Workshop

Evidence-Informed Policymaking and Evidence-Brief Writing

Faculty of Health Sciences
Knowledge to Policy | K2P | Center

K2P Workshop

Evidence-Informed Policymaking and Evidence-Brief Writing

Knowledge to Policy Center

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Description
This document is a summary of the two-day regional training workshop held by the Knowledge to policy (K2P) Center at the American University of Beirut on April 28-29, 2014.
The document begins with a brief introduction to evidence-informed policymaking and the Knowledge to Policy (K2P) Center. This is followed by an introduction to the workshop. The document wraps up with a summary of the outputs of the workshop.

Funding
IDRC provided initial funding to initiate the K2P Center.

Acknowledgements
K2P Center would like to thank Ms. Diana Jamal for her support to coordinate and organize the workshop. Thanks are also due to Ms. Racha Fadlallah, Mrs. Lama Bou Karroum and Ms. Lamya El Bawab for their time and efforts in reporting the minutes at the workshop and providing support to draft this report.

Citation
El-Jardali F, Bou-Karroum L, Kdouh O, El-Sayyed F, Rachidi H, Jamal D. Evidence-Informed Policymaking and Evidence-Brief Writing. Knowledge to Policy (K2P) Center, Beirut, May 2014

Table of Contents

Section I: Evidence-informed policymaking and the role of K2P ***5***

Background 5

Knowledge to Policy (K2P) Center 5

Section II: K2P Workshop on "Evidence-informed Health Policymaking and Evidence Brief Writing Workshop for Researchers" ***7***

Objectives of Day 1 of the workshop 7

Objectives of Day 2 of the workshop 7

Facilitators 8

Participants 8

Summary of workshop activities 9

Policy problems adddressed: 9

Section III: Outputs of the Workshop ***10***

A- Evidence Brief Outlines ***10***

Evidence Brief 1: Counterfeit drug sales 10

Evidence Brief 2: Access of Syrian Refugees to healthcare centers 12

Evidence Brief 3: Low quality of maternal health care services 14

Evidence Brief 4: High rate of turnover of local nurses workforce 16

Evidence Brief 5: Poor access to early cancer detection services by vulnerable groups 18

B- Top Three priorities for supporting evidence-informed policymaking (by country) ***20***

Lebanon 20

Jordan and Bahrain 20

Egypt and Syria 21

Tunisia and Algeria 21

References ***22***

Annex 1 – Workshop Agenda ***23***

Annex 2 – List of Participants ***35***

Annex 3 – Workshop Evaluation *38*

Annex 4 – Selected Pictures *47*

Section I: Evidence-informed policymaking and the role of K2P

Background

In public health and in other sectors that impact public health, poor decisions not informed by research evidence or based on improper interpretation of research evidence are costly to human lives and render those who make such decisions subject to criticism. Incorporating evidence as an input into the policymaking process allows politicians, policy advisors and managers to make better decisions that can strengthen public health systems and improve the health of citizens. Evidence-informed policymaking is an approach to ensure that policymaking is well-informed by the best available evidence. Such an approach promotes a culture of regular and systematic use of evidence in decision-making.

Evidence-informed policy-making means using the best available research evidence in the time available to inform policy decisions (Lavis et al. 2009)

There have been global shifts and efforts in packaging research evidence for policymakers (Lavis et al. 2009). Despite global efforts to promote evidence informed policymaking, there are limited efforts to support such initiatives in Arab countries in the East Mediterranean Region (EMR) (El-Jardali 2012).

In an exercise to assess the climate for use of evidence in policy conducted in 11 countries in the EMR, around 65% of respondents indicated that SRs on high priority issues were rarely disseminated to policymakers (El-Jardali, Ataya, Jamal, & Jaafar, 2012). Policymakers, from six LMICs including countries from the EMR, highlighted the need for better packaging of research results to assist in evidence-informed policymaking (Hyder et al 2011). A more extensive survey of policymakers in 12 EMR countries revealed the need for easier access to information (El-Jardali et al, 2012). Another survey of researchers in the EMR revealed that very few produced policy briefs (15%), disseminated messages that specified possible actions (24%), interacted with policymakers and stakeholders in priority-setting (16%), and involved them in their research (20%) (El-Jardali 2012). Effective interaction between researchers and policymakers including appropriate methods of knowledge transfer to policymakers has been identified as one of the best ways of increasing use of evidence obtained in research in the policy-making process (Elliott et al, 2000; Innvaer et al, 2002).

The Canadian Institutes of Health Research defined **Knowledge translation** as a "dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system" (Straus et al., 2009, page 165)

Knowledge to Policy (K2P) Center

Knowledge to Policy (K2P) Center was established by the Faculty of Health Sciences

(FHS) at the American University of Beirut with funding from the International Development Research Centre (IDRC). K2P aims at strengthening and influencing policy and promoting evidence-informed decision making at the national and the regional level.

K2P draws on an unparalleled breadth of synthesized evidence and context-specific knowledge on a priority topic to impact policy agendas and action. K2P also aims to support and build the knowledge translation capacity of research networks, civil society, researchers, policy makers and the media including capacity of health policy making institutions.

