

# EVIPNet and Translating AMR Evidence into Policy

## AMR Policy Workshop RADAAR Project and consortium

Fadi El-Jardali, MPH, PhD.

Professor

Director – Knowledge to Policy (K2P) Center

Director – WHO Collaborating Center for Evidence-Informed Policy and Practice

Co-Director – Center for Systematic Reviews in Health Policy & Systems Research

American University of Beirut

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# What does EVIPNet do?

## At global level

Global steering group

Capacity  
Building

Information  
Exchange

Monitoring  
and  
Evaluation

## At country level

Country teams composed of policymakers researchers, & civil society

Evidence brief  
for policy

Policy  
dialogue

Rapid  
Synthesis

National  
Clearinghouse

## EVIPNet

### At global level

#### Capacity building

Capacity strengthening and empowerment of policy-makers, researchers, representatives of civil society to enable them to make better use of evidence in policy-making and advocacy

#### Information Exchange

Disseminating successful methods and tools, experience and best practices among partners and other countries;

#### Monitoring and Evaluation

Document lessons learned from the use of an array of evidence-to-policy processes in different contexts.

# EVIPNet

## At country level

EVIPNet members work with a tried and tested set of tools:



### Priority-setting mechanisms

Priority setting is key to ensure that limited resources are used efficiently, and that policies and programs achieve tangible outcomes at national, regional, and global levels. Using criteria that are pre-defined, explicit, clear, objective and fair, EVIPNet's priority-setting mechanisms help to identify pressing health issues and rank key policy issues.



### Evidence briefs for policy

Policy-makers require research evidence to be packaged in an accessible way, adapted to the local context, and reflecting implementation and financial considerations. Evidence briefs for policy and other user-friendly formats synthesize the best available global research, locally produced evidence and other insights to guide evidence-informed policy formulation and implementation.



### Policy dialogues

Structured dialogues convene policy-makers, researchers and other key stakeholders such as civil society actors for facilitated deliberation on high-priority issues. Building on stakeholders' tacit know-how and directly engaging them to take action, policy dialogues help create a shared understanding of health problems and strategies to address them, and contribute to good governance and democratic processes.



### Clearinghouses, observatories and rapid response mechanisms

Clearing houses and observatories offer decision-makers with access to ready-to-use, high-quality research evidence through searchable repositories, regular updates, or vetted one-stop-shops. EVIPNet rapid response services deliver on-demand research syntheses on a specific issue for policy-makers who require research evidence to be available in a matter of weeks, days or even hours.

