EVIPNet Africa Meeting

Addis Ababa, Ethiopia

14–16 October 2015

Final Report

CONTENTS

ABBREVIATIONS

AFRO	WHO Regional Office for Africa
APHRC	African Population and Health Research Center
HQ	headquarters
KT	knowledge translation
KTP	knowledge translation platform
RSUM	Regional Support Unit Manager
TDR	The Special Programme for Research and Training in Tropical Diseases
UHC	Universal health coverage
WHO	World Health Organization

EXECUTIVE SUMMARY

EVIPNet is a knowledge translation platform (KTP) established by the World Health Organization (WHO) in 2005 to promote the systematic use of health research evidence in policy-making. Focusing on low- and middle-income countries (LMICs), it promotes partnerships at the country level between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the best scientific evidence available. The network brings together country teams, which are coordinated at both regional and global levels.

The African network was the first regional network of EVIPNet. It was launched in March 2006 with a grant from Canada's International Development Research Centre (IDRC), with additional project support from the European Union's Supporting the Use of Research Evidence (SURE) network, the Alliance for Health Policy and Systems Research (AHPSR) and the Special Programme for Research and Training in Tropical Diseases (TDR). To date, the network has grown to 12 countries: Burkina Faso, Cameroon, Cape Verde, the Central African Republic, Ethiopia, Malawi, Mozambique, Nigeria, Senegal, Uganda, the United Republic of Tanzania and Zambia. Representatives from these countries' teams met in Addis Ababa, Ethiopia, from 14 to 16 October 2015 to build on their 10 years' experience by sharing lessons learned and developing joint future plans.

The meeting provided an opportunity to identify a number of lessons that had been learnt at both country and regional levels in the last decade as well as the gaps and opportunities for expansion. Most country teams have strengthened their human resource capacity, provided rapid response support to national programme managers and policy-makers, conducted several policy briefs and held discussions leading to changes in policy and programmes. The major challenges included mobilizing internal financial resources, attracting and retaining staff, which proved a problem due to poor incentives, and researchers' low capacity and skills in translating research evidence into policy. It was hoped that the recently adopted *Research for Health: A Strategy for the African Region, 2016–2025*, which requested Member States to set up a KTP, would facilitate African governments' support for EVIPNet.

A major success of the meeting was the country teams' concrete recommendations to ensure the continuing impact, expansion and viability of the network. They included urging country teams to increase visibility, ensure the sustainability of human and financial resources, strengthen the capacity and competence of staff, and measure the impact of EVIPNet's activities. In addition, it was proposed that a survey be conducted to investigate the skills of current teams and to recommend a training programme for the African region. To support this, a survey of the current teams' skills will be conducted, and country profiles of the available capacity to support the transfer of evidence into policy will be added to the African Health Observatory. It was also proposed that EVIPNet be extended into more countries in coordination with WHO Regional Office for Africa (WHO/AFRO), to ensure that health policies and practices are grounded in the best scientific knowledge in as many countries as possible. The meeting also outlined the roles of country teams, national governments, WHO and partners in implementing the recommendations, the full list of which is available in Annex 2 of this report.

1. INTRODUCTION

The use of research evidence in policy formulation has variously been referred to as knowledge translation (KT), knowledge transfer, knowledge exchange, research utilization, implementation, diffusion, and dissemination *(1)*. A number of studies has proved that research evidence has the potential to improve the health policy-making process by identifying new issues for the policy agenda, informing decisions about policy content and direction, and evaluating the impact of policy *(2–5)*.

There is global recognition that evidence-based operations are the main prerequisite for strong and effective health systems providing for continuous improvement in health outcomes in an efficient and equitable manner *(6, 7)*. In the 2004 *World Report on Knowledge for Better Health*, the World Health Organization (WHO), indicates that better use of research evidence in policy-making can save lives through more effective policies that respond to scientific and technological advances, use resources more efficiently and better meet citizens' needs *(8)*. The process of utilizing research evidence to make health policy, which is known as evidence-informed policy-making, is characterized by systematic and transparent access to and appraisal of evidence in policy-making *(9)*.

