Report on the WHO/TDR consultation on promoting implementation/operational research in countries receiving grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria

Domaine de Penthes, Geneva, Switzerland
9-10 December 2015
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ABBREVIATIONS

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ASEAN Association of Southeast Asian Nations
BRTI Biomedical Research and Training Institute (Zimbabwe)
CCM Country Coordination Mechanism
CDC Centers for Disease Control and Prevention (USA)
CNHDE Center for National Health Development in Ethiopia
CORDAID Catholic Organisation for Relief and Development Aid
CWGH Community Working Group on Health
DECs Disease endemic countries
EGPAF Elizabeth Glaser Paediatric AIDS Foundation
EPHI Ethiopian Public Health Institute
FHI Family Health International (now FHI 360)
GLRA German Leprosy and TB Relief Association
HMIS Health Management Information System
HSTP Health Sector Transformation Plan (Ethiopia)
ICAP International Center for AIDS Care and Treatment Programs at Columbia University, USA
ICMR Indian Council of Medical Research
IR Implementation research
IR/OR Implementation research / operational research
JATA Japan Anti-Tuberculosis Association
JICA Japan International Cooperation Agency
KM Knowledge management
M&E monitoring and evaluation
MACEPA Malaria Control and Elimination Partnership in Africa
MCAZ Medicines Control Authority of Zimbabwe
MDR-TB Multidrug-resistant tuberculosis
MHSCC Myanmar Health Sector Coordination Committee
MMA Myanmar Medical Association
MOH Ministry of Health
MOHCC Ministry of Health and Child Care (Zimbabwe)
MRCZ Medical Research Council of Zimbabwe
NGO nongovernmental organization
NIHRD National Institute of Health Research and Development (Indonesia)
NMCP National malaria control programme
NTP National TB programme
OPHID Organization for Public Health Interventions and Development (Zimbabwe)
RCZ Research Council of Zimbabwe
RHB Regional Health Bureau (Ethiopia)
RTI Research Triangle Institute (now RTI International)
SAfAIDS Southern Africa HIV and AIDS Information Dissemination Service
SANRU Santé Rurale (DR Congo)
SARA Service Availability and Readiness Assessment
SAT Southern African AIDS Trust
SORT IT Structured Operational Research and Training Initiative programme
TB Tuberculosis
TDR Special Programme for Research and Training in Tropical Diseases, co-sponsored by UNICEF, UNDP, the World Bank and WHO
TORG TB Operational Research Group (Indonesia)
TSG Technical strategic group (Myanmar)
UN United Nations
USAID United States Agency for International Development
WHO World Health Organization
ZINQAP Zimbabwe National Quality Assurance Programme
BACKGROUND

Implementation/Operational research (IR/OR) has the potential to maximise the impact of health interventions delivered by disease control programmes. The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is the largest single source of external financing for TB and malaria programmes in disease endemic countries. Some programmes are taking advantage of the opportunity to use Global Fund grants to support IR/OR to improve their delivery of interventions. However, there is considerable scope for implementers to maximise the impact of grants by increasing their use of this type of practical field research, which is therefore likely to become increasingly important for the Global Fund and other financing partners.

The TDR consultation on 9-10 December 2015 in Geneva addressed the issue of promoting IR/OR in countries receiving grants from the Global Fund. The focus was on malaria and tuberculosis (TB), (and TB/HIV but not HIV alone, reflecting TDR’s mandate).

Objectives of the meeting

1. Promote the use of implementation/operational research by health programmes receiving support from the Global Fund, aimed at maximising the scale, quality and efficiency of delivery of their interventions.

2. Identify the barriers to systematic use by programmes of implementation/operational research, and ways of overcoming those barriers.

3. Consider the key factors which relevant stakeholders need to address in planning how programmes receiving support from the Global Fund can use implementation/operational research to maximise the impact of Global Fund grants, including: 1) reasons for undertaking this type of research; 2) research capacity; 3) coordination among partners; and 4) knowledge management.

SUMMARY OF PROCEEDINGS

Agenda item 1: welcome and opening remarks

Dr Winnie Mpanju-Shumbusho, Assistant Director-General of the WHO HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases Cluster, welcomed participants, who included representatives of national TB and malaria programmes, technical agencies, bilateral partners, TDR supported regional training centres and the Global Fund.

After highlighting WHO’s role in coordinating efforts to provide technical assistance to countries and maximize the impact of Global Fund grants, Dr Mpanju-Shumbusho explained how practical field research aimed at increasing access to quality health interventions can help countries improve the delivery of interventions and decrease the burden of diseases such as malaria and TB.

She said that the existence of effective health interventions is one thing but making them widely available in all communities and settings where they are needed is another. Implementation and operational research help to identify practical challenges facing disease control programmes and to find solutions which improve access to health interventions and lead to better health outcomes. WHO and TDR are committed to working with key stakeholders to promote implementation and operational research in countries receiving Global Fund grants to ensure that the grants have
maximum impact. The cost of IR/OR is generally very modest, yet it has the potential to deliver substantial returns on investment and act as a major magnifier by greatly extending and improving the impact and often cost-effectiveness of health interventions.

