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Knowledge Mobilisation Strategy for the NIHR Health Protection Unit Respiratory Infections 2025 to 2030

Contents

For questions and comments about the strategy please contact Dr Raheelah Ahmad Knowledge Mobilisation Lead (raheelah.ahmad@citystgeorges.ac.uk), or Samuel Evetts, Manager (s.evetts@imperial.ac.uk).

1. Background

The National Institute for Health Research (NIHR) is the nation's largest funder of health and care research and provides the people, facilities and technology that enables research to thrive. Health Protection Research Units (HPRUs) are funded by the NIHR. Their goal is to support the UK Health Security Agency (UKHSA) to protect the public's health by providing high quality research evidence to help keep the public safe from current and emerging public health threats. The NIHR HPRUs focus on collaboration and knowledge sharing and play an important role in maintaining and growing the UKHSA scientific expertise and future workforce. There are 13 HPRUs across the country and each HPRU is a collaboration between UKHSA and one or two universities.

The aim of the NIHR HPRU in Respiratory Infections at Imperial College London (ICL) is to support UKHSA in protecting and improving the public's health through better application of cost-effective public health interventions. The HPRU in Respiratory Infections has four research themes:

Theme title	HEI Theme Lead	UKHSA Theme Lead	Deputy HEI Theme Lead	Deputy UKHSA Theme Lead
Pandemic-preparedness	Joe Fenn	Gavin Dabrera	Seran Hakki	Anika Singanayagam
Surveillance and Analytics	Simon Lusignan	Jamie Lopez Bernal	Marc Bageulin	Meera Chand
Interventions	John Tregoning	Conall Watson	Anne Cori	Katja Hoschler
Tuberculosis	Peter Dodd	Esther Robinson	Ellen Brooks Pollock	Sharon Cox

The HPRU strategic coordination remains responsive in its research capacity to address emergent threats and ensures that the partners' proven track record in translational medicine remains harnessed to directly address public health priorities and health inequalities.

From its inception in 2014, the first NIHR HPRU Respiratory Infections prioritised evidence translation activities to ensure impact of research-based knowledge. In the first commission engagement work with civil society to improve access to latent TB screening for new-entrants is just one example of the innovative methods used to address blocks in the translation pathway (Berrocal-Almanza et al, 2019; Mitchell et al, Int J of Tuberc Lung Dis 2019: 'Reservoir of infection' or 'fount of knowledge'? Forging equal partnerships and shifting power to address latent TB). During the second HPRU commission, our highly responsive work on the COVID-19 pandemic including the INSTINCT *(Integrated Network for Surveillance, Trials and Investigations into COVID-19 Transmission)* and ATACCC *(Assessment of Contagiousness of COVID-19 Contacts)* studies delivered high quality research evidence that critically informed and continues to inform public health policy with tangible health and economic societal benefits (https://www.imperial.ac.uk/medicine/nihr-hpru-respiratory-infections/responsive-research/). Broader learning specifically for knowledge mobilisation from the pandemic was also synthesised (Ahmad et al 2022).

With this experience and performance from the two former commissions, the HPRU has fostered a culture where knowledge mobilisation is fully embedded in the work of the HPRU and part of usual practice for theme leads, researchers, doctoral students and collaborators.

The current strategy further strengthens these overarching aims, sets out our objectives and targets against a short (by December 2026), medium (December 2028), and long-term (April 2029) timeframe. Each of the targets will be reported on annually.

2. Defining knowledge mobilisation

The simplest definition of knowledge mobilisation (KM) is the process of optimising the use of research generated knowledge (Davies et al, 2015). Connecting research-based activities and outputs with those involved in influencing decisions or charged with making decisions about public policy and professional practice is complex but is easier when problems are defined and tackled collaboratively. Knowledge mobilisation (the process) is focussed on action as an output, which leads to benefit for society. Knowledge mobilisation is broader than, and encompasses, dissemination, knowledge transfer (knowledge-push), and knowledge exchange (less emphasis on action).

The strategy adopts the definition of knowledge mobilisation put forward by EvIR (Ensuring Value in Research): *Actively bringing stakeholders together to share, respond to, and act upon research findings,* and in doing so ensuring that research-based knowledge is relevant, useable and reducing duplication through 'un-used' research findings.

Additionally, and particularly important in healthcare, implicit in KM, are aims of democratisation of knowledge as knowledge is a facet of power. In other words, shared ownership and equity of knowledge are key tenants. This aligns with our inclusive research approach and addressing inequalities in population health.