Stressing the importance of research in enhancing the policy-making process, another WHO report noted that health research is the generation of new knowledge using scientific methods to: (i) assess the impact of health on policies, programmes, processes, actions or events originating in any sector; (ii) develop interventions to prevent or mitigate that impact; and (iii) contribute to improved health and health equity *(10)*. To promote the transfer of this research into policy-making processes, in 2004, a Ministerial Summit on Health Research was convened in Mexico City, followed in 2005 by the Fifty-eighth World Health Assembly (WHA), which adopted a resolution for the establishment of the Evidence Informed Policy Network (EVIPNet). The purpose of EVIPNet is to promote partnerships at country level between policy-makers, researchers, stakeholders (including civil society), in order to facilitate both policy development and policy implementation through the use of the best available scientific research evidence, which can ultimately improve population health and reduce inequities.

EVIPNet functions as an international platform linking individuals, organizations and institutions committed to promoting evidence-informed policy-making, with the view to bridging the gap between research and policy. Country teams are typically KTPs, comprising organizations based in universities, ministries of health, and/or civil society. Composed of policy-makers, researchers and representatives of civil society, these country teams pursue a range of strategies in closing the research and policy divide, including authoring policy briefs, convening policy dialogues, creating clearinghouses of local evidence, and offering rapid response services that summarize the best-available evidence on a user-defined problem *(11)*.

EVIPNet operates on three distinct but highly interconnected levels – national, regional and global. Each level of networking adds essential components, experience and expertise to the next. EVIPNet Africa was launched in Brazzaville, the Republic of Congo, in March 2006. Its objectives are derived from a

global vision, and include: (1) improving capacity building so as to have a culture of evidence-informed policy-making for low- and middle-income countries (LMICs); (2) reducing the gap between research, policy-making in health and policy development; and (3) creating an interface between the producers of data, policy-makers and the users of the research results for health. Currently, there are only 12 countries in the African region with EVIPNet and other KTPs: Burkina Faso, Cameroon, Central African Republic, Ethiopia, Ghana, Malawi, Mali, Mozambique, Nigeria, Senegal, Uganda and Zambia.

2. MEETING OF THE EVIDENCE TO POLICY NETWORK IN THE AFRICA REGION (EVIPNET AFRICA)

The meeting was held in Addis Ababa, Ethiopia, from 14 to 16 October 2015.

2.1 Justification for the meeting

- ✓ Since the launch of EVIPNet Africa in March 2006 in the WHO Regional Office for Africa (WHO/AFRO), the country teams have met twice, in 2007 and 2012, with the aim of learning from each other's experiences. However, new teams have not had the opportunity of meeting each other since then.
- ✓ EVIPNet has been in existence in the African region for the past 10 years generating a wealth of experience and lessons learned. It was important to take stock of these lessons and develop a common understanding of their impact. This will help justify investments made in the region, identify new resources, and ensure that EVIPNet it is better able to direct the new investments to the most useful strategies. Needless to say, the value of such meetings is evident in motivating and creating a strong community of practice that can be drawn on both regionally and globally.
- ✓ Moreover, given that EVIPNet has not been expanded to more countries after the initial surge following its launch in the region, this multi-country meeting provided an opportunity to bring the current and potential new teams together to create new bridges of communication and cross learning. It also built on teams' existing capacities and experience of EVIPNet in the region, particularly in enhancing the use of an evidence-informed approach to ensure that available interventions are utilized and locally adapted to address the high burden of disease – HIV/AIDS, tuberculosis (TB), malaria and other neglected tropical diseases (NTDs) in the region.
- ✓ Finally, to better plan for a more efficient and sustainable future for EVIPNet in the region, it was necessary to have the opportunity to take stock of priority issues and any challenges that needed to be addressed.

