Evidence-Informed Policy Network (EVIPNet) Global Steering Group Meeting

3-4 September 2014
Geneva, Switzerland

Introduction

EVIPNet was launched in 2005 by WHO, in response to resolution WHA58.34 Ministerial Summit on Health Research, which called upon the Director General to "assist in the development of more effective mechanisms to bridge the divide between ways in which knowledge is generated and ways in which it is used, including the transformation of health-research findings into policy and practice". The same resolution urged Member States "to establish mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies". EVIPNet promotes evidence-informed policymaking, which refers to the systematic and transparent use of research evidence to strengthen health systems.

EVIPNet is "a collaborative network that promotes the systematic use of health research evidence in policy-making. Focusing on low and middle-income countries, EVIPNet promotes partnerships between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the most reliable scientific evidence available. EVIPNet comprises networks that bring together country-level teams, which are coordinated at both regional and global levels".

The EVIPNet Global Steering Group is both catalyst and key supporter for EVIPNet. The GSG meets monthly by teleconference and also take the opportunity of meeting in person (when possible), in connection with other conferences and workshops. However, after its creation in June 2007 during a meeting at HQ to discuss results of a first SWOT analysis of EVIPNet, the Steering Group has not had yet an opportunity for a dedicated in-person meeting.

Meeting Objectives

The Global Steering Group meeting between 3-4 September 2014, Geneva, Switzerland, provided an opportunity for members of the GSG to meet to share experiences, assess the level of implementation of the 2012-2015 strategic plan and look forward: discuss innovations in KT, as well as reorganize more formally a resource group that will continue to provide support and to push forward the strategic goals of EVIPNet.

The meeting objectives:

1. Stocktaking of the activities/experiences of the Global Steering Group (e.g. major achievements, challenges, lessons learned, etc.);

2. Expand on the initial discussions of the strategic plan, identify potential gaps and discuss its operationalization and necessary adjustments;

3. Discuss means of better dissemination of EVIPNet activities and fundraising.

Participants

1. Members of the Global Steering Group;

2. WHO technical staff who are involved in knowledge translation activities in their departments;

3. Selected invitees: those who have been supportive in the past, or who have rich experience to share (e.g. doctoral students; champions at country level).

See Appendix 1 for a full list of participants.

Deliberations

The deliberations took the form exclusively of sharing experiences by the GSG members through group work or plenary discussions. The starting points for discussions were the EVIPNet Strategic Plan[1], the 2007 SWOT analysis and the Global Steering Group discussion on the EVIPNet Strategic Directions.

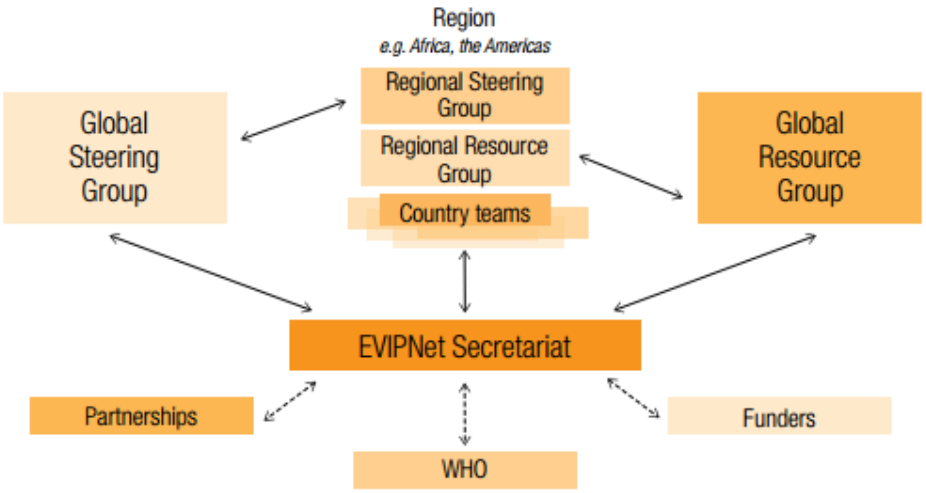
The overarching theme of the meeting was identifying strategies for big changes ahead, both in terms of human resources (Dr Ulysses Panisset's departure from WHO HQ, Dr Evelina Chapman's, EVIPNet Americas, changing role and focus) and financial capacity (end or nearing end of financing for big projects (i.e. SURE (Supporting the Use of Research Evidence for policy in African health systems) project, funded by the European Commission; the Evaluating Knowledge-Translation Platforms in Low- and Middle-Income Countries (KTPE) project[2], and Dr John Lavis's and Dr Nelson Sewankambo's joint project within the International Research Chairs Initiative (IRCI), funded by the International Development Research Centre (IDRC), Canada). Further, as EVIPNet Africa, the only regional network with dedicated funding (through the SURE project) is losing this source of financing, questions arise as to the need to ensure sustainability in this area, as well as the others EVIPNet regional networks, which have been functioning in the absence of dedicated funding (EVIPNet Americas, EVIPNet Easter-Mediterranean, the newly-launched EVIPNet Europe). Related to this, GSG members deliberated on ways of dealing with inactive regional networks/ country teams, as well as those countries that express interest in EVIPNet.