The K2P approach is illustrated in the figure below

Section II: K2P Workshop on "Evidence-informed Health Policymaking and Evidence Brief Writing Workshop for Researchers"

The Knowledge to policy (K2P) Center organized its first regional capacity building workshop on the 28th and 29th of April 2014. The workshop, entitled "Evidence-informed Health Policymaking and Evidence Brief Writing Workshop for Researchers" was held at the American University of Beirut on The workshop aimed to raise awareness about evidence-informed policy making including knowledge translation tools. The workshop also built capacity about preparing evidence briefs and convening stakeholder dialogues. The detailed agenda is enclosed in Annex 1.

Objectives of Day 1 of the workshop

- to raise participants' awareness about tools and resources available to health system policymakers and stakeholders in order to support their use of research evidence;
- to enhance participants' skills in acquiring, assessing, adapting and applying research evidence; and
- to identify what participants and their institution can do to better support the use of research evidence in health system policymaking in their country or the region.

Objectives of Day 2 of the workshop

- to raise participants' awareness about tools and resources available to support the preparation of evidence briefs (and organizing of stakeholder dialogues);
- to enhance participants' skills in acquiring, assessing, adapting and applying research evidence in the context of preparing evidence briefs; and
- to enhance participants' skills in identifying and selecting stakeholders to be interviewed (to inform the preparation of evidence briefs) and to participate in a stakeholder dialogue

Participants in the two-day workshop were exposed to the following domains and discussed, based on specific examples, their relevance to their work at the country and regional level:

- Existing knowledge about various approaches in evidence-informed policymaking
- Knowledge translation tools to package research evidence for policymakers and support its use
- Finding and using research evidence efficiently

Through interacting with colleagues from diverse fields, participants discussed the following areas:

- Clarifying the policy problem and its causes
- Framing policy options and what's known about them
- Identifying key implementation considerations
- Preparing evidence briefs
- Convening stakeholder dialogues

Facilitators

The workshop was facilitated by Dr. John Lavis and Dr. Fadi El-Jardali.

Dr. Lavis is the Director of the McMaster Health Forum, associate Director of the Centre for Health Economics and Policy Analysis, Professor in the Department of Clinical Epidemiology and Biostatistics, and Associate Member of the Department of Political Science at McMaster University.

Dr. El-Jardali is the Director of the Knowledge to Policy (K2P), Co-Director of the Center for Systematic Reviews in Health Policy and Systems Research (SPARK), Associate Professor of Health Policy and Systems at the Faculty of Health Science at AUB.

Participants

Thirty individuals from seven different countries in the Eastern Mediterranean Region (Lebanon, Egypt, Syria, Tunisia, Algeria Jordan and Bahrain) participated in the workshop. These included researchers, policymakers and stakeholders from diverse professional and academic backgrounds. A detailed list of the participants is displayed in Annex 2.

Summary of workshop activities

The workshop involved a good mix of presentations, discussions, and hands-on activities. The workshop commenced with an introduction to K2P by Dr. Fadi El-Jardali (director) and its role in translating evidence from research into practice. This was followed by an opening speech by the Dean of Faculty of Health Sciences. Dr. John Lavis proceeded with a brief overview of the use of research evidence in policymaking. The unique attributes of health system policymaking in relation to using research evidence were highlighted along with the challenges associated with the use of evidence by health system policymakers and stakeholders. Participants were then exposed to a range of tools and resources available to health system policymakers and stakeholders in order to support their use of research evidence. One of such tools, the evidence brief, was the focus of this workshop. Dr. Lavis elaborated on the different steps involved in preparing an evidence brief:

- Step 1: Clarify the problem and its underlying causes
- Step 2: Frame three policy options
- Step 3: Discuss Implementation considerations at the patient, provider, organization and system level

Each step was followed by an extensive hands-on exercise where participants were divided into five different groups, with each group addressing a policy problem relevant to their context. The output of such exercise was a set of evidence brief outlines for five different policy problems.

Policy problems adddressed:

A. High rates of counterfeit drug sales and use in Lebanon (evident by the series of counterfeit drug-related incidences from 1998-2012)
B. The limited access of Syrian refugees to primary health care centres
C. Low quality of maternal health care services in Egypt
D. High rate of turnover of local nurses workforce (identified by participants from Lebanon, Bahrain and Jordan)
E. Poor access (financial and/or geographical) to early cancer detection services by vulnerable groups

At the end of the workshop, participants were grouped (by country) and asked to list the top three priorities for supporting evidence-informed policymaking within their contexts.

Section III: Outputs of the Workshop

A- Evidence Brief Outlines

Evidence Brief 1: Counterfeit drug sales

A. The Problem:

High rates of counterfeit drug sales and use in Lebanon (evident by the series of counterfeit drug-related incidences from 1998-2012)

B. Consequences of inaction:

Adverse clinical outcomes, inefficacy of treatment, drug resistance, toxicity, loss of confidence in health system

