Author's response to reviews

Title: Capturing lessons learned from evidence-to-policy initiatives through structured reflection

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Author's response to reviews: see over
To: Editorial Team  
HARPS

From: Fadi El-Jardali, MPH, PhD  
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Subject: Response to Reviewers  
Capturing lessons learned from evidence-to-policy initiatives through structured reflection

Dear HARPS Editorial Team,

Thank you for reviewing our manuscript entitled “Capturing lessons learned from evidence-to-policy initiatives through structured reflection”. We thank the reviewers for their constructive comments upon which we modified the manuscript. Kindly find below a point-by-point response and description of the changes made.

Reviewers' Comments

Reviewer 1 (Document 1)

Comment 1

MAJOR COMPULSORY REVISIONS

Group and Individual interviews, paragraph 4: The difference between the seven interviews conducted and the six which were tape recorded needs to be made clear. Are they both individual interviews or group interviews?
Response 1
Six of the total ten group interviews were tape recorded. Extensive notes were taken for the remaining group interviews and for the individual interviews. This clarification was added to the Methods section page 7, based on the reviewer’s comment.

Comment 2
Group and Individual interviews, paragraph 4: In group interviews, some groups had 2 participants. I think two is too small a number to use for group interviews. Let it be supported by a reference if it is alright to interview a group of two. If there is no reference to support the use of two participants in a group, let it be included as one of the limitations of the study.

Response 2
Several studies have used group interviews with two participants [17-20]. Interviewees were knowledgeable about the activities of KTPs in their respective countries and provided insights on key facilitators for supporting KTP work, as well as challenges encountered and lessons learned. These references were added to the manuscript (page 7) to support the use of group interviews with two participants, as suggested by the reviewer.

Comment 3
STRENGTHS AND LIMITATIONS
Clarify how each limitation affects the interpretation of the findings. E.G. What value could collecting information from ‘doers’ have added to the study?

Response 3
We have clarified this limitation and added a section on how this limitation may have influenced the interpretation of the findings:

Turning to limitations, our sample of interviewees was drawn from KTP staff and leaders then from policymakers and stakeholders. Eliciting the opinion of a larger number of policymakers and stakeholders at the country level can potentially provide additional in-depth insights on the work of KTPs from the perspective of the groups that KTPs eventually aim to reach and influence. This can provide valuable information for assessing initiatives conducted by KTPs, tailoring EIHP initiatives to their needs, and improving the work of KTPs in each setting.

This clarification was added to the section on “Strengths and Limitations” page 18.
Comment 4

DISCUSSION

The discussion of key findings should be done in light of previous research studies. I suggest merging the ‘discussion’ section with the section on ‘findings in relation to previous studies’ so that each key finding is discussed in light

Response 4

We structured the Discussion based on the recommendations from an editorial published in the BMJ. As the editorial argues, using a structured discussion helps guide readers throughout the discussion, makes it easier to locate information, prevents unjustified extrapolation, and improves the overall quality of reporting (M. Docherty and R. Smith. The case for structuring the discussion of scientific papers. BMJ 1999; 318: 1224). As such, we maintained the structure of the Discussion but we added clarifications to the section on “Findings in relation to previous studies” to further highlight the connection of previous studies with findings reported from this paper. Please refer to the Discussion section for tracked changes.

Comment 5

MINOR ESSENTIAL REVISIONS

Methods 3rd paragraph: Web links in the text should be substituted with correct referencing

Response 5

We substituted web links with reference and added those to the References section, as suggested by the reviewer. Subsequent changes to the numbering of references were made to the text.

Comment 6

Framework for assessing knowledge translation platforms, 1st sentence: Belongs to data analysis section

Response 6

We made changes to this section based on the reviewer’s comment (Methods pages 6 and 9).