Thus, the GSG members discussed successes and challenges encountered by EVIPNet, with a particular focus on the current Strategic Plan 2012-2015, responding to the question "What next?" In other words, what are the action points for EVIPNet at global, regional and country level, for the next 16 months (until 2015) and beyond? The report presents outputs of deliberations at each of these levels, according to the EVIPNet governance structure (Fig.1).

[1] World Health Organization. EVIPNet Strategic Plan 2012-2015. Geneva: World Health Organization; 2012.

[2] Funding for the KTPE study is provided by Canadian Institutes of Health Research, the International Development Research Centre (IDRC) Canada Research Chair in Evidence-Informed Health Policies and Systems, Alliance for Health Policy and Systems Research, and the European Commission's Seventh Framework Programme (FP7).

Fig 1. EVIPNet governance structure



Part 1. EVIPNet Global

1.1 Updated SWOT Analysis of EVIPNet

Since the establishment of the GSG in 2007, EVIPNet has expanded its activities in different countries in all the WHO regions. The successes and challenges of this expansion have not been systematically documented, nor has the GSG have an allocated meeting to focus on discussing lessons learned based on these. As a response, the deliberations started with a stocktaking of successes, challenges and lessons learned (see Appendix 2 for details). This fed into the update of the SWOT analysis (first conducted in 2007, at the establishment of the GSG) seven years on. Box 1 presents the updated SWOT analysis at global level.

Box 1. SWOT Analysis of EVIPNet, 2014	
STRENGTHS	**WEAKNESSES**
• Focus of EVIPNet on capacity building particularly learning by doing (policy-makers and researchers) • Extensive decision- maker involvement in EVIPNet activities • EVIPNet looks at gender (gender inclusive) • Brand • Leadership • GSG • Presence of EIHP in WHO strategy • Strategic plan • Existing evidence base, including HSE • Existence of WHA resolution on EVIPNet • EVIPNet is a good concept/model that evolves as needed (e.g., rapid-response units) • CONDITION: Ulysses' current position and	• Absence of systematic collection of documents/evidence/information • Lack of monitoring & evaluation (M&E) processes • No evaluation of EVIPNet at country nodes, regional groupings, etc., & lack of evidence on what works • Lack of clarity on governance structure, especially with special attention to WHO bureaucracy (HQ and Regional Offices-ROs) • Low uptake at ROs level & lack of strategy for streamlining EVIPNet at regional level • Dependency of individuals and loss of champions (institutionalization) • Marketing strategy is weak (lack of targeted advocacy strategy, presenting

focal points in Regional Offices (ROs) filled	EVIPNet as a social movement) • Low involvement of media (capacity building for and involvement of civil society) • Lack of dedicated funding • Lack of priority setting tools • Lack of a KT portfolio
OPPORTUNITIES	**THREATS**
• 2015, 10th anniversary of 58th WHA resolution, to emphasize what has been achieved through a formal evaluation (report to the Executive Board on the previous 10 years) 1. Special issues of a scientific journal (e.g., WHO Bulletin, Lancet) • Collaborations with partners who are working around KT - WHO: Alliance for Health Systems and Policy Research (AHSPR) & Nodal Institutes; Guideline Review Committee (GRC); Health Systems Global (HSG) Taskforce on KT; World Health Report 2013 - External: Wellcome Trust Health System Initiative, GESI, B-Cure (Building Capacity to use Research Evidence), Health Systems Evidence (HSE), African Evidence Network (AEN), Knowledge to Practice (K2P), MENA HPF (Middle East and North Africa Health Policy Forum) • Success stories: Brazil, SURE • Training program for journalists • Funders: CIHR/IDRC • Market EVIPNet as a social movement • Ebola crisis – use the rapid response mode • Health R&D Strategy (could become a threat) • Products, tools for evidence use and for capacity building • Support country to country cooperation	• Difficult to undertake evaluation without dedicated funding (which is scarce) • WHO restructuring • Competitive initiatives and funds (insidious confrontation behaviour) – Relatively new initiative, which jeopardizes obtaining funding – Lack of collaboration strategy • Existing incentive culture for researchers • Bureaucratic processes and politics

1.2. EVIPNet's niche

Deliberations sought to clarify on the role of WHO HQs as a focal point for EVIPNet functioning at global level. Questions to be answered referred to:

- What is the next wave of the movement? Is the definition of EVIPNet (as a "social network") in the previous Strategic Plan (2012-2015) still current?

Box 2. Defining EVIPNet's niche and role

Is EVIPNet a social movement or programme? If the former, would that affect the standardization of EVIPNet methods and tools (i.e. its programmatic nature)?

1. Programme is appropriate for now, but there is also need for collaboration with other programmes with a view to becoming a social movement, as there is need for social participation for EVIPNet to work.
2. EVIPNet should follow the example of evidence-based medicine, i.e. having coherent values, insuring capacity building, and allowing flexibility in its operationalization.
3. EVIPNet could be the catalyst for common values, but also facilitate flexible operationalization (including among "competitors", programmes that now run in parallel, with no tangents among them).
4. Need to share EVIPNet knowledge, while also leading by example
5. Framing of EVIPNet as :
   - "Us vs. them" (for research funding, since competition is fierce);
   - "Us in the context of them" (for broader impact).

Observations!

6. Useful distinctions: Social movement- social network- public health network; Professional area of development vs. social movement; cultural movement vs. social movement.

