

Concept Note for a WHO Research Priority Agenda on Knowledge Translation

19 October 2023

1. Background

Over the past decade, knowledge translation¹ (KT) initiatives have been implemented to bridge the gaps between evidence, policy, and practice in health and other policy areas. Significant efforts were made to bring evidence producers and users with different priorities, values, and perspectives together. However, some important challenges remain. Only a fraction of relevant research findings is effectively translated into measurable change, and the translation of new evidence into improvements in public policy and health interventions often is a lengthy and convoluted process.

 $^{^1}$ WHO defines knowledge translation as the exchange, synthesis and effective communication of reliable and relevant research results.



But which are the most effective methods of translating evidence into policy in specific contexts? How do we optimize KT initiatives, and how do we best identify and measure evidence-to-policy gaps? What are efficient ways of synthesizing evidence that are relevant and actionable for evidence users? Knowledge translation research – the scientific study of the methods to promote the uptake and use of research findings by evidence users² – aims at answering these questions. However, the lack of community and coordination in the field of KT poses significant challenges to answering them. This often leads to KT research being conducted on questions that have already been answered, while other areas remain underfunded.³

At the same time, funding for KT research has been inconsistent, which has impeded the development of broadly applicable empirical or theoretical knowledge on how best to utilize evidence or construct the requisite communities to operationalize this knowledge. Consequently, additional and targeted investment in KT research for better health policy outcomes is necessary, including funding initiatives that investigate innovative and effective means of translating knowledge into practice.4

The complexity of the evidence ecosystem itself can further hinder effective knowledge translation activities. With a vast amount of research being conducted across multiple disciplines and domains, it is challenging to identify research gaps and prioritize the most relevant areas of KT research. Addressing these challenges requires strategic engagement and collaboration among producers and users, but also intermediaries and funders of evidence to jointly identify genuine research gaps and prioritize KT research priorities.⁵

2. Scope of the research priority-setting process

WHO is leading a global exercise of research agenda-setting, or priority-setting, to define research priorities for KT. Specifically, the goal is to define research areas that KT should prioritize. Defining research areas will be a first step toward establishing a research agenda which can later be expanded by developing individual priority research questions. This exercise

² Curran, Janet A. RN, PhD; Grimshaw, Jeremy M. MBChB, PhD, FRCGP; Hayden, Jill A. DC, PhD; Campbell, Barbara RN, PhD. Knowledge Translation Research: The Science of Moving Research Into Policy and Practice. Journal of Continuing Education in the Health Professions 31(3):p 174-180, Summer 2011. | DOI: 10.1002/chp.20124

³ Oliver, K., & Boaz, A. (2019). Transforming evidence for policy and practice: creating space for new conversations. *Palgrave* Communications, 5(1), 1-10.

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⁵ Evidence. Knowledge Translation. Impact. Closing evidence-to-policy gaps, improving health outcomes. Geneva: World Health Organization Evidence-informed Policy Network; 2022.



will be multisectoral in that it will focus on health-related KT research but may also include research from other policy areas as appropriate, such as education or agriculture.

To this effect, stakeholders from across civil society, academia, UN agencies, intergovernmental institutions, international organizations, WHO headquarters, regional and country offices will convene in a series of participatory reviews and technical consultations to outline research opportunities and gaps, and to identify and validate research priorities.

Multiple information sources and consensus-building processes will help to ensure ownership of the outcome by all and reflect emerging needs and ongoing developments in the KT field. The technical consultation process will combine literature reviews, online surveys, and consultative mechanisms to represent a wide range of knowledge. As of early 2023, the South Africa Centre for Evidence (SACE), on behalf of WHO, has already completed an evidence mapping exercise on what works in supporting the use of evidence in policy-making. The final research priorities will broadly set out the research needs of the KT field and provide an overview of where the major gaps and opportunities lie.

This concept note demonstrates the objectives and the anticipated implementation of this process while taking into consideration WHO's research priority-setting guidelines⁶. It is meant as both an internal planning document to guide the work as well as external guidance to help illustrate the priority-setting process for other stakeholders.

