to identify key phases in the policymaking process, media releases or other public statements by government and stakeholder groups, releases of consultation documents or research reports, and elections or cabinet shuffles, as well as to ascertain the nature of public debates about the policy domain);
- Developing a detailed timeline of key events related to the policymaking process and a short version for use in the interviews;
- Conducting interviews with a purposive sample of 12-15 public policymakers, stakeholders, and KT platform affiliates who are familiar with the policymaking process.

The case studies will highlight the KT platform activities and outputs as well as the contextual factors and (infra)structural features that have played a role in ensuring that health research evidence was part of the policymaking process. In this way the case studies will both inform the development of the theoretical framework (Objective 5) and serve as a test of the evolving framework's ability to predict relationships between outputs, outcomes, and impact.

The data collection-oriented activities associated with Objectives 1-4 will be augmented by focus groups in Year 4 of the study that will serve a "member-checking" function. The focus groups will bring together a small group of policymakers, stakeholders, and KT platform affiliates to discuss the meanings and implications of the findings from the three evaluations, and the evolving theoretical framework. Their comments will serve as a check on the viability of our interpretations.



***Objective 5: Developing a theoretical framework***

The set of activities associated with this objective are primarily analytic. Some work has already been undertaken in developing the theoretical framework. Based on a review of the literature and observations from our pilot work that the KT platforms share a number of commonalities – not just in their proposed activities and outputs, but in their anticipated outcomes and impact – we have developed a common logical framework (or log frame) (see Figure 1) that lists the (infra)structural and contextual factors that the research literature and our experience suggest may affect the relationships among activities, outputs, and (eventually) outcomes and impact. This provisional framework establishes the logic for how we have defined the activities, outputs, outcomes, and impacts we will look at, and how we have constructed our various survey instruments. For example, the tool that we have developed for KT platforms to use in describing their activities and outputs, asks the platforms to think about and record their activities in a certain way – that is, in terms of categories we have defined based on the log frame, such as "push" efforts, "user pull" efforts, or "exchange" efforts.

