

# PLOS ONE

## Using a Logic Model to Document HIV Research Utilization (RU) Activities, Outputs and Outcomes: Examples and Lessons Learned from Project SOAR, a Six-year Implementation Science Project.

--Manuscript Draft--

|  |  |
|--|--|
| <b>Manuscript Number:</b>  |  |
| <b>Article Type:</b>   | Collection Review  |
| <b>Full Title:</b>   | Using a Logic Model to Document HIV Research Utilization (RU) Activities, Outputs and Outcomes: Examples and Lessons Learned from Project SOAR, a Six-year Implementation Science Project.   |
| <b>Short Title:</b>  | Logic Model for HIV Research Utilization (RU) Activities, Outputs and Outcomes   |
| <b>Corresponding Author:</b>   | Samuel Kalibala<br>Palladium Group Inc<br>Washington, DC UNITED STATES   |
| <b>Keywords:</b>   | Research Utilization; Logic Model; Inputs and resources for research utilization; Measuring Research Utilization Outputs; Measuring Impact of Research; HIV Operations Research; HIV Implementation Science.   |
| <b>Abstract:</b>   | <p>Summary Points</p> <p>While there is general agreement that researchers should make effort to ensure that their research gets used to improve policies and practices, there is limited literature on measuring outcomes of research utilization efforts.</p> <p>We propose that research utilization activities and outcomes can be measured using a logic model for assessing program inputs, outputs, outcomes and ultimate impact.</p> <p>We use experiences from Project SOAR, a six-year implementation science project, to illustrate how RU activities and outcomes can be measured using a logic model.</p> <p>We highlight common challenges in measuring RU outcomes including reporting bias, how to attribute program change to specific research findings, and the unpredictable time lag between research publication and use. We make recommendations for addressing these challenges.</p> |
| <b>Order of Authors:</b>   | Samuel Kalibala<br>Tara Nutley   |
| <b>Opposed Reviewers:</b>  |  |
| <b>Additional Information:</b>   |  |
| <b>Question</b>  | <b>Response</b>  |
| <p><b>Competing Interest</b></p> <p>For yourself and on behalf of all the authors of this manuscript, please declare below any competing interests as described in the "<a href="#">PLoS Policy on Declaration and Evaluation of Competing Interests</a>."</p> <p>You are responsible for recognizing and disclosing on behalf of all authors any competing interest that could be</p> | <p>The authors have declared that no competing interests exist.</p>  |

|   |   |
|---|---|
| <p>perceived to bias their work, acknowledging all financial support and any other relevant financial or competing interests.</p> <p>If no competing interests exist, enter: "The authors have declared that no competing interests exist."</p> <p>If you have competing interests to declare, please fill out the text box completing the following statement: "I have read the journal's policy and have the following conflicts"</p> <p>* typeset</p>  |   |
| <p><b>Financial Disclosure</b></p> <p>Describe the sources of funding that have supported the work. Please include relevant grant numbers and the URL of any funder's website. Please also include this sentence: "The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript." If this statement is not correct, you must describe the role of any sponsors or funders and amend the aforementioned sentence as needed.</p> <p>* typeset</p> | <p>This work was supported by Project SOAR (Cooperative agreement AID-OAA-A-14-00060), made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and United States Agency for International Development (USAID). The contents of this paper are the sole responsibility of the authors and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.</p> |
| <p><b>Ethics Statement</b></p> <p>All research involving human participants must have been approved by the authors' institutional review board or equivalent committee(s) and that board must be named by the authors in the manuscript. For research involving human participants, informed consent must have been obtained (or the reason for lack of consent explained, e.g. the data were analyzed anonymously) and all clinical investigation must have been conducted</p>                                 | <p>N/A</p>  |

according to the principles expressed in the [Declaration of Helsinki](#). Authors should submit a statement from their ethics committee or institutional review board indicating the approval of the research. We also encourage authors to submit a sample of a patient consent form and may require submission of completed forms on particular occasions.

All animal work must have been conducted according to relevant national and international guidelines. In accordance with the recommendations of the Weatherall report, "[The use of non-human primates in research](#)" we specifically require authors to include details of animal welfare and steps taken to ameliorate suffering in all work involving non-human primates. The relevant guidelines followed and the committee that approved the study should be identified in the ethics statement.

Please enter your ethics statement below and place the same text at the beginning of the Methods section of your manuscript (with the subheading Ethics Statement). Enter "N/A" if you do not require an ethics statement.

**Data Availability**

Authors are required to make all data underlying the findings described fully available, without restriction, and from the time of publication. PLOS allows rare exceptions to address legal and ethical concerns. See the [PLOS Data Policy](#) and [FAQ](#) for detailed information.

A Data Availability Statement describing where the data can be found is required at submission. Your answers to this question constitute the Data Availability Statement and **will be published in the article**, if accepted.

Yes - all data are fully available without restriction

**Important:** Stating 'data available on request from the author' is not sufficient. If your data are only available upon request, select 'No' for the first question and explain your exceptional situation in the text box.

Do the authors confirm that all data underlying the findings described in their manuscript are fully available without restriction?

**Describe where the data may be found in full sentences. If you are copying our sample text, replace any instances of XXX with the appropriate details.**

- If the data are **held or will be held in a public repository**, include URLs, accession numbers or DOIs. If this information will only be available after acceptance, indicate this by ticking the box below. For example: *All XXX files are available from the XXX database (accession number(s) XXX, XXX).*
- If the data are all contained **within the manuscript and/or Supporting Information files**, enter the following: *All relevant data are within the manuscript and its Supporting Information files.*
- If neither of these applies but you are able to provide **details of access elsewhere**, with or without limitations, please do so. For example:

*Data cannot be shared publicly because of [XXX]. Data are available from the XXX Institutional Data Access / Ethics Committee (contact via XXX) for researchers who meet the criteria for access to confidential data.*

*The data underlying the results presented in the study are available from (include the name of the third party and contact information or URL).*

- This text is appropriate if the data are owned by a third party and authors do not have permission to share the data.

\* typeset

All relevant data are within the manuscript and its Supporting Information files.

Additional data availability information:

Dear Editorial Team,

This essay is submitted as part of the Project SOAR Special Collection - FAO: PLOS Collections [collections@plos.org](mailto:collections@plos.org). It is titled: *Using a Logic Model to Document HIV Research Utilization (RU) Activities, Outputs and Outcomes: Examples and Lessons Learned from Project SOAR, a Six-year Implementation Science Project*. This essay aims to contribute to science by highlighting the importance of integrating systematic research utilization activities in a research project to facilitate stakeholders to use research findings in improving policies and practices. However, there is a limited knowledge base on how to monitor and evaluate activities conducted in the name of research utilization. To contribute to this knowledge base, we use experiences from Project SOAR, a six-year implementation science project, to illustrate that research utilization activities and outcomes can be measured using a logic model. We also highlight common challenges in measuring RU outcomes including reporting bias, how to attribute program change to specific research findings, and the unpredictable time lag between research publication and use. We make recommendations for addressing these challenges.

Our submission package includes this letter, the manuscript on PLOS ONE template and Fig 1 in a .tif file. We trust that this package meets the submission requirements of PLOS ONE.

We thank you for your good work.

Yours sincerely,

Samuel Kalibala MD.

