Evidence Informed Policy Networks (EVIPNet)

PROPOSAL FOR A

SKILLS BUILDING STRATEGY

EVIPNet's Goal

EVIPNet, **E**vidence **I**nformed **P**olicy **N**etworks, is a mechanism designed to promote the systematic use of high quality health research in policymaking. EVIPNet's goal is to promote country based mechanisms to facilitate the regular use of research evidence into the decision making process. It will also provide countries with a reliable and trustworthy source of evidence while taking into consideration local and regional needs. Additionally, it will result in a better use of regional resources through the development of a multi-country network using the local networks with similar organizational dynamics as the starting point.

Why do we need a Skills Building Strategy?

A critical step towards a strong EVIPNet is a robust cohesive country team, with representation of key stakeholders such as representatives from the **national health authority, the science and technology council, the research and academic community, and the organized civil society**. To help strengthen capacities relevant to EVIPNet, PAHO is planning to develop a comprehensive **Skills Building Strategy (SB Strategy)**.

Great progress has been achieved in the area of access to information due to the leadership of BIREME/PAHO. BIREME indexes, archives and delivers a broad range of resources through portals such as the Virtual Health Libraries (VHL). There is consensus among the Americas' teams that further training in specific areas related to the work of EVIPNet should be a priority.

The overall goal of this **SB Strategy** is to help ensure that teams have the necessary skills to implement EVIPNet and to help create a critical mass of qualified individuals to sustain the initiative over the long run. Primarily, the SB Strategy will focus on strengthening capacities needed for EVIPNet **core activities** such as developing policy friendly evidence summaries, organizing deliberative dialogues and promoting research to bridge evidence gaps.

There are obvious benefits from this strategy: offering organized access to a range of resources tailored to EVIPNet team needs; building consensus on concepts and methodologies; fostering long term capacity building of a critical mass of stakeholders within a country; promoting the interaction of country teams and the functioning of teams as a regional network; preventing duplication and using resources efficiently.

In order to develop the SB Strategy PAHO will rely on its own technical expertise and on establishing partnerships with a number of organizations and individuals with proven and longstanding experience in this area. The project will take advantage of both existing training opportunities which could be adapted for EVIPNet and the development of new tailored training programs where none exist. Both on-site and virtual approaches will be used.

To facilitate the development of the SB strategy we chose to work with a competency-based educational model. Competencies, unlike goals or objectives, focus on the end-product of the instructional process rather than in the instructional process itself. Competencies reflect the "big picture" and not individual courses or learning offerings[1].

Defining the Collective Competencies to Support Evidence Informed Policies

Central to EVIPNet is building strong country teams that include all main stakeholders. As mentioned above, we expect that these teams will bring together a multidisciplinary group of individuals committed to informing policies with the best evidence available. The graph below depicts the EVIPNet model and its main components. While all EVIPNet teams are expected to fall within these general guidelines, the definite organizational model within each participating

---

[1] Albanese MA et al. Defining characteristics of educational competencies. Med Edu 2008: 42: 248–255

country should be relevant to the country's context and could be adapted to the local needs.