The Sustainable Development Goals represent an all-encompassing development agenda for the next 15 years with a very ambitious and comprehensive health goal which has universal health coverage at its heart. In order to scale up and optimize health programmes, research and innovation will need to be a key priority. There is a need to expand investments in implementation and operational research to maximise the gains from the health interventions that are currently available, and from those that will become available in the future.

She concluded by highlighting the important contribution that the consultation can make to scaling up disease control and elimination efforts and achieving the Sustainable Development Goals.

Dr John Reeder, Director TDR, outlined TDR’s strategic plan with a focus on IR. He also described TDR’s efforts to strengthen individual and institutional capacities through a range of schemes including SORT IT and the postgraduate and small grant schemes, to promote research capacity strengthening and the generation of evidence and its translation into policy and practice.

Dr Dermot Maher, Coordinator, TDR Research Capacity Strengthening and Knowledge Management, highlighted the aim of the consultation to agree on the principal directions of action aimed at promoting IR/OR. This can make an effective contribution to improved efficiency of national programmes and maximised impact of Global Funds grants in reducing the burden of HIV, TB and malaria. With its strategic focus on IR/OR and as a member of the UN family, TDR acts as convenor to interact with both national disease programmes and researchers in disease-endemic countries (DECs). The consultation could contribute to the Global Fund’s next strategic framework 2017-2021, which is under development.

**Agenda item 2: Plenary session. Global Fund perspective on promoting implementation/ operational research in countries receiving Global Fund grants**

Dr Michael Johnson, Head of Technical Advice and Partnerships at the Global Fund, provided an overview of the Global Fund and its new strategic framework. He said that the Global Fund partnership brings together numerous strengths – finance, technical expertise, experience and knowledge of communities affected by HIV, TB and malaria. Innovation and a capacity for constant evolution are behind all of this. Global Fund partners offer diverse abilities and points of view but share a determination to serve people, to strive for social justice and to impact on HIV, TB and malaria, ultimately ending the epidemics.

Dr Johnson further elaborated on Global Fund’s collaborative effort to combine the strong contributions of governments, civil society, the private sector and those affected by HIV, TB and malaria. The cumulative highlights include 17 million lives saved, with efforts on track to achieve 22 million lives saved by the end of 2016. Since 2002, there has been a 33% decline in the number of people dying from these three diseases in countries where the Global Fund provides 8.1 million people with antiretroviral treatment (ART) for HIV; 13.2 million people have received TB treatment; and 548 million mosquito nets have been distributed through malaria programmes. More effective

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procurement enabled the Global Fund to achieve not only two-year savings of more than US$ 500 million by 2015 but also swifter delivery of medicines and health products – on-time delivery rose from 36% in 2013 to 81% in 2015. As of September 2015, the Global Fund had disbursed US$ 27 billion to support programmes against HIV, TB and malaria.

The Global Fund strategic framework for 2017–2021 was approved in November 2015 but the content will be developed in 2016. The following four pillars underpin this framework on investing to end the HIV, TB and malaria epidemics:

1. Maximize impact against HIV, TB and malaria: there is a need for short-term investment to ensure long-term savings.

2. Build resilient and sustainable systems for health (e.g. improve health product procurement, supply chain, financial management and human capacity to analyse data).

3. Promote and protect human rights and gender equality.

4. Mobilize increased resources.

In relation to the first pillar, one way to maximize impact is to embed OR/IR in national programmes for optimal use of existing tools.

Key messages
The Global Fund provides substantial funding for large scale data collection/surveys and strengthening health information systems, including monitoring and evaluation (M&E) systems. The Global Fund acknowledges that IR/OR contributes to improving healthcare delivery when it leads to improved operations and efficiency, and its results are rapidly available and reproducible (in similar context and settings). While one third of the Global Fund budget is devoted to building and maintaining resilient health systems, there are limited resources for IR/OR due to multiple priorities for funding. Therefore, the Global Fund encourages countries to develop country-level partnerships to conduct IR/OR through collaborations with academia, and technical and scientific communities to mobilize the required expertise in IR/OR. It is noted that IR/OR is currently poorly represented in the Country Coordination Mechanism (CCM) in many countries, although it is critical to mobilize IR/OR expertise at country level through the CCM.