1 **Full Title: Using a Logic Model to Document HIV Research Utilization (RU) Activities, Outputs**  
2 **and Outcomes: Examples and Lessons Learned from Project SOAR, a Six-year Implementation**  
3 **Science Project.**

4

5

6 **Short title: Logic Model for HIV Research Utilization (RU) Activities, Outputs and Outcomes**

7

8 **Authors:** Samuel Kalibala and Tara Nutley

9

10 **Affiliations:**

11 Samuel Kalibala: [skalibala@hotmail.com](mailto:skalibala@hotmail.com), Senior Research Utilization Advisor, Palladium, Project SOAR  
12 4301 Connecticut Avenue, Suite 280, Washington DC, USA.

13 Tara Nutley: [tara.nutley@thepalladiumgroup.com](mailto:tara.nutley@thepalladiumgroup.com), Vice President Senior Practice Director, Data,  
14 Informatics and Analytical Solutions, Palladium, 308 West Rosemary Street, Suite 203, Chapel Hill, NC  
15 27517, USA

16

17

18

19 **Corresponding author:** Samuel Kalibala [skalibala@hotmail.com](mailto:skalibala@hotmail.com)

20 **Author contributions:**

21 SK: Writing-original draft

22 TN: Writing-review & editing





## 24 **Summary Points**

- 25 • While there is general agreement that researchers should make effort to ensure that their research  
26 gets used to improve policies and practices, there is limited literature on measuring outcomes of  
27 research utilization efforts.
- 28 • We propose that research utilization activities and outcomes can be measured using a logic model  
29 for assessing program inputs, outputs, outcomes and ultimate impact.
- 30 • We use experiences from Project SOAR, a six-year implementation science project, to illustrate  
31 how RU activities and outcomes can be measured using a logic model.
- 32 • We highlight common challenges in measuring RU outcomes including reporting bias, how to  
33 attribute program change to specific research findings, and the unpredictable time lag between  
34 research publication and use. We make recommendations for addressing these challenges.

## 35 **Introduction**

36 While substantial literature exists documenting the inputs and outputs of implementing RU  
37 activities, there is limited literature on measuring the outcomes of RU activities [1]. Validated tools for  
38 measuring research use are scarce; in a literature review of measuring research utilization Estabrooks and  
39 Wallin [2] noted that researchers who have measured research use have tended to develop their own tools.  
40 Straus et al [3], report another literature review which concludes that the most common methods rely on  
41 self-report by investigators or stakeholders.

42 This essay aims to contribute to the limited but growing body of knowledge on how to measure  
43 outcomes of RU, by discussing lessons learned in documenting RU inputs, outputs and outcomes in  
44 Project SOAR including some key challenges and recommendations for addressing them. Project SOAR

45 (Supporting Operational AIDS Research) is a six-year implementation science (IS) project, funded by the  
46 United States Agency for International Aid (USAID), that was designed to improve HIV service delivery  
47 by conducting high quality research to meet data needs of stakeholders, strengthen the capacity of  
48 stakeholders to conduct IS research and use study findings to guide planning, funding and implementation  
49 of programs.

50 Research utilization (RU) can be defined as “the implementation of research-based knowledge  
51 (science) in practice” [2]. Defining RU as a form of implementation or program activity implies that it  
52 should be subject to a logic model of evaluation. The Centers for Disease Control and Prevention (CDC)  
53 has outlined the following components of a logic model for evaluating sexually transmitted infections  
54 (STI) programs [4]:

- 55 a) Inputs (resources): funding, staff, materials;
- 56 b) Activities (program, events or strategies): staff training, patient testing and treatment
- 57 c) Outputs (products of activities): number of patients treated, quality of training
- 58 d) Short-term outcomes (immediate effects, weeks-months): changes in knowledge, skills, or  
59 beliefs, increased proportion of patients treated
- 60 e) Intermediate outcomes (intended effects that occur over the mid-term: months-years):  
61 changes in policies or behaviors, increased proportion of partners treated, increased condom  
62 use
- 63 f) Long term outcomes (long term intended effects: years or decades): reduced STD prevalence;  
64 changes in morbidity or mortality

## 65 **Logic model for Project SOAR’s RU activities**

66

67 CDC's logic model was designed for monitoring and evaluating STI programs however, these  
68 components are widely accepted as the key elements of logic models. In this essay we focus on RU as the  
69 program and demonstrate, using examples from Project SOAR, how RU inputs, activities, outputs and  
70 outcomes are measured. To accomplish this, we have slightly modified CDC's logic model as shown in  
71 Fig 1. SOAR's inputs into research utilization are comprised of staff time, funding for travel, meetings  
72 and workshops; and a guidance document and tools to facilitate activity implementation. Outputs of these  
73 activities were the number of meetings and dissemination events conducted by study teams to engage  
74 stakeholders in study implementation and results dissemination. The outcomes are defined as the use of  
75 study findings, by stakeholders, to improve services, guidelines and policies with the ultimate long-term  
76 impact being the improvement in the UNAIDS 90-90-90 goals. The UNAIDS "90-90-90" strategy calls  
77 for 90% of HIV-infected individuals to be diagnosed by 2020, 90% of whom will be on anti-retroviral  
78 therapy (ART) and 90% of whom will achieve sustained virologic suppression.  
79 Fig 1 here.

## 80 **Project SOAR's stakeholder engagement template**

81  
82 To document RU inputs, activities, outputs and outcomes Project SOAR developed and applied  
83 the Stakeholder Engagement Template shown in Table 1 that was completed and submitted by Principal  
84 Investigators (PIs) of each study as part of the six-monthly study progress reports to Project SOAR  
85 management. The template includes the names of stakeholders they engaged, the dates and modes of  
86 engagement, as well as what was discussed during the engagements. The engagement with stakeholders  
87 started in the inception phase of each study, during which the study design and methodology were  
88 discussed and continued into later phases of the study. During later phases of the study researchers shared  
89 preliminary and eventually final study data with stakeholders. Researchers also engaged stakeholders

90 through existing Technical Working Groups (TWGs) or study-specific research advisory committees  
 91 (RACs) using presentations and results briefs to present study results. Each SOAR study conducted one  
 92 RAC meeting at inception, another to share preliminary study results, followed by a data interpretation  
 93 meeting to discuss the final study findings and determine study recommendations before conducting a  
 94 final study dissemination meeting attended by a group of stakeholders beyond the TWG or RAC. In each  
 95 case the researchers reported to SOAR management the key aspects of the meeting using the template in  
 96 Table 1. To generate the short-term and intermediate RU outcomes discussed, later in Tables 5 and 6, we  
 97 extracted data from the last column of the template "outcomes of the meeting/reactions of stakeholders."

