

**Growth
Research
Programme**

Integrating health care and industrialisation in East Africa

Impact case study

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Introduction

Since 2012, the DFID-ESRC¹ Growth Research Programme (DEGRP) has provided funding and support to high-quality social science research on inclusive economic growth in low-income countries (LICs). The case studies in this series probe the impact of several DEGRP research projects, delving deeper than previous reports to analyse how and to what extent their findings have been taken up in policy and practice.

There are many factors that influence research uptake, including political circumstances, stakeholder characteristics, demand for certain types of knowledge, and how knowledge is communicated and shared (Jones et al., 2013). This study, of DEGRP research project 'Industrial productivity, health sector performance and policy synergies for inclusive growth in Tanzania and Kenya', explores these various conditions, but also pays particular attention to the deliberate and strategic actions of the project team.

In doing so, this case study serves not only as an investigation of impact for the project's stakeholders and donors; by demonstrating how certain factors, strategies, and activities can improve research impact, it may also provide lessons for researchers and academics interested in enhancing the impact of their own work. Researchers may rarely, if ever, be able to provoke sweeping changes, but they can engage in measured strategies that will increase the chance their findings will be taken up in policy and practice.

The case study opens with a project overview, followed by a methodology section summarising this case study's approach and analytical frameworks. The subsequent 'Narratives of impact' section explores some of the project's impacts and how they came about. The analysis section looks across these narratives to identify and interpret some of the most important factors and strategies that led to impact. The case study concludes with a reflection on the project's key lessons.

¹ DFID is the United Kingdom's Department for International Development and ESRC is the Economic and Social Research Council.

Project overview

It's no secret that health care and industrial production are intertwined: the enormous demand for high-quality health care commodities requires robust and efficient supply chains to meet it. Yet many low-income countries lack industrial policy that addresses the health sector. In both Tanzania and Kenya, for instance, the public health sectors suffer from severe supply shortages, which contributes to inadequate and exclusionary health care. Meanwhile, rising expenditure by donors on medicines for these countries has led to an over-reliance on imports, raising local concerns about how those imports are directed and how they may be stifling local industry.

Researchers from Tanzania, Kenya, and the United Kingdom who had been studying the situation saw enormous potential to better align the health and industrial policies within each country. Greater integration between industrial and health care sectors, they believed, could benefit both, improving the quality and accessibility of health care and fostering greater industrial innovation and employment. Thus, with funding from the DEGRP, the researchers sought to examine and help to exploit the synergies between the two sectors by studying the supply chains of health care products and supplies in Tanzania and Kenya.

The research was led by Dr Paula Tibandebage, then at Tanzanian think tank Research on Poverty Action (REPOA), Dr Watu Wamae working with Kenyan think tank African Centre for Technology Studies (ACTS), and Maureen Mackintosh, Professor of Economics at the Open University. The team began their project by interviewing professionals working at health facilities and pharmacies in four districts (two rural and two urban) in each country. In order to map out the supply chains, the researchers collected data on the availability of different medicines and supplies, and asked individuals about their experiences procuring or purchasing drugs and supplies.

In June 2013, the researchers presented their initial findings in the form of working papers at the project's first workshop in Dar es Salaam, organised by team members working at REPOA, along with ACTS colleagues and Dr Mercy Njeru of the Kenya Medical Research Institute (KEMRI). Attendees included members of Tanzania's Ministries of Health and Industry as well as other key stakeholders, including private industrialists, from the industrial and health sectors in Tanzania and Kenya. Through roundtable discussions, the attendees and researchers analysed the findings and shared their feedback, developing a better understanding of the challenges facing the health sectors and debating some possible solutions.

Next, the project team moved on to the industrial sector, where they interviewed manufacturers of medicines and other health care supplies in Kenya and Tanzania under the direction of Dr Wamae and Professor Samuel Wangwe of REPOA respectively. In their effort to identify opportunities to enhance local manufacturing and improve access to medicines and health care supplies, the researchers discovered that conditions for domestic manufacturers were becoming more competitive; most manufacturers pointed to a growing need for technological advancement and innovation. From these conversations, the project team began to craft a set of policy proposals for each country that could both improve health care and stimulate local industry.

This phase of research was followed by another round of high-level workshops in each country. In these well-attended workshops, senior policymakers, health sector managers, and private sector representatives

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debated and refined the project team's proposals. From these discussions, the project team produced an updated list of recommendations.