1.3. Strategic Priorities for EVIPNet

- What are the new **Strategic Directions** at global level, in order to assess what has been done and build on what is established, rather than push expansion indiscriminately?

The discussions resulted in the following strategic directions for EVIPNet at global level, presented in Box 3.

BOX 3. Updated EVIPNet Strategic Directions		
Priority **Short & Long Term**	Strategic Direction	Cross-cutting themes
1 **Long-term**	Advocate for the use and evaluation of existing tools in knowledge translation processes (e.g. different types of evidence, workbooks) and other approaches to change culture (CULTURE) o How to pass the "elevator test"? (See Appendix 6) o Can be combined with Strategic Objective 5: advocate for a change in culture	
2 **Long Term**	Prioritize, coordinate, support and monitor regional and country-specific capacity building initiatives and share best practices (CAPACITY) ▪ Particularly through training-the-trainers (TTT) ▪ Highlight centres of excellence ▪ Can be done by the WHO Country Offices (COs), ROs	
3 **Short Term**	Build awareness among funders, support the preparation of proposals to fund country, regional and global initiatives (FUNDING) a. Develop a clearing house for funding opportunities	
4 **Short Term**	Conduct periodic stakeholder-mapping exercises, work with willing champions, build partnerships and a coalition, seek to engage potential collaborators and collectively develop and use marketing materials to build a global social movement (ADVOCACY) a. Campaign to attract civil society, politicians etc.; b. Must be coordinated by HQ: coordinate collection of EVIPNet lessons learned, impact stories; c. Must include a coherent story from WHO on EIP; d. Priority: a formal (external) evaluation of EVIPNet is vital for legitimacy- process has started but is now paused (while money is set aside for it). A two-paragraph proposal is needed to advocate for the start the process again at WHO HQ (See section 3.6 for more details).	**Advocacy** **Sustainability**
5 **Long-term**	Identify and disseminate innovation, support the development of and the use of new tools (e.g. situation analysis manuals, priority setting, advocacy, and implementation), new processes (e.g., RRS, citizen panels (PRIORITIES) and new capacity-building materials (e.g., journalists) and collect lessons learned	
Supporting Role at HQ	**Support the preparation and facilitate access to technical skills required for the preparation of country-level briefs and dialogues, prepare workbooks on common topics that can be used by countries to prepare briefs, and convene global level dialogues about supporting evidence-informed policymaking (BRIEFS & DIALOGUES)** 1) Limited role in development of briefs and dialogues (only in exceptional circumstances, in collaboration with WHO collaborating centres-WHO CCs)	

	2) Focus on sustainability, in terms of funding and capacity 3) Provide support to and enable regional leadership 4) Media engagement plan (including the 10th anniversary as point of interest) (See section 3.4 for more details). 5) M&E/impact framework (HQ role) (See also section 3.6).	

Part 2. Regional and country level

2.1. EVIPNet Country Teams

The discussion on EVIPNet situation at country and regional level started with the identification of the active EVIPNet countries across the four WHO regions represented at the meeting: Europe (EURO), Americas (PAHO), Africa (AFRO) and Eastern-Mediterranean Region (EMRO). Box 4 presents a list of the active countries in each region, indicates countries that have become inactive or have expressed interest in working with EVIPNet, as well as proposed strategies to deal with inactive teams.

Box 4. EVIPNet Country Teams

Region	Active Teams	Inactive Teams	
WHO Europe	Republic of Moldova Slovenia Tajikistan Kyrgyzstan Kazakhstan Poland Hungary Lithuania	Estonia Romania Ukraine	**How to deal with inactive countries?** 1) Task of regional focal points: strike a balance between responding to interest and not wasting scarce resources trying to push specific countries. 2) Forget inactive countries for now, but strive to learn about where the inefficiencies lie (e.g., by inviting them to the Strategic Planning process). 3) Disseminate success stories and work from bottom up 4) Include in global forums and WHA side-events. 5) Ask regions to report back what has been done for the 10th anniversary. 6) Promote site visits.
WHO PAHO	Argentina Brazil Costa Rica Colombia Chile Peru	US-Mexico border Mexico (solicited) Trinidad y Tobago Paraguay Ecuador Dominican Republic	
WHO AFRO	Burkina Faso Central African Republic Cameroon Ethiopia Malawi Mozambique Nigeria Uganda Zambia	Kenya Senegal Côte d'Ivoire Mali Tanzania	
WHO EMRO	Lebanon Oman	Iraq Soudan	
25 active teams, 16 inactive teams			

The deliberations clarified the composition (and skillmix) of EVIPNet country teams, as well as the criteria for a team to be considered active (See box 5).

<table>
<tr><th colspan="2">Box 5. Describing KTPs</th></tr>
<tr><td>• Core team:
• includes at least one researcher and one policy-maker (ideally from the MoH), must have a specific strategy
• Project teams, or activity based teams, included in a range of KT activities</td><td>Active team definition
- Core and project teams that have completed and initiated in the last year at least on EBP, 1 PD and workshop</td></tr>
<tr><td colspan="2">Skillmix
• Multi-sectoral profile
• Good resource mobilization skills
• Political engagement skills
• Technical KT skills
• Good facilitator/convener
• Balance between researchers and policy-making is important</td></tr>
</table>

2.2. Strategic activities

As for the global level, developing the strategic activities needed to ensure sustainability of EVIPNet at country and regional levels built on an analysis of lessons learned and a SWOT analysis (see Appendices 3, 4 for detailed results). The resulting strategic activities are presented, together with a short version of the global Strategic Directions, in Box 6.