Agenda item 3. Presentation and discussion of provisional findings of situation analysis
(led by Professor Jürg Utzinger, Swiss TPH)
Professor Utzinger reported that the Global Fund partnership mobilizes and invests nearly US$ 4 billion per year to support disease programmes, and that the Global Fund recognizes that “investing in strengthening a national monitoring and evaluation system is important as it will eventually save resources that may otherwise be spent on inefficient programmes or overlapping activities supported by different partners” (Global Fund, 2014). In addition, “the Global Fund believes that operational research has an important role to play in the success of the programmes it funds, and strongly encourages proposals with an operational research component” (WHO/Global Fund, 2008). Despite these declarations, Professor Utzinger reported that the use of Global Fund grants to conduct IR/OR is currently unclear. Hence, TDR commissioned the Swiss Tropical and Public Health Institute (Swiss TPHI) to undertake a situation analysis of IR/OR conducted in malaria and
Consultation on promoting IR/OR in countries receiving Global Fund grants

tuberculosis disease control programmes embedded in Global Fund grants, with an in-depth analysis in six selected high disease burden countries. The analysis had three objectives:

1. To better understand the extent of the use of Global Fund grants to conduct IR/OR.
2. To deepen understanding of the IR/OR context, activities, funding sources, organization and coordination, capacities, challenges and results management in the study countries.
3. To elucidate potentially varying perspectives of IR/OR among the different stakeholders.

The study method involved: stakeholder consultations at (i) Global Fund level; and (ii) in six high disease burden countries (Democratic Republic of the Congo, Ethiopia, India, Indonesia, Myanmar and Zimbabwe) including country coordinating mechanisms, principal recipients (PRs) and sub-recipients (SRs), national programmes, research institutions, development partners, civil society organizations and nongovernmental organizations (NGOs). The selection of study countries was done in close collaboration with TDR using the following criteria: (i) high disease burden; (ii) representing different geographic regions; and (iii) Swiss TPHI not acting as a local fund agent in the country.

The study approach encompassed a mix of documentary and budget analysis and interviews with key informants at the level of the Global Fund secretariat and in country. A total of 79 stakeholders were interviewed. The preliminary results of this study are summarized below.

**The Global Fund views and experience on IR/OR**

The Global Fund has set a clear priority to improve data quality and evidence by strengthening health information systems and local capacities. There is general recognition that IR/OR could play a role in improving the performance of disease control programmes. Despite the Global Fund published guidelines (between 2007 and 2009) on conducting OR within Global Fund grants, IR/OR does not seem to be a key priority of the Global Fund at present.
Although the Global Fund does not “actively” promote IR/OR, its portfolio management team is flexible and approves IR/OR when its contribution to the programme’s efficiency is articulated.

The Global Fund demands results and impact. Discussions of performance improvements mainly focus on managerial aspects and IR/OR is not actively promoted as a tool to address programme performance limitations.

Global Fund grant activities are country driven and thus the demand for IR/OR should come from the countries. WHO could play a pivotal role to increase country demand for IR/OR (e.g. through both its disease-specific guidance and its technical assistance for the development of national strategic plans).

Demand for IR/OR funding through the Global Fund varies substantially between countries. The Global Fund does not have a repository of IR/OR activities which it funds.

Study countries’ views and experience in IR/OR

In general the study countries recognize the strategic importance that applied field research such as IR/OR can play in controlling diseases. Countries typically make use of Global Fund grants for large-scale data collection aiming to generate evidence on the effectiveness and feasibility of interventions. Most stakeholders are aware that they can apply for IR/OR funding under Global Fund grants. The rationale and reasons for the extent to which countries include IR/OR in the concept note depend on: (i) specific country situations and planning capacity; and (ii) administrative procedures, perceived policies and interest of the Global Fund.

The following factors determine the extent to which IR/OR is included in Global Fund applications.

   **Country situation:** Lack of a well-defined research agenda at the time of application and urgent need to address ad hoc problems; limited involvement of the academic sector during development of the concept note. Some additional key factors include funding gaps and the need to prioritize available funding due to competing priorities. The availability of complementary funding and the country’s absorption capacity are also highlighted as two important reasons which determine whether IR/OR is included in their Global Fund application.

   **Administration/policy:** budget flexibility; scope of IR/OR and potential impact on programme performance; Global Fund emphasis on targets, results, impact – therefore unsure about its interest in funding IR/OR; (perceived) interest of organization.

In general there is increased awareness of IR/OR at country level, including at the political and technical levels.

Overall, countries show differing degrees of coordination for IR/OR activities although coordination is considered key to improvement of such in-country activities. Countries show substantial differences in their capacity to oversee and coordinate IR/OR activities – ranging from no designated coordination body to strong coordination bodies.

Capacity and human resources

Available capacity to conduct IR/OR is highly context specific (e.g. India has very good research capacities). Capacity is often skewed to national level and/or concentrated in a limited number of institutions.

The number of staff and their time capacities are a common limitation while retention of trained staff is a challenge.
Technical assistance to strengthen human resource capacities is mostly provided in collaboration with international organizations and partners such as WHO, the United States Agency for International Development (USAID), the International Union Against Tuberculosis and Lung Disease (The Union), the United Nations Children’s Fund (UNICEF) and academic partner institutions.

A substantial number of stakeholders feel that dissemination of IR/OR results could be improved.