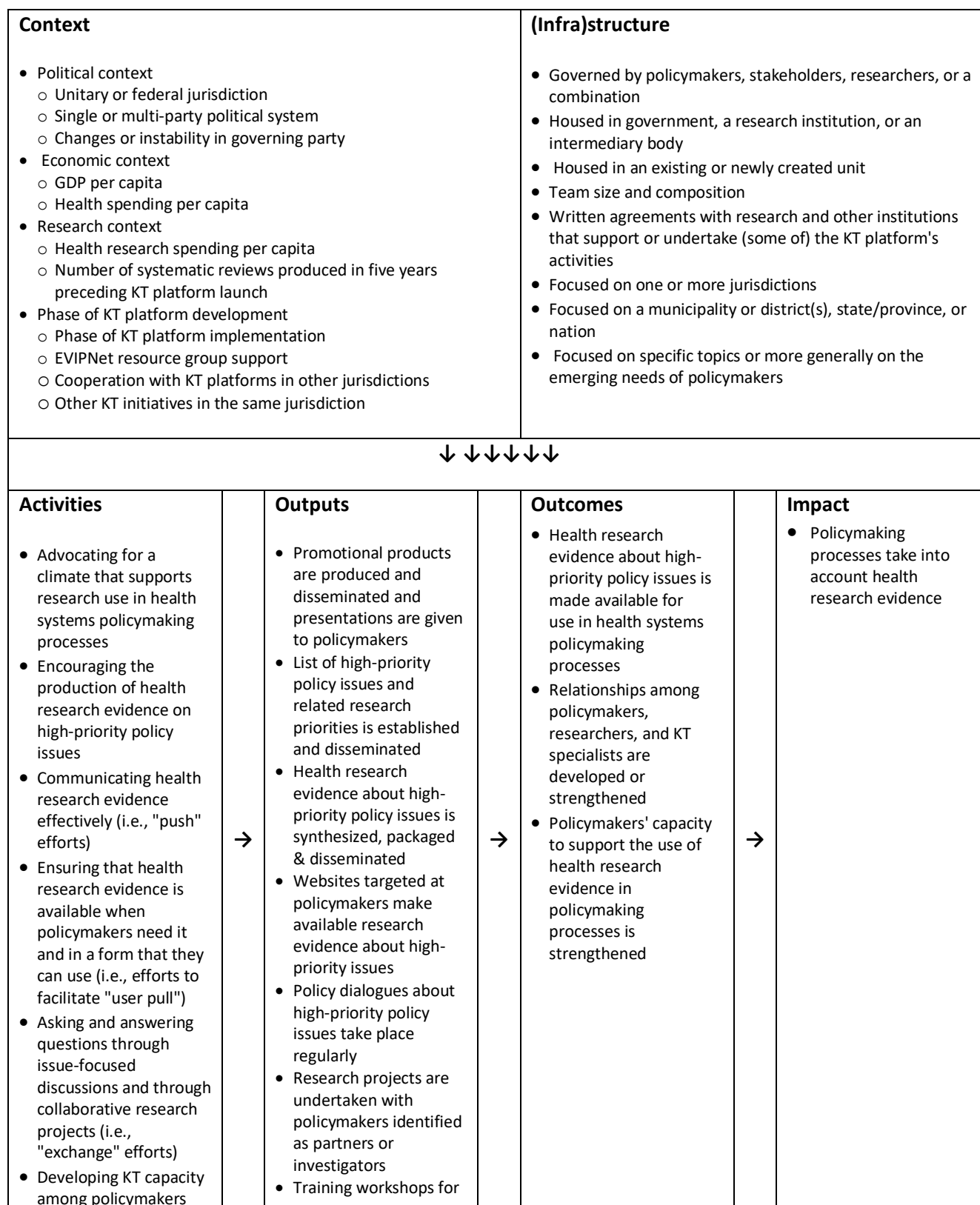
The considerable work that remains in pursuit of Objective 5 is to evaluate the relationships among different combinations of (infra)structure, activities, outputs, and context by exploiting the natural variations in context and (infra)structure across the KT platforms. For example, a KT platform that is based in a Ministry of Health and offers workshops to develop policymakers' capacity to find and use research evidence efficiently may yield significant improvements in capacity in a political system distinguished by stability in the governing party, but a KT platform outside of government that offers similar workshops may yield little in a political system with frequent turn-over among both politicians and civil servants. It is these relationships about combinations of factors that will predict what may work well in one context but not in another that we wish to understand in order to move from our simple log frame to a more complex theoretical framework.

In creating this theoretical framework, we will adopt two analytic lenses. With the wide angle lens we will look at relationships between activities, outputs, context, outcomes, and impact (Focus 1 in Figure 2). With our second lens we will focus in on the three most innovative activities – priority-setting processes, policy dialogues, and policy briefs – and examine the relationships between specific features of their design and context-level, issue-level, and individual-level (e.g., type of policymaker) variables (Focus 2 in Figure 2). The context-level variables we will examine are defined in the log frame.

In both cases we will examine the relationships quantitatively through multi-level modelling at the 1.5-2 year mark and again at 3-4 year mark. At the latter point in time, we will also examine the relationships qualitatively. Specifically, we will identify jurisdiction-specific relationships and seek confirmatory and contradictory findings across jurisdictions in order to develop and refine sets of emergent cross-jurisdictional themes about relationships among the key variables.

The chronogram in Figure 3 summarizes the main data collection and analytic activities and indicates when, over the 4-year study period, each takes place. Table 1 summarizes the indicators associated with the impact, outcomes, and outputs defined using our common logical framework, along with contextual and (infra)structural factors that will function as variables in our analysis. It also indicates the data collection activities that will generate information about them.

