Implementation Science for Global Health: NIH Fogarty’s Perspective

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Implementation Science for Global Health: The Fogarty Perspective

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OUTLINE

• NIH Context
• Fogarty Context
• Data on IS investments
• The Implementation Science Alliance Model
• Gaps and Opportunities in Global IS
• Select resources for Global IS
NIH Labor/HHS Budget Authority
FY2022 = $45,182,990,000

NIH Budget by Institute and Center – FY 2022
1. High-throughput technologies in genomics and nanotechnology
2. Developing diagnostics, preventative strategies and therapeutic tools through public–private partnerships
3. Reining in the costs of health care with comparative-effectiveness research and personalized medicine
4. Expanding research into diseases affecting the developing world
5. Increasing budgets and investing in training & peer review to achieve a predictable funding trajectory
The Fogarty Mission

- To address global health challenges through innovative & collaborative programs for research & training
- To support & advance the NIH mission thru global partnerships

“Science for Global Health”

“... a man who, for more than a quarter of a century, worked tirelessly for a healthy America, in a healthier world.”

Rhode Island Congressman John E. Fogarty

Congressman Melvin Laird (R-WI) 1967
Building a robust global health research workforce

Developing leaders in the field requires:

- Well-trained individuals
- Protected time to conduct research in LMICs
- Strong mentorship from US investigators with experience working in LMIC settings AND from LMIC investigators

*Training & Career Awards*

- Research Training D43
- IRSDA K01
- Global Health Fellows & Scholars
- Emerging Global Leader K43

*Research Awards*

- Undergrad
- Graduate/Medical Student
- Postdoc
- Career

Awards: R03, R01, R21
Building sustainable global health research capacity at home and abroad

- 6,000+ scientists worldwide have received significant research training
- Support for 400+ research and training projects, involving collaborations with 100+ academic institutions
- Multidisciplinary programs focus on:
  - Infectious diseases, One Health
  - Chronic conditions
  - Informatics, mHealth, bioethics
  - Implementation science
  - Brain disorders, mental health
  - Tobacco cessation
  - Climate change, environmental health
Select Individual Training Opportunities from Fogarty International Center, NIH

- **Global Health Fellows and Scholars** – students and postdoctoral fellows from U.S. or LMICs apply to university consortia for LMIC placement for 12 months

- **International Research Scientist Development Award** – up to 5 years mentored support for postdoctoral *U.S. research scientists* (K01)

- **Emerging Global Leader Award** – up to 5 years mentored support and protected research time for postdoctoral *LMIC research scientists* (K43)
Challenges and Opportunities in Global Health Research

- **One Health** – interconnections between humans, animals, plants, and the environment, transdisciplinary approach: zoonotic and vector-borne diseases, antimicrobial resistance, food safety, environmental contamination

- **Planetary Health** – health impacts: climate change, declining biodiversity, increasing pollution, shortages of fresh water, land, and ocean resources

- **Implementation Research** – promoting uptake of evidence-based interventions and policies into routine health care and public health settings

- **Climate Change and Health**: White House, House, Senate FY ‘22 budgets called for additional $100 million for NIH research on climate change and health. Global research prominent on agenda. Removed from final budget but continued strong interest and support at NIH.

- **Advanced Research Projects Agency for Health (ARPA-H)**: White House ($6.5 billion), House ($3 billion), and Senate ($2.4 billion) call for creation of new program that “would drive transformational innovation in health research and speed implementation of health breakthroughs.” Final FY ’22 budget $1 billion.

