Implementer Portrait: Anna Bergström

Anna Bergström is an implementation scientist from Sweden. She is part of the [Uppsala Global Health Research on Implementation and Sustainability (UGHRIS)] research group at Uppsala University - Department of Women´s and Children´s Health - and at Karolinska Institutet in the research group for [Intervention processes and outcomes (PROCOME)] in the Department of Learning, Informatics, Management and Ethics. Also, Anna works as an implementation expert at the unit of Implementation and Evaluation at the R&D Centre for Epidemiology and Community medicine, Region Stockholm.

In Swedish, Anna translates *implementation* to 'implementering' or 'införande'.

What is one of your favourite articles on implementation?

Making sense of implementation theories, models and frameworks by Per Nilsen. It has proven to be very useful when presenting the many theories and models in implementation science that, in my experience, might otherwise make our area of research a bit overwhelming to newbies.

What are you currently working on that relates to implementation?

I am currently involved in a number of implementation-related projects where my main focus is around strengthening the implementation capacity within the system itself (rather than relying on external "implementers"). In Nepal, for example, we have been working on building implementation capacities in hospitals targeting midwives, nurses and a mix of obstetricians and pediatricians that are supposed to guide the application of Plan-Do-Study-Act cycles aiming to enhance the continuous adoption of evidence-based perinatal health methods. In Sudan, we are working on implementing a new cadre, diabetic educators, as part of the primary health care units to provide individual or group-based education for diabetes patients on self-efficacy-focused education. The situation for diabetic patients in Sudan is alarming as most patients develop severe symptoms which could have been prevented with the knowledge and resources we have today. In India, I am part of a project team which aims to improve the use of antibiotics. In India, antibiotics are available without prescription and are heavily overused. The question we are asking is: How can we support physicians and care takers in using antibiotics appropriately? We are investigating determinants of antibiotic use as well as diagnostic tools which are targeted to help to make the right decisions. In Sweden, we run several projects. One project aims at educating municipality-level politicians about evidence-based practice. In that project we are

co-creating an intervention with politicians and social service managers which aims to equip local politicians with an understanding of evidence-based practice to better support their steering of social services. Another project in Sweden aims at building implementing capacity within Ambulance Services, where the implementation objective is the integration of person-centred care, and yet another project is focused on building implementation capacity in primary health care centres in socio-economically disadvantaged areas in Stockholm focusing on the integration of outreach health promotion interventions to better meet the needs of otherwise underserved populations with relatively high care needs.

If you were to have lunch with another 'implementer', whom would you pick?

Not an easy question. Maybe Everett Rogers. Ever since I first read Diffusion of Innovations I have had an interest in discussing the many experiences that he and people around him had with regards to diffusion. So – not really implementation per se but the spread of new innovations.

If you had the resources for it, what within implementation science or practice would you want to work with next?

I would have liked to really scale-up an intervention aimed at increasing the knowledge and skills in implementation within health and welfare organizations and have a neat evaluation allowing us to better understand both their level of success of implementing whatever they wish to implement, but also evaluating their level of implementation capacity over time and how they make use of that capacity as they face new implementation challenges. Sometimes I hear people talk about studying the *implementation process* and *sustainability in implementation* – for me those are tautologies. Implementation is a process – and for us to know we have achieved a goal it means the behaviour change has happened and that it is now sustained. I would have appreciated it if we could always keep an eye on the process and that the research funding available would allow us to study sustainability over longer periods of time to ensure we develop the best interventions that contribute to the required resilience in health systems to cope with the never-ending need for change. On a personal note I am a secular humanist and so my life stance revolves around us taking responsibility to collaboratively cope with the challenges we see around us. By nurturing curiosity and global solidarity and by using the scientific method I am positive we have what it takes to identify ways to strengthen our systems and ensure that they have the capabilities to face the many new challenges we already know will happen.