98 **Table-1: Stakeholder engagement template**  
 99 Example from Lesotho IMPROVE study [5]

| Stakeholder(s)   | Date of engagement   | Mode of engagement                                     | What was discussed, presented (e.g., study design, baseline findings) | Outcome(s) of the meeting / reaction of stakeholder(s)  |
|--|----------------------|--|---|---|
| PMTCT technical working group (TWG) Committee – Ministry of Health (MOH) | 16 Oct 2018          | Face-to-face meeting at MOH                            | Study team provided study progress update and key early lessons.      | -The head of the Family Health division at MOH expressed a great interest in the different aspects of community-based support. She communicated her plan to use the lessons learned to revive the National village health workers (VHW) program.<br>-The TWG expressed interest in adopting key aspects of the intervention to include in the routine Maternal and Neonatal Child Health (MNCH) services at the end of the study. |
| Facility leadership including staff                                      | November to Dec 2018 | Face-to-face onsite meetings at respective facilities. | Facility-specific update on study implementation progress             | Each facility decided on strategies to address gaps identified by the study in the areas of retention and follow up challenges.   |

100  
 101 Using a prospective tool of this nature, completed as the research progresses, enables researchers  
 102 to capture interactions with stakeholders about how they intend to use research results. These “indicators  
 103 as they emerge” [6] are more helpful to tracking and understanding research use compared to an

104 assessment conducted after the study is completed, that could suffer from recall bias [7]. To facilitate the  
105 formation of RACs and the conduct of meetings as well as data dissemination activities, Project SOAR  
106 invested several inputs as discussed below.

107

## 108 **Documenting RU inputs and outputs**

109

110

### 111 **Inputs: staff, activities budget, resource materials**

112 SOAR embedded RU activities in all research studies using defined *RU Guidance* and tools, and  
113 a dedicated knowledge broker—the Senior Research Utilization Advisor—to promote RU among SOAR  
114 researchers, provide technical assistance and monitor how SOAR research had been utilized for program  
115 and policy changes. Thus, RU inputs included implementation of the guidance document and tools as  
116 well as staff time of the RU Advisor who provided technical input in study protocols to ensure study  
117 outcomes were aligned to salient issues in programs and policies of the country where research was being  
118 conducted. To start with the RU advisor worked with PIs to conduct study protocol development trips to  
119 study countries during which they scoped the landscape of stakeholders and policy issues relevant to the  
120 research topic of interest as well as possible research collaborators including a potential in-country co-  
121 Principal Investigator (co-PI) for each study. The RU advisor then worked with researchers to establish  
122 forums for continuous engagement of stakeholders either through existing technical working groups  
123 (TWGs) or by forming study-specific research advisory committees (RAC). Further, the RU advisor  
124 worked with researchers to strengthen the capacity of in-country investigators and governmental

125 stakeholders to access, review and use research to improve programs/policies through workshops and  
 126 small grants. In addition, the RU advisor and SOAR’s Science Writer and Knowledge Management  
 127 Specialist worked with researchers to analyze the data, identify key findings, develop practical  
 128 recommendations and develop power point presentations, activity briefs and results briefs that researchers  
 129 used to present their research and results to stakeholders. Further details of the process of engagement of  
 130 stakeholders in SOAR studies are provided in a previous publication [8].  
 131 Table 2 shows the inputs that included a full time Senior Research Utilization Advisor and Science Writer  
 132 together with a 50% Knowledge Management Specialist. In addition to the staff positions, Project SOAR  
 133 also developed the RU guidance document and tools and, had dedicated funds that supported staff travel,  
 134 meetings, workshops and small grants discussed later.

135 **Table-2: Input: staff, resource materials**

| <b>Resource</b>  | <b>Remark</b>          |
|--|------------------------|
| Senior Research Utilization Advisor  | One Full Time Employee |
| Science Writer   | One Full Time Employee |
| Knowledge Management Specialist  | One 50% Employee       |
| Research utilization process guidance document and tools produced and disseminated throughout the consortium [9] | One document           |

136

137 **Activities: staff training, small grants initiative and technical**  
 138 **support**

139 To facilitate RU, Project SOAR conducted activities to strengthen the capacity of stakeholders to  
140 generate, analyze and use research findings. During site selection exploratory visits to study countries,  
141 Project SOAR PIs identified in-country colleagues to act as co-PIs on the studies as well as key  
142 stakeholders to help refine research questions, so they addressed priority policy and program needs in the  
143 country. As shown in Table 3, Project SOAR convened and conducted two regional capacity  
144 strengthening workshops in Johannesburg South Africa February 2017 and May 2018 attended by 48 in-  
145 country co-PIs and key stakeholders focusing on skills building for research generation and use. To  
146 enable in-country study teams to apply the skills they learned to generate and use data, Project SOAR sent  
147 out a request for proposals to in-country study teams and issued small grants of not more than \$10,000  
148 each for nine out of the 16 applications received. Using these funds, in-country researchers conducted  
149 secondary analyses to address locally relevant research questions, convened stakeholder meetings to  
150 disseminated findings and submitted conference abstracts and journal manuscripts. The RU advisor also  
151 provided technical support to study teams by way of country visits, phone calls and e-mails. He supported  
152 the formation of country-level research advisory committees (RAC). By the end of year 5, Project SOAR  
153 had established 54 RACs and facilitated the RACs to develop 46 in-country data use plans. Members of  
154 Project SOAR’s scientific team supported in-country teams by reviewing their draft publications and by  
155 mentoring small grant recipients. The RU Advisor, the science writer and the knowledge management  
156 specialist also supported the researchers in editing, formatting and preparing publications ensuring that  
157 the publications highlighted programmatic and policy implications of study findings.

158 **Table-3: Activities to facilitate RU: staff training, small grants initiative and technical support visits**

| Activity Type | Achieved by end of Yr-5 | Remarks |
|---------------|-------------------------|---------|
|---------------|-------------------------|---------|

|   |   |   |
|---|---|---|
| RU Capacity Strengthening Workshops for in-country researchers and stakeholders | 2 four-day regional workshops in Johannesburg, South Africa | -Feb 2017: 28 participants, from 12 countries<br>-May 2018: 20 participants from 8 countries. |
| Small Grants proposals submitted by in-country researchers                      | 16 applications received, 9 selected.                       | About \$10,000 per grant  |
| Technical Support Visits by RU Advisor  | 45  |   |
| Formation of Research Advisory Committees (RACs)                                | 54<br>(Out of 58 studies initiated)                         | A few nested studies shared the research advisory committee of the parent study.              |

159

160 **Outputs: # RU meetings, #disseminations and #publications**

161 As shown above Project SOAR conducted technical support and capacity strengthening activities  
 162 directed at in-country research teams and stakeholders to enable them to carry out RU activities. Table-4  
 163 shows the RU outputs generated by study teams and stakeholders as a result of Project SOAR’s inputs.  
 164 The RACs developed a data use plan that they used to engage stakeholders throughout the study as a  
 165 living document that they modified as they gained more knowledge about the landscape of stakeholders  
 166 and priority program and policy issues; the final data use plan, developed at the final dissemination  
 167 meeting, was a plan for continued engagement of stakeholders after the close of Project SOAR. As part of  
 168 the ongoing data use plan, RACs identified and coached champions to continue engaging stakeholders in  
 169 various forums to integrate study findings into decision making processes.

170 As shown in Table 4, SOAR researchers developed 58 Activity Briefs and 74 Results Briefs.  
 171 These are brief documents used to disseminate study information to stakeholders; an Activity Brief is a 2-  
 172 page document about each study stating the study’s objectives, methods, and proposed RU process while  
 173 a Results Brief focusses on key findings, programmatic implications, and recommendations. The briefs



174 were printed and shared with stakeholders as hardcopies and were also published on Project SOAR  
 175 website. When discussing individual studies in the section on RU outcomes we name Project SOAR's  
 176 studies using brief names and provide a reference to the study's activity or results brief on Project  
 177 SOAR's website.

