

MUNDANE KNOWLEDGE TRANSLATION

Revealing the work that underlies evidence-informed policy



Robert A.J. Borst

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Mundane Knowledge Translation
Revealing the work that underlies evidence-informed policy

Alledaagse kennistranslatie
Het onthullen van werk dat ten grondslag ligt aan *evidence-informed* beleid

Thesis

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"I have a hard time communicating with George. He does not speak English. The automatic transmission of his grey Toyota Corolla is malfunctioning and makes our bodies shake back and forth involuntarily whilst Tanzanian dancehall music blasts through the speakers. It must be a strange sight. George has just turned up the music after we nearly drove off a cliff earlier on – in that moment, he looked at me and merely said: 'skills'."

(fieldnotes)

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Chapter 1

**Introducing mundane work and
evidence-informed Global Health**

INTRODUCTION

“In the continuing battle to deal with [public health] challenges and meet the health-related Millennium Development Goals, we have one indisputable ally: science. In the past few decades science has produced drugs, vaccines and diagnostics that have resulted in major advances in the treatment, prevention and diagnosis of many diseases. Yet there is a sense that science has not done enough, especially for public health, and there is a gap between today’s scientific advances and their application: between what we know and what is actually being done.”

(Lee Jong-wook, former director general of the World Health Organization, 2004)

We are at war in Global Health. At least, that is the impression left by these introductory words of a former director of the World Health Organization (2004). While these words are nearly 20 years old, the underlying sentiment, which presents Global Health research as ‘ally’ in the ‘battle’ against public health challenges, remains omnipresent (Chaudhuri et al., 2021; Taylor, 2018). The 2004 World Report, from which this quote was derived, marked the starting point of what later became known as the ‘knowledge for better health’ movement in Global Health. In the introduction of this dissertation, I will analyse how this movement contributed to the development of knowledge translation as a field. In particular, I will show how, over the years, the knowledge translation field has become increasingly rationalised, with an emphasis on the use of tools and instruments. I argue that this rationalisation results in continuous problems when seeking to mobilise knowledge to inform health policies. It is the aim of this dissertation to open up, and critically inquire, how translation of knowledge is actually done by researchers, policy-makers, and practitioners in everyday Global Health practice. To substantiate my argument, I will first offer a brief background of the knowledge for better health movement in general, and knowledge translation specifically.

The knowledge for better health movement originates around the turn of the centuries. By suggesting that research should play a more central role in improving health worldwide, this movement has at least three important implications for Global Health research and health policy. First, the movement's emphasis is not primarily on the production of scientific knowledge as such, but on improving health (care) by using scientific knowledge. The difference is that knowledge production is seen as a means to an end, and not an end itself (Pang et al., 2003). In other words: knowledge must be utilisable to improve health. Second, better health worldwide is said to require more collaboration between researchers and policymakers so as to create “*an environment conducive to evidence-informed health policy and practice*” (World Health Organization, 2004, p. xvi). Third, governments – mainly of countries in the ‘Global South’¹ – have to build country-level systems to support and promote impactful Global Health research. Overall, this shows that the knowledge for better health movement includes the explicit sentiment that research-based knowledge is a global public good, that *must* come to the benefit of that public's health.

Amidst the calls for the utilisation of knowledge in policy-making sprouted a field that sought to apply principles from evidence-based medicine to health-care policy-making. This knowledge translation field grew out of concerns that health research findings remained largely unused in (clinical) decision-making and thus did not contribute to better health of citizens (Graham et al., 2006, 2007). While the field originally proposed more consideration of scientific evidence in (continued) medical education (Davis et al., 2003; Estabrooks et al., 2006), this argument was extended to include the making of public policies that govern healthcare (Lavis, 2006). In this understanding, the term knowledge translation is reserved for a strict set of activities, instruments, and tools that can be used to ‘bridge’ the ‘gap’: a (metaphorical and discour-

1 Both this, and ‘Global North’, are problematic and coarse terms, which present a false dualism. I use them here *with* their problematic connotation, because this is how I encountered the terms in my training and fieldwork. More reflexive accounts about these dualisms are written elsewhere (Khan et al., 2022; Shrum, 2015).

sively constructed) distance between scientific evidence and policy-making (Wehrens, 2014). Knowledge translation is thus seen as a mechanism to move knowledge – produced using the standards of evidence-based practice – into policy. This understanding of knowledge translation has obtained a wide following. Researchers that were used to performing systematic reviews and randomised experiments, now began prescribing how knowledge produced through such methods could be used as evidence for making more equitable and effective health policies.

Recent years, however, show increasing critique on the field of knowledge translation in Global Health. Ødemark & Engebretsen (2022) eloquently capture an important element of this critique in the following quote:

“[Knowledge translation] is based upon a reductive understanding of translation and knowledge transmission. Standard models [of knowledge translation] take translation and knowledge transmission as a phenomenon for granted, and accordingly downplay the complexity of translation as an entangled material, textual and cultural process, which inevitably affects the ‘original scientific message’.” (p. 2)

This quote addresses an issue that lies at the heart of current critique on knowledge translation: what does translation of knowledge actually involve, how does translation affect the knowledge itself, and how can such a process be organised? Similarly, different scholars have warned that the knowledge translation field builds on incomplete understandings of translation, and uses implicit linearisations of knowledge translation processes (Kok et al., 2012; Smith, 2013). At the same time, there has been considerable critique on what the knowledge translation field sees as legitimate evidence and knowledge. With its evidence-based fundament, the field often applies a hierarchical frame in which tacit, embodied, and less structured types of knowledge are set aside as biased, subjective, and a potential source of ‘eminence-based’ policy-making (Borst et al., 2022; Greenhalgh et al., 2022).

What these discussions, both about the importance of knowledge translation and critiques thereof, have in common, is that they are concerned with prescribing how knowledge translation *must* be done.² Both proponents and critics of knowledge translation seek to define what does, or does not, count as knowledge translation. But in doing so, they work with restrictive understandings of knowledge translation as phenomenon. The consequence thereof is that Global Health scholars and practitioners interested in the use and usability of different types of research rarely look at those practices that do not count as formal knowledge translation, but that are nonetheless important for fostering connections between knowledge producers and potential users. For example, a practice where researchers informally share their experiences and knowledge with local health authorities would commonly not be seen as formal knowledge translation. In this dissertation, I argue that the knowledge translation field within Global Health can benefit from a more expansive interpretation of knowledge translation and by studying and describing how translations of Global Health research are actually practiced. This includes both moving away from the rationalising tendencies that are so prevalent in the field of knowledge translation and departing from predefined notions of what counts as legitimate knowledge. Instead, this turn allows for studying *how different sorts of knowledge are translated in everyday life*.

In this dissertation, I will build on several situated analyses of different knowledge translation practices in Global Health to demonstrate the importance of ingenious, sometimes routinised, *mundane* work for doing knowledge translation, that is: organising connections, that were not there before,³ between Global Health research, policy-making processes, and health(care) practices. The overarching research question of this dissertation therefore is:

2 This includes descriptive evaluations of how narrow interpretations of knowledge translation are done in practice.

3 This conceptualisation is inspired by the work of Latour (2005), see also: Borst et al. (2022).

What mundane efforts and activities do researchers, policymakers, and practitioners in Global Health perform to translate knowledge into action and how does that affect their practices?

The main research question of this dissertation introduces several notions that deserve further clarification – these include my perspective on translation of knowledge into action and what mundane efforts and activities I will focus on. Hence, the subsequent sections of this dissertation will first provide a background of the knowledge translation field within Global Health. I will particularly unpack the promises and struggles of the knowledge translation field in relation to what I perceive as an alternative approach that is sensitive to mundane work. Having explicated the background of this dissertation, I will move on to discuss the notion of mundane work as the conceptual sensitivity of this dissertation. I will use this sensitivity to articulate sub-questions for empirical research. In the final sections of my introduction, I will describe my ‘PhD journey’ and provide an outline of the chapters. Here, I weave together the different projects that I have been involved with and describe what kinds of data these studies produced and where my inquiries took place. In the outline I will describe how the different chapters contribute to the overall argument that mundane work plays an important role in knowledge translation and how an appreciation of such work may inform Global Health practices.

FROM EMINENCE TO EVIDENCE INFORMED GLOBAL HEALTH

The knowledge for better health movement that emerged at the turn of the century holds that public investments in health research ought to come to the direct benefit of the health and welfare of society (Hanney & González-Block, 2009). One of the key tenets of this movement is that principles from evidence-based medicine should be applied to processes of policy-making, both to ensure that research would be more impactful and to make policies more equitable and effective (Lavis et al., 2004). It thereby clearly opposes

a policy-making process that is merely based on “*eminence, charisma, and personal experience*” (Goldacre, 2013).

This call for evidence-informed policy-making is even louder in the field of Global Health. To understand how this came about, it is important to first describe what can be seen as distinct characteristics of Global Health. As with most fields, the distinction between what can, or cannot, be seen as Global Health is contested and situated. In more general terms, Global Health might be conceived as a ‘collection of problems’ (Farmer et al., 2013) across the globe, that affect the health and well-being of people, and to which solutions are proposed that strive for equity and universality (Abimbola, 2018).

Historically, Global Health has worked from the premise that there are vital inequities and differences in health, standards of living, and states of well-being across the world. Efforts in the field have been directed at reducing such differences, often to notable success. Guided by international agendas such as the Millennium Development Goals, and later the Sustainable Development Goals, the HIV-attributed mortality in ‘Sub-Saharan Africa’ for instance decreased by 39% between 2010 and 2019 (Jahagirdar et al., 2021). Despite such goals and the substantial achievements that followed them, even the authors of the beforementioned study into the global HIV burden report that “*no regions met suggested thresholds for progress*” and striking differences remain. For example, in the Netherlands there are on average 194 nurses for every 10,000 inhabitants, in comparison to 14,9 nurses per 10,000 population in Uganda (Haakenstad et al., 2022).⁴ Similarly, people living in a low-income country are on average three times as likely to die after suffering a stroke – the second-leading cause of death globally – than people living in a high-income country (Feigin et al., 2021). The burden of disease forms an important part of how, in practice, lines are drawn between those countries that are, and are not, subject of Global Health research.

⁴ Yet this comparison is not as straightforward as it seems, with there now being substantial shortages in the Dutch nursing workforce (Felder et al., 2022; Kuijper et al., 2022).

Beside significant differences in health worldwide, there are also dissimilarities between what Global Health as field aspires *in theory*, and how the field works *in practice*. King & Koski (2020), for instance, argue that Global Health is merely public health that is practiced “*somewhere else*”. This immediately calls to question why and by whom this public health is practiced elsewhere, which has become a predominant focus of the field in the past five years. In particular, Global Health is said to be a colonial project that is grounded in approaches of ‘tropical medicine’ that were devoted to maintaining the health of colonisers and missionaries (Abimbola, 2018). As such, much of the contemporary literature on Global Health is devoted to its decolonisation: how can Global Health practice be less of a Northern occupation and more of universal and equitable approach to collections of problems that in some places may indeed be more profound (Affun-Adegbulu & Adegbulu, 2020; Chaudhuri et al., 2021)?

The magnitude of the problems in Global Health seems to make a strong case for evidence-informed policy-making. This, combined with the scarcity of national research funding, makes that it has become common in Global Health to argue that we cannot afford wasting resources doing research that does *not* benefit society (Lavis et al., 2002). This holds especially true for those societies that are relatively poor, have considerable health needs, and yet lack access to standards of health(care) that are commonplace in other countries in the world. The solution is deemed to lie in adhering to what the best-available scientific evidence shows are the most pressing issues and which interventions will yield the most profound effect. In this understanding, best-available scientific evidence is a restrictive notion, in the sense that ‘evidence’ is commonly seen as a type of knowledge produced using valid and precise scientific methodology grounded in a positivist epistemology and ‘best-available’ equals ‘possible to find via medical scientific search engines using structured search phrases’ (cf. Rycroft-Malone et al., 2004).

To summarise, the urgency of the health problems that are at the heart of Global Health, combined with calls for more equitable and effective policies,

has made that evidence-informed policy-making has become entrenched in everyday Global Health research, -policy, and -practice. In the ensuing section I briefly return to the ‘knowledge for better health’ movement, to subsequently illustrate how this movement led both to a specific understanding of knowledge translation and a particular role for knowledge translation as a field.

KNOWLEDGE TRANSLATION AS PROMISING APPROACH

With the turn to evidence-informed policy-making in Global Health came an increased call for infrastructures, instruments, and theories to facilitate such a process. It was particularly the first decade of the new century that showed several interlocking movements. The first I have described before as the knowledge for better health movement. The second movement that forms an important background to the contemporary field of knowledge translation originates in Canada. This movement was concerned with the development of frameworks to measure how health research produces impact in policy-making practices (Lavis et al., 2003). The emphasis on measuring the impact that health research makes on policy-making practices had as consequence that such ‘transfers’ were increasingly standardised (Lavis, Roberston, et al., 2003). At that time, such standardisations were seen as essential for showing how research evidence affects policy-making processes. However, this emphasis on standardisation is still clearly visible in contemporary knowledge translation (hereinafter: KT). In the ensuing paragraphs, I will briefly describe what the consequences of this focus are for how the KT field was subsequently shaped.

The Canadian research impact and knowledge transfer movement was seen as a promising approach by international development and supranational organisations. As part of the knowledge for better health movement, the World Health Organization (WHO), for instance, had struggled in contributing to more effective and equitable health policies in low- and middle-income countries. The tools that were developed under the Canadian movement, such

as policy briefs that synthesise evidence, offered a timely and strategic way of informing policies with scientific evidence about the effectiveness of interventions and policy options. Furthermore, this movement facilitated programmes directed at making governments in the Global South more accountable for their budget allocation (Head, 2016; Oxman et al., 2009). The combination of the research for better health and the Canadian movement set the stage for the KT field. The field thereby became an authoritative actor in pleading for health policies that are evidence-informed. Shaxson (2005) argues that this process of ‘informing’ affects several areas of policy-making. She summarises that evidence may be used to understand the dynamics of policy environments, weigh different policy options and assessing their impact, link policy aims to intended effects, set agendas to meet a policy goal, and to mobilise actors to support a policy change. Evidence is thus expected to play an important role throughout the entire policy process, and its context (Weiss, 1980).

While the KT field originates in the domain of health services research, it informed the subsequent development of KT in Global Health (Pablos-Mendez & Shademani, 2006). This development became clearly visible in a 2005 WHO report of a meeting where staff met with several key Global Health scholars to, among other things, “*clarify knowledge translation concepts*” and “*identify priorities and mechanisms for knowledge translation research and action in global health*” (World Health Organization, 2005). In this meeting, it was decided to partly adopt the Canadian Institutes for Health Research’s definition and speak of KT as “[t]he synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people’s health.” (World Health Organization, 2005). In a subsequent special issue of the Bulletin of the WHO, several of the key scholars present at that meeting published their approaches to ‘bridging the gap’ between science and policy using different KT methods (Lavis et al., 2006; Tugwell, 2006; van Kammen et al., 2006). These approaches had two things in common. First, they were devoted to making policies using high-quality scientific evidence (whereby evidence mainly referred to information about effectiveness of interventions). Second,

the approaches underscored the necessity of infrastructures and KT tools to organise that process.

Over the years, the field of KT within Global Health has seen numerous additional developments. Best & Holmes (2010) tried to capture these developments in their articulation of three ‘generations’ of KT. The first generation, they argue, was that of a linear model where knowledge is seen as a product that has to be communicated towards policy audiences. In the second generation of thinking, this linear model has been replaced by relational models that emphasise the importance of collaboration and interactions between communities of knowledge production and knowledge utilisation. Finally, the third generation of thinking – which the authors see as most enlightened – builds on (complex adaptive) system models and argues that every KT intervention takes place in a wider environment that needs to be considered.

The move towards more relational and systemic understandings of KT is also visible in the methods and instruments that the field uses. Instead of practicing so-called ‘end of project KT’,⁵ the KT field increasingly stresses the importance of working demand-driven – which means that knowledge production processes are based on practical questions of potential knowledge users (Oxman et al., 2009). Such processes are often organised in deliberative settings that are attentive to equitable representation of different groups within a society (Lavis et al., 2014). Similarly, part of the KT field now subscribes to the idea that knowledge always needs to be provided meaning in specific local settings, which also opens the door for using more local and contextualised sorts of knowledge (Abelson et al., 2007; Abimbola, 2021; Jacobson et al., 2003). Contemporary KT approaches have thus become more appreciative of contextualisation, relationality, and systemic complexity. The idea behind this is that such more contextualised and ‘complex’ KT approaches are a more

5 This term was initially coined as a legitimate option (cf. Graham & Tetroe, 2008), but is now often used as a pejorative to describe approaches that are portrayed as KT, but do not abide to the field’s contemporary logic – which prescribes that knowledge production processes must originate in a KT approach, instead of being a tool to communicate knowledge.

realistic fit with the realities of policymakers and healthcare practitioners, which are portrayed as inherently complex and impossible to reduce into linear frameworks.

PERSISTING ISSUES WITH(IN) KNOWLEDGE TRANSLATION

Despite the promises that came with the newer generations of KT, there remain persistent issues. First, KT practices often rely on instruments and tools. While this is not problematic as such, the field commonly overlooks that such instruments do not work *by themselves*, but require substantial work of actors who make them useful. Failing to notice this results in repeated disappointment over the outcomes of such instruments, and the subsequent development of newer and presumably better ones. In reviews of the literature, educational meetings, for instance, are consistently framed as ineffective KT tools (Barac et al., 2014; Bero et al., 1998). Yet there is little recognition of the fact that, depending on the underlying work of actors, such meetings may sometimes be effective after all (Dixon-Woods et al., 2011; Scott et al., 2012). Second, KT approaches are often temporary and project-based in nature, which challenges the sustaining of KT practices once the projects have been completed. The consequence thereof is that many KT approaches are provisional fixes and do not contribute to a sustained knowledge-to-action process. Because these issues lie at the heart of the problem that this dissertation will address, I describe them in detail below.

Instrumentalization

The contemporary KT field generally positions itself against the KT instruments and tools of earlier generations. The main argument for this is that earlier KT instruments often assumed that knowledge could be ‘pushed’ into policy and practice (Armstrong et al., 2006). In turn, the field began producing more ‘enlightened’ instruments – for instance inspired by complexity thinking (Kitson et al., 2017). Yet, much of the problems that are reported

in the KT literature have stayed the same. Such problems include, among others, the difficulty to ‘transfer’ KT tools from one environment (e.g. where it was developed) to another, the intricacy of assessing the impact that KT instruments have on policy-making processes, and the potential of KT tools to produce unintended or unforeseen effects (Dadich et al., 2023; Graham et al., 2006; Grimshaw et al., 2012; Raftery et al., 2016). In this dissertation, I see these problems as the result of a wider instrumentalizing tendency within KT. In this section, I will therefore briefly explain what I mean with instrumentalization, in what way that poses to be a problem, and how this instrumentalizing tendency affects KT thinking and doing.

Generally speaking, the term instrumentalization refers to a process whereby something is *made* into an instrument, or *used* as an instrument, or ‘means’, to achieve a certain end (Oxford University Press, 2023). By speaking of an instrumentalizing tendency within KT, I signify the field’s inclination to capture complex social realities and processes in instruments, or ‘tools’. The KT literature holds numerous examples of such instruments, for instance models to understand the role of ‘context’ in doing KT (Cammer et al., 2014) or standardised formats for organising policy dialogues (Lavis et al., 2009). These instruments play an important role in KT because they reduce complex realities into understandable and actionable items. An instrument such as an evidence brief, for instance, simplifies, delineates, and allows – to some extent – the transfer of knowledge across different times and places. It is therefore that I want to reiterate here that I do not think that KT instruments *as such* are the problem. These instruments and their use, however, become problematic when they are increasingly seen as reality itself, rather than the complexity reducing vehicles that they are. To be precise, I propose that the instrumentalizing tendencies within KT produces problems both with *translation* and with the *knowledge* that the field seeks to inform policies with. We may therefore speak at once of an *instrumentalization of translation* and an *instrumentalization of knowledge*. I will discuss these two elements separately in the subsequent paragraphs.

By putting the instruments in KT centre stage, the field has created the sticky impression that translation is mainly done *through instruments*. I can clarify this by returning to the example of the evidence brief. There is a wide literature that promotes the use of evidence briefs to synthesise and contextualise (chiefly) scientific knowledge into a policy-friendly format (Lavis et al., 2009; Moat et al., 2014; Wilson et al., 2017). The same literature increasingly calls for evaluations of the impact of such briefs, or for more effective types of evidence briefs. What this ignores, however, is that such briefs are always embedded in a wider network of actors that support and maintain the brief itself. The evidence brief is simply a black-boxed representation of a specific part of that constellation. The risk that comes with this illusion is that the work that goes into constructing evidence briefs, translating them, and making them useful becomes easily backgrounded and undervalued. Ultimately, such acts of neglect make KT approaches less productive and impair our understanding of their underlying mechanisms (Bowen & Graham, 2015; Dixon-Woods et al., 2011; Harvey et al., 2015).

This foregrounding of KT instruments, and backgrounding of the underlying mundane work, comes with an additional risk of inverting means with end. The KT community initially set out to make health policies more equitable and effective by making use of scientific knowledge. KT instruments were merely an aid in that process. Yet by focusing chiefly on the instruments themselves, the field inherently triggers an instrumentalization of knowledge. Knowledge that can be easily synthesised through review methodologies prevails over knowledge that is less easily to capture in a KT instrument, for instance because it is more tacit, mundane, embodied, or experiential. In KT, we can be more attentive to such unjust exclusions and seeing KT instruments for what they are (i.e. a means) may facilitate this shift.

Sustainability and projectification

Another persisting problem in the KT literature is that of sustainability, in particular in relation to the temporary nature of KT projects. It has become a rarity to identify a proposal or protocol for a KT initiative that does not

rely on the word ‘project’. Projects have become the key organisational unit in which most KT initiatives are cast (El-Jardali et al., 2014; Partridge et al., 2020). Organising KT initiatives as a project is deemed to make these practices more efficient. Similarly, funders of KT projects often commit themselves to a specific time-frame, within which the KT actors must produce measurable outcomes and deliverables. Projects can thus function as a way to plan and manage a range of KT activities with the aim of achieving a specific goal (e.g. evidence-informed policies).

While projects as organisational form provide structure and guidance to KT practices, they can also affect the sustainability of KT practices. The KT literature shows that most KT practices rely on the building of long-term relationships between KT actors, policymakers, and healthcare practitioners (Al Sabahi et al., 2020; El-Jardali et al., 2014). Such initiatives therefore easily stretch out over many years. Projects, on the other hand, are focused on achieving short-term changes by following clearly delineated steps. They also work with strict plannings, deadlines, and a strongly demarcated scope. This difference between the *longue durée* and social nature of KT practices and the short-term focus of projects creates an important mismatch. As a result of the increased projectification of KT work, KT initiatives often discontinue abruptly and prematurely, have little leeway to adapt to policy changes, and are generally focused on quick and measurable fixes (Heney & Poleykett, 2021; Kothari et al., 2009; Tetroe et al., 2008; Tricco et al., 2015). Overall, organising KT practices as projects may therefore impair the sustaining types of KT work that extend over longer time frames, that are less well demarcated, and that do not produce narrowly defined deliverables.

The focus on efficiency and short-term change often results in a disregard of ‘the project’ as form of organisation (Felt, 2017). Others, however, have argued that the solution may lie in working with projects in different ways (Bal, 2017b; Wehrens et al., 2021). This may include finding ways to combine different projects, or to use the ‘slipstreams’ and overheads of projects to organise KT activities that are not directly related to one project only. In practice,

this requires that KT actors perform additional work to sustain KT projects. I deem it important in this dissertation to empirically explore what such work entails and what lessons we may draw for organising KT practices differently.

TRANSLATING KNOWLEDGE TRANSLATION

This dissertation is not the first to suggest that an alternative approach to understanding and doing KT may be necessary. Ever since the term KT became commonplace in Global Health, there have been scholars who warn that KT approaches privilege scientific knowledge over other knowledges (Kothari et al., 2011). Similarly, others argue that KT disregards the social aspects to KT (McWilliam et al., 2009; Ødemark & Engebretsen, 2022). Such discussions often result in the creation of novel approaches to KT, different frameworks, or even the instigation of new scientific journals.⁶

One attempt at making KT more reflexive was the ‘knowledge-to-action’ framework as presented by Graham and colleagues (2006). This framework, which was developed early on in the rise of KT approaches, acknowledges that ‘local knowledge’ plays an important role in making impactful policies. Similarly, this approach prescribes that knowledge needs to be attuned to ‘local context’ – which they understood as a process that *“individuals or groups go through as they make decisions about the value, usefulness, and appropriateness of particular knowledge to their setting and circumstances.”* (ibid., p. 20). This framework also laid the foundation for so-called ‘integrated KT’ in which knowledge producers and potential knowledge users collaborate in partnerships (Kothari & Wathen, 2017). This move towards more collaborative approaches is still ongoing, with increasing crossovers between KT and

6 Such was the case with the foundation of the journal ‘Implementation Science’ back in 2005. See Boulton et al. (2020) for a more considerate account.

co-production literature, and calls for embedded research (Farley-Ripple et al., 2020; Ghaffar et al., 2017).

The different developments, such as those of integrated KT, show that the KT field has become more reflexive and increasingly appreciates the relational and complex nature of translation. These developments also add important nuance to the field's reliance on instruments and tools by showing that the success of such approaches is contingent upon the situations and networks in which they are applied. At the same time, even these more reflexive streams of literature and practice work with accounts of how standardised KT models are used in practice, rather than broadening the notion of KT and empirically studying how researchers, policymakers, and practitioners work to translate knowledge within Global Health practice. At the beginning of this introduction, I argued that a more expansive understanding of KT may show that there are other types of work that we commonly fail to see, but which play an important role in translating between scientific knowledge, policy, and practice; most importantly the everyday, or mundane work that KT actors perform to make their instruments and tools productive.

This is precisely where this dissertation comes in. The wider theme in which I situate this dissertation is concerned with the tensions between rationalised KT practices in Global Health on the one hand, and on the other hand the local situations in which these rationalised KT approaches often do not fit. Instead, I argue, KT practices in Global Health rely on everyday, ingenious, work of different actors. With my dissertation, I aim to add to understandings of what mundane efforts for KT are conducted in Global Health, how these efforts enable KT work, and what kind of effects these mundane efforts produce. My plea, in short, is to not only invest in studying 'what works' (Boaz et al., 2019; Oliver et al., 2022) in terms of KT, but equally advance our understanding of 'what makes it work': what sorts of ingenious, sometimes routinised, mundane work do actors put in organising new connections between research, policy-making processes, and health(care) practices. Insights into such mundane work can facilitate the construction of more expansive

KT approaches, but can also be used as input in organising KT training programmes that are sensitive to more ‘soft’ skills.

Opening up how translation of knowledge is done by actors in everyday Global Health practice, and departing from restrictive definitions of KT, requires a specific analytic. This analytic needs to be sensitive to mundanity, foreground practices, and allow for studying the work of actors. In the subsequent section, I will therefore tease out the perspective that I used for empirically studying KT practices in Global Health.

STUDYING AND WORKING WITH MUNDANITY

“The dictionary definitions of mundane – ‘lacking interest or excitement, dull, earthly’ – further obscure comprehension of the content of this article.” (Reviewer 1)

What a shock it was to realise that after over five years of painstaking doctoral work it was the lack of excitement that excited me. That is: if I were to adopt the reviewer’s perspective on the ‘mundane’. This reviewer responded to a phrase in the theoretical framework of the first study in which I zoomed in on the mundane, everyday, work of actors in Global Health. This article is presented as chapter three in this dissertation, and it was the analysis in that study that made me realise that the ‘mundane’ as scope of inquiry had always been omnipresent in my research. In a field where, as described before, the emphasis is on sophisticated models and complex causal mechanisms, observing everyday humdrum activities and interactions fascinated me. This fascination did not come entirely by surprise given that my graduate training lies in the field of Science and Technology Studies (STS) – which is well-known for following actors in their everyday (scientific) practices. In this current section, I will mobilise the literatures and insights that I have used to study mundanity, or more broadly: to have been able to work with mundanity as analytic. In doing

so, I seek to offer a perspective that allows not only for studying mundanity in Global Health, but for identifying those mundane aspects in Global Health practices that we can work with and learn from.

To describe what the perspective of this dissertation entails, I will start by describing what it is not. In particular, this dissertation does not offer a theoretical disposition of the many meanings of the mundane in philosophy and sociology. Instead, I will relay⁷ insights from phenomenology, ethnomethodology, STS, and organisation studies and describe what aspects of these literatures I used for unravelling the mundane in my empirical cases. Admittedly, and as is common within STS, my engagements with the mundane were often more “*surprising*” and “*inadvertent*” (Woolgar & Neyland, 2013, p. 19) than a matter of following a predefined and rational strategy. That is not to say that this is merely a way of accounting for *what I have already done* – it is a way of positioning that what I have done throughout my fieldwork within a wider tradition of studying and working with mundanity. To understand what I mean with ‘mundanity’ here, I will mobilise a selection⁸ of insights from earlier mentioned literatures and describe what aspects of these traditions I have used in understanding the role of mundane work in KT.

Phenomenology

Most of the scholarly practices that somehow engage with the mundane refer to the works of Edmund Husserl. In the phenomenological philosophy of Husserl, the term mundane is used in relation to everyday understandings of

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- 7 This term is used by Haraway (2016) to describe how telling, or writing down, a story always means combining and making new connections between different pieces of information. It is thus not so much about passing on ‘pure’ information, but about shaping that information in passing it on – with many thanks to Lydia Baan Hofman for relaying the work of Haraway to me.
- 8 I take comfort from the words of Lynch (2004), who describes that Garfinkel actively proposed ‘misreading’ the earlier works of Husserl, Schutz, and himself and to also “*abandon responsibility for ‘correct’ literary interpretation*” of these works. To me, following Garfinkel (2021), this means that I can use earlier insights into the mundane in new ways, without completely adhering to their original meaning.

phenomena (Husserl, 1965). For Husserl, the ‘mundane’ was a distortion in our attempts to understand how meaning is attached to phenomena. To “*reveal subjectivity in its pure form*” (Giddens, 1997, p. 30), phenomenologists would have to postpone judgement about phenomena using such everyday frames of reference (i.e. they need to bracket the natural attitude). Alfred Schutz, who was inspired by the work of Husserl, on the other hand, sought to ‘liberate’ mundanity of its brackets. He therefore proposed a phenomenological sociology that intended to describe how actors construct meaning of everyday life by taking things for granted – or the “*phenomenology of the natural attitude*” itself (Grathoff, 1989, p. 119; Schutz, 1945). Schutz thus performed a reversal of Husserl’s position, in the sense that he wanted to understand how it is that different actors, at different places, can ascribe meaning to an object in the same way using everyday reasoning (Schutz, 1962).

Phenomenological philosophy and sociology have in common that they speak of the ‘mundane’ as a perspective, or attitude; as a way of understanding phenomena in the lifeworld of actors. Besides, this perspective is seen as separate from a scientific attitude which phenomenologists must use to describe how meaning is construed. For this dissertation, I will use a phenomenological attitude to study how KT was perceived and experienced by the actors themselves. Mundanity, in this phenomenological tradition, thus refers to how these KT actors experience their everyday lifeworld. Thereby, and following Schutz, I bracket how KT is described in the health sciences literature – in particular how that literature describes how KT *should be done*. This approach allows me to remove the strict demarcations that the literature holds about KT, and instead observe how KT is understood and done by the actors themselves. I will not, however, follow Husserl and Schutz in their separation of a mundane attitude from a scientific attitude. In the subsequent paragraphs, using literature of ethnomethodology and STS, I will describe the consequences of a more symmetrical attitude.

Ethnomethodology

The development of ethnomethodology in the early 1950s marks, at least partly, a departure from earlier perspectives on mundanity. The ethnomethodological programme, as developed by Harold Garfinkel, aimed to violate the ‘terms of mundanity’ and to show how actors (re)make social order in their everyday life. Or, in different words: what methods they use in “*creating and maintaining*” that order (ten Have, 2016, p. 1). The word ‘methods’, here and in the word *ethnomethodology*, does not connote scientific approaches, but instead Garfinkel pleads for an ‘ethnomethodological indifference’ that symmetrically studies all methods, regardless of their alleged validity and value (Garfinkel & Rawls, 2002).

While Garfinkel was inspired by the work of Schutz, the extent to which Garfinkel’s work can be seen as an extension of Schutz’ phenomenology remains disputed (Dennis, 2004; Lynch, 2004; Sharrock, 2004). This is further problematised by Garfinkel’s alleged ‘departure’ from the ideas of Schutz halfway through (Sharrock, 2004). What does become clear, certainly in what Lynch (1993) calls ‘proto-ethnomethodology’, is that Garfinkel followed Schutz in separating mundane reality from scientific reality. In doing so, he aspired, similar to Schutz before him, to establish the social sciences as a ‘serious’ science. More specifically, Garfinkel envisioned a social science that *studied* the mundane, as is described below.

“(...) Garfinkel insists that [the problem of social order] is routinely solved by ordinary people, and so the task of the researcher is to describe how this is done. Thus, Garfinkel came to argue that documenting the orderliness of the everyday world, and the ways in which this is achieved, is an essential topic of inquiry.” (Hammersley, 2019, p. 64)

For Garfinkel, the ‘seriousness’ of social science lay not in the construction of a theoretical apparatus that could explain empirical phenomena. Instead, he proposed an ethnomethodological programme as a way of staying true to empirical phenomena (here in the wider meaning of an observable event).

Garfinkel is well-known for not being a prolific scholar according to contemporary norms within the social sciences.⁹ Nonetheless, his infamous call for a ‘studies’ of the construction of social order in everyday encounters (Garfinkel, 1964) has obtained a wide following (ten Have, 2016). Most notably is his plea for ‘breaching’¹⁰ as a way of showing that there are hidden, taken-for-granted, norms which structure social action. In his ‘Studies in Ethnomethodology’, Garfinkel (1967) describes how he asked his students to perform different violations of what would generally be seen as widely accepted norms within social practice, or: to be a troublemaker.

“Procedurally it is my preference to start with familiar scenes and ask what can be done to make trouble. The operations that one would have to perform in order to multiply the senseless features of perceived environments; to produce and sustain bewilderment, consternation, and confusion; to produce the socially structured affects of anxiety, shame, guilt, and indignation; and to produce disorganized interaction should tell us something about how the structures of everyday activities are ordinarily and routinely produced and maintained.” (Garfinkel, 1967, p. 37)

As part of these breaching experiments, students were for instance asked to cheat in a game of tic-tac-toe, or to go home and behave as if they were a tenant instead of a child living at home with their parents (Garfinkel, 1967). In the confusion, pauses, and glitches that arose in-between the provocation and

9 This is an overly simplified representation of Garfinkel’s work ethic that is commonplace in literature that engages with ethnomethodology. However, Michael Lynch (2012, pp. 164-165), a former student of Garfinkel, recalls in a memorial: *“At the time, Garfinkel was writing extensively, on a daily basis. (...) When not meeting students or attending meetings, he was pounding away on his IBM Selectric typewriter or writing copious notes and corrections by hand on pages he had drafted. (...) No doubt, he was writing at home as well. However, while the pages piled up relentlessly, he wasn’t publishing much at the time.”*

10 These would later become known as ‘breaching experiments’, although Garfinkel himself uttered reservations as to the use of this term and spoke instead – quoting Spiegelberg – of *“aids to a sluggish imagination”* (Garfinkel, 1967, p. 38). Besides, other scholars performed similar ‘experiments’ and as such the term is not reserved for those studies that Garfinkel proposed.

the responses thereupon, Garfinkel sought to identify how hidden, implicit norms structure everyday lifeworlds. To conclude, in ethnomethodological traditions, the ‘mundane’ refers to the everyday lifeworld and its implicit social norms as a topic of inquiry. Furthermore, ethnomethodological programmes argue that such spaces were (and perhaps are) often neglected by sociologists, who prefer more ‘highbrow’ analyses into areas such as social stratification. The study of the mundane is therefore seen as the *raison d’être* of ethnomethodologists.

What I will take from ethnomethodology for my analysis of KT in Global Health can be summarised in three considerations. First, I will take on the role of a troublemaker. That is not to say that I aim to *cause* problems, but I do aim to ‘make trouble’ by interrogating and challenging how KT is constituted in the specific settings I study. Second, I will ‘violate’ established understandings of KT. To me this means not only abandoning clearly demarcated definitions of what KT *is*, but more importantly: I see ethnomethodology as a way of staying true to everyday aspects of KT and how KT actors structure these practices. Third, and final, I seek to be inspired by ethnomethodology through its use of breaching as a way of making such everyday aspects visible. However, and following Woolgar & Neyland (2013), I depart from the idea that such breaches are necessarily deliberate, intentional, and rational acts. Some breaches are more serendipitous, fortuitous even. This is, as I will describe in the subsequent section, where literature from STS comes in, as this field has proposed a sensitivity to such moments.

STS (and its many turns)

“If only a fraction of the energy devoted in social sciences to the commentary of our eminent predecessors was converted into fieldwork! As Garfinkel has taught us: it’s practice all the way down.” (Latour, 2005, p. 135)

The ‘field’¹¹ of STS was clearly inspired by ethnomethodology. At the same time, this can probably be said for many other scholarly traditions, given that STS has come to stand for a vastly interdisciplinary amalgamation of theories, insights, and practices. Many accounts about STS have been written before and at the risk of this merely being yet another account, I will restrict myself to first describing a brief background, followed by two specific ‘turns’ within STS that are helpful for studying and working with the mundane.

Most accounts of STS as a field start with descriptions of the so-called ‘laboratory studies’. These studies took place in the late 1970s and 1980s, when scholars such as Bruno Latour, Steve Woolgar, Sharon Traweek, Karin Knorr-Cetina, Harry Collins, and Michael Lynch set out to conduct ethnographic studies of the scientific practices of biomedical and biomolecular scientists, particle physicists, and neurobiologists (Collins, 1985; Knorr-Cetina, 1981; Latour & Woolgar, 1979; Lynch, 1985; Traweek, 1988). From their backgrounds as sociologists, anthropologists, and ethnomethodologists, they immersed themselves in the practices of laboratory scientists – keeping note of conversations, interactions, and settings. What these laboratory studies had in common is that they suggested that scientists *construct* ‘facts’, instead of merely discovering them, or as Latour described this: “(...) *the notion of discovery is a very bad way of rendering what scientists do. It is actually a very unfair way of doing, because it sort of erases the work that scientists have to do in order to ‘discover’.*” (Schepens, 1994). This marked the start of a programme that empirically researched how science itself was performed.

The choice for laboratories as sites of investigation was not coincidental: laboratories were originally seen as sacred places where parts of ‘nature’ could be observed in their purest form, without contamination and distortion from outside influences. In other words: laboratories and their equipment were seen

11 The anti-essentialist stance that many STS scholars hold in their inquiries, applies to descriptions of STS as well. STS is said not to *be* a discipline, a journal, a tradition, a degree, a course, or a method. At the same time, it is all these things at once. For the purpose of this dissertation, I will speak of STS as a ‘field’ or ‘domain’ (cf. Mazanderani & Latour, 2018; Sismondo, 2010).

as sites that allowed for ‘discovering’ truths. Scholars in STS opposed such a view of scientific practice, especially because they observed that science was inherently a social process. This thus became one of the key tenets of STS. Over time, the field developed several other principles, for instance the idea that agency is not reserved to humans only (cf. Latour, 1996), or that technologies are inscribed with assumptions about how, by whom, and where they are to be used (cf. Akrich, 1992). In this dissertation, I build on two specific developments in the field of STS. To emphasise that these developments mark a change of course in the field, they are sometimes referred to as ‘turns’.¹² Specifically, I will zoom in on the practice and normative turn within STS. These turns offer important directions for studying how KT is *done* in Global Health and offer some insights into how KT may be practiced differently. In both instances, I will describe the consequences that these turns have for my understanding of the mundane.

Practice turn

The ‘practice turn’ refers to a movement that is more widely recognised in the social sciences and humanities. It marked a paradigmatic shift away from the idea of a structured social world as such, and instead foregrounds agency; i.e. what is it that actors *do*. In STS this turn has come to stand for approaches that emerged in the late 1990s and early 2000s. Earlier developments in the field, including the laboratory studies, had borrowed heavily from both social and cultural theory and ethnomethodology. Since these theories already had a particular sensitivity to practices, they set the stage for a practice turn in STS. Given the wide diversity of contributions under the heading of the practice turn, it is near impossible to describe what it means. There are, however, several common denominators. First, as described by Schatzki et al. (2001), the practice turn aimed to liberate the social sciences from dualisms such as agency versus structure, or local versus global. Instead, the field could look at the activities that produce such categories, or the ways in which such dualisms

12 These turns are analytical simplifications, and often constructed in retrospect. Yet sometimes they are active pleas from within the field – articulated in essays, articles, and book chapters.

are performed by actors. Second, the turn acknowledged that science is as much about how scientists do things and struggle to make something work, as it is about how they represent such practices in “*products of science*” (p.3) – most prominently knowledge (Pickering, 1992). Third, and most important for this dissertation, is that STS has developed a particular sensitivity to *seemingly* mundane aspects within practices. The term ‘seemingly’ here is used to connote that they are commonly overlooked, or not seen as formal aspects of how e.g. research is done. By scrupulously studying such practices, however, these mundane aspects are made noticeable. Sometimes that is through small ‘glitches’, at other times it is when things go fully amok, when things break down, that it becomes possible to study what these mundane aspects enabled (or not).

The practice turn in STS has several implications for studying KT in Global Health. Foremost, studying practices of KT requires a different methodological approach. These practices are difficult to define and demarcate, stretch out beyond different places and times, and include numerous interactions between different types of actors. Such complexity cannot be easily grasped using approaches that strive for strongly converging reductions, such as epidemiological surveys. Ethnographic approaches, such as observing, interviewing, or ‘hanging out’ (Pfaelzar, 2010), are more appropriate because they seek at first to describe practices in as much detail or ‘richness’ as possible, thus allowing for zooming in on mundane ‘tiny details’ (Stoopendaal & Bal, 2013). Besides this first implication, studying KT practices also means reflexively considering my own position *vis-à-vis* those practices. Which parts of those practices, for instance, did I co-constitute by studying them? What role did I play within the KT practices? To clarify my position on this, I will first move through what is sometimes called the ‘normative turn’ in STS. In particular, I explicate my own normative position as scholar in-between the field of STS and KT practices within Global Health.

Normative turn

“Robert: In any case, I think that this is an important question: In which ‘field’ do I anchor my dissertation? Methodologically/conceptually that is STS to me. More specifically, I think, an ‘engaged’ STS. Thematically, I wonder whether it is health systems research, or Global Health? Or KT?”

Supervisor: It seems to me that you are on an intersection. You use concepts from STS, but do so in a [Global Health/health systems research] context – and for that audience.”

(8 May 2022 – correspondence within draft document)

I am on an intersection. I am neither purely an STS, nor a Global Health scholar. Yet at the same time, I am both, at least: sometimes, and rarely at the same time. This automatically has consequences for where my contributions lie, what I may seek to care for, and to which controversies I feel accountable. These issues are at the heart of what may be called the normative turn within STS.

The normative turn, as described by Lynch (2014), seeks a more political, perhaps activist, engagement with controversies in science and technology, rather than merely studying them ethnographically. The normative turn may be seen as an explication of a dispute that has been going on ever since the ‘foundation’ of STS. Stemming from different paradigmatic, epistemic, and ontological positions of the research programmes that contribute(d) to STS, the field – through its acronym – was often split into a ‘high church’ and a ‘low church’ STS. The former, written as Science and Technology Studies (STS, but sometimes written as S&TS), is devoted to a scholarly practice, where science and technology are topics of inquiry. The latter, spelled out as Science, Technology, and Society (ST&S), proposed an approach where there is substantial place for intervening in scientific and technological controversies

(Rip, 1999). Nonetheless, the normative turn in STS¹³ is not a ‘new’ turn and more a matter of *turning* as ongoing development, with a dynamic following, and diverging interests and objectives.

There are two developments within the wider normative turn that play a role in this dissertation. The first development involves having a more reflexive stance towards the effects that (STS) scholars can produce, or sometimes implicitly bring forth. The second development that is important for this dissertation is how the field engages with ‘the Global South’. I will address both these developments here, with a particular emphasis on what they mean for studying mundanity in Global Health KT practices.

Studying mundanity is an intervention. It is a choice to bring those things to the front that are easily overlooked, or knowingly kept out of sight (Star & Strauss, 1999). By problematising contemporary perspectives on KT, and arguing that they need to pay more attention to mundane work, I do not merely aim to produce knowledge about mundane aspects, but also seek to change how KT engages with mundanity. At the same time, I do not aspire being a scientific practitioner only – someone who translates scientific knowledge into practical improvements. This is a discussion that has been a key element in STS’ normative turn and calls to ‘get real’ (Bal et al., 2004). Zuiderent-Jerak & Bruun Jensen (2007) argue that contrasting ‘knowing’ with ‘acting’ rests on a false premise and posit that there are different “*mode[s] of responding (discursively and practically) to the concrete activities and challenges that must be dealt with in practice.*” (p. 229)

For my work, this means that the ways in which I intervene may differ, but these interventions are all situated on the ‘intersection’ between STS and Global Health. Working and studying in Global Health, I often interact with this field’s normative agenda for universal and equitable access to health and

13 While the different meanings of the acronym ‘STS’ cannot be ignored, I will, in this dissertation, use the term to refer both to S&TS and ST&S – unless stated otherwise.

well-being worldwide. By positioning myself on the ‘intersection’, I partly subscribe to this agenda whilst at the same time being able to offer critique on how that agenda is practised. The normative turn in STS therefore allows me to move on from “*merely holding up a mirror to practice*” (Zuiderent-Jerak, 2015, p. 180) and to instead experiment and tease out in what ways I can contribute to KT practices in Global Health.

Finally, a significant part of the scholarly critiques in STS’ normative turn are devoted to where and by whom STS is practised. Historically, most scholars and studies in STS were either based in continental Europe, or Northern America (Harding, 2011). Lately, however, there are increasing moves towards a more ‘global’ STS – in the sense that it extends beyond these ‘Northern’ spheres only. Lynch (2014, p. 97), however, speaks of a “*symbolic inclusion of ‘the global south’*” that is “*advocated by writers from ‘the global north’*.” This postcolonial reflexivity in the normative turn allows me to be more sensitive towards how my use of STS literature affects what I see in KT practices in the Global South. This is especially salient given that I seek to bring to the front mundane aspects in those practices, which risks being a way of exoticizing all things not ‘Northern’. At the same time, I can use this literature to re-think and re-shape my own role as ‘writer’ and intervener from the Global North (cf. Law & Lin, 2017 and Shrum, 2015).

Organisation studies/STS

The literatures that I have mobilised thus far see the mundane as an attitude, an empirical topic, place, or normative arena. Mundanity may thus be many things at once. In my research, however, I did draw implicit or explicit boundaries between those parts of the mundane that I did consider, and those parts that I bracketed. These boundaries followed a distinction between the mundane in general and aspects within that sphere which can be seen as mundane *work*. In making this distinction, I build on literature from a sociological branch of organisation studies (Fotaki et al., 2017; Strauss, 1985), with some inevitable cross-pollinations with STS. In this section I will clarify what I mean with ‘work’, and what may be uniquely seen as mundane work.

