



Carl May

Context Matters

Implementation processes do not occur in a vacuum. Outer-setting conditions—such as policy reforms, market fluctuations, and geopolitical dynamics—penetrate deeply into efforts to integrate evidence-based interventions in health care. So, understanding and anticipating the impact of external forces is essential for effective implementation.

Drawing on international examples, I will illustrate how different contexts shape implementation processes and implementation science. These range from austerity politics to armed conflict and global health emergencies. They not only reshape health systems' capacity to adopt and sustain innovations, but also run through structural relations and trust in political institutions. Three critical dynamics emerge: first, system volatility can derail implementation processes; second, economic instability reallocates resources and alters organisational priorities; third, large-scale exogenous shocks—such as armed conflict, humanitarian crises, and epidemic disease—expose not only vulnerabilities in healthcare but also opportunities for innovation and engagement.

The major implementation science theories, models, and frameworks—such as the Consolidated Framework for Implementation Research (CFIR), the Exploration, Preparation, Implementation, Sustainment (EPIS) model, the Theoretical Domains Framework (TDF), the Non-Adoption, Abandonment, Scale-up, Spread and Sustainability Model (NASSS), Normalisation Process Theory (NPT)—provide constructs to map and monitor outer-setting influences. Yet, very significant gaps remain in accounting and making sense of the effects of the impact of endogenous crises and exogenous shocks on implementation processes. Because success in implementation pivots on external context, our community needs to expand our theoretical toolkits, embrace methodologies that reveal context, and learn from other disciplines. By doing so, we can better navigate the outer setting and ensure that acknowledgement and engagement with context informs - and strengthens - our implementation research and practice.

About Carl May

Carl May is Professor of Health Systems Implementation at the London School of Hygiene and Tropical Medicine, UK. Carl is a social scientist who works closely with clinical researchers. Since 1990, his research has focused on developing a richer understanding of implementation processes around new professional roles, complex healthcare interventions, and innovative healthcare technologies. Much of this work has involved ethnographies and other qualitative studies nested in randomised controlled trials. Carl's research includes work leading the project to develop Normalisation Process Theory (NPT). NPT helps us to understand the factors that promote and inhibit the effective adoption, implementation, and integration of clinical innovations in healthcare.

One of Carl May's context-focused publications is this presentation of an ecological model of how implementation participants interact with contexts: <https://link.springer.com/article/10.1186/s13012-016-0506-3>