Many stakeholders indicated that uptake of research results is one of the biggest challenges, related to: (i) lack of awareness; (ii) negative mind-sets towards (local) research results; (iii) results conflicting with international recommendations; and (iv) lack of discussion fora.

**Key messages from the situation analysis**

Swiss TPHI reviewed the policies, funding, organization and partners supporting IR/OR and found consistent challenges relating to funding and capacity of countries to conduct IR/OR.

Stakeholders from all countries welcomed the situation analysis and highlighted the potential and opportunities arising from greater Global Fund engagement in IR/OR. Numerous stakeholders acknowledged the Global Fund’s influence and impact on the improvement of data availability, data quality and general recognition of the importance of M&E.

All stakeholders recognise that the Global Fund is one of the top funders of data collection aimed to generate evidence on the effectiveness and feasibility of interventions. The extensive data available represents an under-utilized resource to improve programme performance through research.

**Agenda item 4: Moderated panel discussion of country experiences: reports from Democratic Republic of Congo, Ethiopia, India, Indonesia, Myanmar and Zimbabwe**

**Democratic Republic of Congo**

In the Democratic Republic of Congo (DR Congo), IR/OR is conducted to identify bottlenecks within TB and malaria disease control programmes. Partners include the Ministry of Health (MOH), school of public health, technical partners such as Damien Action for TB, WHO, USAID, UNICEF, Santé Rurale (SANRU), the Catholic Organisation for Relief and Development Aid (CORDAID) and Population Services International (PSI). The research capacity to conduct IR/OR needs to be strengthened, including capacity for protocol writing, study conduct, data analysis, writing up and dissemination of the findings.

In general there is no budget for IR/OR within the country health strategy. External funding, including the Global Fund, is not sufficient to conduct research. If partners are interested in engaging in IR/OR, coordination is done by the national disease programmes. Research findings are shared during annual TB meetings with representatives from all TB stakeholders at national and provincial level. Some guidelines have been adapted using research findings. There are opportunities such as international networks, namely CDC, USAID, PMI, WHO and UNICEF to share IR/OR findings within DR Congo and internationally. However, there is a gap in translating the evidence to policy and practice.
Ethiopia

There are five main reasons to undertake IR/OR in Ethiopia: (i) to achieve MDG 6: combat HIV/AIDS, malaria and other diseases; (ii) to generate evidence-based information for policy; (iii) to improve service delivery by addressing key challenges and bottlenecks for achieving high-service coverage; (iv) to improve quality; and (v) to achieve desired impact (reduced disease burden).

As well as the Global Fund, other local and international development partners support IR/OR, including:

**TB** - Care; USAID; WHO; German Leprosy and TB Relief Association (GLRA); USA CDC; and the Italian Development Cooperation.

**Malaria** - WHO; USAID; USA CDC/President’s Malaria Initiative; Carter Center, USA; UNICEF; Center for National Health Development in Ethiopia (CNHDE); Malaria Consortium; Research Triangle Institute (now RTI International); Family Health International (now FHI 360); International Center for AIDS Care and Treatment Programs (now ICAP) at Columbia University, USA; and the Malaria Control and Elimination Partnership in Africa (MACEPA).

There is not enough in-country capacity to carry out IR/OR studies. The limited expertise and research capacities that are available are mostly in research institutions and universities.

There is a need for support to strengthen capacity in conducting IR/OR. This could be provided by international and national development partners, e.g. the Global Fund, WHO, CDC and GAVI, and through collaboration with public/private partnerships and the involvement of NGOs with interest and roles in supporting health care delivery systems, particularly for the top priority diseases.

Development partners are recognized to be valuable, working in addition to government agencies on IR/OR studies in support of improved malaria and TB programme activities.

There are no barriers that prevent partners from helping the programmes since the Health Sector Transformation Plan (HSTP) is planned/worked/discussed jointly with the development partners (government, NGOs and private organizations working on malaria and TB programmes).

Multiple data sources are available as the main source of programme data for OR purposes: routine administrative source surveys (DHS, MIS, survey and surveillances on TB and malaria), Health Management Information System (HMIS), household health-facility surveys (Service Provision Assessment plus, SPA+), Service Availability and Readiness Assessment (SARA) and research studies. In addition, administrative reports from agencies, directorates, Regional Health Bureaus (RHBs) and other stakeholders (that are not tracked through routine health management information systems) show the status of project implementation.

As stated in the HSTP (2015–2020), there are opportunities for prospective data collection to enable IR/OR studies aimed at improving delivery of interventions in malaria and TB programmes.

The opportunities for translating research findings into policy and practice are clearly indicated in the HSTP which requires strengthening of information culture; making more effective use of existing data; knowledge management; and capacity to use information for timely action at all levels. The Ethiopian Public Health Institute (EPHI) has a dedicated section working on the synthesis of evidence-based research findings for policy briefs/dialogues for action.
There are opportunities to use different channels to share findings locally and internationally. These include monthly, quarterly and annual reports produced by the health sector, as well as health bulletins, newsletters, fact sheets and electronic outlets. Furthermore, dissemination of results is promoted at international level through participation in national and international conferences and workshops and publication of scientific articles in international journals.

