The 5th Supporting the Use of Research Evidence for Policy in African Health Systems (SURE) annual meeting took place 28 to 30 May in Yaoundé, Cameroon, with the participation of EVIPNet Country teams from Burkina Faso, Cameroon, Central African Republic, Ethiopia, Mozambique and Uganda, with the facilitation and support from partners the Norwegian Knowledge Centre for Health Services, Karolinska Institute, the WHO Collaborating Center on Evidence-Informed Policies (McMaster University Health Forum) and the WHO EVIPNet Global Secretariat (www.who.int/evidence/sure/). An additional meeting took place 31 May to 02 June: an International Research Chairs Initiative (IRCI) workshop for doctoral students that are the new generation of researchers/doers of evidence-informed health policy-making.

In the first two days EVIPNet Africa country teams undertook a very useful training on sustainability for knowledge translation platforms, including the targeted development of grant proposals, as well as the elaboration by each country team of an evidence brief for policy on sustainability, embedding evidence-informed policy-making in the activities of ministries of health and resources mobilization. A round discussed current funding opportunities relevant to Africa. During this workshop country teams had the opportunity to share progress update. The exchanges and discussions were mainly on:

Day one: Health system research financing mechanisms
Day two: Development of evidence brief for policy on processes for the sustainability of EVIPNet country teams

The first day of the workshop was dedicated to discuss the financing of health system research and its use in policy-making: its current obstacles and constraints. Highlights of the discussion were::

1 – the lack of coherence between national health priorities, research and policy agendas and the influence of the international community. As a consequence policy-makers tend to focus more on the international community priorities, because of funding
2 – The international sources of funding appear to be focus only at short and middle term, but rarely on the long-term
3 – participants found critical to find inspiration for sustainability of evidence-informed policy-making (EIPM) in the successful experiences of some countries and reflect on the advantages and disadvantages of these experiences for each country
4 – EVIPNet country teams (knowledge translation platforms—KTP) have several different types of institutional arrangements. EVIPNet promotes diverse arrangements, better suited to each context. Each different arrangement provides advantages and disadvantages. But which policy options can better address potential obstacles for EIPM in each country? Each country team will identify policy options in their evidence brief for policy on sustainability and national resources mobilization, that will address the following questions:
   a – What are the most important challenges for African EVIPNet teams to get more funding?
   b – How many projects in EIPM are successful or have failed? What are the reasons of the failures and what can be shared with the others countries about it?
5 – Difficulties for the countries to use different template of project report for each partner. How can country teams use a specific grant proposal format directed at each donor?
6 – Research Funding mobilization is directly related to the credibility of the institution and individuals involved (often the country or the institution can be on a black list, because of previous failures in project management). Frequently it can take more than a decade to build credibility and it requires a solid number of publications and exposure to the public media. This reduces the chances of young researchers to receive grants..
7 – Multidisciplinary teams are an important criteria for success
8 - The technological platform are not the priority of donors.
9 – IDRC, DFID and the SDC (Swiss Agency for Development and Cooperation) have invested in knowledge translation

10 – Currently researchers have little influence on the political area, which makes fundraising for KT more difficult.

11 – Research funding from the country is critical and necessary, with the direct political support of the minister

10– Best practices sharing and exchange appears as the best tool to facilitate harmonization between different national institutions and stakeholders

11 – Currently there are no mechanisms to provide information about the criteria used for rejection of grant proposals

12 – Multilingualism, flexibility and creativity appear as important factors of successes

13 – Participants propose regular seminars or working sessions to present to the minister of health and stakeholders the results and impact of EVIPNet work, to gather more political and financial support

14 – Building trust with stakeholders is a key factor to promote commitment and motivation. In this sense, it is fundamental to manage the transition of one minister to another.

15 – In term of capacity building, continuum learning is critical to address the problem of the lack of competencies in EIHP. The people trained in EIHP require better conditions and support to continue their training programme and apply their knowledge and skills.

In the second day of the workshop participants discussed the development of an evidence brief for policy on processes for the sustainability of EVIPNet country teams

1 – What are the mechanisms from a country or the stakeholders to support EIPM initiative?

2 – How the national resources have been mobilized? And who can do it?

Burkina Faso Case: The government supports the EIPM activities with funds for health research but not enough to cover all activities of the service “Valorisation des résultats de recherche”. Additional funding is needed for the organization of policy dialogue,

Central African Republic: The government is not able to finance EIPM activities and all funds for health research need to be provided by external donors.

Ethiopia Case: The government supports and finances EIPM activities through the establishment of directorate for knowledge transfer. Ethiopia don’t need to have external funding

Cameroon Case: Research center is hosted in the hospital in Yaoundé and government provides financial support to the hospital but it is not enough to do all EIPM activities

Mozambique Case: The government finances the EIPM activities through the unit for health system research hosts by national health institute. The EIPM activities will be linked to Evidence based Medicine. The ministry of Health have directorate for promotion of research and ethical framework and also include collaboration with scientific networks.

In several LMICs, health research is funded by external donors (97% of the budget according to one participant). The LMICs use international guidelines but these guidelines are non-adapted for their country and a lot of resources are lost.
Research is not priority for some LMICs (like in Central African Republic) and there is lack of data and bad governance related to political instability.

**Institutional framework** for knowledge translation and EIPM activities appears critical

Central African Republic have proposed 5 policy options for the sustainability of the EVIPNet Country team:
1 – Sensitization for policymakers and donors through seminars and leaflet about EVIPNet activities
2 – Training for stakeholders on the development of evidence brief for policy and cascade at each level of the health system
3 – Include EVIPNet and EIPM activities in the curricula of the students at the university
4 – Strengthen EVIPNet team with multidisciplinary approach, improve the interaction and relationship with the minister and propose training of trainers. Develop competencies on rapid responses
5 – Strategies of resources mobilization through training and consultations with stakeholders on how to support EVIPNet CAR team

Ethiopia have proposed 3 policy options:
1 – Increase awareness and commitment of policymakers in EIPM through more workshops, seminars with journalists and students.
2 – Increase the number of people will have the capacity to write evidence briefs for policy in the EVIPNet Country team
3 – Include in the strategy of communication the link with media and journalists and develop link between research and communication

Uganda have proposed 3 policy options:
1 – Identify supporters specifically in parliament
2 – Strengthen the team for rapid response service
3 – Use systematically the evidence in national health strategic plan

Conclusion

After the workshop, each EVIPNet Country team will write an evidence brief for policy on national and institutional resource mobilization. The workshop showed once again, that typical of EVIPNet style, the sharing of experiences and practices is essential and critical to maintain motivation, commitment and empowerment of country teams..