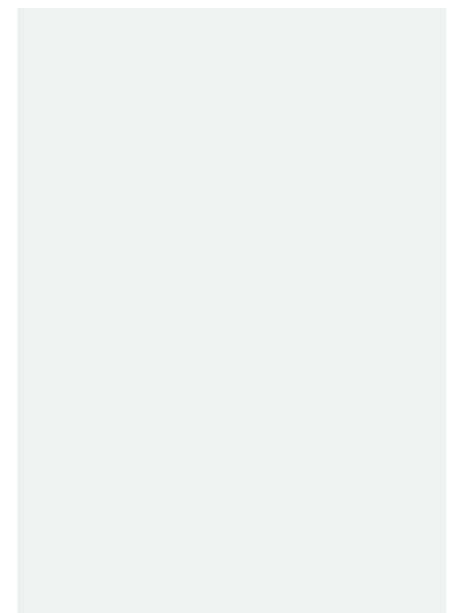
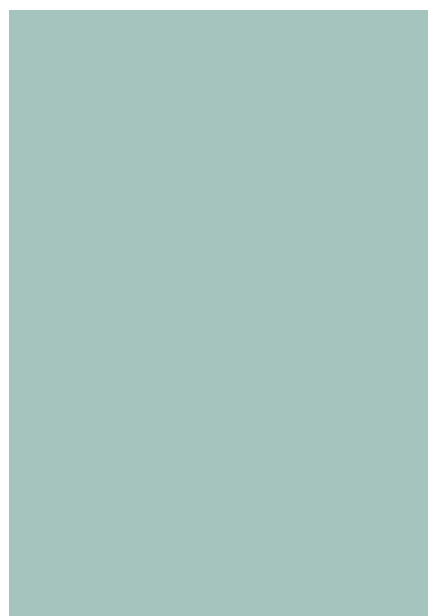
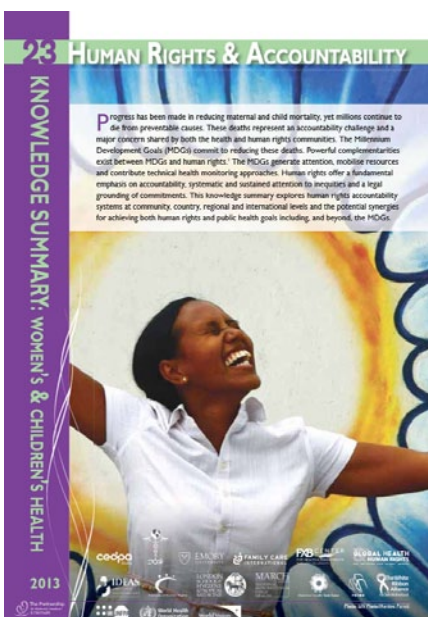




PMNCH Knowledge Summaries: improving their production process, reach and use

January 2015

Two studies on the production process, reach and use of PMNCH Knowledge Summaries



Prepared by The London School of Hygiene & Tropical Medicine

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Date published 2015

Front cover image: Knowledge Summaries numbers 22, 23 and 29



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Overview of two studies on PMNCH Knowledge Summaries

The Partnership for Maternal, Newborn and Child Health Knowledge Summaries contribute to an increased emphasis on evidence-informed policy and practice within the reproductive, maternal, newborn and child health community.

The Partnership for Maternal, Newborn and Child Health (PMNCH) Knowledge Summaries aim to synthesize scientific evidence in a clear and concise format in order to support advocacy, policy and practice, on a range of topics related to reproductive, maternal, newborn and child health (RMNCH). PMNCH Knowledge Summaries are categorized as state of the art reviews (a brief review of recent scientific evidence on a topic, produced primarily for policy makers).

One of the three pillars of PMNCH is advocacy, particularly advocating to key decision makers and health ministers across the world to ensure RMNCH is kept on the development agenda. The Knowledge Summaries are an important part of the PMNCH portfolio of branded products that support this advocacy work.

In 2014 the London School of Hygiene & Tropical Medicine, in collaboration with PMNCH, carried out two studies on the Knowledge Summaries to review the development process, find out about the summaries' reach and use, as well as how their relevance to the RMNCH community could be improved.

Image: PMNCH Knowledge Summaries © Agnes Becker/LSHTM

Study on the PMNCH Knowledge Summary production process

This study aimed to answer the research questions:

1. To what extent does the production process for PMNCH Knowledge Summaries produce relevant, well-informed, useful and timely summaries?
2. How can the process be improved?

Semi-structured interviews were conducted either by phone or in person with 22 participants. Each stakeholder group involved in producing the Knowledge Summaries and each Knowledge Summary cycle was represented in the chosen participants (see Appendix II & IV in the report on the Study on the PMNCH Knowledge Summary production process). Documents from each cycle describing the proposed process and guidance documents were also reviewed.

Recommendations

Recommendations from both studies are summarized on pages 5 and 6 of this overview, current role definitions and proposed new role definitions are summaries on pages 6 and 7, followed by reports of the two studies.



Survey respondents and interviewees consider Knowledge Summaries as one of the most successful initiatives PMNCH has engaged in.”

- independent external evaluation of PMNCH by PricewaterhouseCoopers, 2014

<http://www.who.int/pmnch/about/strategy/evaluation/en/>

Recommendations

to improve the PMNCH Knowledge Summaries: their production process, reach and use

Recommendations are based on findings from two studies on the production process, reach and use of PMNCH Knowledge Summaries



“I want to say how much we appreciate the Knowledge Summaries as they are a great service to the RMNCH community. They are great tool for people interacting with policy makers... resources for writing articles...[and] for someone working on programmes it's good to see resources compiled.”

– PMNCH reviewer

Quote from the Study on the Partnership for Maternal, Newborn and Child Health Knowledge Summary production process

Purpose of Knowledge Summaries

1

Focus on producing a small number of Knowledge Summaries per year, to be launched at key RMNCH advocacy events. They should aim to be for PMNCH partners, particularly those working in implementation, to use in awareness raising, sharing current evidence and advocating for changes in policy and practice. They should include new, credible evidence and an actionable conclusion.

(The PMNCH Secretariat may want to consider producing evidence papers*, which were the most popular evidence synthesis outputs that target policy makers, in the study on reach and use.)

2

Choosing a topic and reviewers

Choose topics at the same time the PMNCH Secretariat plans its advocacy work for the months or year ahead. Topics should link to key RMNCH advocacy events, include new evidence and be relevant to PMNCH partners (e.g. focus on maternal or reproductive health and on implementation of RMNCH programmes).

The PMNCH Secretariat can advise on the events it has decided to push and consult with PMNCH partners on priority topics, for example, via an online survey. Survey respondents can be engaged early as reviewers for that Summary. An academic advisory group can advise on the topics with credible, new evidence.

3

Planning

Produce guidance on the following aspects and circulate this from the beginning to all stakeholders:

- **Planning** - purpose, audience, how topics and PMNCH partner reviewers are selected
- **Coordination** - production process, roles and responsibilities
- **Evidence quality** - type of feedback required from reviewers, a statement of methodology for evidence inclusion and exclusion, example of which comments should be included in a feedback summary the scientific writer produces
- **Final product** - format, editorial guidelines, design
- **Dissemination** - communication plan for each Knowledge Summary including goals, online strategy and how metrics will be tracked

Process

4

Consider coordinating the process within the PMNCH Secretariat, rather than at an academic institution which may not have the advocacy skills needed, with a project lead, coordinator and scientific writer based at PMNCH, and the advisory group being based at one or more academic institutions.

5

Use a professional science writer to work with a technical lead. The science writer's job is to translate complex science into layman's language and the job of the technical lead is to be a subject authority who moderates and mediates with PMNCH partner reviewers.

6

Review the process so it enables more PMNCH partner dialogue and therefore ownership early on. The major delay was getting timely feedback from PMNCH partner reviewers and engaging them early on. The publication *Multi-stakeholder Dialogues for Women's and Children's Health: A Guide for Conveners and Facilitators* may help to refresh the process so that dialogue is well-managed.

7

Only one coordinator, based within the PMNCH Secretariat should be involved to liaise with the technical lead, writer and PMNCH partner reviewers so that feedback can be kept track of more easily.

Dissemination

8

Collect metrics from a range of sources to measure success of Knowledge Summaries, based on goals outlined in the communication plan.

9

Consider translating the Knowledge Summaries into relevant languages (Spanish and Hindi were popular in the survey).

10

Consider making the Knowledge Summaries more web-friendly, e.g. with video content and infographics (57% survey respondents read the Knowledge Summaries online).

*Evidence papers (includes policy briefs): An extensive overview of available and accessible evidence on a broad topic, with a balanced assessment and critical appraisal of that evidence. (e.g. WASH evidence paper by the UK Department for International Development, DFID). Definition from Wickremasinghe D., Avan B. I., *Taking into account knowledge users' perspectives: A typology of evidence synthesis outputs*, London School of Hygiene & Tropical Medicine, June 2014

Stakeholder group roles

Current stakeholder group roles in a typical Knowledge Summary production process

Academic institution-based coordination teams

Coordination teams are based at an academic institution and usually consist of a Project Lead, who manages the overall process of production, a Project Manager, who deals with contracts and budget, a Coordinator, who manages the day-to-day process of producing the Knowledge Summaries, sending out drafts to review and keeping track of feedback received. Copy editing and proof reading have usually fallen within the remit of the coordinating institution.

Writers

Writers are contracted by the academic institution-based coordination team to write one or more Knowledge Summaries. They work closely with the Project Lead within the coordination team, as well as the PMNCH partner reviewers.

Advisory group

Comprises experts internal to the coordinating institution. They review all Knowledge Summaries within a production cycle for quality control.

Technical lead

The technical lead is an authority on the RMNCH topic a particular Knowledge Summary is focussing on and who moderates and mediates with PMNCH partner reviewers. The technical lead was only introduced in a few Knowledge Summaries.

PMNCH partner reviewers

PMNCH partner reviewers are typically selected because of their expertise on a particular topic. Thus the review group tends to change for each Knowledge Summary.

PMNCH Secretariat

The secretariat is the commissioning team at PMNCH. PMNCH is made up of over 650 members, from 7 different constituencies. It works with partners from different organizations and constituencies to develop and disseminate the Knowledge Summaries.

Designer

Design, graphics and layout are managed by an independent designer.

Proposed stakeholder group roles, based on suggestions in the recommendations

Coordination team

The coordination team could be placed within the PMNCH Secretariat and consist of a Project Lead, who manages the overall process of production, a Project Manager, who deals with contracts and budget, a Coordinator, who manages the day-to-day process of producing the Knowledge Summaries, sending out drafts to review and keeping track of feedback received.

Professional science writer

Writers could be professional science writers who work closely with the Technical Lead and PMNCH partner reviewers.

Academic advisory group

The advisory group could advise on the best topics for new evidence and review all Knowledge Summaries topics within a production cycle for quality control.

Technical lead

As in previous cycles, the technical lead should be an authority on the RMNCH topic a particular Knowledge Summary is focussing on and should work closely with the professional science writer, and moderate and mediate with PMNCH partner reviewers. The technical lead would change for each Knowledge Summary.

PMNCH partner reviewers

PMNCH partner reviewers could be selected early on because of their expertise on a particular topic, and should represent a mix of disciplines, for example, advocacy, implementation, policy. The review group would change for each Knowledge Summary.

PMNCH Secretariat

The secretariat could take over the coordination of the PMNCH Knowledge Summaries by contracting in a professional science writer and a series of technical leads, identifying the academic advisory group, and suggesting topics to link with key advocacy events in consultation with PMNCH partners.

Designer

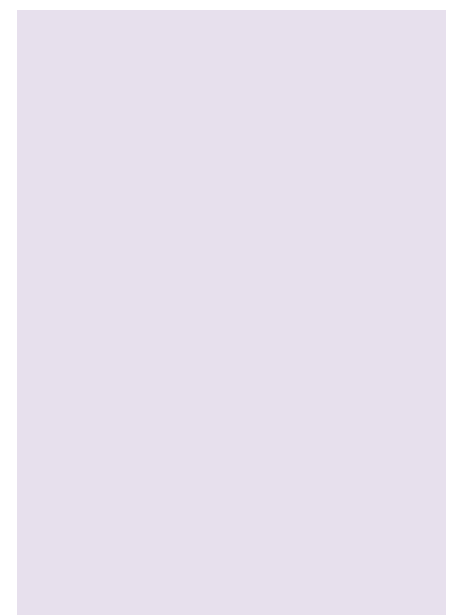
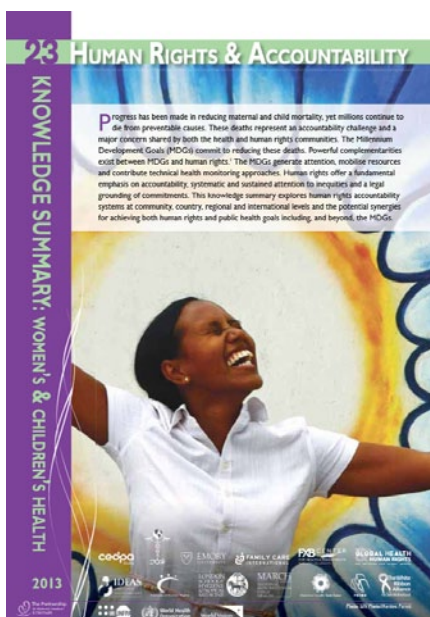
Design, graphics and layout are managed by an independent designer who may also suggest ways in which the graphics can be adapted to make more palatable online, for example, infographics for twitter.



Study on the Partnership for Maternal, Newborn and Child Health Knowledge Summary production process

January 2015

Report 1 of 2 on the production process, reach and use of PMNCH Knowledge Summaries



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Suggested citation Becker A., Avan B.I. *Study on the Partnership for Maternal, Newborn and Child Health Knowledge Summary production process*. London School of Hygiene & Tropical Medicine 2015, January.

Copyright Partnership for Maternal, Newborn and Child Health

Date published January 2015

ISBN: 978-0-9576833-2-7

Acknowledgements

Thank you to all interview participants for their time and input into this study.

Front cover image: Knowledge Summaries numbers 22, 23 and 29



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Executive Summary

This study was commissioned by the Partnership for Maternal, Newborn and Child Health to review the production process of its Knowledge Summary series, and make recommendations for future production cycles.

The Partnership for Maternal, Newborn and Child Health (PMNCH) Knowledge Summaries aim to synthesize scientific evidence in a clear and concise format in order to support advocacy, policy and practice, on a range of topics related to reproductive, maternal, newborn and child health (RMNCH).

One of the three pillars of PMNCH is advocacy, particularly advocating to key decision makers and Ministers of Health across the world to ensure RMNCH is kept on the development agenda. The Knowledge Summaries are an important part of the PMNCH portfolio of branded products that aim to support this advocacy work.

There have been three cycles of PMNCH Knowledge Summary production since the summaries were launched. The first cycle (2010) was coordinated by the University of Aberdeen and the second (2012-2013) and third (2013-2014) by the London School of Hygiene & Tropical Medicine. A number of individual Knowledge Summaries were also commissioned by PMNCH in between these cycles. The process generally involved five stakeholder groups: the academic institution-based coordination team, writer, advisory group, PMNCH secretariat and PMNCH partner reviewers.

Research questions

This study aimed to answer the research questions:

1. To what extent does the production process for PMNCH Knowledge Summaries produce

relevant, well-informed, useful and timely summaries?

2. How can it be improved?

Methods

Semi-structured interviews were conducted either by phone or in person with 22 participants. Each stakeholder group (see group roles in box on pg 5) involved in producing the Knowledge Summaries and each Knowledge Summary cycle was represented in the chosen participants (see Annex II). Documents from each cycle describing the proposed process and guidance documents were also reviewed.

Conclusion

Improving the planning phase

PMNCH Knowledge Summaries are valued by PMNCH partners, particularly for starting conversations with policy makers. Their utility could be further enhanced through agreeing a clear purpose and audience for each summary from the outset. This has become increasingly important because of the recent proliferation of evidence syntheses and advocacy documents, and the need to differentiate PMNCH Knowledge Summaries from similar outputs.

Choosing topics was seen to be one of the most challenging parts of the process as reviewers often had differing opinions. A need for a clear and systematic way of choosing topics involving PMNCH partners, the academic advisory group and PMNCH



If PMNCH's strengths in convening, collaborating and building consensus can be fully brought to bear in the production of brave and bold Knowledge Summaries highlighting credible evidence, they will reach their full potential.

Secretariat was felt to be a valuable addition to the process.

Improving coordination and the review process

Overall, many participants valued being part of the process. The processes that produced relevant, well-informed, useful and timely Knowledge Summaries were ones where a small review group, led by a technical lead, was engaged early on and worked closely with the writer and coordination team throughout. In these cases, roles and responsibilities were clear to all involved and communication between stakeholder groups was frequent and collaborative.

A new process may need to be considered in order to reduce the delays experienced in getting feedback from PMNCH partner reviewers. Similarly, PMNCH may want to consider a statement of methodology for evidence inclusion and exclusion to aid in how the writer incorporates feedback. A feedback summary, showing how the writer has addressed each piece of feedback was seen as useful but should only include major editorial changes and not grammar and punctuation changes.

Dissemination

It was felt that early engagement and ownership of the Knowledge Summaries by PMNCH partners helped with dissemination of the summaries, for example at key PMNCH advocacy events.

Overall

This is an exciting opportunity for PMNCH to reflect on how its Knowledge Summaries can further support the work of its partners in the future. It was clear that the PMNCH brand was highly valued and

participants are keen to be involved. If PMNCH's strengths in convening, collaborating and building consensus can be fully brought to bear in the production of brave and bold Knowledge Summaries highlighting credible evidence, they will reach their full potential. We hope the recommendations to PMNCH highlighted in this report will bring together these strengths to produce useful, cutting edge Knowledge Summaries.

Limitations

All of the key stakeholder groups were represented in the study, however, interviewing a larger number of stakeholders may have offered a more comprehensive picture of experiences.

The study was undertaken by the same LSHTM team who undertook two Knowledge Summary production cycles. A conscious effort was made to present participants' perspectives in a neutral manner, but interpretation biases may occur.

Roles of stakeholder groups involved in a typical production process

Academic institution-based coordination teams

Based at an academic institution and usually consist of a Project Lead, who manages the overall process of production, a Project Manager, who deals with contracts and budget, a Coordinator, who manages the day-to-day process of producing the Knowledge Summaries, sending out drafts to review and keeping track of feedback received. Copy editing and proof reading have usually fallen within the remit of the coordination team.

Writers

Contracted by the academic institution-based coordination team to write one or more Knowledge Summaries. They work closely with the coordination team Project Lead and the PMNCH partner reviewers.

Advisory group

Comprises experts internal to the coordinating institution. They review all Knowledge Summaries within a production cycle for quality control.

Technical lead

An authority on the RMNCH topic a particular Knowledge Summary is focussing on and who moderates and mediates with PMNCH partner reviewers. The technical lead was only introduced in a few Knowledge Summaries.

PMNCH partner reviewers

Typically selected because of their expertise on a particular topic. The review group changes for each Knowledge Summary.

PMNCH Secretariat

The commissioning team at PMNCH.

Designer

Design, graphics and layout are managed by an independent designer.

Recommendations

to improve the PMNCH Knowledge Summary production process

Purpose of Knowledge Summaries

1

Focus on producing a small number of Knowledge Summaries per year, to be launched at key RMNCH advocacy events. They should aim to be for PMNCH partners to use in advocacy work.

Choosing a topic and reviewers

2

Choose topics at the same time as the PMNCH Secretariat plans its advocacy work for the months or year ahead. Topics should link to key RMNCH advocacy events, include new evidence and be relevant to PMNCH partners.

The PMNCH Secretariat can advise on the events it has decided to push and consult with PMNCH partners on priority topics, for example, via an online survey. Survey respondents can be engaged early as reviewers for that Summary. An academic advisory group can advise on the topics with credible, new evidence.

Planning

3

Produce guidance on the following aspects and circulate this from the beginning to all stakeholders:

- **Planning** - purpose, audience, how topics and PMNCH partner reviewers are selected
- **Coordination** - production process, roles and responsibilities
- **Evidence quality** - type of feedback required from reviewers, a statement of methodology for evidence inclusion and exclusion, example of which comments should be included in a feedback summary the scientific writer produces
- **Final product** - format, editorial guidelines, design
- **Dissemination** - communication plan for each Knowledge Summary including goals, online strategy and how metrics will be tracked

Process

4

Consider coordinating the process within the PMNCH Secretariat, rather than at an academic institution which may not have the advocacy skills needed, with a project lead, coordinator and scientific writer based at PMNCH, and the advisory group being based at one or more academic institutions.

5

Use a professional science writer to work with a technical lead. The science writer's job is to translate complex science into layman's language and the job of the technical lead is to be a subject authority who moderates and mediates with PMNCH partner reviewers.

6

Review the process so it enables more PMNCH partner dialogue and therefore ownership early on. The major delay was getting timely feedback from PMNCH partner reviewers and engaging them early on. The publication Multi-stakeholder Dialogues for Women's and Children's Health: A Guide for Conveners and Facilitators may help to refresh the process so that dialogue is well-managed.

7

Only one coordinator, based within the PMNCH Secretariat should be involved to liaise with the technical lead, writer and PMNCH partner reviewers so that feedback can be kept track of more easily.



Photo above: Knowledge Summaries © Agnes Becker

Introduction

This study was commissioned by the Partnership for Maternal, Newborn and Child Health to review the production process of its Knowledge Summary series, and make recommendations for future production cycles.

About the Partnership for Maternal, Newborn and Child Health

The Partnership for Maternal, Newborn & Child Health (PMNCH) (www.pmnch.org), hosted by the World Health Organization, is a partnership of over 650 organizations from seven constituencies: governments, the United Nations and multilateral organizations, donors and foundations, non-governmental organizations, healthcare professional associations, academic, research and training institutions, and the private sector. The vision of the Partnership is the achievement of the Millennium Development Goals, with women and children enabled to realize their right to the highest attainable standard of health. PMNCH will work towards this goal by supporting the alignment of Partners' strategic directions and catalysing collective action to promote universal access to essential interventions for women's and children's health.

One of the three pillars of PMNCH is advocacy, particularly advocating to key decision makers and Ministers of Health across the world to ensure reproductive, maternal, newborn and child health is kept on the development agenda. The Knowledge Summaries are an important part of the PMNCH portfolio of branded products that aim to support this advocacy work.

Knowledge Summary production

There have been three cycles of PMNCH Knowledge Summary production since the summaries were launched. The first cycle (2010) was coordinated by the University of Aberdeen and the second (2012-2013) and third (2013-2014) by the London School of Hygiene & Tropical Medicine. Each cycle's process was different, the second and third building on previous experience. PMNCH has also commissioned a number of individual Knowledge Summaries outside of these three cycles.

Typically an academic coordinating institution oversees the development of each Knowledge Summary in collaboration with a number of stakeholders, including PMNCH partner organizations and the PMNCH Secretariat. The academic coordinating institution, which includes at least one writer, works with an internal advisory group to produce the Knowledge Summaries. PMNCH is responsible for disseminating the Knowledge Summaries.

What is a PMNCH Knowledge Summary?

PMNCH Knowledge Summaries aim to synthesize scientific evidence in a clear and concise format in order to support advocacy, policy and practice, on a range of topics related to RMNCH.

These summaries are available online at: portal.pmnch.org/knowledge-summaries. PMNCH and partner organizations disseminate hard copies of specific Knowledge Summaries at targeted advocacy and policy events.

Rationale for the study

The rationale for the study was to examine what has worked well and what has been challenging during the Knowledge Summary production process, in order to inform how the process for future Knowledge Summaries can be improved.

Study aim

To look over the three cycles of Knowledge Summary production and make recommendations for how to improve the production process from the perspective of each stakeholder group involved:

- Academic institution-based coordination teams
- Writers
- Advisory groups
- PMNCH partner reviewers
- PMNCH Secretariat

Research questions

1. To what extent does the production process for PMNCH Knowledge Summaries produce relevant, well-informed, useful and timely summaries?
2. How can it be improved?

Roles of stakeholders involved in a typical production process

The typical production process is outlined in Figure 1.