**India**

Based on the studies carried out by many institutions – research, academic, medical colleges, NGOs, Indian Council of Medical Research (ICMR) – the need for IR/OR studies has been largely felt by the national TB programme in India and research priorities that need to be addressed through IR/OR have been identified.

The Union is one primary recipient of Global Fund financing. Many researchers in the Structured Operational Research and Training Initiative (SORT IT) programme have been trained in IR/OR and published results which have been fed into the national TB programme. The project run by The Union includes the OR component as part of all of its activities and has covered 300 districts in India. The latest achievement is the use of OR to show how active case finding can help in improving case detection, which now needs to be incorporated into the national TB programme.

ICMR is currently working on two main projects supported by the Global fund: one is an innovative intervention model which is a nation-wide study aimed at testing interventions to improve TB services in tribal districts. Evidence that is available from other OR studies will be used in developing these interventions and would involve case finding strategies using measures such as mobile vans equipped with digital X-ray, molecular tests, involvement of tribal volunteers, and traditional healers.

The second project aims to strengthen the IR/OR component in TB control. The call for proposals for this innovative strategy requires researchers to apply as multidisciplinary teams (e.g. epidemiology, social science, clinical, statistical and programme representatives). A total of 68 proposals were received in 2015 and 15 were shortlisted for development of full protocols, of which 12 will be selected for funding.

A training workshop is planned in 2016 with training faculty from TDR as well as from national experts to help researchers develop full-fledged IR/OR proposals to be supported by the Global Fund.

India has recognized the need for IR/OR and the national TB programme has well defined IR/OR priority areas. It has research capacity in its various research institutes, medical colleges, academia and NGOs. There is good coordination between partners, including representatives from various entities such as the Ministry of Health, WHO, USAID and NGOs. There is also a good database at national level (database and periodic reports released by the national TB programme).

IR/OR is disseminated through both publication in peer-reviewed journals and meta-analysis of available data.
Indonesia

In 2004 the national TB programme (NTP) in Indonesia developed the TB Operational Research Group (TORG) to facilitate OR. Members of TORG include universities, clinicians and the NTP. Similarly, the national malaria programme works with university and research institutes to conduct IR/OR.

The main challenge for IR/OR capacity building is sustainability in relation to funding, human resources and translation of the evidence to policy and practice.

Partners are aware of the value of and are involved in IR/OR. The National Institute of Health Research and Development (NIHRD) is also involved in the application, receipt and utilization of Global Fund grants. The main partners are WHO, NIHRD, the Universities, KNCV Tuberculosis Foundation, Eijkman Institute for Molecular Biology, vector control programme and the Indonesia Environmental Health Specialist Association. Knowledge management for IR/OR is the main source of routinely collected programme data, NTP and national malaria control programme (NMCP) surveillance reports and primary data reports. Specific efforts to translate the results of IR/OR to policy or practice needs to be addressed. The TB programme will conduct a workshop to develop a policy brief.

Myanmar

IR/OR is needed to set baselines (Global Fund indicators and targets) for evidence-based planning, for distribution of health commodities (e.g. long-lasting insecticidal nets) and for scaling up coverage to remote areas or specific population groups such as migrants and mobile populations.

Most IR/OR is conducted by the Department of Medical Research, a dedicated department within the Ministry of Health. The national TB control programme has developed a priority research agenda with all stakeholders while the national malaria control programme has started to build up research capacity. Technical support is provided by partners such as WHO, The Union, JICA, JATA, medical universities, Myanmar Medical Association (MMA) and other international NGOs and regional initiatives, e.g. the Association of Southeast Asian Nations (ASEAN).

The main challenge for conducting IR/OR arises from limited human resource capacity for research both in the Department of Medical Research and disease control programmes. For example there is a lack of specialists on mortality analysis surveys.

In addition, funding for research has improved but is still limited. There is currently a lack of research priority lists, although these are being developed. Ethical approval and government clearance involve lengthy procedures. Instability and insecurity drive costs high and delay the conduct of research.

While the Ministry of Health (Department of Medical Research and disease control programmes) provides leadership and ownership, the Myanmar Health Sector Coordination Committee (MHSCC, CCM) has established technical strategic groups (TSGs) for the three diseases. A TSG for research and evaluation was established in 2015, chaired by the Director for Disease Control.

Coordination problems arise from the separation between the principal recipient (management of grants) and disease control programmes (political and technical work).
Routine data for TB and malaria are good but are paper-based and vary across states and regions.

HMIS (DHIS2) is being rolled out while other electronic recording and reporting is being piloted (e.g. for MDR-TB and malaria case listing). The Myanmar Health Research Congress is held annually, results dissemination workshops are held routinely and final reports are commonly shared between stakeholders.