The term work – especially in its use as verb in STS – is often mobilised to connote that something requires effort, and to spotlight the activities and actions that underly a certain situation. It thus has a connotation of labour, or a combination of deeds. To be able to make the distinction between the mundane as sphere, and mundane work, we may draw on the work of Star & Strauss (1999) who very eloquently capture the work/not-work conundrum:

“What exactly counts as work varies a lot. In common parlance, we speak of work as obvious: ‘work is when you get up in the morning and go to the office, and what you do there is working.’ (...) Are tasks done in the home to care for a chronically ill spouse really work? No one who has carried bedpans, negotiated with insurance companies, or re-designed a house for wheelchair navigation would deny that it is, indeed, very hard labor [sic] in some sense. Yet such work has often been invisible.” (p. 12)

Especially the last words of this excerpt are important for understanding what I mean with mundane work. Building on the earlier descriptions of mundanity in this chapter, mundane work is often invisible, or “*seen but unnoticed*” (Garfinkel, 1964, p. 226). It includes routinised acts, that through their routinisation have *become* easy to go unnoticed. Yet without such mundane work, the ‘formal’ work would no longer be productive. It is the mundane work that makes the work, work, so to speak. That is not to say that mundane work per se constitutes a unique type of work. The choice to see something as (mundane) work, or not, is not innocent, but a situated judgement (Star & Strauss, 1999; Strauss, 1985). What I see as mundane work, may also be understood otherwise, or following Hyysalo & Hyysalo (2018, p. 44) “*could just as validly be seen as janitorial [or] secretarial work*”. This is very comparable to how Chambliss (1989) shows that even the most exotic activities, such as Olympic swimming, depend on routinised mundane work to become so exotic. It is, however, a choice to either focus on Olympic swimming as work, or on the routinised and mundane training activities.

STUDYING MUNDANE WORK IN KNOWLEDGE TRANSLATION

Having described the theoretical and methodological underpinnings of my dissertation, I will use this space to delineate how these insights combine and what the mundane work perspective has to offer for studying KT practices in Global Health specifically. In short, this perspective implies not skimming over activities that seem mundane, yet are crucial for KT approaches to be effective, but to recognise such mundane work, provide it sufficient space, use it to facilitate the translation of knowledge into action, and to describe how such mundane work was done in practice.

Studying mundane work in KT practices requires a specific methodology in which I consider two things to be important. First, my methodology for studying mundane work obviously needs to be sensitive to details, and elements of practice that are easily overlooked. Methods that I may therefore use are largely ethnographic and include the analysis of observations, documents, fieldnotes, photos, correspondence, and interviews. I capture this by speaking of ‘hanging out’:¹⁴ following the actors in their daily practices, also informally.¹⁵ Second, this methodology has to be reflexive. This is important because a focus on mundane work means the creation of temporary analytical boundaries between what is seen as mundane work, and what counts as another type of action. Such boundaries are always problematic and productive at once and thus it is important to explicate them and reflect on when such distinctions do sufficient justice to the KT practices.

14 I borrow this term from one of my supervisors, Roland Bal, who often uses it to justify the approach of our research group. There is, however, a wide literature within anthropology that speaks in similar terms (Browne & McBride, 2015; Pfaelzar, 2010). I explore this a bit further in chapter six of this dissertation.

15 Or perhaps mainly informally, noting that most ‘formal’ work distracts from seeing mundane work.

Having articulated how the mundane can be understood, what a mundane work perspective may entail, and how mundane work can be studied in KT practices, I can now specify the sub-questions that guide the empirical work of this dissertation:

- I. *How do knowledge translation actors perform mundane work?*
- II. *How can mundane work in knowledge translation be organised?*
- III. *How can mundane work contribute to improving knowledge translation practices?*

RESEARCH JOURNEY

Every PhD trajectory has moments that mark its beginning and its end. To say that everything in-between was a journey, is also to say that there may not always have been a clear strategy or goal. In my case, the ‘modest’ goal was to write a dissertation in which I analysed KT practices in Global Health using concepts from STS. It is only after arriving at this moment of writing everything down, as temporary destination, that I can see the different components of this journey. Specifically, I can divide my research journey into three components: 1) initiation into STS and KT, 2) hanging out in KT practices, and 3) moving back and forth between the North and South. I will describe these steps succinctly here because they provide insight into where, and in what ways, I studied mundane work.

Initiation in STS and knowledge translation

My master’s thesis set the stage for a brief extension into a project where we explored the role of stakeholder engagement in facilitating KT (Boaz et al., 2018). Although this project was not a Global Health project in the narrow sense, and I also had not ‘formally’ started a PhD trajectory, it forms an important part of this dissertation. Many of the insights I used in subsequent studies, for instance on methods to envision mundane work in KT (chapter

four) or to study conflicts in such work (chapter five), were developed in this project. It also introduced me to the literatures on KT and the field of STS.

At roughly the same time, I became involved in projects on Dutch healthcare innovation (Borst et al., 2016), inequities in health systems research (Hasnida et al., 2016), and an entrepreneurial approach to community healthcare in rural Uganda (Borst, Hoekstra, et al., 2019). The fortunate position that came with these different projects is that I learned where my key personal interest resided, which was a combination of STS and Global Health research. I especially appreciated how STS ‘opened up’ KT practices within Global Health: it allowed me to see KT as a topic of inquiry, rather than a resource or something I consciously did myself. With this realisation came an opportunity to jointly organise and study KT practices with three teams in Cameroon, Jordan, and Nigeria. It was this ‘SURE project’¹⁶ in which most of my PhD research took place.

Hanging out with knowledge translation actors

While my formal PhD research project started in September 2017, it was in February 2018 that I became involved with the SURE project. I became attached to this project through its attempt to organise KT more reflexively. The project, for instance, was designed together with three groups in Cameroon, Jordan, and Nigeria, rather than being designed in the Netherlands and then transplanted to these countries. Moreover, the project’s budget was proportionally divided over postdoc positions in the countries, with significant leeway for these local postdocs to interpret how they thought the project activities would be most productive. As a PhD candidate, I would thus get to work with and learn from experienced teams without the unease of being responsible for all these activities myself.¹⁷

16 This project was funded by the Dutch Research Council (NWO) as part of their Science for Using Research (SURE) programme in which they aimed to develop new insights into how KT can be improved and sustained.

17 Surely the project practice was more turbulent, about which I also write in chapters four and seven of this dissertation.

As part of the SURE project, I spent many days hanging out with KT actors in the three countries. They helped me to see that what the literature described about KT, did not always align with what they saw and practised as KT. While we know from dramaturgical sociology (Goffman, 1956; Hajer, 2005), and its use in organisation studies, that there are always differences between the formal act and the work that happens behind the curtains, the difference I observed was not that straightforward. I suspected two things: 1) there are many activities and deeds that the literature does not consider as part of ‘formal’ KT, but it is in these types of mundane work that KT actually happens and resides, and 2) the ‘successes’ of KT approaches are commonly attributed to the approaches themselves, and not to all the underlying activities that make them work. Using these suspicions as analytic, I started unravelling two major issues in the KT literature. The first was about what actually made KT sustainable (chapters two and three) and an analysis of how, despite my suspicions, most KT projects do work out in practice (chapter six). The SURE project, and the empirical work it required, therefore serves as the metaphorical backbone of the argument in this dissertation.

Moving back and forth between North and South

As described earlier on in this chapter, my PhD research was situated at the intersections of Global Health and STS. I had not overseen in advance that this also had consequences for where my work would take place (in the spatio-temporal sense). A substantial part of my PhD work took place in countries other than the Netherlands. The research group that I was part of, however, was mostly focused on the Netherlands. As such, my footing as PhD candidate was somewhere in-between the Netherlands and different ‘Globals’.

At the time that I started my PhD, I was not necessarily reflexive about my role as researcher from the Global North in a field (i.e. Global Health) that mainly took place in the South. Gradually, however, I developed a personal resistance¹⁸ to the field, which mainly stemmed from a combination of my

18 Or perhaps more a love-hate relationship.

relatively soloist fieldwork, exhaustion as a result of international travel, and continuous experiences of disconcertment in the field. That is not to say that this was necessarily always a negative experience. It was through a fascination for my own ‘grudging acts’ (Bottero, 2022), or activities that I would rather not do, that I started to notice a different role for the mundane and mundane work in Global Health. On an everyday basis in my fieldwork, there would be conflicting moments where I had to perform all kinds of ‘simple’ work to resolve those conflicts. The more I realised that it happened so often, the more I started to notice this work. These moments of disconcertment form the topic of inquiry in chapter seven of this dissertation. To me, that chapter marks the beginning of the end of my *rite de passage* as PhD candidate, which is why it is presented as the last empirical chapter in this dissertation.

OUTLINE OF CHAPTERS

The body of this dissertation consists of six chapters. These chapters are based on original research papers that are either published or under review in different peer-reviewed scientific journals. As is common in most scientific research practices, these research papers are written together with co-authors. These co-authors generally provided feedback and supervision, whilst I conceived and wrote the manuscripts for which I am listed as first author. Chapter five is an exception in that sense. This chapter was primarily written by the first author, but I made a substantial contribution to the wider project, the collection and analysis of the data, and writing the manuscript.

The papers that lay behind the chapters of this dissertation each have their own logic and rationale. Although they have been written as part of different projects, they have one clear commonality: they each zoom in on different mundane aspects of KT efforts in Global Health. This commonality is not to be taken for granted. In fact, what I call ‘commonality’ here is the product of routine, repetitive, and very often painstaking mundane work as well. As a Dutch doctoral candidate, the beginning of your *rite de passage* from doctoral

candidate (i.e. *doctorandus*) to actual doctor is marked by this work. Work in which you not only order your thoughts and seek to establish a voice, but also work of weaving together your different papers into a sturdy and convincing patchwork. A patchwork that barely shows its stitches. But if they do show – and I am sure they will – the paragraphs below are meant to assist you, as reader, in following me in my process of weaving.

Chapters two and three zoom in on a notion that lies at the heart of KT practices in Global Health: that of sustainability. Sustainability has been a longstanding issue in the Global Health literature. In these chapters, we present a different perspective on sustainability of KT practices that acknowledges the underlying mundane work. This ‘sustaining work’ perspective entails a shift from understanding sustainability as an outcome towards ‘sustaining’ as the relatively mundane and ongoing work of actors directed at making and keeping KT practices productive. We subsequently use this perspective to explore what kind of purposive actions sustain KT platforms. The analysis highlights numerous mundane artefacts and forms of ingenious work that could easily be overlooked, simply because of its worldly, everyday, and humdrum nature. Nonetheless, such work was of crucial importance for the continued functioning of the platforms. This sustaining work included that the platform actors navigated a space between flexibility and stability: they established some dependencies for stability, but remained flexible enough to move along with the tides of the policy communities in which they wanted to intervene. We conclude these chapters by stating that, quite contradictory, projects can play an important role in facilitating mundane work, especially through the overheads that can be created in the slipstreams of formal projects.

Chapter four presents a way to envision mundane work in KT. This study started out as an inquiry into the potential benefit of stakeholder engagement as KT instrument. We therefore studied, within a European research consortium that aimed to develop a tool to calculate the return-on-investment of tobacco control policies, how stakeholder engagement was actually performed. While the project explicitly opted for a co-productive approach with

‘stakeholders’ and ‘policymakers’, the project researchers and tool developers could rarely flesh out these actors in practice. The generic labels of these actors had become so accepted in everyday parlance, that they now had little meaning in practice. We started to question these labels by asking project team members and others to explicate who these actors would be in practice, and what role they would play in the use of the tool. This provided a rich picture of heterogeneous actors that would be of utmost importance of the tool’s use, for instance the soil, precipitation, or a spokesperson of the WHO. This ‘actor-scenario’ perspective that we used allowed us to question ideographic notions such as ‘the user’ or ‘the stakeholder’ and to show what kind of mundane work might be necessary for – in this case – the tool to become useful.

Chapter five is positioned at the intersection of planned KT approaches and the mundane realities and incentives of researchers. We followed a group of researchers in a European research project. While those researchers set out with a clear plan that included a co-production strategy, this strategy regressed into a survey-based approach over the course of the project. ‘Stakeholders’ were asked to complete a questionnaire and the aggregated data of this questionnaire were used to validate and further develop a pre-existing scientific model. What we show in the manuscript is that this regression makes sense from the perspective of the researchers: they work within an accountability scheme where the translation of their findings into action is valued less than a scientific publication in a core journal. Besides, it is often this routine ‘academic work’ that they are trained in and good at. In the conclusion, we plea for making explicit the epistemological, institutional, and normative fundamentals of KT initiatives and to create spaces where this type of work can be valued differently.

Chapter six gives insight into the role of alignment work in KT. Here, we introduce alignment work as a specific type of mundane work in KT. Alignment work is directed at mediating between a project-as-designed and how the activities of that project may be woven into the places and networks of intervention. This alignment work proved to be important for making KT

more demand-driven and locally-led. However, it also produced a necessity to interact with uncertainty in different ways. In the discussion of this chapter we therefore suggest sensitivities and design principles that may help KT actors in working with the uncertainty that comes with relying on mundane work when doing KT.

Chapter seven, the final empirical chapter of this dissertation, originates from my personal experiences and observations whilst working as a Global Health researcher and KT scholar. During my (field)work, there were numerous moments where I felt discombobulated, or disconcerted. By analysing these moments further, instead of letting them pass by, I noticed an incongruity between what Global Health is supposed to do and what it actually does in daily practice. Specifically, I posit there are three recurring imperatives in Global Health that prescribe what it means to be a ‘good’ Global Health researcher. In their role as imperatives, they are compelling, and abiding to them creates situations in which Global Health’s practices conflict with the field’s aspirations. In the paper, I propose an approach of ‘staying with’ disconcertment and to use such feelings reflexively at different levels of Global Health practice. This perspective has the potential to make visible how some types of mundane work are valued differently, depending on the extent they adhere to a certain imperative.

Chapter eight forms the concluding chapter of this dissertation. It is in this chapter that I return to the problem that I set out with in the introduction and where I answer my main research question and sub-questions. I conclude that KT actors perform mundane work to sustain their practices, to align these practices with structures and requirements that come with more instrumentalized KT approaches, and to negotiate and navigate uncertain, normatively complex, and often political spaces. These types of mundane work flourish in less stringent organising tendencies, and when performed alongside more formal KT efforts. Besides, by noticing and recognising the importance of mundane work, KT scholars and practitioners may also gain insights into how they can situate their interventions within the concrete needs and practices

of the communities whose health they want to improve. In the second half of the concluding chapter, I reflect on the implications of my dissertation and suggest an agenda for future research. I end the chapter with a personal reflection on the processes of (mundane) work that underly this dissertation.

Chapter 2

Sustaining knowledge translation practices

An earlier version of this chapter was published as:
Borst, R. A. J., Wehrens, R., & Bal, R. (2022). Sustaining knowledge
translation practices: A critical interpretive synthesis. *International Journal of
Health Policy and Management*, 11(12), 2793–2804.

BACKGROUND

The past decades have shown a surge of studies and practices that seek to improve the use of health research in policy and practice. Within the health policy and systems research literature, this field is commonly referred to as ‘knowledge translation’ (KT). KT scholars and practitioners underscore the importance of both evidence-informed policy-making and practice, and policy- and practice-informed evidence generation (Grimshaw et al., 2012; Kasonde & Campbell, 2012). The KT field has gained substantial knowledge of the workings of KT practices – such as policy dialogues and the creation of rapid review services (Nguyen et al., 2020; Partridge et al., 2020). Yet, such practices and their outcomes prove notoriously difficult to sustain: review services may be halted and policy dialogues may result in a temporary intention to change policy only (Andermann et al., 2016; Davies & Edwards, 2013; Tricco et al., 2015). This lack of sustainability is often ascribed to the temporary and tentative nature of the research or implementation projects as part of which the KT practices were initiated (Koon et al., 2020). The health policy and systems research literature emphasises that the sustainability of KT practices may be even more at risk in low- and middle-income countries, where KT work is often conducted as part of donor-funded programmes that might not take the local knowledge and policy contexts into account (El-Jardali et al., 2014; Ongolo-Zogo et al., 2018).

Despite the increasing emphasis on sustainability of KT practices, there remains significant conceptual unclarity in the health policy and systems research literature over what sustainability means. Such conceptual unclarity impairs our understanding of why some KT practices do sustain, or how their sustainability can be improved. One of the conceptual approaches in the health policy and systems research literature sees sustainability of KT practices as the extent to which they are routinised, or exist over time (Davies & Edwards, 2013; Moore et al., 2017; Tricco et al., 2015). This means, for instance, that policy-making processes would be regularly informed by relevant knowledge through interactions between policy-makers, researchers,

representatives from civil society organisations, and other involved actors (Moat et al., 2013). Others suggest that sustainability of KT practices depends on how they are organised, or structured. This part of the health policy and systems research literature conceptualises KT platforms as a sustainable way of organising KT practices (Al Sabahi et al., 2020; Lavis et al., 2006). KT platforms are organisational forms that provide home to the actors that do KT work and function as a place where policy, research, and practice actors can interact (Lavis, 2006; Partridge et al., 2020). There is little agreement on how these different approaches relate, and more importantly: what kind of work is necessary to achieve and maintain these types of sustainability.

Health policy and systems research that does focus on how sustainability of KT practices can be achieved, commonly identifies ‘factors’ for sustainability. Most prominent in such studies are institutional or contextual factors. Institutional factors often address the importance of efficient governance, local embedding of KT practices, and the presence of legislation in favour of evidence-informed policy-making (Chew et al., 2013; Moat et al., 2013). Analyses into the function of context for sustainability produce yet a different set of factors, such as: stable funding for KT work, adequate KT facilities, and a recipient environment in favour of evidence-informed practice (Moat et al., 2013; Squires et al., 2019). The lists of factors usually differ across settings, with some authors concluding that this means that they should be seen as mere guidance and not as prescriptive factors (Kitson et al., 2017; Meier & Dopson, 2019). While valuable in terms of reducing complexity, a key problem with the factor-approach is that it offers little information about the kind of work that is required to construct such factors in the first place (Behague et al., 2009; May, 2013). Instead, the factor-approaches provide snapshots of what sustainability under specific circumstances and at specific times and places may look like. Understanding how KT practices are *made* sustainable, and what that sustainability involves, requires a conceptual shift towards a more dynamic and practice-centred perspective on sustainability.

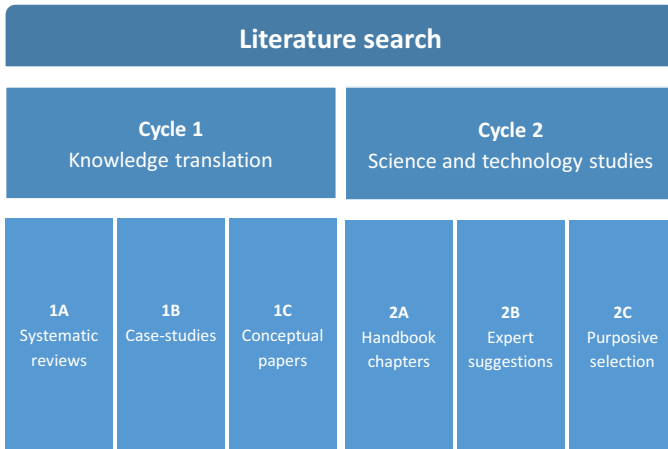
To create a more dynamic and practice-centred perspective on the sustainability of KT practices, this study seeks to synthesise health policy and systems research perspectives with insights from Science and Technology Studies (STS). These literatures work from different epistemological standpoints, with the former being largely realistic and positivist and the latter generally being more constructivist in nature. Yet both literatures revolve around questions of KT and sustainability. A synthesis of these literatures has the potential to create a more coherent theory on sustainability of KT practices and produce insights into the work that goes into sustaining KT practices. Thus, the aim of this study was to review the health policy and systems research and STS literatures on sustainability and KT and identify and explain those processes, activities, and efforts that facilitate the sustaining of KT practices. The insights from this study can inform future empirical studies into the sustainability of KT practices, and the organisation of skill-building programmes that explicitly take sustainability into account.

METHODS

Design

Our literature review did not aim for a neutral aggregation of literature, but sought to produce new theoretical insights into the sustaining of KT practices by combining insights from diverse literatures. We specifically chose to review both the health policy and systems research literature and the STS literature. The former was selected because of its explicit familiarity with KT activities and methods, whereas the latter literature was chosen because of its constructivist appreciation of mundanity – specifically its focus on what actors *do in practice* to produce, utilise, and translate knowledge (Lynch, 1993; Sismondo, 2010). We used the critical interpretive synthesis (CIS) approach to a literature review, because both literatures are heterogeneous, span decades of work published both in books, scientific articles, essays, and reports, and our aim was explicitly to interpret and combine their heterogeneous theoretical backgrounds into new insights (Al Sabahi et al., 2020; Dixon-Woods et al., 2006; Moat et al., 2013).

Figure 1
Overview of the Review Cycles



Following Dixon-Woods et al. (2006), our CIS consisted of three cycles (see Figure 1). First, we systematically searched relevant health literature databases and identified all (*a*) recent systematic reviews, (*b*) case-studies, and (*c*) conceptual articles that related to the sustainability of KT practices. The second cycle involved mapping all relevant literature in STS, whereby we focused on what insights have been developed about durable interactions between research, policy, and practice. The literature searches involved a selection procedure guided by pre-set eligibility criteria. Third, we analysed the records through thematic synthesis – which produced a set of key descriptive themes. Using these themes, we developed so-called synthetic constructs. Synthetic constructs bind together the different themes and provide a new conceptual interpretation of the existing materials (Dixon-Woods et al., 2006). In turn, these synthetic constructs together composed the synthesising argument. This synthesising argument is the key output of the CIS and offers a narrative that explains the connections between the synthetic constructs and a holistic interpretation of the reviewed materials.

Compass Question

We formulated a compass question that would guide the design and conduct of the synthesis (Dixon-Woods et al., 2006; Eakin & Mykhalovskiy, 2003). The compass question we used was: which insights from the STS literature can help in better understanding how KT practices in the health policy- and health systems sector can be sustained? As such, our focus was on the international domain, rather than on individual organisational levels.

Literature Searches

The literature searches were conducted between December 2018 and February 2019, followed by an update in December 2020. In the first cycle, we used three strategies to identify relevant records within the health policy and systems research literature. First, we operationalised the compass question into systematic search phrases to screen PubMed for systematic reviews on KT practices and their sustainability. Second, we used search phrases to identify case-studies via PubMed that specifically focused on sustainability in relation to KT practices. Finally, we conducted additional searches for conceptual KT sources that were not included in PubMed, by using Web of Science and Google Scholar.

The second cycle of the review specifically concentrated on the STS literature. As the field of STS spans several decades of work, we limited our search to: (a) a review of the three handbooks on STS, (b) a selection of core texts suggested via interviews with independent experts, and (c) a purposive selection of texts as identified through deliberation among the review team members. Handbooks often serve to summarise key ideas and concepts in a discipline (Milojević et al., 2014), and the widely used STS handbooks include chapters by contemporary key-scholars. As such, the historical overview of the field in these handbooks allowed us to identify key chapters that address relevant theoretical background on issues of sustainability of KT practices. All authors were involved in reviewing chapters from the three handbooks. Using predetermined inclusion and exclusion criteria, we independently provided recommendations to include or exclude a chapter. During a subsequent two-

hour reflectional meeting, deviations in our selections were discussed and deliberated on. All chapters with at least two recommendations for inclusion were selected for the review.

By relying on handbooks, our selection may be skewed to European and Northern-American scholars only – something STS has been criticised for (Harding, 2011). We therefore asked ten experts in STS from different genders and continents to propose up to three texts each that they consider to be crucially important for understanding how to sustain KT practices. We repeated the procedure among the three researchers involved in the synthesis and discussed the outcome of this procedure in a three-hour consensus meeting.

Inclusion and Exclusion

After the first selection of potentially relevant literature, all sources were screened by the research team. For the health policy and systems research literature, this involved a reading of title and abstracts by the first author. Using pre-set inclusion and exclusion criteria, we then removed irrelevant and duplicate papers from the selection. We used a different screening approach for the STS literature – as these sources were mostly books, book chapters, or scientific articles without abstract. Thus, we divided these records for screening over the researchers involved in the review. The reviewers then independently wrote short summaries of these records that explained the problem statement and key concepts. These summaries were used to deliberate on the relevance of the records during two meetings.

Data Analysis and Synthesis

The final cycle of our CIS involved thematic synthesis and the construction of a synthesising argument respectively. The analysis of selected records evolved through three iterative stages that we based on Dixon-Woods et al. (2006), Schutz (1962), and Thomas and Harden (2008). First, we read all full texts and further summarised the main argument and key concepts. We used these summaries to construct and connect descriptive themes that stayed very close to

the original texts. The final step was to create the synthetic constructs – which we did by constant comparison between the original texts and the descriptive themes. We discussed in the team how the themes might connect and what combination allowed for a holistic interpretation of most data. The outcomes of the analyses were constantly cross-checked with members from the research team that were not directly involved in this review, but did have extensive experience studying and organising KT practices. The core constructs were developed by combining the descriptive themes. We subsequently produced the synthesising argument by relating the synthetic constructs into a coherent conceptual framework. Following common practice in qualitative research, we kept an audit trail and used this to prepare the manuscript (Yanow & Schwartz-Shea, 2015).

RESULTS

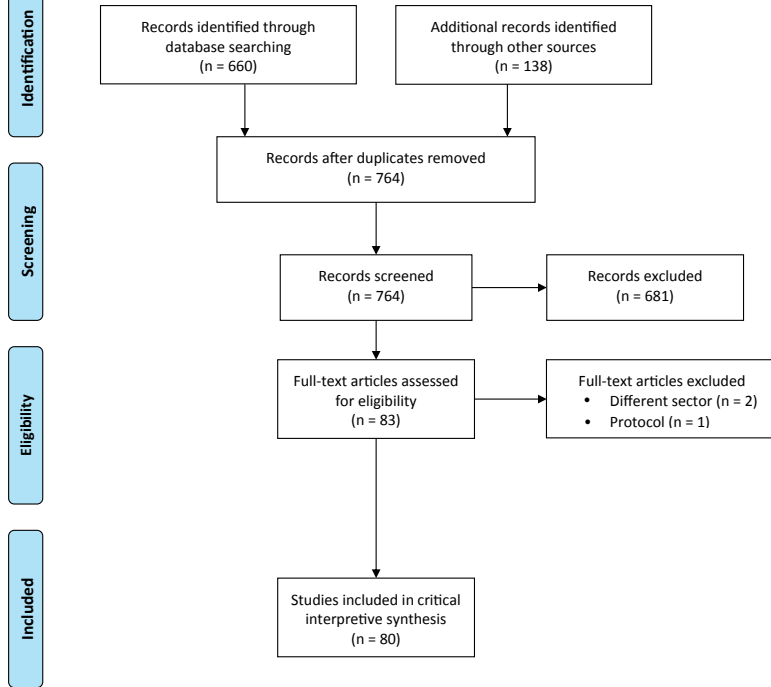
The findings of the review are divided into three parts. First, we discuss the search results and the selection of records. Second, we summarise the overall contribution of our framework (i.e. the synthesising argument, cf. Dixon-Woods et al., 2006) and specify how it allows for a better understanding of the sustainability of KT practices. Last, we describe in detail how the different concepts from STS and the health policy and systems research literature contribute to our conceptual framework and what role they play in the sustainability of KT practices.

Search Results

Our bibliographic search comprised six different sources. After deduplication, the six sources left us with a first selection of 764 records. These records were reviewed for their relevance by applying our inclusion and exclusion criteria. This excluded 681 records for various reasons, most notably because they focused on clinical practice only, did not address KT, or the full texts were unavailable. In total, 80 records, of which 38 from the STS literature, were included in the final analysis (see Figure 2).

Figure 2

PRISMA Chart Showing How the Selection of Records Was Arrived At



Synthesising Argument

In our problem statement we addressed that the health policy and systems literature on KT has produced detailed lists of factors that should be considered when organising sustainable KT practices. Such lists often mention that context is important and that institutional arrangements should be considered. At the same time, these lists offer little description of how sustainability is achieved *in practice*. The synthesising argument of this CIS is that conceptualisations of sustainability of KT practices would benefit from a shift from viewing sustainability as an end-state, produced through a list of factors, towards *sustaining as the (often mundane) work that is required to make and keep KT practices productive*. This means that sustainability as such should not be viewed as a state, but rather as a set of *ongoing activities*. Sustaining thus

becomes a process without a clear end – one that is moreover an inherent part of KT practices. To emphasise the practical efforts that are necessary to sustain KT practices, we describe this set of activities with the term *sustaining work*. Based on the literature, we distinguish between three processes of sustaining work: (i) translating, (ii) contexting, and (iii) institutionalising KT practices. In the subsequent sections, we will explicate for the three processes how the perspective created through this CIS differs from more conventional health policy and systems research perspectives on sustainability.

Translating

Since the early 21st century, the health policy and systems research literature has seen a rapid increase in the use of the term ‘knowledge translation’ (Graham et al., 2006). Initially, Lomas (1997) spoke of translation with an emphasis on communication – especially making research knowledge more understandable to policy-makers. Over time, KT gradually became depicted as an iterative and dynamic process that aimed to increase the use of research knowledge in policy and practice (Straus et al., 2009). However, the health policy and systems literature often leaves the word ‘translation’ unproblematised and uses the term as synonym for ‘transfer,’ ‘exchange,’ and ‘mobilisation’ (Freeman, 2009; Graham et al., 2006). Without specifically tracing the entire etymology of ‘translation,’ we will show how the STS understanding of translation provides deeper insight into the sustaining of KT practices by highlighting that KT refers to a combination of transforming knowledge *and* creating new connections between actors that produce and utilise knowledge.

Different Understanding of Translation

Translation as described in STS has a different meaning than in most of the health policy and systems research literature. This is partly due to the specific use and meaning of the word in French and Latin (Freeman, 2009). In French, *translation* connotes both transformation and displacement (Latour, 1987). Within STS, this emphasis on transformation and displacement is used to describe how networks of actors are made, and often changed, in the process of knowledge production and utilisation. Callon (1986a) described in a seminal

paper on translation how this process can be characterised in four moments, that is: problematisation, intersement, enrolment, and mobilisation. These moments describe how actors first gather around a problem and potential way forward. Intersement then can be conceived as the moment that ‘influential’ actors are linked to this potential way forward (Callon, 1986a). Subsequently, these actors need to be assigned a role that describes what their responsibilities are. The final moment is where these actors are mobilised and made to play their role. This understanding of translation is part of actor-network theory (ANT) and underscores the constant (re-)building of networks and (strategic) work of transformation and displacement. Notably, what is an ‘actor’ in this regard is not stable nor confined to either social or material entities. To become an actor – that is, a human or non-human entity that can influence a course of events – needs work in itself (Callon, 1986a).

While initially used to study power relations and the development of technologies (Callon, 1981, 1986a, 1986b; Callon & Latour, 1981), the STS understanding of translation was later widely applied to studies of knowledge production and utilisation. In particular, it has been used to better comprehend why scientific knowledge is not easily and directly applicable to places and situations other than those where the knowledge was produced. Following Latour (1987) and Callon (1989), the production and utilisation of knowledge generally can be described in three translations. These three translations are each composed of the different moments as described above. The first translation happens when researchers attempt to bring something from the world into somewhat secluded and protected research spaces – think of blood samples or population data. Having retrieved their study materials, researchers work on a second translation where they manipulate properties of the study subject and expose it to all kinds of tests. The research space is made to resemble the outside world as much as reasonably possible, but is at the same time meant to protect against distortion from the outside world. This is comparable to how health scientists conduct randomised controlled trials on new interventions: test subjects are often asked to abide by a strict research protocol or regimen while still partaking in regular life. In the third transla-

tion, the researchers may aim to ‘implement’ their knowledge into existing practices. But knowledge does not unproblematically move from the secluded research space to the outside world: existing practices need to change and the conditions under which the knowledge was produced in the research space need to be reproduced in the utilisation environment as well (Latour, 1999).

Translation and the Transfer of Knowledge

The STS literature has conceptualised the process of translation in different ways. The key difference between how translation is used in STS and its use in most of the health policy and systems research literature, is the emphasis on the (re)construction of so-called actor-networks. In ANT, the world is deemed to be composed of humans *and* things who can ‘act’ (together referred to as: actors or *actants*). These actors are bound together in networks, and such networks are constantly (re)created through translations. Earlier works have deconstructed the notion of translation into separate moments or phases (Callon, 1986a; Latour, 1987). What contemporary STS contributions have in common is a focus on the *places* of translation, for instance in the production and utilisation of knowledge (Callon et al., 2009; Rip, 2001). It is this understanding in particular that might inform efforts directed at sustaining KT practices in health policy-making processes.

In Callon et al. (2009), the ‘sociology of translation’ is revisited. The authors describe that most types of research are no longer as secluded as they used to be. Apart from research in protected ‘laboratories’ (e.g. randomised controlled trials), it has become more common to conduct ‘research in the wild.’ The ‘wild’ is meant to connote co-productive practices where knowledge is produced through interactions between secluded research and more open forms of research. Examples include citizen science and types of participatory action research. In her work on co-production, Jasanoff (2004) goes as far as to state that scientific knowledge is *always* co-produced, as interaction between researchers and other actors is inherent to doing research – albeit sometimes less explicitly so (Wehrens, 2014). Following the logic of co-production, transla-

tion is also about connecting and extending the (actor-) networks between knowledge production and -utilisation.

Translating and the Sustaining of Knowledge Translation Practices

The STS understanding of translation brings two crucial insights to the health policy and systems research literature. The STS literature on translation suggests that KT is both about transforming knowledge as to make it utilisable, *and* about creating connections between places of knowledge production and places of knowledge utilisation that were not there before. This opposed to the health policy and systems research literatures that approaches KT as “*a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge.*” (Straus et al., 2009, p. 165) The STS emphasis on connections is important, because they carry the knowledge between the different actors, and thus their productivity seems a prerequisite for doing and sustaining the KT efforts. This act of translating is somewhat comparable to what earlier health policy and systems research scholars have identified as the ‘informal’ part of linkage and exchange approaches (Goering et al., 2003; Jacobson et al., 2003), where (strategic) partnerships are actively constructed and maintained through informal collaboration. Following the STS approach to translation, such approaches are not merely informal side-activities, but an essential part of ‘formal’ translation work.

Second, the STS understanding of translation reiterates that (scientific) knowledge is not directly applicable for health practitioners and policy-makers – even when that knowledge is transformed in a for such communities appropriate and accessible way. The STS literature describes instead that knowledge, through its production, is always inscribed with assumptions about the environment in which it is to be used. Translating knowledge to health policy audiences then requires an opening of that black-boxed knowledge, and a mutually adaptive process where the knowledge is adapted to this new environment and the environment resembles the circumstances under which the knowledge was produced (Kok et al., 2012).

In short, the STS literature suggests that *translating* takes an important role in the sustaining of KT practices. This work involves creating networks between knowledge producing communities and actors that may be seen as intended users of such knowledge, and a mutually adaptive process where both the knowledge and its supposed utilisation environment are aligned with each other.

Contexting

The health policy and systems research suggest that context plays an important role in sustaining KT practices. Within this literature, context is often seen as the conduciveness of a given environment to the implementation and routine conduct of certain KT practices. This means that context is a characteristic of that environment which is external to the KT practices themselves and that impacts those practices. The STS literature has traditionally approached context as a non-issue: context is a line in the sand that the ‘implementers’ of a KT practice constructed to define their intervention and the environment of the intervention. Recent STS scholarship, however, has opened the discussion on context again and these insights may help in better understanding the role of context in sustaining KT practices. We will start this section by briefly presenting how the health policy and systems research literature conceptualises context and will subsequently describe what insights from the STS literature may enrich this perspective.

Our analysis shows that the health policy and systems research generally conceptualises the context of KT practices in two different ways. First, context is characterised as a local environment to which the KT practice needs to be attuned (Bornstein et al., 2017; Robert & Fulop, 2014). This process is often referred to as contextualisation, which refers both to adding ‘local context’ to the KT practice itself as to make it more effective (e.g. presenting research knowledge in a way that is common in that specific environment), and to changing the local context to be more conducive to the KT practice. Second, context is defined as a set of contextual attributes that may act as facilitator or barrier when implementing a KT practice or other intervention. Commonly

identified factors, or attributes are for instance ‘financial context’ or ‘cultural context’ (Abelson et al., 2007; Cammer et al., 2014; Moat et al., 2013; Ziemann et al., 2019). More generally, this perspective defines context as the “*characteristics of the setting surrounding an organisation in which the implementation takes place.*” (Ziemann et al., 2019, p. 4) In this second approach, context is clearly external to the KT practices, or in the words of Squires et al. (2019, p. 2): “*(...) factors that are separate from the actual intervention itself and the actors receiving the intervention, but which may nonetheless contribute to the success of the intervention.*”

Context as Network

The review of the STS literature proposes a conceptualisation where KT practices and context are inherently part of the same network. This conceptualisation builds on the ANT literature within STS (Latour, 2005; Watson-Verran & Turnbull, 1995). ANT works with three propositions, namely that: (a) the world exists of many intertwined networks, (b) these networks are constantly being (re)built, and (c) the nodes in the network are not merely humans, but also ‘things,’ or non-humans. These networks can be changed, with new actors being added or others being removed. This means that KT practices cannot be seen independently from the wider network in which they work (see Figure 3b). At the same time, the KT practices themselves can be seen as a web of different actors, such as policy-makers, policy briefs (i.e. a synthesis of knowledge in a form appropriate for policy audiences), invitation letters, meeting venues, etc. As such, the KT practices are not easily distinguishable from their wider environment. Usually, however, the KT practices tend to be separated for analytical purposes, or when issues or ‘barriers’ – such as shortages in funding or insufficient organisational support – arise. In short, this STS conceptualisation of KT practices and context argues that it is not a matter of adding context to a KT practice (cf. contextualisation), but assigning some parts within the network of the KT practice a role as context (Asdal, 2012; Asdal & Moser, 2012).

Figure 3
Understandings of Context.

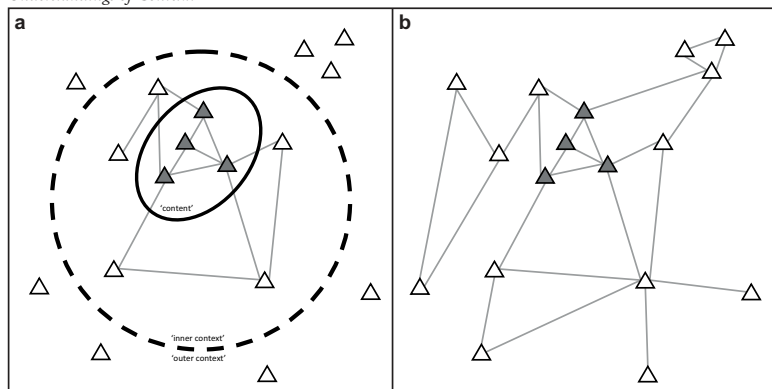


Figure 3a shows a situation where content actors (grey triangles) are seen as conceptually distinct (solid circle) from contextual actors. The context itself is often divided in an inner context, where actors are related to the content, and an outer context that is seemingly disconnected from the content but nonetheless affects it. The alternative in Figure 3b shows a flat ontology where all actors are connected, but an emphasis on certain parts of that network (grey triangles) can be applied – this does not require a conceptual delineation between content and context. Yet the actors outside this emphasis (white triangles) can, in their relationality, very much play a contextual role.

In the STS understanding of ‘contexting,’ the emphasis is on the process in which actors are assigned a role as context in a given network (Asdal & Moser, 2012). Our synthesis shows that this network conceptualisation to context still allows for speaking of ‘things in their context.’ But this context does not have a different status than the content it supposedly encompasses. Content and context are two different labels that refer to the same network of actors, yet the label ‘content’ singles out a specific group of actors within this network while excluding others. Thus, as has been argued before (Asdal & Moser, 2012; Gabbay & le May, 2011), what may be considered context and how context plays a role in KT practices is not something fixed. Instead, the role and boundaries of context are subject to continuous negotiation and judgment (Gieryn, 1995). This also means that what is seen as context in one instance, can be content in another. For example, when KT practitioners seek to inform the development of new policy on a health issue, they commonly construct a boundary between evidence-based interventions (the content) and elements that could distort this content, such as funding, politics, and infrastructure

(the context). The contexting perspective would argue that these ‘contextual elements’ are very much connected to the content, and may even describe its productivity (cf. Dixon-Woods et al., 2011). It only becomes possible to distinguish content from context by tracing how the boundaries between the two are constructed.

Contexting and the Sustaining of Knowledge Translation Practices

This CIS has presented a new perspective into the role of context in sustaining KT practices. The network approach to context that is used in the STS literature (i.e. contexting) emphasises that KT actors must constantly *construct contexts that work* for their practices to remain productive. STS scholars Law and Moser (2012) use the notion of ‘patchworks’ to metaphorically describe that contexting is about knitting together actors in such a way that ‘the fabric’ (i.e. the KT practice) becomes more sturdy. This is an important observation in relation to the sustaining of KT practices, as this suggests that the practices attain more stability through KT actors’ ability to make contexting an explicit part of their activities. In other words: it seems crucial for KT practices to enrol contextual actors in such a way that it helps them to sustain. In that perspective, the boundary between what is considered content and context is a political and strategic one, which is constantly re-negotiated and re-located. What our synthesis then adds is that contexting is inherently part of KT activities, and not something that should *also* be done. Insight into the activity of contexting can help identify what is necessary to create a network that supports and sustains the KT practices.

Institutionalising

The health policy and systems research literature and the STS literature provide different accounts of the role of institutions in sustaining KT practices. Within the health policy and systems literature, institutions are often seen as relatively stable and durable structures that are necessarily social in nature (Koon et al., 2020; Sriram et al., 2018). In contrast, the STS literature less explicitly focuses on institutions as subject of analysis. Instead, most of the STS

literature builds on post-structuralist philosophy to describe how phenomena like infrastructures and networks can work institutionally. STS descriptions of institutions have in common that they conceptualise them as inherently unstable, dynamic, and mediated through materiality (Bijker, 2017; Callon et al., 2009; Lascoumes & Le Gales, 2007; Pinch, 2008; Rip, 2011).

In the health policy and systems research literature, institutionalisation is seen as a way to make KT practices sustainable (Parkhurst & Hawkins, 2018). Institutionalisation, in this case, equals a process where KT practices are linked to specific institutions, or refers to the construction of new institutions (e.g. regulation that requires health policies to be evidence-informed, see Ongolo-Zogo et al. (2018) and Tricco et al. (2015)). The idea is that this process of institutionalisation provides the KT practices with a certain ‘staying power’ (Davies & Edwards, 2013; Novotná et al., 2012). Davies and Edwards (2013, p. 239), quoting Goodman and Steckler (1989), use the notion of ‘staying power’ to connote the “*endurance of change*” and how that change “*becomes part of everyday activities or normal practices in an organization.*” How institutionalisation for KT practices can be achieved remains largely unclear, as most of the health policy and systems research literature is concerned with studying the extent to which KT practices have already been institutionalised and what institutional factors may have facilitated that process. There is little health policy and systems research into the relatively mundane work that is required to institutionalise KT practices.

Working With Institutions

Through our review, a different understanding of institutions and institutionalism emerges. This sociological understanding builds on how Lascoumes and Le Gales (2007) write about institutions. In their descriptions, institutions are seen as a “*more or less coordinated set of rules and procedures that governs the interactions and behaviours of actors and organisations.*” (Lascoumes & Le Gales, 2007, p. 8) The emphasis in this sociological understanding is on the fact that institutions may sometimes be less coordinated, and that they *govern* – instead of *structure* – behaviours of actors. This understanding thus moves away from

seeing institutions as structures that act as facilitators or barriers of human behaviour only. Instead, following Colyvas and Jonsson (2011) institutions work as temporary fundaments that provide (new) practices with some stability. It is this dynamic approach to institutions that may help in understanding how KT practices can be sustained: the extent to which institutions aid the sustaining of KT practices is defined in how KT actors work with institutions. We will expand on this understanding in the paragraphs below.

Most of the STS literature does not explicitly write about institutions, but focuses on how other phenomena can work institutionally. The idea of this shift is that focusing on what institutions precisely are is less productive than showing how some compositions can provide a (temporary) fundament to activities. A concept that is commonly used to describe such fundaments is that of infrastructures. With infrastructures, the STS literature refers to *“the prior work (be it building, organization, agreement on standards, and so forth) that supports and enables the activity we are really engaged in doing.”* (Slota & Bowker, 2017, p. 529). These infrastructures are not backgrounded, but very much entangled with the practices that they provide a fundament to (Shove et al., 2015; Star, 1999). More importantly, the focus is on how such infrastructures can be made and used (Shove et al., 2015). The implication of this perspective for the health policy and systems research literature is a shift from looking at institutionalisation (as outcome) of KT practices towards better understanding how the institutionalising (as activity) of KT practices works.

There is a wide literature that specifically seeks to understand how actors work with institutions. This literature on ‘institutional work’ is not specifically part of STS literature, but institutional work is increasingly considered in empirical studies of STS-associated scholars (e.g. Wallenburg et al., 2019 and van de Bovenkamp et al., 2017). Institutional work literature moves away from conceiving institutions as static compositions, and instead focuses on the work that actors put in creating, sustaining, and disrupting institutions (Lawrence & Suddaby, 2006). In this sense, institutions are strategically used to pursue objectives (cf. Callon, 1995). Bijker et al. (2009) for instance

showed how the status of a National Health Council as prestigious advisory institute bestows legitimacy upon the advises it puts forth. Similarly, Van de Bovenkamp et al. (2017) showed how hospital directors do institutional work on a daily basis, for instance by using the Healthcare Inspectorate to settle debates between medical specialists. In short, this literature on institutional work holds that the role of institutions, and how stable or durable they are, is defined in how actors interpret and work with institutions (Lawrence & Suddaby, 2006; Moon, 2013; Smets & Jarzabkowski, 2013).

Institutionalising and the Sustaining of Knowledge Translation Practices

Following the STS perspective on institutions, we may conclude that institutionalising KT practices involves actively and strategically using institutions to sustain KT practices. The key difference between this perspective and how the health policy and systems research literature commonly writes about institutionalisation is the emphasis on how KT actors *work with* institutions in their daily practices. The emphasis is not on the process of institutionalisation at such, but on how KT actors use institutions such as academia, medicine, or advocacy groups to continuously be able to affect health policy or clinical practice. In short, the sustaining of KT practices depends partly on the extent to which KT actors use institutions to make and keep their KT practices productive.

DISCUSSION

The aim of this CIS was to identify and explain those processes, activities, and efforts that facilitate the sustaining of KT practices in health policy-making processes. In our CIS, we reviewed the health policy and systems research literature and the STS literature that focused on sustainability and KT. The main finding of our CIS is that common perspectives on the sustainability of KT practices focus on descriptions of end-states. Such descriptions offer important insight into what sustainability of KT practices looks like, but

impair our understanding of how such states of sustainability are achieved and maintained. Thus, the synthesising argument of this CIS is that *conceptualisations of sustainability of KT practices would benefit from a shift from viewing sustainability as an end-state towards sustaining as the (often mundane) work that is required to make and keep KT practices productive*. In the literature we noticed that this *sustaining work* can be divided into three work processes. Our proposition is that these processes of *translating*, *contexting*, and *institutionalising* together can both explain and guide the sustaining of KT practices.