# Priority Setting Mechanisms

## Formal Priority Setting Exercise



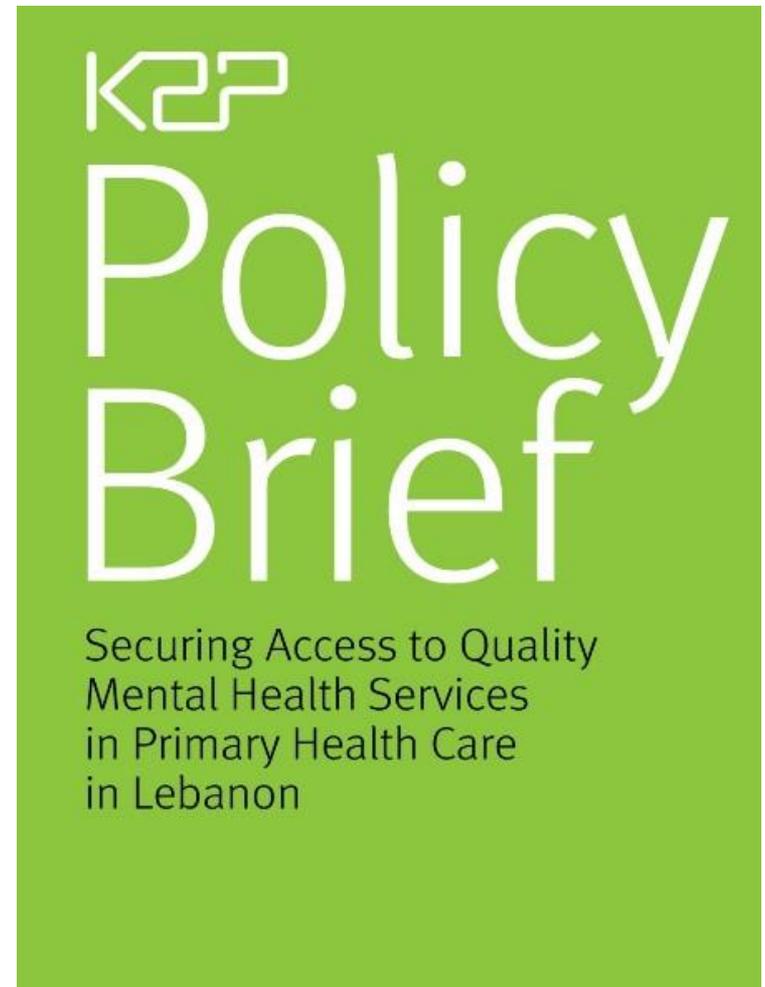
## Direct Requests



## Informal Priority Setting



# Evidence Brief for Policy



# Policy Dialogues



## EVIPNet Support to KT Platforms

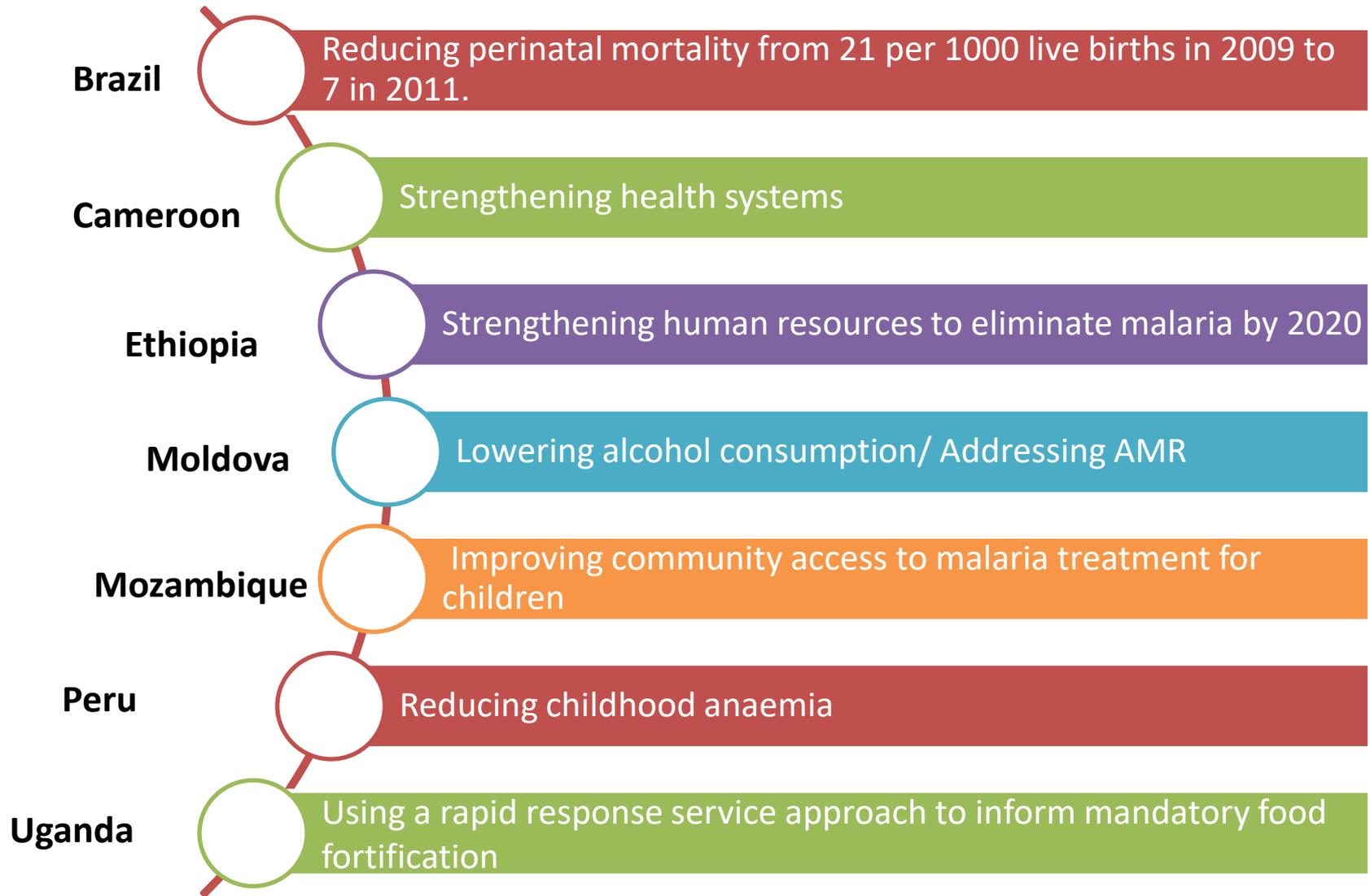
- Knowledge translation (KT) platforms are organizations, initiatives and networks that focus on supporting evidence-informed policymaking at least in part about the governance, financial and delivery arrangements that determine whether the right programs, services and products get to those who need them (i.e. supporting use of research evidence in health systems policy-making)
- KT platforms typically:
  - Focus on three of the four phases of the policy-making process (i.e. clarifying problems, framing options and identifying implementation considerations), as opposed to prioritizing a single phase;
  - Use **existing** data analyses and existing systematic reviews of the available research evidence when possible
  - Use a broad range of approaches to making available and supporting the use of the best available data and research evidence, often alongside systematically elicited insights from policymakers and stakeholders and on timelines of hours and days to weeks and months, as opposed to a single approach, with evidence only and on timelines of years; and
  - Consider their success in terms of informing the policy-making process as opposed to securing peer-reviewed grants and publishing peer-reviewed papers
- A large and growing volume of research evidence suggests that KT platforms offer promise in supporting evidence-informed policymaking in low- and middle-income countries.

