

# (Dissemination and) Implementation Science for Global Cancer Control

### BHGI Summit 2018 Day 3

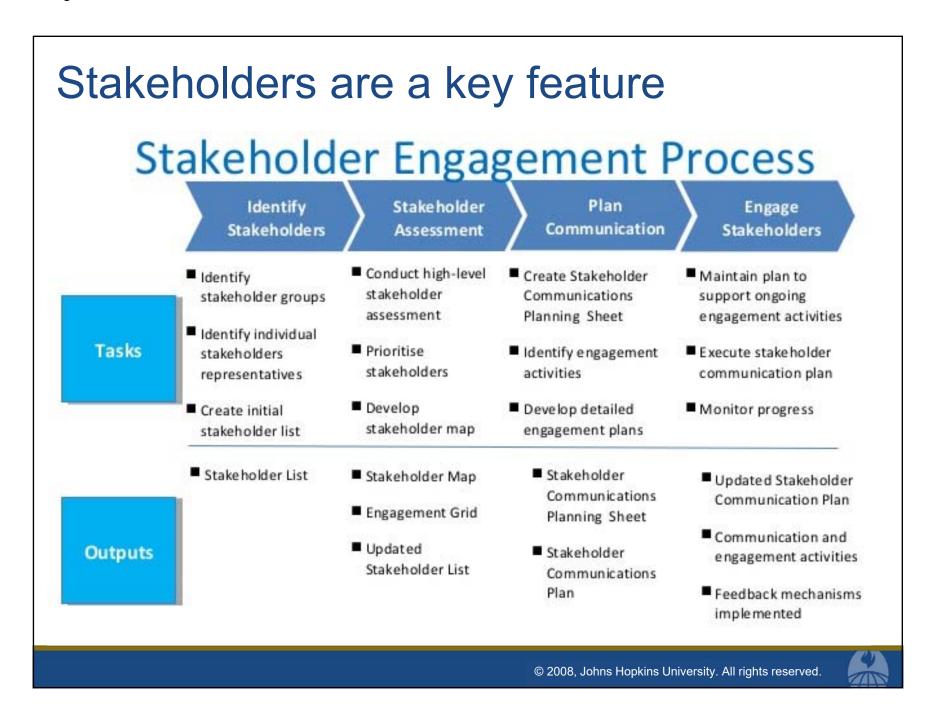
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## Implementation science outcomes

Program Outcomes	Definition
Acceptability	Is this choice acceptable to providers and patients?
Adoption	Will health systems use this screening strategy?
Appropriateness	Does this choice seem compatible with the setting?
Reach	How many women can access this option?
Feasibility	Can this choice work given the resources and infrastructure available? Key role in early adoption process.
Fidelity	Can we use this choice as it has been used elsewhere?  *The degree to which an intervention is delivered as intended (and thus moderators an intervention's impact on outcomes
Incremental implementation cost	How much more expensive is the choice?
Penetration	Will all the health posts/systems use this choice?
Sustainability	Can we sustain this strategy over time? How dependent on international cooperation, donations, etc?

Proctor, et al., Adm Policy Ment Health. 2011 Mar;38(2):65-76.





# Structural mapping of stakeholders

#### **Targets**

 Women in the community, breast cancer patients/survivors, and community health

#### **Providers**

 District to regional healthcare providers from traditional healers to nurses, physicians, laboratory specialists, oncologist

#### Leaders

 Key policy stakeholders including representation from the regional health ministry and international partners focused on cancer control



- Ensure equitable and complete coverage of stakeholders in key working groups.
- Include KWG's in more than one aspect of research and implementation development.
- Representation from each KWG's will attend mid-study retreat for data review/strategy selection