Each and every step outlined above – from formulation of the research question to the analysis of the findings and formulation of policy recommendations - was inclusive, collaborative, and integral to the project as a whole. In fact, the project did not have a 'research phase' that was separate from the team's communication and engagement strategies; the roundtable discussions and workshops were important components of the research project itself.

Thus, in assessing the project's influence, this case study defines the scope of the project just as broadly. From stimulating international conversations on industry and health care to influencing national policy documents, the project - which evolved based on lessons learned throughout - helped generate various impacts, both local and international. This case study explores some of these impacts and their ripple effects, as well as the engagement strategies and various other factors that helped produce them.

Approach and methodology

DEGRP research projects aim to influence policy and practice in various ways. They may produce new knowledge, shift debates, influence policies, transform behaviours on the ground, or bring about new networks. In order to increase the likelihood of these various kinds of impact, the DEGRP Evidence and Policy Group offers [guidelines](#) for researchers to help them plan or analyse their engagement and communication strategies. The guidelines include frameworks for categorising different types of impact and communication strategies. Described below, these frameworks provide the starting point for this case study.

IMPACT TYPES

DEGRP defines four different types of impact that DEGRP-funded projects could achieve. While some forms of impact may fit more easily into these categories than others, this framework provides researchers with a vocabulary to recognise and describe some of the many ways in which their research may influence the societies and governments with which they are working.

Conceptual impacts are changes made to knowledge, understandings, and attitudes. This type of influence can be noticed in changing perceptions or by the internalisation of new ideas about the research among societies and stakeholders.

More concrete influence would fall under the category of **instrumental impacts**, which comprise changes in either policy or practice. This type of impact is generally embodied in something tangible such as a policy document.

Capacity building impacts refers to changes in the ability of researchers, partners, or end-users to carry out similar work in the future. Research that influences capabilities and competencies can be said to have capacity building impact.

Finally, **connectivity impact** refers to a project's ability to strengthen or create networks of people and organisations that can both understand and utilise the research. These networks and connections may be formal or informal.

Projects may help bring about one or more of these impacts in any combination, either through direct, observable influence or by making a plausible contribution to them. Moreover, since shifts in policy and practice often take place over long stretches of time, the impact of a single piece of research may be felt long after its findings have been communicated.

This case study, produced two years after the completion of the DEGRP project, aims to capture some of the project's more immediate impacts. In fact, the project team and the contacts they forged are continuing to work on other projects in the same field – efforts that can be seen as diffuse and ongoing effects of the original project. A broader investigation that seeks to identify and assess these long-term impacts remains a topic for future study.

COMMUNICATION AND ENGAGEMENT ACTIVITIES

What can researchers do to increase the impact of their research? DEGRP's Evidence and Policy Group (EPG) suggests that in order for research to have an impact, simply publishing findings is not enough: researchers must employ a range of deliberate communication and engagement strategies to help ensure their findings are transformed into effective policies and practices. There are many approaches and techniques researchers can employ, from disseminating research results to the right audiences to co-producing policy recommendations with influential partners.

The EPG recommends the KStar (K*) framework as a tool to help researchers visualise and classify some of the ways in which their research can be disseminated, shared, exchanged, or mobilised (Shaxson and Bielak et al., 2012). As with the impact types already mentioned, it provides a common vocabulary for discussing and examining activities that are described in many different ways across sectors (ibid).

The framework defines four interconnected knowledge-sharing strategies or 'K* activities' that researchers can employ:

Information intermediation includes those activities that help enable access to information. Examples include creating, collecting, and communicating ideas and information and putting them into the public domain.

Knowledge translation entails rewording or reworking information so that a range of different audiences can make sense of it.

Knowledge brokering, the quintessential 'relational' activity, includes strategies like networking and match-making that help connect individuals or organisations and encourage relationship building.

Innovation brokering comprises activities that aim to improve knowledge-sharing at a systems level, such as putting structures in place to empower other knowledge practitioners in the future.

The framework does not stipulate how researchers should implement these activities, nor does it capture all of the potential strategies that project teams can employ. Nonetheless, it provides a standard language to explore and describe some common approaches.