Implementation Science for Global Health
Valuing Implementation Science: The Fogarty Strategic Plan

2008-2012

Current
GOAL 3 Support research and research training in implementation science

- **Strategic Priority 1:** Expand investment in research and research training in implementation science across programs

- **Strategic Priority 2:** Catalyze interaction between researchers, policymakers and program implementers to promote uptake of evidence into global health policy and practice
Goal of Implementation Science

To accelerate the adoption and integration of evidence-based interventions to change practice patterns, health behaviors, and inform public health policy decisions that ultimately will lead to lasting health impact at scale.
Strong Scientific Evidence ≠ Policy

Policy ≠ Implementation
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# FOAs that include IS = 74 (59%)
Fogarty IS FOAs by Mechanism (2000-2015)

- Research, n=30, 40%
- Training, n=39, 53%
- Fellowship, n=5, 7%
Going beyond grant analysis

- Scientific plan
- Capacity development
- Scientific output

- Funded applications
- Trainees
- Publications
Trainees Studying IS by FY

Total Number of LT Trainees = 45

Source: CareerTrac
There were 10,696 publications in PubMed citing FIC during this time period.
GOAL 3 Support research and research training in implementation science

- **Strategic Priority 1:** Expand investment in research and research training in implementation science across programs.

- **Strategic Priority 2:** Catalyze interaction between researchers, policymakers and program implementers to promote uptake of evidence into global health policy and practice.
**Goal:** Using implementation science to enhance the effective use of evidence and help overcome implementation challenges.
Implementation Science Alliance Objectives

**Engagement**
Facilitate dialogue and exchange of ideas between researchers, implementers and decision-makers;

**Collaboration**
Enhance communication and collaboration between these communities to enable more effective translation of evidence into health policies and programs;

**Local Grounding**
Ensure that future research is responsive to the local context AND that policy-makers and program implementers are aware of research evidence in real time

**Sustainability**
Support sustainable approaches to local implementation science agenda.
NIH-PEPFAR PMTCT Implementation Science Alliance

- Leveraged the funding opportunity NIH/PEPFAR Collaboration for Advancing Implementation Science in PMTCT (R01)
- Launched in May 2013 and ran for two years (?)
  - engaged policymakers and program implementers to articulate key implementation challenges and opportunities in the context of PMTCT in LMICs
  - built upon this dialogue to enhance understanding of the role of implementation science methodologies and share lessons learned on successful collaborations
  - Developed case studies on XX
  - Provide an implementation science training for Alliance members
  - Presented and discussed their implementation science results and reflected on the lessons learned during the Alliance and future steps
PMTCT Implementation Science Alliance Outcomes

- 15 paper special Supplement in Journal of AIDS
- Concept mapping of PMTCT IS Challenges and Solutions
- New, sustained collaborations
- Launch of the Nigerian IS Alliance modeled after PMTCT IS Alliance
- Helped support independent research careers

• “I was awarded a K24 focused on PMTCT implementation science. In many ways, the work extends from our Alliance meetings… I think we are just starting to see the downstream impact.” –PMTCT Member
Adolescent HIV Prevention and Treatment Implementation Science Alliance (AHISA)

**Goal:** enhance the effective use of evidence and help overcome implementation challenges related to prevention, screening and treatment of HIV among adolescents (ages 10 to 24) in sub-Saharan Africa

Led by Steering Committee of

**NIH:** NIMH, NIAID, NICHD, OAR,
**USG:** USAID, CDC, OGAC
**Multilateral:** UNICEF, WHO
**Other:** EGPAF, Desmond Tutu HIV Foundation, FIC Advisory Board Members

26 teams from 11 countries
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<tr>
<th><strong>Annual meetings</strong></th>
<th><strong>Action groups</strong></th>
<th><strong>Conference presentations and attendance</strong></th>
<th><strong>Youth engagement</strong></th>
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<tr>
<td>In person and virtually from 2017-2023</td>
<td>Sustainability</td>
<td>IAS Satellites</td>
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<td>In collaboration with NICHD and NIMH</td>
<td>Use of IS frameworks and models in SSA</td>
<td>Youth sponsorship</td>
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<td>Support to AHISA team efforts</td>
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<td>Youth group to guide AHISA activities</td>
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AHISA Capacity Building

- Intensive Training for AHISA members
- Engagement of IS experts
- HIGH-IRI Scholars
- Support of Collaborative Team Efforts
- Distributed in local alliances