## Role of KT Platforms in COVID-19 Pandemic Response

Knowledge translation (KT) platforms are uniquely positioned to help facilitate a rapid evidence-informed response during public health crises in different ways:

- Engaging decision-makers and stakeholders in setting priorities
- Synthesizing the best available evidence: Separating the Wheat from the Chaff
- Contextualizing and disseminating actionable evidence to target audience: Turning the noise to music
- Promoting trust and countering misinformation
- Providing platforms for cross-sectoral dialogue: breaking down silos
- Monitoring and evaluating policy response

# EVIPNet: Example of Impact



# Knowledge Translation

## Knowledge Translation

- Knowledge translation is defined as a “dynamic and iterative process that includes **synthesis, dissemination, exchange and ethically-sound application of knowledge**” to improve the health of population, provide more effective health services and products and strengthen the health care system (Canadian Institute of Health Research)
- It involves knowledge **producers**, knowledge **users** and **context** or organization in which the knowledge is applied

# Knowledge Translation Products

- Knowledge translation (KT) products allow evidence to be packed in a user-friendly format and written in an understandable language which would increase the likelihood to be used by policymakers.
- Knowledge translation products build on existing **systematic reviews**

# Relevance of Systematic Reviews



## Relevance of Systematic Reviews

- A systematic review (SR) is a high-level overview of primary research on a particular research question that tries to identify, select, synthesize and appraise **all** research evidence relevant to that question in order to answer it.
- SRs rely on **systematic, explicit, and accountable** research methods.
- SRs are the basis for producing concise, transparent and relevant summaries to help inform the decision making process.

## Relevance of Systematic Reviews

SRs constitute a more appropriate source of research evidence than individual studies:

- Probability of being misled by research evidence is lower with a SR than with an individual study.
- Confidence in an intervention's effectiveness is higher with a SR than with an individual study.
- SRs provide a summary of the best quality studies, so drawing on an existing SR constitutes a more efficient use of time.
- SRs summarize the findings of studies conducted in different settings so they make it easier for users to assess the applicability of a certain option.

# The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children

Sanchez AL<sup>1</sup>, Cornacchio D<sup>2</sup>, Poznanski B<sup>2</sup>, Golik AM<sup>2</sup>, Chou T<sup>2</sup>, Comer JS<sup>2</sup>.

## Author information

1 Center for Children and Families, Florida International University, Miami. Electronic address: amasanch@fiu.edu.

2 Center for Children and Families, Florida International University, Miami.

## Abstract

**OBJECTIVE:** Given problems and disparities in the use of community-based mental health services for youth, school personnel have assumed frontline mental health service roles. To date, most research on school-based services has evaluated analog educational contexts with services implemented by highly trained study staff, and little is known about the effectiveness of school-based mental health services when implemented by school professionals.