CASE SELECTION

While we plan to assess the impact of some of the other DEGRP-funded projects in similar case studies, we have used purposive sampling to choose this case study. The research on industrial productivity and health sector performance constitutes what Seawright and Gerring (2008) call an 'influential case': one that provides abundant opportunities for learning. First, the case emerged as an especially successful example of research impact, with the project team reporting various examples of significant impact. Thus, analysing this project with its ample data and numerous examples of impact will enable us to draw lessons for subsequent DEGRP projects. In addition to the project's reported success, several members of the team pointed to common approaches, strategies, and factors that fuelled this success. This case therefore provides rich ground for exploring the role of engagement strategies as well as other important factors in bringing about impact.

DATA COLLECTION AND METHODS

A combination of qualitative approaches was used to collect and analyse data for this case study. Preliminary desk research included reading and analysing relevant project documents, including: reports by members of the research team and collaborators; excerpts from the project's flagship publication *Making Medicines in Africa* (2016) and, most importantly, the team's DEGRP Impact Log, an internal document in which the team recorded their observations about impacts over time.

Next, semi-structured interviews were conducted with three project stakeholders: Professor Samuel Wangwe, an industrial economist and former director of the Tanzanian think tank REPOA; Dr Geoffrey Banda, Research Fellow at the University of Edinburgh and co-editor of *Making Medicines in Africa*; and Maureen Mackintosh, Professor of Economics at the Open University and project researcher. The interviews ranged from 20 minutes to one hour in length and consisted of open-ended questions about the observable impacts of the research and how they were achieved. The insights and findings from the interviews were analysed and cross-referenced with the desk research.

While additional interviews with other project team members or key stakeholders would have enhanced the scope of this research, time and budget restraints meant keeping the total number of these interviews to a minimum and prioritising interviews with those who were intimately involved in the project. This case study therefore represents an **internal perspective on impact**; its findings have not been validated by individuals external to the project. Further research may entail broadening and expanding this analysis to take into account alternative voices and viewpoints, including from those individuals and organisations on the receiving end of the project's communication strategies. Furthermore, as this case study was conducted two years after the project ended, it must be seen as a preliminary look at impact.

Narratives of impact

The following narratives showcase some of the many impacts this project achieved across a range of metrics. From contributing to a conceptual shift in the industry to contributing to Tanzanian policy and building bridges across fields, the project's influence was far-reaching.

SHIFTING THE CONCEPTUAL LANDSCAPE

The project has contributed new knowledge about the links between health care and industrialisation and is helping to change ideas and attitudes across the East African region.

Until recently, many people believed that local production of medicines and health care supplies could be detrimental to health care access and quality. It was claimed that locally produced supplies were expensive and of poor quality, especially as compared to those imported from South Asia (Mackintosh et al., 2016).

By the time the team started their project in 2012, thoughts and attitudes about health care and local manufacturing in East Africa had already begun to shift. Policymakers across the region were beginning to worry about a growing reliance on imported medicines and health care supplies. Meanwhile, questions about how to improve industrialization had been rising up national policy agendas. (Mackintosh et al., 2016).

The DEGRP project explored the connections between the two sectors, pushing forward the idea that medicines and supplies produced locally could, in fact, improve health care quality and access and stimulate the local economy. In doing so, the project helped to reformulate the dominant research question away from cross-country analysis to asking how local industry and health care can be brought together to benefit both sectors within a country or region.

The project's influence goes beyond its impact on other research: it also helped shape the attitudes of many key stakeholders. During the project's workshops, national policymakers, health sector professionals, and representatives from the private sector discussed the findings and their policy implications. In some cases, attendees were engaging in conversations they had simply never had before, as one attendee working in procurement explained during a discussion on the effects of domestic versus international procurement. These conversations helped shape and shift the stakeholders' opinions and attitudes.

The project's ability to help influence attitudes and understandings about local manufacturing and health care supplies is further evidenced by the incorporation of its findings into many high-level discussions and debates. Project team members have been invited to speak at numerous national and regional events and consultations on the industrial and health sectors, including, for example, a workshop organized by the East African Community (EAC) Secretariat in Dar es Salaam in March 2015 on the revival of the region's pharmaceutical industry. The project's influence on attitudes at the highest levels of government was also evident in the Tanzanian Minister of Industry and Trade's opening statement for the EAC workshop, which made extensive reference to the project. These events suggest that both their organisers and participants were becoming more aware of and receptive to the ideas and attitudes espoused in the project and its findings.

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The project is continuing to influence attitudes in East Africa and beyond. The team was invited to write a background paper for the Tanzania Human Development Report 2017, which they presented at a high level conference in Dar es Salaam in November 2016. One of the researchers was also invited to participate in discussions with Médecins Sans Frontières at an international workshop on the organization's global health role. The World Health Organisation (WHO) has cited the project and featured some of its findings and papers on their website.