EVIPNet Organizational Model
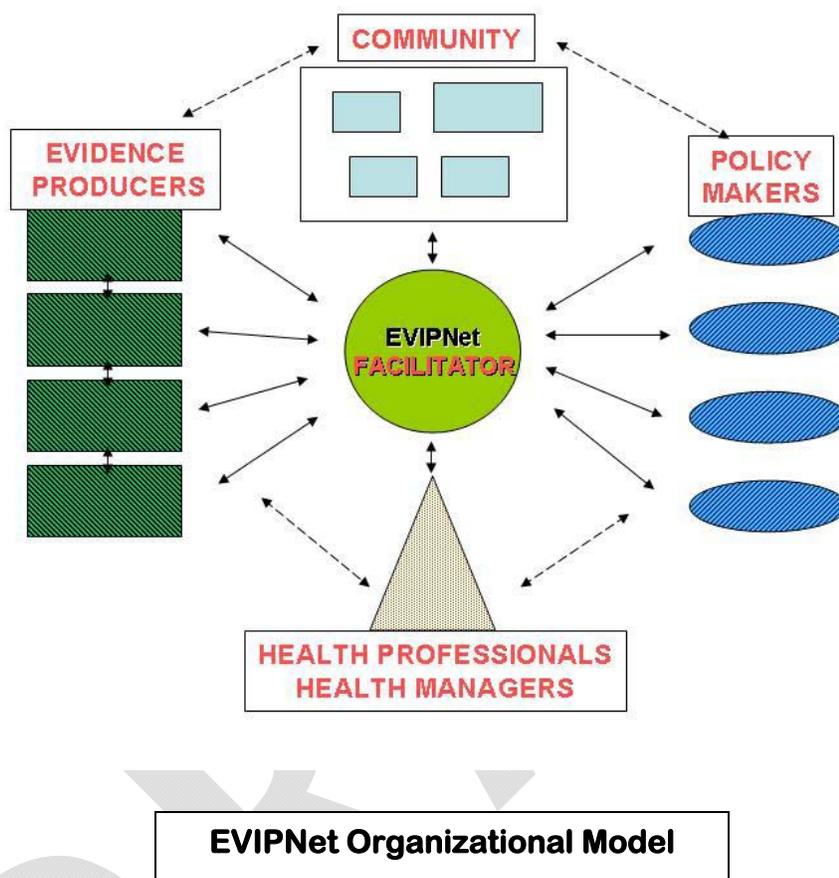
The complexity of the evidence-to-policy process and the vast array of expertise that is involved (from the development of evidence to the incorporation of the evidence into policy) make it apparent that this task should be undertaken by a network of individuals and/or institutions organized around the national health authority and not by a single person or entity. Each stakeholder comes into the team with clear roles and responsibilities and a set of knowledge and skills. The behavioral sequences resulting from the combination of knowledge,

skills and attitudes necessaries to perform a complex task can be defined as COMPETENCIES[2]. According to Albanese[1] et al, a competency is defined by five main characteristics: 1) It focuses on the performance of the end-product, 2) It reflects expectations that are an application of what has just been learned, 3) It is expressible in terms of measurable behavior 4) It uses a standard for judging competence that is not dependent upon the performance of other learners.5) It informs learners, as well as other stakeholders, about what is expected of them. This working definition refers to competencies as defined for individuals.

Merely adding together member's competencies will not guarantee that teams have the competencies that are necessary for success. Personal expectations, the interaction between members and their response to the environment will create a dynamic that modifies team performance. Moreover, this interaction gives the opportunity to develop a set of novel competencies that gives the team a unique identity.

Additionally to the task and capability competencies, team competencies should contemplate those related to the psychological environment and team dynamics[3]. The SB Strategy will only address the former ones since they can be improved by traditional educational offerings. In our opinion, **the latter will be developed by offering opportunities for learning together by doing together**. This approach, which is the ongoing methodology for team building and capacity development for EVIPNet's group, will continue to be the guiding principle to capacity development.

An expert meeting was conveyed with the goal of discussing and validating a competence-based capacity development for EVIPNet[4]. During these two day workshop, the group agreed on a set of tasks and activities that should be performed by EVIPNet teams. Moreover, the group proposed a series of skills and knowledge that should be mastered by teams to successfully inform policies with the best evidence available. Using the model proposed by

---

[2] There are many different definitions for COMPETENCIES but they all highlight their comprehensive and indivisible nature.

[3] Tyson S et al.. The development of a generic team competency model. Competence and emotional intelligence 2000; 7: 37-41

[4] Geneva, October 10-11, 2008.

Cate et al[5], these recommendations were organized by grouping the competencies with their corresponding behavioral demonstrations. Moreover, these competencies were related to the activity which they are necessary for. The learning objectives for three of the learning programs were based on these elements. They will also serve as the base for any future learning opportunity.

The educational methodology must be aligned with the philosophy of competencies and team working. Thus, it should consider the use of a constructive model of learning that includes:

- Experiential learning
- Contextualized problem-based strategies
- Learner centered strategies
- Interactive and participative activities
- A one-to-one tutorial process
- Mentoring and Train-the-trainer approach
- Continuous formative assessment
- Outcome-based programmatic considerations
- Competency verification by demonstration

This process can be conducted either on-site or virtually.