Academic institution-based coordination teams

Coordination teams are based at an academic institution and usually consist of a Project Lead, who manages the overall process of production, a Project Manager, who deals with contracts and budget, a Coordinator, who manages the day-to-day process of producing the Knowledge Summaries, sending out drafts to review and keeping track of feedback received. Copy editing and proof reading have usually fallen within the remit of the coordinating institution.

Writers

Writers are contracted by the academic institution-based coordination team to write one or more Knowledge Summaries. They work closely with the Project Lead within the coordination team, as well as the PMNCH partner reviewers.

Advisory group

(or internal review group, oversight committee, independent reviewer)

The advisory group comprises experts internal to the coordinating institution. They review all Knowledge Summaries within a production cycle. Their job is to ensure quality control.

Technical lead

The technical lead is an authority on the RMNCH topic a particular Knowledge Summary is focussing on and who moderates and mediates with PMNCH partner reviewers. The technical lead was only introduced in a few Knowledge Summaries.

PMNCH partner reviewers

(or external reviewers, strategic objective coordinators, subject experts)

PMNCH partner reviewers are typically selected because of their expertise on a particular topic. Thus the review group tends to change for each Knowledge Summary.

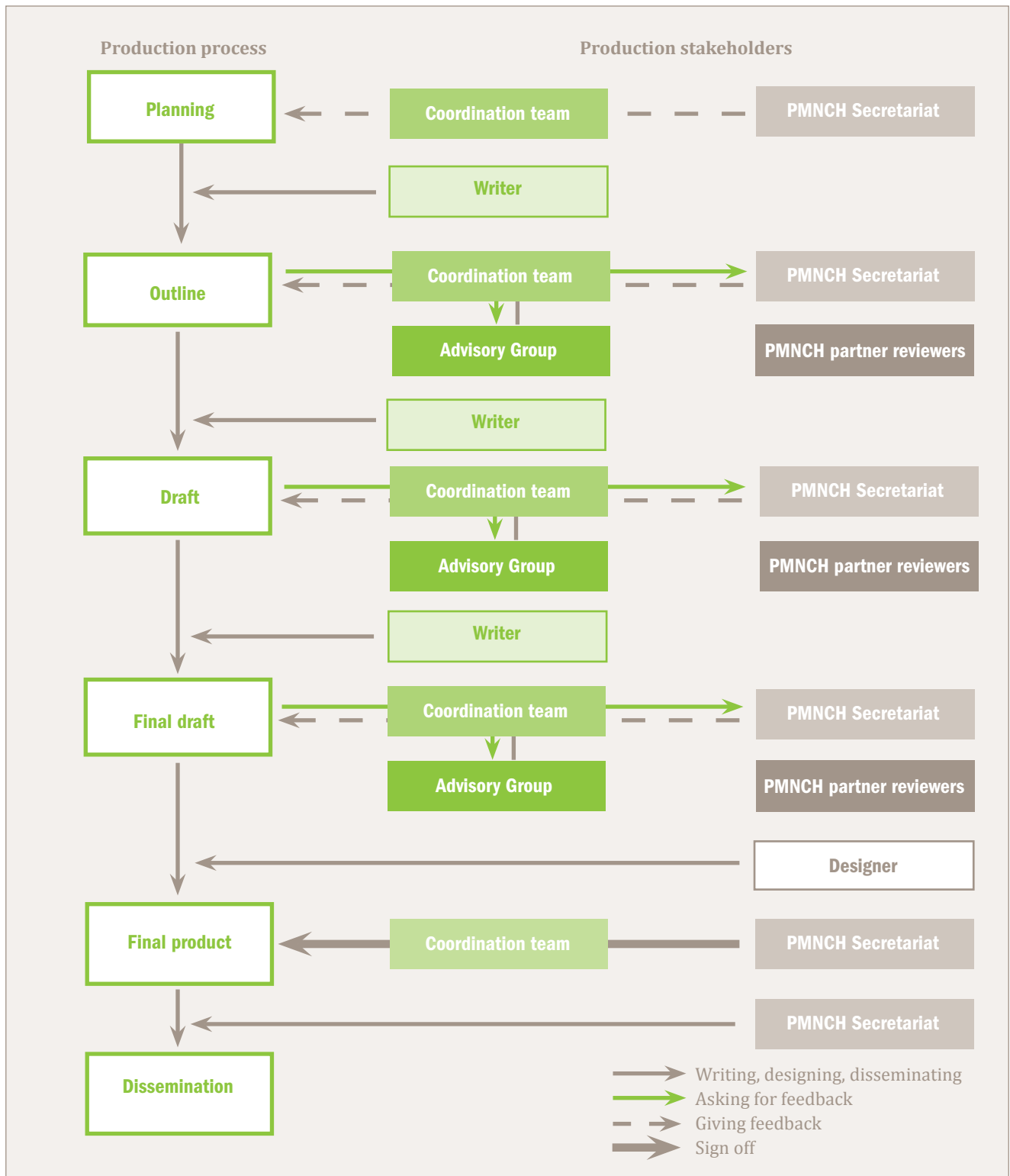
PMNCH Secretariat

The secretariat is the commissioning team at PMNCH. PMNCH is made up of over 650 members, from 7 different constituencies. It works with partners from different organizations and constituencies to develop and disseminate the Knowledge Summaries.

Designer

Design, graphics and layout are managed by an independent designer.

Figure 1 - Typical Knowledge Summary production process



Methods

Semi-structured interviews were conducted either by phone or in person with 22 participants. Each stakeholder group involved in producing the Knowledge Summaries and each Knowledge Summary cycle was represented in the chosen participants (see Annex II). We also reviewed documents from each cycle describing the proposed process and guidance documents.

We developed a topic guide based on the aims and objective of the study which guided our semi-structured interviews with participants. See the topic guide in Appendix I.

The sampling frame was developed by collating a list of people involved in producing the Knowledge Summaries over the three cycles. See the list in Appendix II. This list of potential participants was categorized into five stakeholder groups:

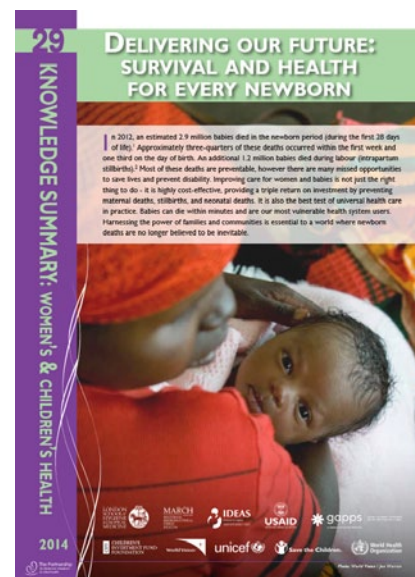
- Academic institution-based coordination teams
- Writers
- Advisory groups
- PMNCH partner reviewers
- PMNCH Secretariat

Significant contributors in every cycle representing the five groups of stakeholders were selected as participants.

Twenty-three potential participants were contacted via email, resulting in 22 interviews. (See Appendix II for full list of participants across cycles and groups). All participants gave permission to take part in this study and to be recorded.

Nearly all interviews were recorded and transcribed. Notes were taken during interviews which were not recorded.

Analysis was undertaken using the themes highlighted in the research question.



Photos above: Knowledge Summaries 17 and 26

Results

Key features of the Knowledge Summary production processes across the three cycles

In each cycle, the practice of Knowledge Summary production differed from the proposed production process.

However, having an agreed outline of the production process was seen by most groups as helpful, from a project management perspective, for guiding the development of the Knowledge Summaries. The processes were agreed between the Academic institution-based coordination teams and PMNCH in initial planning meetings. The agreed process helped the coordinator to know the stage that each Knowledge Summary was at, and the scientific writers to manage their workload. Aligning with the agreed process was also seen as important in developing evidence-based Knowledge Summaries in a consistent, timely, and credible manner.

In the second and third cycles timelines tended to be extended, mostly due to delays in getting feedback from experts, or experts being brought in after the initial review group had been decided upon. In some cases the time to complete a Knowledge Summary was up to four months longer than planned. In the first cycle, this was avoided as all summaries had to be completed in time for the Partner's Forum and there was no time for delays.

Each cycle had aspects that worked well and aspects that could be improved.

Descriptions of the processes proposed for each of the three cycles of Knowledge Summary production are located in Appendix III.

Cycle 1: Knowledge Summary production process 2010

In this cycle, the coordinating institution, the University of Aberdeen, produced 12 Knowledge Summaries in 6-8 weeks from starting work on writing the concept note to printing for the 2010 Delhi Partner's Forum.

What worked well

The PMNCH Secretariat was closely engaged and supportive – the project lead was a member of the Board. The writer worked closely with the project lead (an expert in the field of RMNCH) which helped with credibility, partner endorsement, efficiency, turnaround time, and quality control.

What could be improved

The timeline was very tight and both the writer and project lead worked long hours to meet the deadline. Some PMNCH partner reviewers gave feedback late or not at all.



“...having an agreed outline of the production process was seen by most groups to be helpful in guiding the production of the Knowledge Summaries”

Cycle 2: Knowledge Summary production process 2012-2013

In the second cycle, the coordinating institution, the London School of Hygiene & Tropical Medicine, was tasked with producing 10 Knowledge Summaries over 12 months, with some linked to PMNCH advocacy events.

What worked well

There was a clear process where most participants felt they understood their role. The Advisory Group was seen as valuable for quality control.

What could be improved

The coordination role was very time consuming. Reviewers entered the process later than planned, or did not provide timely feedback, which created delays in the process. Timelines were extended as a result.

Cycle 3: Knowledge Summary production process 2013-2014

The coordinating institution, the London School of Hygiene & Tropical Medicine, was tasked to write five Knowledge Summaries (some linked to advocacy events), produce a typology of evidence syntheses, and evaluate the reach and use of the Knowledge Summaries over a 12 month period.

What worked well

When developing the Maternal Mental Health Knowledge Summary the technical lead and the writer for the worked closely which helped with managing reviewers' comments and quality control.

What could be improved

There were too many coordinators and gate-keeping so the writers often didn't have direct access to the technical leads and PMNCH partner reviewers. Reviewers joined the process late, and this impacted on timelines.

Stand-alone Knowledge Summaries

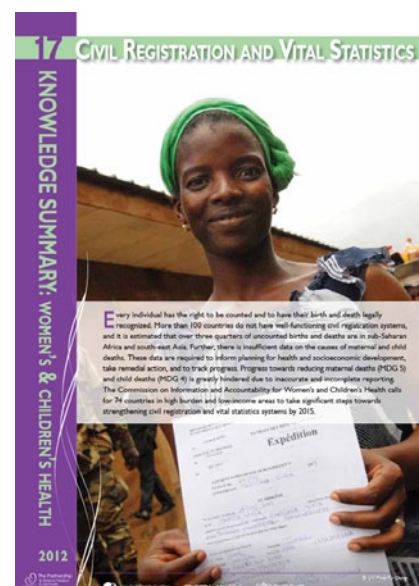
Based on the needs of PMNCH, writers were brought in to work closely with one expert to produce one-off Knowledge Summaries.

What worked well

Summaries could be produced very quickly in as little as three days over a few weeks.

What could be improved

Knowledge Summaries did not adhere to a standardized process to ensure quality control. The production process only involved one PMNCH partner at a time and therefore did not encourage partner ownership of the document.



Theme I: Improving the planning phase

Definition

The planning phase refers to the first stage in the production process when topics are decided upon, launch events identified, expert reviewers approached and a plan for producing each Knowledge Summary is outlined. This phase involves PMNCH, the coordinating team and PMNCH partner reviewers.

Sub themes

- Identifying the audience and purpose
- Identifying the topic
- Identifying and engaging PMNCH partner reviewers

Identifying the audience and purpose

The primary audience for the first cycle of Knowledge Summaries was national policymakers and programme managers. The purpose was to highlight the latest knowledge and capture what is reliably known on a series of topics in RMNCH. At the time, the Knowledge Summaries filled a gap. However, since then, summaries of evidence and policy documents have proliferated, and this poses a challenge to PMNCH in considering what niche Knowledge Summaries can best fit.

“When we started the Knowledge Summaries there were only a handful of people doing similar work,” (stakeholder from the first cycle).

Throughout nearly all the interviews, it was clear that **if the audience and purpose were more clearly defined, it would be easier to identify the most appropriate production process**. For example, if the summaries aim to be policy documents, policy makers should be included in the production process. However, if the summaries aim to be evidence syntheses, the process should have a strict quality control mechanism.

The following audiences and purposes were suggested for the Knowledge Summaries:

Advocacy and policy documents to be used by PMNCH partners

In this case, the summaries should therefore reflect the interests of PMNCH partners. *“The Knowledge Summaries should be policy documents, not evidence syntheses.”* PMNCH partner reviewers mostly saw the Knowledge Summaries as a good way to start dialogue on a certain issue with policy makers. However, others highlighted that they don’t have clear enough action points to be policy documents and that there would be issues over making them sufficiently context-specific to be useful.

Evidence synthesis to help PMNCH partners working on the ground

The writers saw the Knowledge Summaries largely as a useful way of highlighting new thinking in a field to implementers. There was a clear feeling from academic participants that the Knowledge Summaries are not sufficiently rigorous or evidence-based to be considered research summaries, in the vein of a Cochrane review, and too short to have a nuanced discussion on a given topic. Some participants felt that the summaries would have greater value if their purpose was to highlight new evidence on a topic.

Consensus-building between PMNCH partners

One of PMNCH's strengths is as a convener, and the production process is a way to bring partners onto the same page on a given topic, i.e. the process could be as or more important than the product. However, it was felt this alignment of partner messaging takes a lot of time and should be done by PMNCH, rather than an independent, academic institution.

Some participants suggested there should be **multiple outputs stemming from a Knowledge Summary**, each addressing a different audience and purpose, e.g. for some of the previous summaries a link to a resources list was added online to help partners wanting more detailed knowledge on a particular topic. There was a suggestion that multiple outputs on the same topic could link the three PMNCH pillars (Knowledge, Advocacy and Accountability): *"...an academic partner [could] put together a fact sheet on a topic, perhaps five per year, three of which are then developed into advocacy documents which are linked to a call to action"*.

Two participants suggested PMNCH finds out **what is useful for the partners** in order to decide whether the Knowledge Summaries are needed or if other products may be more useful to the partners. The online survey of reach and use conducted alongside this study will be helpful in understanding more how the PMNCH Knowledge Summaries are being used and what PMNCH partners need.

Photo: Women outside a clinic with newborns © Dr Meenakshi Gautham/ London School of Hygiene & Tropical Medicine

The purpose and value of the Knowledge Summaries

Participants had a range of views on the purpose and value of the Knowledge Summaries:

"I want to say how much we appreciate the Knowledge Summaries as they are a great service to the RMNCH community. They are great tool for people interacting with policy makers...resources for writing articles...[and] for someone working on programmes it's good to see resources compiled."
(PMNCH reviewer)

"...[T]hanks for involving us. It's worth it for everyone if we keep engaging."
(PMNCH reviewer)

"Not sure what the purpose of these things are. What do you want to do? Know about it? Do something about it? Who is it aimed at?"
(PMNCH reviewer)



Identifying the topics

Choosing topics was seen to be one of the most challenging parts of the process as reviewers often had differing opinions. A need for **a clear and systematic way of choosing topics** involving PMNCH partners was felt to be a valuable addition to the process. PMNCH partners fall into seven constituencies: Academic, research and teaching institutions, Donors and foundations, Health care professionals, Multilateral organizations, Non-governmental organizations, Partner countries, and the Private sector. One participant suggested *“choosing the themes could be made more systematic by... asking each [constituency] what the hot topics are so that they are owned by the partners”*. The Advisory Group could also help identify themes.

One perspective from a few participants was that the Knowledge Summaries could have **greater value if the content contributes something brave, bold and new and is based on credible evidence**: *“[the last two cycles] seemed less about cutting edge findings and more about getting these big key messages out via another platform”*. In the second and third cycles, the academic institution-based coordination team attempted to address this issue by proposing new frameworks. The evidence should show a big problem being solved on a large scale, rather than small, context specific examples: *“The Knowledge Summaries should be brave and bold”*. However, one participant commented that doing the research to build a solid evidence base on a new topic is resource intensive - *“it can’t be done on the cheap”* - and that the ideal scenario would be to summarize very new research with a credible evidence base, and to illustrate the research with stories of how it works in practice.

Identifying and engaging PMNCH partner reviewers

Engagement of PMNCH expert partners was seen as essential, particularly by those who expressed the view that the Knowledge Summaries should be owned by the PMNCH partners.

There was a strong feeling that **reviewers should be identified and engaged early** to help shape the theme and develop a sense of ownership from the beginning. *“PMNCH have good connections with experts so it would be good to be involved early on in identifying themes and opportunities.”* This would help with getting experts to respond on time – a major delay experienced in all Knowledge Summary cycles– as well as creating a better quality document. *“Those who were less involved with PMNCH were less timely in giving feedback.”*

Additional reviewers being brought in late in the process was seen by the academic institution-based coordination team to create major delays in the process, resulting in drafts that had already been rewritten having to be revisited and edited for second time before being sent out for the next round of review. Reviewers were brought in late for various reasons, such as as the summary evolves, other reviewers were seen to be important to comment.



The single most important factor has been having a key technical lead who signs off on content. If you have very powerful partners, that’s something you need arbitration around.”

- Stakeholder from all three cycles

Experts should represent a cross-section of disciplines and expertise:

“a mix of academics, practitioners and policy makers” to help with quality control and ensuring the summaries are relevant. A couple of participants highlighted that while academic research institutions can be helpful on the theory, the Knowledge Summaries need input from those on the implementation side. It was also felt that the intended audience should be part of the review group so they feel ownership of the document and use it. Others felt there should be a **systematic way of identifying the experts**.

The number of reviewers should be limited. For one Knowledge Summary over 30 reviewers were engaged, which was too much. In the second cycle a range of five to seven reviewers was felt to be manageable.

A **technical lead person** to engage the reviewers and assist with quality control was seen as key, as long as they work closely with the writer (see role of writer, p16). *“The single most important factor has been having a key technical lead who signs off on content. If you have very powerful partners, that’s something you need arbitration around.”*

Theme II: Improving the coordination

Definition

How the coordination and management of the process can be improved to involve the right people at the right time, keep to timelines and communicate in a helpful way.

Sub themes

- The process
- Roles and responsibilities
- Coordinator
- Communication

The process

Overall, the agreed process where each step was mapped out (see Annex III), was seen as helpful and, if stuck to, could improve the process by making it run more efficiently and consistently across all summaries: *“Have a clear protocol [process] and...run it like machinery.”*

Although, in each cycle, the process was not adhered to, mostly due to delays in getting feedback from busy reviewers, it was still **seen to be useful for the coordinators and writers to manage their workload** and keep track of which stage multiple Knowledge Summaries were at, and for maintaining a systematic process for synthesising evidence.

Roles and responsibilities

Throughout all groups, there was a **need for more clarity on roles and responsibilities**. In the first and third cycle, guidelines for the reviewers helped. Roles and responsibilities could be made more concrete during the initial planning meeting between PMNCH and the coordinating institutions and circulated to all groups.

Coordinator

Participants suggested there should be one coordinator for the whole process, and that they appreciated coordinators who responded quickly to queries.

The suggestion for one coordinator came from when the third cycle ran into problems due to **too many coordinators involved in the process**. There was an LSHTM coordinator, an overall PMNCH coordinator and separate PMNCH coordinators for each Knowledge Summary. This resulted in the third cycle being confusing to the writers as some coordinators who weren't subject or advocacy experts were also contributing to the content, and the writers were unable to contact PMNCH partner reviewers directly (in this case there was no technical lead).

Communication

Three participants found *“getting early notice of the Knowledge Summaries... really helpful”*. It was suggested that PMNCH could introduce the different groups at the start, e.g. introduce the academic institution-based coordination team to the designer and the PMNCH partners. **Standardized emails** sent to all reviewers asking them to take part in the review group

and then later asking them to provide feedback by a certain deadline were seen as helpful in saving the coordinator time.

Any documentation as regards the process should also be circulated to all groups early on.

Progress updates stating the role, timeline and how many summaries were being produced, so time could be blocked out in advance, were seen as helpful, as were **frequent calls with the PMNCH Secretariat**.

In all cycles, there was an attempt for PMNCH partner reviewers to discuss the feedback together in order to generate consensus via conference calls or group emails. In all cycles it was clear that **conference calls to coordinate feedback from reviewers did not work** due to different time zones, the low number of reviewers who attended the calls and the difficulty of managing how to go through the feedback: *“it felt very formulaic...it was one of the most uncomfortable calls I've ever been on”*. **Copying all reviewers into the same email when the drafts were sent out, as was done in the second cycle, did not generate dialogue** between PMNCH partner reviewers as intended. However, one participant found it helpful to see what other experts said.

Theme III: Improving the review process: quality of evidence

Definition

How to improve the interaction with PMNCH partner reviewers and advisory groups to ensure the Knowledge Summaries are evidence-informed.

Sub themes

- Roles of the writer and technical lead person
- Ensuring a quality control mechanism is in place
- Getting useful feedback
- Incorporating feedback: evidence vs endorsement

Roles of writer and technical lead person

Overall, **a professional policy or scientific writer working with a technical lead person** (a topic authority who could moderate and mediate with reviewers) was proposed by participants as the optimal combination, **the policy writer being particularly helpful if the purpose of the summaries is for advocacy and policy work**. Although the writer would not be an expert in the topic, which was seen as important by some, they would be independent from a particular viewpoint or agenda and guided by an authority on a topic. This combination was seen to work well in the first cycle.

Writers working without the support of a technical lead caused problems in the second and third cycles. **The writer was unable to decide on the content direction:** *“There is no subject matter authority figure.” “It is hard to make decisions on what to include as the writers are not as senior as some of the reviewers.”*

Time was particularly difficult to manage for the writers. The process was very iterative with long periods waiting for reviewer feedback and then a flurry of activity to turn a summary around as fast as possible, particularly

towards the end. *“...[I]t is sometimes intense and at other times there is nothing to do.”*

It was also felt that there should be a **stronger recognition of the writer’s role**. “It is easy to make them the scape-goat when the process doesn’t run smoothly.” However, PMNCH partner reviewers understood the role of the writer was difficult - “stuck between a rock and a hard place” - and that they did a great job. Working with a technical lead person and clear guidance on the audience, purpose and evidence to be included would help to protect the writer and defend their position if needed.

Ensuring a quality control mechanism is in place

An advisory group (academic experts) was seen as helpful for content quality control (the internal expert group in the first cycle and the independent reviewer in the second cycle) and the **PMNCH Secretariat was useful for presentational quality control**. Both groups saw every Knowledge Summary in the cycle.

Getting useful feedback

Getting high quality feedback from PMNCH partner reviewers was difficult in all three cycles.

The type of feedback varied considerably in all cycles – from specific comments on language to broad, sweeping statements. “Some comments didn’t challenge the evidence.” Feedback on the content was seen as most helpful, particularly where reviewers provided resources to include. Feedback given in tracked changes was seen as more helpful than broad statements in the body of an email. Although sending outlines to reviewers was good for consensus building, it became apparent that a first draft was more effective for getting comments, since **reviewers rarely commented on an outline.** *“We either got too much, or nothing at all. Something that meant you had to go back to the drawing board which was very painful, or [we] got a very high level comment that wasn’t very helpful. I don’t think we ever got that review process working very well.”* (stakeholder from first cycle)

In the second and third cycles, where **reviewers felt they should be given more time to give feedback**, academic institution-based coordination teams and writers made it clear that **a severe delay was the time it took reviewers to respond.** Better planning and engagement of partners at the start of the process, as well as either sticking to the agreed proposed process or having a more flexible process, may avoid these issues.

Incorporating feedback: Evidence vs endorsement

Incorporating feedback seemed to be a delicate balance between including solid evidence and endorsing PMNCH partner reviewers’ key messages. This seems to echo the difficulty of identifying the purpose of the Knowledge Summaries: are they evidence summaries or consensus-building documents?

