

# Knowledge Translation (KT) to close the “know-do-gap”: Reaching research benefits to the consumers of healthcare In India

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## Introduction:

The Indian Council of Medical Research (ICMR) is the apex body in India for formulation, coordination and promotion of research through its constituent 26 research institutions. These institutions are working on disease specific areas to generate new evidence & knowledge products. However, in absence of adequate dissemination, the translational value of the research remains underutilized. Absence of a road map for mechanisms of knowledge translation (KT) results in a gap between research, decision making and clinical practice. The scope of knowledge brokering- a strategy to close the ‘know-do-gap’ needs to be expanded in the country.

WHO defines Knowledge Translation as “the synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people’s health. It is the effective and timely incorporation of evidence-based information into the practices of health professionals in such a way as to affect optimal health care outcomes and maximize the potential of the health system”.

It encompasses all steps between the creation of new knowledge and its application to yield beneficial outcomes for society. Essentially, KT is an interactive process underpinned by effective exchanges between researchers who create new knowledge and those who use it. Bringing users and creators of knowledge together during all stages of the research cycle is fundamental to successful KT.

### Stakeholders in KT:

- ✓ Researchers within and across research disciplines .
- ✓ Policymakers, planners, and managers throughout the health-care, public-health, and health public-policy systems.
- ✓ Health-care providers in formal and informal systems of care.
- ✓ General public, patient groups and those who help to shape their views and/or represent their interests, including the media, educators, nongovernmental organizations, and the voluntary sector .
- ✓ The private sector, including venture capital firms, manufacturers, and distributors.

### Box: Challenges to Knowledge Translation (KT) in low and middle income country health system<sup>1</sup>

- ❖ Access to good quality relevant research.
- ❖ Unknown effectiveness/impact of KT strategies.
- ❖ Difficulty identifying clear outcomes of KT activities.
- ❖ Need to strengthen valid instruments to measure KT.
- ❖ Complex nature of KT including its power dynamics, differing timelines and unique contexts.
- ❖ Unclear choice of KT strategies as they differ by context.
- ❖ Complex system issues, including historically weak relationship between health and research systems.
- ❖ Limited local funding and research capacity.

### Box: Push, pull, exchange and integrated models of knowledge translation<sup>1</sup>

- ❖ Push strategies are led by researchers, intermediary groups or other purveyors of research, and typically involve providing information to research users.
- ❖ User pull efforts are led by research users who request information and /or research evidence based on their needs.
- ❖ Exchange efforts rely on partnerships between researchers and research users who collaborate over short-or long-term processes for mutual benefit.
- ❖ Integrated strategies include elements of push, pull and exchange approaches in large-scale knowledge translation platforms that work to connect policy needs with research tools.

### References:

1. Edwards et al. Health Research Policy and Systems (2019) 17:16 <https://doi.org/10.1186/s12961-019-0419-0>
2. Bridging the “Know-Do” Gap. Meeting on Knowledge Translation in Global Health 10-12 October 2005, WHO, Geneva, Switzerland

## Objective:

Improving knowledge translation (KT) through dissemination and communication of scientific evidence for the benefit of healthcare consumers.

## Methods:

Realising the gaps in KT, strategies for knowledge translation have been outlined by ICMR with timelines and deliverables in the ICMR Strategic Plan and Agenda 2030. Potential stakeholders need to be engaged in order to share relevant, reliable and timely research evidence and syntheses. The stakeholders such as the media, policymakers, health administrators, regulators, health insurers, healthcare consumers and the industry are being routinely invited for dissemination of research evidence. Media briefings and national consultations are organised for completed projects. Additionally, micro planning with timelines, for creation of e-portals, fact sheets, engagement with NGOs and journalists is projected as deliverables. Guidance document for syntheses and analyses and online databases for policy briefs are also in the pipeline to showcase KT activities. Website portals for major ongoing initiatives of ICMR are provided as links on the home page. Demand generation from healthcare consumers for evidence-based healthcare products and establishment of a national level Health Technology Assessment board are other modalities promoted in India.