Communications and internet connectivity are weak but are improving dramatically.

Zimbabwe

The main requirement for Zimbabwe is to translate evidence-informed recommendations/interventions into policy and practice. For example, Zimbabwe has adopted the 90-90-90 global HIV strategy which can be achieved through investigating and addressing major bottlenecks that impede effective implementation and testing new approaches to identifying, understanding and overcoming barriers to the adoption, adaptation, integration, scale-up and sustainability of evidence-based interventions that suit the local context.

At the International Conference on AIDS and STIs in Africa (ICASA) which was held in Harare in December 2015, WHO launched the new Consolidated ARV Guidelines which recommended ‘Treat ALL’ and the use of ARVs for pre-exposure prophylaxis among high-risk individuals for acquiring HIV. The Ministry of Health and Child care (MOHCC) will undertake an adaptation process for these guidelines and concurrently conduct IR on the various proposed interventions to test their applicability in a real-life setting.

Numerous IR/OR projects undertaken by the malaria programme in Zimbabwe have brought out best practices which have influenced several regional programmes. Some current outstanding questions concern the context of a pre-elimination agenda, insecticide resistance and uptake and mix of vector control interventions.

Lack of specific provision or of flexibility for timely conduct of IR/OR were challenges during the early grants. The Ministry of Health has been experiencing difficulties accessing sufficient funds to implement IR/OR and would like the Global Fund to earmark funding to support research and related activities such as documentation of best practices and lessons learned during the conduct of IR/OR.

Partners’ vertical funding schemes are not conducive to OR around cross-cutting matters, especially those related to health systems. The AIDS and TB Department of the MOHCC has been conducting OR projects with support from the Global Fund and other partners including academic institutions, WHO, CDC, The Union, Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), Organization for Public Health Interventions and Development (OPHID). Initially, their different mandates made it difficult for Zimbabwe to coordinate partners’ support, although this has improved over the years.

In-country IR/OR capacities are limited. OR initiated by academia tends to have a longer lag phase than that initiated by programmes. Zimbabwe lacks a deliberate policy and strategy on translating research findings into evidence and practice. Unnecessary delays may also arise from the requirements for regulation and facilitation of IR/OR applied by different institutions, including the Research Council of Zimbabwe (RCZ), Medical Research Council of Zimbabwe (MRCZ) and the Medicines Control Authority of Zimbabwe (MCAZ).
Research institutions include the National Institute of Health Research, state and private universities. Private organizations involved in OR and capacity building include the Biomedical Research and Training Institute (BRTI) and the Zimbabwe National Quality Assurance Programme (ZINQAP). Civil society organizations such as the Community Working Group on Health (CWGH), Southern African AIDS Trust (SAT) and Southern Africa HIV and AIDS Information Dissemination Service (SAFAIDS) have been avenues for grassroots OR and dissemination of research findings. There is a need to strengthen dissemination policies and strategies.

**Key messages from country reports**
The Global Fund strongly encourages proposals with IR/OR components but this is a more passive approach which rests on partnerships at country level, such as CCM.

The factors which influence the use of funds for OR include: (i) level of engagement with the CCM, stakeholder and partners; and (ii) the programme’s capacity to absorb IR/OR funds.

Most research is done by academic institutions and there is a clear need to embed IR/OR within routine national programmes. This requires not only increased awareness of IR/OR, but also strengthening of capacity to conduct research and disseminate evidence and knowledge management.

There is no inventory and matrix of IR/OR activities at country level. WHO and other technical partners should provide technical support to strengthen coordination and research capacity and to improve inventory and matrix at national level.

**Agenda item 5: Report back from the four working groups**

1. **Reasons and incentives for undertaking IR/OR**

The group identified several challenges to conduct IR/OR. These include: i) lack of general awareness and understanding of the added value of IR/OR; ii) lack of advocacy to convince the country, technical partners, the Global Fund and MOH departments, which leads to its low demand; and iii) Lack of clear guidance from the Global Fund to include IR/OR in concept notes.

The group therefore suggested that the Global Fund take a more active or “directive approach” to discuss and outline IR/OR studies within grant proposals.

Countries should proactively articulate IR/OR in the national health strategic plan in order to improve the coverage, quality and efficiency of programmes. This should be an inclusive process involving all stakeholders such as researchers, policy-makers, civil society and technical and implementing agencies. This process should inform CCM to include these IR/ORs in the concept note. If for any reasons IR/OR is not included in the concept note, unspent funds should be re-programmed for IR/OR at the local level. This should be an iterative process where generated evidence from IR/OR informs and updates national strategic plans.