**METHOD:** Random-effects meta-analytic procedures were used to synthesize effects of school-based mental health services for elementary school-age children delivered by school personnel and potential moderators of treatment response. **Forty-three controlled trials evaluating 49,941 elementary school-age children met the selection criteria (mean grade 2.86, 60.3% boys).**

**RESULTS:** Overall, school-based services demonstrated a small-to-medium effect (Hedges  $g = 0.39$ ) in decreasing mental health problems, with the largest effects found for targeted intervention (Hedges  $g = 0.76$ ), followed by selective prevention (Hedges  $g = 0.67$ ), compared with universal prevention (Hedges  $g = 0.29$ ). Mental health services integrated into students' academic instruction (Hedges  $g = 0.59$ ), those targeting externalizing problems (Hedges  $g = 0.50$ ), those incorporating contingency management (Hedges  $g = 0.57$ ), and those implemented multiple times per week (Hedges  $g = 0.50$ ) showed particularly strong effects.

**CONCLUSION:** Considering serious barriers precluding youth from accessing necessary mental health care, the present meta-analysis suggests child psychiatrists and other mental health professionals are wise to recognize the important role that school personnel, who are naturally in children's lives, can play in decreasing child mental health problems.

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**KEYWORDS:** meta-analysis; school-based mental health care; selective prevention; targeted intervention; universal prevention

# The Effectiveness of Primary Care-Based Interventions to Promote Breastfeeding: Systematic Evidence Review and Meta-Analysis for the US Preventive Services Task Force

## ABSTRACT

**PURPOSE** We wanted to systematically review whether primary care-based interventions improve initiation and duration of breastfeeding.

**METHODS** Studies were found by searching MEDLINE (1966-2001), HealthSTAR, the Cochrane Database of Systematic Reviews, the National Health Service Centre for Reviews and Dissemination Databases, and bibliographies of identified trials and review articles. Studies were included if they originated in the primary care setting and were conducted in a developed country, written in English, and contained a concurrent control group.

**RESULTS** Thirty randomized and nonrandomized controlled trials and 5 systematic reviews of breastfeeding counseling were included. Educational programs had the greatest effect of any single intervention on both initiation (difference 0.23; 95% confidence interval [CI], 0.12–0.34) and short-term duration (difference 0.39; 95% CI, 0.27–0.50). Support programs conducted by telephone, in person, or both increased short-term (difference 0.11; 95% CI, 0.03–0.19) and long-term duration (difference 0.08; 95% CI, 0.02–0.16). In contrast, written materials such as pamphlets did not significantly increase breastfeeding. Data were insufficient to determine whether the combination of education with support was more effective than education alone.

**CONCLUSIONS** Educational programs were the most effective single intervention. One woman would breast-feed for up to 3 months for every 3 to 5 women attending breastfeeding educational programs. Future research and policy should focus on translating these findings into more widespread practice in diverse primary care settings.

## EBP Development

- One of the most widely used **knowledge translation products** is the **Evidence briefs for Policy (EBP)**
- EBP are innovative approach to packaging research evidence for policymakers; however, it is the most widely used.
- EBPs are prepared by synthesizing and contextualizing the best available evidence about a problem, viable solutions to address it and key implementation considerations through the involvement of content experts, policymakers and stakeholders (serve as one stop shop).
- They provide the best available research evidence on high-priority issues, which should be the starting point of every brief.

## EBP Development

- EBP brings together three main types of evidence to inform policy decisions:
- Global research evidence (from numerous systematic reviews)
  - Local evidence (from primary studies, reports, indicators)
  - Context-specific knowledge (key informant interviews with targeted policymakers and stakeholders)

To inform deliberations about health policies and programs.