3. PURPOSE AND OBJECTIVES OF THE MEETING

The purpose was to convene a meeting of representatives of all EVIPNet teams in the African region to develop strategies for addressing challenges and achieving a greater impact on policy and practice. The meeting brought together EVIPNet country teams from eight African countries as well as participants from WHO headquarters (HQ), WHO/AFRO and WHO Regional Office for Europe (WHO/EURO). The objectives of the meeting are listed below.

1. Conduct a "Strengths, Weaknesses, Opportunities and Threats" (SWOT) analysis of EVIPNet in Africa.
2. Share experiences, successes, challenges and draw lessons learned.
3. Publish the impact of EVIPNet in Africa.
4. Plan for future activities and strategies for expansion and sustainability.

The meeting was chaired by Professor Pierre Ongolo-Zogo from Cameroon and was organized around eight major themes as follows:

Theme 1. Official opening

Theme 2. Background

Theme 3. Country experiences – 1

Theme 4. Country experiences – 2

Theme 5. Evidence-based information

Theme 6. Group work on issues from Theme 4

Theme 7. Strengthening EVIPNet in the region

Theme 8. Future activities.

3.1 Theme 1: Official opening

The official opening included welcome remarks by the Chair, Professor Ongolo-Zogo, and the introduction of the participants. Dr Pierre Mpele-Kilebou, the WHO Country Representative in Ethiopia, represented Dr Matshidiso Moeti, WHO Regional Director for Africa, at the opening ceremony.

In his speech, Professor Ongolo-Zogo reiterated WHO's determination to promote the generation of evidence to promote policy processes globally, including in the African region. He urged the participants to think of innovative ways in which EVIPNet could be more visible in their countries. He hoped that the meeting could also identify ways to better integrate policy-makers and researchers to work as allies to encourage more demand-driven research.

3.2 Theme 2: Background

The key presentations for this theme were delivered by Professor Pierre Ongolo-Zogo and Dr Martin Ota.

Focusing on EVIPNet's mandate, situation analysis and context mapping, Professor Ongolo-Zogo outlined the EVIPNet strategic plan, the lessons that had been learned and the future for EVIPNet Africa.

He reminded participants of the vision of EVIPNet: "*EVIPNet envisions a world in which policy makers and other stakeholders in low and middle income countries (LMICs) use the best available research evidence to inform policy making for health.*"

According to Professor Ongolo-Zogo, the values of EVIPNet include: equity – empowerment – trust – ethics – mutual respect. He highlighted the EVIPNet's aims as follows.

1. Setting priorities for policy issues to be addressed.
2. Seeking evidence.
3. Summarizing evidence: evidence brief for policy.
4. Convening a deliberative dialogue.
5. Supporting policy choice and implementation.
6. Monitoring and evaluation.

He listed the lessons learned from the process as follows.

- ✓ Evidence briefs for policy for push efforts.
- ✓ Efforts to facilitate user-pull such as rapid response services, and online tools for easier access to policy-relevant research evidence.
- ✓ Exchange efforts, including deliberative dialogues and stakeholder engagement.
- ✓ The essential requirements for the optimal functioning of the teams including: capacity building; strong leadership; sustainability; inclusive collaboration with division of labour; contextualization of methods and operations to the local environment and evidence; and engagement of the media.

Regarding the way forward in Africa, Professor Ongolo-Zogo highlighted some key issues raised at the Brazzaville meeting in December 2012 including:

- the central role of governments
- the critical role of priority setting
- fostering the use of policy briefs
- systems thinking
- expanding EVIPNet.

He also made reference to the outcomes of the meeting held in Geneva in September 2014 and the importance of EVIPNet's global priority setting.