178 **Table-4: Outputs: # RU meetings, #disseminations and #publications**

| Activity Type   | Achieved by end of Yr-5   | Remarks  |
|---|---|--|
| Study-specific data use plans to guide dissemination of results locally   | 46<br>(Out of 58 studies)   | Some studies were exempt from a in-country data use plan because they were global in nature.   |
| Activity Briefs   | 58  | One for each study   |
| Results Briefs  | 74  | Some studies had more than one results brief   |
| Joint national research advisory group meetings in countries with multiple SOAR studies   | 11 One-day in-country meetings of about 40 participants each                                | -Three in Malawi: July 2017, Sept 2018, Nov 2019<br>-Three in South Africa: May 2017, Sept 2018, Nov 2019<br>-Two in Tanzania: Mar 2017, Nov 2019<br>-One in Uganda: Feb 2019<br>- One in Kenya: Feb 2019<br>- One in Zambia: Feb 2019 |
| Briefings of national directors of AIDS programs and AIDS commissions   | 6 boardroom meetings at national AIDS program/council offices lasting about two hours each. | -Uganda: Aug 2018<br>- South Africa: Nov 2019<br>-Malawi: Oct 2018<br>- Kenya: Feb 2019<br>-Tanzania: May 2018<br>-Zambia: Feb 2017  |
| Meetings (including webinars and informal briefings) convened with USAID and/or other stakeholders to share interim results from SOAR studies | 116   |  |

|  |                                   |  |
|--|-----------------------------------|--|
| Oral/poster presentations given by SOAR PIs at international, regional, and national conferences | 111                               |  |
| Manuscripts submitted to peer reviewed journals  | 59                                |  |
| Presentations sharing Best Practices from SOAR's RU approach                                     | Four RU Technical Expert meetings | -Makerere University Medical School, Uganda: August 2018, 60 faculty members and researchers<br>-Washington, DC Technical Advisory Network: May 2019, 50 RU experts<br>-Mexico City, International AIDS Society (IAS) Conference: July 2019, Satellite meeting on RU<br>- Kigali, Rwanda, International Conference on AIDS and STIs in Africa (ICASA): Dec 2019<br>Satellite meeting on RU |
| Publications sharing Best Practices from SOAR's RU approach                                      | Four                              | -Blog on Capacity Strengthening on USAID website<br>-Q&A on Project SOAR website<br>-Two Journal articles in AIDS and Behavior   |

179

180 In the six countries where we had multiple studies, SOAR researchers conducted 11 joint research  
181 advisory group meetings that brought together an average of 40 study staff and key stakeholders in each  
182 country to interpret preliminary and final study findings, identify key findings and make practical  
183 actionable recommendations that applied study findings to strengthen policies and programs. In some of  
184 the countries where it was not possible for national authorities to attend dissemination meetings, SOAR  
185 researchers requested boardroom meetings at national AIDS program offices where they shared study  
186 findings with top-level government officials and discussed policy and programmatic implications of the  
187 findings.

188           Beyond national meetings, SOAR researchers shared interim research findings in 116 webinars  
189 and meetings convened by USAID and other stakeholders, in 111 oral and poster presentations in regional  
190 and international AIDS conferences and submitted 59 manuscripts to peer reviewed journals to further  
191 disseminate study findings. Apart from disseminating study findings, Project SOAR compiled and shared  
192 best practices of our RU approach to communities of practice through four technical expert meetings  
193 targeted to academia in Uganda, global-level RU experts convened in Washington, DC, satellite meetings  
194 at international HIV conferences in Mexico City and Kigali, a blog on capacity strengthening on the  
195 USAID website [10], a Q&A on Project SOAR website [11], and two journal articles in AIDS and  
196 Behavior [8, 12].

197           While sharing knowledge of study findings with key stakeholders may not be effective on its own  
198 to change practices or policies, it is a necessary pre-requisite to change [1]. In analyzing the utilization of  
199 study findings, it is important to know whether the knowledge was shared with relevant stakeholders aka  
200 “target policy actors” [1]) or “receptor bodies that would potentially use the findings” [14]. And whether  
201 results were shared at the most opportune time [13], in an accessible format, and whether stakeholders  
202 engaged in the process. The outcome of stakeholder engagement is the use of study findings to improve  
203 policies and programs, and as explained in the next section, can vary from a change in the thinking about  
204 a problem, to a commitment to act, to tangible action for change.

205

## 206 **Measuring outcomes of RU activities**

207           The outcome of the above RU activities is research use. Several publications [15, 2, 3] propose at  
208 least three main domains of research use, where ‘use’ refers to an event or action by stakeholders to  
209 change programs/policies as a result of research. *Instrumental Use* is when stakeholders use research to

210 make policy/program decisions. *Conceptual Use* is when stakeholders apply the knowledge in their  
211 thinking and conceptual understanding of the issue [15] and use study findings in debates and “public and  
212 professional discourses” [13] without necessarily taking action to change policy or practice as a result of  
213 the study findings. And *Persuasive Use* is when stakeholders use research data to influence or persuade  
214 other stakeholders, such as politicians to pass a bill or community members to change a behavior.

215         When SOAR researchers shared research information, updates on the research process, or study  
216 findings, some stakeholders made comments and asked questions to seek clarification, interpret the data  
217 and draw programmatic/policy implications. These “productive interactions or instances of knowledge  
218 exchange” are often viewed as crucial *Conceptual Use* that leads to *Instrumental Use* (6) and should be  
219 documented [1]. Indeed, Penfield T et al [6] recommend documentation of the bi-directional flow of  
220 knowledge between researchers and stakeholders. Below we discuss examples of conceptual and  
221 persuasive use as short term outcomes; and instrumental use as intermediate outcomes.

## 222 **Short term RU outcomes (weeks-months): commitments, policy** 223 **debate**

224         In the bi-directional exchange between researchers and stakeholders some stakeholders may make  
225 commitments to implement study recommendations. These commitments can thus be classified as  
226 *Conceptual Use*. Even though these commitments may be only verbal, it is important that study teams  
227 record these commitments in the report of the dissemination meeting as a prompt for future follow-up.  
228 Indeed, SOAR champions, identified in the data use plans (see Table 4) planned to follow-up to verify  
229 whether the stakeholders fulfilled these commitments, or if there were barriers hindering the fulfilment,  
230 how they could be addressed.

231 As shown in Table-5a several stakeholders stated a commitment to use the study intervention in  
 232 some way such as integration into routine service delivery (Zambia Project YES, Tanzania GBV); and  
 233 pilot-testing or taking the recommendation to scale (Namibia TnS, Uganda DISCO, Zambia Project  
 234 YES). Other stakeholders committed to addressing service gaps identified by the study for example  
 235 through improved program monitoring and evaluation (M&E) or training (Kenya and Uganda Pediatric  
 236 Case Finding, Tanzania FSW/FP). It is notable that in some situations, although, at the time of reporting,  
 237 no policy or program change was effected, a step in the right direction was taken. In Zambia Project YES,  
 238 the integration of anti-stigma activities in the study intervention was a step towards developing an anti-  
 239 stigma program; in the Kenya and Uganda Pediatric Case Finding, the development of quality  
 240 improvement plans was a step towards improved programing.