# EBP Development

## **Problem statement:**

- A policy problem that summarizes the best available evidence to clarify the size and nature of the problem and its underlying causes

## **Options or elements:**

- Three or more viable policy and programmatic options have to be described
- An alternative is to describe three or more elements of a potentially comprehensive approach

## **Implementation considerations**

- Potential barriers to implementing the options/elements and strategies for addressing those

## **Not included:**

- Does not provide recommendations for action

# Country Engagement for AMR Evidence-to-Policy Capacity-Building

# EVIPNet

## Country engagement for AMR evidence-to-policy capacity-building



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# Capacity Building Workshops



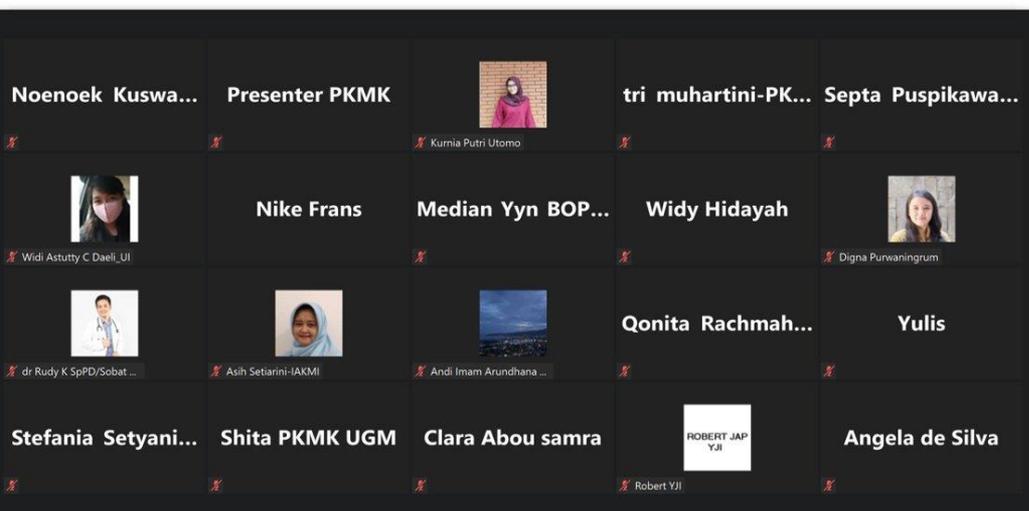
Participants during the RRS session © WHO



Knowledge to Policy Center



Faculty of Health Sciences  
Knowledge to Policy | KEP Center



# Goal of Collaboration

- The ultimate goal of the support/collaboration is to promote evidence-informed health policymaking and action around AMR in member countries
- Specific objectives of this collaboration
  - To build the capacity of countries in Knowledge Translation to support the formulation and adoption of evidence-informed policies and actions
  - To promote an environment/culture supportive of evidence-informed policymaking and knowledge translation
  - To support skilled and competent individuals within the EVIPNet Europe member country enabled to develop EBPs to support policy decisions

# Expected Outcomes & Outputs of Collaboration

## **For individual participants:**

- Appreciate the role of evidence in health policymaking processes
- Effectively search the literature for relevant evidence with a focus on systematic reviews
- Understand and gain skills on the process of preparing, developing and evaluating an EBP on AMR
- Understand the process of preparing and facilitating policy dialogues for AMR
- Learn how to monitor and evaluate for impact

# EVIPNet Support to Country Team/KT Platform

- Support in establishing a country team that will be in charge of developing the EBP
- Provide capacity building for country teams on the process of developing an EBP
- Capacity building and support process includes:
  - Webinars on the process of preparing for, developing and evaluating EBP
  - Individualized calls/meetings to follow up on the process and the challenges
  - Coaching and distance support on the country teams' drafts. Including providing comments, suggestions and/or changes to the drafts until these are ready for publishing.
- The team will also be supported by various other teams/experts with different responsibilities

## Communication Support

- As one-on-one meetings/workshops are not currently feasible, the below methods of communication will be utilized:
  - Platforms for webinars such as Zoom, WebEx, Go To Meeting and others
  - Platforms for one-one-coaching such as Zoom, Skype, Huddle, WhatsApp, WebEx and others
  - Platforms for sharing documents such as Dropbox, Yammer, Google drive, emails and others
- Setting clear timelines for communication with the focal points of the EBP country team and agreeing on means of communication will occur early on in the process.

