

## Editorial

### **Bridging the research-practice gap plays a pivotal role in accelerating the health and well-being targets of the sustainable development goals (SDG)**

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At the time, we are halfway through the ambitious global targets of the sustainable development goals (SDG) to be achieved by 2030, which was developed benchmarking the end of the Millennium Development Goals (MDG)(1). From the seventeen goals formulated, good health and well-being (SGD 3) is one where the global nations are investing (2). All those in the driving seat are forging new ways of accelerating these targets in the context of multiple crises and massive economic pressure—a recent memory is the unprecedented COVID-19 crisis that scrambled the world (3). Despite all the stresses, there is a need to look for multiple paths to catch up with the lags in the first half and speed up during the second half. One way of transpiring this is by efficient evidence generation and translation—evidence generation implies producing evidence, whereas translation means transforming valid evidence into practices(4). The translation exercises are not as easy as producing results where the actors involved must be aware of and set a feasible mechanism where they operate. This editorial note first highlights bridging the research-to-practice divide, elaborating on the current gaps and potential drivers. And then outlines how to bridge the gaps to accelerate SDG progress, presents brief global and country-level efforts against the challenges, and postulates the future focus areas.

In 2008, Butler(5) presented the concept of death in the valley, uttering the significant loss of evidence before it reaches and meets its ultimate objective. This valley—the research-practice gap—is a prevailing challenge, and little effort has been made to mitigate the problem. With the fact that progress has been minimal, putting the topic among the urgent calls for action. The sources and extents of the problem appeared in a series of works titled 'increasing value and reducing waste.'(6, 7). This work was motivated by evidence translation to practice, mainly attributed to limitations in conceptualization, selection, generation, and reaching the end users—policymakers and practitioners. Though deep and wide in low- and middle-income nations, these problems are global. Several environmental and situational complexities exist in how and to what extent research evidence is translated into policy and practice. These complexities can be explained by factors related to researchers, decision-makers, their engagement, and the context in which they operate. Culture, climate, goals, missions, processes, and time are among a few of these factors. Altogether, these resulted in the impediment of the research investment contributions to the current health system in rendering timely and quality services (6, 8).

For decision-makers and public health actors, proper evidence would improve health outcomes, strengthen health system performance, and act as a steppingstone to achieving health-related SDGs. However, the gains obtained from the research development are minimal due to the above gaps and wastages. So, bridging the research-practice gap plays a central role in achieving the set goals, which should be the main emphasis of the next hepta years in the journey toward SDGs. (2, 4). Creating a convenient landscape for actors—the people, organizations, and networks—drives the translation of evidence. In the ecosystem of these actors, mutual communication, action, and reflection under collaborative and collective action research and praxis are needed. More importantly, decision-oriented research is one approach that requires due priority due to the dire need for such evidence during this defining moment of the SDG period. This would be more facilitated when researchers and practitioners come closer through emerging frameworks like the exchange and integrative models (9, 10). Along the same line, the recent evolution of translational disciplines with the core concept of co-designing, co-production, and facilitated interventions is a profound means of bridging these gaps to maximize the efficient generation and uptake of the resulting evidence (9).

There have been various attempts in various contexts to bridge these gaps, and they show promising prospects. Robinson and his colleagues presented how the translational centers have been established and used to bridge the

gap in the UK and Australia, indicating that the knowledge/evidence generator and end users/practitioners joint exercise improved the quality and immediate application of evidence generated (11). South Africa and a handful of African countries attempted to design different frameworks, resulting in a promising prospect of producing edible evidence (12, 13). In the Ethiopian case, experiences that can be showcased (are the current joint exercise of the Ministry of Health (MoH), Regional Health Bureaus (RHBs), and researchers through various platforms. These include the Research Advisory Council (RAC) operating at the MoH (14), the Scientific Advisory Panel (SAP) at the Oromia Health Bureau (OHB), and the Knowledge Hub activities at the Amhara Public Health Institute (APHI) supported technically and financially by the Fenot-Harvard/UBC Project. These schemes are meant for joint evidence synthesis steered towards addressing decision-makers' needs. Worth mentioning also is the regular evidence-sharing sessions (Agelgil at MoH, Gela at OHB, and Sinki at APHI) to facilitate evidence uptake by bringing researchers' work to programmers.

In conclusion, making timely and effective decisions in a complex health system takes time and energy. It requires robust and timely evidence co-produced with the end users for an instant translation, which can happen when we bridge the research-practice valley. The ambitious global goals—like the SDG - greatly benefit from bridging the wide gap, which requires packing resolutions/frameworks that facilitates evidence generation, data sharing, and knowledge translations (4, 8). It is about laying the foundation of how the evidence ecosystem must operate, which needs to be properly communicated among all actors. Creating a platform where researchers and practitioners are the subject and object of inquiries is necessary (15). The academia and research institutes—the primary reservoir for researchers and research investments—are expected to creatively steer their research activities in alignment with the global SDG targets. Along the same line, the practitioners/translators must be innovative in expanding the collaboration and tracking evidence generation for instant decisions without delay and wastage. Designing and instituting context-oriented knowledge translation platforms are urgent missions to catch up with the missed opportunities in the previous half of the SDG period.

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