241 **Table-5a: Short-term outcomes (weeks- months): commitments, policy debate**

| <b>Name of study</b>                         | <b>Key Finding</b>  | <b>RU Outcome</b>  |
|--|---|--|
| Kenya and Uganda Pediatric Case Finding [16] | Formative data showed missed opportunities for prevention of mother to child transmission (PMTCT)   | Program implementers developed quality improvement plans to address gaps   |
| Zambia Project YES [17]                      | Formative study showed high levels of stigma  | Investigators integrated anti-stigma components in the study intervention  |
| Uganda PEPFAR Geographical Pivot [18]        | Data showed that withdrawal of PEPFAR support from some health facilities in Uganda was not followed immediately by Uganda government support as expected | Policymakers reacted by debating the country's preparedness for the possible reduction in donor funding for ART. |
| Zambia Project YES [17]                      | Feasibility of transition intervention for youth on ART   | A separate NGO expressed desire to adapt and use the study's intervention in their program.                      |
| Tanzania GBV [19]                            | Feasibility of gender-based violence (GBV) intervention in study facilities   | MOH expressed desire to integrate intervention into routine health care  |

|                      |  |   |
|----------------------|--|---|
| Namibia TnS [20]     | The test and start program was feasible but there was lack of patient understanding of viral loads | MOH committed to develop and pilot-test Viral Load literacy intervention for patients on ART                  |
| Tanzania FSW/FP [21] | A proportion of women on ART expressed a desire for safer conception                               | MOH and implementing partner committed to strengthening the skills of staff in counseling on safer conception |
| Uganda DISCO [22]    | Disclosure intervention, tested in the study, was highly efficacious among youths                  | Policymakers expressed interest in rolling out the intervention to a national scale                           |

242 Other than commitments, another *Conceptual Use* of research can be an improvement in  
243 knowledge about a topic that feeds into policy debate. For example, the Uganda PEPFAR Geographical  
244 Pivot study showed that when PEPFAR transitioned out of some health facilities, the government was not  
245 immediately able to provide continuation of ART services. This finding elicited a debate among senior  
246 policymakers about the government’s preparedness for donor withdrawal.

247 Table-5b shows examples of *Persuasive Use*: in the case of Malawi DREAMS, the  
248 epidemiologist intended to use study findings to influence the ongoing go/no-go discussions about PrEP  
249 use in this population; and the organizations retrieving data from the Global Fund repository on key  
250 populations intended to use the data to influence global policy and interventions.

251 **Table-5b: Short-term outcomes (weeks- months): policy influence**

| Name of study       | Key Finding   | RU Outcome   |
|---------------------|---|--|
| Global Fund TA [23] | Study analyzed and deposited, in a data repository, HIV prevalence and incidence data for key populations | Global Fund, UNAIDS and CDC made data retrievals from the repository for use in policymaking   |
| Malawi DREAMS [24]  | Study showed high prevalence of herpes simplex among adolescent girls and young women (AGYW)              | MOH epidemiologist confirmed that the data were vital for informing the ongoing go/no-go national discussions about the use of PrEP among AGYW |

253 **Intermediate outcomes (months-years): changes in policies or**  
 254 **programs**

255 Beyond statements of commitment, some stakeholders made policy/program decisions and acted  
 256 on these decisions as a result of Project SOAR studies—*Instrumental Use*. As shown in Table 6, in  
 257 Tanzania after learning that community-based ART improved initiation and retention among key  
 258 populations, the MOH authorized community-based ART for those populations. All service delivery  
 259 providers were informed of this change via a formal government circular. In Senegal, the AIDS program  
 260 added HIV self-testing (HST) to the national strategy following a SOAR feasibility study. In Eswatini, on  
 261 learning that a large proportion of children were using sub-optimal ARV regimens, the MOH changed  
 262 their treatment policy to transition to more efficacious regimens. In Uganda and Eswatini the MOH used  
 263 SOAR modelling results to modify the choice of priority populations to be targeted for PrEP nationally.  
 264 In Zambia, USAID funded two implementing partners to address program gaps identified by a SOAR  
 265 study by facilitating issuance of birth certificates and increasing HIV testing for OVC.

266 **Table-6: Intermediate outcomes (months-years): changes in policies or programs**

| Name of study         | Key Finding   | RU Outcome  |
|-----------------------|---|---|
| Tanzania FSW-ART [25] | Community-based ART distribution can lead to higher ART initiation rates with continued ART use and better adherence after six months | MOH changed national policy and issued a circular authorizing community-based ART initiation to Key and Vulnerable Populations  |
| Senegal TnS [26]      | Study showed feasibility of HIV self-testing (HST) (Senegal TnS),   | National AIDS program included HST in the national HIV test and start strategy  |
| Eswatini FAMCARE [27] | 43.1% of children were receiving a suboptimal Nevirapine (NVP)-based regimen  | MOH changed policy and issued a facility memo to transition children and adolescents on NVP-based regimens to better regimens (either Lopinavir/ritonavir-based or Efavirenz-based) |

|  |  |   |
|--|--|---|
| -Eswatini PrEP modelling [28]<br>-Uganda PrEP modelling [29] | Modeling projected cost-effectiveness and impact of PrEP in various target populations | MOH modified their choice of national priority target populations for PrEP in line with recommendations from the modelling. |
| Zambia ZAMFAM Benchmark [30]                                 | Low proportions of OVC who had birth certificates; and OVC whose HIV status was known  | USAID funded two IPs to facilitate issuance of birth certificates and increasing HIV testing for OVC.                       |

267

268 **Long-term impact (years-decades): changes in key indicators of HIV**  
 269 **response, the 90-90-90s**

270 The aim of Project SOAR studies is to strengthen programs that contribute to the global goals of  
 271 ending the HIV epidemic through attainment of the 90-90-90 goals. Thus, the long-term impact of Project  
 272 SOAR studies on the first 90, is to increase the proportion of people who know their HIV status.  
 273 Contribution to the second 90 is to increase the proportion of PLHIV on ART and contribution to the  
 274 third 90, is to increase those on ART who are virally suppressed. However, the time between publication  
 275 of research results, the utilization of that research in decision making and clinical practice and then the  
 276 corresponding reflection of those actions on population-based indicators varies and can be measured in  
 277 years or decades. This time lag makes it difficult to document the long-term outcomes of research  
 278 utilization [31, 6]. Secondly, the population level indicators of prevalence of knowledge of HIV status,  
 279 ARV treatment and viral load suppression are impacted by other ongoing activities and programs  
 280 therefore making it challenging to attribute the influence of isolated research utilization activities on the  
 281 overall indicator improvement. For this reason, PEPFAR conducts Population-based HIV Impact  
 282 Assessments (PHIA) [3]) to gauge and guide the entire HIV response in priority countries.