The first sustaining work process that we described in our synthesis was that of translating. We showed how the literature describes that translating involves both transformation of knowledge and the creation of connections. Traditionally, the focus of studies on KT is mainly on how (scientific) knowledge is transformed as to make it utilisable. Here, most emphasis is placed on the ‘packaging’ of such knowledge, often referred to by terms such as ‘knowledge product’ or ‘tool’ (Bowen & Graham, 2015). Less emphasis is on the connections that are ought to carry such knowledge products and particularly the process in which such connections are made and maintained. Our synthesis suggests that this second element to translating is an important part of keeping KT practices productive. The observation that (social) connections between KT actors and the communities they work with are important is not new to the health policy and systems research literature (Crewe & Young, 2002; Denis & Lomas, 2003), but the extent to which these connections affect the actual sustaining of KT practices remains undervalued (Evans & Scarbrough, 2014; Kothari & Wathen, 2013; McWilliam et al., 2009).

Beside the process of translating, we also identified the process of contexting and institutionalising as important elements of sustaining work. Contexting of KT practices refers to the ongoing work of actors directed at *constructing contexts that work* and enrolling these contextual elements in such a way that their practices remain productive (cf. Borst et al., 2019). This understanding moves away from context as a list of factors and instead proposes to disentangle how certain interventions or practices tie into their wider environment. In case of

KT practices, this is often about creating ‘patchworks’ (Law & Moser, 2012) of actors that can support the KT practices. An example could be how KT actors work to combine funding from different projects to sustain their core activities (Walugembe et al., 2019), or how policy-makers are engaged early on in a KT process as to create ownership and political buy-in (Ongolo-Zogo et al., 2018). Finally, institutionalising KT practices refers to the strategic use of institutions as to create a (temporary) fundament on which KT practices can be organised. This institutional work offers the KT practices a certain durability by creating a relatively protected ‘environment’ that is less prone to political tides and financial instabilities (Bekker et al., 2010; Wehrens et al., 2011). This environment itself can be actively constructed by situating KT practitioners within institutions such as academia or medical practice, or by creating productive dependencies with institutions that provide the KT practitioners with legitimacy.

Reflection on the Critical Interpretive Synthesis Approach

Our review aimed to create a more dynamic and practice-centred theoretical perspective on the sustainability of KT practices by enriching the health policy and systems research literature with STS literature on sustainability and KT. We used a CIS approach to reviewing these literatures, because this approach is particularly useful for synthesising heterogenous literatures with disputes over certain concepts, and when the aim is to build new theory. Our particular use of the CIS approach presented several limitations. First, a large part of the STS literature is published in books and essays that are not necessarily indexed in scientific search engines. We attempted to overcome this issue by using expert suggestions and by reviewing all available handbooks on STS. Despite repeated invitations, not all contacted experts responded to our requests and some of their contributions were more extensive than others. Second, our use of handbooks to arrive at key STS insights may have steered the review away from more recent insights in this literature. However, both limitations were transcended as much as possible by triangulating data sources. Besides, as KT has been a central theme of the STS literature since the onset, it seems less

likely that recent developments in STS would alter the overall contribution of that literature.

In addition to forementioned reflections, our review approach also presented a more methodological challenge to attempting to synthesise insights from two disparate literatures. As with most bodies of literature, the boundaries are subject to how scholars work and reproduce them (Gieryn, 1983). In delineating STS and health policy and systems research, we ourselves created a binary which may not always be that clear-cut. There are several traditions within health policy and systems research where more socially scientific infused theories are used to understand, and practise, KT, these include integrated KT (Kothari & Wathen, 2013), and complexity sciences (Greenhalgh et al., 2017). Scholars in these traditions translate, much like ourselves, concepts and frameworks between the different fields. Yet, we argue that the fields remain positioned on different sides of an ‘epistemic divide.’ STS scholars position themselves on the constructivist side of the divide and understand KT as a situated and contingent practice in which new connections between different actors are constantly (re)made – and that knowledge is shaped in this process. Scholars in health policy and systems research, including more social scientific extensions of that field, commonly use a realist epistemology and emphasise that KT is about using ‘rigorous’ methodology to objectively produce scientific knowledge that is equipped for informing (and improving) policies and independent of social relations. The latter understanding is thus much more restrictive and normative about what KT ‘is.’ Besides, STS scholars would argue that knowledge/policy interactions largely work through more relational, mundane, and unstructured practices (Borst et al., 2022). We see this epistemic divide as an important argument in favour of doing syntheses like the current one, where we may “*foster conceptual and empirical cross-pollinations*” (Carboni et al., 2022, p. 2) between health policy and systems research and STS.

A final potential limitation concerns the absence of a published protocol, or registration, prior to conducting this review. While we did construct a

protocol and registered this protocol as part of our university regulations, it is common practice in health policy and systems research to publish such a protocol in a scientific journal or online registration service (e.g. PROSPERO). A prominent logic behind this practice is the reduction of publication bias and increase of the study's replicability. While this can be relevant for systematic reviews, we argue that this logic does not fit a review practice that is mostly interpretive and iterative and thereby inherently impossible to replicate in full.

Recommendations for Further Study

Following the sustaining work perspective we developed in this CIS, and its emphasis on three core processes, we suggest three concrete recommendations for empirical research. The first recommendation concerns empirical study of how KT actors work with institutions. In contemporary health policy and systems research, much use is made of institutional theory to better grasp institutionalisation of, among other things, knowledge platforms (Sriram et al., 2018). Our synthesis suggests a focus on how institutions are strategically used instead (Lawrence et al., 2011; van de Bovenkamp et al., 2017). This involves studying what actors do to create, change, or dispute institutions. The second recommendation for research concerns studying the way actors work with context in practice. In a similar way to institutional work, we think it can be valuable to see how and why actors designate things a role as context (cf. Kleinhout-Vliek et al., 2020). We anticipate that situated descriptions of contexting may be translated into capacity-building workshops for KT actors. For instance, by educating KT actors on the importance of building relationships with key actors, or how to tinker with project funding. Finally, we envision using the notion of translating to map how KT actors construct networks and translate knowledge in practice, and to draw further lessons from these efforts (cf. Borst et al., 2019).

CONCLUSION

The aim of this CIS was to identify and explain those processes, activities, and efforts that facilitate the sustaining of KT practices in health policy-making processes. The CIS has resulted in a new perspective on sustaining KT practices that shifts from sustainability as an end-state towards sustaining as the (often mundane) work that is required to make and keep KT practices productive. We have described this perspective as sustaining work to emphasise the practical efforts that are necessary to sustain KT practices. In the literature, we identified three processes of sustaining work: *(i)* translating, *(ii)* contexting, and *(iii)* institutionalising KT practices. Our suggestions are that these processes can guide empirical study of sustaining work and that these empirical insights, combined with this CIS, can inform training programmes for KT actors.

Chapter 3

Reconceptualising sustainability as sustaining work

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INTRODUCTION

A wide range of collaboratives in the health sector aim to support ‘knowledge translation’ (KT). In the global health literature, KT is described as a set of activities directed at aligning scientific knowledge production, health policy-making, and health systems governance (Grimshaw et al., 2012). Ultimately, the field aims to increase the use of scientific knowledge in health policy-making and healthcare practice (Straus et al., 2013b). One way of organising KT collaboratives is through so-called knowledge translation platforms, or KTPs (Lavis et al., 2006). KTPs can take different shapes, ranging from web fora to dedicated units within a ministry, university, or NGO (Berman et al., 2015; Kasonde & Campbell, 2012).

While KTPs are generally deemed useful and important, their sustainability remains a recurring issue (Berman et al., 2015; El-Jardali et al., 2014; Koon et al., 2020; Lester et al., 2020). Most KTPs are constructed as part of research projects or development programmes and operate in spaces where international development interests and national policy objectives may collide (Partridge et al., 2020). Additionally, KTPs are usually part of (inter)national networks that seek to promote evidence-based movements and depend on efforts of so-called ‘local champions’ who are committed to improving health policies and practices in their countries (Ongolo-Zogo et al., 2014; Straus et al., 2013b). KTPs derive part of their existence from this combination, but these supporting networks may fall apart, the connections can become more tenuous, and local champions may shift positions or cease to be active (El-Jardali et al., 2014; Uneke et al., 2015). Consequently, the activities of KTPs may come to a halt and the platforms may become inactive.

Within the global health literature, there are numerous studies into the sustainability of KT practices (Greenhalgh & Abimbola, 2019; Proctor et al., 2015; Tricco et al., 2015). Such studies commonly describe that sustainability depends on whether certain institutional and contextual ‘factors’ are met (Koon et al., 2020; Uneke et al., 2015). A commonly mentioned institu-

tional factor, for instance, is the extent to which there are regulations that support the work of KTPs (Koon et al., 2020). Contextual factors are seen as external to KT practices, such as funding availability (Ziemann et al., 2019). While there is an important descriptive value to identifying institutional and contextual factors, they are unlikely to represent the efforts that are necessary to create such contexts, or more generally: how actors ‘work’ with such contextual and institutional ‘factors’ to sustain KTPs (cf. Asdal and Moser (2012). We therefore argue that to understand how KTPs are sustained, it is important to study what KTP actors *do* in practice to sustain their platforms and, more specifically, how they work to create institutional contexts, or align with existing ones that sustain their work as KTP (Borst, Wehrens, & Bal, 2022).

Following a critical interpretive synthesis into the sustaining of KTPs (Borst, Wehrens, & Bal, 2022), this study investigated over the course of two years how KTP actors did *sustaining work* – which we understand as the ongoing mundane work that various KTP actors engage in whilst aiming to make and keep their KTPs productive. In the conceptual framework of this paper, and building on our practice-based approach, we will show how our notion of sustaining work departs substantially from earlier conceptualisations of sustainability within the global health literature. Based on longitudinal ethnographic research in three countries, the results of this study zoom in on the different activities that were part of the KTP actors’ sustaining work. We anticipate that applying our framework to the practices of KTPs makes two key contributions. Firstly, we aim to forefront those aspects of KTP actors’ mundane work that are not usually considered important for their sustaining. Such insights contribute to the literature on capacity building in relation to KTP actors and sustaining work may be recognised as a core competency. Secondly, this study’s application of the sustaining work perspective may produce new insights on what sustainability means in practice. These insights move beyond the health-related scientific literature and have the potential to feed into wider social science literature on sustainability as well.

FROM SUSTAINABILITY TO SUSTAINING WORK

Our focus on sustaining work follows the ‘practice turn’ in social sciences (Schatzki et al., 2001). This means that we focus on what actors within specific practices do, instead of only focusing on what ‘structures’ support such practices. We thereby abandon the idea that KTPs must only align once to contextual or institutional factors, as that disregards the work that is required to do precisely so: dependencies with political actors must be *made* productive and connections beyond temporary projects need to be actively *created*. To further justify our notion of sustaining work and its relevance for studying KTPs, we start our conceptual framework with deconstructing KTP as concept. Subsequently, we problematise understandings of sustainability as a mere characteristic. Our framework ends with presenting a triad of work processes that can be identified within *sustaining work*.

Platforming knowledge translation

Following Kasonde & Campbell (2012), we conceptualise KTPs as “*a national- or state-level entity designed to create and nurture links among researchers, policy-makers and other research-users; these links draw the research and policy communities closer together to ultimately create cycles of policy-informed evidence and evidence- informed policy.*” (p. 2) However, this definition does not reflect on what it means to work as a platform. We deem it useful to explore ‘platform’ as a concept because it hints at both stability and flexibility (Baldwin & Woodard, 2009). The word platform is originally borrowed from French and hints at the level (*plate*) surface (*forme*) on which “*things can stand*” (Oxford University Press, 2022a). This connotation of stability is what Gillespie (2010) refers to as a normative dimension of platforms; platforms are expected to offer a solid base for action. At the same time, van Dijck et al. (2018) argue that platforms are inherently dynamic and flexible: they are temporary and usually do not have the same obligations as their more solid counterparts. This dual character of platforms – being solid and flexible at the same time – will inform our empirical study of sustaining work by KTP actors.

Sustainability versus sustaining

The global health literature offers numerous definitions of sustainability (Moore et al., 2017; Pluye et al., 2004; Shelton et al., 2018; Tricco et al., 2015; Yang et al., 2010). Most of these definitions suggest that sustainability of an entity means that it will exist beyond a specific time and place (Borst, Wehrens & Bal, 2022). Walugembe et al. (2019) show, for instance, that sustainability definitions commonly focus on the extent to which programmes or interventions maintain, or continue to be in use “*beyond their initial funding period*” (p. 5). Other global health scholars emphasise that sustainability depends on the extent to which KT practices consider institutional and contextual factors (Koon et al., 2020; Novotná et al., 2012; Tricco et al., 2015). While such definitions may help in defining prerequisites for the sustainability of KTPs, they are also prone to becoming implicitly linearised reductions of more complex realities, which suggest that sustainability is a matter of tweaking the right ‘factors’ to reach a certain end-state. In this study, we will depart from the idea of a singular definition of sustainability (as noun) and argue that sustainability is not an outcome or end-state that KTPs can achieve. Instead, we will speak of *sustaining work* (as practice). This implies a shift from a static towards a more dynamic ontology, where the focus lies on what actors *do in practice* to make and keep their KTPs productive. We thus understand sustaining not only to mean that KTPs are kept in existence, but more precisely that KTP actors work to keep conducting their KT activities despite potential constraints in time and place. As such, applying our sustaining work perspective to concrete practices of KTPs can provide guidance for those who seek insight into the acts and strategies that may contribute to sustaining KTPs. Throughout our manuscript we will use *sustaining* (as verb) to highlight our dynamic perspective, and sustainability (as noun) to refer to a static ‘usual’ understanding.

Our understanding of sustaining work is based on a critical interpretive synthesis of literature on sustainability and knowledge translation (Borst, Wehrens, & Bal, 2022). The sustaining work approach builds on the Science and Technology Studies (STS) literature, which is an interdisciplinary

field of study that is rooted in the constructivist study of scientific practices (Sismondo, 2010). Within STS, it is common practice to focus on everyday (mundane) interactions and activities to better understand social phenomena. The synthesis itself distinguishes between three aspects of sustaining work: translating, contexting, and institutionalising. These work processes interact and entangle, yet each connote a different aspect of what actors *do* to sustain their KT practices. We will briefly reiterate the analytic distinctions between these processes here, even though the work processes may be difficult to disentangle in practice. The entire framework, including the methodological substantiation, is available elsewhere (Borst, Wehrens, & Bal, 2022).

Translating

When we speak of translation, or translating, we build on actor-network theory (ANT) – particularly how translation is understood by Latour (2005) and Callon et al. (2009). There, translation connotes a strategic and political process through which connections between actors – that were not there before – are made. In ANT, actors (i.e. humans *and* other entities) are bound together in networks and translation is about creating, extending, and maintaining such networks. Our use of the term translation differs from ‘knowledge translation’ (KT) as commonly used in health services, health policy, and health systems research literature. There it refers to the practices of mediating between scientific knowledge and places where such knowledge can be used (e.g. ministries, municipalities, elderly care, hospitals, etc.). Yet the two approaches also relate, as KT focuses on combining different knowledges and creating connections between that knowledge and potential users (Schlierf & Meyer, 2013).

Contexting

Within the global health literature, scholars often revert to using context as explanation for implementation differences across situations. Such analyses neglect, however, that contexts must be constructed, and are constantly changed (Meier & Dopson, 2019). What might count as context in one case, may be disregarded in another. STS scholars therefore suggest focusing on how and for what purpose actors are combined into a context: this is what

they refer to as the process of ‘contexting’ (Asdal & Moser, 2012). Law and Moser (2012) speak of making ‘patchworks’ to emphasise how actors are bound together for a specific purpose. In our example, KTPs may want to create a context in which their policy recommendations can be implemented; thus, making a patchwork of policymakers from a ministerial department and representatives from civil society organisations. Such a context acts supportive and provides the KTPs with stability.

Institutionalising

The role of institutions in sustaining KTPs is one of the more disputed topics in the global health literature (Koon et al., 2020). Most studies build on Powell and DiMaggio (1991), who see institutionalisation as a condition in which actors and their practices are “*institutionally anchored*” and have “*staying power*” (p. 201). Within the KT literature, institutionalisation commonly refers to a state of routinisation and integration of KT work within organisations (Davies & Edwards, 2013; Novotná et al., 2012). We propose to study how such states are achieved by focusing on so-called institutional work (Lawrence & Suddaby, 2006). Rather than focusing on institutions themselves, an institutional work perspective emphasises how actors interact with institutions and attempt to disrupt, maintain, or change them. We draw on Wallenburg et al. (2019), who accentuate the mundanity of institutional work and the mediating role of materiality. This institutional work perspective might further highlight what role institutions play in sustaining work, and how that might be supported.

In short, translating is about making connections that were not there before (i.e. making networks). Contexting is about making environments that provide fundamentals for action. As such, this is not necessarily about *making* networks, but about combining and reorganising networks and placing actors in a contextual role as to be able to ‘do’ something. Lastly, institutionalising concerns working and linking with institutions with the aim of achieving an objective. Therefore, it is not about just making any connection or fundamental, but explicitly about using the rule-like status of institutions. Thus, not

all translations are about contexting and institutionalising, but contexting and institutionalising can be seen as particular types of translating. Similarly, institutionalising might be seen as a particular kind of contexting.

METHODS

We set out with this ethnographic case-study to analyse how actors of KTPs in Cameroon, Jordan, and Nigeria worked to sustain their platforms. These platforms have different histories but have in common that they were constructed gradually and do not originate from one specific programme. We selected the KTPs based on their organisational heterogeneity and pre-existing connections between the different research teams. The pre-existing connections established rapport (Agar, 1985) and allowed us to follow and participate in the KTP actors' daily work. The first and last author of this manuscript have a background in epidemiology, health systems research, and STS, whereas the second and third author are mainly trained in STS. These different backgrounds within the team allowed the first and last author to sometimes 'zoom in' closely on the health systems practices of the KTP actors, whilst the other two authors could help with 'zooming out' and identifying patterns beyond the specific 'micro' interactions only (Nicolini, 2009).

We used a semi-structured approach to interviewing the KTP actors and others with whom they interacted, combined with observations and document analysis. The data were collected over a period of two years (September 2017 – November 2019). Our theoretical framework sensitised us to identifying strategies and activities in the mundane work of the KTPs that directly or indirectly facilitated their sustaining. The data collection started with observing the KTPs' daily activities and an initial purposive interviewee sample that included two key actors per KTP. These key actors were gatekeepers to the empirical site and were interviewed during multiple occasions (Spradley, 1979, p. 19). Throughout the observations, and based on referrals by the key actors, we included actors in our study with whom the KTPs regularly interacted.

In total, we conducted 63 semi-structured interviews with 56 key actors (see also Table 1). Interviews lasted between 25 minutes and 2.5 hours and were digitally audio-recorded with permission of the interviewee. One interviewee refused audio-recording, but did agree to us taking detailed notes and writing down quotes directly from the interview. All other interviews were transcribed verbatim. Some of these actors were also interviewed more informally, as we worked with them over periods spanning several days. Jottings of these conversations were included in the observational notes.

Table 1
Overview of Interviewees

	Cameroon	Jordan	Nigeria	Total
Academic researcher	3	3	3	9
KTP actor*	3	11	6	20
Medical professional	5	3	0	8
NGO member	5	2	3	10
Policymaker	3	0	6	9

**These actors were directly involved with a KTP and were by profession generally an academic researcher, policymaker, or medical professional.*

Observations were gathered during two visits to Jordan (14d), three to Cameroon (34d), and one to Nigeria (11d). During such visits, the lead researcher would observe the daily practices of the KTP and participate in planned meetings, interviews, and social events. Most observations were written down directly and otherwise during breaks, taxi transfers, or at the end of the day. The observations included a paper trail: most of the activities we observed included documents, such as policy briefs, strategic notes, and literature reviews. These documents were included in our analysis and served as materialised practices that triangulated findings from the interviews and observations.

The data that we obtained through the three methods were abductively analysed (Tavory & Timmermans, 2014). This allowed us to sensitise the data collection using a conceptual framework, but did not refrain us from focusing on empirical phenomena that did not align with this existing frame-

work. Therefore, we constantly moved between sensitised coding using our framework and open coding of the interview transcripts, notes, observational notes, and documents. The codes were used to create ‘thick descriptions’ of the practices of the three KTPs (Geertz, 1973), in which we organised the practices among the three work processes of our theoretical framework. Within the descriptions of the work processes, we identified key activities. This initial analysis was performed by the four authors of this paper, followed by a second iteration in which the (assistant) directors of the KTPs were asked to reflect on the activities we identified. Following suggestions by the directors, we applied more focus on how the practices of the KTPs were situated (e.g. within a project, or in a time of political uncertainty) rather than merely focusing on the practices only.

Our study received an ethical waiver from the Erasmus Medical Centre institutional review board. To warrant the rights of the participants, and to make sure that the study abided to the requirements for scientific research in Cameroon, Jordan, and Nigeria, the project teams in those countries obtained institutional clearances as well. In meetings with external actors, the KTPs would announce the presence of the research team and no objections were registered. The concept manuscript was shared with the KTP actors to prevent misrepresentation – this procedure functioned as a member check.

RESULTS

The results chapter is divided into the three work processes that we identified in our conceptual framework. For every work process, we analyse what activities the KTP actors undertook and how these can be understood through the notion of ‘sustaining work’. Table 2 provides an overview of the KTPs. Overall, the analysis highlights that the KTP actors did not work with sustainability as an end-state, rather they created and constantly revised a dynamic environment in which they were sustaining.

Translating: establishing connections that were not there before

A main part of the mundane KTP work involved establishing connections and creating networks. This ‘translation work’ permeated the KTPs’ activities and could be divided into three concrete activities: developing repositories of scientific research, creating interests, and linking the activities of the KTP to the momentum of ongoing reforms. We present several examples of these activities and argue that the connections that the KTP actors established were not fixed, but largely uncertain and dynamic.

Table 2
How the Three KTPs are Organised

	KTP Cameroon	KTP Jordan	KTP Nigeria
Current host organisation	Central Hospital of Yaoundé	Higher Population Council (HPC)	University of Calabar Teaching Hospital
Formal host position	Public hospital	Government advisory-council	Research institute within a public teaching hospital
Focus areas	Health policy, medicine, public health	Population health, sexual and reproductive health	Medicine, public health
Funding	• Grants	• Government • Grants	• Government • Grants
Staff numbers	10-18	26	14-20

Developing repositories

A first aspect of the KTP’s translation work was the development of repositories. The necessity and function of such repositories was explained by the Cameroonian KTP director. The 21st century marked a period of policy change in Cameroon. These changes increasingly required substantiation with international and domestic scientific knowledge. The latter, the director argued, was not very ‘reviewable’, as there was no central overview of domestic research. Thus, the Cameroonian KTP director developed a repository for health-related science in the country, which positioned the KTP as the key source of scientific information that was required for the proposed policy changes.

“So, we started with few experiences, bringing together those working on HIV, then those working on TB, then those working in malaria, those working in the social sciences, and we called it a platform. We called it a platform; it was not formal. It was basically a repertoire on those who were working, who actually were doing [research], and what were their results.” (interview with KTP director Cameroon)

Similarly, the Jordanian KTP developed an online repository that would contain listings of all Jordanian population research conducted since 2000. Alike the situation in Cameroon, the rationale behind that repository was that both researchers and policymakers would now be bound to the KTP as key source for “validated knowledge” (*fieldnotes January 2019*). The development of the repository, and positioning of the KTP as validator, did not mean that the KTP actors would wait passively for others to find them. Instead, the KTP actors actively mingled with ongoing disputes. An example is provided in the quote below, where the Jordanian KTP director observed that data from a demographic health survey (DHS) did not match the population dynamics they observed.

“So, the DHS came out and we looked at the data. One of the indicators showed that fertility rates had dropped drastically. We know that the population dynamics have stayed the same. So, we started asking: where did the fertility rate change? Why did it change? (...) We need to check and validate this.” (interview with KTP director Jordan)

The quote above shows that the KTPs saw it as their responsibility to act as validator of knowledge; especially because this knowledge was expected to be translated into policies. The repositories that the KTPs in Jordan and Cameroon developed positioned them as mediators and coordinators within a network of different policy and research actors. By obtaining this position, the KTPs present themselves as indispensable: for decisions to be based on the best available knowledge, there first had to be an overview of such knowledge. What this also shows is that relationality is central to the KT practices of

the platforms: the sustaining work that focuses on creating and extending networks and the actual KT work depend on each other for their success.

Creating interests

Another part of the KTPs' translation work was creating interests among the communities they sought to affect. This relationship building is often considered a routinised activity that should *also* be done as part of dissemination strategies. We show instead that creating interests is central to KTPs' work and existence. By constantly interesting others, the KTP actors form social links that can carry their advice and recommendations. These links also establish trust and make KTPs more approachable.

We noticed similar patterns across the KTPs, but the work of the Nigerian KTP director was an exemplary case of creating interests. The director was trained abroad in the early 90s to perform Cochrane systematic reviews and now wanted to convince other researchers and (foreign) decisionmakers to hire the KTP to conduct such reviews. The director explained that he was "*running conferences*" to convince others of the relevance of the Cochrane Library.

"[What I did was] to find people, colleagues who were interested. So, whenever I went for conferences, I would do one-on-one consultations with people who were interested in the concept of systematic review and give them quick guidance on what the process is and how they can get involved. And a few of those who got really interested, I had facilitated their visit to Cochrane." (interview with KTP director Nigeria)

The director was creating interest for the Cochrane Library, but at the same time was trying to bind actors to a service that also benefitted his KTP. This is reflected in the quote below, where the director explains that he increasingly became a mediator who translated between the internationally oriented Cochrane Collaboration, health issues in Nigeria, and research funding.

“The idea was to fund this network. Because this is what drove it: this is an important skill-set, and was something that was catching-up globally. And I wanted Nigeria to be part of it. So, I had to get friends at meetings (...) Okay, so, all those linkages made that if they had primary research to do, we became potential collaborators.” (interview with KTP director Nigeria)

Capturing momentum of reforms

A final element of translation work was how the KTP actors linked their agendas to momentum produced by ongoing reforms. In Cameroon, these reforms took place at different administrative levels. The Cameroonian KTP director noted that these reforms also affected the health system and its organisation.

“I was tasked to set up the Division of Health Operations Research in the Ministry. And at the time, the system was going through reform. It was clear that you couldn’t move forward in reforming the agenda without using evidence.” (interview with KTP director Cameroon)

Other interviewees concurred that there were increasing demands for evidence-informed health policy. The reforms in Cameroon took place when the KTP was still located at the Ministry of Health and as such the KTP was deemed the obvious candidate for making sure policies were evidence-informed. Yet, the KTP also had its own priorities for policy change, mostly improved health system equity. Their linkages to the ongoing reforms were said to be *“the entry point”* and *“good opportunity”* for furthering the KTP’s priorities (interview with KTP director Cameroon).

The three KTPs all worked with and within different reforms. While the Cameroonian KTP derives part of its existence from a reform towards more evidence-informed policy-making and the Jordanian KTP came into being after increased demands for national population policies, the Nigerian KTP attached to the *evidence-based medicine* movement. More specifically, the Ni-

gerian KTP started conducting reviews according to the standards set by this movement. The KTP actors subsequently promoted the study results among medical professionals and decisionmakers at the relevant ministries. But some of these actors, they argue, would rather work “*eminence-based*” (*fieldnotes October 2019*) – meaning that decisions are based on authority alone. The Nigerian KTP was provided with further directive by intervening in what they called a “*battle*” between these different modes of working. By capturing international momentum for more evidence-informed policy-making the KTP could conduct KT activities directed at the Nigerian health system. Taken together, the three activities of translating show a picture of actors that try to sustain their own position by establishing new connections.

Contexting: weaving contexts that work

Throughout the data collection, we observed that the KTP actors kept constructing contexts that worked for them. While some of the KTP environments could be seen as politically and economically challenging, the KTP actors did not treat these as ‘given’ contexts. Instead, the KTP actors tried to actively arrange contexts in a way that would aid their conduct. Once contexts ceased to be productive, a process of realignment would start. The examples that we will mobilise in this section will focus on how this *contexting* was done.

Combining key actors

We showed earlier that the KTPs did translation work to establish connections with actors that supported the KTPs. Sometimes the connections themselves were less important than how the KTPs used them to construct supporting contexts. One example is how the Jordanian KTP wove together with the Hashemite dynasty. We observed workshops where the KTP would place a banner of the King’s portrait, accompanied by supporting words for the KTP, beside the lecterns. At other times, the connection with the royal family would be shared more anecdotally. When we asked several of the KTP actors what the connection with the royal family meant for them, they explained that they

the family is much respected in the country and that it provides the KTP with more legitimacy towards policy entities.

Photo 1

Meeting of the Jordanian KTP



Visible is the portrait banner of King Abdullah II bin Al-Hussein to the speaker's right

By establishing and maintaining close relationships with key actors, the Jordanian KTP constructed a context that worked for them. The notion of such contextual relationships repeatedly surfaced during the fieldwork. Most prominently was a KTP advisor who “constantly pulled his phone” and “started calling as soon as someone asked him to arrange something” (*fieldnotes January 2019*). This image of relational work was further amplified by how the KTP advisor and his colleagues spoke of calling and working with “friends” (*fieldnotes April 2019*), instead of the commonly used ‘stakeholders’ or ‘users’. These observations together provide an image of how KTPs may work to create closely knitted contexts composed of (social) relations with whom the KTPs can collaborate on different occasions. This weaving together of key actors thus contributes to the sustaining of KTPs because it mobilises support and further legitimates the position of the KTP.

Making financial buffers

The literature commonly holds that KTPs' sustainability depends on stable funding. Our analysis shows that this meant that the KTPs had to pragmatically combine (project) grants and funds to create supporting financial contexts. Most of this *contexting* related to the organisation of KT activities that would otherwise not be funded. A policymaker who used to work with the Cameroonian KTP reiterates this in the quote below.

“It is about combining funds and then if someone asks if they have the resources to do this and that project: yes, they have. We can move beyond that funding time only. We want [KTPs] to be beyond the funding. Only if you do combine then that sustainability is embedded from the get-go.”
(interview with policymaker Cameroon)

The quote above shows that combining funds is deemed an important element to sustaining KTPs. Yet, for the Nigerian and Cameroonian KTP, there was a discrepancy between the work they deemed valuable, and the work for which they would receive most funding. Several of the interviewees in both countries said that the KT activities were highly appreciated, and that they usually strengthened ties between the different communities involved. Nonetheless, these activities would rarely receive funding; certainly not as stand-alone activities independent from a dedicated research project. The alternative contexts that the KTP actors created were thus commonly referred to as contexts of “*buffers*” and “*overheads*” (*fieldnotes September 2019*) derived through working with projects.

Building fluidity and stability

Another connotation of contexting was constructing stability: the contexts had to provide a stable fundament on which to – more routinely or for prolonged periods of time – organise KT activities. This understanding is reflected in the subsequent words of a Jordanian policymaker.

“The knowledge translation platforms are aiming at creating an environment, creating a platform by which the researchers, the academics, the producers of the knowledge, will interact properly with the policy makers and with the media. For the public good.” (interview with Jordanian policymaker)

After a year of observation, however, we noticed that contexting seemed to be about winding together stability *and* fluidity. The KTP actors anticipated that their funders, collaborators, but also their locations and area of interest could change. This meant that either they would overhaul their existing contexts, or create new contexts. Usually, this was a cyclical process where some contexts worked, but others failed. One example was how the Cameroonian KTP rearranged its context. The director explained that by the end of 2007 there were signs that their context was no longer as productive.

“The question was: how can this happen without being as something within the Directorate in the Ministry. Because, if it is something within the Directorate in the Ministry, at some point in time it would be difficult, because, if we don’t create this space for researchers to do their job without interference... It was advised it should be something established in the hospital. [...] So that it can grow without being under the complexity of the central administration – where the wholesome relation at some point in time would take too much of energy.” (interview with KTP director Cameroon)

During 2019, the KTP in Cameroon yet again had to rearrange its contexts to move along with the rapidly changing political environment. Several interviewees in Cameroon conferred that there were many sequential policy reforms, with little time to mobilise scientific evidence for decision making. In addition, the KTP director reported that most of their larger project grants had run through and “*indigenous funding*” (second interview with KTP director Cameroon) for the KTP was not readily available. To “*continue the job*” (second interview with KTP director Cameroon), the Cameroonian KTP

actors temporarily shifted their focus from supporting evidence-informed policy-making to promoting evidence-based clinical guideline development. This required the KTP to make new alliances with guidelines commissions, but also to create a context in which the KTP mediates between the medical scientific literature and actual medical practice. It was particularly this fluidity of the KTP that provided stability: by constantly revising contexts, the KTPs remained productive.

In contrast to common understandings of context, our analyses show that context was hardly seen as something fixed. Instead, the KTP actors actively created contexts. We have summarised this contexting in three activities that i) show how the KTP actors created contexts composed of friends that would support their practices, ii) describe how contexting involved arranging funding in such a way that it provided the KTP actors with spaces in which their work was not dictated by project objectives, and finally iii) how the KTP actors used contexting to make their platforms flexibly stable.

Institutionalising: perduring what works

Our analysis shows that much of the KTPs' institutional work focused on a constant (re)positioning towards institutions such as 'academia' and 'medicine'. Most often, the KTPs tried to use these institutions to make their activities more productive. We will zoom in on three phenomena that showed how the KTPs did institutional work.

Exercising mandate

The global health literature stresses the importance of so-called 'local champions' in sustaining KTPs. When we asked several interviewees about the role of these champions, they commonly referred to a combination of mandate and knowledge, as is expressed in the quote below.

“He has those two factors: on the one hand he has the knowledge, right? [...] And then the second thing is, if you compare him to [others], they don't really have the, I don't know how to best express this, but not really

the mandate. But he has been chosen as the person, or, he has become now the person – the champion in his country to drive the process.” (notes of conversation with UN actor)

This quote refers to how the Cameroonian KTP director has become the mandated actor for KT issues in his country. Similarly, policy actors in Nigeria would refer to the Nigerian KTP as the key organisation “*representing the scientific evidence*” (*fieldnotes September 2019*) on health interventions. What these two cases have in common is that the KTP actors have created an authoritative position from which to translate knowledge.

The mandates of the KTPs usually built on notions of scientific authority. The KTPs see it as their role to mediate between scientific evidence and how that evidence translates into better policies. This mediating role presented itself as a carefully walked tightrope between distance and proximity. Sometimes, the KTPs created a physical or symbolic distance between them and health policymakers or clinicians. At other times, the KTPs moved closer and shared a table with them as equals. One of the KTP actors construed that their work is all about balancing and approaching policymakers and practitioners with patience. Otherwise, they will argue that “*this is your project, your priority, not ours*” (*notes from phone call with KTP director Nigeria, June 2018*) and the KTPs will lose mandate. One of the KTP directors summarised this position by stating that a KTP is not “*in between*” institutions, but that they are “*both scientists and decision-makers*” (*interview with KTP director Cameroon*).

Distributing institutional uncertainty

A second activity was the distribution of institutional uncertainty. The KTPs commonly worked with and depended on overlapping, but different organisations. The Nigerian KTP, for instance, worked simultaneously within a university teaching hospital, an international UK-funded research collaborative, multiple government advisory committees, and the Cochrane Collaboration. For outsiders, these entities are hard to disentangle: they have the same spokespersons and use the same entrance (see Photo 2). In the background,

the KT activities would be conducted by the same staff, yet relied on multiple organisations. By distributing institutional uncertainty, the KTPs became less prone to institutional dynamics.

Photo 2

Building Entrance of the Nigerian KTP



The sign on top states 'School of Nursing', the sign just below notes 'Calabar Institute of Tropical Disease Research' and later added '& Prevention'

Much like the relational work that is part of translation, distributing institutional uncertainty required the KTP actors to link to multiple institutions such as academia or medicine. When we asked the KTP actors how the process of distributing and combining works in practice, they explained the importance of working across “layers” and with “collaborators” (quotes from fieldnotes November 2018, and September and October 2019). A KTP advisor from Nigeria provided an example of how this works in practice.

“The model for funding depends on your ability to collaborate with others, also because many of the core staff at Cochrane Nigeria also are employed either by the University or the Teaching Hospital. In that way, there is some form of support by way of salaries which we earn. (...) and also the physical structure, which we use to hold meetings and trainings.”
(interview with KTP advisor Nigeria)

The above quote indicates that the KTPs usually linked their activities and actors to authoritative institutions, such as academia or medicine. The act of distributing uncertainty made the KTPs less dependent on one single institution. Their institutional uncertainty was thereby distributed over different organisations. We noted, however, that this could also lead to conflicting responsibilities and logistical hardship. One of the Nigerian KTP actors expressed, for instance, that they constantly had to shift between working as researcher and working as consultant – the latter of which would sometimes be prioritised as that produced more funding. Too much distribution across different institutions therefore potentially threatens the KTP’s sustaining.

Planting seeds

“It is like planting seeds, so that you can harvest their fruits later” (quote from a KTP director, fieldnotes project meeting in the Netherlands, October 2019)

As described before, academia played an important role in sustaining the KTPs. University duties would recur throughout the fieldwork and were a prominent part of the KTPs’ mundane work. What stood out was the extent to which such activities were part of sustaining work. An example was how the KTPs used teaching to create future support for the KTP – something that one of the directors referred to as *“planting seeds”*.

“And then of course institutionalizing the process, because we are lucky that many of us are also academics, so we are teaching postgraduates and

undergraduates. So, we also tried to, to make this part of what we do. Some of my colleagues ended up leading these courses in evidence synthesis and evidence-based medicine at the West African College of Physicians, of Surgeons. And of course, the National Governmental Medical College of Nigeria. So, I speak some of my colleagues, these are people that I once mentored, they teach those courses now in those places.” (interview with KTP director Nigeria)

The position of the KTP as educator of prospective KTP stakeholders returned throughout the observations. At one point we observed two of the KTP advisors who had just completed an interview with a director of a well-known NGO. They were standing outside the interviewee’s gate and pondered over their status. A short conversation ensued over how the KTP director would compare to the interviewee.

“I overhear O saying “he is a big man”. A wipes the sweat from her forehead and sighs “very”. I ask them where the interviewee hierarchically would be compared to [the KTP director]. “[The director] would certainly be above him”, O answers. O hesitates and adds: “Because [the director] probably educated him”. A nods and concludes: “[The director] is a humble big man.”” (fieldnotes September 2019)

The three activities of institutionalising KTPs show that the role of institutions was different than commonly suggested in the literature. While the literature often describes that KTPs should become an institution, or be enshrined in law, our interview data and observations show that the KTPs *worked with* existing institutions to sustain their own activities. Overall, we show that institutionalising was a constant process where KTP actors link to and collaborate with institutions in a way that benefitted their KT activities. What distinguishes the process of institutionalising with that of contexting *in practice*, is that with the former KTP actors clearly seek to legitimise their own activities and aim to construct a more authoritative position. This is thus not

merely about creating contexts, but about working with institutions in such a way that it contributes to the sustaining of the KTPs.

DISCUSSION AND CONCLUSION

With this study we set out to better understand how actors *work* to sustain knowledge translation platforms (KTPs). Our fieldwork was informed by the notion of ‘sustaining work’, which refers to the ongoing mundane work that various KTP actors engage in whilst aiming to make and keep their KTPs productive. The most salient result is that, in practice, ‘sustaining’ KTPs was an iterative, and uncertain, process of tinkering that depended to a large extent on capacities of actors related to the KTPs. Such capacities included a charismatic and pragmatic approach to building alliances and networks, and working flexibly with financial buffers. This does not mean, however, that sustaining is random. Instead, sustaining work will take different shapes, and will involve different strategies and activities, depending on the situation in which that process evolves. As such, it is a process that is impossible to completely plan or structure. Sustaining work mainly took place throughout the KTP actors’ other responsibilities and tasks. This further emphasises the importance of understanding what necessitates sustaining work, and how such work can be facilitated. What stood out was the role that (research) projects played: sustaining work often made use of projects, for instance by combining funds or creating new partnerships. In conclusion, the KTP actors we followed did sustaining work in all their ‘regular’ work: they pragmatically created new connections, shaped, and constructed working contexts, and sought to perdure their KTPs by using institutions to their benefit.

Our multi-sited empirical study of KTP actors’ sustaining work contributes to ongoing discussions on how sustainability works in the health policy and -systems field. The contribution of our analysis is twofold. First, we highlight the somewhat dual nature of KTPs: they are made and kept stable and flexible at once. This further emphasises that KTPs are dynamic and require constant

sustaining work to remain productive. Particularly, we discuss how KTP actors' sustaining work involved creating dependencies that were strong enough to offer stability, but weak enough to allow the KTP to change course. Second, we note that the work of KTPs was increasingly organised in (research) projects. This projectification of KTPs affected how sustaining work was done and to what extent such work was necessary. We will expand on these contributions separately in the paragraphs below.

The notion of 'project' recurred throughout our analysis. Most prominent was the role of projects in establishing KTPs, but similarly our analysis shows that moving from project to project was a *modus operandi* for some KTPs. In the management literature, the increased tendency to organise practices in accordance with project management models is commonly referred to as 'projectification' (Jensen et al., 2016). Projectification, as argued by some STS scholars, is a threat to both the production and potential use of scientific knowledge. Most notably, Felt (2017) argues that projectification results in short-cycled research focused on productivity and delivery, rather knowledge generation directed at learning and improvement. For KTPs specifically, projectification is said to decrease their sustainability. Both El-Jardali et al. (2014) and Law et al. (2012) describe that most KTPs are initiated using project funding, but that they generally fail to create an existence beyond those projects. As a result, the KTPs move through different projects to 'survive'.

While our observations corroborate the challenging nature of projectification, our analysis shows that some KTP actors used projects more pragmatically. The Nigerian KTP actors, for instance, spoke about projects in relation to a process of making friends. By working through projects, the KTP actors created new connections and exchanged skills and methods. Projects also provided the KTPs with an ability to create autonomous spaces by combining project overheads. These observations hint at a double translation: on the one hand the projects were used to produce new links, alliances, and clients, and on the other hand the projects would have to contribute to the research agendas and knowledge bases of the KTPs. We hypothesise that when one of these two

conditions is not met, projectification becomes ineffective. Besides, working with projects demanded ingenuity from the KTP actors and necessitated an ability to negotiate and manage. This implies that the emphasis may need to shift from critique on projectification as such, to more detailed studies of how projects become part of the KTP actors' sustaining work, and the necessary conditions under which projects are useful (cf. Bal, 2017b and Biruk, 2018).

In our conceptual framework we hinted at the ability of KTPs to be both stable and flexible. In practice we noticed that both KTPs' stability and flexibility were enacted through a phenomenon that we propose to call 'productive dependency'. We understand productive dependency to be a mediating process where – in this case – KTP actors gave up part of their autonomy to create a new link with another actor that offered them (temporary) stability (e.g. a working environment, internet access, exposure at a conference). Such links may break apart when they are no longer productive for one, or both actors involved. The Cameroonian KTP, for instance, moved from a policy host organisation and created a new dependency with a university hospital as that offered them more stability. Similarly, two of the KTPs did not have a specific thematic focus but created dependencies with local research needs instead. While the literature commonly suggests that this relatively nomadic nature of KTPs is a weakness (El-Jardali et al., 2014; Lester et al., 2020; Moore et al., 2017; Pluye et al., 2004; Tricco et al., 2015), our findings show that some malleability may strengthen KTPs. Admittedly, the ability of KTP actors to create productive dependencies may be born out of working in an environment that dictates financial hardship, infrastructural scarcity, and inequal collaboration. But the capacity of KTP actors to, as it were, fold in their KTPs and relocate them – both physically, strategically, and thematically – is what allows them to move along with the tides of the policy and practice communities they work with. This is a key characteristic for a collaborative format that explicitly seeks to affect policy-making.

Our study of KTPs' sustaining work brought about several challenges and potential limitations. A first limitation is the limited account of how the

organisational arrangements of the KTPs changed the necessity for them to do sustaining work in the first place. As argued before, the practices of sustaining work we studied were largely a response to an environment in which KTPs are not always supported or appreciated. In two of the host countries, the role of researchers, and evidence-informed policy-making is coming under increased public scrutiny. This might mean that sustaining work is needed more, but also that the nature of such work changes accordingly. Besides, the KTPs differ in the extent to which they have a 'stable' host organisation. The Jordanian KTP, for instance, is built on the fundament of a semi-governmental organisation that provides some continued funding. At the same time, we did notice that such seemingly stable situations still require sustaining work, albeit not because of funding shortages, but for instance to remain productive beyond the national sphere only. Thereby, our analysis' strength lies precisely in the heterogeneity of cases. Another potential limitation might be that our focus on 'work' obfuscates those things that did not work – that is: lose sight of activities that did not contribute to the sustaining of KTPs. By looking at three rather successful cases of KTPs, we reverted to studying what made that these KTPs 'worked'. It is important to note that we aimed to avoid an overly positive view by triangulating both our data collection and analysis by using multiple methods and by working in a research team.

While we have emphasised the mundanity of sustaining work, we do deem it possible to facilitate such work and have articulated three implications for practice. First, analysing other KTPs through a lens of sustaining work may underscore activities, interactions, and actors that were seen as 'tiny details' before (Stoopendaal & Bal, 2013), but may play an important role in sustaining those KTPs as well. This implication extends beyond KTPs only and presents a potential course of further study. Second, the notion of sustaining work itself may be translated into programmes of training and education in, for instance, health policy and systems research. Our descriptions of sustaining work in practice do highlight skills and strategies that can be experimented with, even though their success is not guaranteed. Third, and final, the role of projects in health policy and systems research is often criticised – especially in

the context of (un)fair collaboration between what are sometimes called the ‘Global South’ and ‘Global North’. Our results show that projects also enabled the KTP actors to conduct activities beyond the formal project agenda. This is certainly not to be read as an argument in favour of pushing projects from the Global North, but does shift the focus of the debate from defenceless Southern ‘project partner’ to ingenious and bold Southern expert (cf. Hasnida et al., 2016 and Kok et al., 2017).

Chapter 4

Envisioning and shaping translation of knowledge into action

An earlier version of this chapter was published as:
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INTRODUCTION

The practice of stakeholder engagement in knowledge production is gaining increasing traction in research funding debates (Kothari & Wathen, 2013; Tetroe et al., 2008; van Bekkum et al., 2016). One of the principal reasons for engaging stakeholders is that it might increase the likelihood that research outputs will be used (Cavazza & Jommi, 2012; Ward et al., 2012). In practice, researchers often retrospectively attribute the use of their findings to their engagement with stakeholders (Boaz et al., 2009). Others emphasise the importance of prospectively exploring how stakeholder engagement processes evolve and affect the translation of knowledge into action (O'Brien et al., 2013). How stakeholder engagement shapes the use of knowledge, and which roles stakeholders play in this, had been largely underexplored (Boaz et al., 2008, 2018).

