

**APPROPRIATE USE OF CAESAREAN SECTION THROUGH QUALITY DECISION-MAKING
BY WOMEN AND PROVIDERS
GRANT AGREEMENT NUMBER 847567 QUALI-DEC**



DELIVERABLE D22, D7.4 (WP 7)

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Strategy to share the research results with
potential users and stakeholders and to use
it beyond the project (Version 2.0)

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PU	Public	X
PP	Restricted to other programme participants (including the Commission Services)	
RE	Restricted to a group specified by the consortium (including the Commission Services)	
CO	Confidential, only for members of the consortium (including the Commission Services)	

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Introduction

As part of the project's effort to ensure that Dissemination and Exploitation (D&E) of results is integrated into the research process, one of the first steps is to write a draft D&E plan. As with public health interventions that require an evaluation plan prior to initiation, it is recommended that researchers write a D&E plan at the outset of their research. Although it is a living document that will be adapted as the project progresses, it is essential that research teams in each participating country ask themselves immediately how they think they can organize activities that will promote the use of their research. We developed a first version of our D&E plan in June 2020 including a preliminary plan of each country. This document is the second version which is a global D&C plan combining each country plan and constitutes revised deliverable 7.4 of December 2020.

The D&E plan follows the structure of the Horizon 2020 D&E template. Each part contains a set of questions (provided in the H2020 template) and the proposed answers. These responses will be clarified/updated throughout the project in case of significant changes during the periodic evaluation of the project.

The QUALI-DEC D&E plan describes:

- The project results that can be used either by the project partners or by other stakeholders
- The stakeholders that could make use of results
- The measures for dissemination of key results
- The channels and platforms for potential users
- The identification of exploitable results
- The barriers and risks for exploitation
- The measures to ensure that results will be taken up
- The roles and responsibilities of partners

1. What are the results ?

There are outputs generated during the project and concern educational material for women and healthcare providers (WP3), knowledge about the context, the process evaluation and scalability assessment (WP4&5), knowledge on effectiveness and cost-effectiveness (WP5&6), data on hospital statistics (WP6), Film and animations (WP2) and policy briefs of actionable recommendations (WP7). Table 1 details for each type of results what are potential users and potential for exploitation.

Table 1. Description of QUALI-DEC results that can be used and potential users

	QUALI-DEC results [WP]	Description	Potential users
Educational material	Decision-analysis tool (DAT) for pregnant women [WP3]	Decision aid to support women in decisions on mode of delivery (tailored to each study country). There is a paper-based version of the tool (DAT booklet) and a mobile application in each language (English, Spanish, French, Thai and Vietnamese)	<ul style="list-style-type: none"> • Pregnant women • Potential companions • Family members • Women associations
	Electronic portfolio for healthcare providers [WP3]	Web-based platform which contains various training material for future opinion leaders and data collectors : powerpoint presentations, brainstorming exercises, role playing game, card game, videos.	<ul style="list-style-type: none"> • Healthcare professionals involved in maternity care • Hospital and service managers • Professional associations (obstetrician-

			<p>gynecologists, midwives, obstetric nurses)</p> <ul style="list-style-type: none"> • Medical schools • Nurse, midwifery schools
Knowledge	<p>Knowledge on societal, institutional and policy context</p> <p>[WP4&5]</p>	<p>Barriers and facilitators to implement non-clinical interventions to reduce unnecessary caesarean sections</p>	<ul style="list-style-type: none"> • Ministry of health • United Nations agencies (WHO, UNICEF, UNFPA) • NGOs • International Research community
	<p>Knowledge on process evaluation</p> <p>[WP4&5]</p>	<p>Effects of implementation variability within participating healthcare facilities on effectiveness outcomes</p>	<ul style="list-style-type: none"> • Ministry of health in each country • United Nations agencies (WHO, UNICEF, UNFPA) • NGOs • International research community
	<p>Knowledge on scalability</p> <p>[WP4&5]</p>	<p>Inform a future scale-up strategy, including advocacy and ongoing communication with key stakeholders</p>	<ul style="list-style-type: none"> • Ministry of health in each country • United Nations agencies (WHO, UNICEF, UNFPA) • NGOs • International Research community
	<p>Knowledge on effectiveness</p> <p>[WP6]</p>	<p>Effects of the intervention on caesarean section rates, satisfaction with birth experience, maternal and perinatal morbidity</p>	<ul style="list-style-type: none"> • Ministry of health in each country • United Nations agencies (WHO, UNICEF, UNFPA) • International Research community
	<p>Knowledge on cost-effectiveness</p> <p>[WP5&6]</p>	<p>Economic impacts of QUALI-DEC in terms of costs per DALY averted, out-of-pockets averted and financial risk protection provided</p>	<ul style="list-style-type: none"> • Ministry of health in each country • United Nations agencies (WHO, UNICEF, UNFPA) • International Research community
Data	<p>Maternity dashboard</p> <p>[WP4]</p>	<p>Proportion of vaginal and caesarean deliveries across the 10 Robson groups and comparative figures with other hospitals in the same country</p>	<ul style="list-style-type: none"> • Ministry of Health in each country • Healthcare professionals involved in maternity care • Service managers
Communication	<p>Films and animations</p> <p>[WP2]</p>	<p>Films and animations to inform about factors contributing to unnecessary caesareans and intervention to reduce them</p>	<ul style="list-style-type: none"> • Pregnant women • Families • Helathcare providers