There were **varying opinions on the quality of evidence included in the Knowledge Summaries.** *“The evidence base was very impressive.” “In the beginning there was a lot more of a push for research but then as reviewers came on they wanted their key documents and reports referenced.”*

In the first cycle, **an agreed process was developed to help decide which evidence should be included.** In the second and third cycle, the process for deciding what evidence to be included usually depended on a dialogue between the writer, the project lead and PMNCH secretariat. In both of the latter cycles there was a fine balance between producing a Knowledge Summary with credible evidence and keeping the reviewers satisfied. *“Until the Knowledge Summaries seem more valuable and integral in public health, there is a fine balance between maintaining a high quality document and making the reviewers happy.”*

The tight character count caused delays. A new front cover could be designed in order to give more space to text. Putting a longer list of references online rather than in the summary

helped save space in the second and third cycles. Clarity on the purpose of the Knowledge Summaries will help cut down on text: *“...it can’t be everything. The documents aren’t big enough... PMNCH needs to stand behind the intent of these documents which may mean standing up to the reviewers to say that’s not what the Knowledge Summary is meant to do”.*

Competing priorities of reviewers was a challenge. “There are reviewers and feedback that carry more weight; that has to do with politics.” A clear audience and purpose would help with deciding what feedback to keep and what to reject: *“everybody wants things included but nobody wants things taken away”.*

In the second and third cycles, a table was created by the writer for each Knowledge Summary to show what feedback had been given by whom and how the feedback had been addressed in the document, e.g. included or excluded due to reason xyz. This was done to help address any queries reviewers may have as to how their feedback had been addressed in the next draft of the document. This **feedback documentation table was seen as useful** but a huge amount of *“painstaking”* work for the writer. One suggestion was to streamline the feedback documentation table so that it only includes comments on major changes to content.



...there is a fine balance between maintaining a high quality document and making the reviewers happy.”

- Stakeholder from second and third cycles

Theme IV: Improving brand quality: a standard style and design

Definition

How to improve the quality of the Knowledge Summary presentation and brand through a consistent writing style and design, including graphics.

Sub themes

- Consistent writing style
- Proof read and copy edited
- Consistent design

Consistent writing style

Editorial guidelines were developed in the first cycle. These could be made more widely available to writers so that a consistent structure and writing style is maintained.

Proof read and copy edited

Including proof reading and copy editing within the responsibilities of the academic institution-based coordination team was seen as useful.

Design

It was felt the design worked and that PMNCH's involvement was useful for a consistent presentation. However, it would have been **helpful to have had infographic support** when creating new framework diagrams. One participant also noted the importance of images and infographics online and that the Knowledge Summaries could be strengthened in this area.



One participant also noted the importance of images and infographics online and that the Knowledge Summaries could be strengthened in this area.”



Photo: Knowledge Summary 25

Theme V: Improving the dissemination phase

Definition

The dissemination phase refers to the time after the document has been professionally printed and is at the end of the production cycle. The dissemination phase should help ensure the Knowledge Summaries are used and reach the intended audiences.

Sub themes

- Improving metrics
- PMNCH partner ownership
- Fewer Knowledge Summaries, more dissemination
- Linked to advocacy but evidence-informed

In all cycles, PMNCH was responsible for disseminating the Knowledge Summaries. The Knowledge Summaries are an important part of the PMNCH portfolio of branded products that aim to support its advocacy work.

Dissemination of the Knowledge Summaries has improved over the last year. However, PMNCH has limited capacity for dissemination.

Correspondingly, dissemination was perceived to be the **weakest point of the process**, perhaps because *“they are not high on PMNCH’s own agenda”*.

More needs to be done to launch the summaries and disseminate them. One participant commented that the first time they saw the summary they had been involved in since its launch was eight to nine months later in a conference delegate pack.



When there was partner ownership, PMNCH dissemination [was] complemented by partners’ push efforts.”

- Stakeholder from third cycle

Improving metrics

PMNCH needs more information about the reach and use of the Knowledge Summaries: *“Better access to metrics would encourage [PMNCH] to prioritize”*. For example, metrics could include the number of online downloads or the number of times a link to a Knowledge Summary had been clicked on in an e-newsletter.

PMNCH partner ownership

Dissemination could be improved with PMNCH partner ownership of the Summaries (where partners contribute to the Knowledge Summaries, feel they are theirs and therefore regularly use them in their advocacy work): *“When there was partner ownership, PMNCH dissemination [was] complemented by partners’ push efforts”*.

Fewer Knowledge Summaries, more dissemination

It was also suggested that the **‘less is more’ approach** would help disseminate the Summaries more widely, e.g. PMNCH could produce fewer Summaries (three per year) and each would be launched with a full communication strategy.

Linked to advocacy but evidence-informed

The Knowledge Summaries **could be more closely linked to PMNCH advocacy campaigns** in order to help with dissemination, provided they are based on evidence: *“[E]ngaging men and boys...would be an interesting story if there were one country [which has] made an effort at a big scale [to see] whether it has had an effect or not.”*

Conclusion



Improving the planning phase

PMNCH Knowledge Summaries are valued by PMNCH partners, particularly for starting conversations and advocating on key topics with policy makers. Their utility could be further enhanced through agreeing a clear purpose and audience for each summary from the outset. This has become increasingly important because of the recent proliferation of evidence syntheses and advocacy documents, and the need to differentiate PMNCH Knowledge Summaries from similar outputs.

Choosing topics was seen to be one of the most challenging parts of the process as reviewers often had differing opinions. A need for a clear and systematic way of choosing topics

involving PMNCH partners, the academic advisory group and PMNCH Secretariat was felt to be a valuable addition to the process.

Improving coordination and the review process

Overall, many participants valued being part of the process. The processes that produced relevant, well-informed, useful and timely Knowledge Summaries were ones where a small review group, led by a technical lead, was engaged early on and worked closely with the writer and coordination team throughout. In these cases, roles and responsibilities were clear to all involved and communication between stakeholder groups was frequent and collaborative.

A new process may need to be considered in order to reduce the delays experienced in getting feedback from PMNCH partner reviewers. Similarly, PMNCH may want to consider a statement of methodology for evidence inclusion and exclusion to aid in how the writer incorporates feedback. A feedback summary, showing how the writer has addressed each piece of feedback was seen as useful but should only include major editorial changes and not grammar and punctuation changes.

Dissemination

It was felt that early engagement and ownership of the Knowledge Summaries by PMNCH partners helped with dissemination of the summaries, for example at key PMNCH advocacy events.

Overall

This is an exciting opportunity for PMNCH to reflect on how its Knowledge Summaries can further support the work of its partners in the future. It was clear that the PMNCH brand was highly valued and participants are keen to be involved. If PMNCH's strengths in convening, collaborating and building consensus can be fully brought to bear in the production of brave and bold Knowledge Summaries highlighting credible evidence, they will reach their full potential. We hope the recommendations to PMNCH highlighted in this report will bring together these strengths to produce useful, cutting edge Knowledge Summaries.

Limitations

All of the key stakeholder groups were represented in the study, however, interviewing a larger number of stakeholders may have offered a more comprehensive picture of experiences.

The study was undertaken by the same LSHTM team who undertook two Knowledge Summary production cycles. A conscious effort was made to present participants' perspectives in a neutral manner, but interpretation biases may occur.



The PMNCH brand was highly valued and participants are keen to be involved. If PMNCH's strengths in convening, collaborating and building consensus can be fully brought to bear in the production of brave and bold Knowledge Summaries highlighting credible evidence, they will reach their full potential."

Recommendations

to improve the PMNCH Knowledge Summary production process

Purpose of Knowledge Summaries

- 1 Focus on producing a small number of Knowledge Summaries per year, to be launched at key RMNCH advocacy events.** They should aim to be for PMNCH partners to use in advocacy work.

Choosing a topic and reviewers

- 2 Choose topics at the same time as the PMNCH Secretariat plans its advocacy work for the months or year ahead.** Topics should link to key RMNCH advocacy events, include new evidence and be relevant to PMNCH partners.

The PMNCH Secretariat can advise on the events it has decided to push and consult with PMNCH partners on priority topics, for example, via an online survey. Survey respondents can be engaged early as reviewers for that Summary. An academic advisory group can advise on the topics with credible, new evidence.

Planning

- 3 Produce guidance on the following aspects** and circulate this from the beginning to all stakeholders:
 - **Planning** - purpose, audience, how topics and PMNCH partner reviewers are selected
 - **Coordination** - production process, roles and responsibilities
 - **Evidence quality** - type of feedback required from reviewers, a statement of methodology for evidence inclusion and exclusion, example of which comments should be included in a feedback summary the scientific writer produces
 - **Final product** - format, editorial guidelines, design
 - **Dissemination** - communication plan for each Knowledge Summary including goals, online strategy and how metrics will be tracked

Process

- 4 Consider coordinating the process within the PMNCH Secretariat,** rather than at an academic institution which may not have the advocacy skills needed, with a project lead, coordinator and scientific writer based at PMNCH, and the advisory group being based at one or more academic institutions.
- 5 Use a professional science writer to work with a technical lead.** The science writer's job is to translate complex science into layman's language and the job of the technical lead is to be a subject authority who moderates and mediates with PMNCH partner reviewers.
- 6 Review the process so it enables more PMNCH partner dialogue and therefore ownership early on.** The major delay was getting timely feedback from PMNCH partner reviewers and engaging them early on. The publication Multi-stakeholder Dialogues for Women's and Children's Health: A Guide for Conveners and Facilitators may help to refresh the process so that dialogue is well-managed.
- 7 Only one coordinator, based within the PMNCH Secretariat should be involved** to liaise with the technical lead, writer and PMNCH partner reviewers so that feedback can be kept track of more easily.

Appendices

Appendix I - Interview question topic guide

Theme	Nature of enquiry
Role	Which cycle they were involved with? What they did as part of the cycle? Who they interfaced with most?
Description of the Knowledge Summary production process	Describe how they experienced the process
What worked well in the Knowledge Summary production process	Which aspects worked particularly well?
What could be improved in the Knowledge Summary production process and how	The topic selection Evidence included Quality and frequency of communication amongst stakeholders Incorporating reviewer's comments Whether quality of the document was maintained? Dealing with bottlenecks/delays Improving the design process
Role of PMNCH	Did it work well, could it be improved?
PMNCH partner engagement	Contribution in identifying topics Contribution in reviewing Knowledge Summaries Other contributions
Role of the writer	Did it work well, could it be improved? Responding to feedback
Other stakeholders	Other stakeholders that could have been involved How they could have been involved?
Purpose and value of Knowledge Summaries	Perceived view Any examples of use Examples of use with greatest impact When to update the Knowledge Summaries
Resources	Appropriateness Timeline Personnel
Final comments	

Appendix II - List of participants

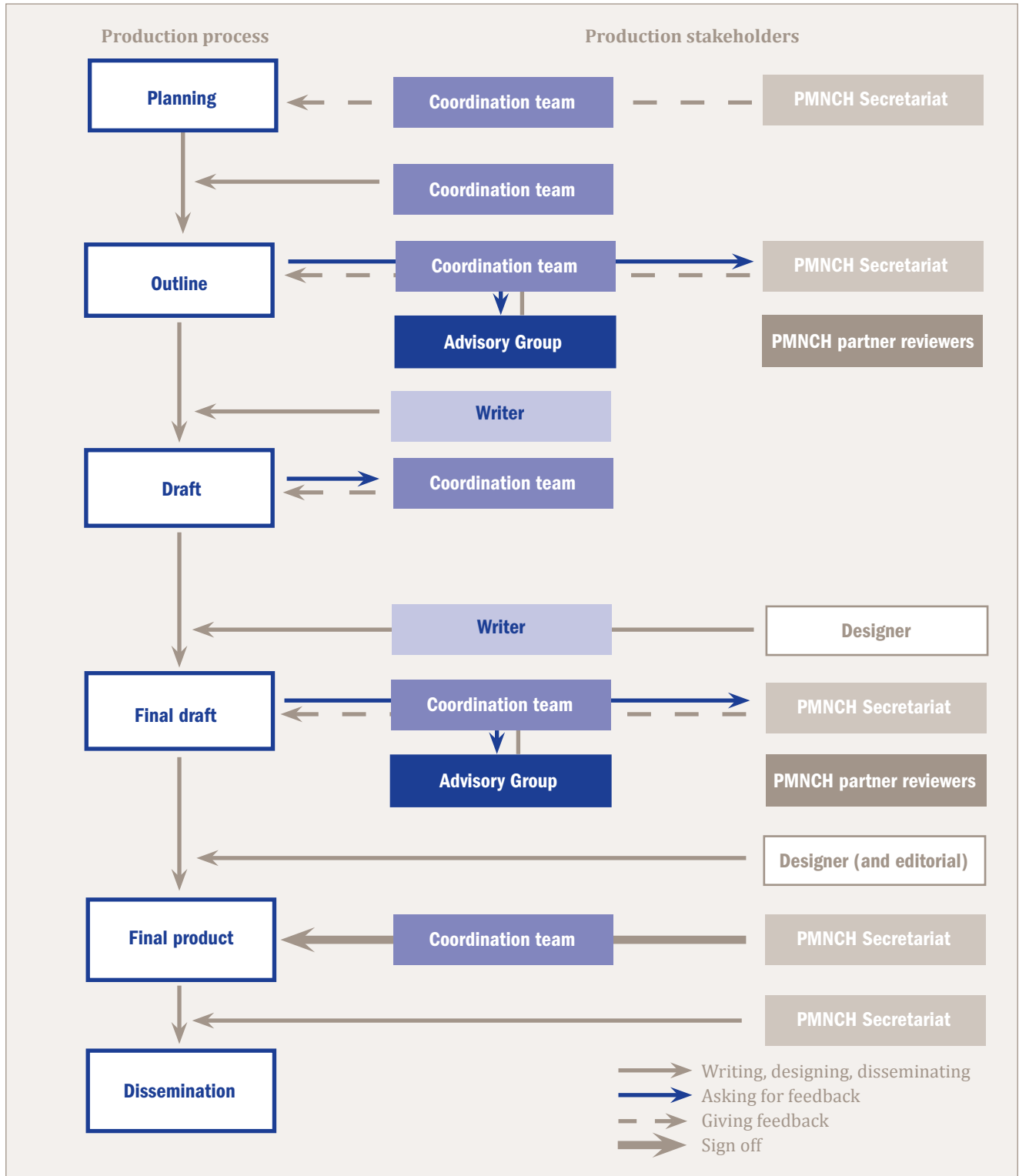
The following stakeholder groups and cycles were interviewed (some participants had overlapping roles or the same roles across multiple cycles). Each participant is represented by a letter along with their role:

Group	Knowledge Summary production 2010	Knowledge Summary production 2012-2013	Knowledge Summary production 2013-2014	Stand-alone
Academic institution-based coordination teams	<ul style="list-style-type: none"> • A, Project lead 	<ul style="list-style-type: none"> • B, Project lead • C, Coordinator 	<ul style="list-style-type: none"> • B, Project lead • D, Coordinator 	<ul style="list-style-type: none"> • n/a
Writers	<ul style="list-style-type: none"> • E, Writer 	<ul style="list-style-type: none"> • F, Writer • G, Writer 	<ul style="list-style-type: none"> • G, Writer 	<ul style="list-style-type: none"> • E, Writer
Advisory groups	<ul style="list-style-type: none"> • A, Advisory group member 	<ul style="list-style-type: none"> • H, Advisory group member • I, Advisory group member 	<ul style="list-style-type: none"> • H, Advisory group member 	<ul style="list-style-type: none"> • n/a
PMNCH partner reviewers	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • J, Reviewer • K, Reviewer 	<ul style="list-style-type: none"> • D, Reviewer • L, Reviewer • M, Reviewer 	<ul style="list-style-type: none"> • None
PMNCH Secretariat	<ul style="list-style-type: none"> • N, Knowledge Summary lead • O, Advocacy lead • P, Designer 	<ul style="list-style-type: none"> • N, Knowledge Summary lead • O, Advocacy lead • P, Designer 	<ul style="list-style-type: none"> • N, Knowledge Summary lead • O, Advocacy lead • P, Designer • Q, PMNCH coordinator for all Knowledge Summaries • R, PMNCH coordinator for single Knowledge Summary • S, PMNCH coordinator for single Knowledge Summary • T, Advocacy and Communications Officer 	<ul style="list-style-type: none"> • N, Knowledge Summary lead • O, Advocacy lead • P, Designer • U, PMNCH coordinator

Appendix III – Description of the production process proposed for each cycle

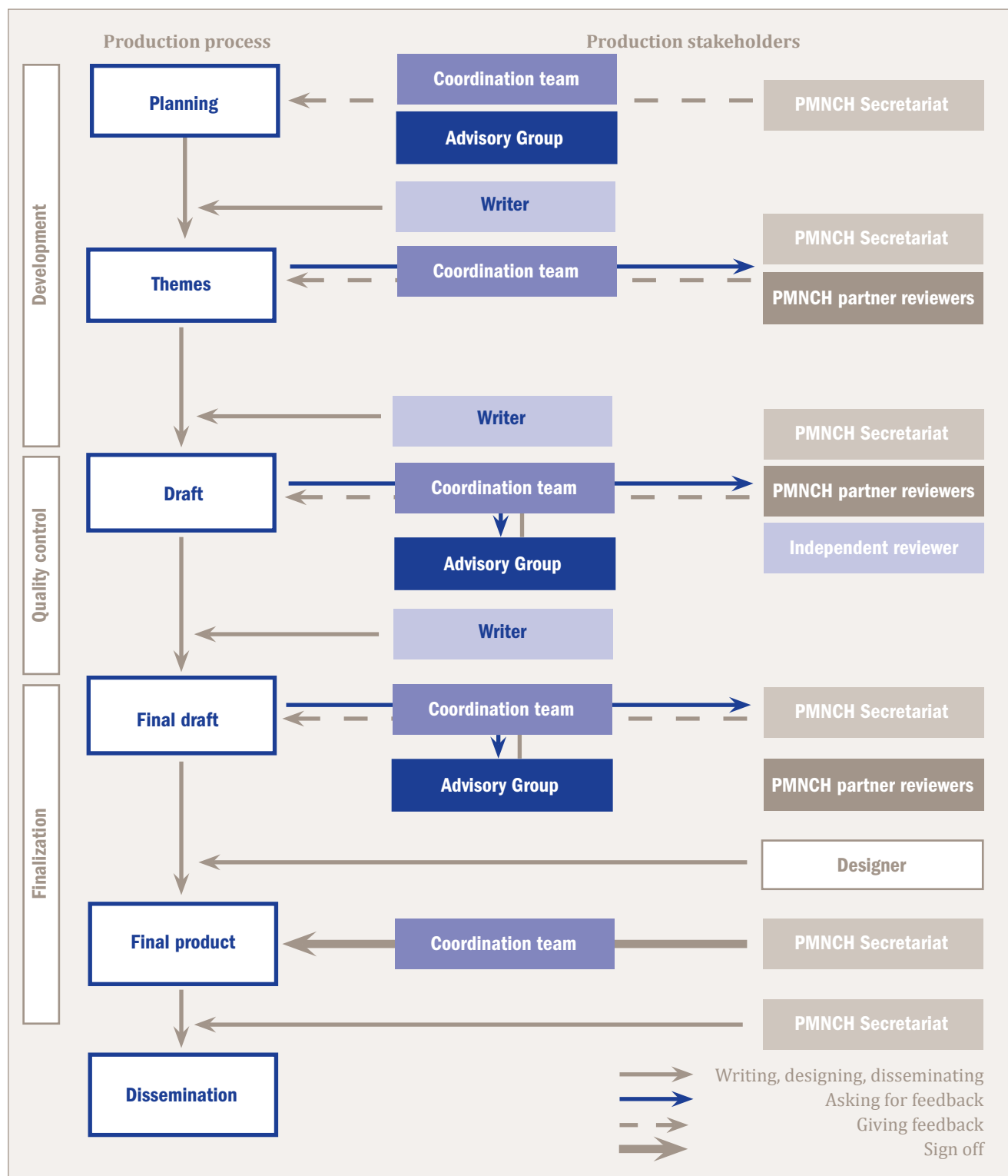
Cycle 1: Knowledge Summary production process 2010

In this cycle, the coordinating institution, the University of Aberdeen, produced 12 Knowledge Summaries in just 6-8 weeks for the 2010 Delhi Partner’s Forum. In this case the academic institution-based coordination team comprised the writer and technical lead person.



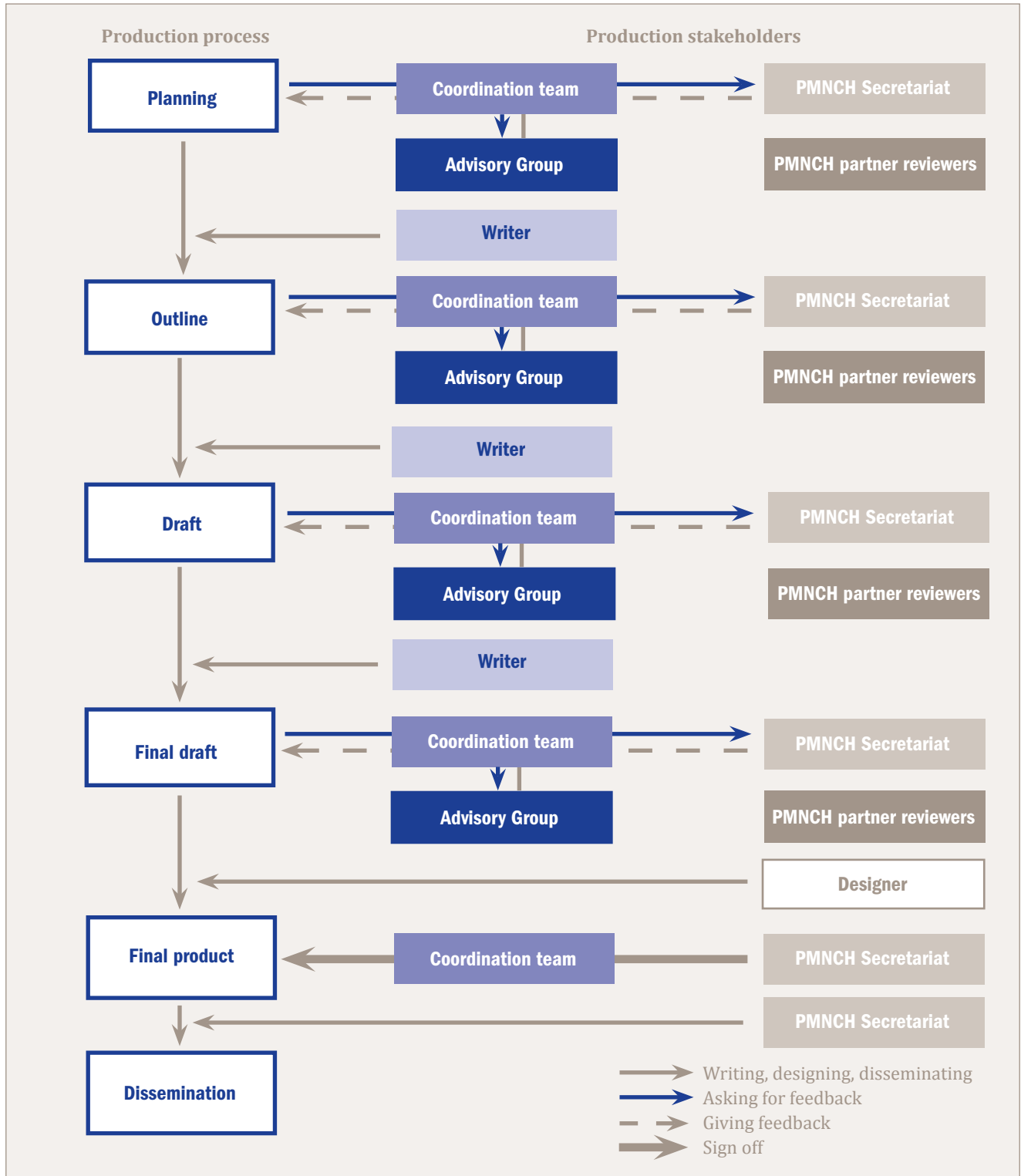
Cycle 2: Knowledge Summary production process 2012-2013

In the second cycle, the coordinating institution, the London School of Hygiene & Tropical Medicine, was tasked with producing 10 Knowledge Summaries over 12 months, some linked to PMNCH advocacy events, others not. This cycle had three phases: development, quality control and finalization. The academic institution-based coordination team comprised a project lead, project manager, coordinator and the writers.