283 **Discussion**



## 284 **Non-use of research findings**

285           In our analysis above we have applied instances of use of evidence to illustrate initial and  
286 intermediate outcomes of SOAR’s research utilization activities. However, research utilization, just like  
287 any program activity, has instances of failure to yield outcomes or instances of use. Documentation of  
288 research use should also include non-use of research and reasons why the research was not used. Reasons  
289 for non-use vary and can include that the study methodology was not sound enough, the study findings  
290 were not convincing enough—"intervention failure", or that the stakeholders were not optimally engaged  
291 either in the research process or in interpretation of the findings—research utilization failure [33]. Other  
292 reasons could be that the findings did not align with a decision-making moment, there was no mechanism  
293 within which to ask for or enact change, or there was no budget to enact the change. Indeed, it has been  
294 argued that documentation of RU should span the entire research and dissemination process to enable  
295 researchers and stakeholders to link research impact or non-impact to how utilization was promoted [6].  
296 In SOAR, the six-monthly reporting template (Table 1) that captures activities to engage stakeholders and  
297 feedback from study investigators, provides a written record of RU activities throughout the life of the  
298 project thus providing information needed to further analyze what was effective and ineffective to  
299 generate research use. In the following section we discuss some of the challenges in monitoring research  
300 use illustrated by SOAR’s experience where applicable.

## 301 **Challenges in monitoring research utilization**

### 302 **Reporting bias**

303           Documentation and monitoring of research utilization is susceptible to reporting bias. Most  
304 methods of data collection to monitor RU involve interviews with or by research generators and research

305 users [7, 3, 15], and hence are subject to recall bias as the respondents tend to recall only what worked. Or  
306 they are subject to social desirability bias because the respondents have a reason to please the interviewers  
307 or they have a vested interest to show the value of the investment made in research. Secondly, the  
308 selection of instances of research utilization that are reported tends to be biased towards “high-impact  
309 rather than low-impact” research [14].

### 310 **Attribution**

311           Attributing a policy or program change to a specific research finding is difficult if not often  
312 impossible. Research utilization activities are usually not implemented as a randomized controlled  
313 intervention; the results of a study are simply presented to decisionmakers without an experimental design  
314 to exclude other factors that could influence decision-making. Such factors include political forces and  
315 other external policy influences, good fortune, other studies and magnitude of the problem being  
316 addressed by the research finding [6, 31, 33, 15]. Further, there is usually no counterfactual; meaning that  
317 there is no way of telling what would have happened had the study not been conducted [29] or had the  
318 results not been presented to those particular stakeholders, at that particular time, in that particular manner  
319 and setting [7]. The closest we can get to attribution is when the change in policy or practice is made after  
320 the dissemination of findings to the specific stakeholders who made the decision. For example, after  
321 SOAR investigators presented study results to the national AIDS program in Senegal that showed the  
322 feasibility of HIV self-testing (HST) [26], the national AIDS program included HST in the national HIV  
323 test and start strategy. It could be argued that, without the SOAR study, the national AIDS program could  
324 have still included HST in its strategy; on the other hand, it could also be argued that SOAR’s feasibility  
325 study provided confidence to the national AIDS program to implement HST.

### 326 **Unpredictable time lag**

327           The time between completion of research and its utilization varies widely. Some study results are  
328 used immediately after a study is completed, even before the results are published or it may take months  
329 or years for results to affect policy and programs. For example, in SOAR’s study on the feasibility of  
330 HIV test and start in Namibia [20], the implementing partner (IP), used the data before the results were  
331 disseminated at a national meeting. The IP reported that, based on preliminary study data, the findings  
332 were so compelling that the IP had already implemented some of the recommendations such as  
333 differentiated ART for youth and reduction of frequency of clinician consultations for stable patients.

334           However, many research findings aren’t used for years or decades after they were published [31].  
335 With the possibility of infinite time lag between publication and utilization of research [6] it becomes  
336 difficult to document when a study’s results have been used because often, after the study ends, the  
337 interested parties do not have the resources to continuously document and monitor instances of utilization.  
338 It is, therefore, impossible to conclude that the study’s results have not, or will never be utilized. For this  
339 reason, SOAR investigators developed data use plans which include the identification and cultivation of  
340 champions who will continue promoting the use of study findings at opportune moments even after the  
341 end of project SOAR, as explained above. For example, in Malawi, where the epidemiologist commented  
342 that SOAR DREAM’s research that showed a high prevalence of genital herpes among AGYW might  
343 influence the go/no-go decision about provision of PrEP to AGYW, our champion intends to follow up by  
344 attending the prevention TWG and discussing our results together with other data being used to make the  
345 go/no-go decision.

346

## 347 **Conclusion and Recommendations**

348 Funders of research are increasingly seeking to understand the impact of research and the various  
349 returns on their investment [1]. Moreover, as funding to support some areas of research wanes or remains  
350 stagnant, the need to document the value of investing in research by its' effect on improved programs and  
351 policies becomes increasingly necessary. It may be argued however, that given the lack of a  
352 counterfactual in research utilization, it is not possible for researchers to attribute a policy/program  
353 change to their study's findings. The authors recommend that as part of the study protocol development  
354 process, researchers need to assess the policy landscape related to the guidelines/policies the study is  
355 intending to influence. Such information can give support to the case for attribution when corroborated  
356 with the fact that the policy/program change was made after the research findings were disseminated to  
357 the specific stakeholders who made the change.

358 The time lag between researchers releasing results and stakeholders using the results to improve  
359 programs/policies is unpredictable and adds yet another challenge to robustly monitoring research  
360 utilization. It is, therefore, imperative that researchers implement systematic RU activities (as outlined  
361 above) including identifying and coaching in-country champions to promote study findings over time and  
362 to develop data use plans that define a roadmap for RU activities to guide the champions to promote study  
363 findings at future opportunities after study results are disseminated.

364 While monitoring of research utilization is not a widely established component of research,  
365 experiences in project SOAR have shown that researchers can use a simple set of tools and guidance to  
366 record activities they conduct to systematically ensure that stakeholders are aware of research findings  
367 and the intent and commitment from stakeholders to take programmatic or policy decisions. Research  
368 organizations should require researchers to routinely use RU reporting tools for all significant research  
369 investments. In addition, researchers and stakeholders are often biased towards reporting high-impact  
370 research yet important lessons about RU implementation can be learned from low- or no-impact research.

22

371 Therefore, monitoring should be conducted prospectively and not selectively retrospectively report only  
372 on research that showed impact.

## 373 **Acknowledgements**

374 The authors would like to acknowledge Project SOAR Senior Management Team: Dr Scott  
375 Geibel, Project Director; Dr Eileen Yam, Deputy Project Director; Ms. Deborah Weiss, Director of  
376 Operations; Dr Deanna Kerrigan (formerly of Joint Hopkins University (JHU) who guided the research  
377 utilization activities and ensured support and participation of the entire research team. We would also like  
378 to acknowledge Ms. Ellen Weiss, the Science Writer and Ms. Sherry Hutchinson, the Knowledge  
379 Management Specialist both of whom worked tirelessly to analyze, edit, format and produce research  
380 utilization resources and results dissemination materials and products. In addition, we acknowledge all  
381 members of Project SOAR's research team including the US-based and country-based investigators and  
382 their staff for integrating RU activities into their research. Finally, we would like to thank all the  
383 stakeholders in the countries from community to national level who participated and engaged in Project  
384 SOAR's RU activities.