C. Underlying Factors

Governance arrangements	⇢ No specific and deterrent national anti-counterfeit drug law
Financial arrangement	⇢ Lack of drug subsidies (high prices) so patients are resorting to other alternatives and illegal sources
Delivery arrangement	⇢ Inadequate infrastructure to monitor quality of drugs: no central lab for testing drugs and limited numbers of inspectors with insufficient trainings (WHO, 2009) ⇢ No routine good manufacturing practice (GMP) audits for local manufacturers (WHO, 2009) ⇢ No comprehensive alerts and surveillance system ⇢ High rates of imported drugs ⇢ Parallel import
Lack of implementation	⇢ Poor enforcement of existing laws pertaining to drug counterfeiting ⇢ Lack of inspection according to legal requirement ⇢ Inadequate awareness among patients and providers, pharmacists, etc… ⇢ Lack of political will

D. Elements of a policy approach to address the problem

Element 1: (governance level)

Establish and implement a specific and deterrent national anti-counterfeit drug law

Element 2: (delivery level)

Strengthen inspection and quality control at all levels of supply chain (by establishing a central lab and surveillance system)

Element 3: (implementation level)

Increase awareness and empowerment towards detection of counterfeited drugs among patients, pharmacists, and healthcare providers through campaigns, seminars and training workshops

E. Implementation Considerations

Element: Establish a comprehensive alerts and surveillance system

Level	Barriers	Counterstrategies
Patient	Patients/clients are not aware and do not have the skills/knowledge to detect and report side effects (no culture of reporting)	
Professional	Poor training skills among pharmacists, nurses, and physicians in detecting and distinguishing counterfeited drugs from genuine products	
Organization	Underreporting of adverse drug reactions by health care organizations and pharmaceutical companies	
System	- No centralized database - Poor coordination and collaboration -Lack of funding	

Evidence Brief 2: Access of Syrian Refugees to healthcare centers

A. The Problem:

The limited access of Syrian refugees to primary health care centres

B. Consequences of inaction:

Not reported by group

C. Underlying Factors

Governance arrangements	⇢ Lack of coordination between relevant actors ⇢ Lack of government stewardship: A highly privatised health care system/ Fragmented health care system ⇢ Lebanese law prohibits Syrian physicians from practicing ⇢ Unregistered refugees do not have access to primary health care centres ⇢ Lack of data
Financial arrangement	⇢ -Limited funding ⇢ -Mismanagement of funds ⇢ -High cost services
Delivery arrangement	⇢ -Geographic dispersion of refugees ⇢ -Limited number of PHC providers in rural areas / uneven distribution (Beirut vs. rural areas)
Lack of implementation	⇢ Not reported by group

D. Elements of a policy approach to address the problem

Element 1:

Develop a package of services at PHC based on needs of Syrian refugees

Element 2:

In order to fund and manage it, develop capacity at level of MOPH, leading agencies and at level of PHCs

Element 3:

Establish a national fund

⇢ Option 1: A national fund under the sovereignty of the government

- Option 2: Vested as money in UNHCR but controlled/monitored/ planned and evaluated by the government

Element 4:
Reimbursement

- Option 1: Vouchers
- Capitation

Element 5:
Establishing a unit at MOPH to coordinate the services provided

Element 6:
Raising awareness

E. Implementation Considerations

Element: Develop a benefit packing of services based on the needs of Syrian refugees

Level	Barriers	Counterstrategies
Patient	Syrian refugees may refuse this benefit package if not developed with people of their communities	
Professional	Lack of incentives (incl. Lack of interest), no consensus on guidelines	
Organization	Capacity in terms of resources, lack of coordination, not a priority	
System	Funding, financing, absence of stewardship, willingness of the government, access	

Evidence Brief 3: Low quality of maternal health care services

A. The Problem:

Low quality of maternal health care services in Egypt

B. Consequences of inaction:

High Maternal and Perinatal Mortality and Morbidity

C. Underlying Factors

Governance arrangements	⇢ Fragmented/Vertical Maternal Health Programmes with poor accountability
Financial arrangement	⇢ Absence of a specific budget line for Maternal Health ⇢ High out of pocket payment
Delivery arrangement	⇢ No public reporting of Maternal Health quality indicators ⇢ Lack of skillful health care providers ⇢ Absence of an effective framework for distribution of supplies
Lack of implementation	⇢ -Lack of adherence to guidelines ⇢ -Lack of a sound referral system ⇢ -Lack of concern about women perspectives and perceptions about services provided/consumed ⇢ -Lack of awareness of women about the meaning of quality of care ⇢ -Lack of strengthening of regulations against unsafe abortion ⇢ -Lack of good performance and supervision, of a Monitoring & Evaluation mechanism

D. Elements of a policy approach to address the problem

Element 1: (governance & financial level)

Develop integrated accountable maternal health services and specify a budget item line for maternal health services

Element 2: (delivery level)

Build the capacity of care professionals at all levels of care (Education, Training, Clinical Guidelines)

Element 3: (implementation level)

Raise the awareness of women to demand quality care services in partnership with civil society

E. Implementation Considerations

Element: Raise the awareness of women to demand quality care services in partnership with civil society

Level	Barriers	Facilitators
Patient	Women are less accessible and are not vocal; they have low status and many are illiterate	-Evidence is available about women social and cultural perceptions -Women prefer TBAs and female health providers
Professional	Civil society providers may lack value clarification and lack of technical capacity to communicate with women and provide quality care	Lots of organizations are interested in maternal health
Organization	The civil society doesn't have outreach strategy and have poor budget	Civil society is gaining momentum and should be incorporated in the health system
System	The system doesn't accept cooperation with the civil society and are not interested in women demand	Policy makers are committed to invest in maternal health and to report achievements to the MDGs