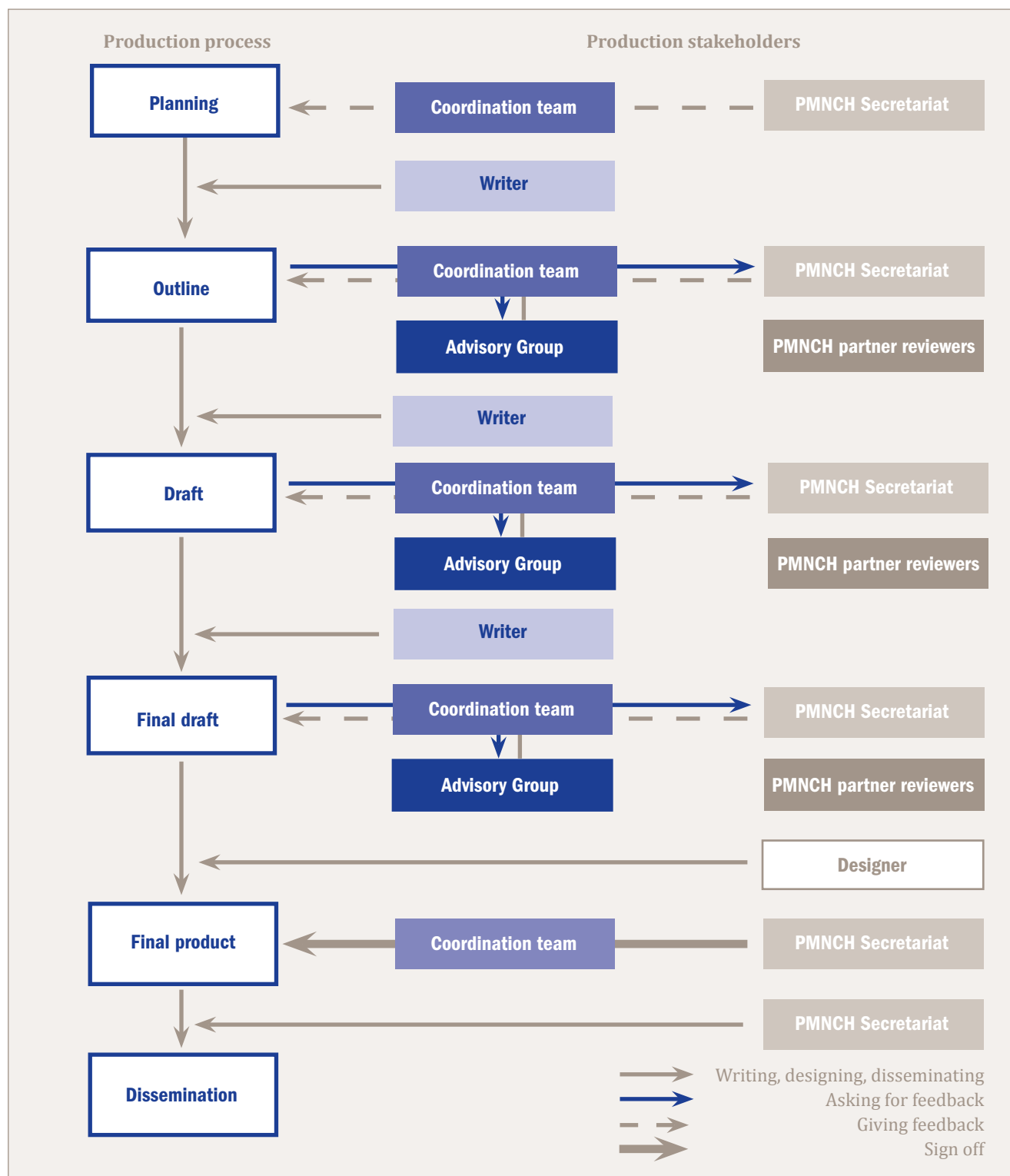
Cycle 3: Knowledge Summary production process 2013-2014

The coordinating institution, the London School of Hygiene & Tropical Medicine, was tasked to write five Knowledge Summaries, produce a typology of evidence syntheses, and evaluate the reach and use of the Knowledge Summaries in 12 months. In this cycle joint phone calls between all stakeholders were proposed for the planning and final draft feedback stages.



Stand-alone Knowledge Summary production

Based on the needs of PMNCH, writers were brought in to work closely with one expert to produce one-off Knowledge Summaries. A coordinating institution was not a stakeholder in these Knowledge Summaries.



The Partnership for Maternal, Newborn and Child Health

The Partnership for Maternal, Newborn & Child Health, hosted by the World Health Organization, joins the reproductive, maternal, newborn and child health communities into an alliance of members, across seven constituencies. Working together, the Partnership's goal is a world in which all women, newborns, children and adolescents are not only healthy, but thrive.

www.who.int/pmnch

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The London School of Hygiene & Tropical Medicine is a world-leading centre for research and postgraduate education in public and global health, with 4,000 students and more than 1,300 staff working in over 100 countries. The School is one of the highest-rated research institutions in the UK, and was recently cited as one of the world's top universities for collaborative research.

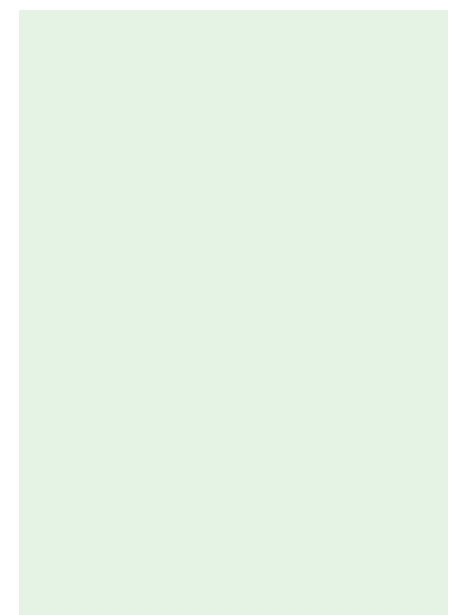
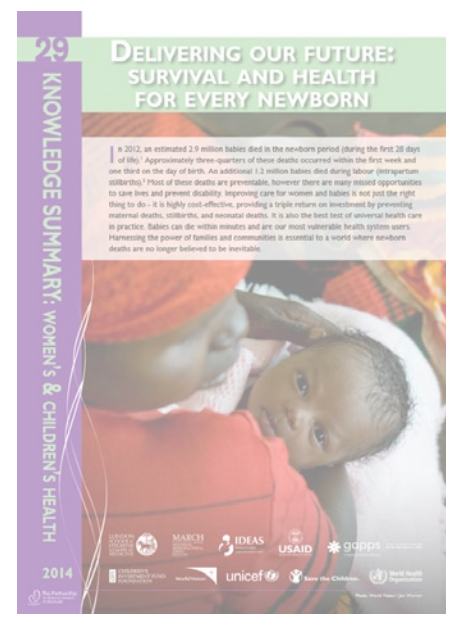
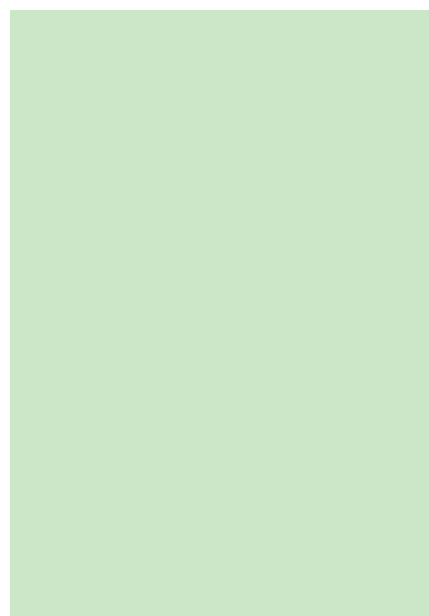
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Study on the reach and use of evidence synthesis outputs

January 2015

Report 2 of 2 on the production process, reach and use of PMNCH Knowledge Summaries



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Suggested citation Becker A., Wickremasinghe D., Avan B.I., *Study on the reach and use of evidence synthesis outputs* London School of Hygiene & Tropical Medicine 2015, January

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Date published January 2015

ISBN: 978-0-9576833-3-4

Acknowledgements

Thank you to all survey respondents who took the time to fill out the questionnaire and give their valuable feedback.

Front cover image: Knowledge Summaries numbers 22, 23 and 29



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Executive Summary

The Partnership for Maternal, Newborn and Child Health Knowledge Summaries contribute to an increased emphasis on evidence-informed policy and practice within the reproductive, maternal, newborn and child health community.

One of the three pillars of The Partnership for Maternal, Newborn and Child Health (PMNCH) is advocacy, particularly advocating to key decision makers and health ministers across the world that reproductive, maternal, newborn and child health (RMNCH) should be kept on the development agenda. The Knowledge Summaries are an important part of the PMNCH portfolio of branded products that support this advocacy work.

More research is needed to understand whether evidence synthesis outputs, such as the PMNCH Knowledge Summaries, meet the information needs of users.

In 2014 the London School of Hygiene & Tropical Medicine (the School), in collaboration with PMNCH, carried out a study to understand the use of evidence synthesis outputs and the reach and use of PMNCH Knowledge Summaries by PMNCH partners and other RMNCH organizations.

The study had three aims:

1. To understand the use of evidence synthesis outputs
2. To understand the reach and use of the PMNCH Knowledge Summaries
3. To help the PMNCH Secretariat improve their evidence synthesis outputs

And five research questions:

1. What is the reach of the PMNCH Knowledge Summaries?
2. How are evidence synthesis outputs used by the RMNCH community?
3. Which PMNCH Knowledge Summaries are most used, why and what for? If they aren't used, why not?
4. How is the readability of the PMNCH Knowledge Summaries perceived?
5. How can the PMNCH Knowledge Summaries be improved?

Data were collected through an online survey. Five thematic areas were explored:

1. Respondent characteristics
2. Use of evidence synthesis outputs
3. Use of PMNCH Knowledge Summaries
4. Readability of the PMNCH Knowledge Summaries
5. Recommendations to improve the PMNCH Knowledge Summaries

The survey was put together using Qualtrics, an online questionnaire software. The survey went live on 1 May 2014 and closed on 9 July 2014 and was distributed following a plan agreed with PMNCH (See Appendix II).

Out of a total of 324 replies to the online survey, 214 respondents completed it and their responses were analysed using the Statistical Package for the Social Sciences (SPSS) software.

This report presents key findings on the five thematic areas from the online survey. The last two themes (readability and recommendations) have been combined into one section entitled *Improving the PMNCH Knowledge Summaries*.

Respondent characteristics

Respondents resided in all six World Health Organization (WHO) world regions, with the greatest number living in Europe. By contrast, half of respondents worked in Africa and almost one-quarter in South-East Asia. Sixty percent of respondents were female and 55% of respondents were in the 30-50 years age range. The majority of respondents worked in RMNCH (87%), the most common primary area of work being maternal health. Seventy percent of the represented organizations were PMNCH members and the most commonly represented PMNCH organization constituencies* were non-governmental organizations (NGOs) or academic, research and teaching institutions. Only 7% of the represented constituencies were PMNCH partner countries (national governments) and only 3% were donor and/or foundation groups.

Use of evidence synthesis outputs

The survey shows a strong demand within the RMNCH community for evidence synthesis outputs, with 88% of respondents using them in their work. In general, respondents used evidence synthesis outputs regularly – between once a week and once a month – to advocate for changes in policy and practice, share current evidence, raise awareness and inform research. Respondents who personally developed evidence synthesis outputs did so to target mostly national governments, NGOs and academic or teaching institutions.

The evidence synthesis outputs respondents most commonly used were evidence papers, followed by literature and systematic reviews. Out of these most commonly used outputs,

only evidence papers target policy implementers and therefore are the best fit for the PMNCH advocacy pillar.

Reach and use of PMNCH Knowledge Summaries

Sixty five percent of all respondents had read one or more of the PMNCH Knowledge Summaries. Of the respondents who had read and used the Knowledge Summaries, 98% found them helpful in supporting their work. In comparison with other evidence synthesis outputs, Knowledge Summaries were used less for increasing knowledge (informing research) and more for awareness raising, advocacy work and sharing evidence. Knowledge Summaries had been most commonly used to target NGOs, national governments and healthcare professionals.

PMNCH Knowledge Summaries seem to appeal more to those working on RMNCH implementation than research. Though the differences were marginal, Knowledge Summary readers were less likely to work at an academic, research or teaching institution in research and more likely to work for NGOs in management, advocacy and administration, when compared with all survey respondents.

These findings correlate with a previous qualitative study on how to improve the PMNCH Knowledge Summary production process where some participants felt the Knowledge Summaries were particularly useful for starting conversations with policy makers on particular issues¹:

“I want to say how much we appreciate the Knowledge Summaries...They are great tool for people interacting with policy makers ... resources for writing articles ... [and] for someone working on programmes it's good to see resources compiled.”

Definitions

Evidence synthesis outputs

Evidence synthesis outputs are “... focussed documents in which evidence from a number of research sources is collated and analysed and the results are written up”.

PMNCH Knowledge Summaries

PMNCH Knowledge Summaries aim to synthesize scientific evidence in a clear and concise format in order to support advocacy, policy and practice, on a range of topics related to reproductive, maternal, newborn and child health.

These summaries are available online at: portal.pmnch.org/knowledge-summaries. PMNCH and partner organizations disseminate hard copies of specific Knowledge Summaries at targeted advocacy and policy events.

* PMNCH member organization constituencies: NGOs; Academic, research and teaching institutions; Partner countries (phrased as national governments in the survey); Private sector organizations; healthcare professional groups; Donors and/or foundations; and Multilaterals.

Improving the PMNCH Knowledge Summaries

Dissemination

More work is needed to make sure evidence synthesis outputs, including the PMNCH Knowledge Summaries, are better promoted and disseminated to the RMNCH community. The most common reasons given for not using evidence synthesis outputs were that respondents had not come across them before or did not know where to find them (36%) and that they had no need to use them in their work or had not considered using them (36%).

Similarly, of the respondents who had not read the Knowledge Summaries, 87% cited the reason being that they did not know they were available. Nearly half of those who had read the Knowledge Summaries thought promotion and dissemination could be improved. However, given that 70% of respondents were PMNCH members, it is surprising that 19% of the Knowledge Summary readers were non-members, suggesting a good reach to non-members.

Relevance

Topics reflecting the needs of PMNCH partners, with good content and credible evidence should be of high priority when developing the next set of PMNCH evidence synthesis outputs.

Topic and content, closely followed by the credibility of evidence used were seen as the aspects that most affected how respondents used the Knowledge Summaries. The most popular topics for the 2012-2013 set of 10 Knowledge Summaries were *Death reviews: maternal, perinatal and child*, and *Access to Family Planning*. More research is needed to understand why these particular topics resonated with respondents.

As most respondents worked in maternal and reproductive health,

topics within these areas could be prioritized. Topic and content of was seen to be most important in how often respondents use the Knowledge Summaries, therefore, a democratic process involving PMNCH partners to identify the next year's topics relevant to Knowledge Summary users should be considered. This view was echoed in the qualitative study on improving the PMNCH Knowledge Summary production process¹: *"choosing the themes could be made more systematic by... asking each [constituency] what the hot topics are"*.

Data sources for relevance

Data from the PMNCH website shows solely relying on PDF downloads and page views does not provide a sufficient picture of product popularity. Data from multiple sources, such as the number of print copies used, anecdotal feedback from PMNCH partners and regular surveys, need to be analysed in order to give a comprehensive picture of which Knowledge Summaries are most popular.

Readability

The majority of respondents who had read the PMNCH Knowledge Summaries preferred to read them online (57%), suggesting there should be an emphasis on making them well suited to web-based dissemination.

Clarity of writing was a consideration for most respondents in their use of the Knowledge Summaries, and most were satisfied with this aspect. However, 48% of respondents felt that having an actionable conclusion was useful and selected this aspect as the second most in need of improvement.

Nearly half of all respondents who had read the Knowledge Summaries would find it useful if they were translated into another language, with Spanish and Hindi being the most popular.

Limitations

There is a risk that people are more likely to fill out the survey if they are already interested in using evidence in their work, so the survey could be missing the voices of those who rarely use evidence synthesis outputs.

An online survey could have prevented those with intermittent internet access from taking part and may have biased some responses to questions, such as whether respondents prefer to access the Knowledge Summaries online or in print. Similarly, the survey was written in English, therefore excluding those who do not know the language.

The survey was primarily sent to the PMNCH partnership, comprising mostly of NGOs and academic institutions, and may therefore not give a comprehensive picture of the global RMNCH community or a voice to colleagues in low-income and lower-middle-income countries.



More work is needed to make sure evidence synthesis outputs, including the PMNCH Knowledge Summaries, are better promoted and disseminated to the RMNCH community.”

Recommendations

Purpose of Knowledge Summaries

- 1 **Knowledge Summaries should aim to support users' needs in awareness raising, sharing current evidence and advocating for changes in policy and practice.** The survey showed these needs to be the most popular uses for the PMNCH Knowledge Summaries with 56% of respondents who had read the Summaries using them to raise awareness, 56% to advocate for policy change, 55% to share current evidence and 46% to advocate for changes in health practice.
- 2 **Summaries could have a clearer actionable conclusion,** as 35% of survey respondents who had read the Knowledge Summaries felt this could be improved. However, views were mixed as 34% respondents felt they did not need improvement and 31% were not sure. As the actionable conclusion was the second highest needing improvement in the list of Knowledge Summary aspects, we have included it in the recommendations.
- 3 **The PMNCH Secretariat may want to consider producing evidence papers,** which were the most popular evidence synthesis outputs that target policy makers, in the study on reach and use.
- 4 **Use credible evidence,** as this was seen as one of the main aspects affecting survey respondent's use of the Summaries (53% of the respondents who had read the Summaries).

Choosing a topic and reviewers

- 5 **Focus on choosing topics and content relevant to PMNCH partners,** as these were the main aspects respondents in the survey felt affected their use of the Summaries (65% and 60% respectively).

Topics could focus on:

- **maternal health and reproductive health** as most survey respondents worked in these areas (34% and 22% respectively).
- **Implementation of RMNCH programmes,** such as NGOs, national governments and healthcare professional groups, particularly those working in Africa as these were the main audiences respondents targeted when using the Summaries (56%, 54% and 50% respectively) and most respondents worked in Africa (50%).

Dissemination

- 7 **Put greater attention on disseminating the PMNCH Knowledge Summaries to the RMNCH community.** The main reasons survey respondents who used evidence synthesis outputs hadn't read the Summaries was because they did not know they were available (87%). 48% of respondents who had read the Summaries felt the promotion and dissemination of the Summaries needs improvement.
- 6 **Collect metrics from a range of sources to measure success of Knowledge Summaries** in order to get a more comprehensive picture of which Summaries are most popular.
- 8 **Consider translating the Knowledge Summaries into relevant languages** (Spanish and Hindi were popular in the survey).
- 9 **Consider making the Knowledge Summaries more web-friendly,** e.g. with video content and infographics (57% survey respondents read the Knowledge Summaries online).

Introduction

The Partnership for Maternal, Newborn and Child Health (PMNCH) started producing Knowledge Summaries in 2010 to “synthesize recent scientific evidence into a clear and concise, user-friendly format to support advocacy, policy and practice on issues related to reproductive, maternal, newborn and child health. Each peer-reviewed summary brings together information from trusted sources, such as journal articles, systematic reviews, technical guidelines and policy documents, to draw out practical lessons for policymakers and practitioners.”²

The PMNCH Knowledge Summaries contribute to an increased emphasis on evidence-informed policy and practice within the reproductive, maternal, newborn and child health (RMNCH) community. One of the three pillars of PMNCH is advocacy, particularly advocating to key decision makers and health ministers across the world that RMNCH should be kept on the development agenda. The Knowledge Summaries are an important part of the PMNCH portfolio of branded products that aim to support this advocacy work.

A recent study of evidence synthesis outputs, entitled *Taking into account knowledge users' perspectives: A typology of evidence synthesis outputs*, helps us to understand the different ways in which evidence is synthesized and the purposes for which outputs are produced. For example, the study includes as an output the state of the art review, meaning a brief review of recent scientific evidence on a topic, produced for policy makers. The PMNCH Knowledge Summaries are categorized as state of the art reviews, each one being in part a synthesis of recent scientific evidence, together with a consensus statement that is produced to influence policy and practice. The study defines evidence synthesis outputs as “...focussed

*documents in which evidence from a number of research sources is collated and analysed and the results are written up”.*³

More research is needed to understand whether evidence synthesis outputs meet the information needs of users.

About the survey

In 2014 the London School of Hygiene & Tropical Medicine (the School), in collaboration with PMNCH, carried out a survey to understand the use of evidence synthesis outputs and the reach and use of PMNCH Knowledge Summaries by PMNCH partners and other RMNCH organizations.

Definitions

Use

By “use” we mean how evidence synthesis outputs and PMNCH Knowledge Summaries are used by individuals and their organizations.

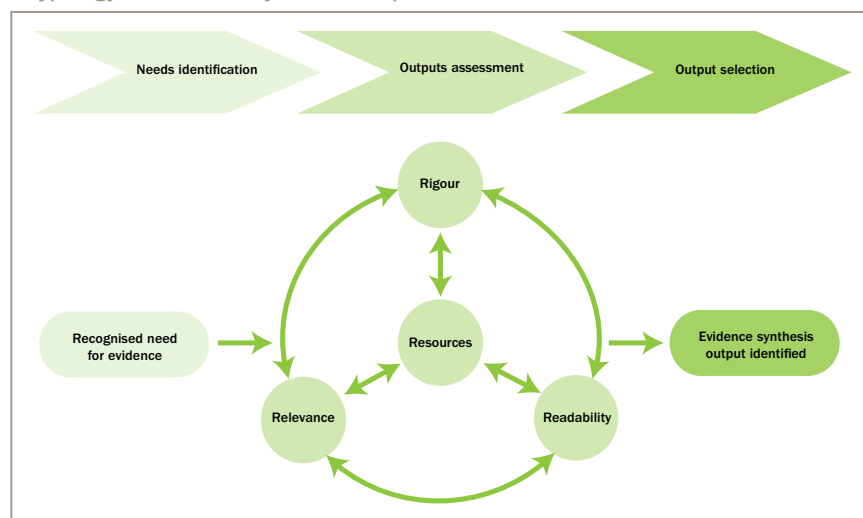
Reach

By “reach” we mean understanding which kind of organizations the PMNCH Knowledge Summaries are used in, e.g. non-governmental organizations (NGOs), private sector organizations, academic institutions and what the characteristics of the people reading and using them are, e.g. age, region of work, gender. Reach also refers to the popularity of Knowledge Summaries, e.g. how many times they were downloaded or which were most read.

The survey was based on the process for matching information needs with appropriate evidence synthesis outputs (Figure 1.0) proposed in the study *Taking into account knowledge users' perspectives: A typology of evidence synthesis outputs*.

In the survey, **rigour** relates to whether respondents perceive the evidence used in the Knowledge Summaries as credible and whether they use other academically rigorous evidence synthesis outputs, such as systematic reviews. **Relevance** refers to how respondents use evidence synthesis outputs in their work and whether respondents feel the Knowledge Summaries are topical, well timed, and useful. **Readability** is only explored in the context of the PMNCH Knowledge Summaries. It refers to whether respondents feel Knowledge Summaries are clearly laid out and written in an accessible way with a clear focus and conclusion. It also relates to whether respondents feel the formats through which the Summaries are made accessible – print and online – are useful. **Resources** available for production (including time, funding and personnel) were explored through a separate qualitative piece of work on the production process for the PMNCH Knowledge Summaries.¹

Figure 1.0 - Process for matching information needs with appropriate synthesis outputs from *Taking into account knowledge users' perspectives: A typology of evidence synthesis outputs*³



Purpose of survey

The aim of this survey was:

- To understand the use of evidence synthesis outputs by PMNCH partners and other RMNCH organizations
- To understand the reach and use of PMNCH Knowledge Summaries by PMNCH partners and other RMNCH organizations
- To help the PMNCH Secretariat improve their evidence synthesis outputs

Research questions

We explored five research questions based around the adopted process for matching information needs with appropriate evidence synthesis outputs:

1. What is the reach of the PMNCH Knowledge Summaries? (**relevance**)
2. How are evidence synthesis outputs used by the RMNCH community? (**relevance**)
3. Which PMNCH Knowledge Summaries are most used, why and what for? If they aren't used, why not? (**relevance**)
4. How is the readability of the PMNCH Knowledge Summaries perceived? (**readability**)
5. How can the PMNCH Knowledge Summaries be improved? (**relevance, readability, rigour**)



In 2014 the London School of Hygiene & Tropical Medicine... carried out a survey to understand the use of evidence synthesis outputs and the reach and use of the Partnership for Maternal, Newborn and Child Health Knowledge Summaries...”