	Policy briefs [WP7]	Operational (actionable) recommendations intended for non-specialist audiences, with the objective of their being used in professional practices or for policy decision-making	<ul style="list-style-type: none"> • Ministry of health in each contry • Parliamentarians • UN agencies • Hospital and service managers
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2. Dissemination of the results

Our dissemination plan is based on the identification of key stakeholders that may use the results in their own work or environment, the description of the measures for dissemination of all key results throughout project lifetime and after project end and the use of effective channels and platforms for all groups of potential users with long-term perspective.

2.1. Stakeholders that could make use of results

We have identified four groups of stakeholders which are presented in table 2 : policy makers, healthcare provides, society and research community

Table 2 : Stakeholders that could make use of results during and after the project

Policy makers	Healthcare providers	Society	Research community
<ul style="list-style-type: none"> • Ministry of Public Health • United Nations agencies (WHO, UNICEF, UNFPA) • The EU (European Commission : DG RTD DG DEVCO) • Managers at public and private health facilities 	<ul style="list-style-type: none"> • Healthcare providers involved in obstetric care • Associations of gynecologist-obstetrician • Associations of midwives • Medical schools • Midwifery schools • Nursing schools 	<ul style="list-style-type: none"> • Women • Women associations • Women groups • Consumer groups • Village health volunteers (Thailand) 	<ul style="list-style-type: none"> • QUALI-DEC team • QUALI-DEC partners • H2020 Partner projects <ol style="list-style-type: none"> 1. BornToGetThere: infants at risk for cerebral palsy 2. ALERT: Newborn in sub-Saharan Africa 3. IMPACT DIABETES B2B: New app to prevent gestational diabetes 4. GC_1000: Group Care into antenatal and postnatal health • Other research or academic institutions

2.2. Measures for dissemination of the results

We have planned six main measures for dissemination, as presented in table 3:

Table 3. Planned measures for dissemination

Dissemination measure	Description	Result disseminated	Target audience	Timeline
QUALI-DEC website	www.qualidec.com	Decision-analysis Tool Electronic portfolio Knowledge Films Policy briefs Maternity dashboard (with access codes)	Pregnant women Health care providers Research community	2020
DAT Apps	Adapation of the DAT booklet to mobile phone application	Decision analysis Tool	Pregnant women	2021
Stakeholders meetings	Country level meeting with approximately 30-40 participants in each country	Knowledge : main research findings	Opinion leadres Data collectors Policy makers Professional associations Women associations	One meeting per year between 2020 and 2024
Participating in strategic events	e.g. European Developpment Days (EDD)	Films Policy briefs	Policy makers Resresearch community	
Deliberative dialogues	Policy dialogue at country and international level to maximize the impact of learnings from our study findings for other contexts and other global health organizations.	Knowledge: main research findings Policy briefs	Healthcare providers Policy makers Professional associations Women associations	2024
Publications	Scientific publication with peer reviews and other publications for lay public	Knowledge : main research findings	Research community Health care professionals Public	Starting 2020

2.3. Channels and platforms for potential users

We have identified three main platforms for potential users with long term perspectives: CORDIS, HRP and IPU.

The CORDIS (Community Research and Development Information Service) is the European Commission's primary source of results from the projects funded by the EU's framework programmes for research and innovation (FP1 to Horizon 2020). This platform will be used first and foremost to disseminate QUALI-DEC results the EU community.