The literature suggest that stakeholder engagement affects knowledge translation in different ways. First, stakeholders may add valuable knowledge and skills to the research process (Duncan & Oliver, 2017; Hartley & Robertson, 2006). Second, stakeholders possess experiential information about the environment in which the research findings might be used. Such information can be used to align the research process with the environment in which the research findings could be used (O'Brien et al., 2013). Third, by being engaged, stakeholders gain a better understanding of the prospective study results. This would inform the stakeholders of the study taking place, but also encourages them to think about potential use of the results in practice (Baldwin, 2000; Ir et al., 2010). Finally, engagement can establish a trust-relationship between researchers and potential users. Trust is essential for mutual understanding and communication between actors and increases the presumed legitimacy of results (Denis & Lomas, 2003; Jacobson et al., 2003). Oliver, Kothari, and Mays (2019) conclude that stakeholder engagement is generally considered to make a positive contribution to research projects, but may induce challenges and costs as well. In particular, they call for more reflection on when to engage stakeholders in research and in what way (Oliver et al., 2019).

Science and Technology Studies (STS) emerged as a constructivist interdisciplinary field in the late 1970s and is known for studying knowledge production practices and the role that users play in these processes (Latour, 1987; Oudshoorn & Pinch, 2003; Sismondo, 2010). It seems particularly well equipped to reflect on the role of stakeholder engagement in health policy research. STS scholars offer a conceptualisation of ‘translation’ that is different to those commonly used in health policy literature (Boaz et al., 2019; Freeman, 2009). Much of this conceptualisation is grounded in what Callon (1986a) calls the ‘sociology of translation’; which later became known as actor-network theory (Latour, 2005). According to this conceptualisation, knowledge translation can be seen as a process of (political) activities by which actors actively displace and transform knowledge (Callon, 1986b). From such an understanding, translation is about negotiation, transformation, and the associations between actors through which networks are built and extended (Latour, 2005). The strength of this understanding is that it offers an in-depth understanding of the active role of potential knowledge users in translation, the work that is necessary to make knowledge usable, the role of non-human actors (e.g. material environments), and a specific conceptualisation of the role of context in translating knowledge into action (Bal, 2017a; Latour, 1987).

A theoretical aspect that remains underexplored in the literature on stakeholder engagement is how stakeholders themselves envision translation of knowledge into action (Weiss, 1979). In particular a focus on potential users and the role they play in shaping knowledge use could increase understanding of how stakeholder engagement affects knowledge translation processes. Stakeholders’ perspectives on translation of study findings into action can offer insight into the world in which the findings might be used, including necessary roles and responsibilities. Stakeholders can bring forward different accounts of the future world, with different roles and responsibilities (Kok et al., 2016).

To scrutinise how stakeholder engagement in knowledge production shapes the use of such knowledge in practice, this study prospectively followed stakeholder engagement in a large research project funded by the European Commission (EC). The European-study on Quantifying Utility of Investment in Protection from Tobacco

(henceforth: project) centred around the transfer of an evidence-based tobacco return-on-investment (ROI) tool (see Box 1). The project explicitly planned to engage with stakeholders to increase the project's 'impact' (Pokhrel et al., 2014). The case-study at hand was part of the parallel Stakeholder Engagement in EQUIPT for Impact (SEE-Impact) study. Our aim was to envision how stakeholder engagement shapes the translation of the ROI tool into action by mapping how stakeholders themselves put forward scenarios about the potential use of the ROI tool. It is anticipated that the findings of this study will contribute to the development of stakeholder engagement in research as a method for supporting research use.

Text box 1

Description of the SEE-Impact Study in Relation to the EC-funded EQUIPT Project

Studying engagement in the development of a tobacco-control tool

The project under study was funded through the European Commission's Seventh Framework Programme. The European-study on Quantifying Utility of Investment in Protection from Tobacco (EQUIPT) was a collaboration between 11 members from seven countries (i.e. Belgium, Croatia, Germany, Hungary, the Netherlands, Spain, and the UK), and was led by the Health Economics Research Group (HERG) from Brunel University London. The project commenced in October 2013 and ended September 2016. Their aim was to assess the "cross-context transferability of economic evidence on tobacco control" which led them to further develop an existing ROI tool for use in other EU countries. As part of their project, they tested the tool in the Netherlands, Germany, Spain, and Hungary (Pokhrel et al., 2014).

The existing tool had been developed in the UK by the HERG in conjunction with the National Institute for Health and Care Excellence (NICE) and is available on the NICE website (<http://bit.ly/tobacco-roi>). The tool allows users to calculate savings for every monetary unit invested in certain tobacco-control or smoking cessation interventions. The stakeholder engagement in the EQUIPT project was informed by the successful stakeholder engagement in the original UK project. This had contributed to the original ROI tool becoming the NICE's support tool for English local authorities, which eventually informed the smoking cessation approaches of several local authorities.

The qualitative case-study presented in this paper was part of the Stakeholder Engagement in EQUIPT for Impact (SEE-Impact) study, funded by the Medical Research Council in the United Kingdom. SEE-Impact prospectively tracked all stakeholder engagement activities in EQUIPT with the aim of describing to what extent engagement affects research impact. The SEE-Impact study collected data through literature review, surveys, semi-structured interviews, and observations.

METHODS

For this in-depth case-study, we drew on data from 21 ethnographic interviews in Hungary and the Netherlands that were conducted as part of the SEE-Impact study. These two countries were part of the four countries (i.e. Hungary, the Netherlands, Spain, and Germany) to which the European research project aimed to transfer their tobacco ROI tool. For the purpose of our study, we selected Hungary and the Netherlands as contrasting cases (Yin, 2015). These countries have very diverse socioeconomic and political contexts relevant to health policy. Particularly relevant to this study is the countries' difference in tobacco policies and smoking prevalence (OECD/European Observatory on Health Systems and Policies, 2017a, 2017b). At the time of this study, Hungary had more stringent tobacco control policies than the Netherlands, but a higher smoking prevalence (Bosdriesz et al., 2015; Paulik et al., 2012). More information on the SEE-Impact study and its methods can be found elsewhere (Boaz et al., 2018).

Interviewees

We sampled stakeholders with different levels of engagement. The first group of stakeholders concerned partners of the EQUIPT project. The second group consisted of actors that were invited by the EQUIPT project to provide input in the continued development of the tool. The final group included actors who could have been approached by the EQUIPT researchers (i.e. they belonged to similar networks as the second group), but with whom no interaction had occurred. We selected the final group of actors based on their substantive experience in tobacco control or health policy within each country.

Data collection and analysis

A total of 21 interviews with eight Hungarian and eleven Dutch stakeholders were conducted. The interviewees were mostly academics working in health policy, health technology assessment, or epidemiology (n=10), followed by government officials and parliamentarians (n=5), and clinicians (n=4).

Text box 2

Description of Actor-Scenario Mapping as an Approach to Studying the use of Knowledge

Actor-scenario mapping

Building on Michel Callon's notion of 'actor worlds' (Callon, 1986b), we use the concept 'actor-scenario' to refer to the process of actors implicitly or explicitly putting forth scenarios about practices in a future world (Kok et al., 2016; Kok & Schuit, 2012). An actor-scenario can be seen as a relational description of potential practices, roles, and responsibilities. Actor-scenarios are fictive at first, but performative as well since they include descriptions of what should happen for the scenarios to be enacted (Akrich, 1992; Callon, 2002). The practice of scenario-building works as ongoing negotiation process through which actors aim to effectuate change (Callon, 1986b; de Laat, 1996). Researchers, for instance, constantly put forth implicit or explicit accounts of the role that their findings should play in a future world.

Different actors may construct different scenarios that each portray their own roles and responsibilities. Some parts of the scenarios might overlap, whereas others diverge. The actors that are enrolled in the scenarios can also refute their role and produce a different scenario with other roles and responsibilities. One of such roles might be reserved for knowledge, for instance to strengthen a scenario or weaken scenarios of others (Kok & Schuit, 2012). Mapping the actor-scenarios of the stakeholders in the EC-funded project may explicate who the stakeholders think should use the tool, how the tool should be used, and under which circumstances use is possible. We developed 'actor-scenario mapping' as an approach to envision and describe possible translations of the ROI tool into action.

We used a theoretical framework (see Box 2) to guide the ethnographic interviews. In particular, we developed topic lists that specifically sought to map actor-scenarios by asking interviewees to think of how the tool would be used in the future and who would play a role in that use. This approach added some structure to the interviews, but allowed for a subjective, anticipatory, exploration of topics that did not directly align with the concept of actor-scenarios (de Laat, 1996). During data collection, three topics that were regularly mentioned in the scenarios were added to the lists (i.e. decentralisation of public services, earlier experience with stakeholder engagement, and politics). All interviews were audio recorded and the interviewees kept detailed notes during the interviews. Immediately after each interview, reflectional memos were prepared, and recordings were transcribed verbatim.

The process of data collection and analysis was conducted iteratively. This approach allowed the researchers to identify emerging themes suitable for subsequent fieldwork. Actor-scenario mapping uses an abductive sequence of analysis that requires constant shifting between theory and empirical findings (Tavory & Timmermans, 2014). The aim is to synthesise the different scenarios and offer thick descriptions of potential translations, including the different envisioned roles and responsibilities. The potential translations in this study were arrived at through repeated in-depth coding sessions with all team members.

Research ethics

The data collection of this study adhered to the Declaration of Helsinki and ethical clearance was obtained from Kingston University London's Faculty Research Ethics Committee (FREC 2014/01/011). Accordingly, the researchers obtained written informed consent of the interviewees and the interviewers explicitly stated that the anonymised results would be published.

Study schedule

This study was conducted between February 2015 and March 2017. The data collection was carried out between April 2015 and September 2016.

HOW STAKEHOLDERS ENVISIONED THE TOOL TO BE USED

The envisioned uses of the tool were situated and shaped by local-specific dynamics and elements of context. Conventional with actor-network theory, we will provide separate descriptive accounts of how Hungarian and Dutch interviewees envisioned the use of the tool. We will start each section with describing the roles and responsibilities put forth by the stakeholders, followed by what the stakeholders described as potential enabling or constraining elements of context in the use of the tool.

The potential users in Hungary

The actor-scenarios of Hungarian stakeholders were often quite similar. The Hungarian stakeholders, for example, all designated the National Focal Point for Tobacco Control a role as user. The focal point, they described, would be a suitable user because of their experience with economic evaluations and embeddedness within the official health system. Several of the interviewees spoke of a specific person within the focal point. They described how this person could use the tool to compare interventions on their cost-effectiveness, and how *“he feeds the Ministry with his data.”* (Clinician 1). They also stressed the importance of the focal point being appointed by the government. This – combined with the focal point’s status as WHO partner office – would legitimise their recommendations amongst policymakers.

Some stakeholders assigned the National Institute of TB and Pulmonology a role in their scenarios. An interviewee working at the National Public Health and Medical Officer’s Service (ÁNTSZ) described that they did a lot of their smoking cessation activities together with the National Institute. The interviewee described that the National Institute is very active in this field and would likely be interested in the tool. When we asked one of the Institute’s employees whether they would use it, the interviewee said that they *“would tell about it [the tool] and (...) would teach with it.”* (Clinician 1)

In addition, stakeholders commonly mentioned the National Health Insurance Fund. While nearly all respondents assigned the Fund some role in their scenarios, they articulated different responsibilities. An epidemiologist spoke of the Fund as the *“most likely user”* and described that the Fund could use the tool’s output as *“ammunition to argue for some services to be reimbursed”*. A clinical professor argued that the Fund may use an efficacy comparison of smoking cessation programmes, although this would still be *“a bit further away from their focus”*. Others explained that the Fund could provide financial data but would otherwise not be interested in tobacco issues. The scenario of a former Fund employee resembled scepticism about the Fund’s responsibilities:

“They would, directly, not be interested; even if officially they need to be interested. (...) Frankly, they are going to have a new intervention that would need to be reimbursed. So, their budget will be lower. (...) In case it is cost-saving; then it is fine. But, that will probably not happen. It will not be cost-saving.” (Academic 1)

Few interviewees mentioned the Secretariat of Health as a possible user of the tool. Those who did, described that policymakers inside the Secretariat could use the tool to prioritise their decisions on which interventions to implement.

Envisioned translation in Hungary

Throughout the interviews in Hungary, a pattern emerged showing how elements of context would enable or constrain the potential use of the tool. Most interviewees articulated identical elements of context, commonly referring to the newly enacted tobacco legislation of 2012. A respondent that was involved in writing the 2012 legislation, explained the strategic work necessary to establish it:

“We calculated: it was December, the first time that we could reach the Parliament would be mid-April. We did not trust our system – in a way that this voice went out early on last time. So, we did the professional work – the planning of the law – and then the State Secretary discussed it inside the Parliament. What happened was that the law, planned and written, was given to Parliament where a group of parliamentarians said together: ‘we are from the leading party and we think it is a very important public health problem in Hungary, we must change it, now!’ And in two weeks’ time, it was voted on. That was probably the only law, in the light of years, where left wing and right wing, whatever wing, they all voted. And it was something close to a ninety percent positive vote.” (Clinician 1)

Several respondents explained that with the legislation’s enactment, tobacco retail was restricted, smoking in confined spaces prohibited, and excise taxes

were increased. They stated that there is no need for a ROI tool, as there is barely room left for additional interventions.

“If you evaluate the actual situation in Hungary, we achieved practically everything. There is no space. So, we are at the top, if related to legislation. But, there were some concerns that your private car is a confined space.”
(Clinician 2)

Another dynamic that some of the interviewees mentioned was the decentralised and segmented government. The respondents illustrated that there is a tension between two organisations both operating at the local level. On the one hand, there are the county public health departments, run by the county government offices and directed by the Prime Minister’s Office; on the other hand, there are the municipal health promotion offices administered by the ÁNTSZ on behalf of the Secretary of Health. One of the respondents explained that these organisations’ similar responsibilities cause regular tensions.

“They are separated and there are conflicts. Because, they are working on similar issues. The conflicts are because they don’t really like each other to work on the same issue.” (Government official 1)

Additionally, several participants described that the tool’s use might be constrained by the prominent place tobacco agriculture takes in Hungary. They described that the Ministry of Agriculture has a prevailing role in Hungarian policy-making. Besides, this Ministry’s main interest would be the tobacco cultivation in the North-Eastern part of Hungary.

“The Ministry of Agriculture, for example, is very much opposed to regulating tobacco. Because they think that, I do not know, these few thousand people should grow tobacco and nothing else. I never understood why not to grow paprika instead, but okay.” (Academic 2)

Another respondent explained that it is a concurrence of several circumstances that complicates the translation of evidence into anti-tobacco policies. The interviewee described how actors such as the educational system, soil, precipitation, temperature, and money position themselves as “tobacco allies” and constrain the enactment of anti-tobacco policies.

“Tobacco policy depends practically on the agricultural tradition of the country. So, you need a special soil to grow tobacco, and the special circumstances related to temperature, precipitation, and so on. The best region for tobacco plantations in this country is the least-developed part, namely: The North-Eastern part.” (Clinician 2)

An element that appeared to be linked to the tobacco agriculture was Hungary’s history of communism. A former politician explained that excessive smoking was a common habit during the Soviet era. During service in the Red Army, the respondent would receive a daily amount of 15 cigarettes regardless of whether one smoked or not. These cigarettes would be supplied by State-run tobacco plantations as part of the planned economy. After the fall of communism, the proprietorship was transferred to the corporate tobacco industry. The interviewee said that it was only by then that the medical community first initiated an anti-tobacco community with the philosophy to reduce tobacco-related harm.

Stakeholders in Hungary regularly spoke of the same actors in their scenarios about the potential use of the tool. Some stakeholders constructed slightly different scenarios. Overall, there seemed to arise convergence in stakeholders’ narratives about enabling and constraining dynamics in the potential use of the tool.

The potential users in the Netherlands

Unlike in Hungary, the actor-scenarios of Dutch stakeholders showed divergence. Interviewees described that the tool would not be used at all, or that its use would be constrained by what was referred to as ‘the political

climate'. Sometimes participants mentioned specific organisations, but usually expressed uncertainty as to whether these organisations would actually use the tool. All interviewees assigned 'policymakers' a role in their scenarios, but without specifying who this actor is in practice. While some scenarios were more specific, most stakeholders did not articulate what the role and responsibility of policymakers specifically would be.

Interviewees commonly said that the municipal government and Municipality Health Service (GGD) would play a role. One professor in health policy explained that the municipal government might use the tool to guide their service procurement. Two tobacco control experts, however, described that anti-tobacco incentives are not the municipality's priority; their political accountability causes them to prioritise less-sensitive issues. The experts described that the municipal governments do not allocate the GGDs any anti-tobacco related tasks and that the GGDs do not have the resources to carry out anti-tobacco activities themselves. Even if they had, they would not have the expertise to use ROI tools for it, as one governance scholar explained.

Several respondents mentioned the National Institute for Public Health and Environment (RIVM) as a potential user. The RIVM functions as advisory body to the government. One interviewee explained that the RIVM as potential administrator could store the tool and update it if necessary. Two interviewees clarified that the RIVM used to deploy similar tools to answer tobacco control questions raised by the Ministry of Health. An interviewee formerly active in tobacco control shared an article that showed how the RIVM used to produce 'scenarios': predictions of the impact that certain combinations of anti-tobacco interventions could have.

"It was not a tool in which everyone could twist the knobs, it was quite complex. (...) So, all these scenarios were already there. (...) Because, back then, the Ministry still gave the RIVM such orders." (Academic 3)

An interviewee working at the RIVM claimed to recognise that they no longer receive any orders from the Ministry to estimate the return-on-investment of tobacco control interventions.

“The assumption of this European tool is that policy-making is mainly motivated by rational considerations; whereas in practice, that is obviously not the case. Such a tool could help to stimulate this, that makes sense. But, I am not sure whether the RIVM would use it to answer questions of the Ministry. That would mean that there is a situation in which a policymaker, at local or national level, says: ‘we want to discourage the use of tobacco, this is the amount of funding, these are the conditions, now what would be the most efficient use of our resources?’ Well, that is a laboratory situation that will never happen in practice.” (Government official 2)

The interviewees disagreed on the role that researchers could play. One academic said that academic researchers would use the tool to evaluate the cost-effectiveness of interventions. Some of the project members planned for academics to adapt and update the tool. Two public health academics spoke of researchers at a national institute for mental health and addiction using the tool for monitoring. Nearly all interviewees, however, described that this activity would be a bit further from the institute’s core focus – since tobacco control is not included in their mandate.

Respondents often articulated generic ideas of who might be interested or capable in using the tool. Occasionally, these ideas were refuted by other respondents. Overall, there appeared to be multiple deviating scenarios about the potential use of the tool. The likelihood of the scenarios to be translated into action seemed to be affected by dynamics in the countries’ context. The elements that were mentioned by the respondents are portrayed in the subsequent sections.

Envisioned translation in the Netherlands

An element that prevailed in the scenarios of Dutch actors was the political climate. The majority of Dutch interviewees referred to two acts of the then Minister of Health in 2010. The first being her emphasis on a ‘de-patronisation’ with regard to anti-tobacco legislation. The second act was the Minister’s repeal of the smoking ban for small restaurants and bars. One interviewee clearly remembered the Minister’s position on tobacco control:

“We went to the Ministry in 2010 and offered the Minister a petition against tobacco, with over 1000 signatures. So, we visited her and she said: ‘well, I really think this [smoking] is a free choice and I am not so fond of statistics.’ That is what she said in that conversation. [raising voice]” (Clinician 3)

Interviewees often spoke of the closing of the national expertise centre on tobacco control in 2013. A former employee explained that the Ministry of Health suspended its funding by 2011. Subsequently, the health foundations, responsible for the other half of the funding, decided to independently profile themselves more actively on tobacco control. The ex-employee explained that some of the activities were transferred to other organisations. Nonetheless, the majority of the centre’s promotional activities were abandoned, and it remains unclear who should fill that gap.

While the respondents tried to identify potential users of the tool, they said that it is actually quite unclear who governs tobacco control in the Netherlands. One local government official explained that the Ministry of Health stipulates quadrennial national prevention priorities that should guide the municipal governments in prioritising at the municipal level. The municipality would then be officially responsible for the execution of prevention. But, several interviewees expressed that tobacco prevention might not be the municipalities’ uppermost priority.

When we asked whether politics would play a role, nearly all actors referred to political incentives. A Member of Parliament for the Labour party described that tensions within the then minority cabinet would prevent future anti-tobacco interventions from gaining traction. According to the interviewee, anti-tobacco policies do resonate within the Labour party, but the coalition agreement refrains them from acting. Other interviewees – who used to work on tobacco control for a longer period – seemed sceptical: they indicated that Parliamentarians would focus on increasing the government budget within the four-year cycle, and tobacco-control does not fit that agenda.

“The current political landscape is fragmented and there is no majority for a more stringent policy on smoking. (...) There are actually two opposed sides: the conservative-liberalist side on which it is a freedom of choice, and the socio-democratic that says: tobacco is a perverse incentive of the government to complement the treasure chest.” (Parliamentarian)

Finally, the respondents often spoke of a recent history full of major health system reforms. An interviewee believed that these left little room for further tobacco control legislation. The interviewee explained that the former Minister of Health implemented the ban on smoking in confined spaces and major reforms of the public health law. The interviewee’s predecessor completely reformed the healthcare system, whereas the currently the focus is on redistributing power between health insurers and medical professionals. Anti-smoking did not have place on the political agenda.

DISCUSSION

This study aimed to explore how stakeholder engagement in knowledge production shapes the use of such knowledge in practice. In order to explore this, we studied engagement of stakeholders in the continued development of a tobacco control return-on-investment tool. We asked the stakeholders to put forth an explicit scenario about which actors would use the tool and under

which circumstances the tool could be used. Most stakeholders described that they found it difficult to identify potential users of the tool. While most stakeholders envisioned quite a local-specific scene, they set the stage with exceedingly generic potential users and responsibilities. An example was that most Dutch interviewees spoke of ‘policymakers’ as potential users of the tool but were mostly unable to identify these actors in practice.

Our mapping of actor-scenarios offers three observations relevant to stakeholder engagement in knowledge production. First, we have introduced a specific understanding of stakeholders’ role in knowledge production. We showed how stakeholders have implicit or explicit understandings of how, by whom, and under which circumstances, the produced knowledge may be used, or what makes the produced knowledge relevant and usable. By engaging the stakeholders, these renderings of a future world will start interacting with the scenarios of the knowledge producers, who themselves inscribe their produced knowledge with assumptions about the circumstances under which the produced knowledge may be used (Callon et al., 2009; Kok & Schuit, 2012). It is these interactions that will shape to some extent how the knowledge may be translated into action. This can be especially challenging when the actor-scenarios of stakeholders seem to diverge, as was the case in the Netherlands. The diverging actor-scenarios may induce disputes over how these diverse inputs of stakeholders will be treated in the production of knowledge or who will be ‘the user’ of the produced knowledge (Jacobson et al., 2003; Oudshoorn & Pinch, 2003).

A second observation is that actor-scenario mapping can provide an empirical understanding of what knowledge use entails in practice. In particular, our approach reiterates that knowledge in itself does not have a univocal value, but requires active work in order to become ‘usable’. This work involves a clear articulation of what roles and responsibilities the knowledge requires. In the Netherlands for example, the stakeholders of the European project tried to identify an actor that would govern tobacco control. According to the interviewees, such an actor would be a prerequisite in the use of the tool.

They explained that without this governing actor, it would be impossible to act upon the knowledge. Similarly, the Hungarian respondents constituted the focal point for tobacco control by describing how it would have to become the key user of the tool.

A final observation to consider is how actor-scenario mapping contributes to our understanding of the role of context in knowledge translation. Our findings show how actors constructed context by bringing forth a scenario of roles and responsibilities. This implies that context is not something clearly defined and fixed, but instead refers to a fluid and contingent network of elements. In their scenarios, the stakeholders described that some actors and dynamics would constitute ‘contexts’ that could enable or constrain the use of the tool (Rip, 2012). Dutch interviewees for instance spoke of the then Minister of Health, local governments, and historical legislative reforms. Stakeholders in Hungary would refer to the soil, precipitation, and a history of communist rule that all constrain tobacco control. In their scenarios, the stakeholders constructed a fluid boundary between content and context to account for a difference between use and that what shapes potential use, and subsequently mobilised the actors they designated as context (Asdal & Moser, 2012; Latour, 1987).

Several questions about stakeholder engagement in knowledge production remain. A first question is what the convergence or divergence of different actor-scenarios means. In Hungary, the scenarios appeared to be more specific and converging than in the Netherlands. The data suggest that some actors are embedded and entangled in networks in different ways; potentially relating more to local-specific actors (Callon, 1986b). Conversely, an understanding of divergence might be found in the generic user descriptions (e.g. policymaker). Shove & Rip (2000) suggest that the use of such universal labels results in a mismatch with the roles that actors construct in practice. Although the stakeholders might all consider the policymaker to be a primary user, their identifications of this actor in practice are likely to differ. This contradiction creates a problem of translation when this generic notion of users is

inscribed in the produced knowledge (Oudshoorn & Pinch, 2003). It has been described before how these inscriptions have performative effects: the inscription could for instance impair use by anyone other than this generic user (Akrich, 1992; Law, 2008). Lastly, it is important to note here that in the UK, where the development of the ROI tool first originated, engagement with stakeholders – being actors with an explicit stake in both the development and use of the tool – had been a key element of the success of the project. This observation has implications for the nature of stakeholder engagement in research – in particular in so far stakeholder engagement is concerned as means to increase research use (Kulchaitanaroaj et al., 2018).

In this study we developed actor-scenario mapping as approach to studying knowledge translation practices. The notion of actor-scenarios has been used before and is embedded in a wider literature on scenario-building, fictive scripting, and the construction of actor-worlds (Boer et al., 2009; Callon, 1986b; de Laat, 1996; Kok et al., 2016). We further developed the notion of actor-scenarios into an approach to envision knowledge translation practices more generally. What distinguishes actor-scenario mapping from other analytical approaches, including thematic analysis and a constant comparative method, is its emphasis on abduction, sensitivity to the sociomaterial environments, and focus on mobilisation of contextual elements (Kok et al., 2016; Orlikowski, 2007; Stoopendaal & Bal, 2013; Tavory & Timmermans, 2014). Additionally, the approach recognises the situated nature of both the actor that puts forth the scenarios, and the scenarios themselves. An element of actor-scenario mapping that needs to be developed further is its capacity to guide translation of knowledge into action. In other sectors, scenarios of the future are often used to plan or anticipate these possible futures. While we recognise the inherent contingencies in knowledge translation, it may be possible to productively use actor-scenario mapping in existing stakeholder mapping exercises. The scenarios could be used as input to research projects. In the example of the European research project, the scenarios may have been used to align the knowledge production process (i.e. continued development of the tool) with the stakeholders' envisioned utilisations of that knowledge.

CONCLUSION

Our analysis suggests that engaging stakeholders in knowledge production shapes the translation of that knowledge into action in different ways. Stakeholders constantly put forth implicit or explicit scenarios about which actors might use the knowledge, in which way, and under what circumstances. These actor-scenarios are fictive at first but have a performative working as well: through their engagement, the stakeholders' scenarios contribute to how the knowledge is constructed and thus also what its use entails. Actor-scenario mapping may help in actively aligning research processes with the translations that stakeholders envision. The assumptions and expectations of roles, responsibilities, and potential use, explicated by mapping the actor-scenarios, could be fed back in the research project and might help in increasing the likelihood that results will be used. Additionally, our data contribute to a deeper understanding of the 'context of use' by showing how actors mobilise elements of context in their scenarios, and how such elements could enable and constrain the use of knowledge.

Chapter 5

Reflecting on stakeholder engagement as knowledge translation instrument

An earlier version of this chapter was published as:
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INTRODUCTION

There is a growing recognition that needs more to be done to ensure that health research is fully mobilised to support improvements in health services and ultimately in outcomes for patients (Oliver & Boaz, 2019). However, in seeking to understand the problem and potential solutions, much of the literature has focused on shortcomings of potential evidence users (such as health care practitioners) and their organisations (Currie & Suhomlinova, 2006; Ferlie et al., 2000). This has most commonly been conceptualised as a limited absorptive capacity to use research in health care organisations (Zahra & George, 2002). Less attention has been placed on the roles and behaviours of academics and their organisations in supporting or inhibiting the use of research. It might be assumed that – as knowledge producers – research organisations will play a full and active role in supporting the use of research. But, as others have shown, research organisations may have conflicting interests that can obstruct research utilisation efforts (Kogan & Henkel, 1983; Rip, 2001).

However, there is a drive for academic researchers to build links with individuals and organisations outside of the academy. In the UK, the influential review by Sir Paul Nurse advocated a more dynamic relationship between organisations that produce and those that use healthcare research (Nurse, 2015). This forms part of a wider shift towards more networked and collaborative forms of working for public sector organizations (Kislov, 2018) and an appreciation of interdisciplinary and team-based science (Roelofs et al., 2019). The importance of engagement as critical to processes of change can also be seen as part of a longer tradition within social science research (Habermas, 1971; Lewin, 1958). This tradition has been described by Glerup and Horst (2014, p. 41) as an “*Integration rationality*” which conceptualises knowledge production as a fundamentally collaborative process.

Much of this work on supporting the use of research evidence focuses on improving relationships between different actors in the evidence system (Zimmerman, 2020). This is often defined as linking with those with a ‘stake’ in

the research, or ‘stakeholders’ (Boaz et al., 2018). Who these stakeholders are, differs—ranging from patients, to policymakers, or more generally potential research users. Stakeholder engagement is considered to have a number of potential benefits including improving research questions, research tools and practices, supporting dissemination, and building longer term research-practice partnerships. There is also some evidence to suggest that stakeholder engagement might be a potential mechanism for improving research impact in terms of both healthcare practices and outcomes for patients (Boaz et al., 2018; Kok et al., 2016).

The literature often refers to a spectrum of approaches to engagement, suggesting that stakeholders can be engaged in diverse ways that range from providing them with information, to consultation, or co-producing research with them (Boaz & Metz, 2020). The debate has shifted further, with increased emphasis on the potential contribution and challenges involved in co-producing health services research (Filipe et al., 2017). In particular, there has been a debate about what has been described as the ‘dark side’ of co-production (Oliver et al., 2019; Williams et al., 2020). While the terms co-creation and co-production are now widely used, it is less clear to what extent they signal a change in attitudes and practices (Locock & Boaz, 2019).

There are a range of programmes in place to support stakeholder engagement in research. For example, in the USA there has been a widespread adoption of research practice partnerships (Coburn & Penuel, 2016) and the development of the US Patient-Centered Outcomes Research Institute’s (PCORI) database of articles on stakeholder engagement in research, while in Canada knowledge translation activities have been developed to connect researchers with policy stakeholder communities (Gagliardi, 2016). The drive to promote links with stakeholders is captured in most knowledge transfer models. In particular, stakeholder engagement aligns with what Best and Holmes (2010) describe as relational models of knowledge transfer. These models represent a shift from preoccupations with conventional dissemination activities, adding a focus on interactions between people using and producing research, including

the development of partnerships and the establishment of networks (Best & Holmes, 2010). Capturing these interactions has proved challenging for the field of research evaluation for some time (Molas-Gallart & Tang, 2011).

There are few empirical studies of stakeholder engagement, particularly taking a prospective approach. In 2013, the UK Medical Research Council (MRC) funded a prospective study of stakeholder engagement in an EU-funded tobacco control research programme (EQUIPT). The EQUIPT programme was funded to adapt, scale, and spread a return-on-investment tool to support decision making in tobacco control policy in five European countries. The original tool had been developed in the UK with funding from the National Institute for Clinical Excellence and significant investment from a range of specific stakeholders, including commissioners, service providers, public health directors, local authorities, Smokefree Regional Offices, and academics (Pokhrel et al., 2012). The EQUIPT programme had an explicit theory of change that underlined the importance of engaging stakeholders to develop the tool and promote its impact. The MRC study (SEE Impact) provided an opportunity for using ethnographic methods to study how stakeholders were engaged during the course of the EQUIPT research programme and to compare differences between stakeholder engagement in the different countries.

In this article, we address the following question: what can we learn from prospectively studying how academics recognise, conceptualise, and operationalise stakeholder engagement over the course of a European research project?

METHODS

This article presents findings from a prospective study which explored the impact of stakeholder engagement in a three-year tobacco control research project. Drawing on literature from Science and Technology Studies (STS) that explores the role of stakeholders in research (Callon et al., 2009; Jasanoff, 2004) and Henkel's work on academic identity (Henkel, 2005), the article

focuses in particular on the extent to which the EQUIPT project team recognised, conceptualised, and operationalised stakeholder engagement over the course of the study. The EQUIPT research project aimed to engage stakeholders in the development, testing and dissemination of a tobacco control return-on-investment tool across five EU countries (i.e. Netherlands, Spain, Hungary, Germany, and the UK). Data collection of this study comprised interviews with the project team and stakeholders of the EQUIPT research project, observations of meetings and events involving these stakeholders and a review of documents relevant to the meetings and events. Our study design repeatedly adapted to the organization of the EQUIPT project to be able to study and reflect on changes in the engagement plans and project activities of the EQUIPT team.

Interviews

Fifty interviews were conducted with stakeholders (n=45) and with members of the project research team (n=5). The stakeholder interviews comprised six in Germany, eight in Hungary, thirteen in the Netherlands, nine in Spain and nine in the UK. Interviews took place between April 2015 and September 2016. In Germany, Hungary, the Netherlands and Spain, interviews were conducted face-to-face. In the UK, eight interviews were conducted over the telephone, and one was face-to-face. Interviews were digitally recorded, translated into English where relevant, and transcribed. Questions were open-ended and investigated the circumstances around stakeholders' awareness of and involvement in EQUIPT, expectations of involvement in the project, the type and level of interaction with the EQUIPT team, benefits gained through working with EQUIPT, the perceived influence of stakeholder engagement on the project, and barriers to effective engagement.

Observations

Six stakeholder events were observed, comprising: four events for EQUIPT team members and key stakeholders who formed the project's Research Advisory Group and two events aimed at dissemination beyond key stakeholders. The number of stakeholders who took part in the six events ranged between 22

and 60. The initial objectives of the EQUIPT project for engaging stakeholders in events were to gain feedback on the use of the ROI tool; gain support for the validation of the ROI tool; and discuss and disseminate findings about the development of the ROI tool. Each of the six stakeholder events was observed by two or three SEE-Impact researchers. The events were held in Maastricht, Brussels (two events), Budapest, London, and Zagreb. The first event in Maastricht in February 2014 was a three-day EQUIPT project team meeting. The second event in Brussels in October 2014 was the EQUIPT project's first annual team meeting and lasted two days. The third event in Budapest in September 2015 was the project's second annual meeting and also lasted two days. The fourth event in London in March 2016 was a half day workshop for stakeholders to give feedback to the EQUIPT team on an earlier, similar UK ROI tool which had been in use in the UK for some time. The fifth event took place in Zagreb in June 2016 and was a one-day international workshop for potential stakeholders from other European countries beyond the five sample countries with the aim of supporting validation of the ROI tool in lower-income European countries. The final 3-day event in Brussels in October 2016 presented the findings of the study. In addition, six EQUIPT team meetings were observed in order to gain insight into the team's views and attitudes towards stakeholder engagement, and to learn promptly of any amendments to plans for stakeholder engagement. EQUIPT team meetings were held monthly and took place via teleconference because of the spread of team members across the five sample countries and Croatia as co-ordinator for out of sample countries. Meetings lasted approximately 1.5h. Detailed field notes were taken at EQUIPT programme events, usually by at least two members of the research team.

Analysis

The three interviewers involved prepared detailed summaries after each semi-structured interview. These summaries covered both the content and setting of the interviews and provided 'thick descriptions' (Geertz, 1973) of how stakeholders were engaged in EQUIPT. The research team used these descriptions to arrive at a first overview of recurring or deviating themes in the data.

The interview transcripts and observations were organised in NVivo and an abductive analysis approach was used to provide the data with codes. This abductive approach combines a theory-informed approach to data analysis with empirical insights from the data (Stoopendaal & Bal, 2013; Tavory & Timmermans, 2014). In practice, this involved a first round of inductive coding, followed by a second round where these codes were compared to existing theory and codes were added or changed. An example is how we inductively developed our code ‘stakeholder engagement’. In our data, this code increasingly reflected activities that could also be seen as data collection for academic purposes. The literature on stakeholder engagement that we used, and the earlier UK experience developing the original tool, however, mainly referred to stakeholder engagement as a way to create ownership and legitimacy. By comparing the meaning of the code in our data with how it is used in our conceptual literature, we observed a contradiction that we could further explore in our analysis.

FINDINGS

The presentation of the findings of this study will start with an overview of how the EQUIPT team planned stakeholder engagement, and what their rationale for doing such engagement was. Subsequently, findings are presented sequentially focusing around the four main programme events and combining data from event observations, project documents and interviews with the project team and key stakeholders.

Stakeholder engagement planning and rationale

The aim of EQUIPT was to develop country-specific tools to support decision makers (including local policy makers and those procuring public health interventions) in accessing predictions of likely returns on investment arising from funding different tobacco control interventions (Pokhrel et al., 2014). EQUIPT set out with a clear work plan to engage with stakeholders from the beginning and throughout the programme. A wide range of terms were

used by the team to describe work with potential stakeholders' including stakeholder engagement, co-creation, and co-production. The study protocol used the language of 'co-creation' to signal their intent to work closely with stakeholders on the adaption, scale and spread of the return-on-investment tool to other European countries (Pokhrel et al., 2014). Within the study design, there were two elements with an explicit focus on stakeholder engagement: in the so-called 'working space' where the return-on-investment tool was to be developed (where a process of co-creation with stakeholders was envisaged) and in the so-called 'transfer space' where stakeholder engagement was considered to be integral to the process of disseminating the return-on-investment tool. The EQUIPT funding agreement part B document states that the following stakeholder groups would be targeted: '(1) *National and European stakeholders consisting of policymakers, academics, health authorities, insurance companies, advocacy groups, ministry of finance, national committees, clinicians and health technology assessment (HTA) professionals—the outcomes of engagement with Target Group 1 will be used to obtain an optimum assessment of preconditions for usability of the final ROI tool (Task 4); and (2) Experts on smoking cessation and HTA—the outcomes of engagement with Target Group 2 will be used to obtain an optimum assessment of the parameters to be included in the final ROI tool, taking into account the variability of smoking cessation/prevention methods used between different countries.*' (EQUIPT Description of Work Part B)

A work package, with a detailed programme of engagement activities, was dedicated to working with stakeholders. There were also stakeholder engagement activities planned within other work packages to support tool development and dissemination. In total, the proposed stakeholder engagement activity detailed in the description of work for the study consisted of: a stakeholder survey across five countries (*EQUIPT Description of Work Part A, p.3, last paragraph*), 10 consensus workshops within each country and two further consensus workshops across all countries (*EQUIPT Description of Work Part A, p.4, last paragraph*). Piloting of the country-specific ROI tools involving all stakeholders engaged in previous activities (*EQUIPT Description*

of Work Part A, p.7, last three paragraphs); Consultation with local researchers and policy makers in the out of sample Central and Eastern European countries regarding collection of local data (*EQUIPT Description of Work Part A, p.10, third paragraph*); a workshop of UK regional and national stakeholders (*EQUIPT Description of Work Part A, p.12, second paragraph*); an international workshop of stakeholders in non-sample Central & Eastern Europe countries (*EQUIPT Description of Work Part A, p.3, fourth paragraph*); A project website needs-assessment conducted via an online survey organised by country leads (*EQUIPT Description of Work Part A, p.14, first paragraph*); Invitations to stakeholders to attend selected project meetings as appropriate (*EQUIPT Description of Work Part A, p.15, third paragraph*); Network Building by collaborating with key networks and health organizations. (*EQUIPT Description of Work Part A, p.15, fourth paragraph*).

This commitment to stakeholder engagement had roots in the prior work of a number of the co-investigators who had had a positive experience of stakeholder engagement as part of the development of a previous project. The funder of the original return on investment tool study in the UK supported a high level of stakeholder engagement in the work that it funded (Pokhrel et al., 2012). At the final event, one of the EQUIPT team who had been engaged in the prior work in the UK and had a policy role, reflected on the potential for stakeholder engagement to build long term relationships, support and potential for use:

“It is about a way of working, participation, and coalition building around a piece of work that creates that acceptability, that willingness to create usability that had been so important in the previous work. Those who have been engaged are much more likely to use. Jack Smith [An attendee at the final event] was one of the original stakeholders in the [UK] ROI project and is now still engaging with us from a policy level perspective.” (Angela, UK regional smoking policymaker)

Jack had been engaged as a policy stakeholder in the development of the previous ROI tool. His role as a stakeholder had changed over time, but his relationship with the team and his interest in and understanding of the ROI product meant that now, in a more senior and influential role, he could be a powerful ally in supporting the use of the new EQUIPT tool in UK smoking cessation policy. This understanding of the dual roles of stakeholder engagement in improving the quality of the tool and supporting potential future use seemed to be shared throughout the team and at different levels of seniority from the outset. One of the more junior researchers articulated it as follows:

“The idea is that we should involve stakeholders at an early stage anyway, probably because they then feel that they can also provide input in the development of the tool and that ultimately leads to more easy behavioural change. Um and that the tool is better adapted for them.” (Peter, EQUIPT researcher)

This view was echoed by more senior colleagues:

“So basically everything is used for, everything is, everything has the idea that, by involving stakeholders, you can make the model more tailored to their wishes and their ideas, making it better and more used, so to speak.” (Ana, Team Lead, EQUIPT)

This quotation demonstrates the different theoretical frameworks individual members of the EQUIPT team were drawing on. In this case, individual behaviour change models were dominant in the thinking about stakeholder engagement of both the individual researcher and his colleagues in the work package, several of whom were psychologists by background.

How stakeholder engagement in the project evolved

Maastricht—February 2014

At the first annual project meeting, the work package leading on stakeholder engagement presented a strategy for categorizing key stakeholders into five groups. These groups were: (1) decision makers, (2) purchasers of services or pharmaceutical products, (3) professional service deliverers, (4) evidence generators (e.g. researchers) whose work informs policy, procurement, or delivery of services and (5) advocates of health promotion. In addition, the work package presented a shared methodology for initial engagement with stakeholders through face-to-face interviews. There was a very positive reaction from across the team to work done to conceptualise stakeholders into different groups and to develop a detailed interview questionnaire to gather stakeholder views at the outset of the study. Some of the team voiced concern over whether it would be possible to engage with every stakeholder category across the different countries. They argued that some groups would be less prevalent, or generally less inclined to participate in scientific projects.

The Maastricht meeting was also intended to explain and pilot the stakeholder questionnaire among the EQUIPT team members. A junior researcher, who was hired to co-develop the questionnaire and coordinate the first work package, would later explain the objective of using the questionnaire as follows:

“(...) the purpose of the questionnaire is to improve the tool, so that we are provided with input on how we can develop the tool in such a way that it aligns as much as possible with the stakeholders. So, we look at what evidence types they are interested in, but also perhaps which usability, um, characteristics they find necessary. But I really combined this with scientific research that we find interesting, namely we have integrated that with the I-Change model... So, we have the objective for EQUIPT and an objective to conduct our own research and we integrated that in a questionnaire. Um, there is overlap, But then you can understand better why we used a questionnaire in the interview, because we, because they,

because the stakeholders can score on all items of the I-Change model. So that we can do research and can look at what we can improve about the tool. So, they were not really real interviews, it was more really very, it were very structured interviews in which they really just had to fill out a questionnaire.” (Peter, EQUIPT researcher)

The questionnaire itself was composed of 19 structured questions, mostly requiring Likert-type answers, and including several sub-questions. The information sheet of the questionnaire explained that the interview “(...) *should last approximately 40 min*” and— with the respondent’s verbal agreement—would be audio recorded “*to save time*”. Most of the survey interviews with EQUIPT stakeholders were conducted between January and July 2014. Shortly after, the SEE-Impact team approached several of these stakeholders for a semi-structured interview on their experiences being engaged with EQUIPT. Most stakeholders explained that they could not recall the exact content of the interview, nor whether they were satisfied with it. Stakeholders like Matthew expressed some confusion about what and how they were being engaged in the EQUIPT study:

“Matthew (EQUIPT stakeholder): I believe that he had a, a, uh, list with questions that he followed quite strictly, I think. And he had, yes, he had a computer with him, on which he showed things. A laptop or something.

Interviewer: Yes, he probably showed a video?

Matthew (EQUIPT stakeholder): Yes! Yes! And that was surrounded by some sort of standardised story, by him, and that is what he then did entirely: telling that standard story. And, and, uh, asking questions before, yes. Watching something, asking questions afterwards and then at the end there was this sort of standard question, like: do you have other comments? That is when I mentioned several things. Things that, for me I think, were most important. And I have no notion whatsoever as to what happened with those things.”

At this point, the idea that stakeholders would be beginning to see themselves as partners in the research process with some ownership of the tool seems to be slipping away, as Matthew describes an experience of participating in more of a one-way data collection exercise.

Brussels—October 2014

By the second annual project meeting in Brussels, a number of challenges to stakeholder engagement were emerging. In particular, the time required to gather feedback directly from stakeholders was proving difficult to reconcile with the needs of the modellers (working on the new return on investment tool), the demands of the technical tool adaptation process and development process. This was further compounded by the decision by the funder to require all grant holders to adhere to their original timeline (with end dates remaining set regardless of project delays) (Boaz et al. 2018).

The need to deliver the adaptation of the tool on time led to a rethinking about the intensity and method for stakeholder engagement. After much discussion, the large number of face-to-face meetings planned with stakeholders were replaced by recorded Skype calls with stakeholders focused on testing the adapted tool. In addition, the planned ‘consensus workshop’ was reframed into a usability test of the model. Initially, the workshop aimed at arriving at consensus among stakeholders regarding the most important smoking-related diseases to include in the model. At this stage, however, the modellers seemed concerned that this step would further lag the already delayed development of the tool.

“At the end of the first project day, it seems that the modellers are constantly asked to change their variables and input data. Although they articulate their concerns quite modestly, their faces express unease. Discussion is constantly focused on what is in or outside the mode.” (excerpt from SEE-Impact researcher field notes)

One of the senior researchers in the project suggested to focus on usability of the model instead. Using terms as ‘back-up plans’ and ‘thinking out of the box’, he hinted at a digital approach where stakeholders could use the model whilst researchers could gather data about the usability of the model—thus noting a shift towards a more dissemination focused engagement strategy.