These invitations, conversations, and activities indicate willingness on the part of international organisations and policymakers to explore and disseminate the project's findings, and are thus signs of the project's ongoing impact on local and regional thinking. Furthermore, in providing a platform to showcase the project and its ideas, these events and discussions are also helping to broaden the reach and influence of the work.

INFLUENCING NATIONAL POLICY

The project findings and recommendations were taken up in the Tanzanian government's latest National Five-Year Development Plan (2016).

An instrumental impact of the project was its contribution to a key national policy document in Tanzania: the new National Five-Year Development Plan *Nurturing Industrialisation for Economic Transformation and Human Development* (2016). The document, which identifies the pharmaceuticals sector as a priority sector for development, draws directly from two policy briefs written by the project team,² stating: 'The Plan targets pharmaceutical industries because industrial production of health supplies can improve health care, which is necessary for a healthy, productive population. The Plan notes that, local production can enhance access to medicines' (p. 49).

So how, exactly, did the project recommendations get included into this policy document? The team pointed to the importance of including policymakers from the Kenyan and Tanzanian governments in the research project from the start, not as passive recipients of the findings and policy recommendations, but as active participants in the process of interpreting and debating them. After each stage of the research, the project team invited national policymakers and other key stakeholders from Tanzania and Kenya to workshops and roundtable discussions. Here, they presented, analysed and debated the findings, working together to craft a list of policy recommendations. This active participation of senior policymakers and national stakeholders increased the likelihood that the project would influence thinking and policy at these levels. It also helped ensure that the national government was aware of the project and had access to the team and their literature.

By the time the final list of co-produced policy proposals was complete, the team did not have to do much to get it into the hands of policymakers. In fact, already familiar with the findings, members of the government requested the information from the project team. 'The office of the President of Tanzania asked us to send them a summary of what we had found,' explained Wangwe.

This wasn't the first time the government had reached out to the team for their input and findings, however. The Tanzanian government's Ministry of Industry and Trade also asked the team for copies of project reports and working papers ahead of a ministerial-level EAC Secretariat workshop in March 2015. At the workshop, ministry representatives made recommendations for the future of Tanzania's

² See Wangwe et al. (2014a and 2014b) in references section.

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pharmaceutical industry consistent with the study's recommendations. 'The government took them very seriously,' said Wangwe.

Familiarity with and access to the findings weren't the only factors leading high-level policy makers to include the research in the development plan; they were also encouraged by individuals working in the field who they respected and trusted. One of those individuals was project team member Wangwe. 'When they were thinking about the second five-year plan, they looked for me,' said Wangwe, who has been working on the industrial sector since the 1970s. A well-known figure in Tanzania's industrial policy world, he possessed both professional credibility and many high-level contacts in the government. Thus, his leadership encouraged the policymakers to take up the research.

BUILDING CONNECTIONS AND CAPACITY

The project fostered collaboration between individuals and organisations working in health and industry across Africa. This collaboration continues to bring about further connectivity and capacity building impacts.

During the course of their project, the team became increasingly aware of and connected to a growing network of individuals and organisations committed to improving the health and industrial sectors across East Africa and elsewhere. Through its workshops and interviews, the project helped fuel collaboration and connectivity among these stakeholders and their wider networks.

One indication of the project's ability to help construct and strengthen industry-wide connections was the launch of a collaborative book project. The project team reached out to their contacts and connections and invited them to contribute to writing a book on medicine production in Africa. They secured a publisher, as well as funding from UNIDO, to bring together their contacts - experts and practitioners from across Africa, Brazil, and India - for a book workshop in London in December 2014. The final work, titled [*Making Medicines in Africa: The Political Economy of Industrializing for Local Health*](#), was published in 2016.

Other connectivity and capacity building impacts were made possible by the book's wide reach and reception. Determined to ensure widespread access and readership, the editors obtained funding, including from the DEGRP, for a Creative Commons license to make the book free and easy to access. The editors and authors also held several events to promote the book following publication, including a book launch in London and several other talks and workshops across Africa, such as a Pharma Access workshop in Nairobi. Working closely with their networks to bring together local partners and key industry players,³ these launches and book talks helped reinforce networks across the region and facilitate greater industry dialogue.