3. Goals and objectives of the research agenda

The overarching goal of the research priority-setting is to maximize the benefits of KT research. The research agenda will be informed by ongoing KT research efforts and by stakeholders' perspectives on where future research investment is most needed. With its global reach and experience in research priority-setting exercises, WHO will steer the process and provide a shared platform for stakeholders to convene and collaborate on the research agenda.

Objectives

I. To improve our understanding of what works in the use of evidence for policy-making

⁶ A systematic approach for undertaking a research priority-setting exercise. Guidance for WHO staff. Geneva: World Health Organization; 2020.



Identifying KT research priorities will encourage research in areas that are underresearched, under-funded, or that lack conclusive evidence to better comprehend how to effectively use evidence for policy- and decision-making.

II. To improve efficiencies and synergies for KT research

Having a set of global research priorities in KT will enable stakeholders with diverse KT interests to collaborate for a shared goal. Collaborative agenda-setting efforts will improve efficiencies and create synergies across institutions and jurisdictions by providing a planning tool that will help researchers, funders, and policy-makers to work together on solutions to bridge the evidence-to-policy gap.

- III. To direct, catalyze and funnel KT research funding into identified priority areas
 Having a shared set of global research priorities will shape the interests and decisions
 of KT research funders and academics, and draw their attention to identified research
 priorities.
- IV. To raise awareness about research on KT and the use of evidence for policy-making Having a large and diverse set of stakeholders involved in the development of the KT research agenda will, together with the dissemination activities, help reach a wide audience across academia, research funders, and government decision-makers to raise awareness about KT and KT research.
- V. To enhance collaboration on KT research within health and across sectors

 The multi-stakeholder process designed to prioritize KT research collaboratively will foster collaboration, knowledge sharing, and engagement with stakeholders across the evidence ecosystem

Expected outputs

- 1. A set of well-defined KT research priority areas across health and other sectors.
- 2. Estimated milestones for the implementation of the identified priorities.
- 3. A publication that documents and summarizes the agenda-setting process and lessons learned in a transparent way for future priority-setting exercises.
- 4. A roadmap for how to keep updating the research agenda in the future to ensure sustainability.



5. A communication strategy to ensure that KT research funders, academics, and all other global and national stakeholders in the evidence ecosystem are informed about the research priorities and willing to act upon them.

Expected outcomes

Short-term Intermediate Long-term oImproved measurable Funding flows Increased (health) policy change reallocated to the stakeholder through relevant, identified priority effective, and efficient KT awareness of KT research areas. activities. research gaps and olmproved funding priorities. OA thriving global consistency and community of evidence efficiency across generators, brokers, users, funding institutions. and funders. oKT research oFostered a culture of streamlined by reducing inclusive and synergetic collaboration and duplication of efforts coordination for global and increasing research research setting exercises. collaboration and synergies.

4. Plan and implementation of the research priority-setting process

Planning and implementing the research priority-setting process will consist of eight sequential steps. Each step is going to be outlined in more detail below.





- A. Set up a tentative timeline and draft the budget
- B. Project Management Unit
 - Accountability: Unit Head of the Evidence to Policy and Impact Unit (Research for Health Department/Science Division)
 - Responsibility:
 - Project coordinator-responsible for day-to-day project management, organizing stakeholder consultation, and drafting reports
 - o Technical expert/consultant for evidence review-responsible for evidence review,
 - Informing relevant departments at HQ and actors at the regional/country offices, Member States, KT academics, other stakeholders, and public
 - Closely collaborate with a newly established Advisory Committee that will guide the entire process (see Step 2)
 - Consult with all stakeholders directly affected by the research agenda



Establish an Advisory Committee

An Advisory Committee of approximately 10-15 members will be set up composing of select members from the WHO Science Division, other relevant HQ, and regional or country-level WHO staff. Select external experts, such as members of the EVIPNet⁷ Global Steering Group or other academics or government officials experienced in the field will also be invited. The selection of the Advisory Committee members will be based on their experience and expertise in the field of Knowledge Translation, and prior experience with research priority-setting exercises, preferably with WHO.