Budapest—September 2015

By the third annual meeting in Budapest, a further shift had occurred which seemed less driven by the technical elements of tool development and the requirements of the modellers. At this stage, the EQUIPT research team seemed to be describing a pull towards generating knowledge suitable for publication. The researchers reported on a decision to conduct a survey of stakeholders to gather feedback on the tool. This validation exercise was conducted in a more conventionally scientific format. While the researchers discussed the results in terms of their utility for tool development, they also emphasised the potential for generating academic publications based on the results. As one of the SEE-Impact research team observed in her notes:

“It is possible to see how [research with stakeholders rather than stakeholder engagement] continues to gain insights for the development of the tool. In fact, it may gain more detailed feedback through the observations of individuals as they use the tool. However, is it likely to build ownership of the tool in the same way as the planned face to face stakeholder engagement exercises?” (excerpt from SEE-Impact researcher field notes)

At this point, the dual goals of stakeholder engagement in EQUIPT (improving the tool and promoting use of the tool) seemed to uncouple and shift. While the importance of stakeholder views in shaping the tool remained in the foreground, the opportunity to recast stakeholder engagement as a research activity for academic publication purposes proved attractive to some of the team members. At this stage in the process, the second goal of stakeholder engagement (to build relationships and ownership of the tool in order to promote use) was mainly supported by some of the country teams, who

still felt this was crucial for the success of the tool. In particular, the Spanish and Hungarian team seemed to be more committed to a more personalised approach to stakeholder engagement, as reflected in the words of a Spanish EQUIPT researcher:

“The first sentence was: ‘This questionnaire is to test the users’. Maybe if you are a stakeholder you will think: ‘okay, what are they asking me, what will they ask me?’. If [the interviewers] are stating that in the very first thing in the questionnaire; it makes [the stakeholders] suspect that it will be an exam. (...) So, I told [the Dutch questionnaire developers]: keep that in mind, that the interview, it is not an exam. Don’t see it like an exam. But I think the Hungarians said something related to that as well.”
(Lucia, EQUIPT researcher)

A Hungarian EQUIPT member would later explain that some country teams: *“(...) may have a different perspective on [engagement] and a different information need. For them the documentation, the screenshots, might be very useful for the research purpose.”* (Vilmos, EQUIPT researcher). When he was asked to explain how this approach would affect the overall engagement of stakeholders he said: *“If you want to distinguish yourself, and if you want to build a more personal relation to them -especially, if you want them to later use the tool -I think a personal meeting would have been a better option.”*

The shift towards a more scientific stakeholder engagement approach was not the case for all the work presented in Budapest, and the perceived needs of stakeholders were regularly mentioned by members of the team throughout the meeting. The work packages presented by non-academic collaborators continued to emphasise the importance of bringing people together: The team looking at the transferability of the tool to other European countries presented their plans for engaging with stakeholders in a face-to-face event in Zagreb to explore issues of transferability. Besides, the UK team was looking to convene a meeting of stakeholders who had used the previous ROI tool to identify learning for the implementation of the new EQUIPT tool.

Brussels—September 2016

The EQUIPT project was concluded with an end-of-project meeting in Brussels. The meeting covered 3 days, of which one was dedicated to discussion with the research advisory group, another day was focused on presenting the tool to external guests, and the final day was an internal meeting for the research team. At the end of the first day, the tool itself had yet to be presented:

“Some researchers in the meeting seem to be rather distant from the non-academic tobacco control practice. The entire meeting and I have not seen the model itself yet, whilst all the technical aspects have been exhibited. It feels a little like selling a vehicle, but then only showing the engine bay and obfuscating the exterior.” (excerpt from SEE-Impact researcher field notes)

The second day was opened by a former Minister of Health from Austria. Afterwards, EQUIPT team would continue to present three themes: (1) stakeholder engagement in EQUIPT, (2) EQUIPT and decision making and (3) transferability of the tool. The first theme was meant to share lessons derived from the various stakeholder engagement activities. A presentation from Ana, a senior EQUIPT researcher, emphasised that stakeholder engagement *“takes a lot of effort, especially if you have to build a model from scratch”*. They would continue to explain that the team *“also wanted to maintain [their] scientific integrity”* – which sometimes led to exclusion of stakeholders or their inputs.

During lunch, one of the observers of the SEE-Impact study asked a lead modeller whether the tool itself would be presented during the meeting. The modeller explained that such a presentation was not scheduled and that, given uncertainty over the stability of the tool, they could risk disappointing the stakeholders. He also confessed that they had not actually considered a live presentation. After a short deliberation among the EQUIPT team, they decided to showcase the tool shortly after lunch.

At the team meeting following the final stakeholder event in Brussels, members of the team reflected on the misfit between the style and content of

the event (with a series of academic presentations from a podium) and what they felt on reflection the audience might have appreciated (an opportunity for stakeholders to directly engage with the new ROI tool). The team had spent sufficient time discussing the importance of stakeholder involvement throughout the project to see that the event they had organised was more suited to an academic audience than to the assembled group of potential users of the tool. One of the team commented that: “*I don’t think we [the team and the audience] were speaking the same language*”. She talked about the lack of a “*real connection*” with stakeholders. Comparisons were drawn with a previous stakeholder event in Zagreb (led by the Hungarian team) which had provided plenty of opportunities for interactions between the team and stakeholders and was considered by many in the team to have set a higher bar in terms of expectations of stakeholder engagement in the project. One of the co-applicants (Ana, Team Lead, EQUIPT) reflected on the potential tensions for the team between close working with stakeholders and the importance of maintaining academic integrity.

There was considerable variation within the EQUIPT team regarding the importance of stakeholder engagement. While stakeholder feedback was consistently welcomed, valued, and responded to by members of the team, there was less consensus about its wider potential value in relation to use and impact. In some of the EQUIPT countries, the stakeholder engagement was directly associated with an idea to increase the tool’s use. In these countries, the responsible EQUIPT team maintained friendly contact with actors that could be seen as potential users of the tool. Other countries adopted a more generic understanding of potential users, such as ‘decision makers’ or ‘researchers’.

Some EQUIPT research team members appeared to place greater significance on stakeholder engagement than other team members. They talked about the importance of more ‘hands on’ and ‘practical’ input from stakeholders and viewed the stakeholder events as being too static and research focused. In their language, they placed a value on fully engaging and making a ‘real connection’ between stakeholders and the EQUIPT team. This perspective aligned

with the underpinning theory of change which outlined a more bottom-up approach to its stakeholder engagement, ‘*working with people who are going to be making decisions in the future (and with current stakeholders) to work together to convince politicians*’ (researcher observation notes).

However, for some, this may have been to do with practical issues such as awareness of time restraints around the project and the need to deliver the tool on time. Some members of the team prioritised the academic elements of the project (e.g. the completion of a PhD by a team member and academic publications), often directly at the expense of stakeholder engagement activities. Furthermore, when this tension came to a head at a meeting of the EQUIPT project team and its advisors, the promise of turning stakeholder engagement activity into research data and academic outputs gained support from the partnership as a whole. The prospective of applying for follow on EU Horizon 2020 funding potentially provided a further incentive to focus on outputs. The ‘irresistible pull’ of academic norms proved too strong to resist, despite a considerable interest and commitment to stakeholder engagement in the programme.

“Peter (EQUIPT researcher): I don’t know, um, the stakeholders have different ideas as well. Probably some say, then you know, then you have, then you know, more difficult, then it is more difficult to determine the direction of what you are going to investigate, I think.

Interviewer: Yes.

Peter (EQUIPT researcher): And maybe we think something, as a scientist, is very important and then they say that it is absolutely not important, and then if they have a very large part in the process, then you can no longer, then you can no longer do your own thing.”

Here, Peter, one of EQUIPT project team, reflects on some of the difficulties that stakeholders’ feedback presented for the technical tool development work

and, to the threat to his academic autonomy in stakeholders affecting his ability to “*determine the direction*” of his work. Ana reflected on how different stakeholder engagement would have felt with the stakeholders sitting “*at the table*” rather than completing a survey:

“Ana (Team Lead, EQUIPT): Yes, well, I mean, what happened here [in EQUIPT]: the interviewer asks the stakeholders something, the interviewers summarise that, report it to the researchers, the researchers say ‘yes we do’ or very often ‘we do not for those and those reasons’, and then after a while we start asking the stakeholders again. You know, and that was it.

Interviewer: Yes

Ana (Team Lead, EQUIPT): Um, while I think if someone really sat at the table where those decisions are made, it might have been something else.”

DISCUSSION

The collaborative work in the EQUIPT project was identified as a key feature of the study design with pre-designated co-creation spaces within the work programme — the so called ‘working space’ and ‘transfer space.’ Over the course of the study, however, the tool development work and stakeholder engagement activities decoupled and ceased to occupy a shared space. The impetus for the decoupling seemed to come simultaneously from two directions and was facilitated by the organization of the activities in different engagement and production work packages. Despite the plans for co-creation in the working space of the programme, the technical work on the modelling for the new tool increasingly took place in parallel to what, by then, was more conventional consultation. Modelling and tool development increasingly occurred in the sort of ‘secluded’ space described by Callon et al. (2009), where there is a technical job of work to be done and outside influence can

often be characterised as uncertain, unpredictable, and lacking timeliness. The real-world challenges presented by delays in commencing the study and the time required to set up face-to-face stakeholder engagement had significant implications for the modellers working to a tight timetable to develop new versions of the tool for prototype testing in the different countries.

In the course of the project, most of the planned ‘co-production’ activities subtly transformed to consultation, and eventually, for some of the activity, to research participation where stakeholders completed surveys generating data that was subject to detailed analysis and written up for publication in peer-reviewed journals. A first step, responding to time pressures in project delivery, involved replacing the planned face-to-face stakeholder workshops with online one-to-one consultations, where developments in technology made it possible to make both audio and visual recordings of stakeholders testing the prototype tools. While this process generated detailed data on the different elements of the prototype tool from stakeholders, it did not do so in close collaboration with the modellers.

While the project team seemed to form a successful interdisciplinary collaboration of academics (Roelofs et al., 2019), the eventual collaborative research practice did not result in similar opportunities for building engagement with and ownership of the tool amongst a wider group of stakeholders across the different countries. One of the EQUIPT studies shows that Hungarian and Spanish stakeholders “*wanted to use the tool basically as soon as possible*” whereas “*Dutch and German interviewees were least interested*” (Vokó et al., 2016, p. 10). A previous SEE-Impact study has described how this difference relates to the more personalised approach by the Hungarian and Spanish project teams, where the notion of ‘stakeholders’ was commonly translated into concrete actors and positions (Borst, Kok, et al., 2019).

The study also surfaced a more fundamental challenge to close working with stakeholders in knowledge production and use. Mary Henkel’s work (Henkel, 2005) on academic identity and autonomy in changing policy environments

explored how academics respond to the promise and challenges of working closely with stakeholders outside of the academy. It is also echoed in the findings of Timotijevic et al. (2013) their study of stakeholder involvement in scientific decision making where they observed stakeholder engagement being used to confirm the authority of science over the facts as opposed to any evidence of a reframing of scientific practice. As Morgan et al. (2011) observe, existing university policies and practices support particular models of knowledge production. As a consequence, more applied, collaborative approaches to research can end up left to one side as the dominant model of academic knowledge production (driven by the science and not primarily concerned with applicability and use of research findings) asserts its authority.

The value of stakeholder engagement was articulated clearly and consistently by the EQUIPT project team throughout. This reflects what Goffman (1956) would characterise as a shared performance front of stage. Furthermore, the substantive content of the work aligned with their values in terms of promoting the importance of supporting a more evidence-based approach to making return on investment decisions in tobacco control. Several members of the EQUIPT team highlighted their prior positive experience of stakeholder engagement in developing the UK ROI tool. Where this commitment started to unravel was 'backstage' where the more intensive engagement and co-production elements started to 'rub up against' the priorities and ways of working of academia. Kislov et al. (2017) and Lozeau et al. (2002) note the impact of similar 'compatibility gaps' between new practices and the cultural, structural, and political characteristics of the system in their studies of service improvement.

While participants in the study had fully internalised the importance of academic writing and grant writing as an integral part of their role, stakeholder engagement, and in particular the planned co-production activities remained vulnerable to internal and external pressures. While there were many differences within the team, there was concordance on the importance of publications. Despite the substantial stakeholder engagement built into the study

throughout, the importance of academic publications ‘trumped’ stakeholder engagement at every turn. There was an exuberant moment when the team as a whole saw the opportunity to publish the outcomes of their stakeholder engagement work in a peer-reviewed journal.

The vulnerability of working with stakeholders has particular implications for the currently promotion of co-production of knowledge in health services research. Our tendency to see involving stakeholders as a benign ‘add on’ that will enhance the quality of our research misses the underlying epistemological challenge presented by stakeholder engagement and in particular by co-production as described by Jasanoff (2004, p. 3):

“Co-production can therefore be seen as a critique of the realist ideology that persistently separates the domains of nature, facts, objectivity, reason and policy from those of culture, values, subjectivity, emotion and politics.”

For co-production in particular, the approach is not merely a set of activities, but a fundamental and epistemologically different way of working from conventional knowledge production (Ostrom, 1996). There is a long tradition in science and technology studies in surfacing the challenges of stakeholder engagement and co-production (Callon et al., 2009; Jasanoff, 2004). However, much of the debate in the health services research continues to focus on limited uptake of research in policy and practice settings (Currie & Suhomlinova, 2006; Ferlie et al., 2000). This article provides a timely reminder that the epistemological, institutional, and personal challenges that come from within the academic sector also need to be surfaced and explored to support the future role of social science research in health policy and practice.

We do not to argue against the potential contribution of stakeholder engagement and co-production, but show how even good intentions and well-planned engagement activities can be diverted within the existing research funding and research production systems where non-research stakeholders remain at the margins and can even be seen as a threat to academic identity and autonomy.

This study is not without limitations. Not all of the research EQUIPT team were willing to participate in interviews and so in some instances, it was not possible to explore further issues arising from the observations. A further limitation is that we were looking at one type of technical research output (a return-on-investment tool) and the conclusions may not apply in the same way to other processes of knowledge production and types of research product. Finally, while there was clearly a value to taking a prospective approach to studying stakeholder engagement, this brought particular challenges in terms of the fieldwork. Significant flexibility was required, and numerous changes had to be made to the study design to reflect changes in the EQUIPT study and the proposed stakeholder engagement activities.

Chapter 6

Aligning knowledge translation project and practice

An earlier version of this chapter is under review as:
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What makes knowledge translation work in practice? Lessons from a
demand-driven and locally-led project in Cameroon, Jordan, and Nigeria.

Health Research Policy and Systems

BACKGROUND

The idea that health policies must be informed by the best available evidence has obtained a large following in research and policy communities. Yet, how such processes might be organised, what constitutes ‘best evidence’, and the extent to which this is an advantageous endeavour, have been recurring topics of debate in the field of knowledge translation (KT) (Hanney & González-Block, 2009; Ødemark & Engebretsen, 2022; Pawson, 2006). This field originates in the wider *evidence-based* movement, with a particular emphasis on studying and improving interactions between research, policy, and practice (Lavis, Roberston, et al., 2003; Lomas, 1997).

With over three decades of scholarship, it is possible to identify different generations of KT (Best & Holmes, 2010; Borst, Wehrens, & Bal, 2022). Especially the second half of this period shows an abundance of – what we call here – ‘new KT’ approaches that unify in their strong rejection of the earlier ‘linear KT’ generation as overly simplistic and focused on ‘packaged’ knowledge using pre-defined steps. New KT instead calls for more relational and systems-thinking approaches (Best & Holmes, 2010; Greenhalgh & Wieringa, 2011). In short, new KT is devoted to studying ‘what works’: what KT approaches work best, at specific places, and for selected objectives and audiences (Boaz et al., 2019). This is in contrast to earlier KT approaches that followed a “*throw it at the wall and see what sticks*” logic (Oliver et al., 2022, p.14).

While this move towards new KT signifies a reflexive turn, there have been scholars who warn that these approaches still hinge on linear thinking and doing (Smith, 2013; Wieringa et al., 2017). This implicit linearisation becomes clear in how the field rarely acknowledges that KT instruments themselves *also* have to be translated to become productive. Such translations require social interaction and navigating different values, knowledges, and traditions. In turn, neglecting this produces frustration among KT practitioners and scholars, who note that approaches that ‘work’ in one place, yield more

disappointing results in another (cf. Dixon-Woods et al., 2011; Wilson et al., 2017). Instead of zooming in on how KT instruments, such as evidence syntheses and priority workshops, might be translated, the field became preoccupied with better ‘transferability’ and ‘implementation’. The key difference between the two is that the former suggests that KT instruments’ underlying assumptions need to be adapted to their new contexts, whereas in the latter understanding the normative and epistemic foundations of the KT instruments are largely left unchanged.

Although insights into ‘what works’ are of key importance, they tell us little about the social, and purposive, acts of tinkering that KT actors perform when translating between their approaches and the intervention environments. It is thus not merely about ‘what works’, but more importantly: what makes (that) it work(s)? What is the underlying work performed by KT actors to make their approaches productive? With this paper, we seek to contribute to the development of a more sociological understanding of KT in two ways. First, we demonstrate that KT actors in practice *always* work to translate their KT instruments to the contingent practices in which they take place. Such work is usually polished away and valued differently, for instance because these messy realities do not conform to stylised scientific practices. Stylised accounts – such as checklists, inventories of best practices, and guidelines – may unjustly reduce the variable and uncertain nature of KT work and thus result (again) in a linearisation which impairs the field from learning (Tsoukas, 2017). This brings us to our second contribution. By analysing how we in our own KT project tried to organise KT processes in Cameroon, Jordan, and Nigeria, we show that this demands 1) structuring projects in a specific way and 2) alignment work of KT actors. Our sociological approach to KT has several implications for future KT projects, which we will articulate as sensitivities and design principles in the discussion of this paper. In the subsequent section, we will first theoretically position our ‘what makes it work’ approach using literature from health policy and systems research and Science and Technology Studies (STS).

Aligning between knowledge translation project and practice

There are different theories within the health policy and systems research and STS literatures which describe that KT instruments always need to be attuned to the environments in which they are to be used. A common approach focuses on replicating successes of one intervention in a different place, and the necessity to theorise how such interventions actually work out in practice (Dixon-Woods et al., 2011; Greenhalgh & Papoutsis, 2018). Similarly, other approaches emphasise the importance of engaging potential users in knowledge production processes (Boaz et al., 2018; Kok et al., 2016). Finally, there are approaches that study the underlying, social and often invisible, mundane activities that make that an intervention ‘works’ in practice (Fujimura, 1987; Mesman, 2008; Star & Strauss, 1999). Scholarship within this field shows how the successes of an intervention commonly rely on meticulous (and often overlooked) work of KT actors. In the absence of such underlying work, the transposed intervention produces completely different and often disappointing results.

While these approaches have different epistemic underpinnings, they all emphasise the importance of understanding what makes KT tools, methods, and instruments productive. That includes studying how they can be effectively situated in existing practices. To underline that this requires moulding and reconfiguring both the intervention, the environment in which that intervention takes place, and the spaces in-between, we will speak of processes of alignment. Our use of the term alignment is grounded in the work of Fujimura (1987). For Fujimura, alignment (both as noun and verb) is a process of constant organising and reorganising between different layers of a research process (i.e. the ‘social world’, ‘laboratory’, and ‘experiment’), with the aim of making (scientific) problems ‘do-able’. Do-ability here means the extent to which relatively “*well-defined tasks*” (p. 258) of a research project can be conducted. To further emphasise this duality in our project, we will speak of ‘enabling alignment’ and ‘alignment work’. The former can be seen as a way of designing research projects so as to include leeway and reflexive

space; for instance by encouraging interpretive flexibility of methods by the project teams (Pinch & Bijker, 1984). We see alignment work as a variety of purposive actions that actors within our project conducted to make the activities possible. In our analysis, we focus on the interplay between the enabling of alignments and alignment work.

Our perspective on enabling alignment and alignment work has three implications. First, we move away from studying how we ‘transferred’ a KT model to different countries, or how we ‘implemented’ a KT model. Instead, our perspective allows for disentangling the *inherently social nature* of doing KT, for instance by studying how we tried to organise and structure our project in such a way that we could weave our KT approach into networks and ongoing practices in the three countries. Second, our perspective foregrounds work that is easily overlooked, or sometimes knowingly kept out of sight. We thereby position ourselves against descriptions of KT projects that neglect, or obfuscate the nitty-gritty activities that enabled the project or study. This obfuscation, we argue, prevents the KT field from learning of the work that is done to make KT projects productive. By analysing such *backstage* work (Goffman, 1956), we intend to contribute to a more sociological understanding of KT. Finally, our perspective sensitises us to look beyond the binary of unintended and intended effects. Instead, we will focus on what ‘effects’ (in the broadest sense of the word) our project produced, and the new connections that were established in that process. These three implications taken together imply that we want to be more modest about what our KT project produced and the extent to which we were able to navigate the uncertainty that was inherent to doing this work.

METHODS

Design and setting

This ethnographic study was situated within a wider research project that sought to study and improve the translation of knowledge in the field of

sexual and reproductive health and rights (SRHR) in Cameroon, Jordan, and Nigeria. The project, which was jointly designed in early 2017 with KT organisations in Cameroon, Nigeria, and Jordan, and in collaboration with the Cochrane Africa Network and KIT Royal Tropical Institute, responded to a call for proposals by the Dutch Research Council (NWO). This call was directed at strengthening the body of scientific knowledge on what works in supporting the use of research for global development.

The designers of the KT project aimed to combine three components. First, there was an overall structure whereby the project would support local organisations in Cameroon, Nigeria, and Jordan to organise a demand-driven, locally led, and embedded KT cycle. Second, the project set out to build upon previously developed KT-methods and principles, for engaging stakeholders (Kok et al., 2012; Kok & de Souza, 2010), establishing research priorities (Vergever et al., 2010), synthesising research evidence, contextualising research with local stakeholders (Ongolo-Zogo et al., 2014; Ridde & Dagenais, 2017), and assessing the uptake of research in policy and practice (Kok & Schuit, 2012). Finally, the project aimed to provide the country research teams with flexibility and discretionary space. This third element was seen as most important and followed from a previous study which showed that attempts to enhance the uptake of research findings should not be planned according to tight schedules (Boaz et al., 2018). Although each country would go through the same KT cycle, the country teams were encouraged to adapt the processes to better suit the local needs, customs, and social conventions. This meant that the project should above all seek to equip, support, and empower the local teams, who had to play a key role in making KT processes work.

At the start of the project, the teams from Cameroon, Jordan and Nigeria chose sexual and reproductive health and rights (SRHR) as a relevant and urgent theme in their health sectors. The KT cycles in the countries would start with establishing research priorities, followed by systematically reviewing the available evidence for proven effective interventions conducted by one team. The review's outcomes, together with locally specific insights, studies,

and data, would be used to formulate country-specific evidence briefs. These evidence briefs would form the starting point of a deliberative dialogue in which participants (e.g., policymakers, health workers, youth representatives, teachers) would discuss these insights and develop possible scenarios for how knowledge about SRHR could inform policy development and improvement. Finally, the use of research results would be assessed using Contribution Mapping (Kok & Schuit, 2012) – a method to map the impact of research.

Data collection

In this current study, we set out to analyse both how our project design enabled processes of alignment and what alignment work various KT actors performed. Studying this work requires a specific methodology that is sensitive to things that are not commonly noticed. In our case, we used an (auto) ethnographic methodology that involved ‘hanging out’. While hanging out has a longer track record in anthropology (Pfaelzar, 2010), we use it here more loosely to emphasise the relations we build with the many actors in our fieldwork. Hanging out meant immersing ourselves in their practices (cf. Yanow & Ybema, 2009), talking, sharing stories, and travelling and eating together. In doing so, we constantly paid attention to the efforts of the project members to make something ‘work’, including many moments of failure, repair, and abandonment of initial plans. It is precisely such tinkering between project plans and practices that we seek to zoom in on for this current study.

Our methodology of hanging out involved different formal and less formal moments of data collection. This included 63 semi-structured interviews with key KT actors, 472 hours of observed KT practices, and a paper trail of documents that we interacted with throughout the project. At the same time, we also compiled project exchanges, such as project documents, plans, protocols, fieldnotes, meeting notes, and an archive of (e-mail) correspondence between project members. More details on the data collection and the organisations that were part of our project can be read in Borst et al. (2022).

Data analysis

We used an abductive technique for the analysis of our data (Tavory & Timmermans, 2014). Our analysis focused on those elements of the data that addressed: a) design aspects of our project that provided spaces to align with local needs and capacities and b) work that the project members performed to make the project locally possible, including adapting the KT instruments within the project to an acceptable format. We wrote detailed descriptions of the project's different activities, identifying key moments that show how alignment was enabled by our project, what kind of alignment work was conducted in practice, and to what extent such alignments produced new challenges.

RESULTS

Since the start of our project in September 2017, there were numerous moments where alignment between the project and local realities was necessary. It is not our intention to describe all these moments in detail here. Instead, we will zoom in on several key moments of alignment work. In our selection, we present examples that concern different layers of our research process and relate to the different methods that we applied. The examples are therefore not exhaustive but are selected because they provide the most opportunities to reflect on deviations and changes through the theoretical lens of 'alignment work'. In the subsequent section, we will chronologically move through our project to also show how alignment work became both of elevated importance and increasingly difficult near the end of our project.

Setting research priorities

The research priority workshop in Jordan was the first activity to be organised. As such it formed the rite of passage between our project as designed and the project as practised. Earlier on in the preparatory activities for this workshop, we learned that there was significant overlap between the workshop that we planned to conduct for our project, and the activities that a partner organ-

isation (i.e. Share-Net Jordan) planned to organise as part of their own KT initiative (Meijers et al., 2022). To prevent duplication and overburdening the stakeholder network, we decided to organise a combined research priority workshop. Because the project design did not prescribe a specific format of the workshop, we could tag along with the existing initiative of Share-Net Jordan – an initiative that had already resulted in a preliminary set of research priorities that had been ratified by the Jordanian Parliament and which were thus tightly embedded in an ongoing policy impetus. In this case, this alignment work involved combining different activities, agendas, and funding:

“We combined all the project funding from Share-Net International and the project funding by NWO-WOTRO. Each team could then present the problems. Therefore, we were able to invite all [stakeholders], around 90 persons, to attend this meeting. Now they know everything about the project.” (interview with Jordanian KTP actor)

What this example shows is that KT processes never happen in isolation, but that there are often numerous other, interacting, initiatives by national and international organisations. This ‘layeredness’ of KT interventions is often overlooked, and in our case, this could have resulted in organising a workshop that was detached from an existing agenda to improve SRHR in Jordan. Instead, and through the space that our project structure provided, we could perform work to align our project’s activity with an ongoing KT process of a different organisation.

Similar to the situation in Jordan, the Cameroonian and Nigerian research conducted research priority workshops that worked for their situations. In project meetings with the Cameroonian team, they describe that a preliminary contact with the Ministry of Health showed that they wanted to revive a dormant, yet existing, platform for SRHR but had insufficient capacities for this. In their reports of this contact, the team writes that this is an “*opportunity to anchor*” the new KT cycle in an existing infrastructure. Therefore, their alignment work was directed at presenting themselves as a solution to the ministry’s

capacity problem. The obvious benefit to the team's KT cycle was that the association with the ministry would further legitimise their approach. The team eventually postponed the research priority workshop for four months and used part of their budget to organise an extensive consultative process with the related ministries. This shows that alignment work may involve slowing down, in this case clearly with the anticipation that attaching the KT process to the dormant platform would enable the team to build on existing networks and (ministerial) infrastructures.

The Nigerian team, in turn, learned through preparatory interviews with envisioned workshop participants that a stratified approach made more sense. In the interviews, several stakeholders explained that one single research priority workshop would nullify the distinctions in needs and capacities between two of the three administrative levels of Nigerian government. Or as one of the interviewees said:

“When the activity is conducted as you said, it does not apply to our setting.” (interview with Nigerian subnational policy maker)

Their suggestion therefore was to organise one dialogue at the federal level and a separate workshop at state level. During a project meeting shortly after, the Nigerian team decided to follow the stakeholders' suggestions and to stratify their research priority setting. Through this alignment work, the team created buy-in from the stakeholders, but more importantly: they aimed to prevent producing a list of research priorities that would be recognised neither by the national or subnational level.

These descriptions show different types of alignment work. Both in Jordan and Cameroon, the teams could attach our plan for a research priority workshop to ongoing activities of other organisations, including a dormant ministerial platform. In Nigeria, alignment work involved stratifying the workshop across the two administrative levels. This also brought about new challenges. The approach in Nigeria, for instance, amplified a dispute about what was considered

appropriate evidence. For the stakeholders at the subnational workshop, it was essential that the Nigerian team mobilised evidence produced by local organisations. The national stakeholders, however, wanted the team to use evidence from international scientific literature. This led to a doubling of synthesis work for the team, and demanded further alignment work between their role as a facilitator of evidence syntheses (i.e. Cochrane Nigeria) and a subnational based university research centre. This alignment work significantly strained the available project budget.

Our depictions of alignment work in the organisation of research priority workshops shows two important considerations. In the first place, we have shown that the ‘interpretive flexibility’ (Pinch & Bijker, 1984) of KT methods that was built into our project design enabled the research teams to attune to ongoing initiatives in their countries. This did, however, require specific capacities of the teams which not all researchers may commonly possess, for instance to stay sensitive to local needs and practices whilst also being able to account for progress on specific project goals. The second consideration concerns the uncertainty that comes with alignment work. While such work appears feasible in the short term, long(er) term consequences are difficult to foresee and anticipate. This became visible in the Nigerian example, where the epistemic fundament of the entire KT approach came under considerable scrutiny. Besides, the uncertainty also affects budget plans and thus necessitates that each project phase has sufficient budgetary space to do alignment work.

Systematic review

Shortly after the Nigerian team began their systematic reviewing process, they began expressing concerns regarding the feasibility of conducting a Cochrane systematic review given the project’s timelines. The key research priority that was identified in our project had been topic of a recent Cochrane systematic review. The Nigerian team thus explained that it would be “senseless” and a duplication of effort to conduct a Cochrane review and the authors of the published review “*would probably object to ours*” (*observations of project meet-*

ing). Alternatively, the Nigerian and Cameroonian team suggested to carry out an ‘overview’ – which is a review of systematic reviews, focusing not only on “*what works, but equally on why it works and how it works*” (Cameroonian KTP director). This choice produced two important challenges. First, an overview according to Cochrane methodology still required an extensive registration and editorial process which did not necessarily align with the project’s timeline. Once registered, we would no longer be able to alter the scope of the overview – as this would be seen as “*bias*” (meeting notes). Yet, given that our aim specifically was to align the KT process to local dynamics, it was likely that the overview would need slight alterations as well. Second, the overview required a clear demarcation of topics. In an attempt to nonetheless do justice to all research priorities and to fulfil demands of stakeholders in the three countries, the project teams decided – as described in the excerpt below – to conduct a rapid ‘scoping search’.

“In order to meet the needs of the stakeholders, we discuss the possibility to do a scoping search: basically, identifying the evidence gap with regard to sexual and reproductive health of [internally displaced persons]. The scoping search takes less time and it is therefore decided among all team members that it should be possible to have the scoping search ready by the end of August.” (minutes of project meeting)

The process of organising the systematic review shows an important reflection in terms of alignment work. Our research project highlights that highly structured review methodologies are not necessarily well equipped for aligning with the needs and practices of potential users of the knowledge from that review. Most saliently, in its attempt to reduce ‘bias’ and increase the alleged replicability of research, such methodology impairs the space that is available for alignment work. The solution in this project was to opt for less structured methodology, which also has consequences for the extent to which such findings can be published in the scientific literature, and the legitimacy that stakeholders in the field subsequently bestow upon our results.

Conducting deliberative dialogues

The organisation of deliberative dialogues clearly marked a new phase in our project. The project was about one year in, but by now there were also elections in Cameroon and Nigeria. Besides, the overall project group was less experienced in organising deliberative dialogues. These two elements thus created new kinds of uncertainty. This uncertainty provided challenges and opportunities at once, but also required different forms of alignment work.

The first dialogue was organised in August 2018 by the Cameroonian team – a team with extensive experience organising deliberative dialogues. Over time, the team had meticulously tweaked the deliberative dialogue method as to fit their context better – for instance by moving away from the notion that such dialogues must not establish consensus among stakeholders. Given that the project provided quite some leeway as to *how* the dialogues should be organised, the teams could organise and conduct the dialogues as they seemed fit. As explained earlier on, the Cameroonian team noticed they could align their KT process to the revival of a Ministerial SRHR platform. Therefore, they decided to focus the deliberative dialogue on “*strategic courses of action*” (*research priority report*) specifically designed for that platform.

Contrary to what was anticipated, the dialogue mainly revolved around introductions and attempts at defining a shared problem definition. While the attendees of the dialogue (partly) knew each other, this proved to be the first time that they attempted to arrive at a “*shared understanding*” (*dialogue transcript*) of SRHR issues among young populations. As becomes clear in the transcription of the dialogue, the attendees found it of crucial importance to identify the “*eligible age group*” (*dialogue transcript*). By the end of the dialogue, the participants agreed on an age group, and this was seen as a “*substantial achievement*”. One of the team members noted that the dialogue had not addressed most of the priorities and policy options, and thus they organised a follow-up session. Now that they had resolved issues around terminology, they could – specifically for the defined target group – present interventions

for which the Ministerial platform would be responsible. This did require alignment work in terms of funding, as described below.

*“Since this was originally not in the budget, we need to be a bit creative.”
(e-mail correspondence)*

Nine months later, the Cameroonian team hosted a second deliberative dialogue and despite the delay due to Presidential elections, there was still sufficient momentum to discuss concrete interventions that the ministerial platform could undertake.

In contrast to the process in Cameroon, the organisation of the deliberative dialogues in Jordan and Nigeria presented more challenges. Saliently, it was the same flexibility which had made that the Cameroonian approach productive that now presented itself as an obstacle in the other two countries. A combination of logistical issues, schedule conflicts, and concerns regarding “*country differences*” (*project call*) thwarted that collaboration.

“[The professors] had a discussion about facilitating the meeting. [The professor from Cameroon] was willing to do this. Unfortunately, it is now too dangerous by road, and too costly via air.” (e-mail correspondence)

Eventually, the Nigerian team pragmatically organised the dialogue themselves, with emphasis on how they – in their position as Cochrane Nigeria – could work together with both federal and state-level policymakers.

For the Jordanian deliberative dialogue, the team proposed attracting an experienced facilitator from a neighbouring country; a plan which was abandoned after some weeks, given that this would cost almost 100,000 USD (over 60% of the entire project budget). To proceed with the project, the Jordanian team suggested to jointly organise the dialogue with the Dutch team (*project call*). This team would draft a programme for the dialogue and produce an evidence brief using local evidence, whereas the Jordanian team was responsible for

arranging the setting and ministerial permission, inviting the participants, and facilitating the meeting.

In the final ‘dry run’ of the dialogue, however, the Jordanian team noticed that the Dutch team had planned a full day programme – which they said would not work in terms of timing, as can be read in the quote below.

“You need to shorten the programme, a lot, ya’ni [Arabic for ‘you know’]. Because everything needs to end before lunch. Especially now during Ramadan, no one will come after lunch, and you have planned the most important part of the dialogue there.” (preparatory interview with policy advisor, Jordan)

The challenges presented above show that the organisation of deliberative dialogues required different types of alignment work per country: organising a follow-up dialogue to relate to ongoing political developments (Cameroon), establishing new connections with the needs of (sub)national policymakers (Nigeria), and enhancing feasibility by connecting to cultural norms (Jordan).

Mapping our contributions

The first group to start with the Contribution Mapping process was the team in Cameroon. This was the first time that the group would use the method and we jointly decided that a researcher from the Dutch team (with previous experience using the method) would team up with a researcher from Cameroon. After translating the interview guide into French, they conducted pilot interviews to check guides’ appropriateness for the context. The main issue they experienced was that both the interviewees and the Cameroonian researcher were not accustomed to having semi-structured interviews that easily took 1 to 1.5 hours. Besides, the researcher from the Dutch team was not proficient in French and had no knowledge of the Cameroonian context and customs.

*“N: *clicks tongue* It was too long. Ce n’est pas simple. Huh. It is difficult!
*laughing**

B: Euh, what, you mean the [interview] guide? Or?

N: Yes. These are big men. They will not have hours. It is not normal.”

(conversation after interview, 13 November 2018, Yaoundé)

After several interviews, the Cameroonian researcher described that he – and several of the policymakers with him – was more familiar with structured interviews, while Contribution Mapping assumes an open approach and takes significant time. Most of the alignment work at this stage was thus directed at adapting the interview guides to fit better with the skills of the researcher and research climate in Cameroon, but at the same time the Cameroonian researcher tried to find a compromise between the unstructured nature of Contribution Mapping and his own expertise. Despite this alignment work, the use of Contribution Mapping in Cameroon remained challenging. This also had to do with the fact the method assumes that research is organised in project-like entities, whereas a substantial part of the SRHR research that we identified, was either self-funded (e.g. PhD research using personal savings), or part of structural monitoring and evaluation activities of NGOs.

The Contribution Mapping processes in Jordan and Nigeria were due to start shortly after the process in Cameroon. However, logistical concerns, the difficulty in making Contribution Mapping more context-sensitive, and other priorities and diverging perspectives of the various project members significantly delayed the start. Once these issues were overcome, the project reached its end and could no longer be extended.

Our examples of alignment work bring to light several challenges. Foremost, our attempts at organising Contribution Mapping in a decentralised way shows that this method assumes specific capacities, both of its users and the

environment in which the method is used. Furthermore, our use of Contribution Mapping illuminated implicit epistemic normativities in our project design: project members had diverging ideas as to what can be considered as valid scientific research, what role research knowledge may play in improving SRHR policy and practice, and how research impact might be understood and assessed. Finally, activities like Contribution Mapping assume a longer follow-up period and thus often traverse the formal project timeline. Yet, once the project has ended it becomes impossible to pay invoices or have project costs reimbursed.

DISCUSSION

With this paper we respond to calls for further theorisation of KT and the conduct of conceptually-infused empirical studies of how KT is done in practice (Bacchi, 2008; Crosschild et al., 2021; Engebretsen et al., 2017). In particular, we do so by analysing how we tried to organise three KT processes in Cameroon, Jordan, and Nigeria. We show that the extent to which our approach ‘worked’, depended on meticulous efforts to align with the environments in which we sought to intervene. This alignment work situates (in) between different layers of project and practice and is commonly overlooked. The aim of such alignment work is to reconfigure these layers until they provide a productive fit (i.e. they temporarily align).

In this discussion we will explicate what our approach of ‘alignment work’ has to offer the KT field, especially in relation to engaging with (un)certainly. We tease out design principles and sensitivities that offer a different way of accounting both for ‘what works’ and what is needed to make something work.

Our project explicitly aimed to enable alignment through its design. We did this, for instance, by offering the teams space to interpret and adapt the project’s KT instruments to forms that fit their environments. The analysis of our project shows that the teams subsequently performed alignment work at

different places, in numerous forms, and in varying levels of complexity. Most of the alignment work was relatively pragmatic in nature: to prevent duplication, to deal with absence of sufficient funding, or to work around conflicts and stand stills, the KT teams restructured their activities and re-aligned them with ongoing local initiatives, sometimes of organisations working on similar topics. At other times, alignment involved carefully working with time, timing, and momentum. Finally, alignment work was sometimes epistemic in nature and involved producing more ‘localised’ or situated knowledge.

Implications of a more sociological KT approach

Our perspective on the enabling of alignment and the acts of alignment work has several implications for KT practice and research. In using this perspective, we noticed that uncertainty played a different role compared to common ‘new’ KT approaches. Such approaches often strive to reduce uncertainty as much as possible – for instance by relying on protocols and checklists to standardise KT work. This reduction, however, takes away the possibility to align with local developments and needs. In enabling alignment, we realised that the ‘effects’ of our project would be difficult to foresee and thus also challenging to account for towards our research funder. This eventually led to numerous meetings and phone calls with the funder’s programme manager in which we tried to explain the many ‘deviations’ from our proposal – which in itself can be seen as a type of alignment work. Noting the importance of aligning with local developments and needs, we deem it important to organise and practise KT in a different way. We have therefore articulated several ‘design principles’ (Boaz et al., 2018) and sensitivities to serve as guidance within the inherently uncertain KT processes. The former includes aspects that may be considered when designing a KT project, and the latter concerns elements which can be reflected upon during a KT project.

Design principles

1. Plan alignment work

Doing alignment work is expensive. Our analysis shows that there were several moments where additional activities had to be organised, which we did

not anticipate yet significantly strained our budget. Earlier research shows that this may require creating overheads (Borst et al., 2022). The literature also emphasises that KT projects should start with a strong fundament, for example by engaging stakeholders from the onset (Boaz et al., 2018; Borst et al., 2019). While this seems a useful suggestion, it often results in insufficient budget and time near the end of a project. We therefore propose planning alignment with an explicit end-focus: devote unearmarked time and resources to the final period of a project.

2. Inscribe interpretive flexibility

The instruments that we used in our project were not always accompanied by clear protocols or guidelines. As shown in our analysis, this sometimes required producing them on-the-go. More often, however, there were moments that these quite vaguely defined instruments offered just enough guidance as to adhere to a (formal) KT strategy, and sufficient possibility to interpret the instrument in accordance with local circumstances.

3. Create space for alignment work

Aligning often means doing something that was not foreseen. Most projects are organised in work packages, with clear deliverables and deadlines. This may create tensions between the ability to change directions, and the requirement to abide to a project logic. We therefore suggest creating spaces for alignment at different places and moments within a project (proposal), for instance by describing that an activity depends on priorities that are defined in the course of the project.

Sensitivities

4. Epistemic sensitivity

Actors within a KT project may have different (normative) understandings and convictions of what 'good research' and 'research impact' entails. This may create tensions between accommodating these different understandings and the projects' productivity. We therefore deem it important to constantly (re)define a shared understanding and normative agenda, e.g. that this

is a KT project that uses a more constructivist understanding of scientific research.

5. Communicative sensitivity

There are numerous earlier studies that stress the importance of having regular face-to-face interactions within a project team (cf. Dixon-Woods et al., 2011). But in practice, convenience is often a strong attractor and in-person and long-term engagements are to suffer. However, we have seen that KT projects like this benefit a lot from spending time and hanging out together, in person, on a regular basis. We therefore suggest being sensitive to the social cohesion and communication within the project team, as this reflects on the KT work.

6. Reflexive sensitivity

Projects work through deadlines and commonly require fast-paced working, with well-delineated time frames. In doing KT work, this prevents establishing new relations beyond the project and considering whether there may be other initiatives with which the project can be aligned. We therefore suggest regularly slowing down and zooming out.

Reflection on our analysis

We see two potential limitations to our sociological ‘alignment work’ approach. First, we observed alignment work by hanging out in the everyday practices of the different research teams. This meant that we had to make decisions as to where we drew the boundary between ‘work’ and other types of (less purposive) actions. In our analysis, this was a ‘line in the sand’: the boundary between work and non-work was constantly redrawn. Star & Strauss (1999, p. 14) describe that “[w]hat will count as work does not depend a priori on any set of indicators, but rather on the definition of the situation.” It is therefore important to note that what we see as work, may not count as work elsewhere. Second, and related to the first issue, is how we distinguished between those parts of our observations that we saw as alignment work, and the parts we identified as other types of work. We realise that our ‘examples’ of alignment work can

easily be captured in other terms, both conceptually and in the more common sensical understanding that this is simply how research operates. What we think makes alignment work distinctive is that – following Fujimura (1987) – this describes coordinating activities meant to make a research process ‘do-able’. That means that alignment work necessarily concerns work (in)between research layers, in our case that of an academic environment, research project, and concrete improvement practices in their local environments.

Conclusion

To conclude, our study shows that practicing KT more reflexively works on (at least) two important conditions. First, KT projects have to be structured with sufficient discretionary space. Such spaces can be used to align with local priorities and to move along with the tides of the relevant stakeholder communities. Second, even though the structure of a project is important, there will be continuous need for alignment work. It is important to facilitate such alignment work and to further support it. We have therefore in the discussion of this paper articulated three design principles and three sensitivities. These elements can be used to make future KT projects more reflexive and theory-driven.

Chapter 7

Staying with disconcertment

An earlier version of this chapter was published as:
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BACKGROUND: PRACTICING ‘GOOD GLOBAL HEALTH’

“Never forget to include (...) the Chinese proverb “Give a man a fish, and you feed him for a day, teach a man to fish and feed him for a lifetime.” How else will your readers know yours is a global health paper? It will also show that you have taken the time to understand local customs and have connected with the community on a deep level”

(Jumbam, 2020)

Over the course of more than thirty years, actions dedicated to improving health globally have increasingly institutionalised. This institutionalisation of ‘global health’ happened to the extent that it is currently often referred to with a capitalised proper noun: Global Health. Global Health has shown to be difficult to demarcate, but its practices share their normative ambition for universality and equity in health: all people should have an equitable state of health and well-being (Büyüm et al., 2020; Garcia-Basteiro & Abimbola, 2021; Salm et al., 2021). This aspiration is reflected in the field’s interventionist nature, where most studies focus on improving the health of specific populations by applying novel interventions and measuring the successes thereof. On a more systemic level, Global Health actors are guided by the United Nations’ third Sustainable Development Goal, which calls for ensuring “*healthy lives and promote well-being for all at all ages.*” What this shows is that, in theory, Global Health aspires change and improvement whilst using agendas and goals to guide that process.

There are, however, increasing sentiments that Global Health does not live up to its claims, or even (re)produces the problems that it seeks to address (Bhakuni & Abimbola, 2021; Gautier et al., 2018; Hasnida et al., 2016; Hirsch, 2021; Odjidja, 2021). Such sentiments focus on a misalignment between Global Health’s aspirations, claims, and achievements. Criticism on Global Health as such is not new (Kok & de Souza, 2010), but recent years

have shown a surge of critique specifically focused on the field's colonial legacy, its preoccupation with biomedical scientific knowledge, and the unbalanced nature of Global Health funding – predominantly coming from the 'Global North' (Abimbola, 2018, 2019; Horton, 2019; Mijumbi-Deve et al., 2021; Røttingen et al., 2013; Walsh et al., 2016).¹⁹

When looking at the themes around which criticism on Global Health revolves, it becomes clear that while the field aspires universality and equity, its practices often fail to live up to these aspirations. The privileging of the knowledge and methods of Northern scholars, for instance, may result in research that is not equipped for offering local solutions to improving health (Bhakuni & Abimbola, 2021; Naidu, 2021). Overall, these issues may best be summarised in terms of a conflict between how Global Health *ought to be done* and how *it is done in practice*. But that does not mean that this is merely a matter of wrongly acting on the right intentions. The challenge within Global Health is not to throw out the baby out with the bathwater, but to conclude that the water *is* spoiled nonetheless: while there have been significant improvements in health globally, these improvements do not justify the inequities and injustices that are *also* attributed to the field. One of the questions that this introduces is how Global Health scholars might consider and reshape their own role within an increasingly disputed field. This requires more personalised and reflexive accounts from Global Health scholars on what it means to 'do good' in practice. While such accounts by themselves will not have the thrust to overhaul how Global Health is funded and arranged, they can stir debate and cause Global Health researchers to make their own practices more reflexive.

19 This 'Global North' is global nor Northern, and the same holds true for 'Global South'. These terms are used in this manuscript as problematic and coarse descriptors of a select group of countries. The 'North' represents countries in which renowned 'Global Health' organisations are based, but in which those organisations generally do not conduct their activities. In practice, this results in a set of 'high income', likely (former) colonising, and often Anglophone countries. Our main rationales for using the term here is to adhere to language used by Global Health scholars and to ensure the anonymity of the actors involved. See also Haug et al. (2021).