“The intensive IS training to strengthen current research designs and inform future IS grants… was reflected in the shared research protocols, with increasing use of IS frameworks in the most recently developed protocols.” –Beima-Sofie, 2023
Supporting Collaborative Team Efforts

• Local HIV IS Alliances
• Youth and Stakeholder Engagement
• Building Capacity
• Adaptation to COVID
Towards Sustainability: AHISA Local Alliances

• **Goal**: to catalyze long-term region-/country-specific collaborations that will enhance the quality of HIV prevention and care for adolescents through IS by
  - responding to local issues and
  - increasing capacity

• 2019, 2020, 2021, & 2022
Common Local Alliance Goals

Expand implementation of successful interventions focused on improving each step along the adolescent HIV continuum of prevention and care.

• Build network of researchers, program implementers and policy-makers
• Build implementation science capacity
• Identify evidence-based interventions to support response strategies
• Enhance translation of evidence into policy and practice
Examples of Outcomes to Date

Seminal Publications & Resources

- *AIDS & Behavior* supplement & IAS Presentation
  - Use of Implementation Science in Adolescent HIV
  - Timely topics and innovative approaches
  - Enhance adolescent-specific approaches
- Concept mapping for implementation determinants and mechanisms, *IS Communications*
- Adolescents In Research Toolkit- Online comprehensive clinical, logistical, ethico-legal toolkit to facilitate the safe and effective involvement of adolescents in implementation

Stimulate and Inform Research Funding

- Informed the development of NICHD’s original PATC3H Program in 2018
- Informed the development of NICHD’s new PATC3H-IN Program in 2022
Collaborations: Bibliometrics-Based Network Analysis

2015-2017 Network

2021-2023 Network
Transition to Practice: Policy or Practice Change

- Two AHISA Projects were associated with moving research results from their underlying NIH-funded projects into policy guidance:
  - Project YES! (Zambia): Evidence-based Project YES! intervention is now incorporated into the Zambian differentiated service delivery (DSD) model, partially because of advocacy of the Youth Task Force supported by the AHISA Project
  - ATTACH (Kenya): Evidence-based ATTACH intervention is incorporated into draft national policy guidelines; policymakers reached out to the AHISA Project team to participate in drafting process; ATTACH transition readiness assessment also incorporated into electronic medical record system in one Kenya province
- U-AHISA’s work on TB prevention in HIV/AIDS patients has been included in Uganda’s guidelines
Objective: examined the use of implementation research in adolescent HIV studies conducted in sub-Saharan Africa (SSA) from 2013-2023

Findings:
- 44 articles in 13 SSA countries
- Most were in East (52.3%) and South Africa (27.3%)
- Half focused exclusively on HIV prevention components of the care continuum
- Increase in studies in recent years

Does it need a reference?
Use of Implementation Outcomes and Frameworks

- Only 4 used IS TMF
  - ADAPT
  - Diffusion of Innovations
  - Precede-proceed
  - EPIS (Exploration, Preparation, Implementation, Sustainment)

Acceptability; Feasibility: 19
Acceptability: 11
More than one outcome: 5
Feasibility: 4
Fidelity: 3
Adoption: 2
Youth Engagement

- No youth engagement - the absence of participatory approaches or activities
- Minimal youth engagement - consulted on their opinions, assigned specific roles, or informed about research activities, without any decision-making power
- Moderate youth engagement - adult-initiated activities with shared decision making between youth and adults
- Substantial youth engagement - research activities that were youth-initiated and directed

![Pie chart showing youth engagement levels: None 61%, Minimal 32%, Moderate 2%, Substantial 5%]]
### Table 4: Characteristics of implementation domains for all included grants, and by whether or not they were engaged research

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<th>Study type</th>
<th>Number (% of total grants $N = 103$)</th>
<th>Number (% of grants with engagement $n = 90$)</th>
<th>Number (% of grants without engagement $n = 13$)</th>
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Villalobos et al. Implementation Science Communications (2023)
## Gaps and Opportunities for Community Engagement in IS