Evidence Brief 4: High rate of turnover of local nurses workforce

A. The Problem:

High rate of turnover of local nurses workforce (identified by participants from Lebanon, Bahrain and Jordan)

B. Consequences of inaction:

Not reported by group

C. Underlying Factors

Governance arrangements	⇢ Absence of regulatory bodies for nursing (not fully cultivated) ⇢ Lack of professional autonomy ⇢ Insufficient data plus studies to project future demand for nurses (lack of translation of studies about nursing work force) ⇢ Competition with other professions and other countries
Financial arrangement	⇢ Lack of costing of nurse contributions and their value to the overall sustainability of health system ⇢ Lack of incentives and career development plans
Delivery arrangement	⇢ Poor work environment
Lack of implementation	⇢ Insufficient awareness-raising ⇢ Lack of government/leader capacity to policy implementation

D. Elements of a policy approach to address the problem

Element 1: (governance level)

Develop a comprehensive framework that defines nurses' scope of practice and job description (advance nursing practice)

Element 2: (delivery level)

Establish recognition program by instituting a financial incentive system

Element 3: (implementation level)

Improve nurses working environment by enhancing job satisfaction, job safety and professional autonomy

E. Implementation Considerations

Element: Develop a comprehensive framework that defines nurses scope of practice and job description (advance nursing practice)

Level	Barriers	Counterstrategies
Patient	Patient may be reluctant to an expanded role of nurses	Increase awareness of patients and citizens about the expanded role of nurses via personal communication
Professional	Physicians and nurses resistance to the expansion of nurse role	
Organization	Financial burden to compensate nurses (hospital CEO)	
System	Enforcement of standardized scope of practice between legislation, training and practice	

Evidence Brief 5: Poor access to early cancer detection services by vulnerable groups

A. The Problem:

Poor access (financial and/or geographical) to early cancer detection services by vulnerable groups

B. Consequences of inaction:

High rates of cancer that are detected at a late stage, rendering curative services obsolete.

C. Underlying Factors

Governance arrangements	⇢ No agreed upon goals, targets and indicators in the current contractual arrangements
Financial arrangement	⇢ No subsidies for such services ⇢ Low rates of insurance coverage
Delivery arrangement	⇢ Limited supply of MDs and their alternatives to conduct early detection service
Lack of implementation	⇢ Limited uptake of self-exams ⇢ Low awareness

D. Elements of a policy approach to address the problem

Element 1: (governance level)

Establish accountability among primary care practice to achieve targets (goals)

Element 2: (financial level)

Introduce subsidies for early detection

Element 3: (delivery level)

- ⇢ Raise awareness in vulnerable groups
- ⇢ Train providers (physicians, nurses, social workers, technicians, etc…) on early detection services
- ⇢ Include a section in the patient medical record about cancer screening

E. Implementation Considerations

Element: Raise awareness amid vulnerable groups

Level	Barriers	Counterstrategies
Patient	⇢ Low sensibility to its importance ⇢ Overwhelmed with other responsibilities ⇢ Educational level	Mass media
Professional	⇢ No incentives (time + constraints) ⇢ Low supply ⇢ Low credibility with target population ⇢ Difficulty in reaching patients/target population (geographically + time)	
Organization	⇢ Don't see it as a priority compared to curative measures ⇢ No revenue-making incentives ⇢ Restricted by regulations ⇢ Plans not targeted to vulnerable population	
System	⇢ No intersectoral collaboration ⇢ Policymakers may not be willing to fund	

B- Top Three priorities for supporting evidence-informed policymaking (by country)

Lebanon

1. Parliamentary health committee contracts K2P as evidence consultant for decisions
2. Establish rapid response system for critical issues in Lebanon
3. Empower media and civil society to serve as a link between researchers and policymakers (by advocating and lobbying) as well as establish a network of researchers in health policy and systems research
4. Sensitize policymakers to the value of evidence (syndicates/professional orders/ municipalities/ ministries)
    a) Regular individual meetings
    b) Larger meetings with stakeholders on a specific issue
5. Ensure quality of the research
6. Create programs for universities to train (continuing education or formal programmes)

Jordan and Bahrain

1. Establish national health policy and systems research center (researchers/academicians/media/parliamentarians/ service providers, pressure group)
2. Capacity building for policy-makers on how to use evidence and researchers on how to produce evidence (leaders in academia and research)
3. Promote the use of the one-stop shop for synthesized research evidence for policymakers and researchers (workshop participants)

Egypt and Syria

1. Training and building capacity for policy makers and middle management carried out by academia
2. Building repository for local evidence (IDSC)
3. Lobbying groups, UN agencies and WHO to influence evidence-informed policy making among MOH officials

Tunisia and Algeria

**This group has written about their policy priorities*

1. Availability and national use of drugs in public health facilities
2. Quality improvement of emergency healthcare delivery
3. Non-communicable diseases (NCDs) prevention (intersectoral collaboration)

References

El-Jardali F, Lavis JN, Ataya N, Jamal D, Ammar W, Raouf S: Use of health Systems Evidence by policymakers in Eastern Mediterranean Countries: Views, Practices and Contextual Influences. BMC Health Serv Res 2012, 12:200.