In this paper, we will analyse auto-ethnographic vignettes of Robert, who is the first author of this paper. Robert is an early career researcher who has been active in Global Health for eight years now. He has experienced his work to be a constant struggle between common norms within Global Health and what he deemed to be ‘good’ Global Health scholarship. Working in Global Health excited him and he generally felt that he was doing meaningful work. Yet, there were also numerous occasions during his work in the Global South where he felt uncertain and uncomfortable. In his capacity as Northern Global Health scholar he often had doubt about how to productively position himself towards his Southern colleagues, or the topics of study.²⁰ At the same time, Robert’s friends and colleagues back home saw his fieldwork as sensational, adventurous, and an endorsement of academic performance. The tensions described above were thus not something external to Robert as Global Health scholar, but he was very much complicit in them (cf. Heney & Poleykett, 2021). We will therefore reflect on what Robert experienced as conflicting situations in his Global Health work and what these conflicts say about practicing ‘good Global Health’.

We argue that the use of Robert’s auto-ethnographic vignettes is suitable and appropriate for several reasons. First, we argue that current contemplations over ‘what is wrong’²¹ with Global Health unsatisfactorily address the personal reflections of Global Health scholars, both from the South and North. This is particularly salient given that such ‘soft signals’ can hint at more systemic issues within Global Health (cf. Kok et al., 2020). Second, by consistently focusing on systemic elements only, Global Health scholars defuse the uncertainty and unease in these experiences; consequently reverting to a logic of ‘blaming the system’. Instead, we want to embrace such reflections, deconstruct them, and

20 During a graduate school seminar, Robert was blamed by a fellow PhD candidate for practicing ‘white saviorism’ when confessing such uncertainties, which was precisely the opposite of what he meant: he intended to critically inspect his own intentions and complicities when ‘doing good’. Which is what we also aim to do here.

21 This is a reference to the title of a collection of papers in *The Lancet Global Health*: <https://www.thelancet.com/what-is-wrong-with-global-health>.

show how they can be important instruments for changing Global Health from within. Third, we see the analysis of auto-ethnographic vignettes as a way to discuss issues within Global Health that are likely recognisable to other (early career) researchers, but which generally remain unsaid.

To be concrete, we foresee two contributions that this paper can make to Global Health literature and practice. First, we identify systemic features, or imperatives, within Global Health that prescribe what it means to be a ‘good’ Global Health scholar. We thereby also highlight the expectations that come with doing good. Second, we suggest that moments of disconcertment have an important signalling function: feeling of unease during fieldwork may, for instance, hint at a conflict between project objectives and local priorities . Paying more attention to such signals can cause Global Health scholars to interrogate their own position and role, but analyses of disconcertment can also inform teaching programmes and facilitate more reflexive project organisation. For example, if a project collaboration feels unfair, it is important to take these feelings seriously and explore how the project can be changed for the better. The analysis of personal reflections can thereby support the creation of a more reflexive Global Health in which other, diverse, logics and epistemic practices can be organised and valued. To make that contribution, we will first present the (auto)ethnographic approach that was used and describe the concepts that allowed us to deconstruct Robert’s struggles whilst working in Global Health.

METHODS AND THEORY

In this paper, we use theory from the field of Science and Technology Studies (STS) to perform an analysis of auto-ethnographic vignettes. Our analysis builds on the work of Helen Verran, in particular her analyses of ‘disconcertment’ (Verran, 2001; Verran & Christie, 2013). Verran uses the term disconcertment to describe the experience of bodily ‘glitches’ when different ideas and values intersect (Verran, 1999). These glitches are often irrepressible

responses that happen when experiencing seemingly contradicting logics (Law & Lin, 2010).

Verran famously described the concept of disconcertment in relation to practices of quantification in Nigerian classrooms (Verran, 2001). Verran, at that time working as lecturer at the Nigerian Institute of Education, was meant to train educators in the use of numerical systems. In one of her essays, Verran narrates an observation of one of her students (Mr Ojo). Mr Ojo was training his pupils in the measurement of body length. Instead of using the standardised technique that Verran had taught Mr Ojo, he prepared and worked with a technique based on the Yoruba numerical system. Verran recalls her “*confused feelings of delight and suspicion, failure and success*” (p. 140) when noticing the triumph of Mr Ojo and his technique, despite its complete deviation from the intended lesson structure (Verran, 1999). Such mixed feelings, and the irrepressible bodily responses that they can produce, is what Verran refers to as disconcertment.

Moments of disconcertment can have an important analytical value. Verran & Christie (2013) describe that this value lies in “*being suddenly caused to doubt what you know*” (ibid., p. 53). The doubt that stems from disconcertment provides an opening for studying underlying dynamics and what alternative sorts of knowledge could play a role in the disconcerting moments. It is therefore important not to let disconcerting moments pass by, but to study and articulate what generated the disconcerting moment. By explicating such fundamentals of disconcertment, as it were,, we aim to account for the institutions, normativities, and practices which reproduce the misalignment between Global Health’s aspirations and achievements.

The methodological approach that we apply in this paper is that of writing-as-inquiry, which is common for qualitative auto-ethnographic studies (Gale & Wyatt, 2018). In the case of our study, this means that we collectively and iteratively analysed and described moments of disconcertment that happened during Robert’s fieldwork, rather than performing the analysis prior to the

actual writing. We increased the quality of this approach by using a strict paper trail (Anderson, 2006; Bunde-Birouste et al., 2019). This paper trail involves fieldnotes, photos, e-mails, and diaries that covered eight years of fieldwork in different countries in the Global South. Occasionally, Robert narrated the context of disconcerting moments to Rik and Roland during the analysis. These narrations were written down as thick descriptions (Geertz, 1973), which were used as an additional source for the auto-ethnographic vignettes.

We analysed all our data abductively (Timmermans & Tavory, 2012). Abductive analysis is an established mode of inquiry that allowed us to switch between generating new conceptual insights from the data and using existing (conceptual) literature as analytical framework. To be concrete, we first performed a round of open-coding which was sensitised by Verran's notion of disconcertment. We then compared these codes to the contemporary critical Global Health literature (as cited in this paper). Based on this comparison, the three themes that would cover most data were: impact, collaboration, and project organisation. For each theme, we selected a moment of disconcertment in the data for which we found sufficiently rich data and where we could triangulate the account. Our final step was to collaboratively analyse these vignettes for normative expectations about what it means to be a good Global Health scholar and to describe them in relation to the literature in this manuscript.

For Robert, the analytical process presented itself as a *mise en abyme*: he experienced the description of these moments in itself as disconcerting and constantly sought to justify his words towards different accountability networks: how can Robert, for instance, do justice to his 'fields', the decolonisation of Global Health, his university, supervisors, colleagues, and his own values at the same time? This additional layer of disconcertment offers a unique opportunity for further reflection and analysis on why it is so uncomfortable and confronting to write about our own role in Global Health.

Following Verran (2001), the results section of this paper follows a structure where we first present an auto-ethnographic vignette. The three vignettes in

our results section each resemble one of the key themes of our analysis (i.e. impact, collaboration, and project organisation). Subsequently we discuss the parts within these vignettes that Robert experienced as disconcerting, including the different actors and elements that played a role in that moment. Finally, we discuss these deconstructed moments of disconcertment in relation to the (critical) Global Health literature.

RESULTS

*—Yes, but uncle Deng, may I ask something?
My father, noting the man's good manners, sat down and nodded.
—You didn't tell us the answer: What is the What?
My father shrugged. —We don't know. No one knows.”*

(Eggers, 2006)

Robert has been active as a global health researcher for eight years now. In these years he travelled to numerous conferences across the world, visited 'fields' in various countries, and spent hours trying to make sense of what he measured, observed, and was told. Robert is now a frequent flyer and has a drawer at home packed with power adapters, foreign currencies, sim-cards, notebooks, and old conference badges. While working with numerous colleagues and friends from abroad has brought him tremendous joy, his experience in Global Health has also left him frustrated and somewhat estranged from his initial beliefs that he *is* contributing to better health, *globally*. This frustration arose at multiple moments throughout Robert's work as a global health researcher. He experienced different conflicts between standard procedures in global health research and the realities he encountered in practice. In this article, we argue that these micro-level conflicts mimic wider tensions between epistemic practices within global health, and more systemic, normative aspects that are inscribed in Global Health as a field. In the sections that follow, we will use Robert's disconcertment in the field as an analytical sensitivity to deconstruct

three conflicting moments and we show how Global Health works with imaginaries of ‘impact’, constructs a particular kind of ‘local collaboration’, and prioritises practices of projectification and epistemic privileging.

Engaging with the Global Health impact narrative

Text box 1

First auto-ethnographic vignette

My initiation as a ‘global health researcher’ *in practice* was in 2016. In October 2016, I travelled to the capital of a country in the Global South and travelled onwards to a rural region to collect data on an intervention by a development organisation. At 24 years old, this was my first time to set foot on the African continent. After some days of accommodating to this new place, I was tasked with obtaining village chairpersons’ permission to conduct surveys in their respective local councils. Such interactions would roughly follow the same pattern: I would sit on the back of a *boda boda*,²² with – in my worn backpack – a notepad, informed consent forms, a pencil, and a bottle of water. I would pay the *boda* driver a day-rate that included gasoline costs and a compensation for their role as language interpreter.

On a regular day, we would drive over muddy roads searching for village chairpersons and as we arrived the alleged home of a chairperson, the driver would wander around the premises shouting ‘hello’ in a regional language. If the chairperson was home, I would usually ask the driver to explain the purpose of our visit. Commonly, we were invited to sit in the garden, in the shades of a mango, avocado, jackfruit, or papaya tree (the latter offering little shade), and the first order of business would be signing a guest book. After signing the book, I – through the driver’s translation – would start explaining that we were about to embark on a survey study in the chairperson’s constituency and that we would greatly appreciate it if the chairperson could offer their written support. In addition, we would ask the chairperson to draw up a map of the village, with a clear indication of household density and noting landmarks in the village. In most villages, this would be a seamless process and the chairpersons would have few questions or reservations.

It often felt, and looked, like it was standard procedure for the village chairpersons to have a researcher asking them for fieldwork permission. On the contrary, I would be quite uncomfortable and anticipated them to utter objections. I would worry, for instance, that they would criticise the lack of respondent compensation, or more importantly perhaps: that they would conclude that my study would not be of value to their village. But as we reached the end of our long list of villages from which to arrange permission, and taking

22 The popular name for a motorcycle taxi.

the absence of objection as the presence of affirmation, I became increasingly convinced that I was in fact engaging in something meaningful.

When we visited one of the last villages on our list, the dynamics felt different. As before, the chairperson asked me to expand on the purpose of our visit. After I explained that we were collecting data on a development intervention, the chairperson asked several follow-up questions and I tried to clarify as much as possible. Finally, the driver conferred that the chairperson had asked: “*And when will you install the new water pump?*” (*fieldnotes*). I looked at the chairperson and at the *boda* driver, waiting for them to burst out laughing. But the chairperson was not joking. My stomach filled with cramp, and an intense feeling of bodily discomfort left me waiting for the chairperson to clarify their question; did they really think that I was here to install a water pump? My mind kept shifting between a) how I would convince the chairperson that our study was really necessary and b) whether our study would, in fact, be relevant at all. The chairperson calmly explained that they understood, of course, that water pumps were not a matter of my concern. But what was of my concern (i.e. studying the impact of an intervention) simply was not, at that time, in the best interest of his village. We would be allowed to conduct our study in the village, but the chairperson made it very clear that they would be doing us a favour, and not the other way around.

The ethnographic vignette above shows that the certainty that Robert obtained from following fieldwork instructions, of collecting data for improvement, disappeared whilst interacting with the chairperson. The disconcertment within this moment arose after the chairperson confronted Robert with the irrelevance of the intervention to their village. This confrontation with the situated irrelevance of the intervention made Robert realise that – outside of the Global Health ‘impact narrative’ – he had little idea what it was that he was busy doing, or what he was meant to be productively engaging with. What stands out in this description is that Robert was sceptical about the necessity and value of his interventions from the onset, but he replaced these feelings of doubt with a belief that his engagements were meaningful as to be able to function in his role as Global Health researcher. Once the foundation of this ‘doing good’ belief was questioned by the chairperson, Robert’s role no longer felt as viable.

The impact narrative, and its emphasis on interventions,²³ is very much at the heart of Global Health. The narrative commonly develops as follows: “Look at this population, *their* health is poor and in urgent need of improvement. *We* need to intervene, and *our* intervention will improve *their* health. Here: these are *our* data in support of *our* intervention and these show that *their* health has indeed improved.” As shown in this fictive, but nonetheless accurate example, the impact narrative within Global Health follows a logic in which interventions are necessary to improve health locally, which are ultimately deemed to create better health globally. The ‘impact’ within this narrative is the *raison d’être* for Global Health: it is simply impossible to conceive of an unimpactful Global Health that does not aspire to improve health through intervention. Moreover, these interventions are usually brought in from outside the ‘environments’ in which they take place – which is also reflected in the use of the word impact.²⁴ This produces a Global Health system that is directed at making impacts through intervention, and these impacts need to be measurable to account for the success of the intervention.²⁵ This was also the exact reason why Robert was there in the first place; the household studies he was performing were meant to evaluate an intervention designed by a foreign development organisation to improve the health of *them*.

In practice, the Global Health impact narrative comes to surface at different levels. The narrative is present in mission statements of numerous Global Health faculties, non-governmental organisations, think tanks, and other entities. One of the more prestigious Global Health ‘schools’ writes for instance that it “*brings together dedicated experts from many disciplines to educate new*

23 The word intervention is commonplace in Global Health and usually connotes a practice of interference in specific settings and environments with the idea that this interference will improve the health or well-being of actors in those environments.

24 See for an extensive discussion for instance Kok & Schuit (2012). They parallel the concept of ‘impact’ (and its usage) to a cannonball that is assumed to transfer its momentum through collision when shot with sufficient force and after meticulous targeting. They argue that the intensity of collision lies not in the force of the metaphorical cannonball (e.g. an intervention), but in how actors work with that intervention in practice.

25 See Greenhalgh et al. (2016) and Penfield et al. (2014) who make a similar claim.

generations of global health leaders and produce powerful ideas that improve the lives and health of people everywhere.” (Harvard T.H. Chan School of Public Health, n.d.). Similarly, Global Health journals commonly explicate that they focus on improving health equity through impactful research. Zoomed out even further, and as described before, the UN’s third Sustainable Development Goal aims to *“ensure healthy lives and promote well-being for all at all ages.”* It is important to note that such statements about Global Health are not harmless, but define to a large extent how activities within that field are funded, organised, and governed.

A key problem with impact narratives is that they also fulfil a role in legitimising the interventions by Global Health actors. In practice, they are for instance also used to account for project expenditures, obtaining new funding, and to show the efficacy of promising interventions. Besides, academics in Global Health may use accounts of their ‘impact’ in appraisals of their performance. What this creates is a situation in which being ‘impactful’ likely goes at the expense of being reflexive. This is clearly visible in the vignette at the beginning of this section: Robert was tasked with evaluating a health system intervention and felt partly responsible for showing its impact. Alternatively, he might have invested in studying and reflecting on ways of making impact that would be more demand-driven. Such reflexivity may include questioning who defines and decides what makes Global Health interventions impactful, for whom, and to what extent such interventions produce unwanted effects. Furthermore, there is often a significant discrepancy between this global impact imaginary and local needs. Such discrepancies may be further augmented, or at least reproduced, by the fact that the interventionists come from elsewhere.²⁶ Yet, the example also shows that the chairperson did not question Northern interventionism as such (as they still asked for a pump), but specifically did not support this extraneous intervention.

26 The notion of ‘elsewhere’ is at the core of global health, as global health practitioners generally work in countries other than their own, and the field aims to transfer methods, interventions, and knowledge between places. Bibliographic studies show that this ‘elsewhere’ quite persistently refers to a small set of countries only (Dimitris et al., 2021; Hasnida et al., 2016).

What becomes clear through the disconcertment in Robert's encounter with the chairperson is precisely this conflict between the Global Health impact narrative and a practice that potentially does not fit within this wider narrative. The Global Health impact narrative is something Robert very much internalised through his training. Following the logic in that narrative, Robert may argue that his analysis of the intervention did result in knowledge about the efficacy of that intervention. Such knowledge can be used by the development organisation to expand their operations, but also to convince others of the success of their intervention. In addition, Robert was able to publish a scientific article about the intervention, which in theory allows other scholars to learn of the success of the intervention, but which also furthers his career. The problem is that the narrative itself can present a very powerful fiction that suggest that you are doing something meaningful, whilst the underlying uncomfortable – and more reflexive – question that remains is: what legitimises intervention in this specific situation? This is a particularly salient question given that the impact narrative as systemic aspect to Global Health generates and sustains a dependency in which Northern scholars are consequently the interventionist and Southern countries are places in which to intervene.

Constructing the local Global Health collaborator

Text box 2

Second auto-ethnographic vignette

As with most Global Health research projects, this current project's fiscal origin was the Global North. It was after the preliminary objectives were set that a process of engaging a 'local collaborator' started. My local collaborator was Joshua.

The first time I met Joshua *in person* was at the terrace of a university guest house in the Global South. We had made our appointment weeks before via e-mail, after I was referred to Joshua by a fellow researcher at a different Northern university. This academic colleague used to be Joshua's PhD supervisor, but was also familiar with the development organisation whose activities we were now asked to evaluate. The colleague wrote that "If you are looking for assistance in [city], knock at their doors, because these are well-trained people." (e-mail correspondence August 2016). Joshua replied enthusiastically to my e-mail in which I described that I would visit the Southern country to make "first contact" for a pilot study and would be "consulting the [university] ethical board" (e-mail correspondence September 2016).

Joshua arrived at our meeting in a worn Toyota sedan with one side-mirror hanging by an electrical cord, yet he was impeccably clothed. I would later write in my fieldnotes that I “felt comfortable, because [Joshua] did not seem to notice my insecurities” (fieldnotes). Joshua calmly discussed his previous research in which he studied local health systems, whilst we drank tea and ate toast with sunny side-up eggs. The timing of the new study, Joshua argued, was immaculate, as the government was seeking to implement a new local health system. This new system was supposed to prevent a dynamic “where the performance of [health workers] drops as soon as the supervising NGO or implementation partner leaves,” (fieldnotes) and provided sufficient cause for further qualitative research, Joshua argued. At the end of the first meeting, I asked Joshua about the procedures for obtaining ethical clearance. Joshua emphasised the necessity of moving through institutional review and did not foresee any issues if we anticipated about 300 US dollars of expenditures related to that procedure. My final notes of that meeting were: “I do not want to put Joshua to work without having arranged a partnership agreement, be it informally.” We agreed to discuss further in Vancouver, where we would visit the same conference in November.

Joshua and I met again on an autumn day in Vancouver, 14,027km (8,715mi) away from our earlier encounter. It had only been two months since our first acquaintance, yet there was a stark difference in the nature and dynamics of that meeting. We sat down in the leather chairs of a café within the conference centre, while raindrops clouded our views on the harbour and what seemed to be an endless stream of departing hydroplanes. The insecurities that I felt during our first meeting had made way for feelings of excitement, and my dirt-stained clothes for a navy-blue suit. I had invited a senior colleague to join the meeting that I had so proudly arranged and was excited to finally discuss the substance of our collaborative research project.

Instead of discussing the substance of a collaborative research project, the meeting in Vancouver mainly revolved around financial arrangements. Joshua explained that there were three possibilities for collaboration: Joshua could 1) send an invoice for specific activities, 2) work on consultancy basis for a daily fee, or 3) become a co-investigator in the research project. The former two options, Joshua explained, would be relatively costly, while the third option would be more “budget friendly” (fieldnotes) but implied that Joshua would take part in project decision-making. In that discussion it was decided to start with the first option, with the possibility for a more extensive collaboration at a later stage should a more substantial budget be obtained. Several weeks later, Joshua sent me an invoice for 425 US dollars which covered Joshua’s work to arrange ethical clearance for the study. Despite earlier intentions, I would have only five more brief interactions with Joshua in the four years to follow – two of which were via e-mail. A final e-mail correspondence followed on the submission of a manuscript: “Thanks Robert, all the best, J”.

Even now, when putting the interaction with Joshua on paper, Robert still has conflicting feelings about his engagements with Joshua. This disconcertment thus did not present itself in a singular moment, but rather became more pronounced following the gradual regression of the intention to create a collaborative research project into a transactional and well-delineated one-off interaction: Joshua would arrange the institutional clearance and he would offer some advice on navigating national regulations on health research. In return, Joshua would be compensated for arranging the ethical clearance. The question that we think underlies this example is: why does the shift towards a transactional ‘collaborative’ arrangement produce feelings of remorse and disappointment in Robert as a Global Health researcher? And on a wider level: what brought about this regression?

To understand what underlies Robert’s disconcertment in his interactions with Joshua, it is worth looking at what principles Global Health applies to collaborative research practices. What stands out in the Global Health literature that focuses on collaborative research, is a call for ‘fairer’ research, or even decolonisation of Global Health. These approaches have in common that they critique a Global Health in which researchers from the North practice ‘parachute’ or ‘parasitic’ research (Smith, 2018): meaning that countries in the South are merely used for data collection, and academics from the South are used only to provide access to the field or for legitimisation purposes. The alternatives that are presented focus on collaborative practices that are ‘fairer’, more equitable, that are based on demands and priorities of communities in the country of study, led by researchers from the country of study, and in which there is no a priori superiority of Northern knowledge, logic, and method (Hirsch, 2021; Khan et al., 2021; Musolino et al., 2015).

From the outside, Robert’s transactional arrangement with Joshua looks like a direct antipode of what contemporary Global Health literature envisions as a fair research collaboration. This stark difference may partly explain the disappointment that Robert experienced afterwards. By identifying himself (and in being identified by others) as a Global Health researcher, Robert

positions himself – at least partly – in a wider ideological frame in which this transactional type of collaboration is deemed ‘wrong’ and potentially harmful. Robert thus knew that he was complicit in a practice that the Global Health field denounces. More pragmatically, Robert’s disappointment stems from his anticipation that with Joshua’s participation in the study, he could learn from Joshua’s experience doing fieldwork and extensive knowledge on local health systems. Instead, Robert was involved in enrolling Joshua as a facilitator and Robert worked as a relatively solitary and isolated academic ‘in the wild’, without any experience doing fieldwork, and in an environment of which he did not understand most of the languages and customs. This was particularly frustrating given that Joshua had worked on similar interventions in his country for several years and was in close contact with health authorities in the region where Robert conducted the epidemiological study.²⁷ What played a role in this type of engagement with Joshua is that there was no explicit budget available for local collaboration, and Robert experienced little leeway being an early-career researcher. This made that Robert was reluctant to discuss other (non-remunerated) ways of engaging Joshua, as he felt that this was not in accordance with standards for fair collaboration.

This example of Robert’s transactional arrangement with Joshua is emblematic of how a substantial part of Global Health works. Historically, the field has committed to epistemic practices where data are collected in the ‘fields’ of the Global South and subsequently processed, analysed, and translated into a peer-reviewed scientific publication or project report in the Global North (Rottenburg, 2009). The early 1990s marks the start of a movement within Global Health that seeks to counter this dynamic and that calls for more Global Health research by the Global South, for the Global South.²⁸ In turn, some Global Health research funders and journals began stipulating requirements to facilitate this shift. Some journals for instance implemented

27 This Robert only found out later, after an interviewee noticed that Joshua’s name was on our documents.

28 For an extensive discussion, see Edejer (1999) or Lansang & Dennis (2004).

a compulsory ‘reflexivity statement’ policy, or requested compliance with an extended interpretation of authorship criteria.²⁹ Moreover, countries in the Global South increasingly require foreign Global Health scholars to apply for a research permit, which demands an affiliation with an academic institution in that country. The ‘local collaborator’ as construct, of which Joshua is an example, is as much a way to abide to these policies as it is a strategy of circumventing them. This circumvention is the result of an academic Global Health system in which local collaboration is rarely financially supported and often considered as a means to an end; the ‘end’ in Robert’s case being the task to scientifically reflect on the performance of a health system intervention developed by a Northern organisation. This systemic aspect to Global Health practice is persistent and entangled with dynamics of accountability, epistemic privileging, and personal career prospects.

Considering the collaboration with Joshua we may argue that this interaction was relatively ‘fair’³⁰ in its transactional nature. The project clearly benefitted from Joshua’s experience with the health research system in his country, including its logistics and requirements. Joshua was, in that capacity, crucial for the success of the study. For Joshua, on the other hand, this was one of many transactional arrangements that he was involved in, and he explained that this is simply part of his job and a key component of his monthly income.³¹ At the same time, and as becomes clear through Robert’s disconcertment that ensued the collaboration, the transactional interaction worked around Joshua both as important source of knowledge and *knower*. By working with Joshua as ‘local collaborator’, Robert did not contribute to the development and maintenance of national knowledge infrastructures. Instead, he contributed

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- 29 Both the mentioned ‘reflexivity statement’ (Morton et al., 2021) and authorship criteria (Sam-Agudu & Abimbola, 2021) are relatively recent developments, which were preceded by e.g. mandatory LMIC co-authorships.
- 30 In the sense of “*free from bias, fraud, or injustice; equitable; legitimate, valid, sound*” (Oxford University Press, 2021).
- 31 Borst et al. (2022) similarly show that such dependencies can be productive and nonetheless oppose certain norms, for instance about what is seen as ‘good’ global health research practice.

to and maintained part of the Global Health system that values professional 'local collaborators' over other, more productive types of collaboration.

Producing Global Health knowledge

"We need to make sure that we have all data on everything, because the funder but also our research integrity code requires us to have everything stored at secured servers, etcetera, etcetera. So, we need to make sure that all data is transparent and securely stored."

George, Rotterdam, 2020

Text box 3

Third auto-ethnographic vignette

The meeting takes place in a small conference room on the 17th storey of a university building and the sunlight impairs the view on the overhead screen. I am trying to take a panorama photo of the city skyline, whilst my colleagues from the Global South attempt to join the wireless guest network. This is the first day of a two-day 'end-of-project' meeting, which was actually scheduled for June but was postponed for four months due to delays in the visa applications of our colleagues from abroad. Our formal agenda is to discuss the 'lessons learned' of the project and to decide on any potential scientific outputs.

Our final item just before lunch is the sharing of data. A project member explains that we are now gathering all data in a "secured server"³² as per university and European data protection regulations. Peter, a Southern professor, responds that it is entirely unclear for their team what should be uploaded where: "(...) *what data are we talking about?*". The professor, who only became involved later on in the project, subsequently says that they might have misunderstood part of the data collection and asks whether we could explain that more clearly. It is decided that I will make a data checklist that clearly shows what data should have been collected and what needs to be uploaded to the digital storage. Tomorrow's agenda will therefore allot some time to discuss data practices, beside the scheduled "project deliverables", "planned publications", and "next funding".

The second day of our project meeting starts with a discussion about one of the research methods we further developed. The project proposal stipulated that we would use this research method to conduct ten case-studies in all three countries, but thus far this activity

32 Which was in fact just a simple Google Drive folder, because that was more accessible to colleagues in the Southern countries.

has commenced in one of the project countries only. Peter explains that the interviews have not yet started in his country and that he is opposed to doing interviews “*across the country*”, as travel is “*very expensive and logistically too intensive*” (fieldnotes). One project member is not quite satisfied with this answer and explains that it is important that the process is completed, certainly as we promised the funder that we would do it *and* because we need the data for our analysis. After a short deliberation, Peter concedes that “*they are happy to do it*”, but it requires more budget and if that is to be made available, November will be “*activity time*” (fieldnotes) in his country. It is decided that the number of interviews will be reduced and that interviews will take place over telephone.

I realise that I will be the one to check and monitor whether the teams in the project countries conduct all activities as planned and promised. In practice, this means sending e-mail reminders every week and texting my senior colleagues in these countries until we receive a full report that is to our satisfaction. This is precisely what I have done throughout the past two years and which gave me a constant feeling of policing and belittling them – certainly as they are generally more advanced in their academic career and experience than I am.

The brief description above can be read as an observation of any arbitrary research project meeting. The discussions about planning, deliverables, and funding, a project actor that negotiates with another consortium member, and a disconcerted PhD candidate who needs to coordinate it all: these do not seem like dynamics unique to Global Health research. What can be seen as unique to Global Health research are the tensions that may arise from the friction between the normative ambition of Global Health research (i.e. to contribute to better health), a projectified research practice that is mostly attentive to deliverables, publications, funding, and overall accountability, and fiscal and administrative dependency of Southern Global Health actors on Northern organisations. In the project at hand, we explicitly aimed for a ‘locally-led’ and ‘demand-driven’ practice, yet such an approach requires a flexibility that is not inherent to the logic of projectified research. To Robert personally, the disconcertment of these conflicting, or incongruous logics, lies in the eventual prioritisation of ‘accountability’ over other motives of the project and the fact that he, as a PhD candidate, would be the one enacting that accountability by constantly monitoring and evaluating the practices of Robert’s more senior colleagues in two Southern countries.

An important question is why projectified research, and the accountability schemes that come with it, threaten a more reflexive research approach, and to what extent this is a more systemic aspect of Global Health. We argue that in our project, the prioritisation of accountability is a symptom of a wider academic culture within Global Health (and beyond) that regards scientific publications higher than, for instance, use of research evidence in policy-making processes of Southern countries. Our project explicitly set out to both study *and* improve the utilisation of knowledge in the project countries, but the former would constantly challenge the latter. In the project meeting, this came to the front when a project member realises that, for the purpose of writing a scientific paper about a specific method, insufficient data had been collected. Subsequently all kind of changes are applied to make sure that i) there are sufficient data that are suitable for writing scientific publications and ii) a minimal level of methodological quality is met. These changes include the relaxation of certain methodological criteria (telephone interviews instead of face-to-face, less interviews and cases), but also the mobilisation of actors known for their meticulous accounting practices – such as ‘the funder’ and the ‘research integrity code’. At the same time, Robert is tasked with more intensively monitoring the data collection practices of the project countries on a weekly basis. Apart from Robert’s experience that this created a reversal in hierarchy, it also led to a complicated dependency: the teams in the project countries were now expected to completely abide to the project planning if they wanted to receive the final instalment. This is particularly salient given that, compared to the relative security Robert derives from his appointment at a Dutch university, research organisations in the Global South are more likely to rely on project funding for their sustaining.³³

A critical analysis of the project presented above could argue from the outside that it does not abide to Global Health’s normative agenda at all: how else could it be that the impact narrative comes to be challenged by logics of

33 See Borst et al. (2022) for a comprehensive analysis of the dynamics of projectification in Global Health.

accountability? We argue instead that the example here demonstrates that there are commonly dissociable agendas at play in Global Health research projects, and that – despite honest and good intentions – these agendas can conflict with the wider normative agenda of ‘doing good’ in Global Health. Robert, for instance, wants to finalise his PhD as this gives him entrance to an academic career.³⁴ One of the project member’s agendas is to further develop and validate a scientific method that they developed and held dearly. The research funder wants to fund ‘impactful’³⁵ projects and the financial controllers of the university would like to close the cashier within the formal project period. These agendas have different (epistemic) requirements, but they have in common that they do not facilitate the production of knowledge that is not necessarily generalisable, that is not readily appropriate for scientific publication, and which may be of use only to actors within the environment where that knowledge was produced.

Our Global Health research project is not alone in sometimes privileging academic knowledge production.³⁶ We argue that this is indeed what most Global Health research projects do, and which also allows the projects to have measurable ‘impacts’ within the project time frames. While it is not our intention to offer a universal epistemological taxonomy of Global Health, we do argue that a substantial part of Global Health research adheres to a positivist epistemology. Following this epistemology, sophisticated research designs are applied to distil ‘data’ from Global Health’s ‘fields’ with as little distortion as possible. The researchers themselves are deemed (and ought) to be objective and purely work as blinded operators of their research designs and software

34 In most Dutch academic practices, completing a PhD requires writing a thesis that is based on at least four scientific publications – some of which also need to be accepted and published by a scientific journal.

35 This is a reference to our first argument on Global Health’s ‘impact narrative’, which – as we show – may produce less-reflexive practices.

36 Similarly, Boaz et al. (2021) and Heney & Poleykett (2021) show how current institutional arrangements in academia privilege knowledge production processes directed at producing generalizable ‘truths’ that benefit the reproduction of academic norms and identities.

packages. Only when these procedures fulfil the highest norms of validity and precision, objective truths can be ‘found’. These truths, for instance about the performance of a Global Health intervention, are subsequently published in the scientific literature and the assumption is that others may then use the same intervention in a different Global Health setting. These systemic aspects can be summarised with terms like replication and (empirical) generalisability and they are not reserved for positivist Global Health research practices only. Constructivist research practices within Global Health equally assume a theoretical generalisability to some extent. Such studies work through an inductive logic that argues that ‘patterns’ or ‘mechanisms’ can be distilled from studying empirical phenomena, and that these understandings – albeit constructions – are supposed to have some validity at a different place as well. Which still leaves Global Health prone to parachutic research practices.

DISCUSSION AND CONCLUSION

In the introduction of this paper, we positioned Robert’s unease regarding ‘good’ Global Health scholarship within a wider dispute over Global Health’s intentions and achievements. Particularly, we argued that we may understand this normative dispute better by analysing moments of disconcertment that occurred in Robert’s work as Global Health scholar. By collectively analysing three auto-ethnographic vignettes from Robert’s fieldwork, we sought to interrogate Global Health’s normative agendas and offer a personalised, situated, and reflexive account of how such agendas work out in practice. The analysis, and the conclusions we present, are very much situated in Robert’s personal disconcertment. Nevertheless, and looking at the literature that critiques Global Health, we argue that Robert’s disconcertment provides insight into dynamics that are recognisable to other actors within Global Health. Therefore, we want to translate the analysis of this paper into a set of areas and elements to be aware of when working in Global Health. That is not to say that Robert’s disconcertment is universally true or generalisable: instead, it allowed us to construct insight into more systemic characteristics of Global

Health. To be precise, our analysis shows three overarching ‘systemic’ imperatives to being a ‘good’³⁷ Global Health scholar:

- I. *Thou shall have impact, in academia and your ‘fields’.*
- II. *Thou shall collaborate, fairly.*
- III. *Thou shall stick to the project plan, at least on paper.*

In these final paragraphs of our paper, we seek to do four things. First, we will position the three imperatives presented above in the wider (critical) literature on Global Health. In particular, we explore how our identification of these three imperatives through an analysis of disconcertment adds to the literature on ‘what is wrong’ with Global Health. Second, we will expand on why disconcertment in Global Health practice should not be disarmed, but how instead its momentum can be used to construct more productive realities. Third, we aim to reflect on the limitations that are inherent to our approach – the most prominent being that this is yet another Northern account of Global Health. We conclude the section with two suggestions for further action and study.

The three imperatives presented in our discussion are incomplete, and obviously (somewhat) caricaturised in their wording. Yet still they echo earlier observations in the wider Global Health literature. Holst (2020), analysing a plethora of Global Health definitions, for instance notes that the field demands a focus on interventions and their impact, which distracts from integrating such interferences from outside with national policies. Gautier et al. (2018) highlight how ‘partnerships’ in Global Health have led to more collaboration, and higher access of Southern academic organisations to Global Health as a field, but such partnerships structurally reify and augment existing inequalities and unproductive dependencies. ‘Our’ third imperative, which focuses on

37 This is precisely to connote that to be a productive Global Health scholar, who is academically prolific and who ties into Global Health networks, means obeying these problematic imperatives.

dynamics of projectification and accounting, has also been observed in Global Health before (Biruk, 2012; Borst et al., 2022; Jensen & Winthereik, 2013). We chose to describe these observations as imperatives here to emphasise that they are commanding and persistent in nature and being a ‘good’ Global Health scholar means that you have to work with them.

Saliently, the imperatives are difficult to combine as they require different activities, methodologies, and procedures. Practices of accounting, for instance, benefit from a clear planning, hierarchical structure, and strict measurement of deliverables, whereas fair collaboration necessitates flexibility, adaptability, and reciprocity. The implication of this divergence is that actors within Global Health constantly need to navigate through conflicting goals and accountability networks. As we have shown, it is precisely such conflicts which may produce (and that can be explicated through) disconcertment – which makes such moments the metaphorical canary in the coal mine and introduces the question: how can we use such disconcerting moments productively?

Inspired by the work of Haraway (2016), we propose that moments of disconcertment can be made productive by *staying with* them, rather than disarming them. The difference between the two is important and so we will explain it here using the first vignette as example. In that vignette, a chairperson argues that a different intervention is of more relevance to his village. A strategy directed at disarming this disconcertment provides Robert with four choices, or a variation thereof: a) ignore the chairperson and continue his job, b) take over the chairperson’s suggestion, c) convince the chairperson that the intervention *is* relevant, or d) not intervene. But as we have shown in our paper, neither of these options would be satisfactory as they do not question what underlies the disconcertment but reduce it into a mere problem that can be prevented, ignored, or resolved. We contend here that staying with the disconcertment requires different strategies, at different levels. In the example presented, that could mean that the disconcertment works as a reflex to Robert, which brings him to discuss his conflicting feelings with the chairperson. Similarly, Global Health educational programmes may teach students not to disarm

disconcertment, but to openly discuss it instead. On a project level, staying with disconcertment may require building new collaborations, or the creation of more flexible spaces within the project that allow for deviation of protocol and planning (Boaz et al., 2021). What this shows is that disconcertment is not something that needs to be resolved, but a reflexive diagnostic which can interrogate existing assumptions, patterns, and roles.

Our analysis presented several limitations, and they culminate into the following question: who are *we* to claim that *we now know* what is wrong with Global Health? The analysis of this paper started with Robert's initiation into Global Health as a loosely demarcated field and the disconcertment that arose in his practices. By collectively analysing Robert's personal and often embodied experiences we sought to 'zoom out' and place them in the wider dynamics of academia in general, and Global Health specifically. It is important to stress once more that this analysis must not be seen independent of our own positions and roles. Our analysis does not provide generalisable truths and staying true to the disconcertment of other scholars and voices will yield different analyses and likely identifies other imperatives than those described by us. It is not unreasonable to assume that for scholars seeking to decolonise Global Health, our approach does not reach far enough (at all). We also do not seek to obfuscate our complicities in Global Health and confirm that our analysis is very much inscribed by who we, as white, male, Western scholars at various stages of our academic careers, are. Yet, we also think that it in that capacity it is our responsibility to contemplate how we can create different, more reflexive, less restrictive, and pluralistic global healths – which is precisely the endeavour that this paper seeks to contribute to.

Having reached the end of this paper, we want to point out two opportunities for further action and research. First, while the recent Global Health literature has produced numerous critical commentaries, discussion pieces, and editorials that highlight problematic aspects in Global Health, there are still few detailed (auto)ethnographic accounts of how these problematic aspects worked out and were experienced in practice, both by scholars from

the South and North. Most Global Health journals are structured in such a way that classical 'ethnographies' do not fit, and as such they end up in disciplinary journals where most of the 'Global Health audience' does not reside. Institutionally facilitating lengthier and less rigidly structured papers seems like an important and straightforward first step here. Second, the imperatives we have described in this paper are not unique to Global Health, but some features may be more pronounced there. Most prominent herein is the organisation of consortia where Northern academic performance schemes and financial structures impair equitable collaboration. It is therefore that we deem it important to bring such imperatives to the front and to scrutinise them. Moments of disconcertment can play a key role in this. It is safe to say that if Robert would have stayed with his disconcertment, and discussed it with the actors in those moments, this paper would not have existed in its current format. Besides, he may have never been asked to install a water pump, but to do something else instead.

Chapter 8

**Revealing and concealing mundane
work: concluding remarks and
reflections**

CONCLUSION

“His optimism blinded her. He was full of plans. ‘I have an idea!’ he said often. She imagined him as a child surrounded by too many brightly colored [sic] toys, always being encouraged to carry out ‘projects’, always being told that his mundane ideas were wonderful.”

Chimamanda Ngozi Adichie (2013, p. 289)

The idea to study the role of mundane work in knowledge translation dates back from my times hanging out with different knowledge translation actors worldwide. I noticed that numerous forms of translation were set aside as unscientific, biased, or mere ‘eminence-based’. I wondered, instead, what it is that happens if we were to abandon that restrictive frame and look between the cracks of formal knowledge translation tools and its situated practices. But perhaps – paraphrasing Adichie – I too have been exposed to an excess of brightly coloured toys. After all, if the underlying mundane work is so important for knowledge translation, why would the emphasis of the field then mainly be on the formal tools and instruments? To substantiate my argument that studying and working with mundane work in knowledge translation is a fruitful idea, I will briefly return to the introduction of this dissertation and the problem I set out to study.

In the introduction of this dissertation, I described how, within the Global Health field, scientific evidence is seen as an important ally in combatting health problems. The prevailing logic is that scientific research plays an important role in identifying problems, weighing and comparing different policy options, assessing policies’ effects, setting agendas, and mobilising actors (Shaxson, 2005). In sum, evidence-informed policy-making is deemed to make policies for health more equitable and effective (Lavis et al., 2004). The turn to evidence-informed policy-making in Global Health came with a call for more approaches to facilitate that process. This led to the field’s adoption of knowledge translation as a set of tools, instruments, and theories

to structure interactions between researchers, policymakers, and practitioners (Straus et al., 2013a).

While knowledge translation approaches have made significant improvements to Global Health, there are increasing signs that the field's strive for rationalisation produces persisting problems. Such problems mainly revolve around identifying which knowledge translation instruments are most impactful and learning how to reproduce successful knowledge translation practices elsewhere (Boaz et al., 2019; Oliver et al., 2022). I argued in the introduction that an important part of better understanding and overcoming such problems resides in departing from the field's instrumentalizing tendencies. This is particularly salient given that such tendencies (implicitly) conceal what knowledge translation actors do to make their approaches *work*, or more generally: what it is that actors do to translate knowledge. I therefore proposed to expand the term knowledge translation and to be more sympathetic to ingenious, everyday, and sometimes routinised, work of actors who attempt to translate Global Health research findings into action. This is what I designated as mundane work in knowledge translation.

The aim of this dissertation was to open up, and critically inquire, how translation of knowledge is done by researchers, policymakers, and practitioners in everyday Global Health practice. I argued that disentangling and studying knowledge translation practices requires an analytic that is sensitive to everyday worldliness, foregrounds practices, and allows for studying the work of actors. To construct this analytic, I relayed perspectives on the mundane from phenomenology, ethnomethodology, STS, and organisation studies. The conceptual assemblage that I constructed moves away from traditional understandings of knowledge translation. Instead, it allows for zooming in on everyday aspects of how actors within Global Health perform research and try to translate results of such research into policies that have the potential to improve health. Using this analytic, I embarked on a journey to empirically study and describe mundane work within different knowledge translation

practices – investigations that are presented as different chapters in this dissertation.

Before proceeding with the concluding stage of my PhD journey, I consider it useful to reiterate the main research question and sub-questions that guided the empirical work in this dissertation. The main research question that I postulated in the introduction was: *What mundane efforts and activities do researchers, policymakers, and practitioners in Global Health perform to translate knowledge into action and how does that affect their practices?*

The three sub-questions that complemented the main research question were:

- I. *How do knowledge translation actors perform mundane work?*
- II. *How can mundane work in knowledge translation be organised?*
- III. *How can mundane work contribute to improving knowledge translation practices?*

In each of the previous chapters, I presented a different account of mundane work in relation to knowledge translation in Global Health. In chapters two and three, I deconstructed the notion of ‘sustainability’ in knowledge translation and showed how this may be perceived as a particular kind of mundane work: i.e. sustaining work. I suggested in chapter four that we may envision mundane work in knowledge translation by drawing up scenarios of how research might be translated into action. Chapter five showed how different types of mundane work in knowledge translation can conflict, especially when knowledge translation is seen as a more academic endeavour. In chapter six, I proposed that alignment work can be seen as another specific type of mundane work. What makes this work specific is that it is concerned with the everyday coordination in-between knowledge translation projects and the realities they seek to intervene in. Chapter seven approached mundane work from a more embodied perspective: everyday interactions in Global Health fieldwork may produce feelings of disconcertment, which can be productively used to tease out alternative engagements – both specifically for knowledge translation, and more generally when performing Global Health research.

What I will do in this concluding chapter is as follows: I will start by answering the three sub-questions in consecutive order, followed by an overall conclusion on the main research question. I then move to discuss the theoretical, methodological, and practical implications of these answers. The chapter is concluded with a suggestion for a future research agenda, some reflexive notes, and my final words.

Performing mundane work

To answer the first sub-question, I used an ethnographic approach to study how knowledge translation (hereinafter: KT) actors perform mundane work in diverse places, and in distinct ways. I have shown in this dissertation that mundane work is omnipresent in KT practices and that such work is performed in different ways. What these different performances have in common is that they are usually a response to requirements, structures, and rules that come with ‘formal’ types of work, or that they are necessary responses to the socio-political dynamics in which KT work is organised. A clear example of this is described in chapter six, where KT actors learned that to conduct a deliberative dialogue (i.e. ‘formal’ KT), they first had to build *rappport* with the different stakeholders and position themselves as a potential solution to different (politically salient) problems of the Ministry of Health. That is not to say that mundane work was a mere appendix, or predecessor, to formal KT work. This is what forms the first part of the answer to this sub-question: mundane work in KT is always performed throughout other activities that may usually be identified as more formal parts of KT (chapter three). The second part of my answer zooms in on how it may be possible to identify different types of mundane work in KT, and how these types require different activities, strategies, and skills (chapters three and six). Both parts of my answer on this sub-question deserve further clarification, but I will start with a description of the different types of mundane work I observed in KT practices and how such work was done.

In the introduction of this dissertation, I posited that most of the KT literature is concerned with *prescribing* how KT (in a restrictive sense) *must be done*,

rather than *describing* how KT (in a more extended sense) is *actually performed in practice*. An empirical shift towards situated descriptions of KT practices was necessary to make mundane work within such practices noticeable. To demonstrate the value of this approach, I want to point out two specific types of mundane work that I encountered in observing KT practices, and how such types of work can contribute to the potential success of KT approaches.

The first subtype of mundane work was what I³⁸ describe in chapters two and three as ‘sustaining work’. I show in chapter two that sustaining work may be understood as an interplay of translating, contextualising, and institutionalising – which I introduced there as a typology of work processes in which KT actors are commonly involved. By using this analytical sensitivity in an abductive way, I initiated an empirical study of what it is that KT actors do in practice to sustain their platforms (chapter three). This study demonstrates that sustaining work, as a particular type of mundane work, is performed throughout the formal activities of KT actors. These actors, for instance, maintain repositories that include local research reports (e.g. master’s theses, PhD dissertations, and NGO reports) and keep lists with contact details of researchers – in the event that they might need their expertise in the future (e.g. when constructing an evidence brief). The work that is described in this empirical observation does not fit the restrictive definition of KT: after all, there is no scientific knowledge (in the narrow sense) translated into action, nor are any formal KT tools or instruments used. However, in a more expansive interpretation of KT, that is sensitive to mundane work, this observation demonstrates that these KT actors, as part of their daily routines, constructed networks through a social approach – which they deemed important for being (and remaining) able to conduct activities that might be seen as more ‘formal’ KT (e.g. the organisation of a research-priority workshop). In sum, mundane work in KT is often performed to sustain KT practices.

38 In this instance, I use singular first person to show that this is a contribution to my wider dissertation. The scientific articles on which these chapters are based were, however, very much a collaborative process and so there is a ‘we’ behind every ‘I’ here.