Highlighting the strategic priority actions for the next decade, he noted that consideration should be given to the following:

- ✓ universal health coverage (UHC) and the sustainable development goals (SDG) agenda;
- ✓ funding opportunities;
- ✓ centres of excellence for capacity building;
- ✓ how to convert knowledge/evidence into policy and practice at national and subnational levels;
- ✓ the role of WHO/AFRO in expanding EVIPNet in other countries;
- ✓ global division of labour.

Dr Martin Ota, made a presentation on Research for Health: A Strategy For The African Region, 2016–2025 to be presented at the sixty-fifth Regional Committee session to be held in N'Djamena, Chad, from 23 to 27 November 2016.

The Strategy recalled that the African region bears a high double burden of communicable and noncommunicable diseases, and faces health systems challenges in achieving the Millennium Development Goals (MDGs), a situation which may hinder the achievement of UHC. Health research is critical in providing evidence-based solutions for the much-needed improvement in health and development, and to make progress in UHC.

In the region, national systems required to facilitate the conduct and use of research are weak. This has meant that contributions to global research output are low, as is the availability of tools and products against diseases that disproportionately affect the region. Hence, there is urgent need to prioritize research in order to close existing gaps. The Strategy is intended to close the identified gaps in the national health research systems by providing policy and programmatic guidance to Member States. The Strategy, therefore, outlines interventions to be undertaken by Member States in order to facilitate the development of functional national health research systems, which are fundamental to the generation and utilization of scientific knowledge that provides evidence-based solutions to the health challenges facing the region.

He said the key interventions in the Strategy were the creation of an enabling environment through strengthened research governance, sustainable financing, resource creation and sustainability, capacity building, knowledge translation (KT), and effective coordination and management for the much-needed improvement in health and development.

3.3 Themes 3 and 4: Country experiences (1–2) (summary of country teams' reports)

Country teams presented analyses of the achievements and challenges of their teams. The significant common outcomes in these analyses are listed below.

Achievements
1. Diversity in human resource.
2. Impact made through their contribution to various changes in policy and programmes.
3. Increasing recognition and utilization by government.

4. Delivered several policy briefs and dialogues.
5. Increasing utilization of rapid response by governments.
6. Peer-reviewed publications of teams' activities.

Challenges
1. Mobilizing internal financial resources.
2. Challenges in retaining human resources.
3. High staff turnover.
4. Low capacity of HR on the market.
5. Poor incentives for staff to work on KTPs.

Lessons learned
1. Priority-setting exercise is key in KT and cannot be carried out by researchers. alone – involve the decision-makers.
2. The team should comprise people with a clear agenda and commitment.
3. Time spent on a brief depends on the topic and the commitment of the counterpart in the ministry.
4. Clearinghouse has proved useful for people to access information.
5. Diversification of funding mechanisms for sustainability.
6. Local coalition building is critical for the success of KT.

3.4 Theme 5: Evidence-based information

Presentations from the EVIPNet European region, TDR and the Alliance for Health Policy and Systems Research (AHPSR) highlighted various KT-related or supportive activities. Lessons learned from these presentations are listed below.

1. EVIPNet Africa must learn to communicate better within the existing country teams.
2. Tapping into locally available resources is key and the best route to financial sustainability.
3. Increasing visibility and relevance in the country of operation is crucial to sustainability.
4. There is a dire need for EVIPNet Africa to demonstrate impact in concrete terms because it will facilitate resource mobilization.
5. TDR is interested in implementation research, as well as activities to measure the impact of EVIPNet in countries.

3.5 Theme 6: Group work on issues from Theme 4

The Chair provided guidance on the issues for group work, as shown below, and encouraged groups to address the "what" and "how" and state the role of country teams, WHO/AFRO, WHO/HQ and partners.

1. What existing KTPs need to pursue?
2. Evaluation/research needs to strengthen the knowledge base of KTPs.
3. Process and support for establishing new KTPs.

Three groups were constituted and the outcomes were discussed at a plenary session and recommendations formulated as described in section 6.