There is an evolving body of literature in the KM field which outlines helpful techniques in the facilitation of KM, conversely, growing evidence of ineffective techniques. We incorporate this learning within our strategy and use six techniques from *Using Evidence: What Works* to help bridge the potential gap between evidence and practice and to realise our aims to actions. These techniques are:

1. **Awareness:** building awareness and positive attitudes towards evidence use
2. **Agree:** building mutual understanding and agreement on policy-relevant questions and the kind of evidence needed to answer them
3. **Access and communication:** providing communication of and access to evidence
4. **Interact:** facilitating interactions between decision-makers and researchers
5. **Skills:** supporting decision-makers to develop skills in accessing and making sense of evidence
6. **Structures and processes:** influencing decision-making structures and their processes.

3. Knowledge Mobilisation Aims & Objectives

To foster a culture for effective knowledge mobilisation as described, we will:

A1. Consider the role of KM throughout the research cycle including the original research question(s)
A2. Strategically engage stakeholders including patients and public
A3. Uses the full toolbox of influencing techniques and channels
A4. Evaluate and learn from impact

Our specific objectives mapped to these aims are as follows:

O1. Consider where and how our research questions have been derived (A1, A2)

O2. Ensure that we maximise the benefits of a multi-disciplinary research team (A1, A3)
O3. Facilitate the translation of new tools into service at UKHSA (A3)
O4. Maximise learning across HPRUs (A2, A4)

O1. Consider where and how our research questions have been derived (A1, A2)

This objective is applicable to every researcher and includes asking three specific questions at the point of generating research questions:
What is the relevance of this research to patients/public?
What is the relevance of this research to underserved communities e.g. marginalised and migrant communities?
What is the relevance of this research to policy makers?
What is the relevance of this research to healthcare professionals?
What is the relevance of this research to private industry and the non-governmental sector?

It is recognised that different research questions will have greater relevance to different researchers and groups.

The ease with which researchers are able to identify relevance over the course of the HPRU will be a measure of success of the HPRU and also of the capacity development of individual researchers. As a collective, we will peer review work with these questions and ensure that these form part of all research protocols. A central feedback mechanism will be the Public Steering Committee (PSC), meeting at least annually, to reflect on and provide input to research objectives and emerging findings.

As part of induction, all new staff members and PhD students will have individual or group discussions with the HPRU knowledge mobilisation lead. PhD students will be supported to find shadowing/attachments opportunities in a practice or policy environment relevant to their research.[1] For post-doctoral scientists, reflection on knowledge mobilisation/impact of work will be expected as part of presentations (e.g. at annual meetings and others).

Targets:
Short-term: Include the questions above in each protocol (including those for doctoral research)
Medium/long-term: routinised consideration of these questions in all research meetings/exchanges, responding to feedback from the Public Steering Committee (PSC),

O2. Ensure that we maximise the benefits of a multi-disciplinary research team (A1, A3)

When employing positivist and largely quantitative research methods, there are techniques which can help to maintain the transparency of the research to the wider team of researchers. The nature of the HPRU is that it is highly multi-disciplinary. It is the job of researchers to build capacity to be able to communicate the methods employed in a way that can be understood by other researchers from outside of the immediate discipline and area of expertise.

Approaches which are rooted in constructivist and post-positivist epistemologies are naturally aligned with collaborative approaches, but the methods of research still need to be scrutinised to ensure that this is how the work has in fact been conducted. And similarly, the

[1] See HPRU Respiratory Infections strategy for Academic Career Development (ACD)

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process of analysis in qualitative work needs to be as transparent as are inputs, assumptions and variables of a mathematical model.

This will help to mitigate the risks of multidisciplinary research being a collection of different disciplinary experts looking at the problem from different perspectives but not taking the crucial step of synthesising results. We will use a common framework, wherever possible so that the work is not only multi-disciplinary, but also transdisciplinary.

This will in turn enhance the generalisability of research. We will encourage research which retains richness and contextual detail but is also not so bound in time and geography that transfer of learning across settings diminishes.

Targets:
Short-term: Cross-theme research meetings every 6 months; Research protocols published/made available open access to invite wide multi-disciplinary input
Medium/long-term: Findings published in mainstream (eg. wider public health and policy) as well as disciplinary specific (to each of the themes) journals.

O3. Facilitate the translation of new tools into service at UKHSA (A3)

The knowledge mobilisation partnerships within and across HPRUs will use the full range of relevant technologies to support knowledge mobilisation. Collaborative relationships across research, practice and policy processes are at the centre of this. However, more specific tools including accessible data sets, data visualisation interfaces, easily usable software implementations of methods, policy papers, and briefing documents including lay summaries and social media communication will be co-produced in support of mobilising knowledge generated by the HPRUs.

By engaging health professionals, operational teams, and strategic decision-makers, we will develop effective strategies for pandemic preparedness and response, including strengthened readiness for emerging pathogens (Theme 1), enhanced surveillance and analytics of respiratory diseases (Theme 2), identification of economically viable interventions, advancement of vaccine development and uptake (Theme 3), and improved prevention and diagnosis of tuberculosis (Theme 4).