Function/Role	Description of Duties	Responsibility
<b>Governing</b>	Overseeing the development and implementation of the MOUs/TORs	WHO
	Supporting the EBP process	
	Following up on the progress based on the timeline and work plan	
	Organizing the webinars and workshops	
	Facilitating networking and peer-support/mentoring	
	Content and methodological review and clearance of the EBP	
	Publication process	
<b>Methodological support</b>	Advising on the country teams' readiness to tackle AMR via EBPs	K2P Center and WHO
	Advising on the process of preparing for the EBP development, including all the steps needed before the process of writing the EBP	
	Advising on the process of writing an EBP	
	Advising on the uptake process	
	Delivering webinars, workshops and one-on-one coaching for countries	
<b>Content Technical support</b>	Advising on refining problem statement and problem description	WHO and K2P Center
	Supporting in identifying relevant research evidence and tacit knowledge on the problem description and/or the policy options/best practices and their implementation considerations	
	Reviewing and advising on the content of the TOR and the full EBP	
	Peer-reviewing the final EBP	
<b>The supported country/institution</b>	Being actively engaged in the process of identifying and refining the scope of AMR in their respective countries	The Supported country/institution
	Maintaining the terms and conditions in the MOUs	
	Attend all organized webinars/workshops and one-on-one coaching sessions	
	Being proactive in identifying and discussing the challenges, barriers and issues that might affect the process of developing the EBP	
	Delivering outputs on time	
	Content technical advice by the EBP steering committee	

# Identifying EBP Team

- Identifying the right mixture of expertise is key to a successful team.
- This team will be responsible for developing the EBP and conducting the key informant interviews
- Overall, the EBP team needs to include at least 1 member with expertise in:
  - The methods of writing an (EBP);  
Knowledge Translation Science;
  - Administration;
  - Evidence search, appraisal and synthesis;
  - Content/technical expertise on the topic that is being addressed in the EBP;
  - Communications

# EBP TEAM

Function	Task	Background/knowledge/skills
1 Methodological (EBP) lead	<p><b>Leadership/management</b></p> <ul style="list-style-type: none"> <li>Oversees and monitors the EBP development process and leads the EBP team</li> </ul> <p><b>Technical oversight</b></p> <ul style="list-style-type: none"> <li>Leads the development of protocol/ToR/outline of the EBP</li> <li>Ensures the technical accuracy and political sensitivity of the EBP</li> <li>Leads the development of the Policy and Political Context Mapping exercise.</li> </ul> <p><b>Engagement and communication</b></p> <ul style="list-style-type: none"> <li>Maps key stakeholders (e.g. for the key-informant interviews and merit-review process) and leads conduct of interviews</li> <li>Regularly communicates with the WHO Secretariat of EVIPNet Europe, the supporting party/advisors, the CO, the steering committee</li> <li>Communicates with the media and advocates for the EBP as appropriate</li> </ul>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>Public health, public administration, health system governance and/or health system/policy analysis</li> </ul> <p><b>Knowledge/skills</b></p> <ul style="list-style-type: none"> <li>Expertise in Knowledge Translation science, especially in developing EBPs</li> <li>Finding, assessing and synthesizing evidence</li> <li>Experience working in interdisciplinary, international team</li> <li>Leadership, organizational, coordination, people management, interpersonal skills</li> </ul>
1-2 Evidence synthesis and writing lead	<p><b>Evidence synthesis</b></p> <ul style="list-style-type: none"> <li>Leads literature searches, quality appraisal and the preparation of evidence tables (incl. development of search strategy)</li> </ul> <p><b>Engagement</b></p> <ul style="list-style-type: none"> <li>Supports conduct of key-informant interviews</li> </ul> <p><b>Writing</b></p> <ul style="list-style-type: none"> <li>-Drafts the EBP and/or oversees and guides writing process</li> </ul>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>Research, Public health, health system governance and/or health system/policy analysis</li> </ul> <p><b>Knowledge/skills</b></p> <ul style="list-style-type: none"> <li>Finding, assessing and synthesizing evidence</li> <li>Conducting &amp; analyzing interviews</li> <li>Working in interdisciplinary /international team</li> </ul>
1-2 Topic-specific expert(s)	<p><b>Evidence synthesis</b></p> <ul style="list-style-type: none"> <li>Reviews search strategy</li> <li>Supports in the development of the problem tree, the protocol/ToR/outline of the EBP</li> <li>Supports in the identification of project team members, steering committees and stakeholders to be involved.</li> <li>Supports in the development of the Policy and Political Context Mapping exercise.</li> </ul> <p><b>Review</b></p> <ul style="list-style-type: none"> <li>Reviews EBP for accuracy and quality of content (incl. recommendation of additional literature)</li> </ul>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>For AMR topic (e.g. Infectious disease specialist, epidemiologist, pharmacologist, Infectionologist)</li> </ul> <p><b>Knowledge/skills</b></p> <ul style="list-style-type: none"> <li>Strong thematic knowledge depending on topic (scientific and tacit knowledge)</li> <li>Knowledge of existing data and evidence (national/global level)</li> </ul>
1 Administrative lead (when available)	<p><b>Administration</b></p> <ul style="list-style-type: none"> <li>Oversees budget</li> <li>Manages partnership agreements and Team ToRs/contracts</li> <li>Supports publication process (incl. copy-editing, translation, design, printing and dissemination)</li> </ul> <p><b>Coordination/planning</b></p> <ul style="list-style-type: none"> <li>Supports EBP team members in managing their tasks and following up on the timelines</li> <li>Plans and coordinates collaboration with team, steering committee, merit reviewers</li> <li>Coordinates the merit review process and revision(s) of the EBP according to timelines</li> <li>Supports in the preparations for the policy dialogue</li> </ul> <p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>Prepares project reports &amp; Keep track of the meeting minutes</li> </ul>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>Administration</li> </ul> <p><b>Knowledge/skills</b></p> <ul style="list-style-type: none"> <li>Organizational, communication, administrative, people management, interpersonal skills</li> <li>Working in an interdisciplinary/international team</li> </ul>