Comment 7

Data Analysis, 2nd paragraph: Clarify the meaning of ‘holistically analysed’ in this study
Response 7
We clarified the meaning of ‘holistically analyzed’ based on the reviewer’s recommendations:

Data from the interviews, document review, and observation of deliberations were holistically analyzed such that data collected from the three sources were gathered using the same data analysis sheet, rather than analyzing data from different sources separately.

Changes were made to the Methods section page 9.

Comment 8
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests

Response 8
No action is needed.

Reviewer 1 (Comments in Document 2 not mentioned in Document 1)

Comment 9
Thank you for giving the opportunity to review this manuscript. This is an important contribution to an area with paucity of research evidence and to the developing knowledge translation platforms in low-income countries.

Response 9
We thank the reviewer for the positive note.
**Reviewer 2**

**Comment 1**
This is a well-written paper on an area requiring greater exploratory work. That said, it does not explore issues in great depth due at times, in part due to the nature of the methods, and in the end finds several things already known (as the paper notes). There are important insights, however, including mapping out some of the common challenges KTPs face, and some clarification of areas for future work. I think the paper could be changed in a few ways to improve it or justify publication.

**Response 1**
We thank the reviewer for the positive comment. We made several changes to the manuscript in order to enrich the analysis and discussion of findings and future implications for research and action. These are detailed in the response to comments below.

**Comment 2**
I'd consider these minor revisions.

The first issue that could be useful to explore is if the authors have any way to provide insight into ways KTPs fit within government structures or political systems beyond their simple physical placement. We have a basic explanation that they follow different arrangements (internal to ministries or based in arms length (e.g. academic or NGO) bodies). But many questions will remain about what else the choice involves, why to choose one or the other, or the reasons, goals, and features within different KTP arrangements. Indeed, at times I felt there should be more explicit discussion of what makes something a KTP to begin with - clearly they are not all the same thing, so are there key features or activities that need to be done to be considered a KTP? And then are there secondary or optional features that will vary (and what are the purposes or reasons for those variations)?

**Response 2**
- A key feature of all Knowledge Translation Platforms (KTPs) is that they are partnerships between policymakers, researchers, civil society groups, and other key health system stakeholders, with the main goal of facilitating the process of translating research evidence into policy and action. To this end, common activities supported by these KTPs include developing policy briefs and convening deliberative dialogues. The main features of KTPs are stated in the Introduction page 4.
- Based on the reviewer’s suggestions, we summarized the structure, pros, and cons of the different KTP arrangements with examples in Table 5 (page 33).

- We also provided a specific example on how EVIPNet Ethiopia fits within the government structure:

  EVIPNet Ethiopia was established by the National MOH as the Directorate of Technology Transfer & Research within the Ethiopian Health and Nutrition Research Institute (EHNRI). It is composed of staff paid by autonomous, public authority for conducting KTP work. Its strategic direction, activities, and KT priorities are informed by policymakers at the MOH. Participants noted that close linkages to the MOH strengthens the sustainability of KTP work, provides proximity to policymakers, and increases the prospects that KTP work is utilized in policymaking.

  This section was added to the Results section page 15.

- Further research comparing governance structures of KTPs in different contexts and the factors influencing their sustainability is much required, given the current volatility of these initiatives as indicated in this study, this is included in the Discussion section page 19.

Comment 3

Several statements remain vague or repeat already established ideas - such as the need to increase awareness of policy making to the importance of EIHP, or the need for capacity building. While some repetition of past findings is expected, it could be useful if the paper could try to say more about these ideas – either what the interviewed groups have done about them, or reflections on how to research them further. So, when talking about the need to raise awareness, is it possible to explore how one identifies such social/political awareness? Has it been studied or compared between settings? Or is it possible to discuss how one might go about facilitating it. Even if not known, the gaps in knowledge could be explained, rather than just saying there is a need to improve awareness (or build capacity, or institutionalize, etc.).