3.6 Theme 7: Strengthening EVIPNet in the Region

Theme 7 focused on: the process and toolkit for establishing new EVIPNet teams; increasing EVIPNet visibility; government involvement and ownership; increasing technical and financial sustainability of EVIPNet; and strengthening communication.

3.6.1 Increasing EVIPNet's visibility: government involvement and ownership

Dr Uneke from the Nigerian country team presented a 10-point strategy for increasing EVIPNet's visibility, and government involvement and ownership. The strategies presented are as follows.

1. Introduce the team to government leaders and relevant government ministries, and other agencies.
2. Identify government health priorities and tailor the team's work towards them.
3. Involve individuals who will help gain access to government circles and build informal relationships.
4. Identify government health programmes, meetings and health activities, and get involved.
5. Involve policy-makers and other government agencies in proposal application processes and execution.
6. In an academic environment, carry out research within the areas of need of the government and policy-makers.
7. Let there be government presence in programmes/meetings the KTP is organizing.
8. Provide (produce) policy-supporting information/materials/documents (for example, policy briefs) for the government on high-priority issues and submit to the government even when there is no request for them.
9. Engage the media to publicize the team's activities, and send copies of publications to relevant government ministries and agencies.
10. Keep seeking other innovative strategies within the context of the team's setting on how to increase the visibility of its work with the government. Do not give up.

3.6.2 Increasing technical and financial sustainability of EVIPNet

Dr Obuku's presentation on this subject emphasized the need for critical mass and innovation for financial and technical sustainability. He highlighted that being technically sustainable entails team members having a clear understanding of their role and objectives, being very knowledgeable in the subject and having tangible products as evidence. Also, financial sustainability requires strategic planning, income diversification, sound administration and finance, and innovative ways of generating income.

3.6.3 Strengthening communication

The session presentation on strengthening communication was delivered by Jamie Guth, a communication specialist from TDR. She focused on establishing the value of communication and a summary of her presentation is below.

Which values/impact are there – different levels?

- Number of policy-makers trained.
- Number of policy briefs.
- Number of policy changes where policy brief was used.
- Financial impact of change.
- Health impact of change.
- Impact on equity/gender issues.
- Fast track impact on policy or practice change.

Stories that document the process beyond numbers.

- Policy-maker: how he/she changed their perspective and is now using the evidence, and how it has helped.
- Researcher: how he/she got more involved in policy-making and strengthened research.
- Feature on rapid response and impact, value.

3.7 Theme 8: Future activities

This theme focused on the training needs of EVIPNet teams and the identification of priorities and strategies, deliverables and milestones (for example, strategies for expansion to other countries).

4. EVIPNET TEAMS' TRAINING NEEDS

Dr Damson Kathyola's presentation was on Training Needs Assessment. He indicated that it is a method of determining if a training need exists and, if so, what training is required to fill the gap. This is because training may be needed when there is a gap between the desired performance and the current performance, and the reason for that gap is a lack of skills or knowledge. The training needs may be at organizational, professional or personal levels. The steps required in the assessment include: identifying problem and needs; determining the design of needs assessment; collecting data; analysing data; and providing feedback.

A number of potential themes emerged as areas where members may require training.

1. Communication and advocacy.
2. Grant proposal writing.
3. Resource mobilization.
4. KT products.
5. Information technology.
6. Research skills.
7. Analytical and writing skills.
8. Management.

In order to make a rationale decision and optimize training, the factors to be considered include: the method of training required (face-to-face or online, etc.), the type of training, stakeholders in the field, available resources, and sources of trainers.

5. CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations arising from all the activities from the meeting are summarized below into short- and long-terms goals and are ascribed to country teams, WHO and/or partners.