Figure 1: Common logical framework



and researchers		policymakers and researchers are designed and implemented regularly				
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Figure 2: Development of the theoretical framework

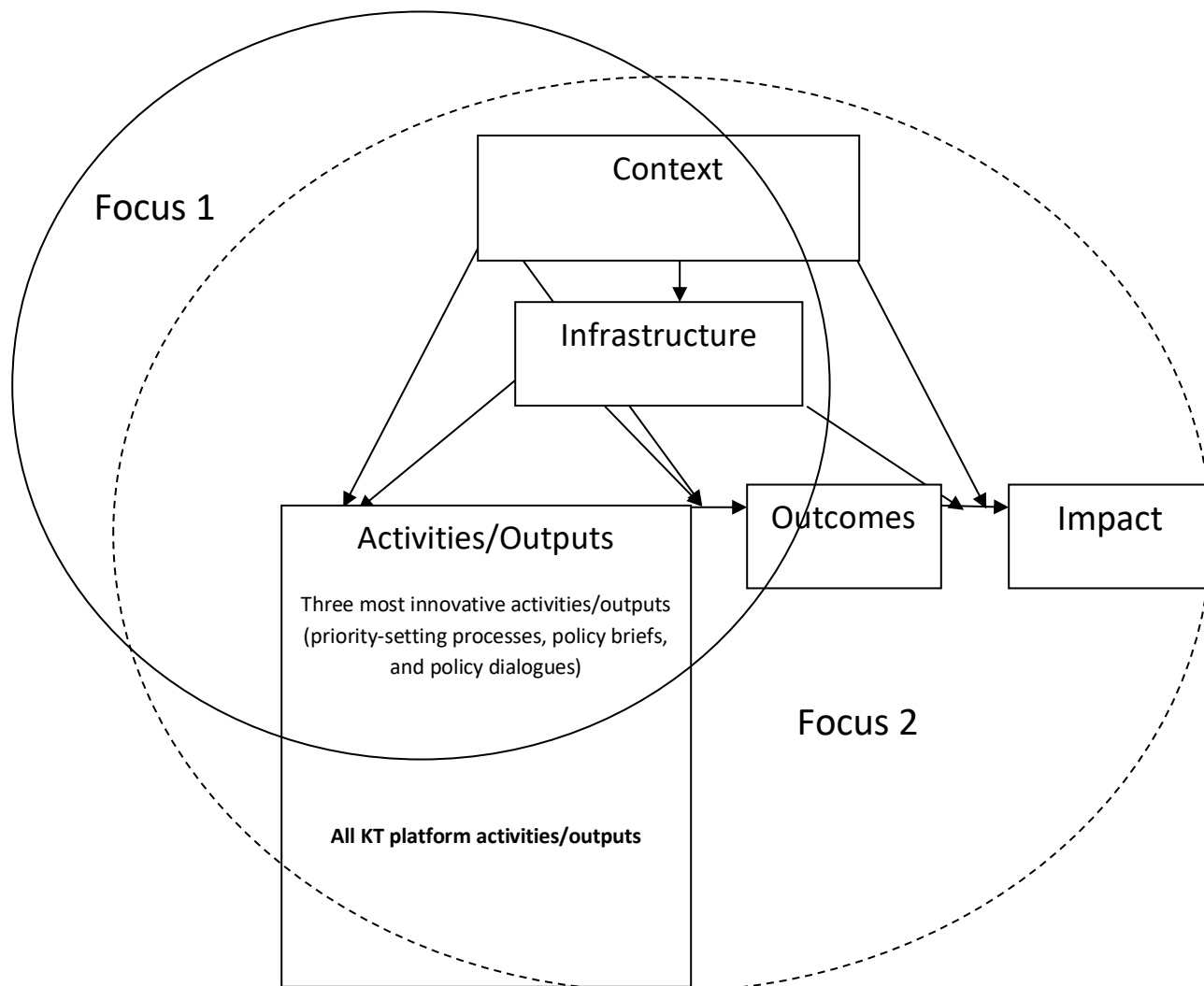


Figure 3: Chronogram

	0	.5	1	1.5	2	2.5	3	3.5	4
Annual Profile & Inventory	●		●		●		●		
Focus Groups									■
Formative Evaluation									
• Priority Setting									→
• Policy Briefs									→
• Policy Dialogues									→
Outcomes Evaluation	●			●			●		
Case Studies									■
Quantitative Modelling									■
Qualitative Modelling									■