Response 3

As suggested by the reviewer, we included additional examples on what KTPs have done or additional suggestions on activities that may have the potential to raise awareness and build capacity on KT work:
- We added the following example from the document review on how KTPs can potentially raise the awareness of policymakers and stakeholders on EIHP (Climate section- Results page 10).

   For example, discussions at the Forum highlighted the importance of mapping institutional structures at the national level to understand the optimal ways and emerging opportunities for targeting policymakers and stakeholders, which would also require that KTPs build their capacity in lobbying and understanding the political context.

- We included the experience of knowledge sharing among REACH Uganda, EVIPNet Burkina Faso, and ZAMFOHR as an example on how KTPs can build their capacity in implementing approaches to facilitate user pull (Efforts to facilitate user pull section- Results page 11).

   REACH Uganda, EVIPNet Burkina Faso, and ZAMFOHR highlighted how collaboration among them helped to develop their skills in implementing RRSs. They emphasized that this type of knowledge sharing is essential for scaling up approaches to facilitating user pull in other countries.

- We also added specific capacity building needs by KTPs for pursuing evaluation (Evaluation section- Results page 14).

   This lag in conducting M&E activities was attributed to the lack of capacity within KTPs to conduct M&E activities, particularly in implementing M&E approaches and tools and in analyzing data, and the prevailing perception among KTP leaders that M&E activities were particularly challenging endeavors.

- We also identified specific gaps in research and action for building capacity in KT activities and raising awareness on the importance of EIHP in the section “Implications for practice and future research” in the Discussion page 20, as detailed in the response to Comment 6.

**Comment 4**

I think at times statements may not be justified by the methodology. Stating that "evidence briefs for policy have been among the most successful tools for informing policy making" seems to overstate the certainty that can come from a small qualitative sample of this nature. If that is based on other evidence or references, they should be given. If this is the opinion of interviewees, it should be qualified as such in the text.
Response 4

- Based on the reviewer’s suggestions, we made changes to the wording of statements in the Results section to clarify their corresponding sources:
  - *KTP leaders* repeatedly urged funders to play a stronger role in supporting KT activities in LMICs… (Page 10)
  - *Findings revealed* that efforts exerted by KTPs under the domain of research production are still limited. (Page 10)
  - *Interviews and the document review* indicated that there is a need to assess and build capacity among research users… (Page 12)
  - Deliberative dialogues informed by evidence briefs were perceived by *interviewees* as the most successful effort to enhance EIHP… (Page 12)
  - *Findings revealed* that key components that facilitated the engagement of KTPs in successful deliberative processes were… (Page 13)
  - Key to achieving outcomes and bringing about change was strong leadership support particularly from policymakers at the government level, *as emphasized in the interviews, document review, and observation of deliberations*. (Page 14)
  - Ensuring the sustainability of EIHP initiatives after the end of funding was identified by *interviewees* as a major challenge confronting KTPs. (Page 15)
  - Institutionalization was thought to help overcome challenges related to retaining capacity and funding, *as indicated by interviews, document review, and observation of deliberations*. (Page 15)

- We also made changes to the wording of the Discussion section to clearly indicate that deliberative dialogues were perceived by interviewees as among the most commended tools for informing policymaking:
  - Deliberative dialogues informed by evidence briefs for policy have been among the *most commended* tools for informing policymaking (Page 16).

- The positive views held by interviewees regarding deliberative dialogues and evidence briefs were further supported by a recent survey that assessed the views of policymakers, stakeholders, and researchers from LMICs, whereby respondents viewed the evidence briefs and deliberative dialogues very favorably and reported strong intentions to act on what they learned in the briefs and dialogues [36]. This section was added to the Discussion section page 18 to support findings from the current study.
Comment 5
Similarly the statements about the effectiveness of deliberative dialogues could be more carefully worded. Quotes given provide opinions that these are useful. One quote says that it was 'interesting' to see different views on the system, and that it was 'encouraging' for the KTP member to see that. These are hardly robust measures of effectiveness. The text says these were 'perceived' as the most successful effort to enhance EIHP, but I wonder if there was clarity on what 'success' in 'enhancing' EIHP actually means?

Response 5
Based on the suggestion of the reviewer, we reviewed the use of the word “successful” to make sure the analysis accurately reflects the perceptions of interviewees:

- Results section page 12:
  Deliberative dialogues informed by evidence briefs were perceived by interviewees as the “most commendable [tools for enhancing EIHP]” and “activities that [KTPs] were most proud of”. Interviewees reported that deliberative dialogues had the potential to influence the use of evidence in policy formulation, influence the perceptions of policymakers, stakeholders, and researchers regarding the availability of research evidence, and strengthen the relationship between policymakers, stakeholders, and researchers. At the same time, interviewees emphasized that these are their own perceptions about the short-term influence of deliberative dialogues and that it is still early in their KTP work to comment on the outcomes and impact of the use of deliberative dialogues for informing policymaking.

- Abstract, we replaced the word “successful” with “commended”
  Deliberative dialogues informed by evidence briefs were identified as the most commendable tools by interviewees for enhancing EIHP

- Results page 13:
  Findings revealed that key components that facilitated the engagement of KTPs in conducting deliberative processes were skilled human resources to moderate deliberative processes and the support of policymakers and stakeholders and their willingness to participate in such initiatives.

- Discussion page 16, we replaced word “successful” with “commended”
  Deliberative dialogues informed by evidence briefs for policy have been among the most commended tools for informing policymaking
- The positive views held by interviewees regarding deliberative dialogues and evidence briefs were further supported by a recent survey that assessed the views of policymakers, stakeholders, and researchers from LMICs, whereby respondents viewed the evidence briefs and deliberative dialogues very favorably and reported strong intentions to act on what they learned in the briefs and dialogues [36]. This section was added to the Discussion section page 18 to support findings from the current study.

- We agree with the reviewer that the quote presented on the usefulness of deliberative dialogues does not illustrate effectiveness of deliberative dialogues in enhancing the use of evidence in policymaking:

  “It was very interesting to see how actors with different interests and views on the healthcare system were willing to discuss new ideas, and contribute without putting aside their differences. This was very encouraging for us.”

However, the above quote illustrates that deliberative dialogues have the potential to strengthen contact and exchange among policymakers, stakeholders, and researchers, which increase the prospects for research use in policymaking [23].

We provided an explanation in the Results section page 13 to clarify that deliberative dialogues were perceived by interviewees to strengthen relationships among policymakers, stakeholders, and researchers. We also added a section in the Discussion page 16 to support this point based on a previous study [23].

- Based on the reviewer’s suggestion, we included an additional quote to the Results section page 13 to further support the potential of deliberative dialogues for influencing policy formulation as perceived by interviewees:

  “Options that were proposed [in the deliberative dialogue informed by an evidence brief] were integrated in the strategic plan for accelerating maternal survival.”

Comment 6

Overall I think the text could do more to explore or give details to the issues that are needed next to improve efforts to research this topic. The paper recognizes its limitations, and already notes the need for some more research. But I think the paper could go farther in exploring aspects of those issues which are mentioned. For example: When it says that efforts to
intensify push, pull and evaluation efforts are needed, it could discuss what such efforts might require, or how to facilitate them

**Response 6**

- In reference to the reviewer’s example, we summarized findings from this study on how to facilitate efforts on production of research, efforts to facilitate user pull, user pull efforts, and evaluation efforts (Discussion section page 17):
  
  In order to facilitate these efforts, findings suggested building the production of local evidence, building the capacity of KTPs and research users to undertake such activities, increasing financial support to pursue capacity building and M&E activities.