Country teams: short term

What to do	How to do it
Increase visibility	• Compile the team's profile, what it has done and can do • Engage the government and stakeholders using appropriate KT strategies • Build KTP knowledge among policy-makers, researchers and other stakeholders
Improve sustainability	• Enhance the team's relevance to the country by addressing health policy needs • Actively engage the government through demand creation processes to obtain support and funding from the government • Articulate income-generating activities
Strengthen capacity and competence	Identify capacity gaps and close by training: recruit more people relevant to the vision, compile briefs, dialogues and success stories

Country teams: long term

What to do	How to do it
Increase the visibility of the team	• Publications widely circulated • Build networks at local, national and global levels • Make the KTP also serve as a service providing platform, for example, through consultancies/trainings
Sustainability	• Create permanent structure • Source funding externally and from national/regional budgets • Measure value/impact of the team's activities
Strengthen capacity and competence	• Provide incentives to retain the core staff • Hire experts with relevant competences when the need arises

Role of WHO/AFRO: short term

What to do	How to do it

What to do	How to do it
Advocacy	- Write to country offices about country KTPs - Produce and disseminate EVIPNet flyers and success stories - Post the profile and activities of country teams on the website - Widely circulate country teams' publications
Fostering synergies	Strengthen communication between WHO country offices and country KTPs
Resource mobilization	- Support specific activities with seed funding - Guide country teams on potential sources of funding

Role of WHO/AFRO: long term

What to do	How to do it
Advocacy	- Raise profiles of KTPs in member countries - Focal person at country level to facilitate EVIPNet activities
Fostering synergies	- Provide technical assistance to country teams - Support teams to network with each other, for example, through joint projects
Resource mobilization	Provide support to country teams to identify sources of funding

Role of WHO/HQ and partners

What to do	How to do it
Technical support	- Support the training of decision-makers and researchers in the evidence to policy process - Support the visibility and advocacy activities of country teams
Fostering synergies	- Encourage joint proposal publication among country teams - Enhance the networking of country teams by sponsoring periodic meetings/other activities
Resource mobilization	Dedicate a fund to support KTP activities at regional and national levels

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Annex 1. Action points arising from the meeting

Session 1: Theme 1 – Official opening	Action points
1. Welcome remarks and introduction of participants 2. Administrative and security briefing 3. Regional Director's speech by Head of Country Office, Ethiopia 4. Group photograph	NA
Session 2: Theme 2 – Background	
1. Objectives and expected outcome of meeting 2. EVIPNet mandate, situation analysis and context mapping 3. Health research strategy for the African region	A1. Participants to sensitize their delegation before the Regional Committee meeting, 23–28 November 2015 A2. Professor Ongolo-Zogo and Dr Ota to prepare a short briefing note for ministers before the RC meeting
Session 3–6: Theme 3 – Country experiences	
Country teams' presentations: successes, lessons learned on developing evidence briefs, organizing stakeholder dialogues, and using guides developed by SURE, including SWOT analyses of teams	A3. Country teams to complete their profiles (human resources and outputs) and provide elements documenting their influence and impact
Session 7: Theme 4 – Partner experiences	
Experiences from other regions and partners Funding opportunities – evidence resources Brainstorming on issues for group work	A4. Dr Ota to work with hierarchy in WHO/AFRO to learn from WHO/EURO and to include KTP activities in the TDR small grants schemes
Session 8–9: Theme 5 – Group work for consolidating existing KTPs – what and how	
1. Existing KTPs need to pursue 2. Evaluation/research needs to strengthen the knowledge base on KTPs 3. Process and support for establishing new KTPs 4. Role of AFRO in terms of advocacy, fostering synergies with ongoing initiatives and mobilizing resources 5. Role of other partners – AHPSR, GHI, HRP, TDR	A5. Each country team to prepare a strategic plan including annual workplan and resource mobilization strategies A6. EVIPNet Africa to develop a strategic plan
Session 10: Theme 6 – Strengthening EVIPNet Africa	
Lessons learned from day 1 and 2	–