Box 6. Strategic Activities at Country and Regional Levels (compared with global level)				
	AFRO	EMRO	EURO	PAHO
Prioritized list – country level	• National and regional stocktaking	1. Develop at least 1 EBP/PD per year active countries 2. Provide technical support to counties who are interested and have the capacity to get involved 3. Identify national focal points	1. Finalize country-level SA reports of 3 countries (including proposals for institutionalization) 2. Two EBPs 3. 2 policy dialogues 4. Launch of the pilot phase (for 1 country)	1. Champions (PM, researcher and other stakeholders) mapping 2. Develop action plans for each country 3. Utilize courses 4. Build financial incentives for governments to produce and use evidence 5. Institutionalization process
Prioritized list – regional level	1. National and regional stocktaking exercise, with a report - Access to resources (EB, policy dialogue, training) 2. Mapping of potential funding and interested political bodies 3. Build a regional proposal for advocacy and for fund-raising 1. Part-time staff?	1. Establish Regional resource group coordinated by a WHO CC 2. Consolidate WHO involvement through lobby of regional champions/committee members	1. Implementation of pilot phase 2. Expand country activities to other countries (Establish communication and collaboration among country teams) 3. Establish supporting infrastructure (Establish the Resource Gr & Establish a WHO CC) 4. Include E in the KT action plan and in the related reg consultation processes 5. Develop a country workbook (link tools developed in different countries)	1. Governance/leadership at PAHO 2. Capacity building 3. Framing topics in a way to attract funding (specific topics, multi-country issue and not KT) 4. Have active country develop approaches for attracting inactive ones 5. Report on activities and impact
Prioritized list – HQ/global level	- Funding for people and activities - Advocacy- stories for the 10th year anniversary report - Culture		- Capacity - New tools 2. In exceptional circumstances, global level briefs and dialogues (e.g. Ebola outbreak evidence brief, see Appendix 5) (See Box 2 for detailed Strategic directions and section 3.2 for more details	

		about the Strategic planning process)

Part 3. Action points

3.1. The role and structure of the GSG

A. What is the role of the GSG to facilitate regional uptake or local action?

Questions arose as to the interplay between the EVIPNet global on the one side and regional & country level on the other for the achievement of the strategic directions presented above.

- *<u>From Global to Country level</u>: Should EVIPNet global respond to request from countries (using EVIPNet tools and processes) or should it support country level processes?*
- EVIPNet HQ has a normative function: disbanding at HQ loses quality standard control.
- EVIPNet HQ is needed to:
    - Develop proposals to fund global activities;
    - Develop tools on how to do advocacy (e.g. for media engagement);
    - Ensure stewardship for 10th anniversary activities;
    - Take stock of existing tools and processes in order to be more specific, at regional and local level, about, for example:
        - What is the role of EVIPNet in implementation;
        - How to engage political leaders, politicians, not only so-called "career policy-makers";
        - How to integrate KT in the academic curricula.

- *<u>From Country to Global level:</u> How should the EVIPNet tools and processes developed at country level be engaged at global level?*
- Develop process for global situation analysis, evidence briefs for policy and policy dialogues (capitalize on the important players at global level, potentially also sources of funding);
    - The GRC process can be a starting point for global evidence briefs, with the 1st policy option potentially being "contextualization at country level" (as per the model of the EVIPNet evidence brief for policy- EBP);
- Process for emergency, ad-hoc responses, should be planned for (e.g. Ebola response, see Appendix 5);
- Beware: expanding role of HQ may limit vision and governance at country level!

> "Except on exceptions, we have to deal with the countries and build capacity there" (Dr Ulysses Panisset)

B. Refreshing the GSG

- Structure
    - Need to ensure the new blood is added & that existing members are dedicated;
    - Need to get WHO letter of support (expert committee);
    - Need to revise ToRs and set sub-committees.
- Co-chairs were decided on:
    - After discussions, Dr. Taghreed Adam, Dr John Lavis became the new co-chairs;
    - Dr Panisset was proposed as a co-chair emeritus;
    - Need to decide on Secretariat.
- Participation of members:
    - Meetings:

- Calls: every 2 months
    - Minutes should be sent out sooner.
- Other ways?
    - Book side-meetings at big conferences;
    - Dissemination of key messages to teams.

- Supplement with:
    - Document repository (Dropbox and Google Docs);
    - Social media platform (too early).
- Open to bigger group every 4 months and trough social media platform, when available.

3.2. Resource groups and strategic planning process

- Functioning Resource Groups:
    - PAHO (coordinated by PAHO at regional level),
    - Global level (leadership of Dr Lavis);
    - AFRO (SURE, but sustainability of beyond SURE in uncertain).
- GRG member are often part of an outside group
- Needs and roles:
    - Global Resource Group
- Take stock of products and tools, equip teams with skills and knowledge
    - Regional Resource Group
- Common language, research focus, but funding can be an issue
- Strategic planning process:
    - Start it based on key points in the GRG meeting
    - Include a wider consultation process,
    - Revamp the vision, misson, values,
    - Set indicators, include M&E framework,
    - Speak about the governance structure,
    - Have an engagement for the regional &country level.