WHO and other technical and implementing agencies should: i) provide support in training and raising awareness on the importance of IR/OR within the Global Fund network (their headquarters in Geneva, CCM, its partners in countries); ii) support countries to develop an inventory of current IR/OR investment by the Global Fund in countries (showcasing success stories) and share between countries; and iii) demonstrate the return on investment in IR/OR by assessing the impact of IR/OR on service delivery (coverage targets, quality and cost efficiency).
2. Knowledge management (KM) in IR/OR

The group acknowledged that there are many definitions for knowledge management, including the stages to create, capture, store, retrieve, use and share knowledge. Knowledge management should help improve access to high quality evidence-based information. Another aspect of KM involves translating knowledge into policy and practice as well as sharing and reapplying the generated knowledge. For example, as highlighted earlier, generated knowledge by IR/OR should be integrated into the programme’s routine activities to improve its efficiency and performance. There are many sources of available data in programme settings, including those routinely collected for surveys and surveillances which can be used for IR/OR. Such “Data for action” which are commonly used for M&E purposes should ideally lead to improving national programme efficiency to reduce the burden of disease. It is therefore important for countries to be aware of the types of data that are available and how to access them in order to conduct IR/OR.

3. How to promote IR/OR in programme settings

Following presentations and discussion groups, the main recommendations for promoting IR/OR in programme settings have been identified using key entry points in Global Fund processes (Figure 1):

(1) Technical partners including WHO to shape and influence the inclusion of IR/OR in: (a) national health sector strategies; (b) national disease control plans; and (c) discussion at CCM level.

(2) Research institutions to shape and influence the inclusion of IR/OR through consistent active participation in: (a) discussions at CCM level; and (b) concept note development and programme implementation monitoring.

(3) The Global Fund and the Technical Review Panel to fully recognise the role played by IR/OR to improve programme implementation.

(4) The Global Fund secretariat to underline the importance of IR/OR within in the frame of grant negotiations with principal and sub-recipients.

(5) Programme implementers to appropriately document and identify bottlenecks and the role of IR/OR in overcoming these bottlenecks through proactively engaging in IR/OR.

(6) Research partners to promote use of research findings to inform policy and shape national programmes.
In addition, several areas of research capacity were identified that need to be strengthened to conduct IR/OR in programme settings. The first and most important area discussed was related to data management: how to collect, store, access and disseminate key, reliable and quality data.

Due to the multidisciplinary nature of IR/OR, there is also a need to strengthen human resource capacity in social science, clinical medicine, data management (including data analysis), epidemiology, disease control programme, communications, advocacy and knowledge management. This is to ensure that appropriate aspects of IR/OR are addressed, such as:

- Grant proposal writing and protocol development
- Planning
- Mixed-method research and related areas of health systems research
- Data management and analysis
- Community participatory approach
- Communication/dissemination of findings through reports (internal and external), publications, scientific and public forums, and stakeholder feedback
- Knowledge management, e.g. through policy brief/dialogue and data translation
The group recognised the importance of strengthening the capacity of research ethics committees to review IR/OR protocols and the need for internal and/or external financial resources, and enabling environments such as good facilities and tools.

4. Partners and coordination

While HIV, TB and malaria disease control programmes are the main implementers of the funding from Global Fund, there are many other partners that play important roles. These include technical agencies, donors, researchers, academia, civil societies, affected and infected communities, intersectoral and legislative agencies and the private sectors. The group acknowledges that partners have the same goal but may have different approaches to improve disease control programs efficiency. The value of research is recognised differently amongst partners which could be due to several factors, such as:

- Lack of interest as IR/OR is not within their organization’s mandate;
- Lack of awareness on how IR contributes to programme efficiency;
- Lack of human and institutional capacity to conduct such a multidisciplinary research;
- Lack of financial resources; or
- Regulatory barriers to embedding IR/OR within routine programmes.

The group acknowledged that a number of stakeholders are involved in IR/OR in each country. Therefore, coordination of different stakeholders and actors is important to ensure alignment and synergy of priorities and to avoid unnecessary replication of research.
CONCLUSIONS AND RECOMMENDATIONS

Participants, including those from the six countries participating in the in-depth analysis, strongly supported the role of IR/OR to help overcome bottlenecks and improve programme implementation. Participants noted the importance of the Global Fund’s support to IR/OR, and emphasised that a full range of partners is necessary to build IR/OR capacity and support its use.

Below are the participants’ main recommendations, relating to the potential roles of a range of partners at different stages in the process of: i) developing and submitting a concept note; ii) obtaining Global Fund approval; iii) receiving the grant; and iv) implementing programme activities.

Global level

1. The Global Fund should provide updated guidance to countries on the value of including IR/OR in their concept notes. This is within the overall frame of the benefits of using data from a range of sources to improve programme delivery of interventions. Data from surveys and routine programme operations can be used in several ways to improve programme delivery of interventions, including their use to answer relevant IR/OR questions.

2. At its next meeting in March 2016 the Global Fund Technical Review Panel should have a briefing from TDR on developments in promoting IR/OR in countries receiving Global Fund grants aimed at maximising the impact of health programmes.