# Structural mapping of stakeholders

#### **Targets**

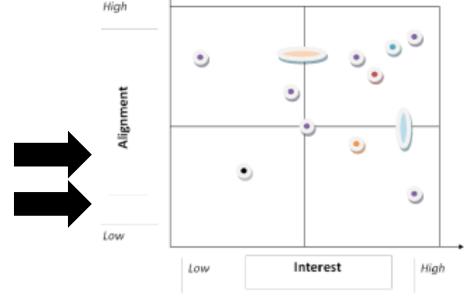
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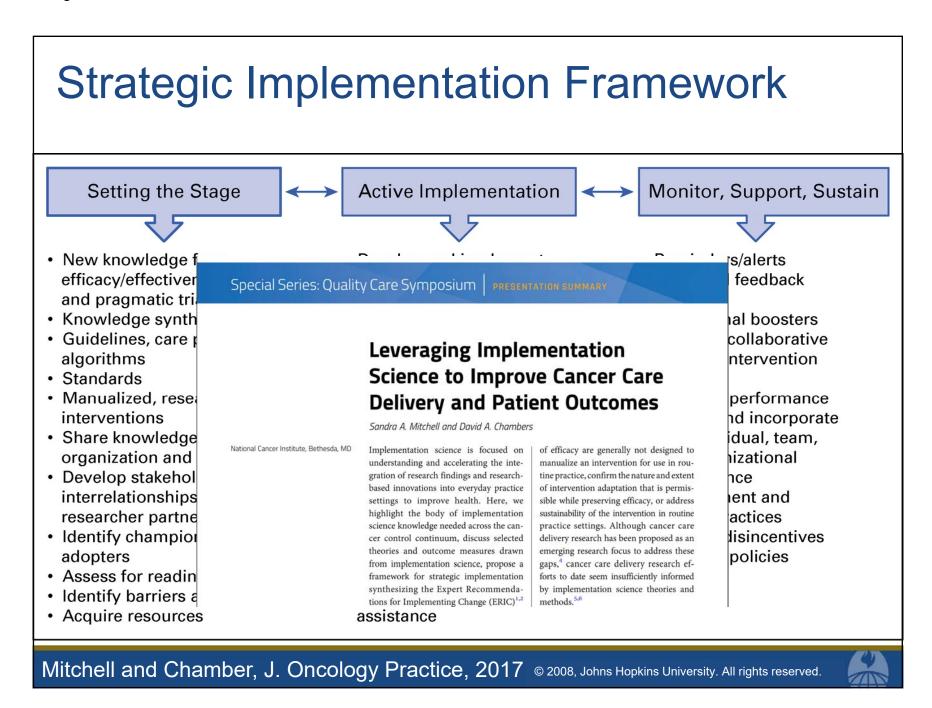
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# Alignment, Interest and Influence Matrix

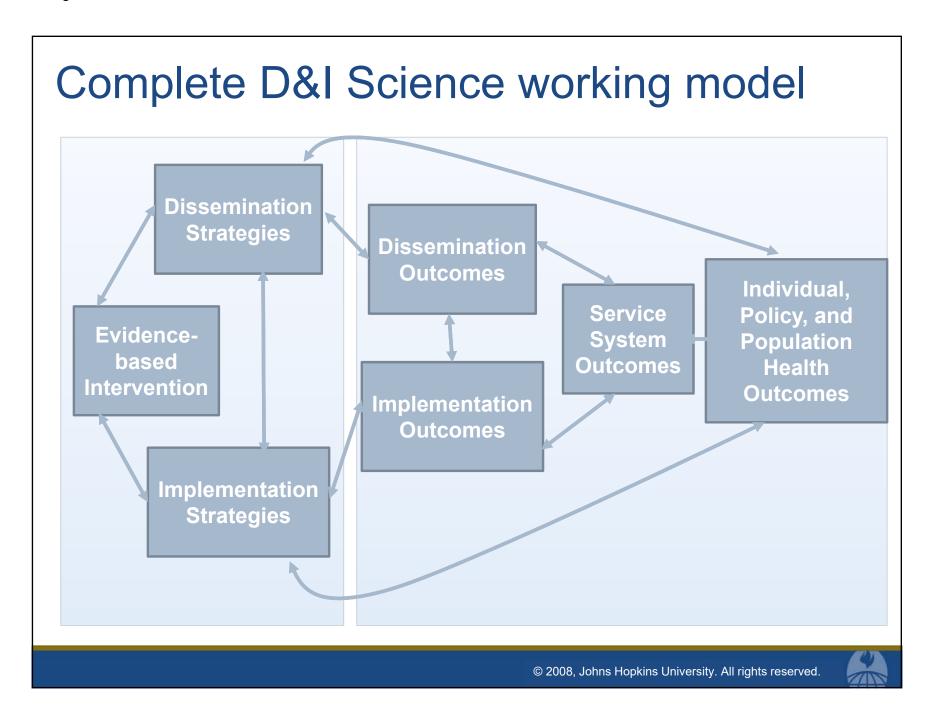
Helps to clarify where intervention/strategy main policy audiences and targets stand in relation to the project objectives and the possible influencing approaches.