El-Jardali, F, Ataya, N., Jamal, D., Jaafar, M: A multi-faceted approach to promote knowledge translation platforms in Eastern Mediterranean countries: climate for evidence-informed policy, *Health Res Policy Syst* 2012, 10: 15

Elliott H, Popay J. How are policy makers using evidence.Models of research utilisation and local NHS policy making? J Epidemiol Community Health. 2000;54:461–8.

Hyder A. A., Corluka A., Winch P. J., El-Shinnawy A., Ghassany H., Malekafzali H., Lim M-K., Mfusto-Bengo J., Segura E, GHaffar A: National policy-makers speak out: are researchers giving them what they need? *Health Policy Plan* 2011, 26 (1):73-82.

Innvaer S, Vist G, Trommald M, Oxman A. Health policy-makers' perceptions of their use of evidence: A systematic review. J Health Serv Res Policy. 2002;7:239–44.

Lavis JN, Permanand G, Oxman AD, Lewin S, Fretheim A, SUPPORT Tools for evidence-informed health Policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking, Health Research Policy and Systems 2009, 7(Suppl 1):S13

Lavis JN, Oxman AD, Lewin S, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP) 3: Setting priorities for supporting evidence-informed policymaking. Health research policy and systems / BioMed Central. 2009;7 Suppl 1:S3-S3

Straus SE, Tetroe J, Graham I. Defining knowledge translation. CMAJ : *Canadian Medical Association journal = journal de l'Association medicale canadienne.* 2009;181:165-168.

Annex 1 – Workshop Agenda

Workshop on Evidence-Informed Policymaking and Evidence-Brief Writing

Curriculum

Overview of Day 1 of the workshop

The first day of this workshop introduces researchers to three types of questions that need to be answered to make improvements in a health system. Each of the questions can be answered in part by research evidence:

- what's the problem and its causes?;
- what options are best suited to address the problem; and
- what implementation considerations need to be borne in mind?
- This research evidence must be considered alongside institutional constraints, stakeholders' views and concerns, values, and many other types of information (e.g., administrative data, personal experiences).

Brief plenary sessions on these topics are followed by work in pairs and/or small groups that will allow workshop participants to grapple with the questions in light of the issues on which they are currently working. The core sessions are bracketed by sessions that focus on the more general sets of challenges associated with the use of evidence by health system policymakers and stakeholders. One session at the beginning of the workshop focuses on the unique attributes of health system policymaking in relation to using research evidence. The final session focuses on participating in efforts to promote the use of research evidence.

Objectives of Day 1 of the workshop

The workshop addresses three objectives:

- to raise participants' awareness about tools and resources available to health system policymakers and stakeholders in order to support their use of research evidence;

- to enhance participants' skills in acquiring, assessing, adapting and applying research evidence; and
- to identify what participants and their institution can do to better support the use of research evidence in health system policymaking in their country or the region.

Session descriptions

Day 1

8:30-9:00	**Session 1**
Title:	Welcome, introductions, and overview of the workshop
Faculty:	John Lavis Fadi El-Jardali
Format:	Brief presentation (10 minutes) Introductions (20 minutes)
Objectives:	- To be welcomed by and introduced to the workshop faculty - To meet fellow workshop participants - To become familiar with the objectives, structure and mix of pedagogical approaches used in the workshop
9:00-9:30	**Session 2**
Title:	What's unique about using research evidence in policymaking
Faculty:	John Lavis
Format:	Presentation (10 minutes) Large-group discussion (20 minutes)
Objectives:	- To discuss the attributes of health system policymaking that differ from the attributes of clinical practice
Resources:	- Walshe K, Rundall TG. 2001. Evidence-based management: From theory to practice in health care. *The Milbank Quarterly* 79(3):440-1.
9:30-10:15	**Session 3**
Title:	Clarifying a problem

Faculty:	John Lavis
Format:	Presentation (30 minutes) Large-group discussion (15 minutes)
Objectives:	– To become familiarized with a list of questions to consider when clarifying a problem – To understand how research evidence can help to respond to two of these questions – To understand how to search appropriate sources of research evidence to respond to these two questions
Resources:	– Lavis JN. 2013. Finding and using research evidence. Hamilton, Canada: McMaster Health Forum. – Lavis JN, Wilson M, Oxman AD, Lewin S, Fretheim A: SUPPORT Tools for evidence-informed health Policymaking (STP). 4. Using research evidence to clarify a problem. *Health Research Policy and Systems*; 2009, **7**(Suppl 1):S4 doi:10.1186/1478-4505-7-S1-S4 (available free online).
10:15-10:45	**Break**
10:45-11:30	**Session 4**
Title:	Finding research evidence about the problem you're addressing
Faculty:	John Lavis Fadi El-Jardali
Format:	Work in pairs or small groups (45 minutes)
Objectives:	⇢ To refine the descriptions of a problem that workshop participants are grappling with ⇢ To search for a qualitative study that addresses stakeholders' views about and experiences with the problem ⇢ To search for a research study that compares indicators (related to the problem) over time in participants' province/state, country or region or across provinces/states, countries or regions ⇢ To share lessons learned
Resources:	⇢ Lavis JN. 2013. Finding and using research evidence. Hamilton, Canada: McMaster Health Forum.
11:30-12:15	**Session 5**
Title:	Framing options