EVIPNet Core Competencies

We propose eight core competencies for EVIPNet teams:

---

[5] Cate O. et al. Competency-based postgraduate training: Can we bridge the gap between theory and clinical practice?. Acad Med 2007, 82: 542-547.
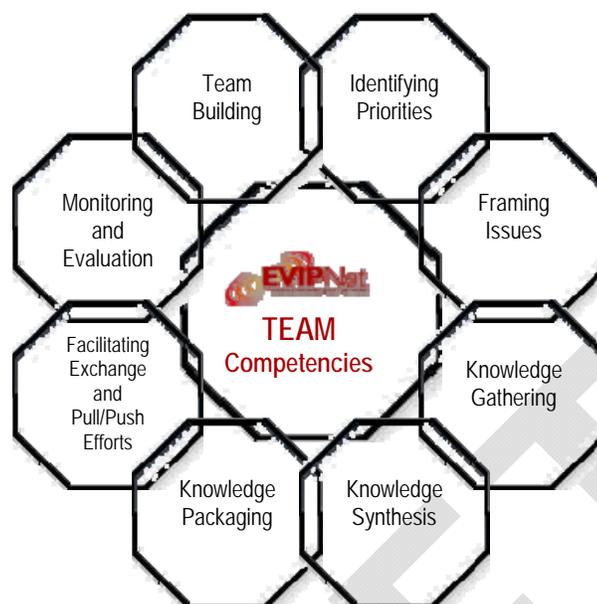
Core Competencies for EVIPNet Teams

- **Identify Priorities**: The team should be able to single out Health Policy priority areas according to context.

- **Framing Issues**: The team should analyze the issue and identify key aspects that ought to be considered when informing decisions with the best evidence available. These elements should include political and social context, cultural environment, financial issues, etc

- **Knowledge Gathering**: The team should demonstrate knowledge and skills to pose appropriate questions, develop efficient search strategies, find and retrieve relevant evidence.

- **Knowledge Synthesis**: The team should appraise evidence for quality, eligibility and applicability and interpret the information according to the context.

- **Knowledge Packaging**: The team should be able to summarize the relevant information in a user-friendly format that facilitates its incorporation into policy.

- **Facilitating Exchange and Pull/Push Efforts**: The team should advocate for evidence informed public health policies and raise awareness about the advantages of this approach among

stakeholders. They should choose effective dissemination efforts to convey their message and help bring stakeholders together for constructive dialogues.

- **Monitoring and Evaluation**: The team should advocate for and participate in the implementation of tools to identify strengths, deficiencies and impact of the process

- **Team Building:** The team should demonstrate interpersonal and communication skills that promote the cooperative environment necessary for knowledge exchange

Two-Dimensional Matrix Relationship between behavioral demonstration of competencies and defined task for EVIP Net Teams

COMPETENCIES / ACTIVITIES	Behavioral Demonstration	Policy Brief					Deliberative Dialogue					Rapid Response		Research Promotion
		Terms of reference definition	Problem, programmatic framing & implementation options	Evidence gathering (elec. data bases & other sources)	Evidence and synthesis interpretation	Evidence packaging and formatting	Terms of reference definition	Stakeholders identification	Dialogue and technical facilitator identification	Deliberative dialogue design selection and conduction	Follow-up actions support	Key question and evidence identification	Evidence summary elaboration	Research promotion
Identify Priorities	• Develop working knowledge of approaches to setting priorities, particularly those that identify managerial and policies priorities in Health Systems	●	●				●					●		●
	• Select priority areas that may benefit or require policies for change	●	●		●	●	●					●		●
Framing Issues	• Define working terms of reference	●	●	●	●	●	●				●			
	• Analyze programmatic options	●	●		●	●	●				●			
	• Consider implementation issues	●	●		●	●	●				●			
	• Consider an array of different angles and approaches to define the issue in regards to context and prevailing values	●	●		●	●	●	●		●	●			