3.3. Leadership Changes

Key questions related to sustainability of leadership at global and regional level:

✓ ***How to deal with Dr Ulysses Panisset's departure from HQ?***

- Create contingency plans for the regions, in case EVIPNet will cease to exist at HQ;
- Push for hiring a new full-time person dedicated to EVIPNet;
    - Buy-in of Dr Marie-Paule Kieny, Assistant- Director General, Health Systems and Innovation:
        - Need that Dr Adam works on convincing the ADG of the need for a full-time coordinator of EVIPNet
    - Replacement would need to be a P6 WHO staff
        - Unit head cannot be a pure researcher
        - ToR: Oversee research and Knowledge Translation
- Leadership of Dr Taghreed Adam, new coordinator:
    - New coordinator of the unit, with a portfolio including the Global Health Observatory (R&D), responsibility for research implementation strategies at WHO (including knowledge translation);
    - Fundraising capacity (experience from AHSPR).
- Chairing the GSG: combination of WHO staff (Dr Adam) & external (Dr Lavis)
- Identify the opinion-makers (e.g. JA Rottingen, R Burton) and engage them

- WHO must provide clear orientation for KT activities:
  - Look at the mandate of the other programmes/organisations in WHO
  - Shouldn't be a competitors, but a different point on continuum, allies
  - Clarify the mandate of EVIPNet
    - Based on this, shape the future of EVIPNet Global Resource Group (see also section 3.2, on resource groups and the strategic planning process)

✓ ***How to deal with the AHSPR & GRC's lack of supportive engagement?***

- Caused by WHO bureaucracy
  - High-level leadership should clarify the difference between partnerships vs WHO mechanisms (e.g. TDR and AHSPR processes changed without high level clarification)
- AHSPR and EVIPNet strategies are quite similar, where does the lack of collaboration come from?
  - Alliance is a funding initiative, whereas EVIPNet is programmatic initiative
  - EVIPNet has a comparative advantage (tools, processes), that should be harnessed
- Collaboration with GRC needed, as EVIPNet could give countries material to develop country specific EBPs

3.4. Dedicated journal/dedicated article selection

1. *Need to find appropriate spaces for publishing evidence briefs for policy and other EVIPNet outputs (dialogues, workbooks etc.). Could a dedicated journal or a dedicated article be feasible solutions?*

    i. Good idea, but journals are targeting researchers only
        1. Policy makers publish their own policy briefs
        2. Build capacity for appreciation of evidence

b. Choice 1: an edition of an existing journal/continuous article collection (celebration of the 10th anniversary is a good moment for this);

B. Pro argument:
   a. Publications in recognized journals creates awareness and respect at regional/local level;
   b. Existing infrastructure;
   c. Incentive for researchers and policy-makers at local level to be involved in this process and for local journals to publish on it (e.g. Brazil);
      i. Conditions: reviewers must be aware about KT and what it represents and that papers need to be reviewed differently.
      ii. Counter argument:
          1. It means taking a step back into traditional research model.

c. Choice 2: launch new journal for the anniversary (or launch the idea of a journal, with a sub-committee of the GSG active on this issue).
   i. Pro argument:
       1. If reviewer is aware, but disagrees, a new journal can be a good plan/will be needed;
       2. Success stories cannot be cited unless published (e.g., Peru)
   ii. Publishing criteria: every team should include at least a policy-maker to have its article accepted.

iii. Journal should not just be seen as a publishing place, but to engage in the process, in order not to stop the process to early (it would then become a perverse incentive)
    1. "proof of process"--- is the dialogue done??
    2. Therefore, we need to publish on the process (research on KT)
    3. Journal that policy makers can access (is user friendly)

d. Choice 3: Publishing evidence briefs for policy on EVIPNet portal (Virtual Health Library)
- i. EVIPNet Library—send newsletters to health manages, decision makers - this could be a way forward;
- ii. More briefs should be put online—briefs are done differently, in different countries, in different languages:
    1. Advantage in being systematic, but respect differences.
    2. Learning for EBP researchers

e. Choice 4: Learn better ways of dealing with current pushback from reviewers:
- i. Some journals aren't sending articles for peer review, if the work has already gone through review process (avoiding separate review process);
- ii. Be prepared to negotiate differences.

Part 4. Next Steps

4.1. EVIPNet Evaluation

EVIPNet Evaluation

- Review of overall approach, specific mechanisms, and rationale for their use.
- Assess their acceptability to (theoretical and methodological contribution to the filed) and influence on health system policy-makers and stakeholders (both formally by reviewing evaluations and informally, by documenting "stories" of impact).
- Assess their commitment to collaboration (among the 3 participating groups?/externally?).
- Identify opportunities for better communicating their respective niches and addressing gaps collaboratively.
- Methodology:
    - Key informant interviews with key players (identified with input from the Global Steering Group);
    - Review of evaluations (workshop evaluations);
    - Documentary analysis (reports, strategic plans).