Faculty:	John Lavis
Format:	Presentation (30 minutes) Large-group discussion (15 minutes)
Objectives:	⇢ To become familiarized with a list of questions to consider when framing options to address a problem ⇢ To understand how research evidence can help to respond to these additional questions ⇢ To understand the main features of systematic reviews and their advantages over single studies ⇢ To understand how to search appropriate sources of research evidence to respond to these questions
Resources:	⇢ Lavis JN. 2013. Finding and using research evidence. Hamilton, Canada: McMaster Health Forum. ⇢ Lavis JN, Wilson MG, Oxman AD, Grimshaw J, Lewin S, Fretheim A: SUPPORT Tools for evidence-informed health Policymaking (STP). 5. Using research evidence to frame options to address a problem. *Health Research Policy and Systems*; 2009, **7**(Suppl 1):S5 doi:10.1186/1478-4505-7-S1-S5 (available free online).
12:15-1:00	**Lunch**
1:00-1:45	**Session 6**
Title:	Finding systematic reviews about the options you're considering
Faculty:	John Lavis Fadi El-Jardali
Format:	Work in pairs or small groups (45 minutes)
Objectives:	⇢ To describe possible options to address the problem (and its causes) clarified earlier ⇢ To search for a systematic review of studies of the effects of the options you're considering ⇢ To share lessons learned
Resources:	⇢ Lavis JN. 2013. Finding and using research evidence. Hamilton, Canada: McMaster Health Forum.
1:45-2:30	**Session 7**

Title:	Assessing the quality and local applicability of systematic reviews about options
Faculty:	John Lavis
Format:	Presentation (25 minutes) Large-group discussion (20 minutes)
Objectives:	⇢ To understand what an AMSTAR score means ⇢ To observe the use of AMSTAR to assess the quality of a systematic review ⇢ To become familiarized with a list of questions to ask about local applicability considerations ⇢ To observe the use of the list to conduct a local applicability assessment
Resources:	⇢ Lavis JN. 2013. Criteria for assessing systematic reviews. Hamilton, Canada: McMaster University Program in Policy Decision-making. ⇢ Shepperd S, Iliffe S. Hospital at home versus in-patient hospital care. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD000356. DOI: 10.1002/14651858.CD000356.pub2, p. 1-30. ⇢ Lavis JN, Oxman AD, Souza NM, Lewin S, Gruen RL, Fretheim A: SUPPORT Tools for evidence-informed health Policymaking (STP). 9. Assessing the applicability of the findings of a systematic review. *Health Research Policy and Systems*; 2009, **7**(Suppl 1):S9 doi:10.1186/1478-4505-7-S1-S9 (available free online).
2:30-3:00	**Break**
3:00-3:30	**Session 8**
Title:	Identifying implementation considerations
Faculty:	John Lavis
Format:	Presentation (20 minutes) Large-group discussion (10 minutes)
Objectives:	⇢ To become familiarized with a list of questions to consider when identifying implementation considerations for an option ⇢ To understand how research evidence can help to respond to these additional questions

	⇢ To understand how to search appropriate sources of research evidence to respond to these questions
3:30-4:30	**Session 9**
Title:	Participating in efforts to promote the use of research evidence
Faculty:	John Lavis Fadi El-Jardali
Format:	Presentation (30 minutes) Large-group discussion (30 minutes)
Objectives:	⇢ To become acquainted with possible rationales and definitions for evidence-informed policymaking ⇢ To become acquainted with the options available to support the use of research evidence in health systems ⇢ Promoting a climate that supports research use ⇢ Producing systematic reviews and single studies on high-priority topics ⇢ Undertaking activities to link research to action, namely o Producer/purveyor-push efforts o Efforts to facilitate user pull o User-pull efforts o Exchange efforts ⇢ Evaluating these efforts ▪ To enumerate the incentives and constraints that influence whether and how researchers (on the one hand) and policymakers / decision-makers and stakeholders (on the other hand) engage in these efforts ▪ To discuss what workshop participants and their institutions can do to better support the use of research evidence in health system policymaking in their country and the region

Overview of Day 2 of the workshop

The second day of this workshop introduces researchers to the key steps involved in preparing evidence briefs and supporting their use in stakeholder dialogues.

Brief plenary sessions on these topics are followed by work in pairs and/or small groups that will allow workshop participants to execute the steps for a topic on which they are currently working or would like to work.

Objectives of Day 2 of the workshop

The workshop addresses three objectives:

- to raise participants' awareness about tools and resources available to support the preparation of evidence briefs (and organizing of stakeholder dialogues);
- to enhance participants' skills in acquiring, assessing, adapting and applying research evidence in the context of preparing evidence briefs; and
- to enhance participants' skills in identifying and selecting stakeholders to be interviewed (to inform the preparation of evidence briefs) and to participate in a stakeholder dialogue.