# Identifying EBP steering committee

- The EBP steering committee supports the different steps in the EBP development process.
- The EBP requires a steering committee that consists of 4-6 multisectoral, multidisciplinary and high level key stakeholders from the government, policymakers, researchers and other key stakeholders who are knowledgeable enough in the topic and can contribute to the process of developing the EBP for AMR

### EBP STEERING COMMITTEE

Function	Task	Background/ knowledge/skills	Effort and incentives
Policymaker(s)	1. Guidance of management of EBP process <ul style="list-style-type: none"> <li>• Advises on the project plan and timelines (including the funding, budget, contracts, stakeholder mapping and interviews)</li> </ul>	High level government policymakers, bureaucrats	Effort: 1 joint Teleconference / month/ sometimes bi-
Stakeholder(s)	2. Guidance of EBP content development <ul style="list-style-type: none"> <li>• Reviews the protocol/ToR/outline for the EBP, in particular refining the problem</li> <li>• Reviews the EBP and all other outputs</li> <li>• Reviews EBP evaluations</li> </ul> 3. Guidance on the stakeholder engagement and the uptake process of EBP <ul style="list-style-type: none"> <li>• Identifies key-informants to provide feedback on the EBP (and its protocol/ToR/outline)</li> <li>• Advises on the process of the uptake of the EBP</li> <li>• Supports in the identification of additional funding sources for the uptake of the EBP</li> </ul>	High level stakeholder groups (e.g., professional associations, unions, large healthcare delivery organizations, NGOs)	weekly during crucial points in the process, 6-7 months  Incentive: Acknowledgement in publication,

# Timeline

An average EBP process takes, between 3-4 months

Activity	Estimated timeline
Establishment of EBP core team and steering committee	2-3 weeks
Prepare Draft TOR for EBP	2 weeks
Approve set of AMR indicators for M & E	3-4 week
Draft Outline for EBP	3-4 weeks
Schedule and conduct key informant interviews	3-4 weeks
Writing process (Draft 1)	3-4 weeks
Merit 1	7 working days
Writing process (Draft 2)	2 weeks
Merit 2	7 working days
Final revisions and formatting of the EBP	2 weeks
Webinars/virtual support	8-10 weeks
M & E	

	May				June				July				August				September							
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
<b>Establishment of EBP core team and steering committee</b>	X	X	X																					
<b>Prepare Draft TOR for EBP</b>				X	X																			
<b>Approve set of AMR indicators for M &amp; E</b>					X	X	X	X																
<b>Draft Outline for EBP</b>								X	X	X	X													
<b>Schedule and conduct key informant interviews</b>										X	X	X	X											
<b>Writing process (Draft 1)</b>												X	X	X	X									
<b>Merit</b>																X								
<b>Writing process (Draft 2)</b>															X	X	X							
<b>Merit 2</b>																	X							
<b>Final revisions and formatting of the EBP</b>																		X	X					
<b>Webinars/virtual support</b>																								
<b>M&amp; E</b>		X	X	X	X	X	X	X		X			X				X							

# Questions

fe08@aub.edu.lb  
@feljardali