Table 1: Indicators, Variables, and Data Collection Activities

	<b>Indicators</b>	<b>Data Collection Activities</b>
Impact	<ul style="list-style-type: none"> <li>• Policymaking processes are reported and documented to have incorporated evidence summaries and interactions with health researchers and KT specialists</li> </ul>	<ul style="list-style-type: none"> <li>• Case studies of policymaking processes at the 2.5- and 3.5-year marks, which will draw on interviews, documentary analyses, and data collected through other means (e.g., surveys, usage statistics)</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Policymakers, stakeholders, and researchers report that relevant and understandable health research evidence is more readily available and cite this research evidence in the media</li> <li>• Policymakers, stakeholders, and researchers report that relationships among them have been developed or strengthened and their comments in the media reinforce this</li> <li>• Policymakers report a high degree of capacity to acquire, assess, adapt, and apply research evidence and their comments in the media reinforce this</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys of policymakers, stakeholders, and researchers about evidence availability, relationships, and capacity at the 0, 1.5 and 3 year marks</li> <li>• Media analysis to profile shifts in how policymakers, stakeholders, and researchers talk about policy priorities, research evidence, and policy dialogues</li> </ul>
Outputs	<ul style="list-style-type: none"> <li>• KT platforms report, and usage statistics confirm, that promotional products, a list of high-priority policy issues and related research priorities, and a website are made available</li> <li>• KT platforms report, and both bibliographic database analyses and usage statistics confirm, that synthesized and packaged health research evidence is made available (in the form of policy briefs)</li> <li>• KT platforms report that policy dialogues take place regularly, research projects are funded and undertaken with policymakers as partners or investigators, and training workshops are designed and implemented regularly</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys of the KT platform at the 0, 1, 2 and 3 year marks to document its past and planned activities and outputs, as well as its (infra)structure and context</li> <li>• Bibliographic database analyses to profile shifts in the production of systematic reviews</li> <li>• Collection of three types of usage statistics: personal requests for information and support, website usage, and electronic discussion fora usage</li> </ul>
	<b>Variables</b>	<b>Data Collection Activities</b>
(Infra)structure	<ul style="list-style-type: none"> <li>• Governed by policymakers, stakeholders, researchers, or a combination</li> <li>• Housed in government, a research institution, or an intermediary body</li> <li>• Housed in an existing unit or network or in a newly created unit or network</li> <li>• Team size and composition</li> <li>• Written agreements with research and other institutions that support or</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys of the KT platforms at the 0, 1, 2 and 3 year marks</li> </ul>

	<ul style="list-style-type: none"> <li>undertake (some of) the KT platform's activities</li> <li>• Budget for KT platform implementation</li> <li>• At least part of the budget for KT platform implementation comes from the Ministry of Health</li> <li>• Focused on one or more jurisdictions</li> <li>• Focused on a municipality or district(s), state/province, or nation</li> <li>• Focused on specific topics or more generally on the emerging needs of policymakers</li> </ul>	
Context	<ul style="list-style-type: none"> <li>• Political context                             <ul style="list-style-type: none"> <li>○ Unitary or federal jurisdiction</li> <li>○ Single or multi-party political system</li> <li>○ Changes or instability in governing party</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Surveys of the KT platforms at the 0, 1, 2 and 3 year marks</li> </ul>
	<ul style="list-style-type: none"> <li>• Economic context                             <ul style="list-style-type: none"> <li>○ GDP per capita</li> <li>○ Health spending per capita</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• United Nations fact files</li> </ul>
	<ul style="list-style-type: none"> <li>• Research context                             <ul style="list-style-type: none"> <li>○ Health research spending per capita</li> <li>○ Number of systematic reviews produced in five years preceding KT platform launch</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Annual Global Forum for Health Research reports</li> <li>• Our own bibliographic database analyses</li> </ul>
	<ul style="list-style-type: none"> <li>• KT platform development                             <ul style="list-style-type: none"> <li>○ Phase of KT platform implementation</li> <li>○ EVIPNet resource group support</li> <li>○ Cooperation with KT platforms in other jurisdictions</li> <li>○ Other KT initiatives in the same jurisdiction</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Surveys of the KT platforms at the 0, 1, 2 and 3 year marks</li> </ul>