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EVIPNet: Evidence-Informed Policy Networks. Progress Report

Pan American Health Organization
2007

EVIPNET AMERICAS: PROGRESS REPORT[1]

The ongoing strategy to implement EVIPNet in the region was developed considering the recommendations made by the Advisory Committee on Health Research of the Pan American Health Organization (PAHO/AMRO). We are pleased to report the following achievements:

a) EVIPNet Americas was officially launched in July 2007 at a meeting in Washington DC where 10 teams from 9 countries joined PAHO staff and an international resource group to discuss EVIPNet and how it could be implemented within their respective countries.
b) PAHO/AMRO is leading EVIPNet in the Americas and has had a prominent role in the integration of the work of the Global Network (Dr. Cuervo is co-chair of the Global Steering Committee).
c) The EVIPNet project is included in PAHOs Strategic Plan 2008-2012 with funds assigned in PAHOs Program Budget 2008-2009.
d) PAHO/AMRO hired Dr. Analía Porrás, a highly qualified Short Term Consultant, to support the coordination of EVIPNet Americas.
e) The consultancy of Ms. Sonya Corkum has been extended to focus on fund raising and support coordination with the global EVIPNet.
f) EVIPNet was profiled by the ACHR's president, Dr. John Lavis, at the Pan-American Sanitary Conference.
g) Raising awareness about the importance of the use of evidence in public health decision making has made this a Regional priority, as reflected in the Health Agenda for the Americas (2008 — 2017)[2].
h) Central to EVIPNet success is to secure the country's health authorities commitment. Therefore, we have asked for Letters of Intent from the health authorities to be included with the project proposals (i.e. Applications of Intent) developed by country teams. Trinidad and Tobago, México and Paraguay have already issued such letters. Costa Rica, Chile, El Paso and Bolivia are processing them. We are following up with the remaining countries through our Country Representatives.

A critical step towards a strong EVIPNet is a robust cohesive country team, with representation of key stakeholders. Hence, we have encouraged the leadership of representatives from the national health authority, the science and technology council, the research and academic community, and civil society. We have supported countries and their team organization by bringing to the table different parties. There is variability in the configuration of country teams which reflect the local context of each group.

In October 2007 we launched an EVIDENCE portal with BIREME. This portal links to the global EVIPNet website. It also offers indexes, links, and easy access to a broad range of educational and technical resources and evidence collections, including the Cochrane Library.

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[1] Dr. Analía Porrás. Consultant. Research Promotion and Development Unit. Washington, D.C. 525 23rd St. NW, Washington, DC 20037-2895. Contact: EVIPNet@paho.org

[2] Health Agenda for the Americas (2008 — 2017). http://www.paho.org/English/DD/PIN/Health_Agenda.pdf

a) Funding: A series of steps have been taken to secure funding for EVIPNet Americas.

- As mentioned, we now have a Short Term Consultant, Ms. Corkum, working on fund raising.
- A presentation to the Spanish Carlos III Institute (ISCIII) was followed by expressions of interest and an application for funds for the upcoming biennium is now under evaluation at the ISCIII.
- The Thrasher Research Fund has expressed interest in EVIPNet Americas and we are engaged in conversations to bring this to fruition.
- The Canadian Coalition for Global Health Research signed a letter of agreement with PAHO to cooperate in the development of a health research capacity-building workshop to take place in Bolivia, in lines with the EVIPNet objectives.

b) Technical and strategic alliances

- We held an EVIPNet workshop at the Cochrane Colloquium (October 2007, São Paulo, Brazil) inviting EVIPNet country teams. Five EVIPNet Americas countries participated: Costa Rica, El Paso, Trinidad & Tobago, Paraguay and Chile. We had a very enthusiastic response to this 4 hour workshop. Approximately 40 delegates participated including senior Cochrane leaders –such as the President of the Cochrane Collaboration Steering Group, government officials, the Director of the English National Knowledge Service, among others. This activity allowed raising awareness about EVIPNet and identifying opportunities for technical and strategic support. The Colloquium was highly commended by EVIPNet teams that found it to be a great learning and networking experience, and an opportunity to foster integration among the different teams.
- A framework agreement was signed between the Iberoamerican Cochrane Association and PAHO/AMRO to collaborate on a range of activities including capacity building, technical cooperation, and other EVIPNet related activities.

PROPOSAL FOR A SKILLS-BUILDING STATEGY

Following the ACHR's recommendations to strengthen capacities relevant to EVIPNet, we propose a comprehensive **Skills-Building Strategy (SB Strategy)**. Access to information has been a priority to several EVIPNet teams in Asia and Africa. The situation may be different in the Americas where BIREME has already made great progress and accrued substantial experience on this front. BIREME indexes, archives and delivers a broad range of resources through portals such as the Virtual Health Libraries. 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 the **SB Strategy** is to facilitate that teams have the necessary skills to implement and to create a critical mass of qualified individuals to sustain EVIPNet over the long

run. This requires a multidisciplinary approach and harmonizing the capacities within a team environment. The SB Strategy will offer a standardized approach that can be adapted to the local context.

We propose the development of a comprehensive training strategy that will include:

a) **A diagnostic tool**: this instrument will allow the team to assess their strengths and needs based on a set menu which will create a unique comprehensive training strategy for each country.
b) **Curricula**: A comprehensive list of available training opportunities tailored to EVIPNet Americas teams listed according to the stakeholder roles and responsibilities (i.e. policy maker, researcher, evidence summaries developer, patient advocate, communicator, etc). It will also consider issues such as team communication and working with different stakeholders. The curricula should be ample and provide training in all EVIPNet working areas (for example: access, translation and packaging of evidence; evidence dissemination and marketing; project management; etc).
c) **Multiplying capabilities**: A capacity building scheme such as "train the trainers" will be used to ensure efficient dissemination of the skills at a local level.
d) **Quality evaluation**: An evaluation protocol to assess and monitor the quality and impact of the training strategy will permit corrective measures if necessary and provide information on the utility of the programs and our overall strategy.

In order to develop the SB Strategy, we will relay on internal and external (to PAHO/AMRO) partners with broad experience in capacity building. For example:

a) **PAHO/WHO**: We propose that the units of Research Promotion and Development (HSS/RC), Human Resources (HSS/HR) and BIREME collaborate to develop the SB Strategy. Additionally, since courses could be on-site or virtual, PAHO has an ample arsenal of communication tools that can be brought to work in synergy for this project such as the Virtual Campus or the Virtual Health Libraries and Evidence Portal.
b) **Non-PAHO resources**: A number of organizations and individuals have proven and longstanding experience on this area and PAHO will partner with them to build on their expertise. Some of these resources were presented to the 40th ACHR. For example, there are agreements under way between the University of West Indies, the International Clinical Epidemiology Network, and the US Cochrane Center to develop a cadre of epidemiologists, social scientists, biostatisticians and health economists in the Caribbean as a result of the discussions held in Montego Bay within the framework of the 40th ACHR.

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.

We are looking forward to the ACHRs advice. We anticipate we can develop and implement a diagnostic tool, create the evaluation instruments, conduct the inventory of possible curricula, by the end of 2008. Ongoing evaluation would then guide any further developments.