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<th>Gap Identified</th>
<th>Opportunity for Future Research</th>
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<td>Engagement predominantly at lower levels (consultation) and in formative</td>
<td>Deeper, longitudinal engagement (collaboration &amp; partnership) across research continuum (theory</td>
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<td>research; Less engagement in implementation-only and intervention delivery</td>
<td>development, intervention design, conducting evaluation)</td>
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<td>Further diversification of partner types engaged needed</td>
<td>Engagement of policymakers, social service and public health professionals, implementation</td>
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<td>support practitioners, product makers, purchasers, payers, health equity experts</td>
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<td>Further diversification of engagement strategies to support deeper</td>
<td>Apply and evaluate longitudinal or hands-on engagement strategies that facilitate participation</td>
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<td>engagement (beyond advisory committees and key informant data collection)</td>
<td>of implementers and intervention beneficiaries (e.g., human-centered design processes, systems</td>
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<td>needed</td>
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<tr>
<td>Lack of descriptions of engagement approaches, indicators of equity, metrics</td>
<td>Specify approach to engagement and describe and study structures of relationships in more detail.</td>
</tr>
<tr>
<td>of engagement, indicators of equity, metrics of engagement</td>
<td>Measure engagement processes and outcomes, and incorporate research questions to advance the</td>
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<td></td>
<td>science of engagement in addition to main implementation science aims</td>
</tr>
<tr>
<td>Further application of health disparities or equity-focused research and</td>
<td>Apply health equity or implementation science theories, models, and frameworks with equity-</td>
</tr>
<tr>
<td>engagement of diverse populations beyond racial/ethnic minorities</td>
<td>extensions and engage underserved diverse populations</td>
</tr>
</tbody>
</table>

Fig. 2 Summary of gaps and opportunities in community engaged implementation science
OPPORTUNITIES for IS in Global Health

• Capacity building
• Strengthen community engagement in the context of IS
• Planning for sustainability
• More effectively capturing impact
Summary

• NIH and Fogarty are strongly engaged and supportive of implementation science for global health
16th Annual Conference on the Science of Dissemination and Implementation in Health

Raising Expectations for D&I Science: Challenges and Opportunities

DATE & TIME: December 10-13, 2023    LOCATION: Crystal Gateway Marriott | Arlington, VA
Resource Platform to Advance Knowledge and Practice
PICK A THEORY, MODEL, OR FRAMEWORK
Lessons from the field: case studies in global implementation science

Collection Organisers: Blythe Beecroft, Fogarty International Center, USA; Gila Neta, National Cancer Institute, USA; Rohit Ramaswamy, Cincinnati Children's Hospital Medical
THANK YOU
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# 2024 Implementation Science Seminar Series

## Fundamentals

**Dartmouth Geisel School of Medicine**

**Hosted by:**
- Jeremiah Brown, PhD, DCIS Director
- Kelly Aschbrenner, PhD, DCIS Co-Director
- Sarah Lord, PhD, DCIS Co-Director

### Monthly on the 2nd Tuesday*

*(Note: 4th Tuesday for April only)*

<table>
<thead>
<tr>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
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<tbody>
<tr>
<td><strong>Five Considerations for Developing an Implementation Science Research Question</strong></td>
<td><strong>From Concept to Impact: Exploring Implementation Models and Frameworks</strong></td>
<td><strong>Measuring Context, Process and Implementation</strong></td>
<td><strong>Implementation Frameworks: PRISM &amp; RE-AIM</strong></td>
</tr>
</tbody>
</table>
| Kelly Aschbrenner, PhD  
DCIS Co-Director          | Sara Malone, PhD  
Washington University | Katie Rendle, PhD  
University of Pennsylvania | Tina Studts, PhD  
University of Colorado  
Samantha Harden, PhD  
Virginia Tech |
| **Tuesday, February 13** | **Tuesday, March 13** | **Tuesday, April 23*** | **Tuesday, May 14** |