

EVIPNet Africa Meeting
Addis Ababa, Ethiopia
14–16 October 2015

Final Report

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CONTENTS

Executive summary.....	v
1. Introduction	1
2. Meeting of the Evidence to Policy Network in the Africa Region (EVIPNet Africa)	3
2.1 Justification for the meeting	3
3. Purpose and objectives of the meeting.....	5
3.1 Theme 1: Official opening.....	5
3.2 Theme 2: Background	6
3.3 Themes 3 and 4: Country experiences (1–2) (summary of country team reports)	7
3.4 Theme 5: Evidence-based information.....	8
3.5 Theme 6: Group work on issues from Theme 4	8
3.6 Theme 7: Strengthening EVIPNet in the region	9
3.6.1 Increasing EVIPNet’s visibility: government involvement and ownership	9
3.6.2 Increasing technical and financial sustainability of EVIPNet	9
436.3 Strengthening communication	10
3.7 Theme 8: Future activities	10
4. EVIPNet teams’ training needs	11
5. Conclusions and recommendations.....	13
References	15
Annex 1. Action points compiled by the Chair, Professor Pierre Ongolo-Zogo.....	17
Annex 2. Programme of work	19
Annex 3. List of participants	21
Annex 4. Group photograph.....	23

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.

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