Toolkit for establishing new KTPs Advocacy for engaging governments, regional bodies and partners Communication – general public and scientific community	A7. Professor Ongolo-Zogo, Ms Mijumbi and Professor Gresenguet to draft the toolkit. A8. Professor Ongolo-Zogo and Dr Ota to develop a fact sheet on EVIPNet Africa for distribution at next AFRO Regional Committee meeting in November 2015. A9. Dr Obuku, Ms Mijumbi, Dr Uneke and Professor Ongolo-Zogo to prepare a proposal for funding to conduct a realist review of the impact/influence of EVIPNet Africa. A10. Ms Guth to post a report of this meeting on TDR website and TDR e-News letter
Technical and financial sustainability – centres of excellence, online repositories, funding opportunities, preparing proposals	A11. Ms Mijumbi, Dr Uneke and Professor Ongolo-Zogo to draft standards for moving towards centres of excellence A12. Establish an EVIPNet Africa secretariat and steering group
Session 11: Theme 7 – Future activities	
Training needs of EVIPNet teams Identifying priorities and strategies, deliverables and milestones	A13. Dr Kathyola, Dr Ota and Mr Asiimwe to develop a survey tool to investigate skills and training needs of teams by 31 Dec 2015 and teams to complete the survey before 31 January 2016
Session 12: Closing ceremony	
1. Work plan 2015–2016 and recommendations 2. Closing remarks 3. Closing speech	A14. Dr Ota to compile country profiles and develop a repository as part of the African Health Observatory A15. Dr Uneke and Mr Asiimwe to complete and circulate the meeting report by 31 October 2015.

NA: not applicable; AHPSR: Alliance for Health Policy and Systems Research; GHI: Global Health Initiative; HRP: Human Reproduction Programme of the WHO; KTP: knowledge translation platform; SURE: Supporting the Use of Research Evidence; SWOT: strengths, weaknesses, opportunities and threats; WHO/EURO: WHO Regional Office for Europe.

Annex 2. Programme of work

Evidence Informed Policy Network in the African Region (EVIPNet Africa) meeting
Addis Ababa, Ethiopia, 14–16 October 2015
Chair: Professor Pierre Ongolo-Zogo

Day 1: 14 October 2015

Time	Sessions	Presenters
08:30–09:30	Registration	NA
	Session 1: Theme 1 – Official opening	
09:30–10:30	1. Welcome remarks and introduction of participants 2. Administrative and security briefing 3. Regional Director's speech 4. Group photograph	Chair RSUM Dr. Mpele-Kilebou
10:30–11:00	Coffee break	
	Session 2: Theme 2 – Background	
11:00–13:00	1. Objectives and expected outcome of meeting (10 min.) 2. EVIPNet mandate, situation analysis, and context mapping 3. Health Research Strategy for the African Region	J. Braz P. Ongolo-Zogo M. Ota
13:00–14:00	Lunch	
	Session 3: Theme 3 – Country experiences	
14:00–15:00	Country teams' presentations – successes, lessons learned on developing evidence briefs, organizing stakeholder dialogues, and using SURE guides. Including SWOT analyses of team (10 min. each)	All
	Session 4: Theme 4 – Country experiences	
15:00–16:00	Country teams' presentations – successes, lessons learned on developing evidence briefs, organizing stakeholder dialogues, and using SURE guides. Including SWOT analyses of team (10 min. each)	All
16:00–16:30	Coffee break	
	Session 5: Theme 4 – Country experiences	
16:30–17:30	Country teams' presentations – successes, lessons learned on developing evidence briefs, organizing stakeholder dialogues, and using SURE guides. Including teams' SWOT analyses (10 min. each)	All