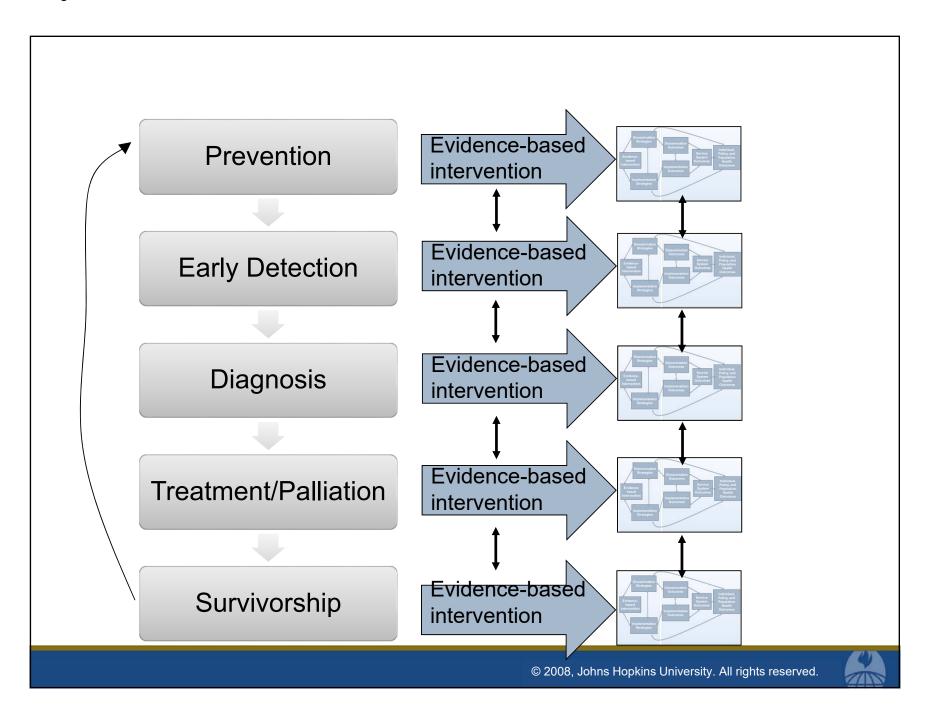




# Typical D&I Study Designs

- **Mixed-methods designs** collection and analysis of quantitative and qualitative data in a single study to answer questions in parallel or sequentially, often iteratively.
- Pragmatic trials— test interventions in real-world settings that include (rather than exclude) population and practice heterogeneity, broad range of outcomes, and mediators and moderators of the D&I process.
- Natural experiment naturally occurring circumstances in which subsets of the population have different levels of exposure (intervention) – rather than randomized.
- **Hybrid designs** (3) take on a dual focus within one study to assess clinical effectiveness and implementation.



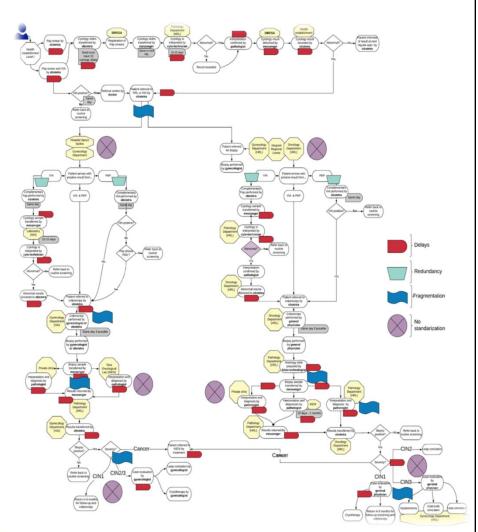


# A Systems Approach

- In addition to healthcare being structurally complex, the reality is that cancer and cancer control result from an interplay of factors:
  - policy
  - economic
  - environmental
  - social
  - behavioral
  - physiological

If we've learned anything, it's that single, isolated interventions aren't efficient and sustainable.

Especially in LMIC's, we must consider the entire "system" in which cancer develops and in which interventions must be integrated.







# Thank you! Merci! Gracias! Asante Sana!

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