3. A range of partners, including TDR, should collaborate in strengthening national capacity should plan and undertake IR/OR and promote the uptake of findings into policy and practice, aimed at improving programme performance.

National level

4. WHO and other key technical assistance agencies should provide guidance to countries on the development of national disease control strategies and plans (i.e. the key documents which provide the foundation for an application for a Global Fund grant) which incorporate IR/OR.

5. Relevant partners should demonstrate the value of IR/OR to improve programme performance and enhance the delivery of health interventions, which would substantially help the CCM to appreciate the importance of aligning IR/OR with programme priorities for achieving their targets.

6. Countries should establish a national coordination mechanism and a steering group for IR/OR, which would facilitate the representation of researchers on the CCM and incorporation in the concept note of this type of research aimed at improving programme performance.
### ANNEX 1. AGENDA

#### Wednesday, 9 December

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter/Moderator</th>
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<tbody>
<tr>
<td>09:00-09:30</td>
<td>Welcome</td>
<td>R Zachariah, Chair</td>
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<tr>
<td></td>
<td><strong>Opening remarks by:</strong></td>
<td>W Mpanju-Shumbusho</td>
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<td></td>
<td>Assistant Director General, HIV/AIDS, Tuberculosis, Malaria and</td>
<td>J Reeder</td>
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<td></td>
<td>Neglected Tropical Diseases</td>
<td>D Maher</td>
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<td>Tour de table</td>
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<td></td>
<td>Background, outline of meeting procedures, expected outcomes</td>
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<td>of the meeting, conflict of interest</td>
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<tr>
<td>09:30-10:30</td>
<td><strong>Plenary:</strong> Global Fund perspective on promoting</td>
<td>M Johnson</td>
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<td>implementation/operational research in countries receiving</td>
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<td>Global Fund grants</td>
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<tr>
<td>10:30-11:00</td>
<td>Coffee break</td>
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<tr>
<td>11:00-12:30</td>
<td><strong>Plenary: Findings of situation analysis</strong></td>
<td>Chair</td>
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<td>12:30-13:30</td>
<td>Lunch break</td>
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<td>13:30-15:00</td>
<td>Moderated panel discussion of country experiences: DR Congo,</td>
<td>Chair and representative of each country</td>
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<td>Ethiopia, India, Indonesia, Myanmar and Zimbabwe</td>
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<td>15:00-15:30</td>
<td>Coffee break</td>
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<tr>
<td>15:30-15:45</td>
<td>Explanation of working groups</td>
<td>D Maher</td>
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<td><strong>Working Groups:</strong></td>
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<td></td>
<td>1) reasons (incentives) for undertaking this type of research, 2)</td>
<td>Each small group to identify a moderator and rapporteur</td>
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<td>research capacity, 3) coordination among partners, and 4)</td>
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<td>knowledge management.</td>
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<td>15:45-17:00</td>
<td>Working groups</td>
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*End of day 1*
### Thursday, 10 December

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter/ Moderator</th>
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<tbody>
<tr>
<td>09:00-09:15</td>
<td>Review of progress on day 1</td>
<td>Chair</td>
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<tr>
<td>09:15-10:30</td>
<td>Working groups continued</td>
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<td>10:30-11:00</td>
<td>Coffee break</td>
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<tr>
<td>11:00-12:30</td>
<td>Plenary: report back from working groups</td>
<td>Chair</td>
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<td>Report back from working groups: 1) reasons (incentives) for</td>
<td>Rapporteurs of working groups 1, 2 and 3</td>
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<td>undertaking this type of research, 2) research capacity, 3)</td>
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<td>coordination among partners</td>
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<td>12:30-13:30</td>
<td>Lunch break</td>
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<td>13:30-14:00</td>
<td>Report back from working group 4) knowledge management</td>
<td>Rapporteur of working group 4</td>
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<td>(including promoting use of data and uptake of evidence into</td>
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<td>policy and practice</td>
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<td></td>
<td><strong>Plenary: Developing an action plan</strong> aimed at promoting the</td>
<td>Chair</td>
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<td>effective contribution of implementation / operational research</td>
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<td>in maximising the impact of Global Fund grants</td>
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<td>14:00-15:00</td>
<td>In relationship to the roles of key stakeholders in promoting</td>
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<td>implementation / operational research in countries receiving</td>
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<td>Global Fund grants, what are the key issues to be addressed in</td>
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<td>establishing the principal directions of an action plan?</td>
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<td>15:00-15:30</td>
<td>Coffee break</td>
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<tr>
<td>15:30-17:00</td>
<td>Review and finalisation of recommendations for main elements of an</td>
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<td>action plan and practical next steps</td>
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<tr>
<td>17:00</td>
<td><strong>End of meeting</strong></td>
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The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of scientific collaboration established in 1975. Its focus is research into neglected diseases of the poor, with the goal of improving existing approaches and developing new ways to prevent, diagnose, treat and control these diseases. TDR is sponsored by the following organizations: