

Integrated knowledge translation in non-communicable disease research in Sub-Saharan Africa: case vignettes comparing systematic with ad hoc stakeholder engagement

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Integrated knowledge translation in CEBHA+

The *Collaboration for Evidence-Based Healthcare and Public Health in Africa* (CEBHA+) is a research consortium which conducts primary and secondary research on non-communicable diseases (NCDs) and employs an integrated knowledge translation (IKT) approach to facilitate its uptake in five countries in sub-Saharan Africa (figure 1). Tailored, country-specific IKT strategies were designed and implemented to guide stakeholder engagement along the research process (1). We aimed to compare this systematic approach with more ad hoc approaches to stakeholder engagement (2).

Methods

CEBHA+ researchers who lead on IKT at their sites („IKT focal points“) reflected on their experiences with systematic vs. ad hoc stakeholder engagement in the past three years of the project. The formal IKT strategies, meeting minutes, and an internal survey informed the formal reflection process reported here.

Results

IKT focal points reported the following facilitators and challenges for systematic IKT:

- **Factors fostering strategic stakeholder engagement were:** an increased demand for evidence-informed decision-making, alignment of researcher and stakeholder interests, political will in the areas of NCDs, dedicated resources, and pre-existing professional relationships.
- **Challenges encountered:** staff turnover, incorrect assumptions on interest of stakeholders (Malawi and South Africa), and the emergence of similar KT initiatives (Ethiopia). These challenges required adaptation of the pre-defined IKT strategy and more ad hoc engagement with stakeholders. The Covid-19 pandemic also required a shift from face-to-face to virtual meetings.

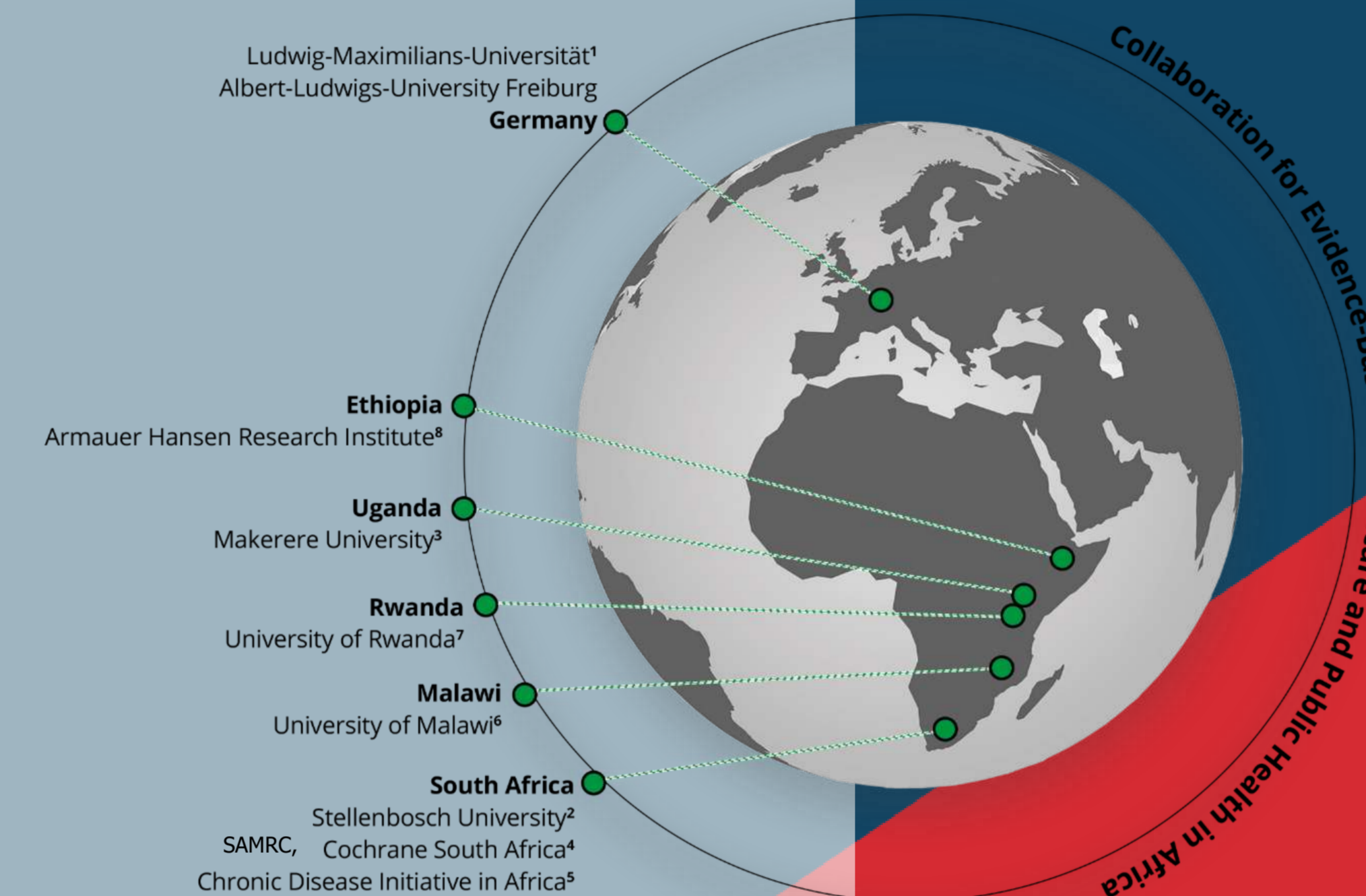
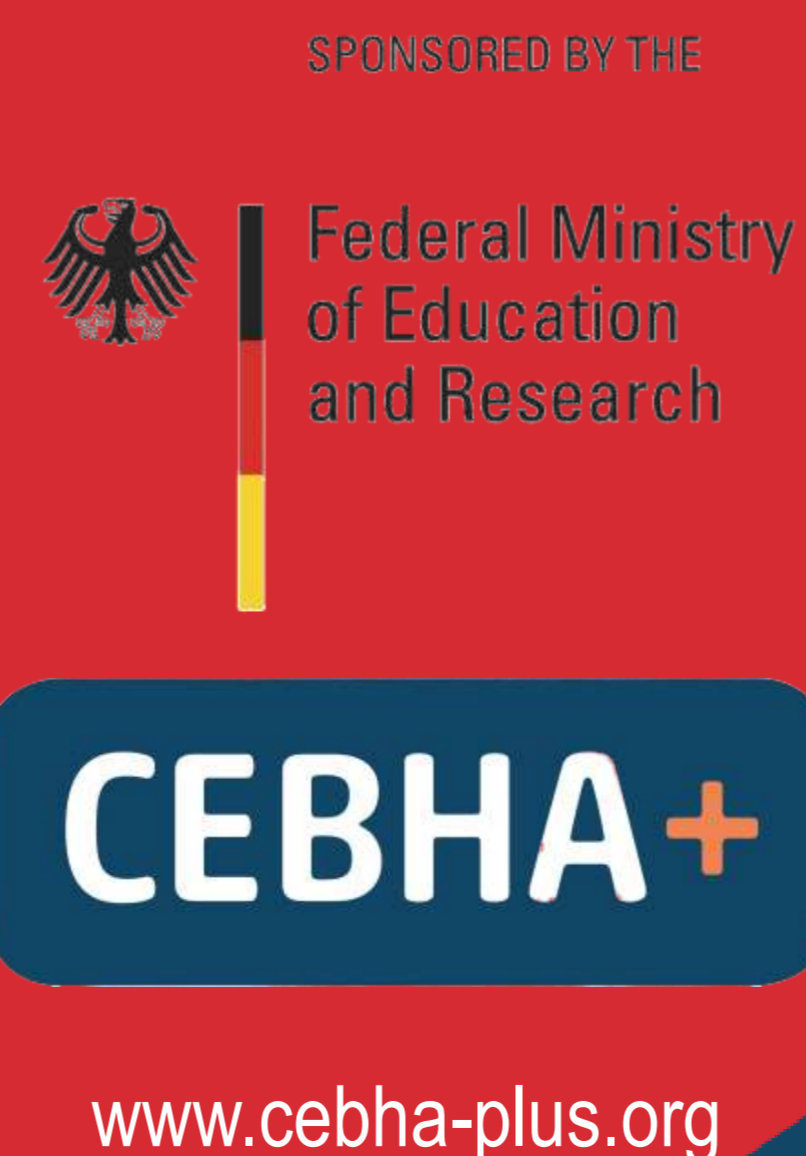