The HRP (UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) is one of the nine partners of the QUALI-DEC project. This organization is the main instrument within the United Nations system for research in human reproduction, bringing together policy-makers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health. HRP team will mobilize communication departments of each United Nations system to disseminate QUALI-DEC results to policy makers, healthcare providers, research community and women.

The IPU (Inter-parliamentary Union) is the global organization of national parliaments which has 179 Member Parliaments ,13 Associate Members, and increasing numbers of parliamentarians from all over the world. The WHO is leading a group around global health issues and the overuse of Caesarean section in particular. This group will be a platform to disseminate our results to policymakers and facilitate the use of this results to adapt or change policy around caesarean section practice.

3. Exploitation of the results

3.1. Identification of exploitable results

Table 4 summarizes how, when, where and by whom the results will be exploited.

Table 4. Exploitable results

Exploitable results [WP]	Exploitation of results and measures			
	How?	When?	Where?	By Who?
Maternity dashboard [WP6]	The results will be available on the web platform accessible for registered healthcare providers, with access codes	In January 2021	The web platform (link available on the QUALI-DEC website: www.qualidec.com Twitter : @quali-dec Facebook : Quali-Dec	Healthcare providers
Decision-analysis tool (DAT) [WP3]	Users will access the DAT application after downloading it	In January 2021	Available on the DAT application (on iOS or android) www.qualidec.com Twitter : @quali-dec Facebook : Quali-Dec	Women & companions Healthcare professionals
Films and animations [WP7]	The videos will be available to the public without restriction	In June 2021	On the QUALI-DEC web site: www.qualidec.com Twitter : @quali-dec Facebook : Quali-Dec Youtube: https://www.youtube.com/channel/UC6EN-WSlvjrQZSuVrfqTkDg/	Women & companions Healthcare providers

			In healthcare facilities (waiting rooms) for antenatal care In a booth during strategic events	
Policy Briefs	These documents will be available to the public without restriction	In June 2021	Available in Zenodo repository repository and to the public on the QUALI-DEC web site: www.qualidec.com Twitter : @quali-dec Facebook : Quali-Dec	Policy makers

3.2. Barriers and risks for exploitation

There are potential barriers or obstacles related to legal or policy context, to data sharing with the health system, and to women's acceptance that may determine to what extent our results will be exploited and expected impacts will be achieved.

- **Legal and policy barriers:** The successful introduction of evidence-based policies related to maternal and child health services into national programmes and health services depends on well-planned and participatory consensus-driven processes of adaptation and implementation. These processes may include the development or revision of existing hospital or national guidelines, or protocols based on WHO recommendations. Where necessary, the recommendations contained in the WHO guidelines should be adapted into locally appropriate documents that are able to meet the specific needs of each country and its national health service. In participating countries, the revision of existing protocols may be delayed because of resistance from providers and policy-makers. We assume that the results of this implementation research should bring explicit justifications for any changes which are needed and knowledge transfer activities will facilitate these changes. Early engagement of the policy-makers and stakeholders into the project through **stakeholders meetings** should minimise the likelihood of this barrier.

- **Data sharing barriers with the health system:** The intervention assumes the feasibility and acceptability of producing hospital-level monthly statistics. This entails the electronic recollection and processing of labour and delivery data, or at least the set of variables necessary for the Robson classification, and the possibility of an automated production of the dashboard using one-month data. Some hospital managers may not allow the uploading of these data on our dedicated web platform. This will not be an obstacle to the implementation of the intervention, but this could limit the expected impact on practice change because health providers will not be able to compare their own dataset to the multi-site dataset. Opinion leaders' selection and training, and early engagement of the medical staff into the project activities through the initial **five-days training using our electronic portfolio** should minimise the likelihood of this barrier.

- **Women's acceptance:** The intervention assumes pregnant women are willing and likely to change their opinions and views on the basis of new knowledge and evidence provided to them using the Decision Analysis Tool; it also assumes that women are responsible for decision-making regarding mode of delivery. In some participating countries, women's decision-making may be strongly influenced by families, husbands and social networks. Although the intervention assumes that a satisfactory relationship with and trust in providers can prevail or act as an equally strong influence on their birthing decisions, social influence could be an obstacle that may limit the impacts on appropriate use of C-section. For these reasons the QUALI-DEC project will ensure **communications with the public** using multiple media source