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Achieving justice in implementation: the *Lancet* Commission on Evidence-Based Implementation in Global Health

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For the **Sustainable Development Goals** see https://sdgs.un.org/goals I

With the launch of the Sustainable Development Goals (SDGs) in 2015, global leaders committed to the health and wellbeing of every person on the planet by 2030. With the development of numerous life-saving and life-enhancing innovations, the potential for using science and technology to achieve this goal has never been greater. Yet with far too many innovations there are stark and unacceptable inequities in availability and access. Further, a high proportion of effective interventions are not being put into practice effectively at scale, particularly in low-income and middle-income countries (LMICs) where scalability and sustainability of interventions with quality have been especially challenging. Wide gaps remain between what is known and what is done in global health. These gaps, varyingly characterised with terms such as the knowledge to action gap, the research to practice gap, and the quality gap, are failures in implementation. Global health goals and objectives will not be achieved until these implementation challenges are effectively addressed.

Doing so, and striving towards what John Rawls, a theorist of justice, has envisioned as a "realistic utopia",[1] will require that we, as a global community, generate and effectively use improved scientific and technical support for the just implementation of evidence-based interventions, and ensure that these interventions are available, accessible, acceptable, and affordable to all potential beneficiaries. This endeavour, in turn, will require that we build on and enhance the existing movements in evidence-based health care and public health, which have focused more on the effectiveness of interventions than their implementation. In so doing, we can learn valuable lessons from evidence-based movements in other sectors such as evidence-based management, which has provided new insights into the use of evidence for implementation decision making.[2]

The scientific community has made progress in building and applying implementation science to generate the research evidence needed for improving implementation decision making and practice. The field's beginnings included reviews of the implementation research evidence in 2004[3] and 2005[4] and the launch of a dedicated scientific journal, *Implementation Science*, in 2006 with a health focus.[5] Numerous implementation frameworks[6] to guide implementation research and practice followed soon thereafter. Further, there is a plethora of alternative research methods to choose from in evaluating implementation strategies. Implementation science has a stated equity lens.[7] Yet, most evidence on the effectiveness of implementation strategies is from high-income countries[8] and there are uncertainties regarding its applicability to other contexts, including those in situations of fragility, conflict, and violence. Although implementation research is used in many LMICs, the evidence it has generated has been limited regarding the scalability and sustainability of interventions,[9] and the investment case for implementation evidence remains inadequately addressed. Additionally, those for whom implementation evidence is intended—the implementers themselves—are often insufficiently involved in the generation of the evidence and this needs to change.

The *Lancet* Commission on Evidence-Based Implementation in Global Health has been established to accelerate progress in building and applying the evidence base for implementation and improve the equitable, scalable, and sustainable implementation of evidence-based health-care interventions, especially in

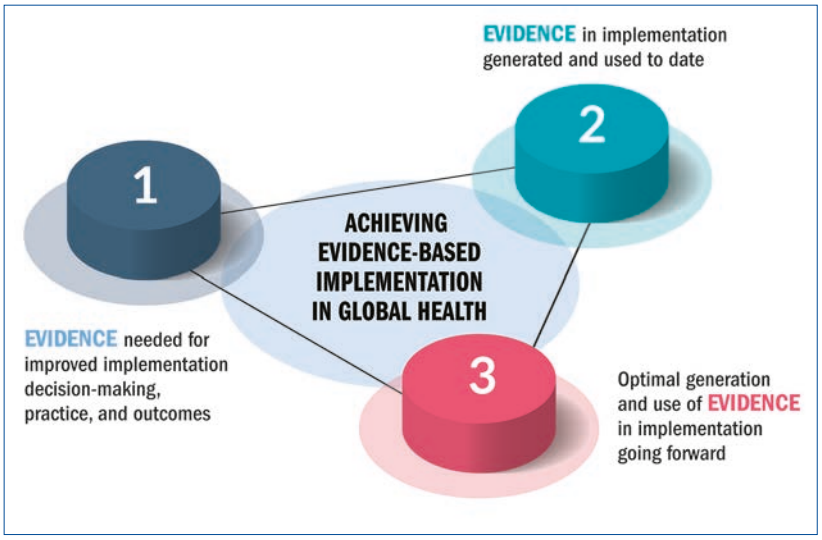

Figure: **Three evidence priorities for the *Lancet* Commission on Evidence-Based Implementation in Global Health**

LMICs. The Commissioners include a diverse group of pioneers in evidence-based implementation, balanced by gender and geographical region, with broad expertise in implementation science. They are supported by a Secretariat from the University of North Carolina at Chapel Hill, NC, USA, and an Advisory Group comprised of key stakeholders in global health implementation who will provide important perspectives to the Commission on the needs of the field for evidence-based implementation, as well as how best to build and sustain a global movement to meet those needs.

The Commission will establish the vision for evidence-based implementation in global health and develop a blueprint for achieving it. Priorities for the Commission will include a determination of the state of implementation evidence being generated and used; the evidence that will be most helpful for improved implementation decision making, implementation practice, and implementation outcomes; and how to optimally generate this evidence and enable its full and effective use in practice (figure). The Commissioners' work will be informed by the input and buy-in of multiple key stakeholders, including not only scientists but also policy makers, programme managers, front-line providers, and funders. The Commission has met to establish its scale and scope and to launch its working groups and, at this mid-point of the SDGs timeframe, aims to complete its assessment and recommendations in time to help assure that we bring our best evidence towards achieving them with justice.

HBP is Chair, QD and JEL are Co-Chairs, and JH is the Secretariat Lead of the *Lancet* Commission on Evidence-Based Implementation in Global Health. Financial support for the Commission has been provided by the Bill & Melinda Gates Foundation, the Sall Family Foundation, and the University of North Carolina at Chapel Hill. JB is a Senior Executive Editor and RH is the Editor-in-Chief at *The Lancet*. We declare no other competing interests.

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