## Results:

### Website portal external links

- ✓ AMR Surveillance Research Initiative
- ✓ Cancer Portal
- ✓ Clinical Trial Registry of India
- ✓ Gastrointestinal tract pathogen repository
- ✓ Influenza Surveillance data
- ✓ India Stroke Clinical Trial Network: INSTRUCT
- ✓ Management of Acute Coronary event (MACE)
- ✓ National Registry of ART Clinics and Banks in India
- ✓ Neurosciences Task Force Project Database
- ✓ Vector borne Disease Science Forum
- ✓ ICMR has recently released its Media policy document providing the guideline for KT strategies
- ✓ ICMR is regularly conducting media briefings and dissemination workshops on completion of major taskforce studies

### Page on Policy Briefs:

- ✓ Oral Cholera vaccines –worth a shot?
- ✓ Diphtheria
- ✓ School based lifestyle interventions
- ✓ Knocking Down Fluorosis

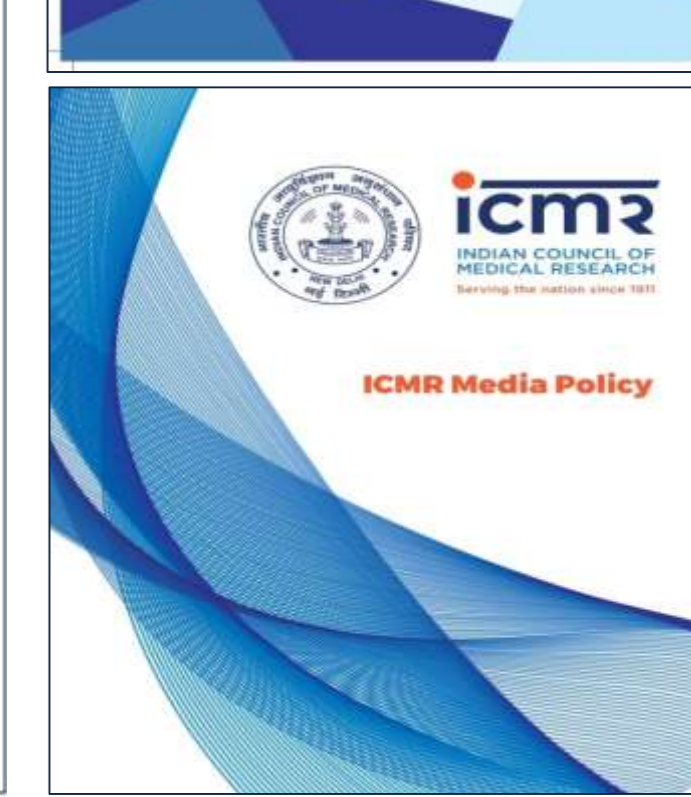
These efforts would lead to uptake of evidence –based knowledge products into national and state health care systems. Use of evidence in health care decision making will enable closing the evidence to policy gap. Success of the functional health technology assessment board under the department of Health will be shared in the presentation. These efforts are helping the flagship program of Govt. of India “Ayushman Bharat”, helping universal health coverage become a reality in India.

## Patient & Healthcare consumer involvement:

Reaching the benefits of KT to them is at the core of these efforts.

## ◆ Conclusion ◆

Knowledge translation would lead to an improved, cohesive & rational decision-making landscape in India, benefitting patients and consumers of healthcare.



**INDIAN COUNCIL OF MEDICAL RESEARCH**  
Department of Health Research, Ministry of Health & Family Welfare  
Government of India  
**Media report (19<sup>th</sup> February 2019 Press Conference)**  
**(ICMR IN NEWS)**

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**[80% maternal, infant deaths preventable: ICMR-WHO study](#)**  
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**[Mobile app helps improve services of frontline village health workers](#)**  
February 24, 2019/Business Standard

**ICMR IN NEWS:**  
**[Mobile tech changing the face of maternal health in Gujarat](#)**  
February 19, 2019/The Hindu Business Line  
Before they were handed mobile phones, Accredited Social Health Activists, popularly known as ‘ASHAs’ in Gujarat, used to visit homes of pregnant women and mothers of newly-born. During these visits, they would inquire about the health of the mother and the child, but would not always delve deeper. This has changed with technology. Now, ASHAs digitally track pregnant women and infants’ health and schedule home visits, which enables decision support through a digital checklist that help to analyse health complications and notify stock levels of drugs, vaccines and other consumables.

According to data released by the Indian Council of Medical Research (ICMR), a scientific study related to the mobile app ImTeCHO - now being used almost across the State-has shown substantial improvement in health of women and children. The app also helps primary health care centre (PHC) staff and doctors monitor data that ASHA feeds, track high-risk cases, register births and deaths, calculate and pay incentives to ASHAs online, and broadcast training content to ASHAs for enabling learning on the job.

