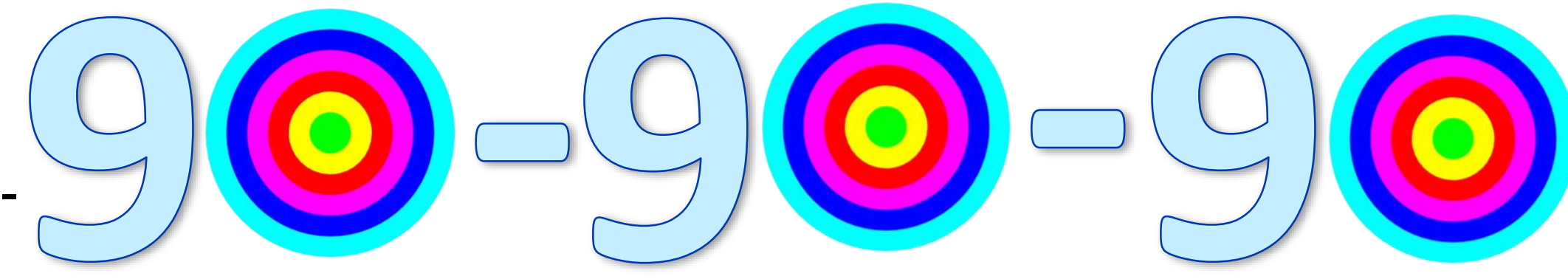# Integrator-based implementation research:
Locally-led capacity building for development of pragmatic evidence on HIV program performance

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BACKGROUND

- Reaching 90-90-90 targets requires generation of pragmatic evidence regarding program effectiveness in near-to-real time.

90-90-90

- Local capacity to conduct implementation research remains limited in many high-burden settings, resulting in missed opportunities.

- Quality implementation research requires integration of contextual knowledge of local implementers with evidence-based interventions, using rigorous scientific methods.

- Differentiated models of care required to reach 90-90-90 among affected populations will require adoption of evidence-based implementation research findings into local program design.

OBJECTIVE

- To describe our experience as a local organization actively pursuing implementation research in Zimbabwe's HIV Care and Treatment Program.

DESCRIPTION

- OPHID Trust uses an **integrator-based approach** to building capacity for implementation research in Zimbabwe's HIV Care and Treatment Program.

- OPHID **actively involves multiple stakeholders** in all including operational research and rapid assessment activities including:

✓ Ministry of Health and Child Care (MOHCC)
✓ Academic collaborators
✓ Implementing partners
✓ A dedicated Knowledge Management and Impact Analysis unit
✓ Involvement of program and strategic-information staff
✓ Facility and community-level stakeholders.

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- Research and assessment topics are derived from **current trends within routinely collected program data** within an Action Research Spiral approach (Figure 1) for developing evidence on key bottlenecks and intervention effectiveness in Zimbabwe's HIV Care and Treatment Program.

- **Results are rapidly translated** to OPHID program activities and disseminated among MOHCC structures at multiple levels (National, Provincial, District and Facility Levels) in near-to-real time.

Figure 1. Action research approach used by OPHID to explore implementation and operational research questions

OPHID Action Research Spiral

Practice skills, strategize and plan for action:
- Baseline assessments
- M&E Frameworks
- Targeted assessments
- Impact evaluation design

Start with experience of rural men and women using rigorous methods:
- Surveys
- Focus group discussions
- Interviews with key stakeholders

Apply in action and generate evidence for impact:
- Service provision
- Service uptake
- Health-seeking behaviours
- Health outcomes
- Sustainability and scalability

CONTEXTUALIZE CHALLENGES:
- Trends in routine data
- Bottlenecks to quality service delivery, demand and uptake

Participatory Intervention Design
- Health system leadership (interventions, site selection)
- Donor priorities
- Health site context
- Community planning

Add new information and theory, look for patterns:
- Literature review
- Health System Stakeholder Engagement
- National policy direction

Adapted from Loewenson et al, 2010.

LESSONS LEARNED

Since 2011, with a dedicate team of 2, through its integrator-based approach to ImS, OPHID has:

- Led the registration and completion of 6 study protocols;
- Conducted over 10 targeted program assessments; and
- Presented more than 30 accepted abstracts at national, regional, and international AIDS conferences (7 abstract at AIDS 2016 Durban)

HIV program topics explored by OPHID in its implementation and operational research activities have included:

- Community Based Infant Feeding Counselling for PMTCT in the postnatal period
- Home Delivery Study: facilitators and barriers to uptake of services across the PMTCT cascade among rural women
- mHealth for Early Infant Diagnosis: feasibility of use of cell phones at rural health facilities
- Male Participation and Perceptions of Zimbabwe's PMTCT Program
- Loss to follow up for Early Infant Diagnosis and mortality among HIV-exposed infants
- Cost-effectiveness of interventions to increase retention of HIV positive women in postnatal care
- First 2 90s – exploring HIV test yield and linkage to care at priority health facilities
- CD4 and Viral Load Access, Capacity and Functionality Surveys at over 330 health facilities

Figure 2. A selection of publications from OPHID's Operational Research and Knowledge and Innovation Series' – findings disseminated widely at local, regional, and international technical meetings and conferences

Copies of OPHID OR outputs including research reports, journal articles, abstract presentations and more can be downloaded from our website: www.ophid.co.zw

Locally-led ImS research and evaluation has contributed to:

- National program and policy approaches;
- Improved evidence on HIV care and treatment program performance and patient outcomes;
- Development and testing of new interventions to increase demand, uptake and retention in HIV prevention, care and treatment services;
- Documentation of bottlenecks and real-time corrections in Zimbabwe's HIV Care and Treatment Program.

Challenges of local capacity building in implementation research include:

- Knowledge on and use of theoretical frameworks to guide research approaches;
- Efficient adaptation of published evidence on effective interventions into local contexts;
- Resource-rigor compromises in design and data management;
- Locally-led manuscript development for peer-reviewed publication of findings;
- Supporting active involvement of academic and MOHCC collaborators within resource-constrained program contexts.

NEXT STEPS

- OPHID's integrator-based approach to implementation research has proved a low-cost, productive model for the generation of pragmatic evidence in Zimbabwe's HIV Care and Treatment Program.

- Investment in local implementation research capacity, particularly within MOHCC structures, should be prioritized for sustainable and context-relevant evidence generation on HIV programs in high prevalence settings.

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