Methods

Developing the survey instruments

The survey instruments were developed after reading literature on how evidence synthesis outputs have been evaluated for their effectiveness in influencing decisions⁴ and consultations with PMNCH. We developed five thematic areas, broadly reflecting the research questions, which would be explored through an online questionnaire:

1. Respondent characteristics (About you)
2. Use of evidence synthesis outputs
3. Use of PMNCH Knowledge Summaries
4. Readability of the PMNCH Knowledge Summaries
5. Recommendations to improve the PMNCH Knowledge Summaries

We offered a range of answers for each question within a thematic area. Almost all answers were multiple choice, rather than free text, to make it easy to use online. The survey was kept as short as possible, with as many questions as possible put on one page so that respondents in low-bandwidth settings would not have to load too many pages. Questions were written in simple, clear, neutral language, giving specific time periods or activities if required, and answer options were consistent across similar questions. For categorical responses, respondents could only pick one option. The questionnaire went through two rounds of online testing to ensure any errors and misleading questions were addressed. The questionnaire (see Appendix I) was signed off by PMNCH before going live and put together using Qualtrics online questionnaire software⁵.

Survey implementation process

The survey went live on 1 May 2014 and closed on 9 July 2014 and was distributed following a plan developed with PMNCH (see Appendix II). We sent personalized emails through Qualtrics to around 700 PMNCH partners, thereby allowing us to track who had responded and send out reminders accordingly, and sent a general link to the PMNCH community through newsletters, social media (twitter) and mailing lists.



We sent personalized emails...to around 700 PMNCH partners.”

Several organizations assisted in the distribution, via e-newsletter and social media, including the Maternal Health Task Force, Women Deliver, Healthy Newborn Network, the School, and PMNCH. Reminders were sent out on 13 and 27 May 2014, to PMNCH partners who had not yet taken the survey. The survey was promoted at the PMNCH Partner’s Forum in Johannesburg, South Africa on 30 June – 1 July 2014. Newsletters and tweets were sent out with promotional infographics throughout the time the survey was live.

Analysis

Results were analysed according to the five thematic areas using SPSS.⁶

Survey content

I. About you

This section aimed to find out more about the survey respondents, such as regions of work, roles, age, and gender in order to understand who reads and uses evidence synthesis outputs and PMNCH Knowledge Summaries. This information aimed to help explore the **relevance** of the Knowledge Summaries for the audiences they are reaching.

II. Use of evidence synthesis outputs

This section aimed to find out whether and how respondents use evidence synthesis outputs. It focused on the **relevance** of different output formats to the respondents.

III. Use of PMNCH Knowledge Summaries

This section aimed to understand which of the recent PMNCH Knowledge Summaries were most popular, as well as how and why they were used, whether respondents found them helpful and how they accessed the Knowledge Summaries. It also aimed to understand why respondents may not have read any of the Knowledge Summaries. It focused on the **relevance** of PMNCH Knowledge Summaries to respondents' professional work.

IV. Readability of the PMNCH Knowledge Summaries

This section looked at whether respondents consider the PMNCH Knowledge Summaries accessible and easy to read, therefore focussing on their **readability**.

We aimed to find out whether respondents found the structure (summary, the challenge, what works, and conclusion) and the format (e.g. paper or online) of the Knowledge Summaries makes them more or less readable, and whether they feel the content is accessible to those without a background in the topic.

V. Recommendations

This section aimed to find out how respondents felt PMNCH Knowledge Summaries could be improved to meet their needs, focusing on their **relevance, readability** and perceived **rigour**.

We aimed to find out whether respondents felt the Knowledge Summaries could be improved in terms of the topic chosen, their content, the credibility of evidence used, their clarity of writing, structure, conclusion, design, timeliness of publication, promotion and dissemination.

Results

The results sections correspond to the five research questions that we set out to explore. The last two themes, readability and recommendations, have been combined into one section entitled *Improving the PMNCH Knowledge Summaries*. Out of a total of 324 replies to the online survey, 214 respondents completed it and their responses have been analysed. Survey logic meant that in some sections of the survey, if a respondent answered a question in a certain way, they were taken directly to the end of the survey. Therefore some sections are based on data from fewer respondents. The number of respondents for each section is noted in these results.

1. About the respondents

The survey was designed to draw out the individual and organizational characteristics of respondents, who were asked to answer on behalf of their primary organization. The number of respondents represented in this section is 214*.

Individual characteristics

Region of residence

Respondents' countries of residence were grouped into the WHO designation of world regions: Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia and the Western Pacific. All six were represented by respondents' region of residence; the greatest number lived in Europe (31%) and the fewest in the Eastern Mediterranean (2%). (Figure 1.1)

Primary region of work

By contrast, half of respondents worked in Africa and almost one-quarter in South-East Asia (23%). A small minority (3%) said that their country of work was not applicable. (Figure 1.2)

Age and gender

Over 50% of respondents were in the 30-50 years age range and there was a marginally higher percentage of female respondents than male. (Figure 1.3, 1.4)

Primary responsibility at work

Across the seven areas of responsibility at work offered in the survey, over one-third of respondents (37%) worked on research and about one-fifth were in management (19%). Others worked in health care practice, advocacy, administration, teaching and communications. (Figure 1.5)

Primary RMNCH focus area at work

Thirteen percent of respondents did not work in RMNCH; however of those that did just over one-third focussed on maternal health (34%) and over one-fifth on reproductive health (22%). (Figures 1.6, 1.7)



...half of respondents worked in Africa and almost one-quarter in South-East Asia.”

* Absolute numbers vary slightly between figures due to coding errors. The variation is too small to affect the percentage distribution of respondents.

Figure 1.1 - Map of respondents' region of residence



Figure 1.2 - Map of respondents' primary region of work



Figure 1.3 - Age of survey respondents

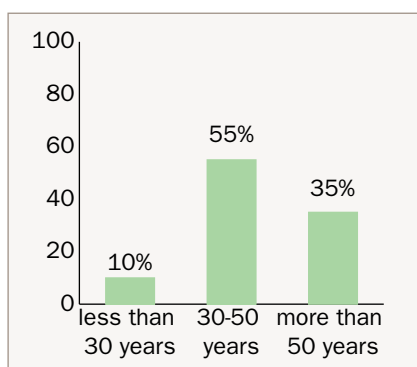


Figure 1.4 - Gender of survey respondents

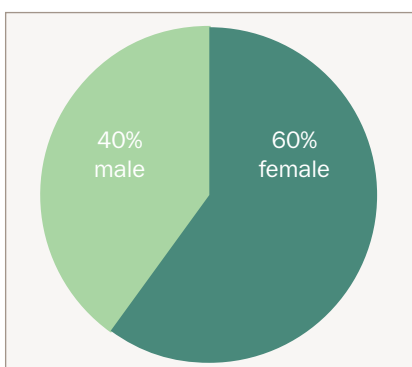


Figure 1.5 - Respondents' primary responsibility at work

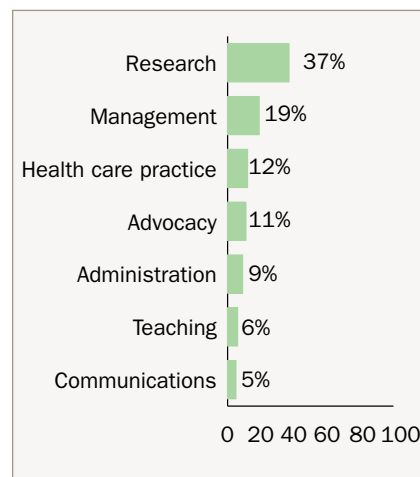


Figure 1.6 - Respondents working in RMNCH

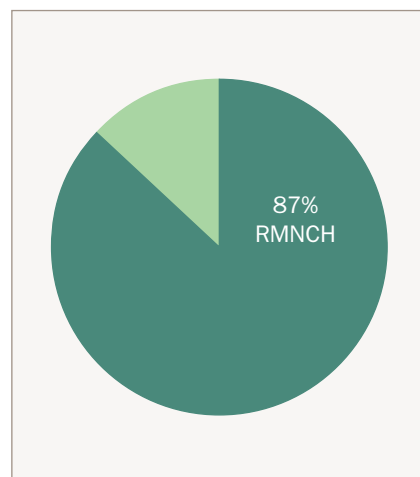
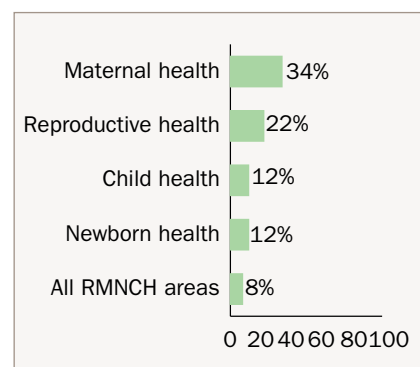


Figure 1.7 - Respondents' primary area of work within RMNCH



Organizational characteristics as represented by respondents

PMNCH members

Over two-thirds of respondents worked for organizations with membership of PMNCH. (Figure 1.8)

Geographical level of organization's work

In all, almost three-quarters of respondents worked for organizations that operated at international and national level (42% and 32% respectively). (Table 1.0)

Organization constituency

Constituencies were grouped into the seven PMNCH categories: NGOs; Academic, research and teaching institutions; Partner countries (phrased as national governments in the survey); Private sector organizations; healthcare professional groups; Donors and/or foundations; and Multilaterals.

The majority of organizations represented in this survey were NGOs (43%) and academic, research and teaching institutions (35%). The least represented organizations were multilaterals (2%) and donor and/or foundations (3%). (Figure 1.9)

Organizational advocacy work

The majority of organizations represented by survey respondents (87%) were involved in advocacy work. (Figure 1.10).

Images right: PMNCH Knowledge Summaries 22 and 26

Image opposite: Over 2/3 respondents worked for organizations with PMNCH membership. © Gita Pusnovaite

Table 1.0 - Geographical level of work for organizations represented in the survey

Geographic level of work	Percentage of organizations
International	42%
Regional	9%
National	32%
Sub-national	17%



Over two-thirds of respondents worked for organizations with membership of PMNCH. ”



Figure 1.8 - Proportion of respondents from PMNCH member organizations

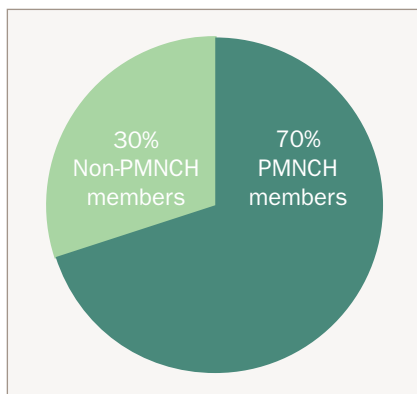


Figure 1.10 - Proportion of organizations involved in advocacy work as represented by respondents

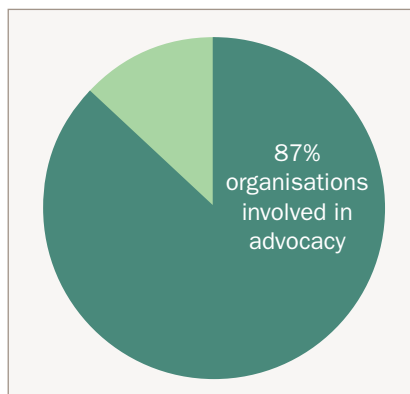
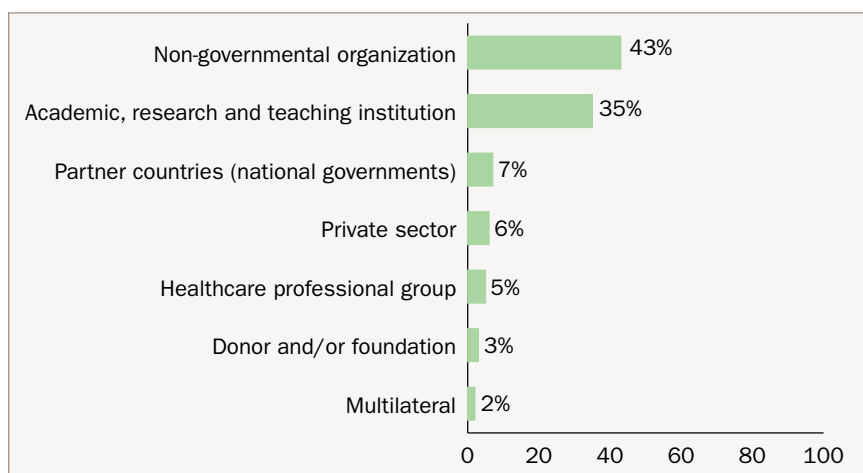


Figure 1.9 - Respondents' organization constituencies



2. Using and developing evidence synthesis outputs

This section looked at whether and how respondents used and developed different types of evidence synthesis outputs.

The section is broken down into two subsections representing two survey respondent subgroups:

2a) Using evidence synthesis outputs

Representing only those respondents who have used evidence synthesis outputs in their work (n=195*)

2b) Developing evidence synthesis outputs

Representing only those respondents who have both used and personally developed evidence synthesis outputs (n=107)

Most respondents (88%) used evidence synthesis outputs in their work, of which one-third used them once a week (33%), just over one-third used them once a month (35%) and the rest used them less frequently.

Just over half of respondents (55%) were personally involved in developing evidence synthesis outputs.



88% of respondents used evidence synthesis outputs in their work”

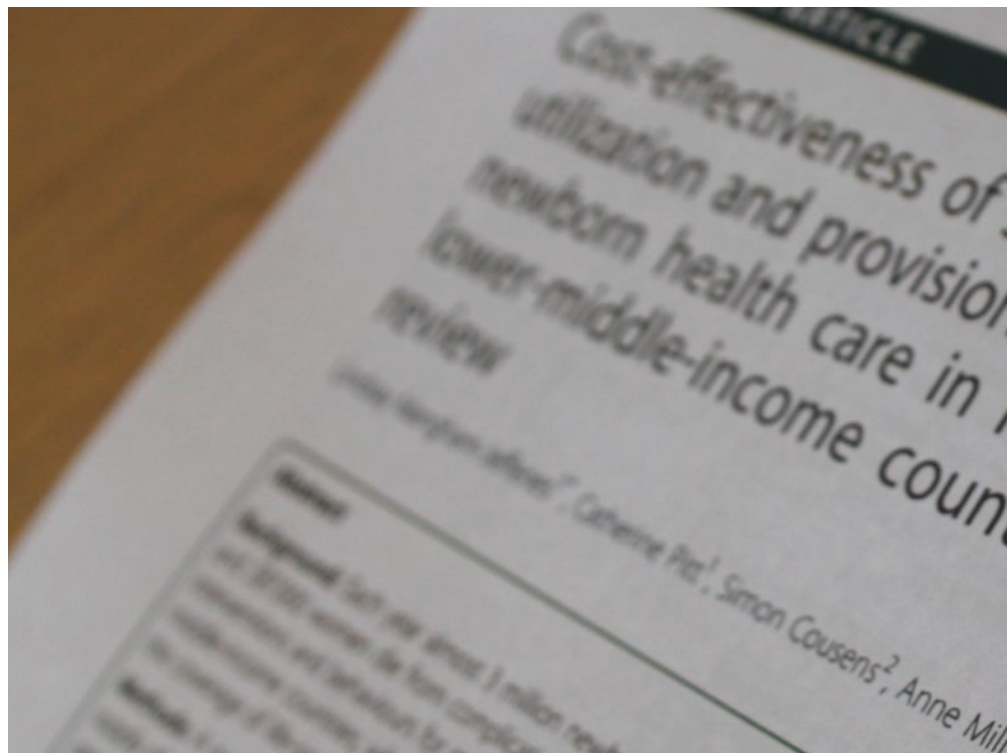
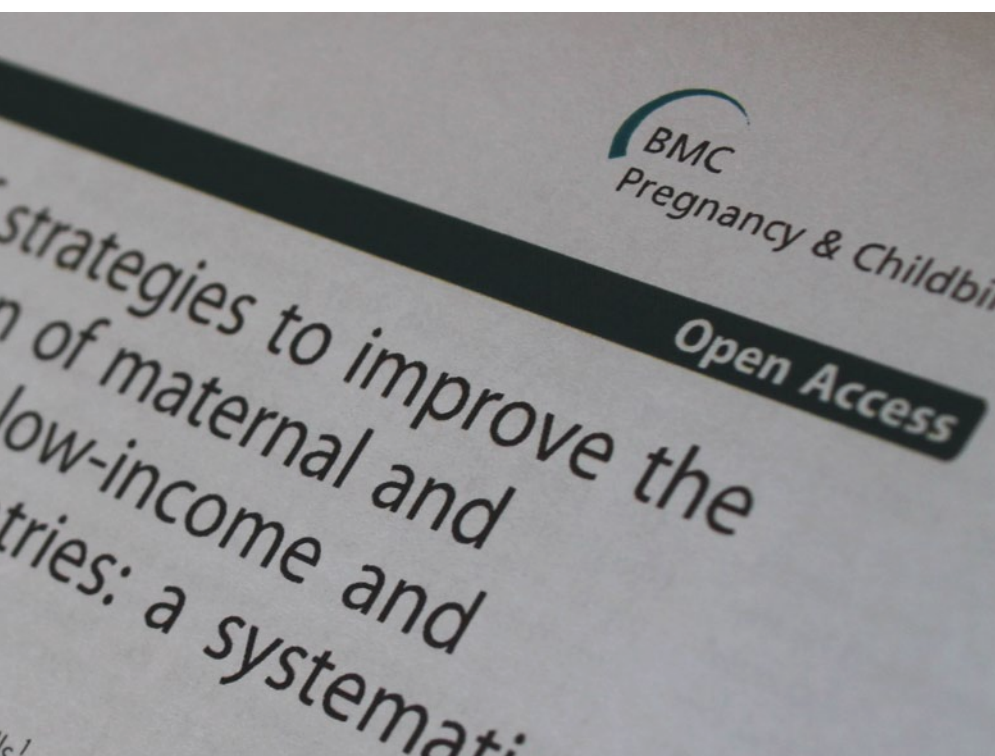


Table 2.1 - Respondents' involvement in the use and development of evidence synthesis outputs

	Percentage response
Use of evidence synthesis outputs for work (Total respondents, n=214)	
Do use evidence synthesis outputs (n=195)	88%
Do not use evidence synthesis outputs	12%
Frequency of evidence synthesis output use (among output users, n=195)	
Often (every week)	33%
Less often (once a month)	35%
Occasional (once every 6 months)	24%
Rarely (once a year or less)	8%
Development of evidence synthesis outputs (among output users, n=195)	
Do develop evidence synthesis outputs (n=107)	55%
Do not develop evidence synthesis outputs	45%

Image below: Systematic reviews were popular amongst evidence synthesis users. © Agnes Becker/London School of Hygiene & Tropical Medicine

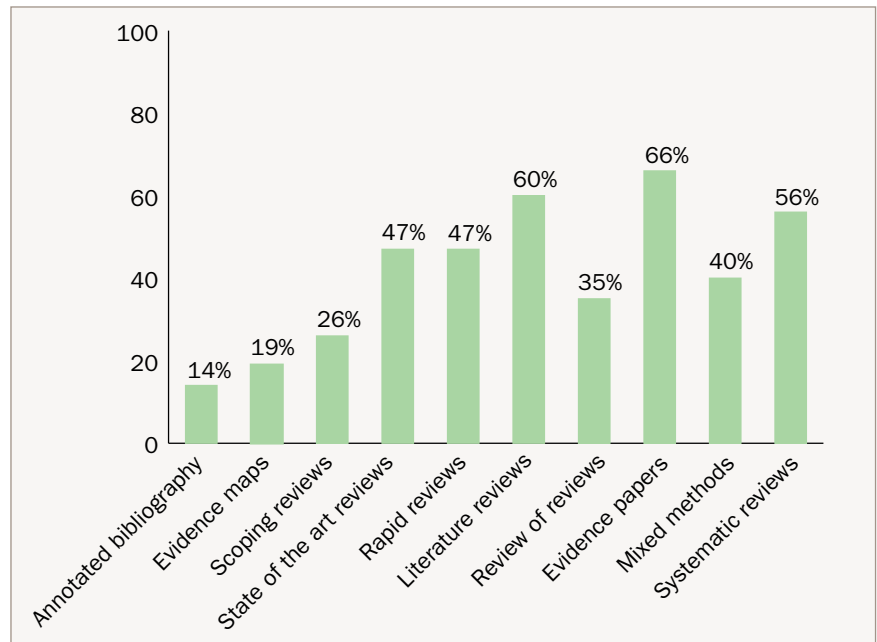


2a) Using evidence synthesis outputs

Commonly used evidence synthesis outputs

In order to distinguish which types of evidence synthesis outputs respondents find useful, they were asked to tick as many as applied. The most commonly used output was an evidence paper, which includes policy briefs (66%). Literature reviews (60%) and systematic reviews (56%) were also popular. See Appendix IV for definitions of different evidence synthesis outputs. (Figure 2.1, Presented in the order outlined in the *Taking into account knowledge users' perspectives: A typology of evidence synthesis outputs* based on the indicative time frame for production from the shortest to the longest time frame³)

Figure 2.1 - Most commonly used evidence synthesis outputs (multiple answer selection)

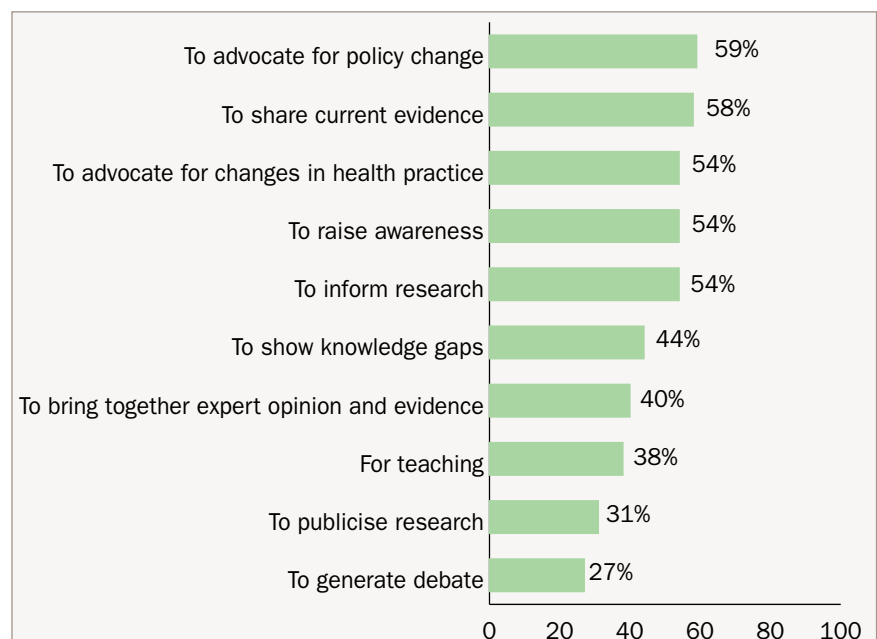


The most commonly used output was an evidence paper, which includes policy briefs.”