- We added specific gaps in research and action to improve KT efforts to the “Implications for practice and future research” section of the Discussion:

  **1. KT strategies and understanding KT tools in different contexts:**

  Specifically, further research is needed to systematically determine how the ways in which evidence briefs, deliberative dialogues, and other KT strategies are designed, their content and the context in which they are developed will influence their usefulness in supporting EIHP [36-38]. A recent systematic review reported that contextual factors, particularly the institutions, interests, and values of a given context, as well as issue-related factors (such as whether issues are polarizing, salient, or familiar to policy actors) can influence views regarding evidence briefs among their intended users [39]. Similarly, future research may explore the ways in which contextual factors and policy issues can influence other strategies (e.g., capacity building targeted at research producers and users) for supporting the use of research evidence in policymaking processes. (Page 19)

  **2. Capacity-building and raising awareness:**

  In Nigeria, for example, a training workshop that focused on capacity development on EIHP and building partnerships between policymakers, stakeholders, and researchers showed significant improvements in participants’ knowledge, their understanding of the health policymaking process and the use of evidence [8]. Different capacity-building approaches can be implemented and assessed with both researchers and research users and tailored to different contexts, for example, comparing the use of group workshops with one-to-one meetings on building the capacity of policymakers, stakeholders, and researchers [40]. Additionally, funders are in a position to move the agenda of EIHP forward by providing training on KT skills and mentoring or coaching
for KTPs, policymakers, stakeholders, and researchers as well as by advocating for KT through rewarding/celebrating the work of those promoting KT [41]. (Page 20)

3. Establishing institutional structures and incentives that support EIHP activities

A systematic review on the use of research evidence in public health policymaking suggested that changing the culture within which policymakers work (in terms of structures, rewards and training) such that more value is placed on the use of research evidence might encourage its use [42]. For example, the Ministry of Health and Long-term Care (MOHLTC) in Ontario requires training for civil servants in finding and using research evidence, incorporating assessments of the use of research evidence as part of performance reviews. It also requires civil servants making submissions to the minister or to cabinet to document the key sources for research evidence that were searched and declare that relevant findings were used to inform the submission [43]. (page 20).

4. Role of funders:

Michael Smith Foundation for Health Research proposes five key functional areas that funders can undertake for effective KT, these are: advancing KT science, building KT capacity, managing KT projects, funding KT activities, and advocating for KT [41]. This funding agency suggests specific examples of funding agencies’ activities, including funding knowledge synthesis and other KT strategies as well as KT model testing; providing awards for research use and uptake (e.g., to adapt and implement research evidence); and developing partnerships with governmental and NGOs in order to leverage limited human and financial resources and align with existing and new initiatives and research [41]. (page 21).

5. Evaluation:

It is important that KTPs integrate their M&E work starting from the planning phase of KT work and that they allocate sufficient resources to implementing M&E. The KTPE team developed a range of tools that can assist KTPs in conducting M&E activities, including: survey tools to evaluate the perceptions of users of evidence briefs and deliberative dialogues, a brief survey administered every two years to a sample of policymakers, stakeholders, and researchers to assess outcomes of KT activities, and case studies to capture impacts of KT activities on the use of research evidence in policymaking. Very few systematic reviews examine implementing research findings into policy [42]. Various challenges hamper impact evaluation of research use in policymaking these include metrics that are difficult to define, the use
of research evidence differs depending upon the context, and the resource- and time-intensive nature of impact studies [41]. As such, further research can concentrate on assessing the outcomes and impacts of conducting KT activities on the use of research in policymaking in addition to assessing the impact of EIHP on the health system and the health of the population. (page 21).

Comment 7
The paper could go into greater depth to ask what is seen as 'success of EIHP' to KTP members (it raises that this is not well established, but it could do more to try to establish it, perhaps?)

