



Implementation Science Research

Implementation science is the study of methods to promote the integration of research findings and evidence into healthcare policy and practice. It seeks to understand the behavior of different stakeholders as a key variable in the sustainable uptake, adoption, and implementation of evidence-based interventions.* Implementation science is more than monitoring and evaluation as it provides information about why certain results have or have not been achieved. It is not an effectiveness study, as implementation science looks at implementation of an intervention with proven effectiveness. It is not a comparative effectiveness study, as implementation science does not look at more than one intervention at a time.

RESPOND Implementation Science Studies

From 2013 to 2015, RESPOND is supporting five studies of effective behavioral interventions (EBIs) in Ukraine. Four of the EBIs being studied involve provision of HIV prevention services to the following groups: most-at-risk adolescents (Street Smart), recently released male prisoners (Project Start), young men aged 18-29 years who have sex with men (Mpowerment), and people who inject drugs (Seven Steps). The fifth EBI is focused on the integration

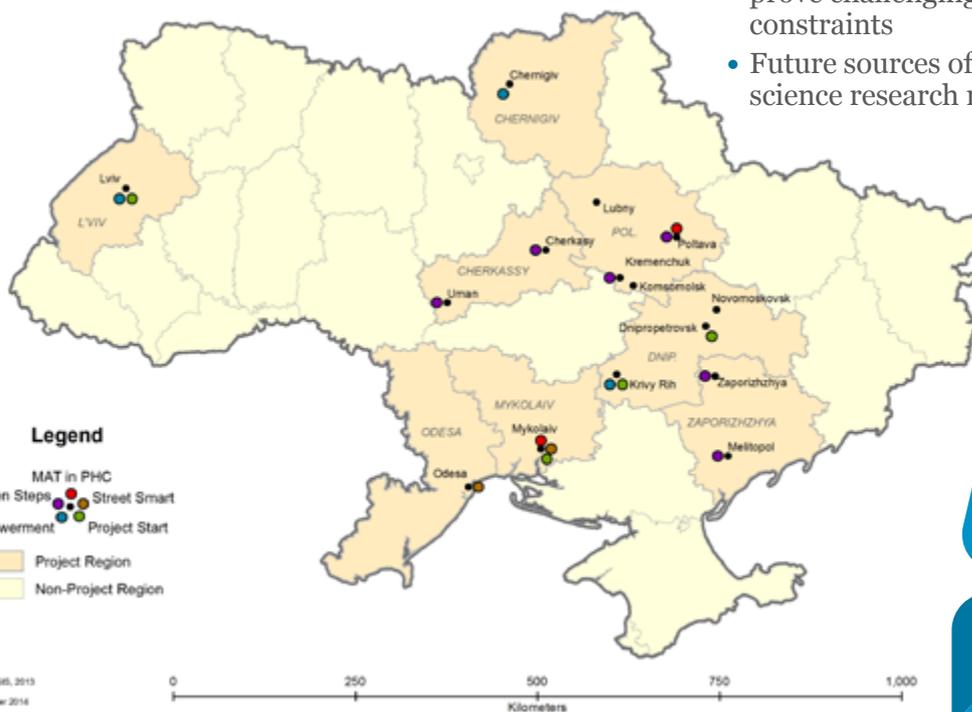
of medication-assisted treatment for drug use into primary healthcare. All implementation science studies being conducted are designed to answer the same three research questions: (1) “Are EBIs implemented with fidelity?”, (2) “What are the local barriers to implementation and how they can be overcome?” and (3) “Do EBIs produce significant changes in selected outcomes?” (see Table on page 2 for more detail).

Anticipated Impact

- Provide evidence that can be used to support advocacy around use of EBIs for key populations in Ukraine
- Include study results in the Ukrainian Compendium of EBIs, which will be available online to decision-makers and service providers
- Disseminate results through international and national peer-reviewed journals
- Build capacity of Ukrainian research institutions and HIV service providers to conduct implementation science research.

Anticipated Challenges

- Incorporating implementation science research into national HIV policy could prove challenging given Ukraine’s resource constraints
- Future sources of funding for implementation science research may be scarce.



Data Sources: Administrative Data GIS, 2013
Map Produced: October 2014

RESPOND Implementation Science Studies

EBI	Research Institution & Timeline	Study design & Sample size	EBI Implementers & Geography	Preliminary Results (October 1, 2014)
Street Smart	Ukrainian Institute of Public Health Policy, Sep 2013-May 2015	Mixed method; randomized controlled cohort of most-at-risk adolescents followed at 0, 5 weeks and 4 months. Intervention N=130; control N=110	PLHIV Network and Unitus (Mykolayiv); Vira, Nadiya, Lyubov (Odesa)	219 out of 220 (99.5%) study participants recruited; 112 out of 132 (81.2%) were followed up at four months. Proportion tested for HIV and know the result changed from 15.7% to 38.0% in intervention, and from 21.0% to 6.0% in control group.
Project Start	Ukrainian Institute of Public Health Policy, Sep 2013-May 2015	Mixed method; randomized controlled cohort of prisoners followed at 0, 3 and 6 months after release. Intervention N=240; control N=200	Penitentiary Initiative (Mykolayiv); Doroha Zhizni Dnepr (Dnipropetrovsk); PLHIV Network (Krivy Rih); Doroha (Lviv)	352 out of 400 (88.0%) of study participants recruited; 22 out of 140 (15.7%) followed up at six months. Proportion tested for HIV within 12 months and know the result (at three month follow-up) is 80.6% in intervention, and 57.1% in control group.
Mpowerment	Donbas-SocProject, Sep 2013-May 2015	Mixed method; non-randomized controlled cohort of MSM community members (N=1,000); non-randomized controlled cohort of EBI participants (N=230); followed at 0, 6 and 12 months	Avante (Lviv); PLHIV Network (Krivy Rih); Tochka Opory (Chernihiv)	1,006 of 1,000 (100.6%) of community members recruited; 222 out of 230 (96.5%) Mpowerment participants recruited 81 out of 92 (88.0%) were followed up at 12 months. Proportion of MSM who received free condoms within the last 12 months increased from 68.6% to 94.1%.
Seven Steps	Socio-consulting, Sep 2014-Mar 2016	Mixed method; randomized controlled cohort of PWID; intervention group N=780; control group N=780	From Heart to Heart (Cherkasy); Volya (Uman); Public Health (Poltava); Svitlo Nadii (Kremenchug); Spodivannya (Zaporizhzhya); Vse Mozhlyvo (Melitopol)	Research protocol developed. Recruiters selected and trained. Participant recruitment initiated.
MAT in PHC	Ukrainian Institute of Public Health Policy, Sep 2014-Aug 2015	Mixed method feasibility study; non-randomized uncontrolled cohort of PWID, N=90	PHC Center #4 (Mykolayiv); PHC Centers #1 and #2 (Poltava)	Research protocol developed. PHC providers trained. Local MAT protocol for PHC developed and approved. Regulatory environment analyzed.

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RESPOND: Quality of Services - Network and Organizational Strengthening - Data for Decision Making

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* National Institutes of Health, Fogarty International Center:
<http://www.fic.nih.gov/researchtopics/pages/implementation-science.aspx>