How evidence synthesis outputs are used

Respondents were asked to tick as many reasons for using evidence synthesis outputs as applied. The most common uses were to advocate – for policy change (59%) or for changes in health care (54%); to share current evidence (58%); to raise awareness of particular issues (54%) and to inform research (54%). (Figure 2.2)

Figure 2.2 - How respondents' reported to use evidence synthesis outputs (multiple answer selection)



Reasons for not using evidence synthesis outputs

Of the 12% of respondents who did not use evidence synthesis outputs in their work, over one-third had not come across them before or did not know where to find them (36%), and the same percentage had no need to use them in their work or had not considered using them. One-fifth of respondents said they did not know when evidence synthesis outputs were available. (Figure 2.3)

Figure 2.3 - Respondents' reasons for not using evidence synthesis outputs in their work

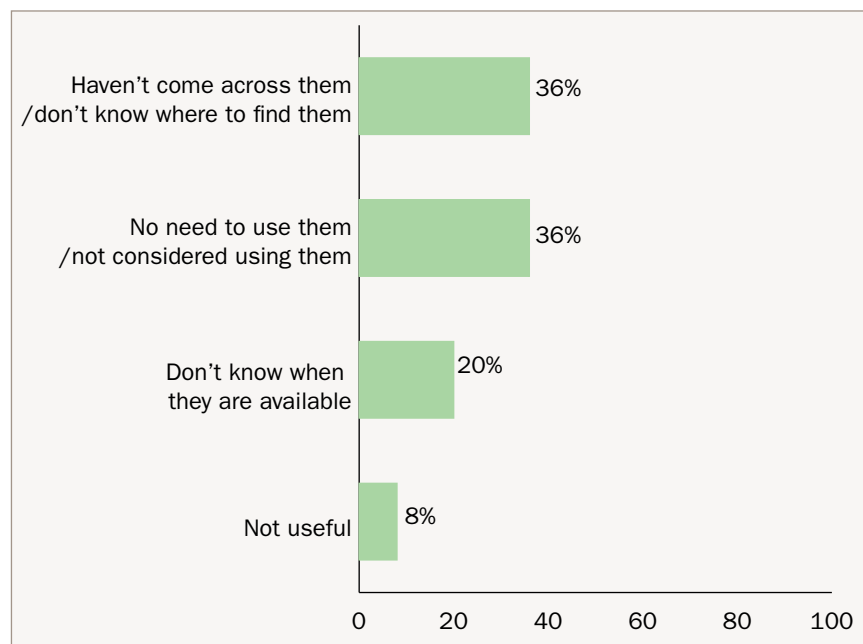


Image below: Evidence synthesis outputs were most commonly used for advocacy work.

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2b) Developing evidence synthesis outputs

Commonly developed evidence synthesis outputs

Of the evidence synthesis outputs that respondents were personally involved in developing, the most prevalent were literature reviews (50%), systematic reviews (47%) and evidence papers (41%). (Figure 2.4, Presented in the order outlined in the *Taking into account knowledge users' perspectives: A typology of evidence synthesis outputs* based on the indicative time frame for production from the shortest to the longest time frame³)

Target audiences for developed evidence synthesis outputs

Respondents who were involved in the development of evidence synthesis outputs were also asked to select their intended audience groups, and could select as many as applied. The results show that the main intended audience groups were national governments (59%), NGOs (56%) and academic and teaching institutions (55%). By contrast, respondents produced very few outputs primarily for the private sector (13%). (Figure 2.5)

“

Of the evidence synthesis outputs that respondents were personally involved in developing, the most prevalent were literature reviews (50%), systematic reviews (47%) and evidence papers (41%).”

“

...the main intended audience groups were national governments (59%), NGOs (56%) and academic, research and teaching institutions (55%).“

Image below: evidence papers were most popular amongst evidence synthesis users. © Agnes Becker/London School of Hygiene & Tropical Medicine

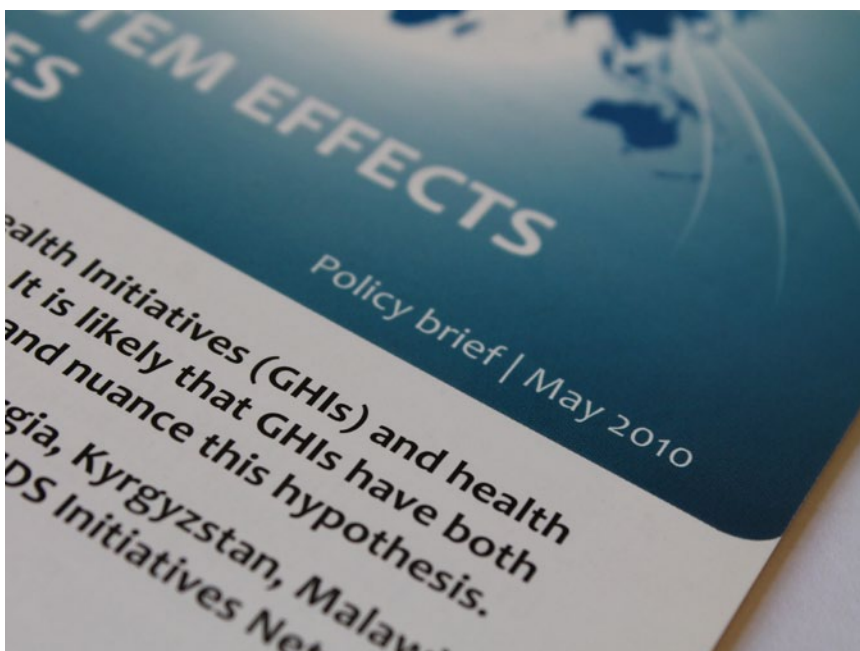


Figure 2.4 - Most common evidence synthesis outputs developed by respondents (multiple answer selection)

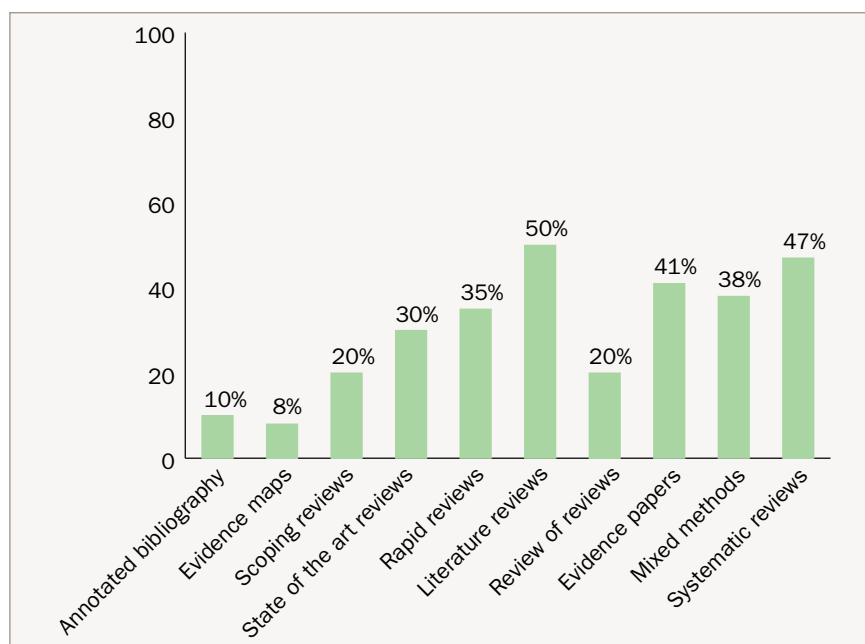
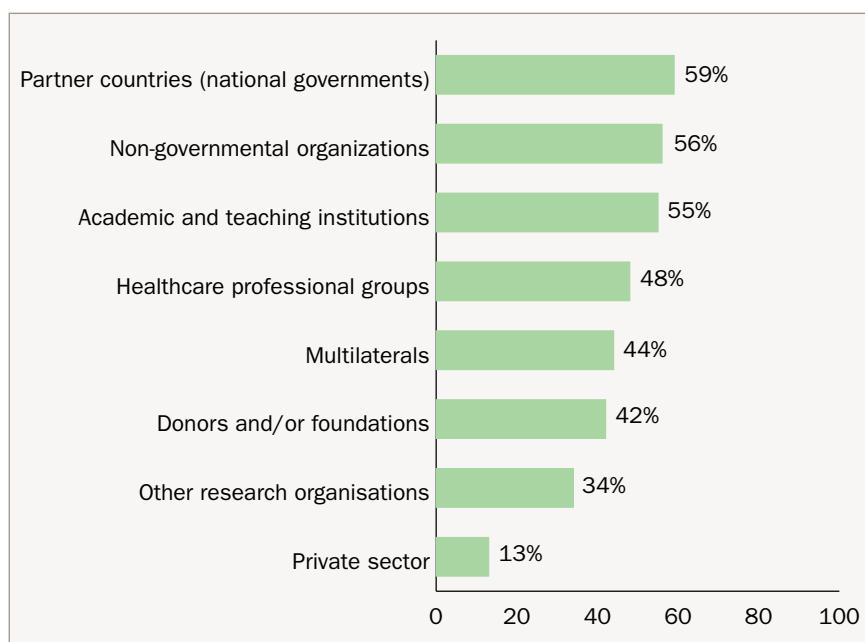


Figure 2.5 - Target audiences for evidence synthesis outputs developed by respondents (multiple answer selection)



3. Reach and use of PMNCH Knowledge Summaries

This section focuses on which Knowledge Summaries have reached which respondents, what affected their readability, as well as if and how respondents have used PMNCH Knowledge Summaries.

Only respondents who answered that they used evidence synthesis outputs in their work were able to complete this section of the survey (n=195). The section is broken down into two subsections representing two survey respondent subgroups:

3a) Reading PMNCH Knowledge Summaries

Representing only those respondents who have read the Knowledge Summaries (n=126)

3b) Using PMNCH Knowledge Summaries

Representing only those respondents who had both read and used the PMNCH Knowledge Summaries (n=91)

Nearly two-thirds of respondents had read the Knowledge Summaries (65%) and of these, nearly three-quarters had used one or more Knowledge Summary for their work (72%). Among those who used the Knowledge Summaries, nearly all found them very or quite helpful in supporting their work (Table 3.1).



Among those who used the Knowledge Summaries, 98% found them very or quite helpful in supporting their work.”

Image below: PMNCH Knowledge Summaries 20, 29, 27, 25

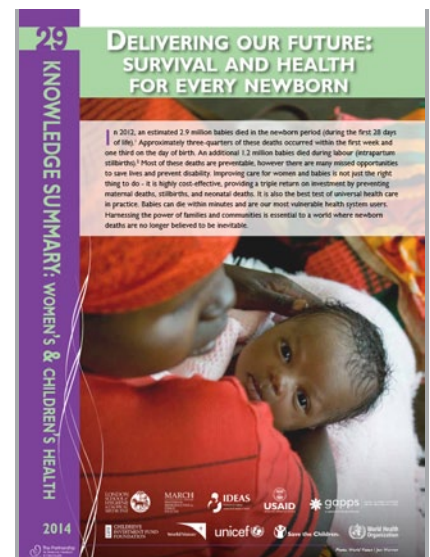
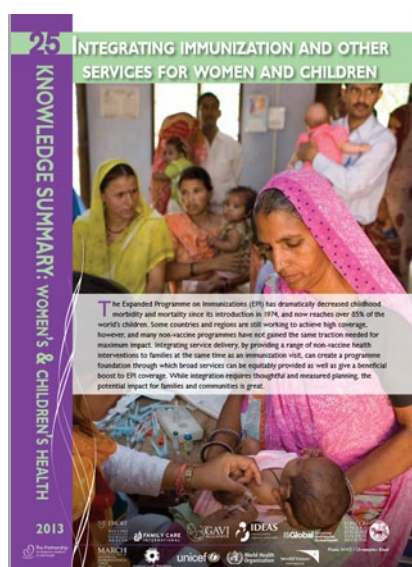


Table 3.1 - Respondents reading and using the PMNCH Knowledge Summaries

	Percentage response
Reading of Knowledge Summaries (among evidence synthesis users, n=195)	
Read Knowledge Summaries (n=126)	65%
Have not read Knowledge Summaries	35%
Use of Knowledge Summaries for work (among readers, n=126)	
Have used one or more Knowledge Summaries (n=91)	72%
Have not used Knowledge Summaries	28%
Helpfulness of Knowledge Summaries in supporting work (among users, n=91)	
Very helpful	48%
Quite helpful	50%
Indifferent	2%
Not very helpful	0%
Unhelpful	0%



3a) Reading PMNCH Knowledge Summaries

Characteristics of PMNCH Knowledge Summary Readership

There were few characteristics among the readership of the Knowledge Summaries to distinguish them from all the survey respondents. Most notable was that 81% of the readership worked in organizations that were members of PMNCH, compared with 70% across all survey respondents. (Figure 3.1)

Among the readership, fewer respondents were under 30 years of age and more were over 50 years when compared with the full complement of survey respondents. A greater percentage of PMNCH Knowledge Summary readers worked primarily in management (22%), advocacy (15%) and administration (12%) compared with all survey respondents (19%, 11% and 9% respectively). A considerably lower percentage of readers worked primarily in research (29%) when compared with all survey respondents (37%). (Figures 3.2, 3.3)

The proportion of the readership working for NGOs was marginally higher than across all respondents (48% and 43% respectively) and the proportion of readership working for academic, research and teaching institutions marginally lower (30% compared with 35%). (Figure 3.4)

Figure 3.1 - Comparison of PMNCH members between respondents who had read the PMNCH Knowledge Summaries and all survey respondents

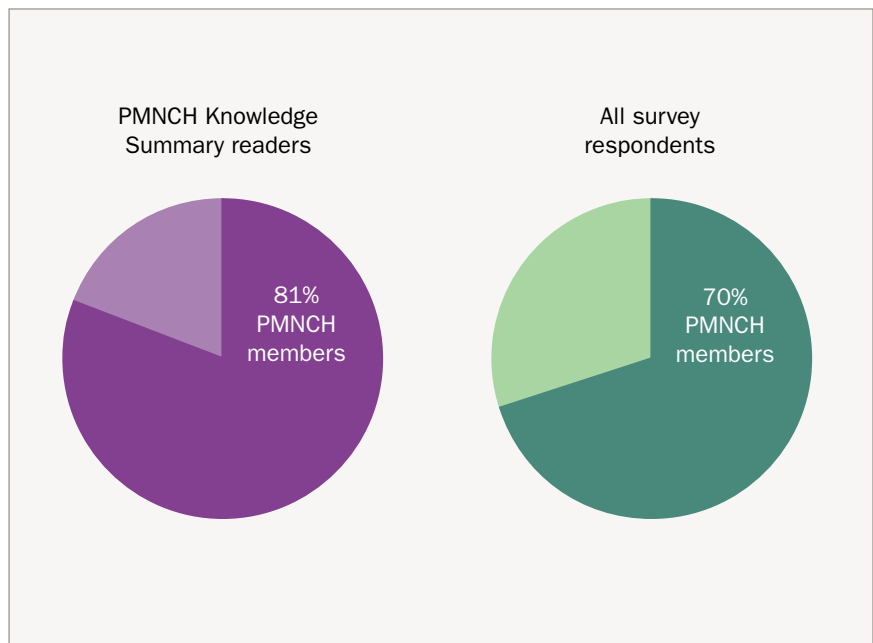


Figure 3.2 - Comparison respondent ages between respondents who had read the PMNCH Knowledge Summaries and all survey respondents

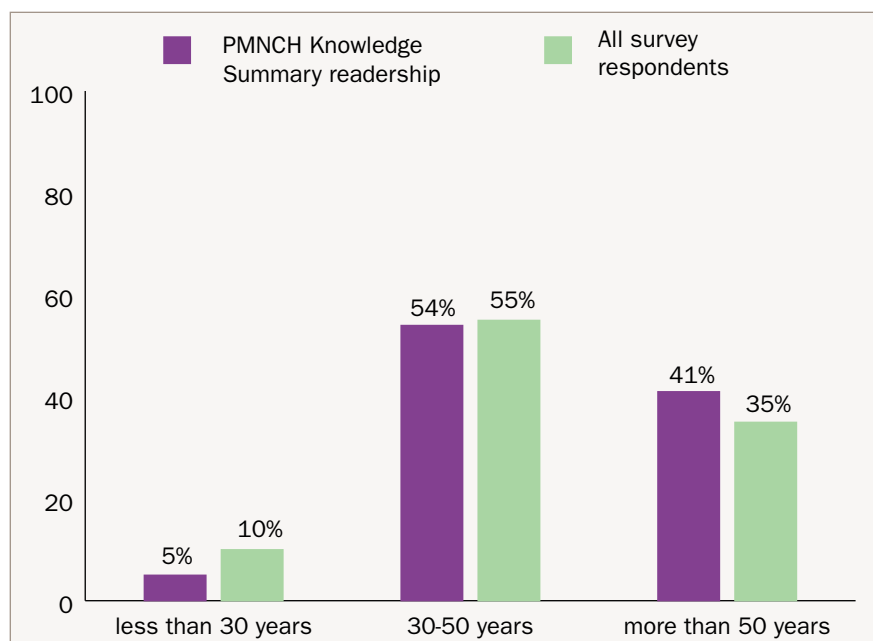
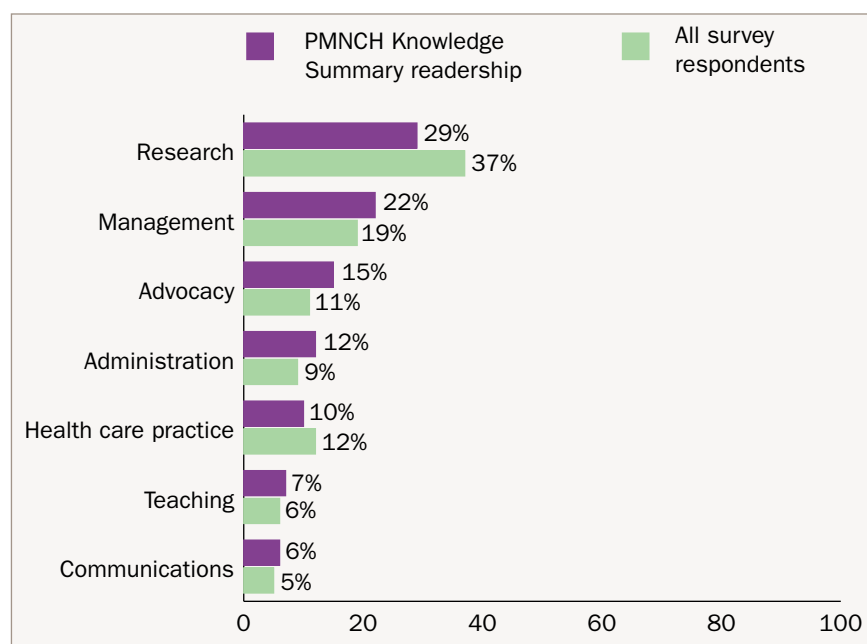
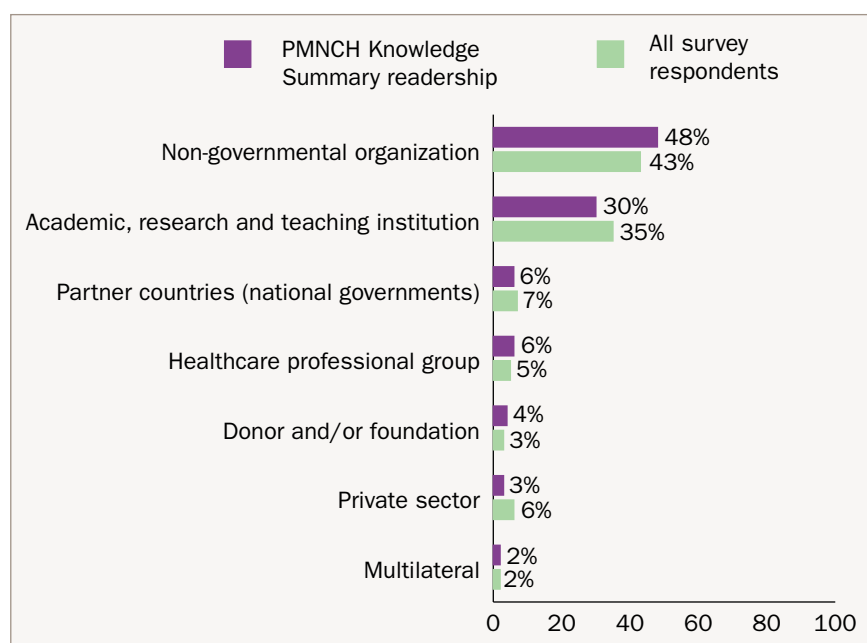


Figure 3.3 - Comparison of respondent primary area of work between respondents who had read the PMNCH Knowledge Summaries and all survey respondents



A considerably lower percentage of readers worked primarily in research when compared with all survey respondents”

Figure 3.4 - Comparison of respondent's organizational constituency between respondents who had read the PMNCH Knowledge Summaries and all survey respondents



Popularity of 2012 – 2013 PMNCH Knowledge Summaries

Knowledge Summary readers were asked to select all the Knowledge Summaries produced in 2012-2013 that they had read. Of these 10 Knowledge Summaries, *Death reviews: maternal, perinatal and child* and *Access to Family Planning* attracted the greatest readership (53% and 52% respectively). The two Knowledge Summaries that had been least read were *Economic Case for Investment in RMNCH* (19%) and *Strengthening National Financing* (10%). (Figure 3.5)



Death reviews: maternal, perinatal and child and *Access to Family Planning* attracted the greatest readership.”

Statistics of unique PDF downloads and unique page views from the PMNCH website over the last year² (July 2013 - July 2014) show a similar trend in Knowledge Summary readership with two exceptions: the *New Global Investment Framework for Women and Children’s Health* is ranked considerably higher according to the downloads (first) and page views (third) whereas *Access to Family Planning* is ranked considerably lower according to downloads (eighth) and page views (seventh) when compared with percentage readership (sixth and second respectively). (Figures 3.6, 3.7)

The large jump in the number of PDF downloads and unique page views between the highest ranked Knowledge Summaries and lower ranking ones needs more investigation.