A second type of mundane work in KT that I identified, was alignment work. This alignment work was performed throughout the different aspects of the KT practices I studied. Alignment work presented itself as a type of mundane work that was concerned with coordination – in particular attempts to coordinate between predefined KT project plans and the environments in which such plans were supposed to take place. This work of aligning between plans and practice is important for working demand-driven and for adapting KT approaches to local circumstances. In chapter six, I show that alignment work allows for the mutual adaptation of plan and practice, for instance by combining different KT initiatives, attaching a KT cycle to an ongoing policy development, and by being sensitive to potential conflicts between the epistemic and sociocultural assumptions that are inscribed in specific KT approaches. Chapter five, whilst not explicitly about alignment work, demonstrates that it is not only important to understand *how* alignment work is performed by KT actors, but also to unravel *who* performs such work, for *what purpose*, and how alignment work may interact with other types of work.

The second part of my answer to this sub-question focuses on how mundane work might be understood as a *responsive* type of work (compared to more planned, or strategic work). To understand what makes mundane work a responsive type of work, and how that affects KT processes, I will build on the example presented in chapter six. In chapter six, I describe how KT actors aim to use KT tools for informing policies on sexual and reproductive health and rights with international scientific and local evidence. The issue that the KT actors confronted was, for instance, that the deliberative dialogue format did not really fit the sociocultural environment in which they wanted to organise it. The actors could have chosen to use a different format, or to abandon such ‘formal’ KT approaches altogether. However, these approaches also served as legitimising vehicles: the status of the deliberative dialogue as a formal, proven, KT tool, made that the approach was recognisable as KT work and the engaged stakeholders may have been more inclined to participate because of that status. Besides, the use of standardised KT tools and instruments also helped in structuring and planning the ways in which KT actors interacted

with potential knowledge users. The KT actors, however, had to perform extensive alignment work to weave the deliberative dialogue format together with the project rationale, local circumstances, and political dynamics – which substantially altered the KT tools and instruments themselves.

The example presented above shows two important reasons for seeing mundane work as a responsive type of work. First, KT tools and instruments are inevitably strong reductions of complexity. In that way, they are made more invariably transfer-able:³⁹ i.e. able to be used in different situations and locations, whilst producing little variation in their results. This is also why some KT scholars seek to identify the most effective knowledge exchange strategies through randomised-controlled trials (Dobbins et al., 2009). The assumption here is that by identifying the most effective standardised KT tools and instruments, the field can consistently produce similar ‘impacts’ in different places. In practice, however, such standardised KT tools and instruments may, for instance, require substantial alignment work. Here, alignment work can thus be seen as a type of mundane work that responds to KT logics that prioritise invariability and transfer-ability at once. Similarly, the KT actors I described in chapter three respond to funding shortages, or political instability, by performing sustaining work.

At the beginning of this section, I argued that mundane work is *omnipresent* in KT practices. This touches upon an important aspect for understanding how KT actors perform mundane work, namely: where is such work situated? The analyses in this dissertation provide different answers. Both sustaining and alignment work, for instance, clearly denote a range of activities that are relatively easy to notice, but of which KT scholars commonly underestimate the importance. Such mundane work is therefore situated in the blind spot

39 This is comparable to what Latour (1987) calls immutable mobility: things that can move, yet do not change shape. But as Shrum et al. (2020) argue: this mobility requires centralised control, with a strong network of associations. What I seek to emphasise by speaking of KT tools and instruments that are made invariably transfer-able is the field’s own preoccupation with these aspects (in that precise terminology).

of KT thinking and in the everyday practices of the actors that *do* KT on location. Chapter seven, however, situates mundane work in an entirely different sphere. Here, mundane work was something I performed in my own KT fieldwork, usually in attempts to reconcile the different imperatives in Global Health with my own positionality *vis-à-vis* these imperatives. I would, for example, try to establish different ways of accounting for progress in our KT project. Such mundane work was preceded by bodily, disconcerting, experiences – mainly by being in a situation where I felt that a personal value conflicted with how an objective of a research project was translated into practice. This shows that, whilst doing KT work, feelings of disconcertment may have an important signalling function: they hint at a potential necessity to perform mundane work in order to make the KT approaches productive.

Finally, in chapters four and five, mundane work was situated in the attempts to construct potential research users and engage them respectively. The construction of users, as shown in chapter four, takes meticulous work (Oudshoorn & Pinch, 2003): relations have to be made, assumptions about roles and responsibilities need to be explicated, and ideas about use must be triangulated. Engaging such users, opens up a normatively complex and contested political space where researchers, developers, and potential users may have different ideas and understandings about a knowledge production process. In these situations, mundane work is directed at finding compromises, negotiating, and trying to be productive amidst such turbulence.

To conclude, KT actors perform mundane work to sustain their practices, to align these practices with structures and requirements that come with more standardised KT approaches, and to negotiate and navigate uncertain, normatively complex, and often political spaces.

Organising mundane work

To speak of *organised* mundane work in KT, appears to signify a *contradictio in adjecto*: we cannot possibly organise those types of work that are necessarily *unorganised* in nature and by organising and standardising such work

it may become less mundane and more formalised (Star & Strauss, 1999). This is especially salient given that I just tried to convince you as reader that mundane work can be a responsive type of work. Yet, this dissertation shows that it can also be otherwise. In this section, I will therefore deliberate on the role of organisation in doing mundane work.

In describing the role of organisation in mundane work, I deem it useful to make a further distinction between organisation as a way of arranging the environment where mundane work is performed, and organisation as an act performed by KT actors in their mundane work. With the former, I seek to denote that there are environments and institutional arrangements that can support mundane work. This means that some environments may work as a fundament, platform, or 'stage' on which mundane work can be performed. With the latter I imply that some acts of mundane work may be quite structured and purposive, whereas others are more anticipatory, speculative, and – as described before – responsive. I will start my answer on this sub-question by reflecting on this second part of my distinction: how did the KT actors I studied organise their mundane work?

The chapters of this dissertation show that the extent to which KT actors organised their mundane work, or not, differed noticeably. Chapters two, three, and six, for instance, show a type of mundane work that has become routinised, and commonplace within the practices of the KT actors. For the KT actors in Cameroon, it was common to share stickers of their KT platform (KTP) with researchers, policymakers, and practitioners they encountered.⁴⁰ This activity was meant to create a network around their KTP, which they could use as a supporting context. For the KTP employees, this was an act that had become a conventional part of their KT activities (i.e. 'bring stickers to hand out'). Similarly, the alignment work that is described in chapter six also

40 This example used to be included in chapter three, but was eventually removed due to the journal's word limit. For a further reading on the role of stickers in shaping social interactions, see Chiluiwa (2008).

adheres to a more organised type of mundane work: it was anticipated in the design of the KT project that alignment work would be needed. The project planning and structure thus sought to provide space for such work, with sufficient flexibility to interpret the methods in a way that was productive for the local KT actors. In the other chapters, however, mundane work was sometimes more precipitous: it could be a quick response to a sudden situation, a 'simple fix',⁴¹ or backstage repair, that was necessary before being able to proceed. Most of my own KT fieldwork activities, and the subsequent attempts to resolve conflicts (as described in chapter seven), could be interpreted in that way. Finally, the analyses in chapters four and five, which zoom in on how researchers and developers constructed and engaged users, highlights a type of mundane work that is less organised and more ad-hoc: sometimes attempts to use a 'formal' KT route were seen as too strictly guided by rules, which impaired productivity. In attempts to overcome such standstills, the actors used a more improvisatory type of mundane work that involved, for instance, using a different presentation format.

Now that we know that mundane work can be both an organised, and a more responsive, set of activities, I want to reflect on how environments can be arranged to support mundane work. Overall, this dissertation shows that mundane work in KT flourishes in those spaces and moments where there is relatively little outside intervention, just enough structure, and regulations that work supportive. While such spaces and moments can be actively created, they may sometimes be beyond the spheres of control of the KT actors – such as the political situation within a country. This also means, however, that an important explanation for the productivity of mundane work in KT resides within these 'spaces' and 'moments' themselves – it is there that mundane work is given its fundament. Chapter three shows that the KTPs provided stability (e.g. internet connection, offices, a relatively stable income), but also sufficient flexibility for more mundane work to flourish. This flexibility is important because, as described in my answer on the first sub-question, mundane work

41 They seemed simple, but rarely were, and the fixes were rather temporary.

in KT is *par excellence* a type of work that includes moving along with the tides of the policy environments at which that work is directed. This flexibility of KTPs could be impaired by attempts to structure the (mundane) work of actors in such platforms in advance, or by using a tightly demarcated mandate. Instead, as described in this dissertation, KT actors that work in such platforms maintain what I have called ‘productive dependencies’ with other actors. These are dependencies based on reciprocity and that are maintained as long as they are productive to all actors involved. What this shows is that mundane work can be supported by creating such networks.

In conclusion, the answers on this sub-question suggest that mundane work *can* be organised in different ways. While I suggested in the introduction that the activities that I designate as ‘mundane work’ are necessarily unorganised in nature, my answers to this second sub-question paint a slightly more nuanced picture. Generally speaking, mundane work is responsive in nature – actors that perform such work do not operate along the lines of plans and strategies, but move along with political dynamics and current health policy and system priorities. At the same time, I have shown that it is possible to plan and organise spaces in which mundane work can flourish. This duality between mundane work itself being largely responsive, but it needing a supportive organisation is important when planning KT efforts. To conclude, and as demonstrated in the different chapters of this dissertation, organisational support for different types of mundane work is crucial for the success of KT practices.

Improving KT practices with mundane work

The observation that there are important activities that transpire in the background of formal KT work is not new (Kalbarczyk, Rao, et al., 2021; Kalbarczyk, Rodriguez, et al., 2021; Mahendradhata & Kalbarczyk, 2021). Yet the KT field has structurally overlooked the possibility to study and equip such mundane work to improve KT practices. In answering this third sub-question, I will pay attention to how a different valuation of mundane work can be used to improve KT practices.

Implicitly, descriptions of mundane work are common at Global Health conferences.⁴² Similarly, we may find subtle pieces of such work depicted in the tiny by-lines and acknowledgement sections of scientific papers. On both occasions, different terms may be used to describe such work. It may, for example, be referred to as ‘supporting’ activities (Gholami et al., 2011) or essential ‘capacities’ (Glegg et al., 2021; Mallidou et al., 2018) for KT. But in both instances, mundane work is bestowed a different status than other, more formal, types of KT work. A key reason for this is what may be called the issue of ‘going back’: attaching these mundane activities to more formalised KT work is a difficult translation, because it attaches uncertainty to the KT tools and instruments, or normative judgements and hierarchical thinking about what, for example, counts as good evidence or a legitimate policy priority. However, representation constitutes the foremost step in using mundane work to improve KT practices: in order to learn from the mundane work that underlies KT approaches, this work first has to be described. In the next paragraph, I will build on the empirical chapters in this dissertation to show what representation of mundane work involves in practice. I will briefly touch upon how such accounts were used to improve KT. Further on in this concluding chapter, I will spell out potential implications of using mundane work to improve KT practices.

The studies in this dissertation suggest that a first step towards using mundane work to improve KT practices, involves the enrolment of such work in our representations of KT. This seems like a minimal change of practice: an account of a KT intervention in a scientific article may include richer descriptions of the work that is commonly erased from such narrations. In practice, however, such a change also entails a more ontological change (i.e. to understand translation as a complex social process). In chapter two, I work

42 I remember an occasion at a Global Health conference in 2018 where a key KT scholar presented an empirical study that showed the importance of ‘interpersonal capacities’ and ‘social skills’ in KT actors. When someone from the audience asked how we could use such skills to improve KT, the presenter stressed that this would be immensely difficult, but that that they might consider using checklists.

out this ontological shift for sustaining work specifically, but I argue here that this understanding can be extended to hold (partly) true for other types of mundane work as well. In particular, I want to suggest that the KT field may benefit from a more sociological understanding of ‘translation’. Similar calls have been made before (Freeman, 2009; Røvik, 2016). What makes this sociological understanding of translation important in relation to mundane work is that it positions translation as an (strategic) activity, done by KT actors. What the earlier calls have thus far neglected is that this also requires the use of different methods and analytics to inquire *how translation is done* by KT actors in Global Health. An alternative might be comparable to the work of Lillehagen (2017). In her work, she uses an anthropological sensitivity to study co-creative research practices as a possible KT strategy. Similarly, I present the actor-scenario approach in chapter four as a way to speculate about which actors actually *do translation* in practice. Instead of reporting on a set of key KT indicators, that account provides a rich narrative about the different envisioned roles and responsibilities in that KT practice, and how elements of context were mobilised and enrolled to substantiate such roles. These examples show that expansions of the notion of KT, and scrupulous studies of its practices, can contribute to alternative ways of seeing and understanding KT and the underlying work.

A possible second step in translating the work of this dissertation into action is to change how mundane work in KT is valued. I have briefly touched upon issues of valuation of mundane work before, without making explicit how I would envision that to happen in practice. A brief sidenote here is that I consider a change in representational practice as an important prerequisite for valuing mundane work in KT differently. In fact, this entire dissertation can be read and understood not only as a different way of understanding KT and its mundane work practices, but as an attempt to value such work more. But I will try and explicate this by working with a concrete example from chapters three and six. In these chapters, I showed how the director of a Nigerian KT organisation performed mundane work directed at building and maintaining relations with (prospective) policy-makers, health care prac-

titioners, and fellow academics. For research funders and scientific journals alike, however, these ‘soft’ outcomes are generally seen as secondary to the quantifiable ‘impacts’ of KT work (e.g. do policymakers include citations to scientific evidence in their reports).

Alternatively, KT actors – such as the director referred to in the example above – may be provided with funding to facilitate their relation work. Besides, their narrative accounts can be used both to account for their ‘impact’ and as examples in KT capacity-building workshops. This does, however, produce an important conundrum: by bringing mundane work into the institutional spheres of valuation, we might risk handcuffing it to the same rationalising logics I set out to liberate this work from in the first place (Bandola-Gill & Smith, 2022; Kjellberg & Mallard, 2013). In other words: the methods we use to evaluate mundane work in KT, may make such work less mundane – thereby losing its generatively ambiguous nature (Star & Strauss, 1999). Despite this delicate tightrope, the emphasis on mundane work may still make KT scholars and practitioners less focused on the tools and instruments themselves. Moving away from that rational approach and valuing mundane work more also opens the door for trying out alternative methods of engaging with the concrete needs and practices of the communities whose health KT actors want to improve.

Overall conclusion

Now that I have provided answers to the three sub-questions, I am ready to answer the main research question of this dissertation. In the introduction of this dissertation I proposed to expand the term KT and to move towards studying all things that might be considered KT, rather than prescribing what KT must be. My assumption was that this indifference would open up the KT field in Global Health for inquiries into the role of mundane work. This is reflected in the main question of this dissertation: while it specifies that my focus is on *mundane efforts*, it also asks more generally *how* researchers, policymakers, and practitioners translate knowledge into action. My research question thereby allowed me to empirically explore and define what transla-

tion actually means in practice. It is important to reiterate here, that my main question did not *a priori* assume directionality in these translations of knowledge. Instead, I use translation as an umbrella term that covers a wide range of activities, collaborations, and interactions between researchers, policymakers, and practitioners.

Throughout the different chapters of this dissertation, four conclusions come to the front. First, actors translated knowledge into action by using KT tools and instruments that alter the form of that knowledge and by weaving scientific knowledge together with more local, contextualised forms of knowledge. The KT actors in chapter six, for instance, used evidence-briefs to communicate scientific evidence to non-scientific audiences. This part of translation is what the KT literature commonly investigates and describes. In the chapters of this dissertation, such types of KT functioned as a clear front stage representation: an impression that is visible from the outset, but obfuscates whatever happens in the background. That does not mean that this is a knowingly dishonest practice, but does signify that KT tools and instruments are bestowed importance upon, simply because that creates a more objective appearance of KT.

Second, actors translated knowledge through more social, and political activities that can be seen, but often remain unnoticed, or are even concealed. These social processes came to the front in all chapters of this dissertation. In chapter three, for instance, the Jordanian KT actors described a process of making friends and staying close to policymakers. Similarly, chapter four featured a description of an ‘invisible’ KT actor who “*feeds the Ministry*” with knowledge. These are not examples of formal KT processes, or at least not predominantly. Yet, the actors themselves, and my analyses of their practices, show that such informal efforts were just as (and sometimes potentially more) effective in translating knowledge into actions. We may thus conclude that an important part of *how* knowledge is translated into action is contingent upon the extent to which researchers, policymakers, and practitioners know and

understand⁴³ each other, and have ways of (inter)acting more informally. That does, however, still leave an important role for more institutionalised, and democratic, KT structures as countervailing power.

Third, the translation of knowledge into action relies on an interplay between more formal KT activities and the mundane work that comes with performing such formalised KT practices. What I show in the different chapters is that translation of knowledge between researchers, policymakers, and practitioners in Global Health is done by using *both* more formalised KT approaches, such as deliberative dialogues, *and* by performing mundane work, such as arranging a balanced lunch (chapter seven), using an authoritative letterhead when writing invitations (chapter six), or teaching students (chapter three). This mundane work is not a panacea and always evolves in relation to other, more formal, KT activities.

Fourth, when translating knowledge into action, actors build on different types of mundane work. In this dissertation, I single out and label two specific types of such work: i.e. sustaining work and alignment work. The former is a description of a range of purposive activities directed at making and keeping KT practices productive, whereas the latter has to do with aligning (in) between different layers of KT practices and projects. It denotes a mutually adaptive and constitutive work process that seeks to create temporary states of alignment between plans and practices. These two types of work are obviously not the only types of mundane work and depending on where, how, and why mundane work is performed it can be possible to describe and classify different, additional, types of mundane work. When doing so, it is important to realise that such classifications always draw imperfect boundaries, which likely do not last beyond the practice in which they were established. Besides, the aim – both in this dissertation and the underlying scientific articles – was not

43 This is not so much about arriving at a shared understanding, as if it were a stable state, but about achieving temporary states of understanding through a continuous process of sensemaking (Weick, 1988).

to *define* types of mundane work, but to describe nuances between different mundane activities by using labels such as alignment or sustaining work.

IMPLICATIONS

With this dissertation I seek to make several theoretical, methodological, and practical contributions to the field of KT in Global Health. Most prominently, I have shown that there is more to KT than the meticulous application of its tools and instruments. What KT scholars and practitioners commonly fail to see, both in describing such practices and whilst observing them, is that there is a wide range of relatively simple, mundane, activities that make the ‘formal’ KT approaches work. This shows that the functioning of formal KT approaches is likely to be overestimated, or at least not fully understood, whilst the more subtle types of mundane and social work are often set aside. In the three sections below, I will disentangle how this perspective on mundane work can contribute theoretically, methodologically, and practically to the field of KT in Global Health. While I have already articulated such implications between the lines, it is here, in this part of the discussion, that I will make them explicit.

Conceptualising KT

As this dissertation about the role of mundane work in KT arrives at its closing act, it may become clear, both to the uninitiated and skilled reader, that this emphasis must have implications for how KT is conceptualised. How can we understand and perceive KT if it comes to stand for more than just a set of formal activities? I have decided to divide my answers on this question into three categories, but I am sure these categories may overlap and interact.

Translating in an uncertain world

The first theoretical implication of this dissertation is directed at the KT literature specifically, and the health policy and systems research literature more generally. The various accounts of mundane work in this dissertation

show that attuning KT to the role and importance of mundane work calls for a different epistemology. To describe what I mean with this, I will work on a (hypothetical) example. Using this example, I will compare the KT field's commonly used epistemology with the alternative that I suggested in this dissertation.

Thus far, the KT literature has largely built on a reductionist model where empirical observations, in this case related to KT processes, are summarised into highly structured and stylised accounts. For example, this literature is likely to approach a complex question such as: 'what is the role of evidence briefs in translating scientific evidence?' with systematic review methodology.⁴⁴ Such methodology's key aim is to select, from a vast body of literature, those scientific articles that are deemed relevant enough for answering aforementioned question. Subsequently, these scientific papers are graded on whether they adhere to a set of quality criteria that the field itself suggested. The final result of the systematic review is a manuscript that conforms to reporting criteria for systematic reviews, with a set of tables and diagrams. Such reviews can thus be seen as strongly converged reductions of a vast number of empirical observations. The review, as reduction, is what the field then sees as an example of 'knowledge' that must be translated into policy. Such reductions are important for producing precise and demarcated knowledge for decision-making, but these reductions can also create an illusion of certainty and obfuscate more nuanced understandings.

The accounts of KT practices in this dissertation suggest that this reductionist epistemology is defunct. The main problem of this epistemology is that it not only reduces empirical phenomena, but also the uncertainty and complexity that comes with them. Questions about 'what works' in KT, for instance, are difficult to answer, simply because 'what works' is repeatedly defined *in*

44 There are, of course, also case-studies that seek to answer such questions. But in the field's adherence to the hierarchy of evidence, systematic reviews would be seen as one of the highest possible standards of evidence.

practice. The KT literature, however, suggests that there are generalisable truths that can predict which tools and instruments work in which situation. This dissertation shows that this rests on a false reduction of uncertainty that i) assumes that the tools and instruments do not carry values and are clearly delineated wholes, ii) supposes that these tools and instruments are implemented in a vacuum, without legislations, interests, and other activities that may affect their working, and iii) suggests that these tools and instruments carry an unequivocal user manual that is universally applicable.⁴⁵ A consequence is that the KT tools and instruments that are constructed using this reductionist epistemology often do not fit the practice in which they are placed.

The mismatch between KT's instruments and tools on the one hand, and the turbulent nature of KT practices on the other hand, provides a fertile middle ground for mundane work. This understanding of mundane work relies on a different epistemology, which is more sensitive to the situated and contingent nature of KT work. What this perspective shows is that – in the absence of the spotlights that come with 'formal' work – actors who perform mundane work do not have the same obligations to reduce uncertainty and complexity. In mundane work efforts, it is perfectly fine to make a mistake, or to perform a disappointing experiment (Callon et al., 2009). Would this, however, been a frontstage act, these mistakes and disappointments may have led to doubt and frustration among policymakers, practitioners, and fellow researchers – with a subsequent reduction in the trust bestowed upon knowledge that aspires from that practice (Bijker et al., 2009; Wehrens et al., 2012). This implies that there might be a more substantial role for mundane work in KT when there are situations with much uncertainty.

Finally, while the KT field commonly builds on a binary divide between evidence and eminence, the observations in this dissertation imply that there

45 Much like IKEA assembly manuals are deemed to be universally applicable. Despite this, there is a special category on the internet devoted to sharing 'IKEA assembly fails'.

are numerous hybrids of evidence and eminence that play a role in Global Health. As described in the introduction of this dissertation, the KT field sees decisions based on eminence as mischievous and necessarily biased. The alternative, they argue is not to make decisions based on opinion, professional knowledge, or personal experiences, but to use 'objective' scientific knowledge that is value-free and impartial. However, as shown in the answers to my research questions, this divide between evidence and eminence rarely holds when performing mundane work. In the mundane work that KT actors did, they often built assemblages of scientific knowledge and other, more embodied, experiential, tacit, and normative knowledges. The mundane, as time-space, facilitated the use of such hybrids and mundane work in KT could benefit of the insights that came with these hybrids.

Seeing and noticing

In the previous section, I have suggested that mundane work is free from the spotlights that come with more formal work. This brings me to an important contribution to the more sociologically infused KT literature: how can we conceptualise mundane work's characteristic of unnoticeability?

Ethnomethodological programmes generally work from the premise that there are practices of social structuring which can be seen, but remain unnoticed (Garfinkel, 1967). I have used this argument to foreground the mundane work that happens in KT practices. In the introduction I argued that it is relevant to make such work noticeable. In the chapters of this dissertation, however, I implicitly argue that unnoticeability may precisely be the charm of such work: working behind the curtain comes with the possibility to utter, and engage with, more uncertainty. This shows that I have tinkered with two seemingly contradicting characteristics of mundane work: it can at the same time be a purposive act (i.e. mundane work is *made* difficult to notice) and a more unfortunate characteristic (i.e. mundane work is undervalued and should be made noticeable). We may thus conclude that sometimes mundane work is purposively difficult to notice, but that does not mean that it is an unimportant topic of inquiry. In KT this is particularly salient given that

mundane work often remains unnoticed by the same KT actors that perform the mundane work: it is, in their understanding, simply a range of supportive activities – rather than an essential part of the KT practices.

This dualistic stance, however, ignores that these acts of (un)concealing mundane work are performative. In most representations of formal KT, for instance, mundane work is actively concealed. This is done to make KT more authoritative, but also because such reductions are deemed necessary in order to generalise, for instance by articulating lessons for the international scientific literature. The performative effects of *concealing* mundane work have been placed centre stage in the problem statement of this dissertation. The performativities of *un-concealing* mundane work, however, have received far less attention. That is: while I have zoomed in on the importance of mundane work for KT, I have not addressed in detail how studying and representing mundane work may also have other consequences. In conceptualising such consequences, I can build on the work of Star and Straus (1999). These scholars argue that making purposively backgrounded work visible, also makes such work prone to logics of standardisation and valuation. Similarly, Suchman (2016) shows that un-concealing mundane work puts emphasis on potential differences in how these different types of work are rewarded. In turn, my dissertation adds to these understandings by showing that acts of un-concealing mundane work may also be productive – for instance by making such work more rewarding.

In sum, while mundane work is chiefly composed of arcane activities, it is sometimes productive to explicate and spotlight such activities – for instance to tease out alternative programmes of KT, much like I have tried to do in this dissertation. At other times, however, it may be useful to keep mundane work out of sight so as to prevent conflicts with more formal versions of KT. I realise that this implication may be unsatisfying in terms of its specificity, but it does – at the same time – do justice to the precise endeavour that I set out with: to show that offering universal, generalisable, blueprints on how to do ‘good’ KT alone does not work. What we can do, however, is realise that

mundane work is incredibly important for the productivity of KT approaches, and that we can further our understanding of KT by including descriptions of mundane work in both our accounts of KT practices that succeed and fail.

*Tomato, tomato*⁴⁶

Within the STS and wider social theory literature, there are numerous terms for those activities, or elements thereof, which are not part of what we might formally consider as work. In fact, the term informal is quite common. Similarly, there is literature that speaks of invisible work (Allen, 2015; Daniels, 1987; Hatton, 2017; Star & Strauss, 1999). Other literature are less explicitly about 'work' as such, but do discuss related dynamics, for instance literature about tinkering (Mol, 2002), or exnovation (Mesman, 2008, 2011). To some scholars, these terms may all just be the same, and mundane work is yet another attempt at being original. I think otherwise and will argue here why the mundane work perspective in this dissertation can be a useful extension to these literatures.

In order to describe how the mundane work in this dissertation can be an extension to the STS literature, I will first introduce some similarities and differences between my perspective and the existing literature. While none of these perspectives are directly attached to Global Health, or KT, there are important similarities. The literature on exnovation (Mesman, 2008; Pedersen & Mesman, 2021), for instance, proposes to make visible those elements that are present, yet hidden, in specific practices. While innovation is directed at making new combinations, exnovation is concerned with renewed attention for those things already present. While this perspective bears resemblances of ethnomethodology, one of the key differences is that exnovation seeks to use ethnographic descriptions of everyday activities for improving the practices

46 Pronounced as tomayto, tomatho, this difference in pronunciation is used in everyday parlance to connote that these are just two different ways of referring to the same thing: a stoneless fruit, or berry, of the *Solanum lycopersicum*.

in which they take place (Mesman, 2008). Exnovation thereby refers to an interventionist methodology for making everyday activities visible.

Other literatures that relate to how I have positioned mundane work, zoom in on invisible work (Allen, 2015; Daniels, 1987; Hatton, 2017; Star & Strauss, 1999). Contributions within this body of literature approach the ‘invisibility’ of some types of work in different ways. Daniels (1987) argues that the ‘folk concept’ of work (i.e. what counts as work) does wrong to specific types of work and workers. She argues that work is commonly seen as a gendered public activity which is financially compensated. Most importantly, she argues that this means there is work that *“disappears from our observations and reckonings.”* (ibid. p. 403). Star & Straus (1999) build on dramaturgical concepts to describe that invisible work comprises situations in which i) workers are (made) invisible, ii) products of work are (made) invisible, and iii) both work and workers are (made) invisible. Finally, Nardi and Engestrom (1999) add that there may also be places that are made and kept invisible, most prominently if they involve routines and informal work.

In seeking to expose such ‘invisible work’, scholars within this literature often clearly hold a more critical stance. In their eyes, invisible work is a social problem and they problematise the fact that volunteering work, household work, childcare, and domestic work are generally valued differently than more formal, ‘folk’ work. In healthcare, Allen (2015) makes a similar plea. She underscores that nurses perform types of work that are crucial for the functioning of healthcare, yet remain invisible. The argument then becomes that without nurses, such invisible work would not be performed, and parts of healthcare would come to a standstill. The implication here is that nurses thus must be valued differently *because* they perform invisible work beside their ‘formal’ work. Besides, the neglect of nurses’ invisible work may also result in regulatory mismatches, for instance by failing to see how some standards of safety are maintained through invisible work.

Now that I have briefly discussed the literature that relates to my perspective on mundane work, I can explain where I see clear similarities and, perhaps, more subtle differences. One such difference between my perspective on mundane work, and the literature on invisible work, is that I do not deem mundane work to be invisible *per se*. This is more than a mere semantical difference. While it is incredibly difficult to see a work practice that is made invisible, mundane work practices often happen in plain sight. Admittedly, sometimes actors try to make mundane work invisible, but in general the ‘invisibility’ of mundane work stems from our inability, or decision not to notice it (Garfinkel, 1967). This is also where I see the key advantage of using a mundane work perspective: it sensitises us in conceptualising parts of KT work that we would otherwise neglect. KT actors may attempt to make mundane work invisible for different reasons. Sometimes, this could be to obfuscate normativity and uncertainty in representations of their work. At other times, they may simply not recognise mundane activities as work, for instance because it does not fall within the formal conceptualisations of KT. Concealing is therefore something that mostly happens in (*re*)presenting KT practices, and not necessarily in *doing* them.

Finally, the mundane work perspective that I propose in this dissertation responds to a different problem than the literature on exnovation and invisible work. The invisible work literature responds to inequities in how some types of work, or workers, are valued differently (e.g. household work versus paid work, nurses versus physicians). The literature on exnovation actually responds to two interrelated problems in healthcare specifically: i) the near blind trust in innovation, or the adding of ‘new things’, to improve healthcare and ii) reductionist accounts of healthcare performance which leave out the creativity and other skills of healthcare practitioners. In this dissertation, I have aimed to position the mundane work perspective as a response to issues with the transfer, replication, and efficacy of KT approaches in Global Health. Comparable to the invisible work literature, I also plea for a different valuation of such mundane work, and I subscribe to the exnovation literature’s sensitivity for ingenuity and creativity of actors. One difference in how I

position the mundane work perspective is that I deem it less important for mundane work to always *be made more 'visible'*. Instead, I think that there are parts of mundane work in KT which, *when noticed more often*, can provide us with insights and lessons about which skills, strategies, and methods⁴⁷ can be used to practice KT more reflexively. The difference is that I plea for pulling back the curtain, at least sometimes, instead of demanding for the curtain to be removed in its entirety.

Studying KT

One of the foremost methodological implications of this dissertation is that studying KT whilst being attentive to mundane work requires a descriptive turn in the KT literature. In this section, I will therefore tease out what this turn may comprise and what kind of methodologies may be suitable. Overall, this appeal for a descriptive turn in KT relates to earlier calls for more sociological analyses of KT, and more considerate use of theory. However, this dissertation also depicts *how* such sociological descriptions can be used to improve KT practices.

Accounts of KT research tend to start in the same way. In scientific articles, the introduction starts by expressing concern over the vast gap between science and policy, followed by the mobilisation of a KT definition, for instance: “*a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge.*” (Straus et al., 2009). Or a more generic definition: “*(...) ensuring that stakeholders are aware of and use research evidence to inform their health and healthcare decision making.*” (Grimshaw et al., 2012). Subsequently, the authors explain the promises of KT, for instance that producing and synthesising knowledge alone is not enough, but that the field’s tools and instruments are essential for improving health through better policies. More contemporary KT scholarship then moves on to provide some guidance in the plethora of alternative KT iterations and terms. An example is

47 In the ethnomethodological sense, where ethnomethods are methods used by specific group members (not exclusively researchers) to establish and enact order in everyday life.

how the literature is concerned with describing what KT is and is not (Straus et al., 2013a), and how it should be seen as separate from knowledge transfer or implementation (Graham et al., 2006). What these examples of boundary work show is that it is convenient for KT to be one thing and many things at once: different actors can ascribe different meanings to KT, yet it is clear that this is not a matter of ‘anything goes’.

In this dissertation I have shown how a descriptive approach⁴⁸ to KT can be a generative endeavour. This approach has two implications: i) it allows for studying how actors themselves used the term KT, and what meaning they ascribe to it, and ii) it is more inclusive towards practices that are not referred to in terms of KT, but clearly resemble or are part of translative activities between researchers, policymakers, and practitioners. This descriptive turn requires that the KT literature moves away from its idolisation of reporting standards and validation of models and frameworks. Furthermore, it requires a methodology in which there is space for more than surveys, questionnaires, semi-structured interviews, focus group discussions, and participatory observations. I will therefore in the succeeding paragraphs discuss how ethnographic approaches, such as ‘hanging out’, open KT up empirically.

The phrase ‘hanging out’ signifies quite well what most of my time studying KT involved: I was among new friends, trying to understand what they were doing whilst meticulously jotting down as much as possible. In doing so, I did not restrict myself to reporting guidelines, or definitions of what does, or does not count as KT.⁴⁹ Quite the contrary, I tried to see everything as data and as potential KT practices. This allowed me to notice the types of work that I had not paid attention to before, including the role that visiting conferences plays

48 The contemporary KT approaches that I have designated as ‘prescriptive’ here obviously include descriptions as well. When I speak of a ‘descriptive approach’ I seek to explicate that such approaches do not include an a priori judgement about *what KT is* or how *KT should be done*.

49 Which, of course, brought me trouble when trying to publish such accounts – about which I will tell a bit more under ‘reflexive notes’.

in building networks for KT, and the stark differences between a conference environment and some of the other places where I hung out.

Some readers might not be able to shake the impression of me being a kid in a candy store: if everything is data, and hanging out comprises the methodology, what then makes this a *scientific* methodology? To convince such a reader I would like to start by noting that this dissertation's methodology is situated in a different paradigm. In this paradigm, data are not elements that are extracted from the world using objects⁵⁰ – free from contamination by the researcher's hand. Whilst data may comprise a lot of things, it is the work of analysing, of weaving together the different observations and insights, in which I seek to make data understandable and potentially useful. This paradigm is, of course, not exempt from maintaining some quality criteria. It is therefore that I always conducted these analyses together with others and that the interpretations of data were checked with members involved in the KT practices I studied. These triangulations form an important part of the distinction between common work and scientific work.

When studying KT whilst being attentive to mundane work, several things can be considered. Foremost, as Global Health researcher you are often confronted with numerous informal conversations and observations. Sometimes, such interactions may not fit with the 'formal' data collection strategy or format. Here, an ethnographic approach such as hanging out helps in ordering interactions and allows for seeing them as 'formal' data. Similar to how mundane work comes together with more formal work, this method of hanging out may also be combined with more protocolised types of data collection – such as surveys or focus-group discussions. It is especially their combination that may create more realistic narratives of what makes that some KT approaches work.

50 Daston and Galison (2007) have written an extensive account of this objectivisation of several contemporary research practices.

Doing KT

Where does all the emphasis on mundane work leave us when trying to *do* KT? It seems like a strange move to explicate practical implications here, whilst the entire dissertation has been dedicated to zooming in on practices and understanding the role of mundane work therein. However, my conclusions in this dissertation suggest that there are several relevant routes that can be considered when wanting to do KT differently. I will move through these three practical implications sequentially in the succeeding paragraphs.

For one thing, it should be clear at this stage that a KT practice based on mundane work alone may not always be the solution. Mundane work, in its predominantly (but not exclusively) responsive nature, largely overlooks longer term activities which may benefit from clear planning. This is what I see as the paradox of using mundane work in KT: merely doing KT responsively eventually goes at the expense of working more strategically, but only working according to formal, planned, KT approaches, makes it difficult to situate these approaches in ongoing policy developments. This paradox holds true for all the different types of mundane work that I have identified in this dissertation. Alignment work, for instance, only ‘works’ beside project deliverables and agreements. Similarly, sustaining work also relies on political commitment, budget arrangements, and policy priorities. It is important to be sensitive to this paradox given that a substantial part of the KT field is devoted to making policies more equitable and countering policy injustices. This is especially salient in places with more despotic leadership, but holds equally through for societies in which scientific advisory councils hold governments to account for the effects of their policies. Based on this dissertation, I thus suggest that actors who fund, support, or advice KT practices, such as WHO’s EVIPNet,⁵¹ must facilitate both formal and more mundane work in KT. They could for instance do this by using less restrictive definitions of KT

51 EVIPNet stands for evidence-informed policy network, which is WHO initiative that supports KT platforms. See also: Scarlett et al. (2018).

and allowing interpretive flexibility (Pinch & Bijker, 1984) in KT frameworks and checklists.

Second, my research contributes to attempts at building capacities for KT in Global Health. For years, students of health policy and systems research have attempted to define what capacities are crucial when doing KT and how these capacities can be supported. One of the problems that this field confronts is that while there are clear examples of ‘champions’ in practice, the skills and competencies that make these KT actors *champion* remain notoriously difficult to capture. The quest for identifying such skills and capacities is important to scholars and practitioners who want to make KT actors champion in other places as well, i.e. they seek to strengthen and build KT capacity. But in doing so, these scholars ignore that not all skills and capacities are necessarily ‘hard’ – some skills may be softer, relational, social, and tactful.⁵²

I demonstrate in this dissertation that a significant part of KT actors’ excellence depends on their ability to perform mundane work in relation to other actors. To clarify, this signifies both the degree to which they are enabled through their work environment to perform such work, as well as the extent to which these actors themselves are proficient in using the mundane as a space in which to do KT activities. I therefore propose to policymakers, research funders, and researchers, that building capacity for KT also means investing in an environment, or space, where KT actors have the freedom to perform and represent different types of work (cf. Clegg et al., 2005); sometimes in adherence to formal KT approaches, and at other times less planned, and more responsive. These spaces are inherently more uncertain and its outcomes are arduous to predict and measure. Such spaces benefit from being a long-term commitment, with structural funding, and the possibility to organise

52 Saliently, a review of core KT competencies does identify ‘tact’ and ‘project management’ as important skills, but only in the grey literature and not in the peer-reviewed scientific literature (Mallidou et al., 2018).

short(er)-term KT projects within that wider protected space (cf. Wehrens et al., 2012 and Rip, 2011).

My third, and final, practical implication is directed at KT actors, who skilfully perform mundane work to make their approaches effective. The work that these actors perform is important, but knowledge produced through Global Health research is not the solution to everything. Global Health research does not provide all-encompassing answers and undeniable truths. No amount of work, be it mundane or formal, can translate such knowledge into policy without addressing questions of ethics, morality, and normative complexity. The skills that KT actors have, and networks they are in, make that KT actors are uniquely equipped to translate not just knowledge, but also humility. Following Jasanoff (2003, 2007), mundane work can function as such a ‘technology of humility’.⁵³ As described before, the mundane provides a hybrid space (cf. Callon et al., 2009) in which there is room for contestation and for articulating uncertainty, without both directly having consequences – practically, politically, and socially. But not unconditionally. Using mundane work to act “*in the face of inevitable scientific uncertainty*” (Jasanoff, 2007) risks being a double-edged sword. While the mundane, and the work it encapsulates, can be seen as a productive and partially secluded, hybrid, space, it can also be blamed for being an elitist polder.⁵⁴ Especially during the COVID-19 pandemic, the relation between scientific advice and governmental decision-making became contested, precisely because it often played out in more secluded spaces. What happened within this space was largely concealed from public view, and decisions were articulated as being

53 Which Jasanoff (2007, p. 227) proposes to understand as “(...) *methods, or better yet institutionalized habits of thought, that try to come to grips with the ragged fringes of human understanding – the unknown, the uncertain, the ambiguous, and the uncontrollable.*”

54 The word polder, as borrowed from Dutch, describes “*a piece of low-lying land reclaimed from the sea, a river, etc., and protected by dykes.*” (Oxford University Press, 2022b) In Dutch political sciences it has, however, also come to stand for the ‘poldermodel’ – which is a model for a political economy based on consensus decision-making between labour (e.g. unions), capital (e.g. employers’ organisations), and state (e.g. government). For a more comprehensive account, see: de Vries (2014).

based on the best-available scientific evidence, rather than the situated value-judgements, ethical deliberations, and political decisions they often were (Harambam, 2020; Putters, 2021). While this seems like an extended plea for technologies of humility, it also signifies that the use of mundane work to act amidst uncertainty is a narrow tightrope that requires careful consideration of what parts of this work are shown, and where it is concealed.

SEEN *AND* NOTICED: A RESEARCH AGENDA

Now that I have described how to both *see* and *notice* mundane work in KT, it is time for me to propose an agenda for future research that *keeps on noticing* mundane work. I will base this agenda on the loose ends of this dissertation (of which there are many) and on the different interactions I had whilst completing this dissertation. In doing so, I do not distinguish between research venues that I deem more important or pertinent.

The most obvious course for future research is to expand the notion of mundane work to other places and topics. In this dissertation, I studied mundane work practices in KT platforms, -cycles, and -networks in Cameroon, Hungary, Jordan, the Netherlands, Nigeria, and Uganda. With the two European countries as an unmistakable exception,⁵⁵ most of my fieldwork took place in the Global South. Now, looking back on this peculiar assembly, I wonder what might happen if we reverse – as it were – the Globe (cf. Law and Lin, 2017). Are the differences between the two hemispheres vast enough to legitimate separate approaches? Noting that my problem statement relies on this difference, I think it is worth exploring this further. This is not a plea for health scientists and KT scholars to practise a form of radical relativism

55 To me this is not just a harmless exception: I notice a clear divide between the places that I started studying before my formal PhD trajectory (i.e. the Netherlands, Hungary, the United Kingdom) and the places I explored within my formal PhD trajectory (i.e. Cameroon, Jordan, Nigeria). I describe this in chapter seven.

in which it is suggested that all places are the same. Instead, such scholars may critically interrogate my perspective of mundane work by applying it to different settings and circumstances.

The notion of mundane work may also be used to study different practices. Rather opportunely, I am about to embark on a postdoc research project that will study flood disaster preparedness in the Netherlands, and in particular the interplay between governance arrangements and healthcare continuation. We are, after all, a lowland where a substantial part of healthcare is organised, governed, and provided below sea level. It seems, for instance, like a logical extension of my PhD research to study how mundane and more formal work interact in anticipating and mitigating the impact of flood disasters on healthcare (governance).

In the implications of this dissertation I hinted several times at using ‘the mundane’ as a space in which to organise interactions between researchers, policymakers, and practitioners. While there are several scholars that make similar suggestions (Callon et al., 2009; Clegg et al., 2005; Downey & Zuiderent-Jerak, 2017), I want to propose studying the mundane as a ‘liminal time-space’ (Rottenburg, 2000). Building on the work of Rottenberg (2000), these spaces can be seen as defying classification schemes, spaces that one crosses, or where different things happen at once. Seeing the mundane as a liminal time-space allows for postponement of classification. Comparable to Wehrens’ (2014) suggestion to move beyond the ‘two-communities’ metaphor where researchers and policymakers cannot work together *because* they come from different communities, with different logics, this postponement of classification can allow actors to work together *despite* having potentially opposing values and objectives. The liminal time-space is what Meurs (2022) sees as a space in which more interdisciplinary, co-productive, forms of research can flourish and we should therefore prevent ‘organising it out of the way’ (Dutch: *wegorganiseren*). Here, we may borrow from the work of Feyerabend

(1977) who suggests that anything does – sometimes – go.⁵⁶ Embracing the uncertainty and awkwardness that may arise in this liminal time-space, simply because actors represent different value and objectives, may be very productive, just as rational and strategic KT approaches may sometimes completely fail (Shaw, 2017). It is at least worth a try.

Another direction to explore is how technology mediates mundane work, both within KT specifically and in the health sector more widely. A case that did not end up being part of this dissertation, but that does provide a clear ‘loose end’ to fiddle with, is that of community health entrepreneurs (Borst, Hoekstra, et al., 2019). The community of health entrepreneurs that I studied in rural Uganda were – government or NGO trained – ‘lay’ health workers. They were not formal health workers in the sense that they were nurses, doctors, or midwives. Yet they constituted the first level, or entry point, of the formal health system. Building on elements of social entrepreneurship, a Dutch NGO provided these lay health workers with additional supplies, instruments, and training so as to enrol them in a social franchising business that both empowered these health workers and improved the quality of their services. These community health entrepreneurs were provided with tablet computers which allowed them to build an administration, but, more importantly, they could use this tablet to show health promotion videos to their clientele. Contrary to how this was expected to work, these videos on their tablets attracted fellow villagers, friends, colleagues, not necessarily because they were interested in the promotional message, but because it provided a new form of entertainment. The interactions that these tablet-based videos mediated were quite mundane, but they also led to what might be considered KT: parts of the health promotion knowledge was translated through these videos. With this example I seek to show that by expanding the notion of

56 Shaw (2017) argues that this notion is commonly misunderstood. It is ascribed a negative connotation whereas for Feyerabend this meant to signify that both rationalised, scientific endeavours and more mundane inquiries do not provide any guarantees as to their potential successes or failures.

KT, and combining this with a notion of mundane work, we may look at technological mediation differently.

Finally, the perspective on mundane work allows researchers to follow the threads of what Horstman (2019) calls ‘webs of accountability’. As briefly addressed in the introduction of this dissertation, KT may serve as a disciplinary set of tools and instruments. Historically, heavily indebted countries in the Global South have been prone to so-called structural adjustment programmes of the World Bank and the International Monetary Fund. Countries that enrol in these programmes are required to implement radical policy changes⁵⁷ to be eligible for new loans provided by these two organisations. KT, and its ‘parent’ agenda of evidence-informed policy-making, could be seen as a logical extension of such programmes. In this case, the calls for making policies more evidence-informed position science as the problem-solver in what are eventually not scientific, but normative problems (e.g. ‘If you amend a health policy for internally displaced persons, you become eligible for additional loans’). Such webs of accountability may often be inscribed in KT logic, and consequently also in practices of mundane work in KT. They connect the North and South, sometimes in unexpected places (M’charek, 2020). Similarly, they might cause the local to be opposed to the global (Horstman, 2019; Latour, 2018), for instance by valuing international scientific articles higher than a report produced by a local NGO. This, in sum, forms perhaps the most complex suggestion for future research: how does mundane work (re)produce webs of accountability and what might be productive alternatives? A final suggestion here is to start tracing the different connections between global and local within mundane work and in particular the role that these connections play both in necessitating and facilitating mundane work.

57 Which usually focus on neo-liberal principles of privatisation, reducing trade deficits, and creating environments more conducive to (international) trade.