In addition to fuelling collaboration among the authors and their networks, the book has also helped to bolster the subsequent work of its collaborators. Since publication, some of the contributors have received invitations to speak about the book or contribute to related publications. One book editor, for instance, was asked to prepare a policy brief on financing of pharmaceuticals for the African Union Commission. By accepting invitations to speak at high-level events, some collaborators—including both African and UK colleagues—are furthering their career opportunities for continued work in the field, an example of the project's capacity building impact within the team.

³ Key partners included: Africa Vaccine Manufacturing Initiative (AVMI); the African Union; the German Federal Enterprise for International Cooperation (GIZ); a number of industry associations including the Southern Africa Generic Manufacturers Association (Industry Associations (SAGMA), the Federation of African Pharmaceutical Manufacturers Association (FAPMA), the Federation of East African Pharmaceutical Manufacturers Association (FEAPMA); and UNIDO.

Strategies for impact

This analysis draws from the three preceding narratives to illuminate some of the most important factors and strategies that helped bring about impact.

ADAPTING RESEARCH TO LOCAL DEMANDS

Existing—and growing—demands for knowledge and solutions in the region encouraged wide take-up of the project's findings and recommendations. The project team adapted their work to better identify and address these demands, including drawing on local knowledge and resources.

According to Wangwe, the project's impact was aided by the fact that 'the team had identified a real problem in society.' As mentioned previously, when the team first began their project, concerns about poor health care and declining local industry had been mounting among many stakeholders in East Africa. Health care professionals and recipients of care had personally experienced the challenges of supply shortages, and African policymakers had begun to see medicines supply as a national security issue (Mackintosh et al., 2016). Moreover, during this time, the Tanzanian government was preparing its upcoming National Five-Year Development Plan ahead of its 2016 release. Thus, with decision-makers eager for solutions to these problems and for content for their policy plans, the timing and circumstances enabled the project's wide and positive reception.

But the team did more than just identify the problem; they also sought to address it by allowing their research to be guided by the needs of local stakeholders and by drawing on local knowledge and resources. In *Making Medicines in Africa*, the editors explain that they advocate 'sustained Africa-based and African-led initiatives' to address the challenges of poor health care and unemployment in the region (Mackintosh et al., 2016, pp. 1-2).

The team employed a range of engagement and communication strategies to make sure they had understood local needs and were accurately tailoring their research and messaging to meet them. For example, they acted as knowledge brokers to bring together individuals and organisations from across the health and industrial sectors in workshops. Moreover, the workshops they convened were not organised solely as presentations, but as roundtable discussions in which attendees were encouraged to write, analyse, and refine the policy recommendations in ways that would aid understanding and improve uptake. Describing this process of knowledge translation, Wangwe said, 'we helped them make a case for an issue they were concerned about.'

Moreover, because national policymakers sought solutions to address deteriorating local industry and poor health care, they were willing and eager to support the researchers, get involved with their project, and ultimately include their evidence in policy. According to Mackintosh, the research team's commitment to sourcing local knowledge helped strengthen their project's impact and uptake. For example, she suggested that many African stakeholders appreciated the project's focus on local initiatives and were also eager to support African scholarship.

ENABLING FREE AND EASY ACCESS TO KNOWLEDGE

The project team obtained funding to purchase a Creative Commons license for Making Medicines in Africa, making it free and easy for policymakers, students, and others to access the research and insights.

This case study suggests that the way in which the project team made their work available — their approach to information intermediation — was significant to the project's ability to bring about impact of any type. In order to make the book available for free online, the team applied for grants and raised funds, including from the DEGRP. Both Banda and Mackintosh believe open access publishing was key to the book's wide circulation among students, industry players, and, most importantly, regional policymakers.

While this form of publishing is quickly becoming standard practice among researchers trying to stimulate impact, it's worth mentioning here as it was particularly significant given the context in which the team was working. Banda explained that in the region, many government decision-makers have limited financial resources for purchasing research and academic materials, making open access publishing particularly significant in influencing policymakers in Africa.

CONTINUOUSLY ENGAGING STAKEHOLDERS

The team was committed to involving stakeholders and incorporating their input at every stage of the project; they created ample opportunities for key industry players and policymakers to share feedback, analysis, and ideas.

All three project members interviewed said that continuous stakeholder engagement was very significant for all of the project's impacts. 'Getting senior people involved early was essential', said Mackintosh. Throughout the course of the project, the team convened many important industry leaders, including individuals running national procurement efforts, CEOs from private firms, and government officials. This approach, Mackintosh explained, was spearheaded by her colleagues from REPOA and ACTS, whose familiarity with the policy landscape and high-level connections in the health and industrial sectors enabled them to act as effective knowledge brokers.