Response 7
Based on the suggestions of the reviewer, we reviewed the analysis to further explore the perceptions of KTP members regarding “success of EIHP” and made the following changes:
- Modifications were made to the Results section page 12 in order to reflect the views of interviewees regarding deliberative dialogues with more depth:
  Deliberative dialogues informed by evidence briefs were perceived by interviewees as the “most commendable [tools for enhancing EIHP]” and “activities that [KTPs] were most proud of”, mainly because deliberative dialogues influenced the use of evidence in policy formulation, influenced the perceptions of policymakers, stakeholders, and researchers regarding the availability of research evidence, and strengthened the relationship between policymakers, stakeholders, and researchers. At the same time, interviewees emphasized that these are their own perceptions about the short-term influence of deliberative dialogues and that it is still early in their KTP work to comment on the long-term impact of deliberative dialogues on the use of evidence in policymaking.
- Modifications were made to the wording of the Results section page 14 in order to clarify that discussions were centered around facilitators to conducting KT work, rather than ensuring “successful” EIHP initiatives:
  Discussions during the interviews and at the Forum of key facilitators that for conducting KTP work acknowledged the central role that strong leadership plays in the process of establishing collaborative partnerships between research funders, research producers and users and for promoting EIHP initiatives.
- Modifications were made to the wording of the Results section page 11 in order to specify that these are facilitators for conducting efforts to facilitate user pull, rather than ensuring “successful” EIHP initiatives:

These common challenges were the lack of skilled and dedicated personnel to conduct efforts to facilitate user pull.

Comment 8
The paper could discuss strategies for building institutions (or incentives) to support EIHP which have been undertaken, or if not known, could discuss how one might research them

Response 8
Based on the reviewer’s comment (also refer to Comment 6), we discussed the results of a systematic review on the use of research evidence in public health policymaking, which suggested that changing the culture within which policymakers work (in terms of structures, rewards and training) such that more value is placed on the use of research evidence might encourage its use [42]. For example, in Ontario, the Ministry of Health and Long-term Care (MOHLTC) requires training for civil servants in finding and using research evidence, incorporating assessments of the use of research evidence as part of performance reviews. It also requires civil servants making submissions to the minister or to cabinet to document the key sources for research evidence that were searched and declare that relevant findings were used to inform the submission [43]. This section was added to the Discussion section page 20.

Comment 9
The paper could do more to explore what is meant by monitoring and evaluation of EIHP efforts. How could this be done (or what is needed to learn how to do it?)

Response 9
We added a section proposing how M&E can be undertaken by KTPs and highlighted areas that require further research in the Discussion section page 21:

It is important that KTPs integrate their M&E work starting from the planning phase of KT work and that they allocate sufficient resources to implementing M&E. The KTPE team developed a range of tools that can assist KTPs in conducting M&E activities, including: survey tools to evaluate the perceptions of users of evidence briefs and deliberative dialogues, a brief survey administered every two years to a sample of policymakers, stakeholders, and researchers to assess outcomes of KT activities, and case studies to capture impacts of KT activities on the use of research
evidence in policymaking. Very few systematic reviews examine implementing research findings into policy [42]. Various challenges hamper impact evaluation of research use in policymaking; these include metrics that are difficult to define, the use of research evidence differs depending upon the context, and the resource- and time-intensive nature of impact studies [41]. As such, further research can concentrate on assessing the outcomes and impacts of conducting KT activities on the use of research in policymaking in addition to assessing the impact of EIHP on the health system and the health of the population.

Comment 10
These are just a few suggestions. I would not say every single one is needed, but if some of them are, it would make the paper more useful for the field, rather than falling back on statements that more work is needed. (The paragraph on page 17 noting the need to tailor KT efforts, and providing an example from ZAMFOHR I think is a useful one, and would be an example of the type of probing of difficult issues that could be done for some of the above issues as well).

Response 10
We thank the reviewer for the constructive comments. We modified sections from the Results and Discussion to enrich the analysis, adding examples where possible to further clarify gaps and including specific suggestions for research considerations.

Comment 11
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests

Response 11
No action is needed.
Thank you for your kind revision of our manuscript. We thank you for your interest in this paper and look forward to the outcome of the peer review.

Sincerely,
Fadi

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