Figure 3.5 - Popularity of 2012-2013 PMNCH Knowledge Summaries among PMNCH Knowledge Summary readers (multiple answer selection)

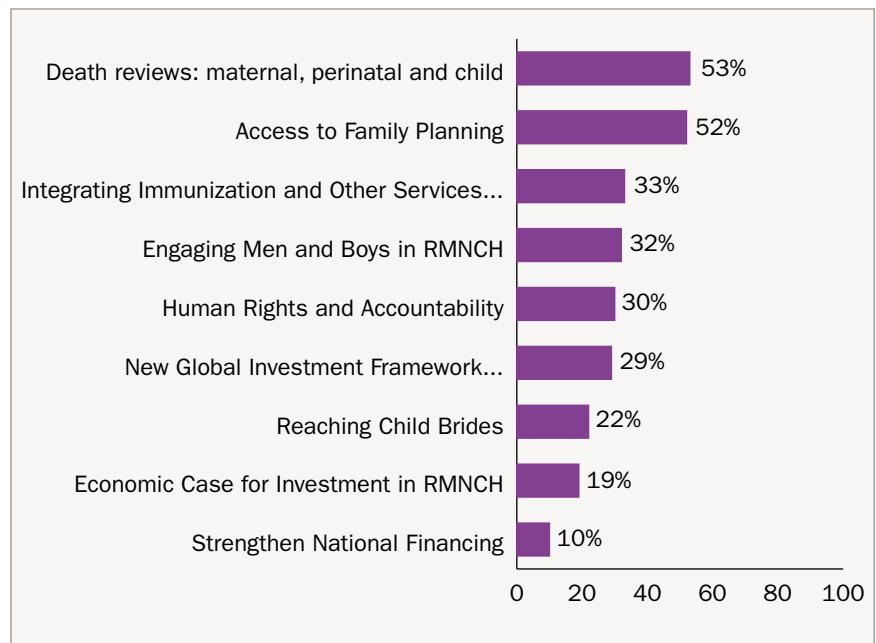


Figure 3.6 - Unique PDF downloads of 2012-2013 PMNCH Knowledge Summaries from the PMNCH website between July 2013 – July 2014

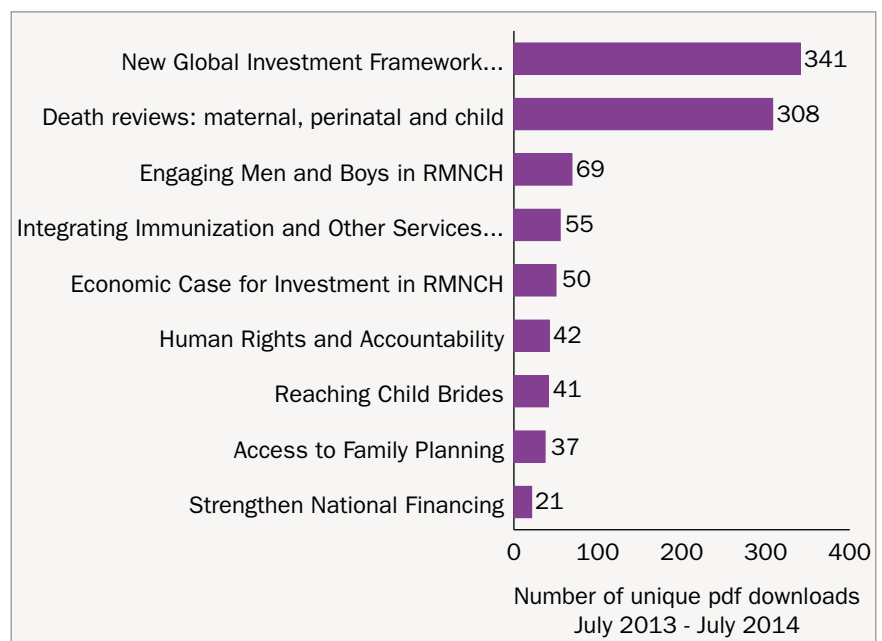


Figure 3.7 - Unique page views of 2012-2013 PMNCH Knowledge Summaries from the PMNCH website between July 2013 – July 2014

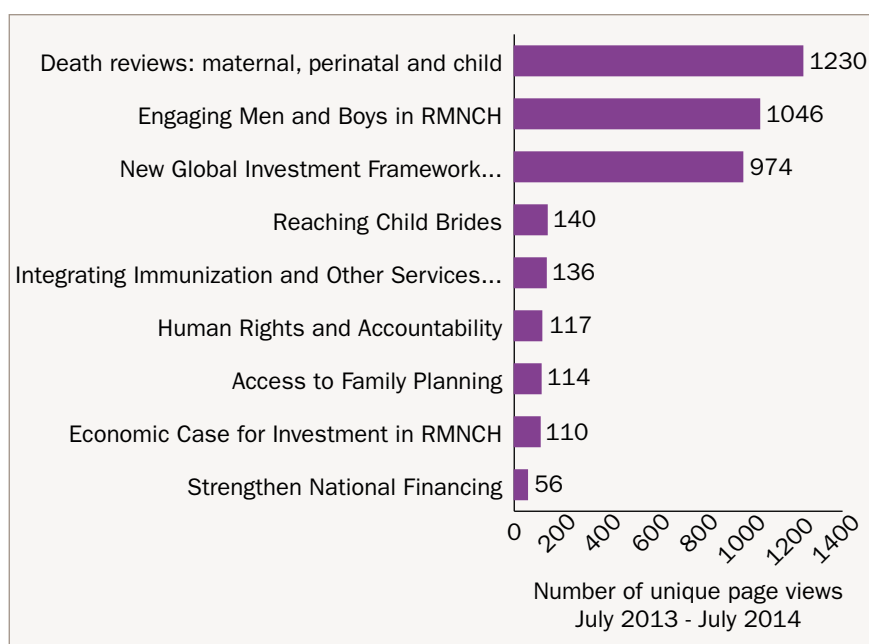
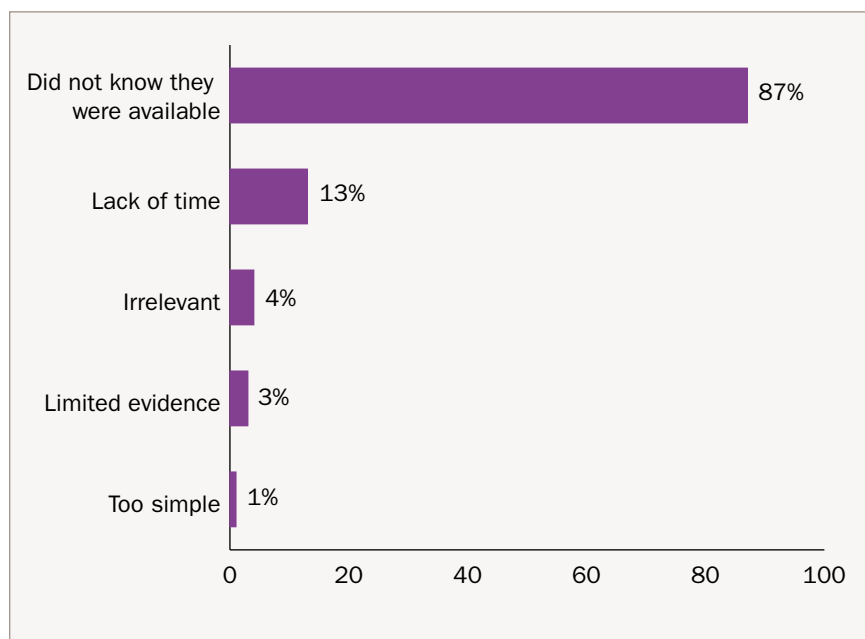


Figure 3.8 - Respondents' reasons for not reading the PMNCH Knowledge Summaries (multiple answer selection)



Reasons for not reading Knowledge Summaries

Of those respondents who had not read the Knowledge Summaries, the main reason they gave was that they did not know they were available (87%). (Figure 3.8)



Of those respondents who had not read the Knowledge Summaries, the main reason they gave was that they did not know they were available”

3b) Using PMNCH Knowledge Summaries

Of the respondents who had read the Knowledge Summaries, 72% had also used them in their work and 98% found them very, or quite helpful in supporting their work (see table 3.1).

How PMNCH Knowledge Summaries were used

The most popular uses for the PMNCH Knowledge Summaries were to raise awareness of particular issues (58%), to advocate for policy change (56%) and for changes in health care practices (46%) – and to share current evidence (55%).

The use of PMNCH Knowledge Summaries for awareness raising was marginally higher compared with the range of other evidence synthesis outputs asked about in the survey (58% vs 54% respectively), and considerably lower for informing research (28% vs 54% respectively). (Figure 3.9)

Figure 3.9 - Respondents' reasons for using PMNCH Knowledge Summaries compared with evidence synthesis outputs (multiple answer selection)

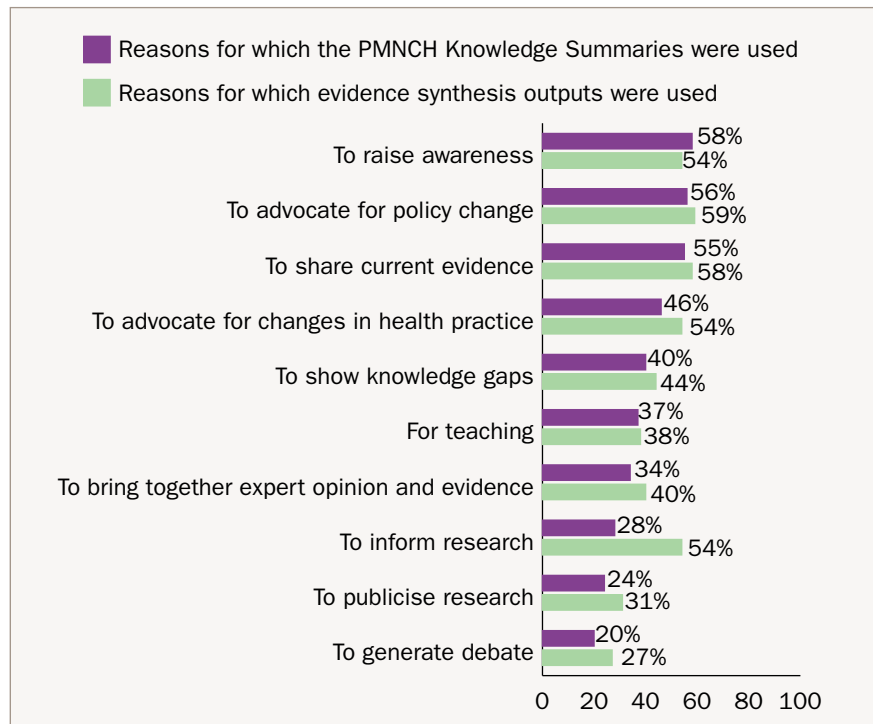


Image below: PMNCH Knowledge Summaries.

© Agnes Becker/London School of Hygiene & Tropical Medicine



Figure 3.10 - Respondents' target audiences for using PMNCH Knowledge Summaries compared with the target audiences for which respondents developed evidence synthesis outputs (multiple selection responses)

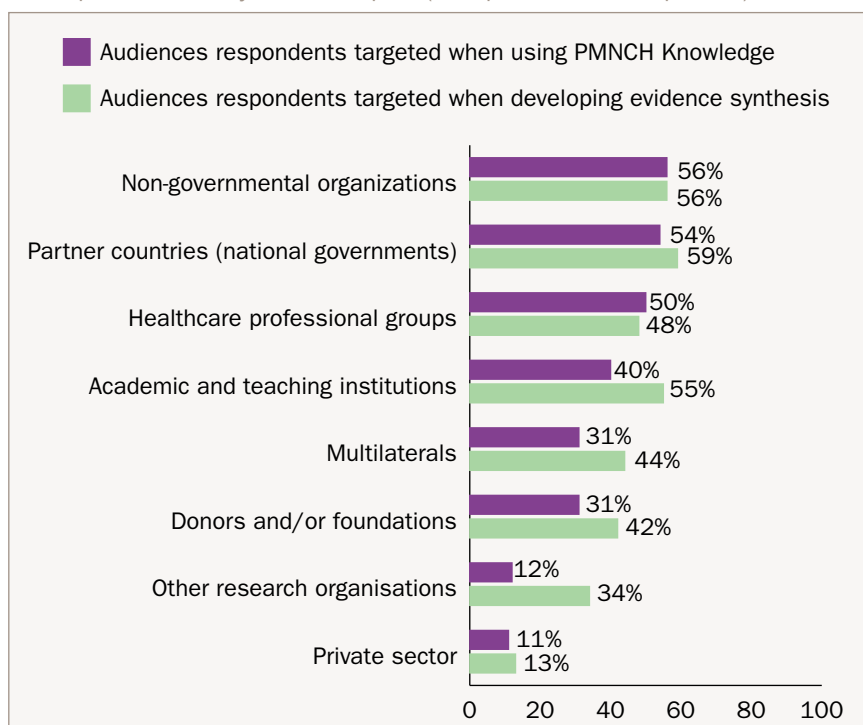
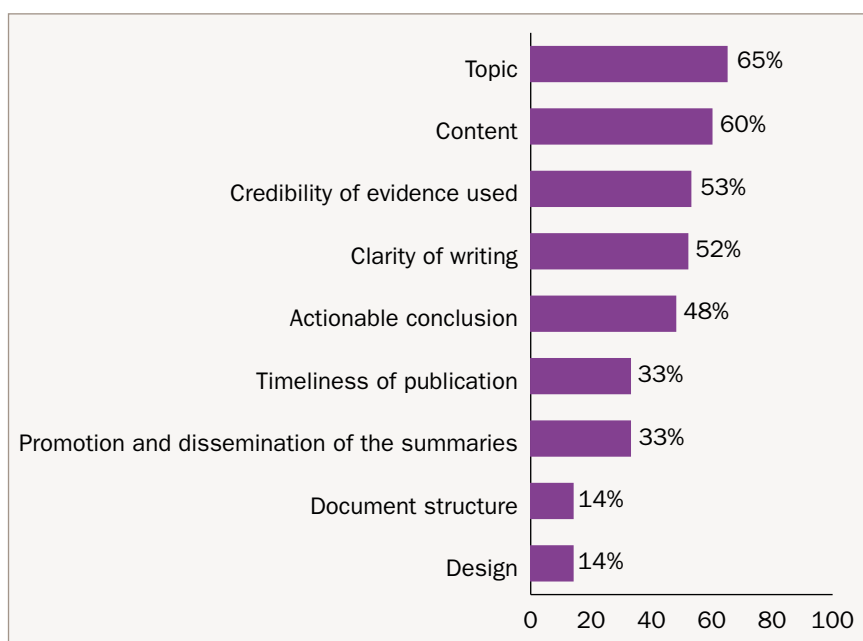


Figure 3.11 - Aspects affecting the use of PMNCH Knowledge Summaries (multiple answer selection)



Target audiences when using PMNCH Knowledge Summaries

Respondents who used the Knowledge Summaries listed their main target audiences when using the Knowledge Summaries as NGOs (56%), national governments (54%) and healthcare professionals (50%).

For those respondents who were personally involved in developing evidence synthesis outputs data was collected on the audiences they targeted with those outputs. Compared with the target audiences for which respondents developed evidence synthesis outputs, a considerably lower percentage of respondents used the PMNCH Knowledge Summaries for targeting academic and teaching institutions (40% compared with 55% for other outputs), other research organizations (12% compared with 34%), donors and/or foundations (31% vs 42%) and multilateral organizations (31% vs 44%). (Figure 3.10)

Aspects affecting the use of PMNCH Knowledge Summaries

Respondents who had read the Knowledge Summaries were asked what aspects affected how much they used the Knowledge Summaries. Almost two-thirds considered the topic important (65%). Other aspects of importance were content (60%), credibility of the evidence used (53%), clarity of writing (52%) and an actionable conclusion (48%). Aspects that least affected respondents' use of the Knowledge Summaries were design and document structure (both 14%). (Figure 3.11)

4. Improving the PMNCH Knowledge Summaries

This section focuses on the readability of the PMNCH Knowledge Summaries and which aspects, such as clarity of writing and topics chosen, could be improved.

Only respondents who answered that they have read one or more of the PMNCH Knowledge Summaries were able to complete this section of the survey. The number of respondents represented in this section is 126.

Figure 4.2 - Preferred reading format of PMNCH Knowledge Summaries

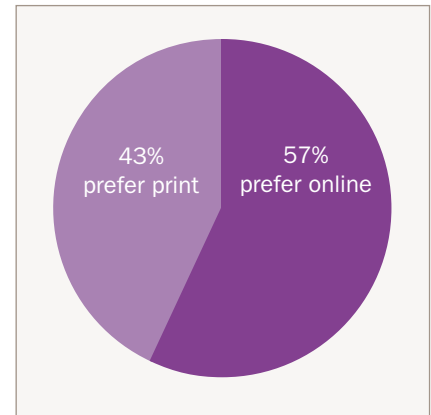


Figure 4.3 - Respondents' views on aspects of the PMNCH Knowledge Summaries to be improved (multiple answer selection)

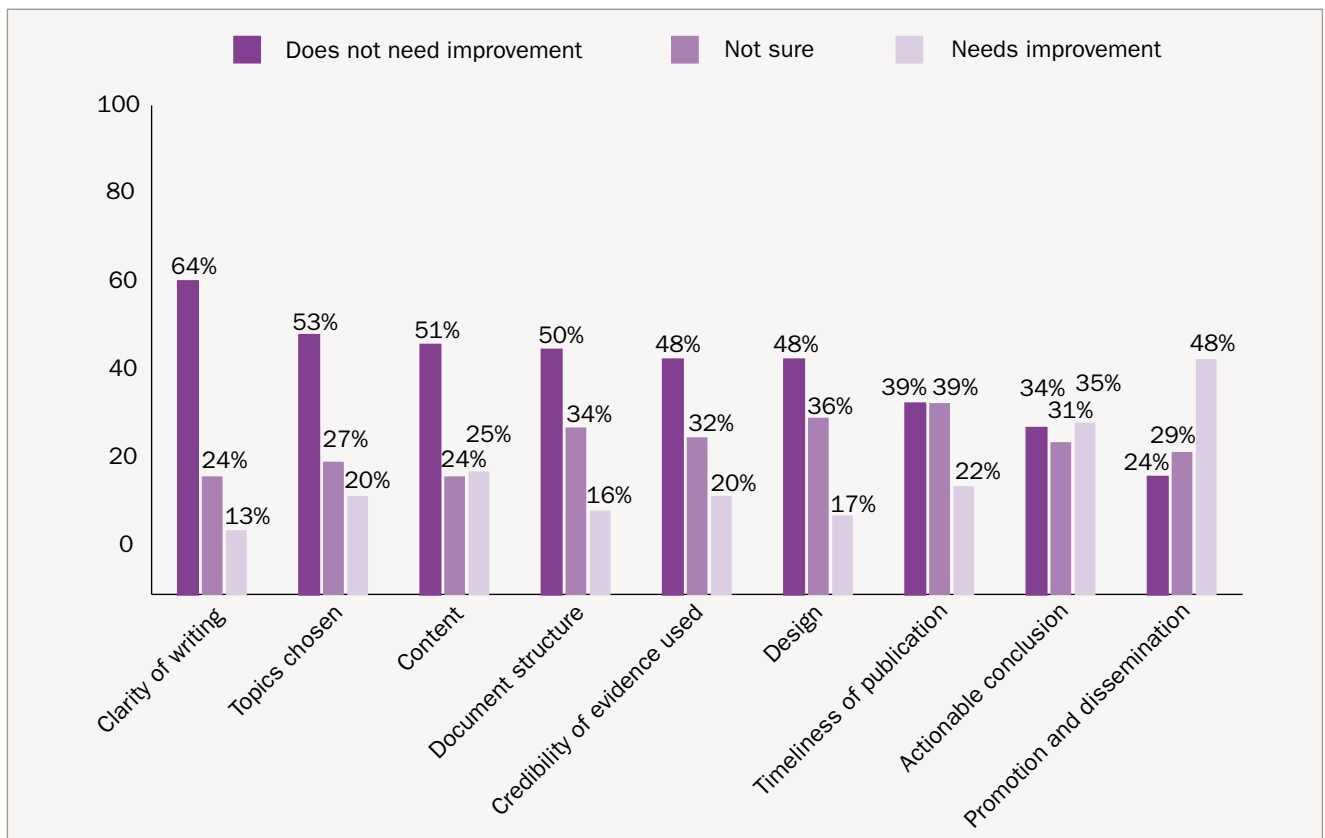


Figure 4.1 - Helpfulness of document structure, clarity of writing and design for PMNCH Knowledge Summary readability

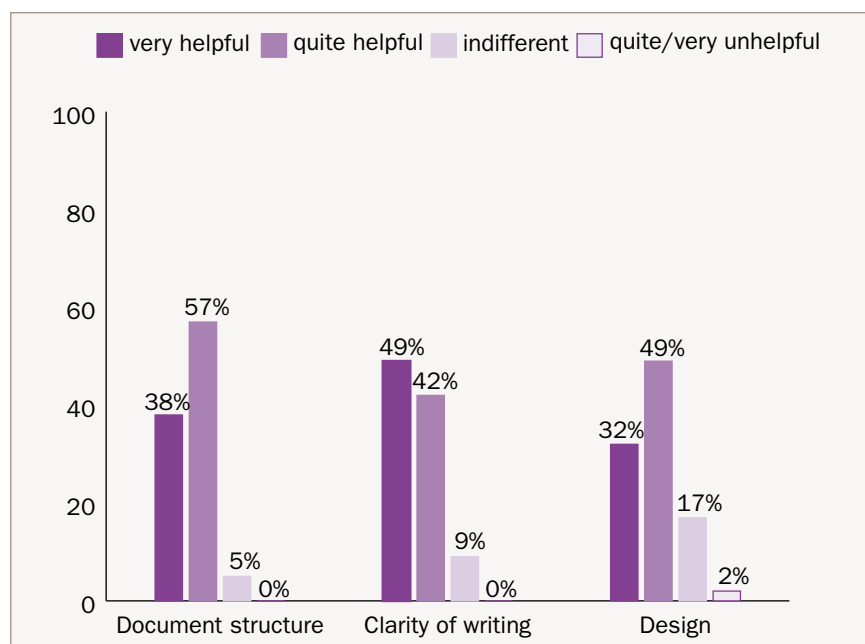
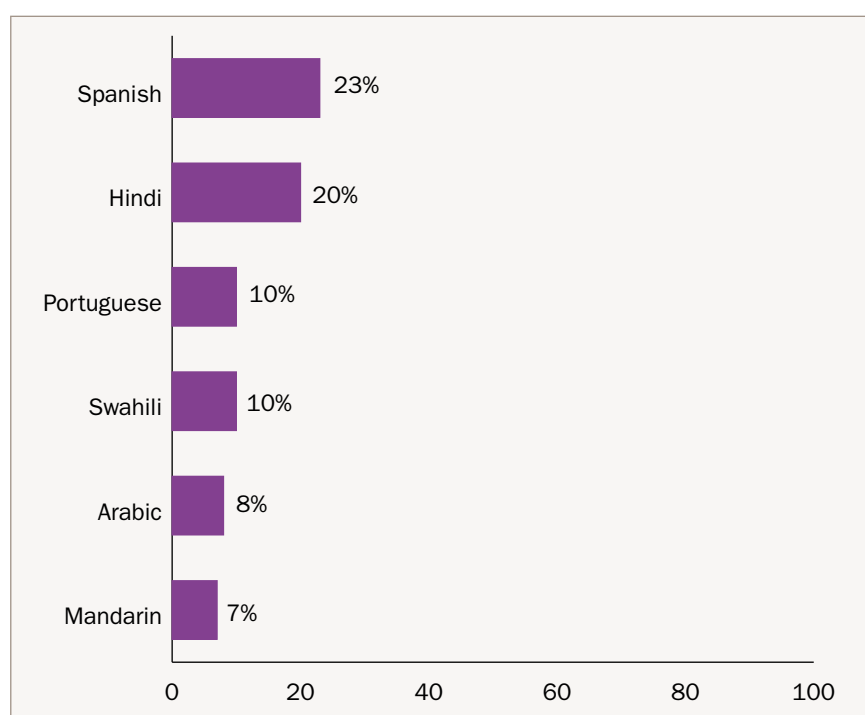


Figure 4.4 - Respondents' most popular languages for PMNCH Knowledge Summary translation (multiple answer selection)



Readability of the Knowledge Summaries

Nearly all respondents who had read the Knowledge Summaries found the document structure (95%), clarity of writing (91%) and design (81%) either very, or quite helpful in aiding readability. (Figure 4.1)

There was a marginal preference among respondents (57%), read the Knowledge Summaries online. (Figure 4.2)

Aspects to be improved

Nearly half of respondents (48%) considered that the promotion and dissemination of the Knowledge Summaries could be improved. The need for an actionable conclusion was also seen as an area needing improvement (35%). Only 12% of respondents felt that the clarity of writing needed to be improved. (Figure 4.3)

Language

Nearly half of respondents who had read the Knowledge Summaries (48%) considered it would be more useful for their work if they were translated into other languages, of which the most popular languages selected were Spanish (23%) and Hindi (20%). Only languages which had more than a 5% response distribution are represented in Figure 4.4.



Nearly half of respondents (48%) considered that the promotion and dissemination of the Knowledge Summaries could be improved.”

Conclusion



The survey shows a strong demand within the RMNCH community for evidence synthesis outputs, with 88% of respondents using them in their work.”

Respondent characteristics

Respondents resided in all six World Health Organization (WHO) world regions, with the greatest number living in Europe. By contrast, half of respondents worked in Africa and almost one-quarter in South-East Asia. Sixty percent of respondents were female and 55% of respondents were in the 30-50 years age range. The majority of respondents worked in RMNCH (87%), the most common primary area of work being maternal health. Seventy percent of the represented organizations were PMNCH members and the most commonly represented PMNCH organization constituencies* were non-governmental organizations (NGOs) or academic, research and teaching institutions. Only 7% of the represented constituencies were PMNCH partner countries (national governments) and only 3% were donor and/or foundation groups.

Use of evidence synthesis outputs

The survey shows a strong demand within the RMNCH community for evidence synthesis outputs, with 88% of respondents using them in their work. In general, respondents used evidence synthesis outputs regularly – between once a week and once a month – to advocate for changes in policy and practice, share current evidence, raise awareness and inform research. Respondents who personally developed evidence synthesis outputs did so to target mostly national governments, NGOs and academic, research or teaching institutions.

The evidence synthesis outputs respondents most commonly used were evidence papers, followed by literature and systematic reviews. Out of these most commonly used outputs,

only evidence papers target policy implementers and therefore are the best fit for the PMNCH advocacy pillar.

Reach and use of PMNCH Knowledge Summaries

Sixty five percent of all respondents had read one or more of the PMNCH Knowledge Summaries. Of the respondents who had read and used the PMNCH Knowledge Summaries, 98% found them helpful in supporting their work. In comparison with other evidence synthesis outputs, Knowledge Summaries were used less for increasing knowledge (informing research) and more for awareness raising, advocacy work and sharing evidence. Knowledge Summaries had been most commonly used to target NGOs, national governments and healthcare professionals.

