



Statement on Advancing Implementation Research and Delivery Science

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The Statement was developed by the participants of a series of consultative meetings hosted by the Alliance for Health Policy and Systems Research within the World Health Organization, the United States Agency for International Development (USAID), and the World Bank Group, with the facilitation of the USAID|TRAction Project and Johns Hopkins University.

Implementation Research and Delivery Science

At local, national, and global levels, a persistent challenge is to effectively implement and scale up policies, programs, and interventions that can save lives and improve health. Simply identifying and evaluating interventions to assess efficacy is not enough. To address major national and global targets and milestones beyond the Millennium Development Goals—including A Promise Renewed to accelerate newborn, child, and maternal survival, international commitments to universal health coverage, an AIDS-free generation and the prevention and control of non-communicable diseases—a new approach for implementation research and delivery science (IRDS) is needed.

Effective IRDS involves using scientific methods to address the challenges of implementation and scale-up. IRDS draws upon the methods, tools, and approaches for: enhancing equity and efficiency, promoting a culture of evidence-informed learning, engaging stakeholders, and improving decisions on policies and programs to achieve better health outcomes. IRDS is a type of health policy and systems research that draws on many traditions and disciplines of research and practice. It builds on operations research, participatory action research, management science, quality improvement, implementation science, and impact evaluation.

IRDS requires flexible designs to account for the changing contexts and interventions. IRDS may involve simple methods that implementers can use to identify and apply to solve problems. It may also involve more sophisticated research designs and specialized analyses to explain how and why a policy works, how best to scale a program, or how to introduce and expand an innovation.

This statement is a call for expanded use of IRDS to better address local, national, and global health challenges.

The Vision for IRDS: Implementers, Policymakers, and Researchers Together

Our vision of IRDS is that it is a collaborative enterprise focused on learning and action to improve health in “real world” conditions. IRDS is about using research to improve policies and program delivery, and spreading knowledge gained from implementation. It addresses a range of implementation challenges, including complex processes, inefficient use of resources, inequitable allocation of resources, and supply and demand barriers to scaling-up and sustainability.

The promise of IRDS is in developing effective, efficient, equitable, people-centered, and responsive health systems. IRDS is not just for researchers, and can be conducted by implementers, and program

beneficiaries. IRDS requires implementers who are interested in applying scientific methods to learn from their programs, researchers who are engaged in supporting policy and program activities in the public and private sectors as well as input from the community to ensure relevance, ethical standards and sustainability.

IRDS is preferably embedded in policy making, program management, and monitoring and evaluation processes. However, IRDS may be conducted more independently for scientific reasons (e.g., comparative effectiveness evaluations of different delivery strategies), to call attention to neglected issues, or when it is necessary to “speak truth to power.”

A Call to Action

The successful use of IRDS requires important shifts in the practices, incentives, and engagement of global and national health policy, management, research, publication, and civil society stakeholders.

The signatories of this statement commit to:

- ◆ Foster a culture of collaboration and trust among partners in the conduct and use of IRDS.
- ◆ Make data from national statistics, civil registration, program monitoring, surveillance, and research projects more widely available and effectively used.
- ◆ Be engaged stakeholders. Policymakers, managers, implementers and beneficiaries should be more involved in the identification of challenges to health delivery and research to address these issues, and researchers and beneficiaries should have more access to program information and be involved in processes where research and knowledge gained from implementation is used for action.

Health policy-makers, managers, and their organizations are called on to commit to:

- ◆ Develop and pursue relevant implementation research agendas, increasing requirements for evaluation and learning from major policies and programs initiatives.
- ◆ Provide mechanisms to encourage learning and adaptation through continuous use of IRDS to contribute to evidence-informed policy and decision making and effective program planning, management and implementation.
- ◆ Change incentive structures within their organizations to promote use of IRDS, such as by appraising managers and teams based on their successful use of IRDS and engagement with relevant stakeholders.

Funding and development partner organizations are called on to commit to:

- ◆ Increase funding streams available for IRDS, particularly through expanded commitment to evaluation, monitoring and embedded research that employ IRDS principles.

- ◆ Align funding with national and local health priorities and programmatic activities.
- ◆ Make funding more flexible, to allow for innovation in practice and research, and to overcome barriers to accessing funding for research historically available in silos.
- ◆ Promote successful IRDS examples and the generation of evidence from implementation.

Researcher and academic organizations are called on to commit to:

- ◆ Expand training programs and mentorship to grow the skills base among health practitioners and managers, as well as researchers to appreciate and understand each others’ contexts and language.
- ◆ Recognize and raise the value of IRDS, multi- and trans-disciplinary, and collaborative research in academic performance and promotion appraisal, including acknowledgement not only for peer-reviewed publications but also for documented changes in health policies and programmes.
- ◆ Promote the development of new theories, methods, and tools and evidence synthesis to deepen the field of IRDS, while strengthening accountability and ethical standards in research.
- ◆ Provide opportunities for faculty and students to participate in policy and program field work and in multi- and trans-disciplinary approaches for IRDS.

Editors and publishing organizations are called on to commit to:

- ◆ Promote publication of IRDS papers, such as through thematic issues or calls for publication of IRDS Showcase IRDS case studies, including successes, failures, and learning from implementation.

Civil society organizations are called on to commit to:

- ◆ Demand increased access to data for IRDS for stakeholders in the health system, and for an implementation research agenda that requires disclosure of evaluation and learning from major policies and programs initiatives.
- ◆ Engage with policymakers, implementers, and researchers in the use of IRDS, with the potential to inform the full spectrum of policy development, program management, research, and knowledge generation and use. Ensure accountability of and adherence to ethical standards by IRDS researchers.

As signatories, we are committed to supporting, improving and expanding IRDS to create a climate of collaboration, critical inquiry and accountability that will contribute to improved health outcomes locally and around the world.