Session descriptions

8:30-9:00	**Session 1**
Title:	Establishing a team and steering committee
Faculty:	John Lavis
Format:	Presentation (15 minutes) Large-group discussion (15 minutes)
Objectives:	– To become familiar with the knowledge, attitudes and skills required of team members – To become familiar with the role and optimal composition of a steering committee (and other involved groups)
9:00-9:30	**Session 2**
Title:	Preparing the terms of reference for an evidence brief (part 1)
Faculty:	John Lavis
Format:	Presentation (20 minutes) Large-group discussion (10 minutes)
Objectives:	⇢ To become familiar with the nature of the issues that need to be addressed in a terms of reference (TOR) for an evidence brief ⇢ To review an example of a template for a TOR ⇢ To review an example of a TOR
Resources:	⇢ Lavis JN. Finding and using research evidence. Hamilton, Canada: McMaster Health Forum; 2013. ⇢ Template for a TOR

	⇢ Example of a TOR (community clinics)
9:30-10:15	**Session 3**
Title:	Preparing the terms of reference for an evidence brief (part 2)
Faculty:	John Lavis Fadi El-Jardali
Format:	Work in pairs or small groups (45 minutes)
Objectives:	– To draft the context and problems sections of the TOR (using the template provided)
Resources:	– E-version of the template for a TOR
10:15-10:45	**Break**
10:45-11:30	**Session 4**
Title:	Preparing the terms of reference for an evidence brief (part 3)
Faculty:	John Lavis
Format:	Work in pairs or small groups (45 minutes)
Objectives:	⇢ To draft the options and implementation considerations sections of the TOR (using the template provided) ⇢ To share and discuss one another's work
Resources:	▪ E-version of the template for a TOR
11:30-12:15	**Session 5**
Title:	Identifying and selecting stakeholders to be interviewed and to participate in a dialogue (part 1)
Faculty:	John Lavis
Format:	Presentation (25 minutes) Large-group discussion (20 minutes)
Objectives:	⇢ To become familiar with the types of stakeholders who can inform the preparation of evidence briefs (key informants) and participate in a stakeholder dialogue (dialogue invitees) ⇢ To review examples of stakeholder-mapping tools

	⇢ To discuss how these tools would need to be modified for your province/state or country or for your topic
Resources:	▪ Stakeholder identification tool ▪ Quick view for key informants ▪ Quick view for dialogue invitees
12:15-1:00	**Lunch**
1:00-1:45	**Session 6**
Title:	Identifying and selecting stakeholders to be interviewed and to participate in a dialogue (part 2)
Faculty:	John Lavis Fadi El-Jardali
Format:	Work in pairs or small groups (45 minutes)
Objectives:	– To identify 16-20 key informants who can inform the preparation of an evidence brief addressing a pressing challenge – To identify 18-24 invitees to a stakeholder dialogue about addressing a pressing health challenge – To share and discuss one another's work
Resources:	– E-version of the quick view template for key informants – E-version of the quick view template for dialogue invitees
1:45-2:30	**Session 7**
Title:	Preparing evidence tables for and synthesizing research evidence about an option
Faculty:	John Lavis
Format:	Presentation (30 minutes) Large-group discussion (15 minutes)
Objectives:	⇢ To become familiar with the nature of the data that needs to be extracted about relevant systematic reviews about an option in order to prepare evidence tables ⇢ To become familiar with how to synthesize research evidence about an option ⇢ To review an example of an evidence table and of a summary of research evidence about an option ⇢ To discuss how these tools would need to be modified for your

	province/state or topic
Resources:	▪ Example of an evidence table (community clinics) ▪ Example of a synthesis (community clinics)
2:30-3:00	**Break**
3:00-3:30	**Session 8**
Title:	Preparing an evidence brief
Faculty:	John Lavis
Format:	Presentation (20 minutes) Large-group discussion (10 minutes)
Objectives:	⇢ To become familiar with the key features of an evidence brief ⇢ To discuss how these features would need to be modified for your province or country or for your setting
Resources:	⇢ Lavis JN, Permanand G, Oxman AD, Lewin S, Fretheim A: SUPPORT Tools for evidence-informed health Policymaking (STP). 13. Preparing and using policy briefs to support evidence-informed policymaking. Health Research Policy and Systems; 2009, 7(Suppl 1): S13 (available free online)
3:30-4:00	**Session 9**
Title:	Organizing a stakeholder dialogue
Faculty:	John Lavis
Format:	Presentation (20 minutes) Large-group discussion (10 minutes)
Objectives:	⇢ To become familiar with the key features of a stakeholder dialogue ⇢ To discuss how these features would need to be modified for your province/state or country or for your topic
Resources:	⇢ Lavis JN, Boyko J, Oxman AD, Lewin S, Fretheim A: SUPPORT Tools for evidence-informed health Policymaking (STP). 14. Organising and using policy dialogues to support evidence-informed policymaking. Health Research Policy and Systems; 2009, 7(Suppl 1): S14 (available free online).
4:00-4:30	**Session 10**

Title:	Wrapping up
Faculty:	John Lavis Fadi El-Jardali
Format:	Presentation (5 minutes) Large-group discussion (25 minutes)
Objectives:	⇢ To discuss what if any opportunity you see for following through after the workshop to complete the preparation of an evidence brief ⇢ To discuss what went well with the workshop and what could be improved ⇢ To complete the workshop evaluation form
Resources:	⇢ Workshop evaluation form