	• Understanding local and external policy and political cycle	●	●	●	●	●	●	●	●		●				
	• Understanding frameworks for actionable questions	●	●	●	●	●	●								
Knowledge Gathering	• Framing a searchable question	●	●	●			●					●			
	• Develop a search strategy according to source, methods and tools			●			●					●			
	• Access and retrieve evidence			●			●					●			
	• Map evidence gaps			●	●	●	●			●	●	●	●	●	
Knowledge Synthesis	• Appraise evidence quality				●							●			
	• Select applicable evidence (eligibility) according to context and values				●	●	●					●			
	• Interpret available evidence				●	●				●		●			
Knowledge Packaging	• Present evidence in a clear user-friendly format with emphasis on measurable outcomes						●			●				●	●
	• Characterization of policy options considering the evidence within prevailing context and values					●				●	●				●

	• Consider policy implementation options					●					●			●
Facilitating Exchange and Push/Pull Efforts	• Raise awareness among stakeholders on the advantages of using evidence in policy making	●						●		●	●			
	• Help to build capacities among policy makers for evidence use							●		●	●			
	• Identify factors that influence the policy process in context	●	●		●	●	●	●		●				●
	• Engage stakeholders	●	●		●			●	●	●	●			●
	• Facilitate dialogue between stakeholders considering their needs and expectations	●	●		●			●	●	●	●			
	• Build and strengthen networks						●	●		●	●			
Monitoring and Evaluation	• Ability to participate in formative evaluations of the evidence-to-policy process	●			●	●		●			●			●
	• Promote evaluation of new programs as an integral part of the project					●					●			
Team Building	• Negotiate decisions	●	●	●	●	●	●	●	●	●	●	●	●	●
	• Motivate discussion and	●	●	●	●	●	●	●	●	●	●	●	●	●

participation														
• Communicate ideas in an effective way	●	●	●	●	●	●	●	●	●	●	●	●	●	
• Promote consensus among team members	●	●	●	●	●	●	●	●	●	●	●	●	●	

.

Training Programs Design

The proposed design consists on a series of related but independent modules that should help teams develop all necessary competencies. Each module will focus on a specific EVIPNet activity and support development of the competencies necessary to tackle them. The advantage of a modular design is that it allows building upon the team's diverse expertise while putting emphasis in their different roles and responsibilities. For example, a policy maker has direct experience with the practical aspects of decision making and the ability to translate ideas into action. However, the policy maker may need to develop a better understanding of what constitutes scientific evidence, how it could improve the decision making process, and ultimately, public health. On the other hand, a researcher or academic who has a lot experience in generating and appraising evidence may need to improve his or hers understanding of the elements that influence decision making, the kind of information that could be policy-relevant, and priority areas where new research may help to inform policy. Moreover, the team may need to develop the necessary skills to translate and package the available evidence into an accessible easy-read format (e.g. policy brief, summary report, etc)..

As mentioned before, we propose to focus our initial efforts in developing three specific modules: Introductory, Policy Brief and Evidence for Policy Makers. Additionally, we plan to map and validate existing training opportunities that can serve the development of the proposed competencies. We will partner with the organizations offering these courses and list them under the corresponding module (e.g. Courses on Systematic Reviews and Meta- analysis offered by the Cochrane Collaboration).

The introductory module will be targeted to the entire team regardless of the individual responsibilities. Subsequently, the team members could complete the necessary training courses according to their role in the team and their specific needs. The goal is to have a team with the appropriate skills to address all components and take note that not all members should receive training for the same tasks

1-Introductory module

As stated above, EVIPNet teams include a series of stakeholders that will be responsible for the different aspects of the process. It will be necessary to clearly define roles and responsibilities within the group while ensuring that there are plenty of opportunities for the team to interact and work together.

As an initial activity on the training strategy it is desirable that all members of the team get familiar with the basic principles that will govern EVIPNet work and the overall work schemes. The introductory module should also help define the participant's responsibilities and roles within the team.