Figure 1: CEBHA+ affiliations



Results continued

- **Ad Hoc engagement** occurred in the following instances: i.e. when the COVID-19 pandemic called for researchers responding to decision-makers' urgent requests for evidence (South Africa, Malawi), and when new stakeholders entered the stakeholder landscape (Ethiopia).
- Researchers cited access to data (Rwanda) and increased project buy-in (Malawi and Uganda) as **benefits of ad hoc engagement**. However, the absence of allocated resources was highlighted as a **challenge** and researchers emphasised that ad hoc engagement should not distract from overall research goals

Outcomes of stakeholder engagement:

Relationship-building

Increased awareness of and demand for CEBHA+ NCD research in policy and practice

Capacity and research gaps identified amongst stakeholders

Discussion

- The case vignettes showcase the value and challenges of a systematic IKT approach whilst delineating occasions that call for an ad hoc engagement
- Researchers perceived a systematic approach to engaging with decision-makers to be beneficial to their project goals but flexibility was needed
- The need for wide consultation in the project conceptualization phase was also highlighted

Conclusions

- Organizational, political and health system factors are constantly shifting and therefore stakeholder engagement plans cannot remain static but rather need to embrace the dynamics of the decision-making process.
- As NCDs become a more prominent issue in SSA and research activities grow, this paper offers insights into the complexities of conducting IKT activities in different contexts

Acknowledgements: We are grateful for input from further IKT colleagues: Ann R Akiteng, Bonny Enoc Balugaba, Gertrude Chapotera, Hailemichael Getachew, Rawleigh Howe, Kiya Kedir, Tamara Kredo, Lisa Pfadenhauer and Anke Rohwer.

References: (1) Pfadenhauer, L.M., Grath, T., Delobelle, P. et al. Mixed method evaluation of the CEBHA+ integrated knowledge translation approach: a protocol. *Health Res Policy Sys* 19, 7 (2021). <https://doi.org/10.1186/s12961-020-00675-w>. (2) Mpando, T.L., Sell, K., Delobelle, P. et al. Integrated knowledge translation in non-communicable disease research in sub-Saharan Africa: case vignettes comparing systematic with ad hoc stakeholder engagement (submitted for publication).