385

## References

- 387 1. Searles A, Chris Doran C, Attia J, Knight D, Wiggers J, Deeming S, Mattes J, Webb B, Hannan  
388 S, Ling R, Edmunds K, Reeves P, Michael Nilsson M. An approach to measuring and  
389 encouraging research translation and research impact. *Health Res Policy Syst.* 2016; 14: 60.
- 390 2. Estabrooks CA, & Wallin L. Where do we stand on the measurement of research utilization?  
391 Paper prepared for the 4th Annual Knowledge Utilization Colloquia (KU04), Belfast, Northern  
392 Ireland. 2004. Available from: [https://cloudfront.ualberta.ca/-/media/nursing/knowledge-  
393 utilization-studies-program/knowledge-utilization-colloquia/ku04/wallinbelfast.pdf](https://cloudfront.ualberta.ca/-/media/nursing/knowledge-utilization-studies-program/knowledge-utilization-colloquia/ku04/wallinbelfast.pdf).
- 394 3. Straus SE, Tetroe J, Graham ID, Zwarenstein M, Bhattacharyya O, Shepperd S. Monitoring use  
395 of knowledge and evaluating outcomes. *CMAJ.* 2010 Feb 9; 182(2): E94–E98.
- 396 4. CDC 2014. Practical Use of Program Evaluation among Sexually Transmitted Disease (STD)  
397 Programs. Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and  
398 TB Prevention, Centers for Disease Control and Prevention, 2014. Available from:  
399 <https://www.cdc.gov/std/program/pupestd.htm>
- 400 5. Project SOAR 2018. Lesotho IMPROVE. Evaluating a Multidisciplinary Integrated Management  
401 Team Intervention to Improve Maternal and Child Outcomes and HIV Service Uptake and  
402 Retention in Lesotho. Project SOAR Activity Brief. Washington, DC: Population  
403 Council. [http://www.projsoar.org/wp-content/uploads/2018/04/Lesotho IMPROVE Brief.pdf](http://www.projsoar.org/wp-content/uploads/2018/04/Lesotho_IMPROVE_Brief.pdf)
- 404 6. Penfield T, Baker MJ, Scoble R, Wykes MC. Assessment, evaluations, and definitions of research  
405 impact: A review. *Research Evaluation* 23 (2014) pp. 21–32.
- 406 7. Banzi R, Moja L, Pistotti V, Facchini A, Liberati A. Conceptual frameworks and empirical  
407 approaches used to assess the impact of health research: an overview of reviews. *Health Research  
408 Policy and Systems* 2011, 9:26. <http://www.health-policy-systems.com/content/9/1/26>
- 409 8. Kalibala S, and Nutley T. Engaging Stakeholders, from Inception and Throughout the Study,  
410 is Good Research Practice to Promote use of Findings. *AIDS and Behavior.*  
411 <https://doi.org/10.1007/s10461-019-02574-w>. Published online 3 July 2019.
- 412 9. Project SOAR 2016 RU Guide. Project SOAR’s approach to research utilization, Project SOAR  
413 2016. Washington, D.C.: Population Council. [http://www.projsoar.org/resources/soar-  
414 researchutilization-Guide](http://www.projsoar.org/resources/soar-researchutilization-Guide).
- 415 10. Kalibala S. 2018. Improving HIV Programs: Developing In-country Capacity to Generate and  
416 Use Data.” Dr. Samuel Kalibala on October 12, 2018 [https://www.usaid.gov/global-health/health-  
417 areas/hiv-and-aids/information-center/research-corner/project-soar](https://www.usaid.gov/global-health/health-areas/hiv-and-aids/information-center/research-corner/project-soar)
- 418 11. Project SOAR 2019. Q&A with Sam Kalibala, Director of Research Utilization, answers  
419 questions about SOAR’s strategy to promote research uptake. 17 July 2019.  
420 <http://www.projsoar.org/news/kalibala-soar-ru-strategy/>
- 421 12. Kalbarczyk et al 2019. Kalbarczyk A, Davis W, Kalibala S, Geibel S, Yansaneh A, Martin NA,  
422 Weiss E, Kerrigan D, Manabe YC. “Research Capacity Strengthening in Sub- Saharan Africa:  
423 Recognizing the Importance of Local Partnerships in Designing and Disseminating HIV

- 424 Implementation Science to Reach the 90–90–90 Goals.” *AIDS and Behavior*. Published online 16  
425 May 2019. <https://doi.org/10.1007/s10461-019-02538-0>
- 426 13. Sumner A, Crichton J, Theobald S, Zulu E, Parkhurst J. What shapes research impact on policy?  
427 Understanding research uptake in sexual and reproductive health policy processes in resource  
428 poor contexts. *Health Research Policy and Systems* 2011, 9(Suppl 1):S3.
- 429 14. Raftery J, Hanney S, Greenhalgh T, Glover M, Blatch-Jones A. Models and applications for  
430 measuring the impact of health research: update of a systematic review for the Health Technology  
431 Assessment programme. *HEALTH TECHNOLOGY ASSESSMENT* 2016 VOL. 20 NO. 76.
- 432 15. Makkar SR, Brennan S, Turner T, Williamson A, Redman S, Green S. The development of  
433 SAGE: A tool to evaluate how policymakers engage with and use research in health  
434 policymaking. *Research Evaluation*, 25(3), 2016, 315–328.
- 435 16. Project SOAR 2018. Kenya and Uganda Pediatric Case Finding. Active Pediatric HIV Case  
436 Finding in Kenya and Uganda. <http://www.projsoar.org/our-activities/keny-uganda-ped-cases/>
- 437 17. Project SOAR 2019. Zambia Project YES. “Youth living with HIV in Zambia: interpersonal  
438 violence, self-stigma, and viral suppression,” Project SOAR Results Brief. Washington, DC:  
439 Population Council. [http://www.projsoar.org/wp-](http://www.projsoar.org/wp-content/uploads/2019/05/Zambia_YES_Interim_ResBrief.pdf)  
440 [content/uploads/2019/05/Zambia\\_YES\\_Interim\\_ResBrief.pdf](http://www.projsoar.org/wp-content/uploads/2019/05/Zambia_YES_Interim_ResBrief.pdf)
- 441 18. Rodríguez DC, Paina L, Wilhelm J, Mackenzie C, Mukuru M, Ssenooba F, Zakumumpa H,  
442 Bennett S. 2019. Evaluating the impact of PEPFAR’s geographic prioritization on centrally  
443 supported health facilities. Project SOAR Final Report. Washington, D.C.: Population Council.  
444 [http://www.projsoar.org/wp-content/uploads/2019/03/KenyUg\\_PEPFARGeo\\_Report.pdf](http://www.projsoar.org/wp-content/uploads/2019/03/KenyUg_PEPFARGeo_Report.pdf)
- 445 19. Settergren SK, Mujaya S, Rida W, Kajula LJ, Kamugisha H, Mbwambo JK, Kisanga F,  
446 Mizinduko MM, Dunbar MS, Mwandalima I, Wazee H, Prieto D, Mullick S, Erie J, Castor D.  
447 Cluster randomized trial of comprehensive gender-based violence programming delivered  
448 through the HIV/AIDS program platform in Mbeya Region, Tanzania: Tathmini GBV study.  
449 2018. *PLoS ONE* 13(12): e0206074. doi: 10.1371/journal.pone.0206074.
- 450 20. Project SOAR 2019. Namibia TnS. Viral load testing: room for improvement in Namibia’s  
451 antiretroviral treatment services. Project SOAR Results Brief. Washington, DC: Population  
452 Council. [http://www.projsoar.org/wp-content/uploads/2019/01/Namibia\\_TnS\\_VL\\_ResBrief.pdf](http://www.projsoar.org/wp-content/uploads/2019/01/Namibia_TnS_VL_ResBrief.pdf)
- 453 21. Project SOAR 2018. Tanzania FSW/FP. Assessing family planning and safer conception needs  
454 and services among female sex workers living with HIV in Dar es Salaam. Project SOAR Final  
455 Report. Washington, DC: USAID | Project SOAR. [http://www.projsoar.org/wp-](http://www.projsoar.org/wp-content/uploads/2018/12/Tz_FSW_FP_FinalReport.pdf)  
456 [content/uploads/2018/12/Tz\\_FSW\\_FP\\_FinalReport.pdf](http://www.projsoar.org/wp-content/uploads/2018/12/Tz_FSW_FP_FinalReport.pdf)
- 457 22. Lisa B, Musoke P, Etima M, King R, Vittinghoff E, Boivin M, Fowler MG. 2017. Increasing  
458 pediatric HIV disclosure to children in Uganda. Project SOAR Results Brief. Washington, DC:  
459 Population Council. [http://www.projsoar.org/wp-](http://www.projsoar.org/wp-content/uploads/2017/10/Uganda_DISCOKids_Brief.pdf)  
460 [content/uploads/2017/10/Uganda\\_DISCOKids\\_Brief.pdf](http://www.projsoar.org/wp-content/uploads/2017/10/Uganda_DISCOKids_Brief.pdf)
- 461 23. Project SOAR 2018. Global Fund TA. Strengthening Capacity to Use Data to Inform HIV  
462 Responses for Key Populations. Project SOAR Activity Brief. Washington, DC: Population  
463 Council. [http://www.projsoar.org/wp-](http://www.projsoar.org/wp-content/uploads/2018/06/20180621_GlobalFundTA_ActBrief_Final.pdf)  
464 [content/uploads/2018/06/20180621\\_GlobalFundTA\\_ActBrief\\_Final.pdf](http://www.projsoar.org/wp-content/uploads/2018/06/20180621_GlobalFundTA_ActBrief_Final.pdf)