4.2. Action points and short-term advocacy messages

Box 7. Action points and short-term advocacy activities

Action points:

- **Brief the ADG (see section on key Messages)**
- Ask for face-to face briefing;
- Acknowledge the ADG's commitment to EVIPNet;
- Make clear demand on 10th anniversary;
- Count on the ADG's support;
- Mention of PAHO, EMRO, AFRO specific problems

a. Dr Chapman's new location and focus;

- EMRO's lack if country demand, off target regional director and conflicting internal views;
- AFRO's lack of focal point and end of SURE funding;
- WPRO and SEARO lack of focal point and engagement.

- **Emphasise EVIPNet's strengths:**

- The group believes in what they're doing;
- ADG connection, Ulysses further involvement;
- IDRC connection, Symposium meeting.

- **EVIPNet needs to present itself clearly in terms of strategy & needs to refute the perception that EVIPNet is doing only policy briefs and not involving enough top level policy-makers.**
- **Pass the elevator text (see Appendix 8).**
- **Country teams should push for a full-time person at WHO HQs and ROs (see also section 3.3).**
- **To prove impact:**

- Publish EVIPNet knowledge, even though cause-effect chain is difficult to demonstrate and there are no appropriate tools for impact evaluation:

- E.g. PAHO Regional and national level reports and impact stories (existing at PAHO, Nigeria).

2. Clarify what has been achieved and EVIPNet's research priorities on policy development and implementation (entry point for more in-depth conversation with the Alliance).

- **Publish clearly the EVIPNet's products.**

- Give funders stories (e.g., blog: how did the programme help you?; testimonies and stories on the website, all in one place)
- Develop a process for reporting (e.g. EVIPNet Brazil stories are there, they just need to be collected-
- IDRC report to be printed and be made available online (Proposed title: "Impact stories from EVIPNet: celebrating 10 years anniversary")

- **10 years anniversary is a good advocacy moment**

- Need for an anniversary report, not a passive but an engaging one, where EVIPNet can put together all the achievements of all the teams;
- Can also be a part of Strategic planning.

Conclusions

Key Messages

During the GSG meeting, the members:

1. Remained committed to the vision articulated by the 58th WHA, both over the remaining term of the strategic plan and over the next two biennia
2. Developed prioritized lists of key strategies/activities for each of the following levels over 16 months and 4 years:
    a. Global level- e.g. advocating for developing and institutionalizing mechanisms that establish the culture, capacity and processes to ensure that policy is informed by strong research evidence; raising funds;
    b. Regional level - e.g. take stock, map funders, prepare proposals, strengthen coordination and enhance country demand;
    c. Country level- e.g. institutionalize processes.
3. Refreshed Global Steering Group and developed plans to develop/refresh resource groups & to develop a strategy plan for 2016-2019.
4. Identified the critical need to replace Ulysses with someone committed to research uptake (not just research) and to hire a more junior person devoted to EVIPNet coordination
5. Described the type of evaluation of WHO's evidence to policy programs that could best move WHO and its partners forwards and that could feed into a report about EVPNet's success stories over the past 10 years & improve its communication about its approach and impact
6. Celebrated Ulysses's profound contributions to supporting evidence –informed policy-making in LMICs.

Appendices

Appendix 1. List of participants.

Evidence-Informed Policy Network (EVIPNet) Global Steering Group Meeting

3-4 September 2014

WHO, Geneva

List of Participants

External:

1. Dr Jorge Barreto, Ministry of Health of Brazil, Brasilia, Brazil
2. Dr Tomás Pantoja, Pontificia Universidad Católica de Chile, Santiago, Chile
3. Dr Rhona Mijumbi, College of Health Sciences-Makerere University, SURE Project, Kampala, Uganda
4. Dr Kaelan Moat, McMaster University, Hamilton, Canada
5. Dr John Lavis, McMaster University, Hamilton, Canada
6. Ms Elizabeth Alvarez, McMaster University, Hamilton, Canada
7. Dr Salimata Ki, Ministere de la Sante, Ouagadougou, Burkina Faso
8. Dr Joshua Berman, Dignitas International, Toronto, Canada
9. Dr Chigozie Jesse Uneke, Ebonyi State University, Abakaliki, Nigeria
10. Dr Pierre Ongolo-Zogo, Yaoundé Central Hospital and University of Yaoundé 1, Yaoundé, Cameroon
11. Dr Fadi El-Jardali , American University of Beirut, Beirut, Lebanon

WHO Staff:

12. Ms Tanja Kuchenmuller, WHO/EURO, Copenhagen, Denmark
13. Dr Olla Shideed, WHO/EMRO, Cairo, Egypt
14. Dr Evelina Chapman, Pan-American Health Organization
15. Dr Ulysses Panisset, WHO-HQ, KER-RKT
16. Ms Wachsmuth Isabelle, WHO-HQ, KER-RKT

Appendix 2. Takings Stock of Lessons Learned at Global Level

Based on the successes and challenges of EVIPNet at global level, the following successes and actionable messages were identified:

Successes
• Improvement in culture • Strong leadership and high level champions are essential • Knowledge Translation (KT)/Evidence-informed Health Policy-making (EIHP) is its own field and has value in and of itself (not as an add-on) • Establishing respected institutions is a measure of EVIPNet success • Established process vs. room for contextual adaptations- successfully done by EVIPNet • Improved evidence briefs and policy dialogues process • Increased demand for evidence briefs for policy (EBPs) and policy dialogues, which should be capitalized on • Steering Groups meetings (i.e. multi-level interactions) can be helpful for convening dialogues
Action points
• Need to identify the specific niche, and a political operationalization of EVIPNet • Need to push for KT to become its own field • Need for a periodically updated situation analysis to be included in the EVIPNet methodology • Need to develop models for impact evaluation and implementation processes • Communications between regions are important: o Need to use other regional lessons learned for launching EVIPNet in a new region/country (e.g. EVIPNet EURO) • Need to collaborate with the Guideline Review Committee (GRC) at HQ and find other leverage points for cultural shift at WHO o WHO should never produce health systems guidance without accompanying guidebooks: o Need to improve collaboration between EVIPNet and GRC: EVIPNet could help with the guidebooks to accompany guidelines, thus catalysing the link between guidance and contextualization; o Need to revisit work already done by the GRC in that direction (e.g. policy compendiums) o Another opportunity is for EVIPNet to contribute/be included in the new edition of the Guideline for Guidelines (currently starting to include limited content on health systems and policy implementation) - Other leverage points, institutionally, need to be identified o Need to align and support collaboration between KT activities within WHO (including EVIPNet) ▪ Example: EVIPNet collaboration with the Nutrition Department, for the development of the guideline on micronutrients. ▪ Need to link with other groups is important for the development of collaborative funding proposals • Need to find appropriate spaces for publishing evidence briefs for policy and other EVIPNet outputs

Appendix 3. **SWOT analysis of EVIPNet at regional and country level**

SWOT Regional Level	Appendix 2.Regioanal level SWOT analysis			
	AFRO	EMRO	EURO	PAHO
How to build on strengths (S)	• Scale up training curriculum within universities • Build on the network of trainers available • Better use the members of the Advisory Committee on Heath Research • Learn from Burkina Faso- move from national to subnational level, to work on the implementation side at regional and district level • Push for availability of e-learning resources • Global Health Research Initiative's (GHRI) Africa Health Systems Initiative , support requested from WHO Department of Nutrition for Health and Development Food and Nutrition, initiative on National advisory committees on immunization • Use political or policy champions to push for collaboration with others in the inactive countries • Capitalize the existing capacity (e.g. convene regional workshops or working meeting)	• Build on the launch of EVIPNet in the Region in 2009, and the expressed interest of countries (13 MS participated) in KT • Draw on existing KTP (Lebanon) • Expand EMRO's support to KTPs in the region (Sudan, Lebanon, Jordan) • Disseminate existing research and focus on success stories • Establish regional resource group	• Continue to ensure that the coordinator is supported to fulfil function (technically and resource-wise) • Ensuring that EVIPNet plays a real role in the KT Action Plan for Euro • Disseminate tools developed by Euro to other E regions • Ensure that the Regional SG is active ○ Complement it with a resource group • Advocating for a qualified replacement for Ulysses	1. Continue with capacity building 2. Continue to build the EVIPNet brand, already strong 3. Continue to work well across countries and departments 4. Build on culture change achieved until now 5. Continue learning across countries 6. Continue to support development of EVIPNet websites 7. Continue publishing workshop reports
How to address weaknesses and threats (W & T)	- Seek team member to step forward as interim coordinator - Competition for resources - Develop country specific capacity building strategy and business plan	- Continue to try to get WHO's RO buy-in by stimulating country demand - Target GCC to raise funds - Focus on teams and	• Ensure that interested country teams are supported	• Understand slow uptake in some countries • Consider how lack of funding and political

	• include provisions for turnover	institutions, and not individuals • Capitalize on targeted advocacy within regional strife (e.g. KT is included in strategic health plans of some countries (ex. Qatar included explicitly), and others expressed interest (ex. Oman and Iraq)		support has hampered progress • Help countries develop strategic plans • Respond to changes in leadership/coordination by pushing for dedicated position
How to capitalize on opportunities (O)	• Capitalize on revamping of Schools of PH- use of opportunities to increase of HR • Use lessons from KT initiatives at Cochrane, HIFA EVIPNet in French • Create a regional proposal and adapt to specific funding opportunities	• Engage at regional and global high level meetings • Training workshops • Establish a regional resource group to share the responsibility of promoting the area • Ensure the designation of at least one WHO CC in the Region to support countries in building capacity • Lobby some key actors/champions to create a call for action in the Region (ex. Walid Ammar, Mohamed Al-Thani) • Session in the pre-RC 62 and opportunistic presence in high-level regional meetings • Ensure the presence of a dedicated focal point among the WHO secretariat to follow this area of work and coordinate with	• Pilot and evaluate tools & processes and document lessons learned from other countries • Promote and advocate KT and the need for a process approach • Make a case for EVIPNet's added value and propose EVIPNet tools (EBP and policy dialogues) as a standardized approach for WHO EIP work • Documenting EVIPNet Europe's progress and results • Promote mentoring and exchange among country teams • Establish a dual track (for setting up country teams) • Institutionalization work; • Development of an EBP.	• Make use of online courses • Use training courses for capacity building (both short-term and incorporated in postgraduate degrees): e.g. courses are free for policy-makers in Brazil (70% from Brazil, 30% from the region) • WHA resolution for EVIPNet assessment- there is need for 10 years progress report first (as a follow up if the 58th WHA resolution)