REFLEXIVE NOTES

“Some of the theories surrounding [the title of the song ‘Beast of Burden’] are very intriguing, but they’re about as divorced from reality as can be. I find it quite amusing that there are people in the world who spend a lot of their time trying to decode something that is, at the end of the day, completely undecodable. I mean, even I’ve forgotten the code!” Keith Richards, November 2017, Harper’s Bazaar

Having articulated answers to my research questions, implications thereof, and an agenda for future research, it is now time for me to reflect. In writing these first words of my reflexive notes, I think back about the places I have been to, the people I have met, and the lessons I have learned. The first thing that then comes to mind is a question that bothered me throughout all these interactions, which was: ‘am I reading too much into this?’ Is this mundane work, or something else? Was I perhaps, to use the words of Keith Richards, attempting to decode something undecodable? Some things are just what they are. Yes, stickers are sticky and convey messages, of course we know that regular phone calls sustain interaction,⁵⁸ and surely every frontstage includes a backstage.⁵⁹ But are they important enough to dedicate an entire dissertation to? Besides, one of the key aspects of what I see as mundane work is that it is so difficult to grasp: there are neither blueprints for such work, nor are there ways of reducing it into ‘key lessons’ to be transferred elsewhere – that would neglect the situated and contingent nature of mundane work. I tried to do justice to such contemplations by not pinning down mundane work to one thing, or definition. Yet, mundane work comprises a lot, but clearly not everything. So if I would be browbeaten into *defining* mundane work, what would that definition be? To me, mundane work is both a time-space, an assemblage of activities, and an analytical sensitivity. It evolves besides more formal work,

58 See chapter three.

59 See Goffman (1956).

barely noticeable, and consists of somewhat routinised and seemingly⁶⁰ simple acts; it is what I, as a Global Health researcher, decided to pay attention to, but which could also be ignored.

Sticking fingers in sockets⁶¹

(...) even smart kids stick their finger in electrical sockets sometimes. It takes time to figure things out."

Captain Sharp (played by Bruce Willis) in Moonrise Kingdom, Wes Anderson

As participant of an STS graduate school, and having worked in an STS-infused professional work environment, the field's anti-essentialist and descriptive stance unknowingly became my academic nemesis: how can I study a practice that so clearly seeks to intervene, that upholds a very explicit and outspoken normative position (i.e. more knowledge = better policies), whilst using theory that not only seems, but often is, the direct ontological and epistemological antipode of that practice? To answer that question, I will return to Captain Sharp's words. The act of sticking ones finger in an electrical socket under current is incredibly dangerous. Parents meticulously shield electrical sockets⁶² to prevent their children from receiving a potentially lethal shock. Having survived my toddler 'finger-in-socket-sticking' phase of life, I found myself, in absence of a travel adapter, fiddling with pencils in sockets in an attempt to charge my laptop to write down my fieldnotes. I eventually

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- 60 This is a reflection in a footnote: the word 'seemingly' is often used together with mundane. The phrase 'seemingly mundane' is commonplace in STS and often describes those things that some actors might see, or call, mundane, while they actually are not. Although I have used that phrase myself, I now think it is a mistake: some things *are* mundane and that is perfectly fine.
- 61 I love sockets. During my PhD I trained myself into becoming a lay electrician. To me, few things beat this electrical tinkering, in which sockets play a key role.
- 62 Free bonus tip: using so-called socket covers (sticky twisting plates) is a bad idea, as these shields result in a poor contact between plug and socket.

found out that I could obviously also borrow an adapter from a fellow traveller. It takes time to figure things out. What perhaps took me the longest, was the realisation that my biggest pitfall in writing this dissertation was the fear of reduction: pinning something down, drawing lines, answering difficult questions, using the word 'is'. Despite this fear, and with a regular push from my supervisors, I muddled through. In doing so, I tried to do justice both to STS' critical stance, and to the normative agenda that is inscribed in KT work. We might now and then need to stick our finger in a metaphorical (!) socket to realise that not all fears are evenly well-founded.

Beyond criteria

In this final reflexive note, I want to zoom in on the role of quality and reporting criteria in Global Health research. I already touched upon this topic when discussing the implications of this dissertation, but this time I want to reflect a bit further on the performative effects of such criteria and how I personally interacted with them in my studies.

I describe in the introduction of this dissertation that I position myself on an intersection between different fields and disciplines. In practice, however, my publications were directed at health policy and health systems research audiences. Most of my publications aimed to relay insights from STS into the health policy and systems research field. I did this not merely for the sake of relaying, but because I was convinced that specific conceptual assemblages from STS could open-up conceptualisations of KT in Global Health. What I only realised later is that my use of STS also imported a specific methodological attitude, or what apparently looked like an *un*methodological attitude in the eyes of the editors and reviewers that I came across. It is, for instance, quite common in STS to be relatively unconfined in terms of methodology. Instead of building on strict interpretations of how a specific methodology must be practised, the field builds on principles such as representation, reflexivity, and an overall (self)critical stance to build narratives of empirical observations. In most STS journals, it is therefore common to find contributions that are short in methodology but extensive in empirical narrative.

I experienced that the methodological attitude that is quite common in STS, is rather unsatisfactory to most editors and reviewers in more health-related literatures. When I submitted our critical interpretive synthesis⁶³ to a health policy journal, the immediate response was that we would have to perform an additional analysis on bias and quality of the records that we included in our synthesis. Besides, we would have to fill out an extensive reporting checklist – which also assumes that you have abided to a set of reporting criteria. We were, for instance, obliged to “*list and define all outcomes for which data were sought.*” and “*provide registration information for the review*” (Page et al., 2021). Because we deemed it important to reach a health policy audience, we adapted our manuscript in accordance with these requirements and we performed substantial justification work when we were not able to adhere to a criterium. As a result, the manuscript became a relatively monstrous amalgamation of a positivist way of accounting for objectivity in literature reviews and a ‘findings’ section that analyses and discusses STS and health policy and systems research literature in an unstructured and interpretive way.

The example in the previous paragraphs shows that quality and reporting criteria may provide an obstacle in seeking to build cross-fertilisations between more sociological and health sciences literatures. An important reflection here is that I, as a researcher and author, played an important role in working around the different criteria in an attempt to connect the different literatures. Sometimes, this felt like jumping through a mandatory hoop. I find it therefore important to draw attention to possibilities of moving beyond quality and reporting criteria as guardians of scientific objectivity. This is also important in terms of being able to represent mundane work in the KT literature. One option could be to *implement* a sociological section in health sciences journals, or to make editorial boards of such journals more diverse in terms of training and epistemological position.

63 The methodology of this synthesis, as presented in chapter two, initially seemed a productive compromise to us: we would have to work a bit more confined but would be able to relate more closely to the health literature in terms of our methodological attitude.

FINAL WORDS

I began this dissertation by stating that ‘we are at war in Global Health’. This statement was a clear reference to the words of the WHO director that I quoted, but it also signified two other things. First, it drew attention to an epistemic divide that is prevalent in the KT literature. Scholars and practitioners on one side of this divide argue for more rigour, more structure, and less bias. The actors on the presumed other side, myself included, legitimise their position by stating that they are unlike their positivist colleagues. I invite both sides to use the mundane as a place to meet and socialise. Second, the statement pointed at a tendency to define the world in terms of conflict. When I started the outline of this dissertation’s introduction, the Russian Federation began its war on the people of Ukraine. It is actual wars like this that show how unfitting it is to use war metaphors for more harmonious skirmishes. At the same time, there are numerous people around the world who lack access to a basic standard of health and well-being, who are not in a position to go home after their ‘folk’ work, or who live in a prosperous country, but remain invisible to policymakers. At the risk of overly romanticising the role of scientific research, I do think that the field of KT can, and does, play an important role in improving the health of people worldwide by seeking to make policies more equitable and effective. It is perhaps not a war, but there certainly is much to be conquered. This dissertation, and its many loose ends, provide an important personal starting point in this new journey. I am comfortable with there being loose ends, for I have not quite finished yet;

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Summary

Much has been said and written about the relations between scientific research, policy-making and (healthcare) practice. Especially about how the use of knowledge from scientific research in policy and practice ought to result in all sorts of improvements. This book is different. It is different in that it does not present yet another model for improving the translation of knowledge from scientific research into policy and practice. It is also different in that it – at least temporarily – brackets our deeply entrenched understandings of knowledge translation in health policy and practice. Instead, practices of knowledge translation are approached as an empirical object. An object that can be observed in its various forms, whose actors can be followed, and whereby it can be liberating to critically question its existing logics.

Underneath this book's empirical approach to knowledge translation lies an ambition to better understand several issues that are regularly experienced in the knowledge translation field. The literature on knowledge translation, and related fields, for example, commonly acknowledges problems with the implementation and contextualisation of knowledge translation tools and instruments. Similarly, knowledge translation scholars struggle with the temporary and project-based nature of most of their work – which impairs them in sustaining knowledge translation practices over time and place. The relevance of this book and its analyses resides precisely in problems such as these. In particular, by both zooming in on the specific actors that perform knowledge translation activities and by zooming out and considering the wider network in which such practices enfold, it becomes possible to disentangle these problems.

Now that it is clear what this book seeks to achieve, it is important for readers that are initiated in the field of knowledge translation to reiterate that this book does not specifically focus on 'knowledge translation' in *sensu stricto*. In this book, knowledge translation is treated as a phenomenon that can take numerous shapes. It comprises a wide constellation of practices in which actors attempt to organise new connections between research, policy-making processes, and health(care) practices. Most importantly, this book shows that a substantial part of knowledge translation does not rely on the use of instru-

ments, but takes place through so-called mundane work. This mundane work of knowledge translation actors is barely acknowledged, or often even actively concealed for the pursuit of objectivity and impartiality.

Despite the fact that this book's shift towards an appreciation and better understanding of mundane knowledge translation work might appear as a mere rhetorical trick, or academic exercise, it does present far-reaching consequences for how knowledge translation is conceptualised and studied. If knowledge translation indeed proceeds for some extent through mundane work, it becomes important to recognise and value such work as such. Accounts of knowledge translation can include descriptions of the (underlying) mundane work that enabled the use of specific instruments or tools, whereas knowledge translation scholars might depart from the idea that it is only the instruments and tools that must do the work.

A substantial share of the work in this book took place in the spheres of global health. Logically, global health scholars and practitioners thus also form an important audience for this book. Knowledge translation is not exclusively a global health activity; on the contrary, there are several strands of practice and literature worldwide, also outside healthcare and health policy, that use similar instruments and tools, and aspire comparable impacts. While some of the findings in this book are perhaps more universal (e.g. the suggestion to move from sustainability to sustaining work in chapters two and three), others are very specifically directed at knowledge translation in global health (e.g. chapters six and seven). Yet, this is not explicitly a book about how global health works, nor specifically a book about knowledge translation can be done. This is meant to be a book that sets the stage for ways of studying and doing knowledge translation that are sensitive to the importance of mundane work.

Noticing mundane work in knowledge translation more often, and especially a plea for valuing such work more, is not an innocent endeavour. Sometimes mundane knowledge translation work is purposively concealed, for instance because actors might feel more secure being away from public scrutiny. Simi-

larly, sometimes it is precisely in such less regulated forms of work that discretionary space can be exercised. By bringing mundane work to the fore, there also comes a risk that such practices are captured by regulatory frameworks, performance measurement systems, and knowledge translation scholars seeking to fit all complexity in models and checklists. An important avenue for future research is thus to explore the balancing act of (un)concealing mundane work in knowledge translation.

Every chapter in this book zooms in on a different aspect of doing mundane knowledge translation work. While chapters two and three specifically focus on mundane work directed at sustaining knowledge translation practices, chapters four and five show that even well-delineated knowledge translation instruments (in this case for stakeholder engagement) require constant negotiation to make such instruments generative and demand mundane work directed at envisioning who actually constitutes a stakeholder, or potential user of knowledge. Chapter six revolves around another specific type of mundane work, this time with the purpose of aligning knowledge translation plans and strategies with the dynamics of the environments in which they seek to intervene. Chapter seven, the final empirical chapter, presents an auto-ethnographic account of doing and studying knowledge translation in the context of global health. It proposes an approach of ‘staying with’ disconcertment during fieldwork to make visible how some types of mundane work are valued differently, depending on the extent they adhere to the dominant imperatives – in this case in global health.

What these overarching reflections on knowledge translation and the importance of mundane work show is that by noticing and recognising mundane work, knowledge translation scholars and practitioners may also gain insights into how they can situate their interventions within the concrete needs and practices of the communities whose health they want to improve. The conclusion of this book therefore presents implications for conceptualising, studying, and doing knowledge translation. The chapter ends with an agenda for future research and some reflexive notes.

Samenvatting

Er is reeds veel gezegd en geschreven over de verhoudingen tussen wetenschappelijk onderzoek, beleid en praktijk in de gezondheidszorg. Vaak richt men zich op het benadrukken dat wetenschappelijk onderzoek allerlei verbeteringen in beleid en praktijk kan bewerkstelligen. Dat is niet wat dit boek bepleit. Dit boek presenteert geen nieuw model voor het beter begrijpen en bevorderen van de vertaling van kennis naar actie in beleid en praktijk. Daarnaast gaat dit boek ook niet uit van de bestaande premisses en het diepgewortelde begrip over hoe kennistranslatie werkt. In plaats daarvan zullen praktijken van kennistranslatie benaderd worden als een empirisch object. Een object dat in vele vormen geobserveerd kan worden, wiens actoren we kunnen volgen en waarbij het bevrijdend kan zijn om bestaande logica kritisch te bevragen.

Onder de empirische benadering van kennistranslatiepraktijken in dit boek, ligt de ambitie om verschillende kwesties die regelmatig voorkomen op het gebied van kennistranslatie beter te begrijpen. In de literatuur over kennistranslatie, maar ook in aanverwante gebieden, worden bijvoorbeeld regelmatig problemen beschreven met de implementatie en contextualisatie van instrumenten voor kennistranslatie. Evenzo worstelen wetenschappers op het gebied van kennistranslatie met de tijdelijke en projectmatige aard van hun werk, wat hen op de lange termijn belemmert in het voortzetten of uitbreiden van kennistranslatiepraktijken. De relevantie van dit boek en zijn analyses ligt juist gegrond in problemen als deze. Met name door zowel in te zoomen op de specifieke actoren, als door uit te zoomen en rekening te houden met het bredere netwerk waarin kennistranslatiepraktijken zich afspelen, wordt het mogelijk deze problemen verder te doorgronden.

Nu duidelijk is wat dit boek beoogt te bereiken, is het – met name voor lezers die ingewijd zijn op het gebied van kennistranslatie – van belang om er nogmaals op te wijzen dat dit boek zich niet specifiek richt op ‘kennistranslatie’ in *sensu stricto*. In dit boek wordt kennistranslatie behandeld als een fenomeen dat vele vormen kan aannemen. Het omvat een brede constellatie van praktijken waarin actoren nieuwe verbanden proberen te leggen tussen onderzoek, beleidsvormingsprocessen en gezondheids(zorg)praktijken. Het belangrijkste

is dat dit boek laat zien dat een substantieel deel van kennistranslatie niet afhankelijk is van het gebruik van instrumenten, maar plaatsvindt door middel van zogenoemd alledaags werk. Dit alledaagse werk van actoren op het gebied van kennistranslatie wordt nauwelijks erkend, of vaak zelfs actief verborgen gehouden in het streven naar objectiviteit en onpartijdigheid.

Ondanks dat de verschuiving in dit boek naar waardering en een beter begrip van alledaags kennistranslatiewerk lijkt op een louter retorische truc of academische exercitie, heeft dit verstrekkende gevolgen voor de manier waarop kennistranslatie wordt geconceptualiseerd en bestudeerd. Als kennistranslatie inderdaad, en tot op zekere hoogte, verloopt via alledaags werk, wordt het belangrijk om dergelijk werk als zodanig te erkennen en te waarderen. In rapporten en artikelen over kennistranslatie kunnen bijvoorbeeld beschrijvingen worden toegevoegd over het (onderliggende) alledaagse werk; werk dat het gebruik van specifieke kennistranslatie of hulpmiddelen mogelijk maakte. Daarnaast kunnen onderzoekers op het gebied van kennistranslatie allicht iets meer de idee loslaten dat het alleen de instrumenten en hulpmiddelen zijn die het werk moeten doen.

Een aanzienlijk deel van het (veld)werk in dit boek vond plaats op het gebied van 'global health'. Logischerwijs vormen actoren in dit veld dus een belangrijk publiek voor dit boek. Echter is kennistranslatie niet uitsluitend een *global health* activiteit; Integendeel, er zijn wereldwijd verschillende disciplines en praktijken, ook buiten de gezondheidszorg en het gezondheidsbeleid, die vergelijkbare instrumenten en hulpmiddelen gebruiken en soortgelijke effecten nastreven. Hoewel sommige bevindingen in dit boek wellicht universeel zijn (e.g. de suggestie om van 'duurzaamheid' naar 'verduurzamingswerk' over te gaan in de hoofdstukken twee en drie), zijn andere hoofdstukken meer specifiek gericht op kennistranslatie op het gebied van *global health* (e.g. de hoofdstukken zes en zeven). Toch is dit niet expliciet een boek over hoe *global health* werkt, noch specifiek een boek over kennistranslatie. Dit boek beoogt ruim baan te maken voor manieren van kennistranslatie en onderzoek naar kennistranslatie die gevoelig zijn voor het belang van alledaags werk.

Het vaker opmerken van alledaags werk in kennistranslatie, en vooral het pleidooi om dergelijk werk meer te waarderen, is geen onschuldig streven. Soms wordt alledaags kennistranslatiewerk met opzet verhuld, bijvoorbeeld omdat actoren zich veiliger voelen wanneer zij nog even buiten de openbaarheid blijven. Daarnaast kan soms juist in dergelijke minder gereguleerde vormen van werk een discretionaire ruimte geschept worden. Door alledaags werk op de voorgrond te plaatsen, bestaat ook het risico dat dergelijke praktijken worden verankerd in vaste kaders, prestatie indicatoren en ten prooi vallen aan kennistranslatie actoren die juist proberen alle complexiteit in modellen en checklists te vatten. Een belangrijke opgave voor toekomstig onderzoek is dan ook het zoeken naar een evenwicht tussen het (ont)zichtbaar maken van alledaags werk in kennistranslatiepraktijken.

Elk hoofdstuk in dit boek zoomt in op een ander aspect van alledaags kennistranslatiewerk. Terwijl de hoofdstukken twee en drie zich specifiek richten op het eerdergenoemde verduurzamingswerk, laten de hoofdstukken vier en vijf zien dat zelfs over goed afgebakende kennistranslatie-instrumenten (in dit geval voor het betrekken van potentiële gebruikers) voortdurend onderhandeld moet worden. Dat vereist steeds ook weer alledaags werk om een betere voorstelling te krijgen van wie die potentiële gebruiker van kennis dan zou zijn. Hoofdstuk zes draait om een ander specifiek type alledaags werk, dit keer met als doel kennistranslatie plannen en strategieën af te stemmen op de dynamiek van de omgevingen waarin ze proberen in te grijpen. Hoofdstuk zeven, het laatste empirische hoofdstuk, presenteert een auto-etnografisch analyse. De analyse laat zien dat het doen aan, en bestuderen van, kennistranslatie in de context van *global health* vaak gepaard gaat met verontrustende gevoelens. Deze gevoelens bieden een belangrijk kompas en door erbij stil te staan worden ook allerhande aannames over waardering van alledaags werk zichtbaar.

Wat deze overkoepelende reflecties over kennistranslatie en het belang van alledaags werk laten zien, is dat door het bemerken en erkennen van alledaags werk, onderzoekers en actoren die aan kennistranslatie doen ook beter inzicht kunnen krijgen in hoe ze hun interventies kunnen situeren binnen

de concrete behoeften en praktijken van de gemeenschappen waarvan zij de gezondheid willen verbeteren. In de conclusies van dit boek worden daarom specifiek implicaties voor het conceptualiseren, bestuderen en vertalen van kennis voorgesteld. Het hoofdstuk eindigt met een agenda voor toekomstig onderzoek en enkele reflexieve overpeinzingen.

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Ik heb even getwijfeld of dit het moment is om je eindelijk eens met correcte aanspreekvorm en volledige titulatuur te adresseren, maar dat, Roland, zou geen recht doen aan hoe jij jouw promotorrol vervuld hebt. In zeer positieve zin. Je bent niet zo van de hiërarchieën. Dat bleek voor mij een verademing, al moest ik er wel even aan wennen. Zo heb ik je nog zeker anderhalf jaar lang gevouvoeyerd. Toen ik na enige tijd eindelijk een beetje ontdooide en aan je vroeg van wat voor een muziek je hield, zette je snoeihard Kendrick Lamar aan – tot grote frustratie van alle andere aanwezigen in dit externe overleg. Ik denk dat dit jou wel een beetje typeert: je combineert je analytische vermogen met een goed gevoel voor humor en een hart voor sociale cohesie. Wanneer ik je een eigenwijs plan voorlegde, en vroeg of het een goed idee was, reageerde jij meestal met een nieuwsgierig lachje en een volmondig ‘natuurlijk’ – ook wanneer je misschien op de achtergrond al wist dat ik het veel te rooskleurig inzag. Dit soort aanmoedigingen zal ik nooit vergeten en maken dat ik op zoek ben gegaan naar mijn eigen stem. Ik denk dat ik die wel heb gevonden. Zo, genoeg veren nu, de koffiemachine doet het weer, in snelle pas de trap op én af en met twee wijsvingers rammen op dat Apple toetsenbord!

In het verlengde van mijn officiële begeleidersteam ligt wat ik voortdurend als mijn ‘informele adviesraad’ heb gezien. Hoewel ik daar heel veel personen onder kan scharen, wil ik een aantal van hen hier specifiek benoemen. Daartoe ga ik eerst even over in het Engels.

Dear Annette, I am not sure whether you are aware, but our brief period working together eventually jumpstarted my interest in knowledge translation and STS. I am incredibly appreciative for everything that I have learned from you, including much editorial advice. Most importantly, your suggestion to keep track of a ‘reflexive diary’ throughout my doctoral work has been a true blessing. I am grateful for the cups of coffee/beer/wine we drank together, and I sincerely hope that our paths will cross ways again in the future.

Beste Kim, ook jij nam zonder het nadrukkelijk te weten zitting in mijn informele adviesraad. Dank dat ik heel vaak van je advies gebruik mocht

maken, soms was dat even snel tussendoor, maar geregeld maakte je met liefde tijd in je overvolle agenda om te praten over het Caribisch deel van het Koninkrijk of de relaties tussen beleid, onderzoek en praktijk. Ik kijk op naar jouw vermogen om bescheiden daadkrachtig te kunnen zijn en jouw streven om met eenieder in gesprek te gaan, ook waar dit ongemakkelijke gesprekken of minder welwillende gesprekpartners betreft.

Beste Tom, meerdere malen heb ik mogen leren van jouw jarenlange ervaring in de Nederlandse gezondheidszorg. Skipr noemde jou ooit een *éminence grise*, maar dat doet wat mij betreft geen recht aan dat je nog steeds op allerlei vlakken, inclusief de voorgrond, heel actief bent. Dank voor alle mooie verhalen over muziek én dat je me hebt geleerd hoe ik een ‘contrapunt’ in mijn argument kan verweven.

Tot slot wil ik het laatste lid van deze informele adviesraad, Iris Bergwerff, bedanken. Wat mij betreft neemt aan een goede informele (promotie) adviesraad altijd iemand deel die zo nu en dan een mentale ‘APK’ uitvoert. Hoewel ik me niets kan herinneren van de allesbepalende IKEA/koe metafoer, heb je me wel degelijk van veel belangrijk advies voorzien. Ik denk nog vaak terug aan onze gesprekken en weet dat ik mede door jouw aanmoediging een evenwichtige *modus operandi* heb gevonden die bij mij past en waarbinnen ik me comfortabel voel.

Een speciaal plekje in dit dankwoord is bestemd voor mijn ‘WTMC familie’, toentertijd mede geleid door ‘mama WTMC’ Bernike. Bernike, ik koester de herinneringen aan onze leuke gesprekken bij het ontbijt, het ‘splitsen’ van de krant en het dansen op ‘Mario’ van *Tout Puissant Orchestre Kinois de Jazz*. Van jou, maar ook van Govert en Anne, leerde ik de basisbeginselen van de STS. Hoewel het eigenlijk nog veel meer ging over het leren om leuk werk te doen. Dank jullie wel! *Dani, I will never ever again try to win a drinking contest from an Englishwoman – thanks for that revelation. Veerle, Jochem, and numerous others in the WTMC family, many thanks for all the good times!*

Vanzelfsprekend richt een groot deel van dit dankwoord zich specifiek tot mijn huidige, maar ook voormalige collega's en vrienden bij hcg. Hoewel we zijn uitgroeid tot een waanzinnig grote groep, blijft het aangename gevoel van een ietwat Bolsjewistische groep vakidioten wel behouden.

Lieve Suus (of toch Susan?), als er iemand veel alledaags werk verricht om de boel een beetje bijeen te houden, dan ben jij dat wel. Ik word blij van ons geouwehoer en kan enorm veel plezier halen uit de gesprekken over ogen-schijnlijk saaie en simpele dingen – zoals die keer dat je toch even een rondje wilde wandelen om het te hebben over het rare fenomeen 'leerstoel'. Bedankt voor al je steun en aanmoediging de afgelopen jaren!

Marthe, Dara, Marjolijn, Marcello, Martijn, Josje, David, en Tineke, toen ik begon bij hcg waren jullie 'de ouderejaars'. Ik vind het onvoorstelbaar dat ik dat inmiddels ook ben, want het lijkt allemaal zo kortgeleden. Marjolijn, ik kan me nog goed herinneren hoe jij me op mijn eerste werkdag tijdens een lunch in het Mandeville-gebouw in vogelvlucht de mores van de vakgroep bijbracht. Martijn, ik kan echt genieten van je mooie verhalen over onder andere duiken en wandelen! Dank voor de vele ontzuisterende gesprekken. Marcello, nog dagelijks leer ik van je. Met plezier nam je me mee in de biografie van Garfinkel en ik zie ernaar uit om dit soort gesprekken de komende tijd te blijven voeren. Dara, ik heb zelden zo hard gelachen als die keer dat we onze Britse en Amerikaanse accenten gingen vergelijken. Met veel plezier denk ik terug aan de taartjes die we samen aten en het moment dat ik een *martenitsa* van je kreeg, precies toen ik er even helemaal doorheen zat. Bedankt voor al jullie steun de afgelopen jaren!

Tessa, Sabrina, Jolien, Nienke, Oemar en Gijs, wij vormden samen het 'nieuwe clubje' aio's bij hcg. Ik heb met jullie allen op heel uiteenlopende manieren een ontzettend mooie tijd bij hcg gehad. Dank daarvoor! Oemar, jouw schaterlach is goud waard. Soms barst die door jouw decorum heen als een donderslag bij heldere hemel, waarna je je vervolgens weer snel herpakt. Ik vind het een leuk streven om in de toekomst wat meer samen op te trekken,

volgens mij kan dat veel moois opleveren. Gijs, toen ik mijn stellingen ging schrijven moest ik aan jou denken. Als er iemand een talent heeft om een stelling vanuit meerdere standpunten te verdedigen, dan ben jij het wel. Zo maakte je mij ooit wijs dat geld ook maar een verzinsel is en we het daarom net zo goed kunnen negeren. Ik heb met veel plezier met je samengewerkt en zal je missen in Rotterdam! Sabrina, wat is het fijn om het soms gewoon heerlijk plat over Temptation Island te kunnen hebben in onze *highbrow* omgeving. Ik ben blij dat we, ondanks je vertrek naar Leiden, wel nog af en toe kunnen borrelen in Rotterdam. Het kon ook niet anders dan dat ik jou zou vragen als paronymf en ik ben heel blij dat je mij ook op die manier wil bijstaan.

Inmiddels zijn meerdere nieuwe generaties promovendi gestart bij hcg, hoewel sommige van jullie ook alweer als een speer gaan. Koray, ik zie ernaar uit dat jouw boekje straks ook af is. Dan kunnen we het tenminste weer over sneakers gaan hebben. *Teşekkür ederim! Amalia, terima kasih, temanku. I herewith like to formally apologise for all my imperialistic epidemiology lectures that you had to attend. But perhaps you should be glad that it weren't lectures about the topic of my dissertation? Let's have a bamischijf together soon.* Hugo, bescheiden als je bent wil je deze dankwoorden ongetwijfeld ook enigszins nuanceren, maar uiteindelijk geldt gewoon dat ik dankzij jou mijn introductie met veel meer plezier heb geschreven. Je nam me in vogelvlucht mee door de werken van onder andere Husserl en daarvoor ben ik je zeer erkentelijk.

Aan alle andere hcg collega's: bedankt voor het door jullie in mij gestelde vertrouwen. Iris, zonder jouw subtiele interventie in Newcastle had ik hier mogelijk niet als postdoc gezeten. Als ik opnieuw zou moeten promoveren, dan zou ik jou zeker als promotor willen! Lieke, als iemand het vermogen heeft om een tekst of verhaal te ontdoen van alle onnodige opsmuk, dan ben jij dat wel. Een eerdere versie van mijn inleiding en conclusie voorzag je van zeer helder commentaar. Ik weet niet of ik daar volledig recht aan heb gedaan, maar ik ben enorm dankbaar voor je hulp in het komen tot dit proefschrift. Erna, de puntkomma staat erin hoor, heb je hem gezien? Regianne, *muito obrigada for all your support and kind words over the years. You are a true friend.*

Bert, je bent nog niet van me af! In ons nieuwe project kunnen we samen lekker losgaan met alle sociologische theorie, en metaforen over water en stromingen. Hester, ik had niemand anders als voorzitter van mijn leescommissie willen hebben. Ik hoop dat ik de komende tijd ook nog vaak van jou mag leren en zie uit naar je oratie. Annemiek, jouw liefde voor ANT en simpele dingen heeft mij enorm geïnspireerd! Bedankt allemaal!

Many thanks to all colleagues and friends who I collaborated with in the NWO SURe programme. Dachi and Ekpereonne, thank you for initiating me into the world of Nigerian food, and office politics – I really enjoyed our time together. Prof. Martin, thank you for sharing your lessons and for having been able to tap into your knowledge and wisdom of life. Abla, Kimberley, Noor, Françoise, Anke, and Ali, thank you for our wonderful times in Jordan. Ali, I still remember the delicious knafeh from Habibah Sweets - shoukran ktir.

Mon cher Moustapha, merci beaucoup pour les nombreuses leçons que tu m'as données lors de notre séjour à Yaoundé. Je repense souvent à tes cours de sociologie rurale, à nos nombreux voyages en voiture pour trouver qui interviewer et aux bières fraîches que nous avons bues avec tes amis et tes collègues. Je ne sais pas si je suis devenu le "Big Man" que tu avais imaginé, mais j'espère certainement t'avoir rendu fier. Merci pour tout, Docteur !

Professeur Pierre, je vous remercie pour vos conseils et de m'avoir initié aux aspects pratiques et aux réalités quotidiennes de l'élaboration de politiques de santé fondées sur des données probantes. J'ai hâte de vous apercevoir, coiffé de votre chapeau de marque, quelque-part dans le public d'une conférence sur la santé mondiale.

Beste Giovanni, jouw lange adem en eeuwige goede humeur vind ik zeer bewonderingswaardig. In die paar jaar dat we elkaar nu kennen, heb ik al veel van je mogen leren. Wanneer ik er met het schrijven van mijn proefschrift even doorheen zat, moest ik denken aan jouw bekende woorden: "Robert, we moeten ons gewoon niet zo druk maken. Dat helpt niets." *Masha danki pa tur kos!*

Tijdens mijn promotie had ik de eer om samen te werken met een aantal kritische en gepassioneerde studenten. Ik wil in het bijzonder Zita Swaders en Olivia Hobden bedanken. Zita, wat hadden we het gaaf in Mubende. Ik zie ons nog zitten, achter in de auto bij Lt. Calvin met snoeiharde hiphop over de luidsprekers. Dank voor de mooie tijd daar! *Olivia, it was a pleasure to work together in Jordan. Even though this was the most chaotic thesis project by far, you still called me 'the best supervisor ever'. What you did not know was that I had absolutely no idea what I was doing as supervisor, but that mode apparently suited you well – thank you for trusting in me!*

Lieve Boris en Annemieke, het is me helaas niet gelukt om te promoveren op de associatie tussen *shuttle run test scores* en *Body Mass Index*. Dat was écht te hoog gegrepen. Maar ons eerdere premasteronderzoek naar deze uiterst relevante vraag behoort wel tot mijn veldwerk top-10. Jullie weten inmiddels dat mijn vele beloften 'om snel weer af te spreken' met een korrel zout genomen moeten worden. Maar, nu is mijn proefschrift af... dus: laten we snel weer afspreken!

Lieve pap, mam, het is klaar hoor. Ik beloof dat ik nu weer iets vaker mijn handen laat wapperen op de volkstuin! Want al dat denken en schrijven alleen, is ook maar niets. Dank voor jullie eeuwige optimisme, de vele ritjes van en naar de luchthaven (ook midden in de nacht) en voor de fijne en veilige plek waar ik altijd thuis kan komen. Ik hoop dat jullie met trots kunnen kijken naar jullie eigenwijze zoon die wel heel erg op zijn eigenwijze opa Siem lijkt.

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Lieve, Jannie, Frans en Max, het was voor jullie ongetwijfeld even schrikken toen Josje met een boef uit Almere thuiskwam. Dat ik vrijwel direct daarna ondersteboven in een keukenkastje een kraan repareerde maakte een hoop goed. Nu, meer dan tien jaar verder, heb ik er een tweede 'thuis' bij – dank jullie wel daarvoor! Ik had mij geen fijnere schoonfamilie kunnen wensen.

Jelmar, guido, na al die jaren verdraag je mijn wispelturige buien nog steeds. Dat ligt natuurlijk aan die sterke basis die bij Almere4You werd gelegd, of zijn het toch die gezamenlijke ervaringen als nachtbrakers (*pun intended*) en *nightgym*-bezoekers? Zonder dollen: ik ben ontzettend blij en dankbaar dat ik door dik en dun op jou kan rekenen. Tijdens mijn verdediging sta je naast me, als vriend en als paronymf – dat stelt me gerust en ik zie ernaar uit om nog vele jaren samen op te trekken!

Lieve Olivier, met jouw geboorte en het verloop van je hartafwijking viel je buiten vele standaarden van de *evidence-informed* gezondheidszorg. Je koos je eigen pad en verrichte in de eerste weken van je leven behoorlijk wat 'alledaags werk'. Vergelijkbaar met het alledaags werk in dit boek, is jouw toenmalige werk niet altijd meer zichtbaar. Het is daarom ook niet onvoorstelbaar dat je later, wanneer je dit eenmaal kunt lezen, papa maar een grote aansteller vindt. Je bent een kanjer en ik draag dit proefschrift graag op aan jou.

Liefste Josje, ik herinner me nog dat ik tijdens de afronding van mijn proefschrift zei: "*De komende maanden ben ik niet gezellig en ik zal er ook weinig zijn.*" Dat was misschien niet zo tactisch... Ik kreeg de maand augustus van je, want er moest immers ook gewoon voor Olivier worden gezorgd. Zo is het ook gegaan: ik schreef mijn inleiding en conclusie in vier weken en kwam er trots mee thuis. Jij zorgde er vervolgens voor dat ieder moment, hoe klein soms ook, groots werd gevierd – met veel wijn en lekker eten. Sinds die eerste dag dat we elkaar ontmoet hebben – allebei werkende bij de 3T MRI-scanner in het AMC – vertrouw je op mijn kunnen. Je spoort me aan om te dromen en hard te werken om die dromen om te zetten in ambities en daden. Ik zie enorm uit naar onze toekomst samen!

Curriculum Vitae

PHD PORTFOLIO

Name: Robert Borst

Department: Erasmus School of Health Policy & Management (ESHPM)

PhD period: 2017 – 2022

Promotor: Prof Roland Bal

Copromotores: Dr Rik Wehrens and Dr Maarten Kok

Courses

Netherlands Graduate Research School of Science, Technology and Modern Culture (WTMC)

- 2017 (Re)Inventing Responsibility and Innovation (workshop)
- 2018 Doing Comparison (workshop)
- 2018 Infrastructures (summer school)
- 2018 Smart (workshop)
- 2019 Post-Colonial
- 2019 Experimenting, or Trying to Change the World with STS

Other courses

- 2018 Qualitative coding with ATLAS.ti
- 2018 Your personal PhD work-life balance: how to do less, but achieve more
- 2018 Hostile Environment Awareness Training
- 2019 Great thinkers of the 20th century

Contributions to conferences, seminars, and symposia

- 2017 *The Dynamics of Healthcare Innovation in Context*
'Complexity Workshop', Green Templeton College, Oxford University, Oxford
- 2017 *The role of stakeholder engagement in supporting implementation of a tobacco control return on investment tool: A study of scale and spread in*

- five European countries* (invited by the European Commission, with Annette Boaz)
Pre-conference workshop to the European Public Health Conference, Stockholm
- 2018 *Knowledge infrastructures in health research: Is there a role for an 'engaged' STS in enriching knowledge translation platforms?*
WTMC Summer School presentation, Ravenstein
- 2018 *Reaching the rural in Uganda: a cluster-randomised exploration of community health entrepreneurs' impact on sexual and reproductive health*
International AIDS Conference, 22nd edition, Amsterdam
- 2018 *A sustainable approach to providing HIV services and information at the community level: a longitudinal exploration of female community health entrepreneurs' performances*
International AIDS Conference, 22nd edition, Amsterdam
- 2018 *How to assess the functioning and institutionalisation of Knowledge Translation Platforms? The development of a KT-platform scan.*
Fifth Global Symposium on Health Systems Research, Liverpool
- 2019 *Embedding and institutionalising knowledge translation networks*
Health Systems Global webinar 'Institutionalizing Knowledge Translation: Characteristics, Cases, and Lessons'
- 2019 *Engaging with What?*
Presentation during WTMC annual day PhD Panel: Changing the World with STS(?), Amsterdam
- 2019 *From deliberative dialogue to impact: assessing and improving the translation of knowledge into better health*
European Public Health Conference, 12th edition, Marseille
- 2020 *Assessing and enhancing the impact and responsiveness of knowledge translation initiatives: lessons learned from Jordan, Cameroon, and Nigeria*
Sixth Global Symposium on Health Systems Research, Dubai (online)
- 2020 *'Global Health' is dead, long live global health?*
EASST/4S, Prague (online)

2022 *‘What makes knowledge-to-action processes work?’*
Fifth Fuse International Conference on Knowledge Exchange in
Public Health, Newcastle

Peer-reviewed articles

Hasnida, A., **Borst, R. A. J.**, Johnson, A. M., Rahmani, N. R., van Elsland, S., & Kok, M. O. (2016). Making health systems research work: Time to shift funding to locally-led research in the South. *The Lancet Global Health*, 5(1), Pe22-e24.

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Other publications

Borst, R. A. J., Hommerson, S., Jurriens, M., Kok, M. O., & van Wieringen, M. (2016). Talma uitgave: ‘Faciliteren van innovatie’ (D. Bannink, E. van der Hijden, X. Koolman, & S. Ybema, Eds.). Vrije Universiteit Amsterdam.

Farley-Ripple, E. N., Boaz, A. L., Oliver, K., **Borst, R. A. J.**, & Zhang, X. (2018). Mapping the field: Use of research evidence in policy and practice. Center for Research Use in Education.

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Borst, R. A. J., Kok, M. O., Wehrens, R., & Bal, R. (2019). Supporting translation of knowledge into better health: A critical interpretive synthesis of knowledge translation and Science & Technology Studies literature. Erasmus School of Health Policy & Management.

Poirrier, C., Valmeekanathan, A., Borst, **R. A. J.**, & Williams, T. (2019). Institutionalizing Knowledge Translation: Characteristics, Cases, and Lessons. *Health Systems Global*.

van der Woerd, O., & **Borst, R. A. J.** (2019). Pauline Meurs RVS-afscheidsbijeenkomst: “Wie voelt zich nog echt verantwoordelijk?” Raad voor Volksgezondheid & Samenleving.

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Journal referee

Ambio

BMC Medical Research Methodology

Health Policy and Planning

Health Research Policy and Systems

Health Sociology Review

International Journal of Health Policy and Management

PLOS ONE

Research Involvement and Engagement

Teaching activities

2017	Tutor in bachelor's course 'Inleiding Methoden en Technieken' (in Dutch)
2018	Tutor in premaster's course 'Kritische Studies van Management en Innovatie' (in Dutch)
2017 – 2021	Tutor in master's course 'Quality & Safety of Healthcare'
2021	Tutor in master's course 'Advanced Research Methods'
2022	Tutor in master's course 'Governance & Strategy'

Supervisory activities

Supervised in European Master's in Health Economics and Management

Carmel van den Berk
Caroline Schoon
Laura van Lint
Olivia Hobden

Supervised in master's programme Health Economics Policy and Law

Amber Vernooij
Priya Somai
Savina Booi
Sheetal Nicolaas
Tessel Wijne (winner of the Best Qualitative Thesis Award)
Machteld Broug
Tiffany Hansen
Margo Breen
Nina Nefs
Marie-Anne Tolhoek

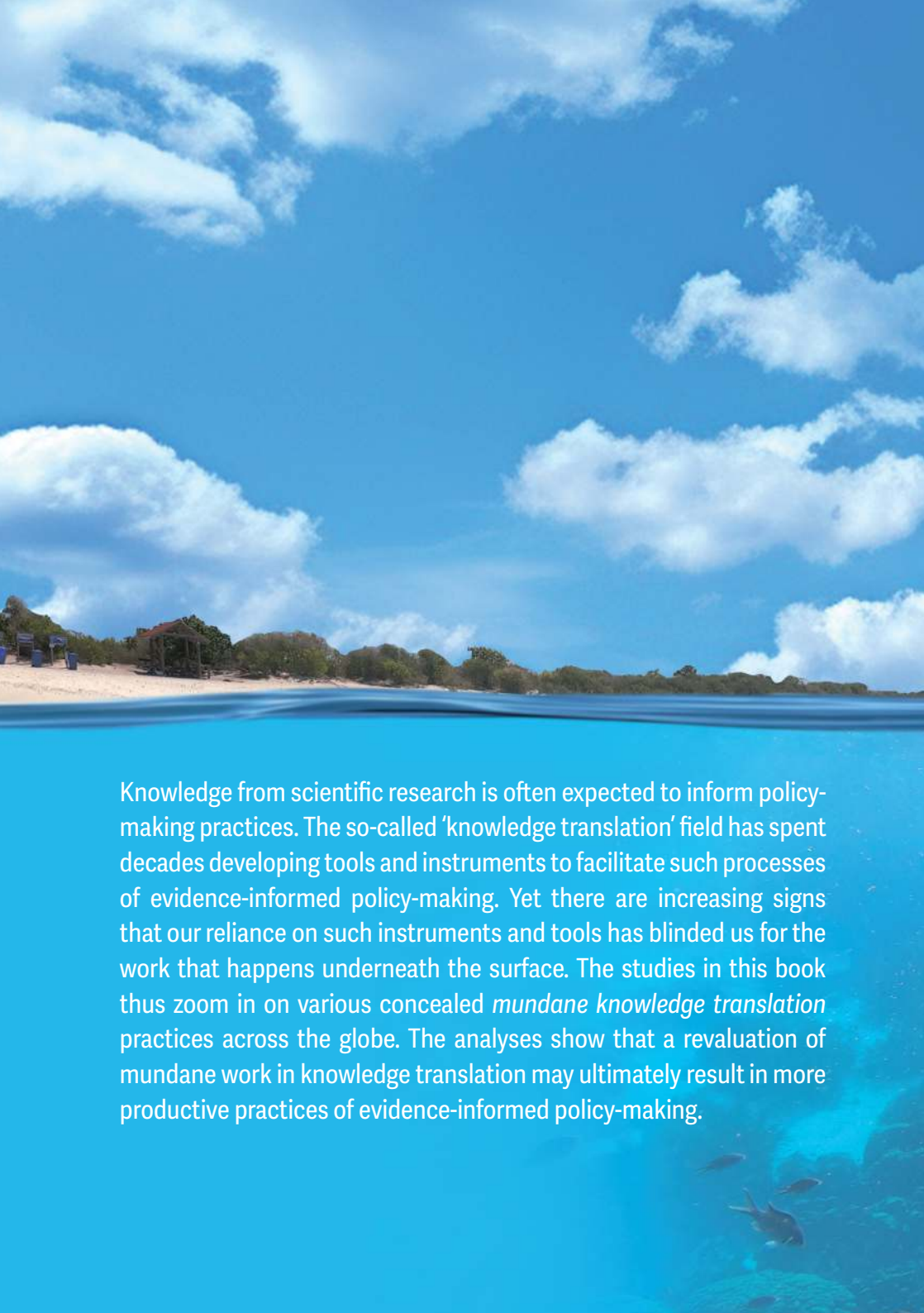
Ancillary activities

2016 – 2018 Uniting Streams board member

- 2016 – 2023 External examiner for the bachelor’s programme ‘Medical Imaging and Radiation Therapy (MBRT)’, Inholland University of Applied Sciences, Haarlem
- 2018 – 2020 Scientific committee member Health Systems Global
- 2021 – 2022 Editorial Board Member for a WHO tool to support the institutionalization of evidence informed policy-making
- 2021 – present Committee member for the ‘Palliatie II’ programme of ZonMw

ABOUT THE AUTHOR

Robert Borst was born in Almere on the 8th of March 1992. He studied Medical Imaging and Radiation Therapy at Inholland University of Applied Sciences (Amsterdam) between 2009 and 2013. In 2015, he obtained a cum laude master's degree in health sciences from Vrije Universiteit Amsterdam, with a specialisation in International Public Health. For his master's thesis, Robert worked with Prof Annette Boaz and ethnographically studied how the engagement of potential users in research affected the impact of a multi-million European Commission funded Seventh Framework project. Meanwhile he worked as a teaching assistant in methodology and applied biostatistics at the Vrije Universiteit Amsterdam. Upon completing his thesis, Robert started as a research associate at Kingston University and St George's University of London (2016), (assistant) lecturer and researcher in methodology and applied biostatistics at Vrije Universiteit Amsterdam (2014 – 2017), researcher in healthcare innovation at Vrije Universiteit Amsterdam (2016), and global health researcher at Erasmus University Rotterdam (2016 – 2017). In 2017, Robert started as a PhD candidate in Science and Technology Studies (STS) at Erasmus School of Health Policy & Management. His PhD research focused on the role of mundane work in knowledge translation practices within global health. In particular, Robert showed that relatively humdrum activities and efforts play a crucial role in informing policy-making practices with knowledge. During his PhD, Robert attended and graduated from the Netherlands Graduate Research School of Science, Technology and Modern Culture (WTMC). Robert currently works as a postdoctoral researcher at Erasmus School of Health Policy & Management. Yet again, he works on an intersection; this time between healthcare governance, STS, and (flood) disaster management. Robert lives in Woerden, with his girlfriend Josje and son Olivier.

The background of the page is a vertical split image. The top half shows a bright blue sky with scattered white clouds over a sandy beach with some greenery and a small building. The bottom half shows a clear blue underwater scene with several fish swimming near the bottom. The text is overlaid on the bottom half of the image.

Knowledge from scientific research is often expected to inform policy-making practices. The so-called 'knowledge translation' field has spent decades developing tools and instruments to facilitate such processes of evidence-informed policy-making. Yet there are increasing signs that our reliance on such instruments and tools has blinded us for the work that happens underneath the surface. The studies in this book thus zoom in on various concealed *mundane knowledge translation* practices across the globe. The analyses show that a reevaluation of mundane work in knowledge translation may ultimately result in more productive practices of evidence-informed policy-making.