PMNCH Knowledge Summaries seem to appeal more to those working on RMNCH implementation than research. Though the differences were marginal, PMNCH Knowledge Summary readers were less likely to work at an academic, research or teaching institution in research and more likely to work for NGOs in management, advocacy and administration, when compared with all survey respondents.

These findings correlate with a previous qualitative study on how to improve the PMNCH Knowledge Summary production process where some participants felt the Knowledge Summaries were particularly useful for starting conversations with policy makers on particular issues¹:

“I want to say how much we appreciate the Knowledge Summaries...They are great tool for people interacting with policy makers ... resources for writing articles ... [and] for someone working on programmes it's good to see resources compiled.”

Improving the PMNCH Knowledge Summaries

Dissemination

More work is needed to make sure evidence synthesis outputs, including the PMNCH Knowledge Summaries, are better promoted and disseminated to the RMNCH community. The most common reasons given for not using evidence synthesis outputs were that respondents had not come across them before or did not know where to find them (36%) and that they had no need to use them in their work or had not considered using them (36%).

Similarly, of the respondents who had not read the Knowledge Summaries, 87% cited the reason being that they did not know they were available. Similarly, nearly half of those who had read the Knowledge Summaries thought promotion and dissemination could be improved. However, given that 70% of respondents were PMNCH members, it is surprising that 19% of the Knowledge Summary readers were non-members, suggesting a good reach to non-members.

Relevance

Topics reflecting the needs of PMNCH partners, with good content and credible evidence should be of high priority when developing the next set of PMNCH evidence synthesis outputs.

Topic and content, closely followed by the credibility of evidence used were seen as the aspects that most affected how respondents used the Knowledge Summaries. The most popular topics for the 2012-2013 set of 10 Knowledge Summaries were *Death reviews: maternal, perinatal and child*, and *Access to Family Planning*. More research is needed to understand why these particular topics resonated with respondents.

As most respondents worked in maternal and reproductive health, topics within these areas could be prioritized. Topic and content of was seen to be most important in how often respondents use the Knowledge Summaries, therefore, a democratic process involving PMNCH partners to identify the next year's topics relevant to Knowledge Summary users should be considered. This view was echoed in the qualitative study on improving the

PMNCH Knowledge Summary production process¹: *“choosing the themes could be made more systematic by... asking each [constituency] what the hot topics are”*.

Data sources for relevance

It should be noted that data from the PMNCH website shows solely relying on PDF downloads and page views does not provide a sufficient picture of product popularity, for example, although the *Access to Family Planning Knowledge Summary* was ranked as the second most read 2012-2013 Knowledge Summary in the survey, this finding was not reflected in the website statistics. The popularity of the *Access to Family Planning Knowledge Summary* found in the survey could be due to readers accessing print copies during events, particularly as over the last year, since the high profile Family Planning Summit in July 2012, at which the *Access to Family Planning Knowledge Summary* was launched, interest in the topic has increased.

Further, the large jumps in number of page views and PDF downloads

65%

of all respondents had read one or more of the PMNCH Knowledge Summaries

98%

respondents who had read and used the PMNCH Knowledge Summaries found them helpful in supporting their work

“

PMNCH Knowledge Summaries seem to appeal more to those working on RMNCH implementation than research.”

between the different Knowledge Summaries show these data need further investigation. Website statistics should be analysed along with a combination of data sources including the number of printed copies distributed, user satisfaction surveys, and social media statistics in order to get a comprehensive picture of the most popular Knowledge Summaries.

Readability

The majority of respondents who had read the PMNCH Knowledge Summaries preferred to read them online (57%), suggesting there should be an emphasis on making them well suited to web-based dissemination.

Clarity of writing was a consideration for most respondents in their use of the Knowledge Summaries, and most were satisfied with this aspect. However, 48% of respondents felt that having an actionable conclusion was useful and selected this aspect as the second most in need of improvement.

Nearly half of all respondents who read the Knowledge Summaries would find it useful if they were translated into another language, with Spanish and Hindi the most popular.

Limitations

There is a risk that people are more likely to fill out the survey if they are already interested in using evidence in their work, so the survey could be missing the voices of those who rarely use evidence synthesis outputs.

An online survey could have prevented those with intermittent internet access from taking part and may have biased some responses to questions, such as whether respondents prefer to access the Knowledge Summaries online or in print. Similarly, the survey was written in English, therefore excluding those who do not know the language.

The survey was primarily pushed out to the PMNCH partnership, comprising mostly of NGOs and academic institutions, and may therefore not give a comprehensive picture of the global RMNCH community or a voice to colleagues in low-income and lower-middle-income countries.

Photos below and opposite: PMNCH Knowledge Summaries © Agnes Becker



Recommendations

Purpose of Knowledge Summaries

- 1 **Knowledge Summaries should aim to support users' needs in awareness raising, sharing current evidence and advocating for changes in policy and practice.** The survey showed these needs to be the most popular uses for the PMNCH Knowledge Summaries with 56% of respondents who had read the Summaries using them to raise awareness, 56% to advocate for policy change, 55% to share current evidence and 46% to advocate for changes in health practice.
- 2 **Summaries could have a clearer actionable conclusion,** as 35% of survey respondents who had read the Knowledge Summaries felt this could be improved. However, views were mixed as 34% respondents felt they did not need improvement and 31% were not sure. As the actionable conclusion was the second highest needing improvement in the list of Knowledge Summary aspects, we have included it in the recommendations.
- 3 **The PMNCH Secretariat may want to consider producing evidence papers,** which were the most popular evidence synthesis outputs that target policy makers, in the study on reach and use.
- 4 **Use credible evidence,** as this was seen as one of the main aspects affecting survey respondent's use of the Summaries (53% of the respondents who had read the Summaries).

Choosing a topic and reviewers

- 5 **Focus on choosing topics and content relevant to PMNCH partners,** as these were the main aspects respondents in the survey felt affected their use of the Summaries (65% and 60% respectively).

Topics could focus on:

- **maternal health and reproductive health** as most survey respondents worked in these areas (34% and 22% respectively).
- **Implementation of RMNCH programmes,** such as NGOs, national governments and healthcare professional groups, particularly those working in Africa as these were the main audiences respondents targeted when using the Summaries (56%, 54% and 50% respectively) and most respondents worked in Africa (50%).

Dissemination

- 6 **Put greater attention on disseminating the PMNCH Knowledge Summaries to the RMNCH community.** The main reasons survey respondents who used evidence synthesis outputs hadn't read the Summaries was because they did not know they were available (87%). 48% of respondents who had read the Summaries felt the promotion and dissemination of the Summaries needs improvement.
- 7 **Collect metrics from a range of sources to measure success of Knowledge Summaries** in order to get a more comprehensive picture of which Summaries are most popular.
- 8 **Consider translating the Knowledge Summaries into relevant languages** (Spanish and Hindi were popular in the survey).
- 9 **Consider making the Knowledge Summaries more web-friendly,** e.g. with video content and infographics (57% survey respondents read the Knowledge Summaries online).

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5. Qualtrics software, Version 57154 of the Qualtrics Research Suite. Copyright © 2014 Qualtrics. Qualtrics and all other Qualtrics product or service names are registered trademarks or trademarks of Qualtrics, Provo, UT, USA. <http://www.qualtrics.com>
6. IBM Corp. Released 2013. IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.

Appendices

Appendix I - Survey questionnaire

Survey on the use of evidence synthesis

The purpose of this survey is to understand the reach and use of evidence synthesis outputs. We value your views and feedback in this survey, which we hope will inform future evidence synthesis outputs from the Partnership for Maternal, Newborn and Child Health (PMNCH). Evidence synthesis outputs are focused documents in which evidence from a number of research sources is collated and analysed and the results are written up, such as the PMNCH Knowledge Summaries. The survey comprises 5 sections and on average takes 10 minutes to complete.

Data protection

All data collected will be kept confidential and will not be distributed to third parties. For more information, read the Qualtrics survey software security and privacy statements.

Contact

The survey is being carried out by the IDEAS project at the London School of Hygiene & Tropical Medicine in collaboration with PMNCH. Please contact Agnes Becker at agnes.becker@lshtm.ac.uk with any queries.

1. About you

Learning about your background and the kind of work you and your organisation are involved in will help us to better understand the survey findings.

Q1 What is your name (optional)?

[Free text]

Q2 What is your gender?

- Male
- Female

Q3 What is your age group?

- Up to 24
- 25 – 29
- 30 – 34
- 35 – 39
- 40 – 44
- 45 – 49
- 50 – 54
- 55 – 59
- 60 – 64
- 65 +

Q4 What is your job title (optional)?

[Free text]

Q5 Which area are you primarily responsible for at work?

- Administration
- Advocacy
- Communications
- Health care practice
- Management
- Research
- Teaching
- Other, please specify

Q6 Which topic area do you primarily work in?

- Reproductive health
- Maternal health
- Newborn health
- Child health
- Other, please specify

Q7 In which country do you primarily reside?

[List of all countries as listed in the World Bank]

Q8 Which countries do you mostly work in?

Please choose from the drop down lists.
[List of all countries as listed in the World Bank]

Q9 What type of organisation do you primarily work for?

- Academic and teaching institution
- Other research organisation
- Donor and/or foundation
- Healthcare professional group
- Multilateral (UN, WHO)
- National government
- Non-governmental organisation
- Private sector
- I work as a freelancer
- Other, please specify

[Skip To End of Section if Freelancer is selected](#)

Q10 What is the name of your primary affiliated organisation (optional)?

[Free text]

Q11 At what level does your affiliated organisation mainly work?

- Sub-national
- National
- Regional
- International

Q12 Is your affiliated organisation involved in advocacy to change policy and practice in reproductive, maternal, newborn and/or child health?

- Yes
- No

Q13 Is your affiliated organisation an official member of the Partnership for Maternal, Newborn and Child Health (PMNCH)?

- Yes
- No
- Not sure

2. Use of evidence synthesis outputs

This section aims to find out whether and how you use evidence synthesis outputs in your work. Evidence synthesis outputs are focused documents in which evidence from a number of research sources is collated and analysed and the results are written up. The purpose of the output could be to advocate for changes in policy and practice, to show up knowledge gaps and/or to inform research. Outputs include annotated bibliographies, evidence maps, scoping reviews, state of the art reviews, rapid reviews, evidence papers, literature reviews, systematic reviews, mixed methods research syntheses, and review of reviews.

Q1 Do you use any evidence synthesis outputs in your work?

- Yes
- No

If Yes Is Selected, Then Skip To How often do you use evidence synthesis outputs in your work?

Q2 Why do you not use evidence synthesis outputs in relation to your work?

Please select all that apply.

- I haven't come across them before
- I don't have a need to use them
- I haven't considered using them
- I don't find them useful
- I don't know where to find them
- I don't know when they are available
- Other, please specify

Skip To End of Survey

Q3 On average, how often do you use evidence synthesis outputs in your work?

- Often (every week)
- Less often (once a month)
- Occasional (once every 6 months)
- Rarely (once a year or less)

Q4 What do you use evidence synthesis outputs for in your work?

Please select all that apply.

- To advocate for policy change
- To advocate for changes in health practice
- To share current evidence
- To generate debate
- To bring together expert opinion and evidence
- To publicise research
- For teaching
- To raise awareness
- To show knowledge gaps
- To inform research
- Other, please specify

Q5 Which types of evidence synthesis outputs do you use most?

Please select all that apply.

- **Rapid reviews** A quick review of easily accessible evidence on a particular topic using a systematic process. (e.g. Rapid review on risks of elective induction of women at term by the Ottawa Hospital Research Institute)
- **State of the art reviews** A brief review of recent scientific evidence on a topic. (e.g. Knowledge Summaries by PMNCH)
- **Evidence papers (includes policy briefs)** An extensive overview of available and accessible evidence on a broad topic, with a balanced assessment and critical appraisal of that evidence. (e.g. WASH evidence paper by the UK Department for International Development, DFID)
- **Annotated bibliography** List of key evidence sources with expanded summaries of main content. (e.g. Research Population Health Ethics annotated bibliography by the Canadian Institutes of Health)
- **Evidence map** Map of existing evidence to provide an overview of themes and identify research gaps. Mapping refers to a systematic and replicable methodology that allows an understanding of the extent and distribution of evidence. (e.g. Prevention and treatment interventions for depression in young people from the Depression Research and Treatment Journal)
- **Scoping review** Brief review of recent scientific evidence with a consensus statement on practical lessons learned. (e.g. Personal health records from the American Journal of the Medical Informatics Association)
- **Literature review** Overview of research and synthesis evidence based on selected criteria with key conclusions. (e.g. Healthy ageing by the National Ageing Research Institute and Council on the Ageing)
- **Systematic review** Exhaustive and robust review and synthesis of evidence selected using criteria which draws a clear scientific conclusion. (e.g. Emerging economies' influence in global health from the Globalisation and Health Journal)
- **Mixed methods research synthesis** Synthesis of different types of evidence, such as qualitative and quantitative, to answer a research question and sub questions. (e.g. Adolescent Alcohol Use by the University of Nebraska)
- **Review of reviews** This output includes existing systematic reviews rather than primary studies to draw a conclusion statement. (e.g. Interventions for supporting nurse retention in rural and remote areas)

from the Human Resources for Health Journal)

- **Others, please specify**

Q6 Are you personally involved in developing any type of evidence synthesis outputs?

- Yes
- No

If No Is Selected, Then Skip To What other types of outputs do you use for research evidence do you use in your work?

Q7 Which types of evidence synthesis outputs have you developed?

Please select all that apply.

- **Rapid reviews** A quick review of easily accessible evidence on a particular topic using a systematic process. (e.g. Rapid review on risks of elective induction of women at term by the Ottawa Hospital Research Institute)
- **State of the art reviews** A brief review of recent scientific evidence on a topic. (e.g. Knowledge Summaries by PMNCH)
- **Evidence papers (includes policy briefs)** An extensive overview of available and accessible evidence on a broad topic, with a balanced assessment and critical appraisal of that evidence. (e.g. WASH evidence paper by the UK Department for International Development, DFID)
- **Annotated bibliography** List of key evidence sources with expanded summaries of main content. (e.g. Research Population Health Ethics annotated bibliography by the Canadian Institutes of Health)
- **Evidence map** Map of existing evidence to provide an overview of themes and identify research gaps. Mapping refers to a systematic and replicable methodology that allows an understanding of the extent and distribution of evidence.

(e.g. Prevention and treatment interventions for depression in young people from the Depression Research and Treatment Journal)

- **coping review** Brief review of recent scientific evidence with a consensus statement on practical lessons learned. (e.g. Personal health records from the American Journal of the Medical Informatics Association)
- **Literature review** Overview of research and synthesis evidence based on selected criteria with key conclusions. (e.g. Healthy ageing by the National Ageing Research Institute and Council on the Ageing)
- **Systematic review** Exhaustive and robust review and synthesis of evidence selected using criteria which draws a clear scientific conclusion. (e.g. Emerging economies' influence in global health from the Globalisation and Health Journal)
- **Mixed methods research synthesis** Synthesis of different types of evidence, such as qualitative and quantitative, to answer a research question and sub questions. (e.g. Adolescent Alcohol Use by the University of Nebraska)
- **Review of reviews** This output includes existing systematic reviews rather than primary studies to draw a conclusion statement. (e.g. Interventions for supporting nurse retention in rural and remote areas from the Human Resources for Health Journal)
- **Others, please specify**

Q8 Which key stakeholders or audiences do you target with your evidence synthesis outputs?

Please select all that apply.

- Academic and teaching institutions
- Other research organisations
- Donors and foundations
- Healthcare professional groups
- Multilateral organisations (UN, WHO)
- National governments
- Non-governmental organisations
- Private sector companies
- Other, please specify

Q9 What other types of outputs for research evidence do you use in your work?

Please select all that apply.

- Blogs
- Books
- Facebook posts
- Journals
- Posters
- Presentation slides
- Reports
- Tweets
- Website content
- Other, please specify

3. Use of PMNCH Knowledge Summaries

This section aims to understand which of the recent PMNCH Knowledge Summaries were most popular, as well as how and why you used them. PMNCH Knowledge Summaries synthesise recent scientific evidence into a clear and concise, user-friendly format to support advocacy, policy and practice on issues related to reproductive, maternal, newborn and child health.

- See a list of all PMNCH Knowledge Summaries

Q1 Have you read any of the PMNCH Knowledge Summaries?

- Yes
- No

[If Yes Is Selected, Then Skip To Q. How do you prefer to access the PMNCH Knowledge Summaries?](#)

Q2 If you have not read any PMNCH Knowledge Summaries, please select the reasons why applicable to you:

Please select all that apply.

- I did not know they were available
- Too complicated
- Too simple
- Limited evidence incorporated
- Lack of time
- Irrelevant to my work
- Other, please specify

[Skip to End of Survey](#)

Q3 How do you prefer to access the PMNCH Knowledge Summaries?

Please select all that apply.

- Receive copies from my colleagues
- Receive copies at events (e.g. conferences)
- Receive copies from PMNCH directly
- PMNCH website
- PMNCH E-Blast newsletter
- Other, please specify

Q4 Which, if any, of the PMNCH Knowledge Summaries produced in 2012-2013 have you read?

Please select all that apply.

- Access to Family Planning
- Strengthen National Financing
- Reaching Child Brides
- Human Rights and Accountability
- Economic Case for Investment in RMNCH
- Integrating Immunization and Other Services for Women and Children
- Engaging Men and Boys in RMNCH
- Death reviews: maternal, perinatal and child
- New Global Investment Framework for Women's and Children's Health
- None of the above but I have read other PMNCH Knowledge Summaries

Q5 Have you used one or more PMNCH Knowledge Summaries in your work, e.g. for advocacy?

Q5_1 Yes

Q5_2 No

[If No Is Selected, Then Skip To End of Block](#)

Q6 What did you use the Knowledge Summary/ies for?

Please select all that apply.

- To advocate for policy change
- To advocate for changes in health practice
- To share current evidence
- To generate debate
- To bring together expert opinion and evidence
- To publicise research
- For teaching
- To raise awareness
- To show knowledge gaps
- To inform research
- Other, please specify

Q7 Which audience groups did you target when using the PMNCH Knowledge Summary/ies?

Please select all that apply.

- Academic and teaching institutions
- Donors and foundations
- Private sector companies
- National governments
- Non-governmental organisations
- Multilateral organisations (UN, WHO)
- Healthcare professional groups
- Other research organisations
- Other, please specify

Q8 How helpful did you find the Knowledge Summary/ies in supporting your work?

- Very helpful
- Quite helpful
- Indifferent
- Not very helpful
- Unhelpful

Q9 What affects how much you use a Knowledge Summary?

Please select all that apply.

- Topic
- Content
- Clarity of writing
- Document structure
- Design
- Timeliness of publication
- Promotion and dissemination of the Summary
- Actionable conclusion
- Credibility of evidence used
- Other, please specify

4. Readability of the PMNCH Knowledge Summaries

Q1 Are the following aspects of the PMNCH Knowledge Summaries helpful in making them easy to read?

	Very helpful	Quite helpful	Indifferent	Not very helpful	Unhelpful
Q1_1 Document structure					
Q1_2 Clarity of writing					
Q1_3 Design					

Q2 How do you prefer to read the PMNCH Knowledge Summaries?

- In print
- Online

5. Recommendations

This section aims to find out how you feel the PMNCH Knowledge Summaries could be improved to meet your needs.

Q1 What aspects of the PMNCH Knowledge Summaries could be improved?

	Does not need improvement	Not sure	Needs improvement
Q1_1 Topics chosen			
Q1_2 Content			
Q1_3 Clarity of writing			
Q1_4 Document structure			
Q1_5 Design			
Q1_6 Timeliness of publication			
Q1_7 Promotion and dissemination			
Q1_8 Actionable conclusion			
Q1_9 Credibility of evidence used			

Q2 What other topics would you like the PMNCH Knowledge Summaries to cover?

[Free text]

Q3 Q. Would you find the PMNCH Knowledge Summaries more useful for your work if they were translated into other languages?

- Yes
- No

Answer If Q. Please tell us about any other improvements you would recommend.
Is Selected

Q4 If so, which languages?

Please select all that apply.

- Arabic
- Hindi
- Mandarin
- Portuguese
- Spanish
- Other, please specify

Q5 Please tell us about any other improvements you would recommend (optional).

[Free text]

Appendix II - Survey distribution plan

A range of promotional materials, including tweets, infographics and personalized emails, were drafted for use during the survey distribution.

Organization	Distribution methods
London School of Hygiene & Tropical Medicine via Qualtrics	<ul style="list-style-type: none"> Personalized emails to PMNCH members
PMNCH	<ul style="list-style-type: none"> Twitter Link on website Partner's Forum
IDEAS Project, London School of Hygiene & Tropical Medicine	<ul style="list-style-type: none"> Newsletter, April Twitter Link on website
MARCH Centre, London School of Hygiene & Tropical Medicine	<ul style="list-style-type: none"> Email list
Centre for Evaluation, London School of Hygiene & Tropical Medicine	<ul style="list-style-type: none"> Email list
Healthy Newborn Network	<ul style="list-style-type: none"> Email list
Maternal Health Task Force	<ul style="list-style-type: none"> Newsletter Twitter
Women Deliver	<ul style="list-style-type: none"> Newsletter Twitter
India networks, e.g. Public Health Foundation of India	<ul style="list-style-type: none"> Email

Appendix III - Abbreviations

Abbreviation	Definition
MARCH	Centre for Maternal, Adolescent, Reproductive and Child Health
NGO	Non-governmental organization
PMNCH	Partnership for Maternal, Newborn and Child Health
RMNCH	Reproductive, maternal, newborn and child health
The School	London School of Hygiene & Tropical Medicine
SPSS	Statistical Package for the Social Sciences
WHO	World Health Organization

Appendix IV - Definitions for evidence synthesis types

(from the report *Taking into account knowledge users' perspectives: A typology of evidence synthesis outputs*)

Rapid reviews

A quick review of easily accessible evidence on a particular topic using a systematic process. (e.g. Rapid review on risks of elective induction of women at term by the Ottawa Hospital Research Institute)

State of the art reviews

A brief review of recent scientific evidence on a topic. (e.g. Knowledge Summaries by PMNCH)

Evidence papers**(includes policy briefs)**

An extensive overview of available and accessible evidence on a broad topic, with a balanced assessment and critical appraisal of that evidence. (e.g. WASH evidence paper by the UK Department for International Development, DFID)

Annotated bibliographies

List of key evidence sources with expanded summaries of main content. (e.g. Research Population Health Ethics annotated bibliography by the Canadian Institutes of Health)

Evidence maps

Map of existing evidence to provide an overview of themes and identify research gaps. Mapping refers to a systematic and replicable methodology that allows an understanding of the extent and distribution of evidence. (e.g. Prevention and treatment interventions for depression in young people from the Depression Research and Treatment Journal)

Scoping reviews

Brief review of recent scientific evidence with a consensus statement on practical lessons learned. (e.g. Personal health records from the American Journal of the Medical Informatics Association)

Literature reviews

Overview of research and synthesis evidence based on selected criteria with key conclusions. (e.g. Healthy ageing by the National Ageing Research Institute and Council on the Ageing)

Systematic review

Exhaustive and robust review and synthesis of evidence selected using criteria which draws a clear scientific conclusion. (e.g. Emerging economies' influence in global health from the Globalisation and Health Journal)

Mixed methods research synthesis

Synthesis of different types of evidence, such as qualitative and quantitative, to answer a research question and sub questions. (e.g. Adolescent Alcohol Use by the University of Nebraska)

Review of reviews

This output includes existing systematic reviews rather than primary studies to draw a conclusion statement. (e.g. Interventions for supporting nurse retention in rural and remote areas from the Human Resources for Health Journal)

The Partnership for Maternal, Newborn and Child Health

The Partnership for Maternal, Newborn & Child Health, hosted by the World Health Organization, joins the reproductive, maternal, newborn and child health communities into an alliance of members, across seven constituencies. Working together, the Partnership's goal is a world in which all women, newborns, children and adolescents are not only healthy, but thrive.

www.who.int/pmnch

London School of Hygiene & Tropical Medicine

The London School of Hygiene & Tropical Medicine is a world-leading centre for research and postgraduate education in public and global health, with 4,000 students and more than 1,300 staff working in over 100 countries. The School is one of the highest-rated research institutions in the UK, and was recently cited as one of the world's top universities for collaborative research.

www.lshtm.ac.uk