		EVIPNet/countries/other regions		
Cross-regional pollination	EVIDENT and other “competing” initiatives (especially in Africa)			

Appendix 4. Lessons learned at regional and country level

Lessons Learned	Afro	EMRO	EURO	PAHO
Regional Level	- Address sustainability - Use multi-sectoral approach - Invest in the young generation - Engage media and civil society - Horizon scanning for funding application - Work to gain political commitment (including for financial resource allocation) - Need focal point and budget	• Improve coordination between Regional Office, EVIPNet and countries • Target institutions not individuals • Create demand at country level • Advocate at country and regional level • Build on existing opportunities (SUPPORT Tools) • Promote success stories in order to increase cross-country support	○ Involve HoCO ○ Building on lessons learned from other regions ○ Formal commitment by Member States is a catalyser ○ Need for a coordinator, ○ Need for a strategy ○ Understand that some tools (situation analysis manual) will not give clear answers	8. Need a central coordinating role (with a resource group) 9. Need of funding 10. Need for sharing of ideas (conferences, travel) 11. Involve high-level politicians 12. Prepare annual report (in 2-3 languages) 13. Institutionalization is important for continuity 14. Prepare regional packages of evidence (e.g. workbooks), which countries can then contextualize to their setting in country evidence briefs for policy
Country level	• Need dedicated time for EIP (contingent of budget) • Institutionalization of processes • Importance of multi-sectoral approach • Need for champions (e.g. KTP members becoming ministers in Zambia, Nigeria) • Learning from other countries (Malawi-Zamphor coordination)	• Lobby champions to create a call for action in the Region • Plan for KT presentation pre-RC 62 • Designate a WHO CC in all regions • Ensure the presence of a focal point • Establish a regional resource group	• Promote strategic niche • Resistance in doing tough work (e.g. situation analysis)	• Need for support in capacity building • Need for in-country coordination of KT groups

	• Prepare for attrition			
How to support cross regional pollination	• GSG - One face-to-face meeting every 2 years - Bigger gap between meetings (monthly vs, every 3 months) - Means to engage other members (e.g. document repository, social platform) • Face to face meeting of focal points, e.g. 2-3 years • Addis conference follow up every 2 years • Book side meetings at other conferences, e.g. 1-2 years • E.g. HSR Symposium, World Innovation Summit for Health • Analysis of potential meetings needed • Continue on an ad-hoc basis • Annual report			

Appendix 5. Ebola Outbreak - EVIPNet methodology relevance at global level

Ebola evidence brief: Protection and support of front-line health workers

Problem

Note: Need to broaden the concept not only to health professionals, but also community health workers, police etc.

- Lack of data to understand disease dynamics, both in urban and in rural settings (and lack of data on implementation of emergency treatment plans)
- Panic among the public, resulting in violence, stealing etc.; the public protecting their sick family members, not supporting their entry into the formal system; lack of support (including religious) for patients and family members
- Lack of training, supervision, psychological supports and security for professionals and community health workers
- Generally weak health systems in generally failed states.
    7) There is pressure to give payments to health workers directly, not through governments, which creates an accountability vacuum.
    8) Failure to establish delivery arrangements that build on what worked before (e.g. in the SARS crisis) and build a platform for future such crises

Consequences:

9) If front-line workers are not protected and supported with priority, more people will become infected and die
10) If no action is taken in low and middle-income countries, then the epidemics will eventually spread to HICs

NB! It is important to keep in mind political and health system contexts

Options

By process of contamination: new case in public setting, transfer path to HC setting; care in healthcare setting

By target group:

11) Public, including families (and the media), in order to change beliefs and behaviours;
12) Health workers: knowledge, emotional and physical support; need to include other frontline workers.

By type of intervention:

13) Training, supervision and psychological support
14) Supply chain management
15) System delivery and financial arrangements

By stage of development

16) Strengthen data collection to understand problem
17) Develop local guidance development processes
18) Implement existing emergency containment plans

By setting (with focus on containment plans)

19) Community-based
20) Healthcare facility-based
21) Government based

Implementation

Keep long term system strengthening in mind during short term support phase

Appendix 6

Participants considered whether and why EVIPNet should continue to exist at the end of the current Strategic Plan (see details in Box 8).

Green/red light for EVIPNet in the following 16 months and over the next 4+ years?					
Regions		AFRO	EMRO	EURO	PAHO
Green light	16 M	- Belief in the vision - Enough resource/in vetsments to "scrape by" - It's useful, it fills a gap	- Existence of a plan - Belief in vision	✓ Momentum in regions	✓ Brand is useful to countries and WHO ✓ Models have not yet been incorporated in the national processes
	4+ Y	✓ Need for people with dedicated time and resources	✓ Green if there is a strategic plan that plans for EVIPNet becoming a social movement	- Uniqueness- EVIPNet is filling a niche - EVIPNet is a brand - Existing investment	- Green, but need for a new action plan to ensure sustainable capacity - Need resources for evaluation
Potential counter-arguments to green-lighting EVIPNet		✓ Integration in content-specific programmes	-	5. Sustainability problems 6. Lack of funds 7. Advocacy still a priority. Why? 8. Are countries' needs limited to EBP, policy dialogues? 9. Some teams continue operating even without a coordinator	10. If EVIPNet is dissolved, there is a need to find groups to take up its role