Global Health Delivery and Implementation Research: A New Frontier for Global Health

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The past century of global health interventions has been marked by stunning successes (eg, eradication of smallpox) and disappointing failures (eg, spread of malaria). Life expectancy has generally increased substantially across the globe, yet there remain large populations who suffer from eminently preventable and treatable diseases. Despite the existence of well-established, evidence-based interventions for many diseases, implementation and delivery of those interventions are not universal. Given the large disparity that exists between what is felt to be effective and what is currently being implemented in many parts of the world, there has been a recent increase in scholarly work dedicated to addressing the “knowledge-implementation gap” in global health, especially in low- and middle-income countries (LMICs) and resource-constrained settings in high-income countries. This field of work, still nascent but rapidly maturing, is referred to as “global health delivery” and “implementation research,” and has substantial promise for contributing to significant gains in global health in the coming century.

The term “global health delivery” at once poses a problem of hermeneutics. Are we referring to “global health” delivery—the delivery of a distinct entity called “global health”—or are we referring instead to global “health delivery”—the global application of a generic form of “health delivery”? Whereas there is no consensus and several vocal proponents of each respective position, global health delivery is best situated between these extremes. For example, hypertension awareness, treatment, and control rates are low in every region of the world. There are some features common to both high-income and low-income settings, such as inequitable access to care, failure by clinicians to uptitrate antihypertensive therapy, comorbid conditions including obesity and diabetes, insufficient lifestyle modification, poor medication adherence, and psychosocial factors.

In addition, there are some challenges specific to LMICs, including lack of a widespread chronic disease management platform, inadequate access to essential cardiovascular medicines, and insufficient human resources.

Implementation research is the scientific study of methods to promote the uptake and successful integration of research findings and evidence-based interventions into healthcare policy and practice, by developing and evaluating practical solutions to common, critical problems in the implementation of these interventions. Implementation research requires the input of a variety of academic disciplines, ranging from qualitative methods, outcomes research, and human performance engineering to information technology and supply-chain modeling (Figure 1). By creatively using these different approaches, implementation researchers systematically identify problems in implementation, analyze determinants of those problems, develop solutions, implement the interventions, and evaluate the outcomes of implementation. By using a multidisciplinary approach, the goal of implementation research is to analyze the
diversity of factors that can influence implementation and delivery of interventions. The term “implementation research” is sometimes used interchangeably with “operations” or “operational” research; however, given that operations research is a specific quantitative field within engineering, we will use “implementation research” to encompass multiple academic disciplines including both qualitative and quantitative.

Training opportunities exist for both global health delivery and implementation research. Harvard Medical School and Harvard School of Public Health jointly offer the Global Health Effectiveness Program. The University of Washington and Health Alliance International offer an Operations Research training specifically for individuals and institutions involved in global health work. In addition, the University of California, San Francisco, has recently created a training program in implementation science. Finally, the National Institutes of Health organizes an annual conference on “Science of Dissemination and Implementation.” All of these programs include case studies of global health delivery, seminars on principles of management in global health, and courses in implementation research applied to LMICs and resource-poor settings.

In this theme issue dedicated to “Global Health Delivery and Implementation Research,” we have a variety of researchers and implementers from a multiple academic institutions across several different geographical regions, engaging with a diversity of health issues including surgery, substance abuse, health information technology, and health policy. Each article is also a collaboration between scholars in North American academic centers and colleagues in implementation sites. We hope that the resulting combination provides an interesting, albeit incomplete, overview of the field of global health delivery and implementation research. As this field is relatively new, it is true that there is “not enough implementation in the research and not enough research in the implementation.” However, as this theme issue hopes to demonstrate, the knowledge-implementation gap is slowly but surely closing, and will continue to close as further research continues to be conducted in this new frontier of global health.

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REFERENCES


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