Day 2: 15 October 2015

	Session 6: Theme 5 – Evidence-based information	
	Session 6: Theme 5 – Evidence-based information	
08:30–09:30	Experiences from other regions and partners	EURO, WAHO, APHRC
09:30–10:00	1. Brainstorming session on available resources globally and in the region (clearinghouses)	R. Terry/A. Ghaffar
10:00–11:00	2. Summary of country and partner experiences (Theme 4), and identification of issues for group work	P. Ongolo-Zogo
11:00–11:30	Coffee break	
	Session 7: Theme 6 – Group work on issues from Theme 4	
11:30–13:00	Group exercises on designated areas requiring strengthening from the country experiences	Group
13:00–14:30	Lunch	
	Session 8: Theme 6 – Group work on issues from Theme 4	
14:30 –15:30	Group work presentations	Group reps.
15:30–16:00	Coffee break	
	Session 9: Theme 7 – Strengthening EVIPNet in the region	
16:00–17:00	Process and toolkit for establishing new EVIPNet teams	P. Ongolo-Zogo

Day 3: 16 October 2015

	Session 10: Theme 7 – Strengthening EVIPNet in the region	
	Session 10: Theme 7 – Strengthening EVIPNet in the region	
08:30 – 10:30	1. Review of Day 2 (summary of country teams' events) (10 min.)	Rapporteur
	2. Increasing EVIPNet visibility: government involvement and ownership (20 min.)	J. Uneke
	3. Increasing technical and financial sustainability of EVIPNet (20 min.)	E. Obuku
	4. Strengthening communication (40 min.)	J. Guth/R. Terry
10:30–11:00	Coffee break	
	Session 11: Theme 8 – Future activities	
11:00–13:00	1. Training needs of EVIPNet teams	D. Kathyola
	2. Identification of priorities and strategies, deliverables and milestones (for example, strategies for expansion to other countries)	All
13:00–14:00	Lunch	
	Session 12: Closing ceremony	
14:00 –15:30	1. Workplan 2015–2016 and recommendations	D. Asiimwe/ A. Dibaba
	2. Closing remarks	Chair
	3. Closing speech	Dr Mpele-Kilebou

NA: not applicable; APHRC: African Population and Health Research Center; SURE: Supporting the Use of Research Evidence; SWOT: strengths, weaknesses, opportunities and threats, WAHO: West African Health Organisation; WHO/EURO: WHO Regional Office for Europe.

Annex 3. List of participants

No.	Country	Participants
1	Cameroon	Professor Pierre Ongolo-Zogo
1	Cameroon	Professor Anne Cecile Bissek
1	Cape Verde	Dr Maria de Lourdes Monteiro
1	Cape Verde	Dr António Moreira
1	Central African	Professeur Gérard Gresenguet
1	Central African	Dr Narcisse Patrice KOMAS
1	Ethiopia	Mr Adugna Wayessa
1	Ethiopia	Dr Mamuye Hadis
1	Ethiopia	Mr Amanuel Dibaba
1	Malawi	Dr Damson D. Kathyola
1	Malawi	Dr Collins Mitambo
1	Mozambique	Dr Francisco Mbofana
1	Mozambique	Dr Jose Braz
1	Nigeria	Dr Jesse C Uneke
1	Nigeria	Dr Henry Uroh-Chukwu
1	Tanzania, United Republic of	Mrs Jean Bomani
1	Tanzania, United Republic of	Ms Stella Kilima
1	Uganda	Mr Delius Asiimwe
1	Uganda	Dr Ekwaro A. Obuku
1	Uganda	Dr Rhona Mijumbi
	Partners	
1	WHO/TDR	Ms Jamie Guth
1	WHO/TDR	Dr Rob Terry
1	WHO/HQ	Ms Angela Burton
1	APHRC	Dr Pamela Juma
1	WHO/HQ	Dr Abdul Ghaffar
1	WHO/EURO	Ms Olivia Biermann
	WHO/AFRO	
1	Congo	Dr Martin Ota

Annex 4. Group photograph

Participants at the Evidence Informed Policy Network in the African Region (EVIPNet) Meeting, Addis Ababa, Ethiopia, 14–16 October 2015