Building on our past research and supported by our existing and new partners spanning primary and secondary care, third sector and academia, we will analyse the political, economic, sociological, technological and legislative factors that impact or delay uptake of scientific evidence. Our networks include several influential national and international advisory committees (notably the Joint Committee on Vaccination and Immunisation (JCVI), WHO's SAGE working group on influenza, UK Government's NERVTAG, ISIRV and EMINENT), amplifying our pathways to impact globally and contribution to global innovation agendas in public health

Targets
Short-term: Sharing accessible data sets, data visualisation interfaces, easily usable software implementations of methods.
Medium-term/Long-term: Feedback and refinement of analysis tools; policy papers; briefing documents; lay summaries; social media communication.

O4. Maximise learning and capturing impact across the HPRUs (A2, A4)

As an expanding area of practice and theory, knowledge mobilisation needs a developing underpinning evidence base so that we can capture 'what works'.

As a proposed collaborator and a member of the KM Theme Operations Group, we will work in partnership with the appointed HPRU network lead for KM. We will contribute specifically in capturing pathways to impact and co-develop metrics of effectiveness. We will also ensure that any relevant learning from other national and international work to the UK/HPRU is harnessed.

Proposals for this include causal pathways showing how and when change happens ("Theory of Change") using case studies and drawing out generalisable approaches. This work will link with Patient and Public Involvement and Engagement (PPIE)[2] objectives and inclusion aims.
Additionally, we will share learning about the role of AI as a potential accelerator for KM. We will work with the communications lead to understand effective methods of leveraging social media and the potential unintended consequences during the research process.

Targets
Short-term: KM lead a member of the KM Theme Operations Group in collaboration with the HPRU network lead for KM;
Medium-term: Co-developed a compendium of metrics for capturing impact
Medium/long-term: Contribute to the collective synthesis of case studies across the HPRUs; Report on the co-developed metrics of impact

4.Governance and Responsibility for Knowledge Mobilisation and integration with PPIE and Academic Career Development

The implementation of the Knowledge Mobilisation (KM) Strategy 2025 – 2030 is led by the KM lead on behalf of the Executive Group. The KM lead works closely with the HPRU manager, PPIE lead, ACD lead, HPRU director and communications lead. The respective strategies have explicit touch points. The KM lead also attends the cross HPRU KM meetings, and as co-lead for the Informed Policy research pillar at the Fleming Initiative, and will bring wider learning from this role and activities. A summary of goals against the NIHR KM good practice checklist is provided.

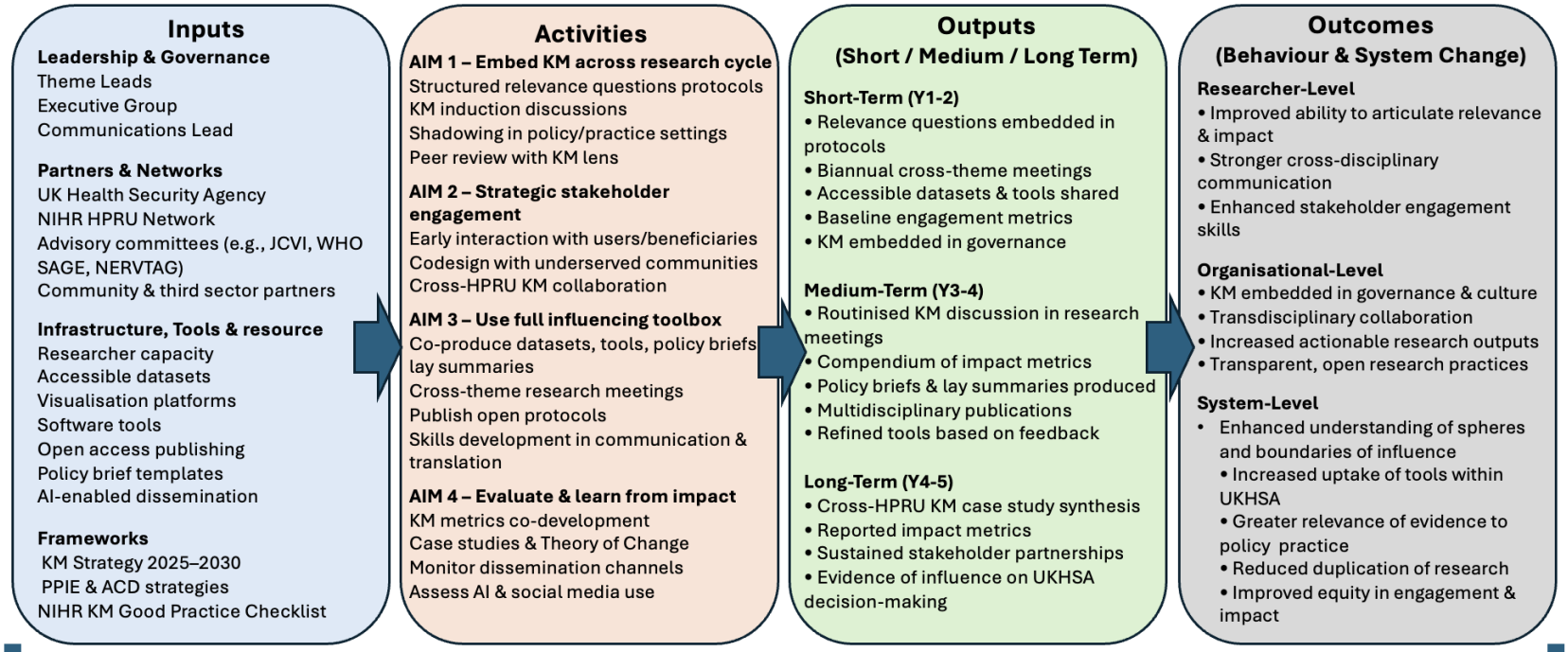
[2] See HPRU Respiratory Infections PPIEP strategy