The Advisory Committee will supervise the priority-setting process which includes:

- Set out the principles and values that will guide the priority-setting exercise;
- Define the scope of the work;

⁷ EVIPNet is WHO's Evidence-Informed Policy Network, a global initiative aiming at promoting and institutionalizing the use of evidence in health policy-making. (https://www.who.int/initiatives/evidence-informed-policy-network)



- Review and advise on the methods and processes to be applied;
- Help refine the proposed key objectives, outcomes, and outputs of the priority-setting process;
- Review on findings and outputs;
- Advise on and support the dissemination of findings.



Review what is already known about KT research priorities

- A. **Map the evidence** on what works in supporting the global use of evidence. WHO, in collaboration with SACE (see above), is currently completing a global evidence mapping exercise on what works in supporting the use of evidence in policy-making in low- and high-income countries. This work is planned to be completed by August 2023.
- B. Review **existing research priority exercises** with a focus on KT to better understand the KT research landscape.

Possible sources of data may include:

- a. previous WHO-authored research priority documents, featuring KT elements;
- b. national and international KT research organizations' strategies and research priorities;
- c. KT research funding organizations' strategic priorities;
- d. articles on KT research agenda development.
- C. Map KT stakeholders (for the suggested categories, see the annex)

The following questions may guide the search and review:

- Who are the key stakeholders, including funders, in KT that would need to be involved in the research agenda-setting process?
- What are the KT agendas and strategies pursued by these stakeholders over the last decade?
- What are the current resource flows toward KT research areas, and where are the funding gaps?



Stakeholders should be grouped by categories (e.g., researchers, WHO staff, regional vs. global, internal vs. external, funders, civil society members, etc.), level of relevance to KT research agenda, and influence over KT research. An inventory of detailed stakeholder analysis will be a useful resource for follow-up engagement, network building, and fundraising.

The Advisory Committee will review and provide guidance on the evidence and stakeholder mapping exercises.



Establish Funders Group

KT research funders, i.e., institutions that commission KT research, are a major target audience of the research agenda. To engage with funders early in the process, a Funders Group will be formed at this stage and invited to participate in a brief, informal survey about current their current funding activities. The Group will be consulted with on multiple occasions throughout the agenda-setting process. These meetings will be held separately from the broader stakeholder consultations in order to avoid power imbalances affecting the discussions and outcomes of the deliberations. The purpose of the Funders Group will be to:

- Feed in KT research funders' perspectives into the formulation of the research priorities
- Create a platform for exchange and deliberative dialogue among funders
- Receive buy-in from funders to enhance the credibility and sustainability of the research agenda



Survey of Stakeholders

A preliminary, informal survey of the KT stakeholders, identified through the mapping exercise, will be carried out to learn about their views on KT research knowledge gaps. The survey has two purposes:



- Collect inputs from stakeholders from all sectors and disciplines that have a direct or indirect stake in KT research
- Complement the findings of the evidence mapping as the participants may add their own experiences and research needs, or identify data that can be utilized to fill the gaps



Advisory Committee Consultations

Results from the evidence review, stakeholder mapping, and the survey data will be discussed with the Advisory Committee.

- The data from the evidence review, e.g., WHO-authored research priority documents, and international organizations' strategic priorities on KT (as explained in Step 3B), will be used to **develop a synopsis of current research priorities**. The Advisory Committee will use an agreed-upon framework to group the research areas.
- Stakeholders will be selected for the consultations through a WHO-led open call for
 interests combined with references from the Advisory Committee. The Project
 Management Unit will develop terms of reference for an open call for interests. The
 selected list of stakeholders (out of the broad stakeholder list) will be invited to
 participate in a stakeholder consultation The Advisory Committee will review the final list
 and ensure inclusiveness from the perspectives of their area expertise,
 global/regional/country affiliations, equity, and gender.