Moreover, the nature of this engagement was also significant: the team did not simply present or disseminate the findings during their meetings; instead, they debated the findings and co-produced policy recommendations with key stakeholders in the form of roundtable discussions and workshops. 'Those meetings *were* the research,' Mackintosh said, explaining that the team designed the project with this kind of stakeholder engagement built into the research methodology.

By bringing together key stakeholders throughout the course of the research, the project team was helping to build cross-industry connections; it was also helping stakeholders engage deeply with and internalise the project's findings, thus bolstering its conceptual impact. By bringing policymakers on board early and incorporating their feedback, the team was also increasing the likelihood that their project would eventually impact policy.

LEVERAGING LONG-STANDING NETWORKS AND BUILDING TRUST

Rather than trying to establish new networks, the project team leveraged existing connections and relationships built on mutual trust to conduct and promote their research.

Through knowledge brokering, the team brought together stakeholders from a range of sectors for discussions and workshops. But they did not spend their time forging networks from scratch; at almost

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every stage of this project, the team members leveraged their personal networks to facilitate and promote their research. Moreover, most of these connections had been built up over many years and were marked by strong mutual trust.

The project's inception and internal planning, for instance, was aided by long-standing professional working relationships. Researchers Mackintosh, Wangwe, and Tibandebage have worked with each other for over 20 years, for example. Mackintosh emphasised that international development work in general 'depends on mutual trust across the European-African boundary'.

Wangwe's role in the project provides another example of the importance of capitalising on pre-existing connections. A well-connected and credible individual in the field, Wangwe reached out to his vast network and was able to get many senior-level individuals to attend the workshops. The book's impact, too, was fuelled by pre-existing relationships. Banda explained that by leveraging their connections to policymakers and industry associations, the editors were able to increase the reach of their work.

The team believes they could not have conducted the research without these existing connections and feelings of trust. All three team members emphasised the importance of harnessing the knowledge and networks of credible and well-connected individuals who understood and could successfully navigate the political landscape.

Conclusion

This case study demonstrates how a single research project helped bring about all four types of impact outlined in DEGRP's impact guidance. The project's instrumental impact can be seen in its influence on Tanzanian policy; its conceptual impact was its contribution to changing attitudes towards linkages between local health care and industry; and by fostering collaboration and empowering stakeholders, the project brought about capacity building and connectivity impacts. Moreover, on the journey to achieving these impacts, the project also provoked other, smaller impacts. These impacts, in turn, had other effects. Confirming these observations, Mackintosh said, 'You don't get major impact unless the project gets a bit out of control.'

The road to achieving these interconnected impacts was varied and complex, and there are a number of factors and activities that help explain the project's substantial uptake and impact. While most of the activities outlined in the K* framework made important contributions, other approaches and factors were also significant. Looking across the previous sections, it's possible to tease out some of the most important factors that led to the project's conceptual, instrumental, capacity building, and connectivity impacts.

First, this case study points to the importance of making impact a key priority at each and every stage of the research. For the project team, improving local health care and industrial development was a goal from the outset. However, unlike some research projects, in which the research phase is followed by a separate uptake phase, the research in question was characterised by a continuous commitment to co-production – of the project's goals, questions, findings and impacts – throughout the research process.

Moreover, the project researchers' sensitivity to the local context and willingness to shift their project according to local needs also emerged as significant for achieving impact. This approach, which Banda described as becoming 'embedded in the local systems', helped bolster impact in at least two ways. First, the team's dedication to harnessing local resources and expertise helped ensure their findings would be robust and well informed. Second, a focus on local needs meant that the local end users were more likely to be aware of and willing to accept the final list of recommendations.

But these factors alone do not explain the widespread reach of the findings or the team's ability to liaise so quickly and successfully with senior policymakers and industry leaders. For this, we must look at the ways in which the team leveraged their personal connections. By reaching out to their high-level industry contacts, the team – whose members were also known as credible figures in the field – was better able to navigate the complex policy landscape and bolster the reach and influence of their work.

The lessons outlined above help us understand how a single project was able to influence regional thinking and national policy and strengthen global networks. They may also provide important insights for researchers elsewhere wishing to engender impacts of their own. For such researchers, this case study suggests they approach impact as an overarching project goal – one that should be informed by local needs and guided by close and credible local networks.

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