By completing the course, the participant should demonstrate, while working as an EVIPNet team member, the capability of:

- Regarding Policy Making
    - o Identify 'windows of opportunity' in policy processes in their political system
    - o Recognize how policies are developed
    - o Be acquainted with the factors that influence the policy development process in their political system (e.g., media)
    - o Describe the policy implementation process
    - o List international agents, donors and other external stakeholders

- Regarding Research
    - o Recognize the different types of research and their relative values
    - o Frame searchable questions related to policy issues
    - o Access and retrieve evidence from electronic databases and other sources
    - o Implement simple evidence searches in electronic databases
    - o Advocate for appropriate research priority-setting that contemplates health policy priority

- Regarding EVIPNet
  - o Describe EVIPNet's goal, purpose and limitations
  - o Discriminate EVIPNet's activities, tasks and areas of influence
  - o Select the appropriate tools and mechanisms to advance evidence informed health policies

2- Policy Brief Module

One of EVIPNet's key is to *translate* the best available evidence into accessible terms and to present it in a *policy friendly* format that will facilitate its incorporation into policy. A policy brief (PB) is the appropriate vehicle for such task since it is organized around the policy question and aims to provide clear answers and *actionable messages*. Moreover, a policy brief will also provide the policy makers with information that goes beyond the traditional health research data. Economic impact and cost analysis, cultural context, known constraints and any other factor that might influence the success of the proposed measure should be reflected in the brief.

By completing the course, the participant should demonstrate, while working as an EVIPNet team member, the capability of:

- Define the terms of reference of the PB and precise its purpose and scope, its target audience and its main components
- Search and map the necessary evidence to construct a PB
- Select appropriate evidence according to context and quality
- Structure and write a PB using the appropriate information and the right terminology having a specific target audience in mind
- Convey a clear actionable message based on the best evidence
- Plan follow-up measures to ensure that the PB reaches the target audience

3- Evidence for Policy Makers

Although the network will depends on the interaction of many different stakeholders, the role of the policy maker is critical for EVIPNet success. A special training opportunity tailored to their needs is then very desirable. We firmly believe that providing clear information to policy makers about the advantages of using evidence in the decision making process will have a positive outcome and contribute in bringing this group of stakeholders into EVIPNet and become an active part of the process. Although it will be tailored for policy makers, it should include other key members of the EVIPNet team and thus help create bridges within the teams.

 By completing the course, the participant should be able to:

- Describe the different types of evidence and the different intrinsic value that they have to inform policies.
- Value the role of evidence in the different stages of policy making.
- Recognize the different sources of evidence and how to access them.
- Provide feedback to other members of the EVIPNet team about their needs and expectations.
- Categorize the nature of knowledge or information needed to address a policy problem.

Bibliography

Multiple Authors: World Report Knowledge for Better Health, World health Organization, Geneva 2004.

Moynihan, R; Oxman, A.; Lavis, J.; Paulsen, E.: Evidence-Informed Health Policy: Using Research to Make Health Systems Healthier. Report from Kunnskapssenteret (Norwegian Knowledge Centre for Health Services), No 1-2008, A Multimethod Study.

Hamid, M et al.: EVIPNet: translating the spirit of Mexico. The Lancet Vol 366, November19, 2005

World Health Organization. Bridging the "Know-Do" Gap: Meeting on Knowledge Translation in Global Health, Geneva, Switzerland.

Lavis, J et al: How can Research organizations more effectively transfer research knowledge to decision makers? Milbank Quaterly, 2003, 81:221-248

Multiple Authors: Defining and Assessing Learning: Exploring Competency-Based Initiatives Report of the National Postsecondary Education Cooperative Working Group on Competency-Based Initiatives in Postsecondary Education. http://nces.ed.gov/pubs2002/2002159.pdf

Tyson S et al.. The development of a generic team competency model. Competence and emotional intelligence 2000; 7: 37-41

Albanese Mark A et al.. Defining characteristics of educational competencies. Medical Education 2008: 42: 248–255

Cate O. et al. Competency-based postgraduate training: Can we bridge the gap between theory and clinical practice?. Academic Medicine 2007, 82: 542-547.