Priority Selection through Stakeholder Engagement



- A. First round of deliberative dialogue: A consultation will be held with the selected list of stakeholders through a workshop. This workshop, which the Advisory Committee will be part of as well, will be held virtually to allow for better geographical representation and will include interactive tools and software⁸. A few days ahead of the meeting, the organizers will share with the stakeholders a background brief outlining the identified needs, a rationale for the priority-setting exercise, and a synopsis of what the current priorities are and how they have been identified. This background brief will enable the dialogue participants to reflect on major issues in a focused manner given that all stakeholders are typically not equal and are knowledgeable in different areas. As a result, the stakeholders will be informed about the current knowledge gaps and will be able to engage in a dialogue to explore questions such as: are these the priorities we deem relevant; do they provide the best coverage of the area we want; are there obvious gaps?
- B. The **expected outcomes** of this dialogue are:
 - I. The stakeholders are aware of the process, the rationale for and the status of the priority-setting exercise, as well as their own role.
 - II. A consensus is built on **defining priority ranking criteria** that take into consideration public health benefit, cost, and scientific feasibility as the foundational criteria recommended by the WHO Science Division.
 - III. A consensus is formed by categorizing research priorities based on the level of implementation (e.g., policy, system, or individual) or the type of intervention (e.g., evidence review, policy dialogue, research communication, evaluation, or innovation).

The **output** of the first round of deliberate dialogue will be a preliminary list of research priority areas organized by agreed-upon categories.

C. Second round of virtual consultations: All the stakeholders who participated in the first round of deliberative dialogue will be brought together in a virtual workshop for a second round. The participants will rank the preliminary list of priorities using the agreed-upon priority ranking criteria. The facilitator will analyze the results and present to the stakeholders the top-ranked priorities for comments and clarification. The expected output of the second consultation is a consensus on a list of the top 5-15 research priority areas.

⁸ This could include, for instance, a communication tool such as 'mirrorboard' where meeting participants can exchange and contribute information and opinions live.





Internal Validation

A report on the process, including findings and lessons learned will be developed by the Project Management Unit and presented to the Advisory Committee for validation of the selected priorities. The results of the consultations will be recirculated to all the stakeholders who participated in the priority-setting process.

5. Dissemination, alignment, and sustainability

Dissemination

The dissemination strategy will include a report on the research priority-setting exercise, raising stakeholder awareness, and improving their capacity (e.g., skills and knowledge) to translate research priorities into action. The strategy will aim to increase stakeholders' interest in funding and incorporating research priorities into the research work.



Actions to raise stakeholder awareness:

- Publish: the research priority-setting process and its findings will be published in a WHO
 report and peer-reviewed journals. This will include both highlights of top research
 priorities as well as a comprehensive set of all identified priorities during the process to
 ensure transparency and accountability.
- **Presentations**: research priorities will be presented in global and regional KT events, workshops, and scientific conferences. The presentation will also be shared alongside the final report with all stakeholders directly involved in the KT agenda-setting process.

Actions to improve stakeholder capacity:

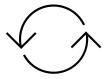
An implementation guide will be developed to elaborate on the research priorities, on the
research methods that may be appropriate for the prioritized research questions, and to
include an inventory of funding resources. This guide will support country-level researchers
to transform the global KT research priorities into locally relevant and applicable research
questions.



• A webinar series will be launched to share the research priorities and implementation guide with global, regional, and national stakeholders.

Alignment

Regional and national priorities will be aligned and connected with global research priorities. This will be done through upstream alignment (national to global) as well as downstream alignment (global to national).



Upstream alignment will be ensured in the following three ways:

- Using information about existing national and regional priorities (collected through research gap analysis in Step 3B) in the preparation of the synopsis of priorities (Step 6).
- Collecting regional and national perspectives on global priorities by inviting the regional and national-level stakeholders to participate in the stakeholder survey (Step 5).
- Giving regional and national stakeholders a voice in global priority setting by engaging with them in priority-setting consultations.