Table 1 Examples of goals against the KM good practice check-list

Good practice KM checklist	Short-term	Medium-term	Long-term
HPRU Governance and Culture	Ownership and co-development of the KM strategy. Communicating the KM strategy to internal and external stakeholders. KM Lead on HPRU Independent Scientific Advisory Board.	The KM lead working closely with the HPRU Manager, PPIE Lead, ACD Lead, HPRU Director and Communications Lead operationalising the touch points between strategies.	Capacity strengthened across all areas of work (PPIE, ACD and KM Inclusive research)
Embedding KM across the research cycle	Consider where and how our research questions have been derived by being explicit from the outset	Publishing protocols to ensure feedback and utility of the research; Shared tools and data sets	Routine consideration of impact, and capture learning and metrics within and across the HPRUs
Active Collaboration with Evidence Users (including Policymakers)	Being explicit about the range of 'users/beneficiaries' of the knowledge generated including with a lens of equity. Testing relevance at the start through facilitating interactions between 'users/beneficiaries' and researchers	Monitoring level of engagement and where more effort is needed for engagement	Building a collective understanding of policy-relevant solutions for a range of health protection issues. Influencing decision-making structures and their processes
Communication and Dissemination Strategies	Communicating the PPIE, ACD and KM and Inclusive research strategies to internal and external stakeholders through clear, accessible summaries.	Learning how AI can accelerate dissemination and tailoring content for different audiences. Understanding the role and unintended consequences of social media.	Evaluate and refine dissemination channels; maximise responsible use of AI for reach and accessibility; develop guidance on leveraging social media while mitigating risks; ensure evidence is accessible to both specialist and generalist users.
Public Engagement	Incorporate PPIE input directly into KM strategy; establish baseline engagement metrics across diverse public and patient groups.	Ongoing reflection on common themes emerging from the Public Steering Committee (PSC). Monitor and adapt engagement activities to reach underrepresented groups (e.g. migrant populations) where more effort may be required; co-design events, addressing language barriers, workshops, and digital content with communities to enhance relevance and inclusivity.	Demonstrate impact by evidencing how public and patient insights shape research priorities, tools, and outputs; sustain long-term partnerships with grassroots community organisations to maximise benefits for public and patient groups.
Researcher Training and Development	Developing skills to interact with 'users/beneficiaries'	Developing skills to explain research to other disciplinary experts.	As a collective, use a common framework, wherever possible so that

			research is not only multi-disciplinary, but also transdisciplinary.
Evaluation of KM and Measurement of Impact	KM lead, a member of the KM Theme Operations Group, in collaboration with the HPRU network lead for KM	Co-developed a compendium of metrics for capturing impact	Contribute to the collective synthesis of case studies across the HPRUs; Report on the co-developed metrics of impact
Addressing common challenges	Learning from previous two commissions included in this strategy	Shared learning within and across the HPRUs	Routinised consideration of how to mitigate challenges early in the research cycle and being responsive through capture of metrics within and across the HPRUs

KNOWLEDGE MOBILISATION LOGIC MODEL



IMPACT:

- Faster and more effective translation of respiratory infection research into policy and practice
- Strengthened pandemic preparedness and response
- Improved surveillance, interventions, vaccination uptake, and TB control
- Reduced health inequalities through inclusive knowledge mobilisation
- Sustained culture of democratised, action-oriented research