- 465 24. Mensch BS and Erica SH. Rates of HIV and HSV-2 among young people in Machinga, Malawi.  
466 2017 Project SOAR Results Brief. Washington, DC: Population Council.  
467 [http://www.projsoar.org/wp-content/uploads/2017/12/Malawi\\_DREAMS\\_MSAS\\_Brief1.pdf](http://www.projsoar.org/wp-content/uploads/2017/12/Malawi_DREAMS_MSAS_Brief1.pdf)  
468 25. Project SOAR 2019. Tanzania FSW-ART. Community-based delivery of antiretroviral treatment  
469 for female sex workers in Tanzania: high levels of initiation, use, and adherence. Project SOAR  
470 Results Brief. Washington, DC: Population Council. [http://www.projsoar.org/wp-](http://www.projsoar.org/wp-content/uploads/2019/02/Tz_FSW_Bsln_MidlineBrief.pdf)  
471 [content/uploads/2019/02/Tz\\_FSW\\_Bsln\\_MidlineBrief.pdf](http://www.projsoar.org/wp-content/uploads/2019/02/Tz_FSW_Bsln_MidlineBrief.pdf)  
472 26. Project SOAR 2019. Senegal TnS. Can HIV Self-testing Help Reach Those at Risk for HIV and  
473 Not Accessing Traditional Testing Services in Senegal? Project SOAR Results Brief.  
474 Washington, DC: Population Council. [http://www.projsoar.org/wp-](http://www.projsoar.org/wp-content/uploads/2019/01/Senegal_TnS_Bsln_ResBrief.pdf)  
475 [content/uploads/2019/01/Senegal\\_TnS\\_Bsln\\_ResBrief.pdf](http://www.projsoar.org/wp-content/uploads/2019/01/Senegal_TnS_Bsln_ResBrief.pdf)  
476 27. Chouraya C, Ashburn K, Khumalo P, Mpango L, Mthethwa N, Machezano R, Guay L,  
477 Mofenson, L. Association of Antiretroviral Drug Regimen with Viral Suppression in HIV-  
478 positive Children on Antiretroviral Therapy in Eswatini. The Pediatric Infectious Disease Journal:  
479 August 2019 - Volume 38 - Issue 8 - p 835–839.  
480 28. Project SOAR 2019. Eswatini PrEP modelling. Oral Pre-Exposure Prophylaxis Modeling Results:  
481 Eswatini, Results to inform Ministry of Health’s PrEP scale up. Project SOAR Results Brief.  
482 Washington, DC: Population Council. [http://www.projsoar.org/wp-](http://www.projsoar.org/wp-content/uploads/2019/02/Eswatini_PrEPModeling_ResBrief.pdf)  
483 [content/uploads/2019/02/Eswatini\\_PrEPModeling\\_ResBrief.pdf](http://www.projsoar.org/wp-content/uploads/2019/02/Eswatini_PrEPModeling_ResBrief.pdf)  
484 29. Project SOAR 2019. Uganda PrEP modelling. Oral Pre-Exposure Prophylaxis Modeling Results:  
485 Uganda, Results to inform Ministry of Health’s PrEP scale up. Project SOAR Results Brief.  
486 Washington, DC: Population Council. [http://www.projsoar.org/wp-](http://www.projsoar.org/wp-content/uploads/2019/02/Uganda_PrEPModeling_ResBrief.pdf)  
487 [content/uploads/2019/02/Uganda\\_PrEPModeling\\_ResBrief.pdf](http://www.projsoar.org/wp-content/uploads/2019/02/Uganda_PrEPModeling_ResBrief.pdf)  
488 30. Mbizvo M, Hewett PC, Kayeyi N, Phiri L, Mulenga SN, Mushiki B, Chibuye M, Digitale J. 2018.  
489 Benchmark assessment of orphaned and vulnerable children in areas of the Zambia Family  
490 (ZAMFAM) Project. Project SOAR Final Report. Washington, D.C.: Population Council.  
491 [http://www.projsoar.org/wp-content/uploads/2018/02/Zambia\\_ZAMFAMBnchmrk\\_short.pdf](http://www.projsoar.org/wp-content/uploads/2018/02/Zambia_ZAMFAMBnchmrk_short.pdf)  
492 31. Frank C et al 2009. Frank C, Nason E. Health research: measuring the social, health and  
493 economic benefits. CMAJ, MARCH 3, 2009, 180(5).  
494 32. CDC 2019. New PHIA Survey Data Show Critical Progress Towards Global HIV Targets.  
495 Available from: [https://www.cdc.gov/globalhivtb/who-we-are/events/world-aids-day/phia-](https://www.cdc.gov/globalhivtb/who-we-are/events/world-aids-day/phia-surveys.html)  
496 [surveys.html](https://www.cdc.gov/globalhivtb/who-we-are/events/world-aids-day/phia-surveys.html)  
497 33. Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A, Griffey R, Hensley M.  
498 Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and  
499 Research Agenda. Adm Policy Ment Health (2011) 38:65–76.  
500 34. Grimshaw JM, Eccles MP, Lavis JN, Hill SJ, Squires JE. Knowledge translation of research  
501 findings. Implementation Science 2012,7:50.

502

503



**Figure 1. Logic model for SOAR's RU activities**