Downstream alignment of global priorities will be ensured in the following three ways:

- Creating awareness by presenting reports on global KT research priorities to regional and national stakeholders through conferences, workshops, and meetings.
- Enabling regional and national-level priority-setting processes by supporting stakeholders' capacity building through trainings/workshops/webinars.
- Ensuring WHO's participation in the regional and national priority-setting processes.

Sustainability

The sustainability of the global research priorities will depend on the extent to which KT research will ultimately lead to outcomes and results that will be implemented by policy-makers, knowledge brokers, and researchers. EVIPNet will support KT research uptake by facilitating dialogue and exchange between researchers and funders. The goal is to align both national with global KT research priorities ("upstream alignment") as well as global with national priorities ("downstream alignment"). This will create an **end-to-end cycle** with



recurring feedback loops, which will constantly inform and update the KT research agenda.





The downstream measures, i.e., from global to national levels, will focus on facilitating the uptake of KT research findings, lessons learned, and KT implementation research by national policy-makers and knowledge intermediaries (such as WHO at the global level or EVIPNet's Knowledge Translation Platforms at country level). This will be done by developing Evidence Briefs for Policies (EBP), raising awareness and building capacities through workshops, seminars, and trainings on the translation and use of KT research findings. EBPs in particular create an opportunity to identify new KT research gaps through the process of synthesizing existing KT evidence on a high-priority policy issue which, in turn, feeds back into the research agenda-setting process (hence an 'end-to-end cycle').

In addition, EVIPNet will develop a collaborative space (such as a WHO webpage dedicated to publishing KT research findings and facilitating a collaborative platform for interactive discussion) for stakeholders' regular interaction to facilitate the generation of lessons learned and experiences from national, regional and global implementation of research findings.

6. Monitoring and Evaluation

The report of the KT research agenda setting will be a living document for regular use and update. A monitoring plan, to be used by the WHO Secretariat, will be developed to follow up on the progress of the new research agenda. If possible, this monitoring plan will attempt to measure whether the agenda setting results have led to regional or national research priority-setting exercises.



To further measure the impact of the KT research priority-setting exercise, the WHO Secretariat will follow WHO's staff guidance⁹ to develop indicators such as:

- Support Stakeholders' satisfaction with the priority-setting process
- Awareness Whether stakeholders are aware of the priorities, and the need to reference them
- Funding volume Change in volume of research funding, if data will be available
- Funding shape Change in shape of research undertaken at national, regional, and/or global levels, if data will be available 10
- Coordination A change in the shape of funding aligned with the priorities which also represents a measure of improved coordination as an outcome.

Provided resources are available, regular scientific conferences will be organized. The goal of these conferences will be to:

- present and disseminate results from ongoing or completed research on the selected KT research priorities;
- o review, update, and potentially amend the research priority list in light of an everchanging KT research field;
- o discuss lessons learned and the way forward.

⁹ A systematic approach for undertaking a research priority-setting exercise. Guidance for WHO staff. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

¹⁰ Changes in funding volume and allocations are likely going to be difficult to measure. One approach could be to inquire volume and allocations from funders during an initial survey (serving as the baseline) and following-up with the same funders 2-4 years later to see if/how funding has changed.



Annex A: Selection criteria for external stakeholders (outside of WHO)

- 1. internationally renowned scholars with an outstanding record of academic work on KT (e.g., five or more KT publications in peer-reviewed journals);
- 2. internationally renowned knowledge brokers who have credibility and are recognized as global leaders in the field of brokering knowledge in the health sector;
- 3. individuals who have proven experience operating as policy actors (e.g., ministers, their advisers, civil servants, MPs, policy advisors) at the highest strategic level in the public, private, and civil society sectors;
- 4. individuals who work as senior executives of KT research funding organization and have proven experience in setting funding priorities for KT research;
- 5. individuals who have excellent interpersonal and communication skills to support effective discussion with a range of stakeholders;
- 6. individuals who are fluent in English;
- 7. individuals who subscribe to the values and ethical code of WHO.