Annex 2 – List of Participants

Name	Country	Email	Affiliation
Dr. Chaza Akik	Lebanon	Chaza.akik@lshtm.ac.uk	LSHTM
Dr. Nadine Saleh	Lebanon	Nadeensh@gmail.com	Lebanese University, Assistant Professor
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Dr. Mona Haidar	Lebanon	mona.haidar@lau.edu.lb	Lebanese American University- School of Medicine-Social medicine & Global health program, Director of the social medicine & global health program
Ms. Aline Germani	Lebanon	ag24@aub.edu.lb	AUB, Faculty of Health Sciences
Colonel Ali Abi Raed	Lebanon	aabiraad2@gmail.com	Human Resource Manager In charge of advocating International Humanitarian Law and Law of Armed Conflict at Military Health Care Services
Ms. Fida Sidani	Lebanon	fida.sidani@gmail.com	Public Health Specialist and Health Policy Specialist, Military Health Care Services
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Dr. Mohamed Salem	Egypt	mes@aucegypt.edu	Public Health, Social Research Center, AUC
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Dr. Hala El Damanhoury	Egypt	hala.md123@gmail.com	Obstetrics and Gynecology, Ministry of Health and Population
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Prof. Rowaida Al Maaitah	Jordan	maaitah@just.edu.jo	Advisor for HRH Princess Muna El Hussein for Health and Community Development Professor at JUST
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Name	Country	Email	Affiliation
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Annex 3 – Workshop Evaluation

Health Systems Learning: Finding and using research evidence workshop
Beirut [April 28-29, 2014]

Key findings

- Number of completed/returned surveys: N= 28
- Response rate (%) = 93%
- The mean rating for "overall assessment of the training workshop" was 6.3 (with a median of 6) on a scale from 1 (very poor) to 7 (excellent)
- Nineteen of the twenty-two mean ratings of different features of how the training workshop was designed were between 6.0 and 6.8 on a scale from 1 (strongly disagree) to 7 (strongly agree) (with mean ratings of 6, 6.5 or 7). The remaining three mean ratings of different features of how the training workshop was designed were between 5.7 and 5.9 (all with a median of 6) on the same scale.
- The highest mean rating – 6.8 (with a median of 7) on a scale from 1 (very poor) to 7 (excellent) – was recorded on question four (the material presented in the workshop is relevant to my professional development); while the lowest mean rating – 5.7 (with a median of 6) – was recorded on question nineteen (the workshop enhanced my skills in conducting a local applicability assessment) using the same scale.
- The mean rating for the length of the training workshop was 3.5 (with a median of 3.5) on a scale from 1 (much too short) to 7 (much too long).
- The mean rating for the visual aids and/or handouts was 6.3 (with a median of 6) on a scale from 1 (very poor) to 7 (excellent).
- Finally, the mean rating regarding the assessment of the workshop room was 6.2 (with a median of 6) on a scale of 1 (very poor) to 7 (excellent).
- There were three outliers on one question, two outliers on two questions, and one outlier on one question.

Training workshop

Question	Rating on a scale of 1 (very poor) to 7 (excellent)		
	Mean	**Median**	**Range**
1. What is your overall assessment of the training workshop? (N=28)	6.3	6	4-7
2. The material presented in the	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		

workshop was new to me. (N=28)	**Mean**	**Median**	**Range**
	6.5	6.5	5.7
3. The material presented in the workshop is applicable to my work setting (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.6	7	5.7
4. The material presented in the workshop is relevant to my professional development? (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.8	7	6-7
5. The workshop enhanced my knowledge of the questions to ask about a problem, options and implementation considerations. (N=27)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.7	7	6-7
6. The workshop enhanced my knowledge of the types of research evidence needed to answer these questions. (N=27)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.4	7	5-7
7. The workshop enhanced my knowledge of appropriate sources of key types of research evidence. (N=27)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.3	6	4-7
8. The workshop enhanced my knowledge of what an AMSTAR score means. (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.6	7	4-7
9. The workshop enhanced my knowledge of the questions to ask about local applicability considerations. (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.5	7	4-7
10. The workshop enhanced my knowledge of the range of possible efforts to support the use of research evidence (e.g., using and promoting the use of one-stop shops like Health Systems Evidence) (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.4	6.5	3-7
11. The workshop enhanced my appreciation of the importance of working iteratively to understand a problem, options and implementation	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.4	6.5	4-7

considerations. (N=27)			
12. The workshop enhanced my appreciation of the importance of being systematic and transparent in finding and using research evidence as one input to the decision-making process. (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.3	6.5	4.7
13. The workshop enhanced my appreciation of the importance of finding and using the best available (i.e., highest quality, most locally applicable, synthesized) research evidence. (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.4	6.5	5.7
14. The workshop enhanced my appreciation of the importance of looking first for a perfect match in the available research evidence (to support an instrumental use) and then looking more broadly (to support a conceptual use). (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.1	6	4.7
15. The workshop enhanced my skills in finding and using research evidence to clarify a problem (and its causes). (N=27)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.3	6	4-7
16. The workshop enhanced my skills in finding and using research evidence to frame options to address a problem. (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.1	6	2-7
17. The workshop enhanced my skills in finding and using research evidence to identify implementation considerations for an option. (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.0	6	2-7
18. The workshop enhanced my skills in searching appropriate	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**

sources of research evidence (e.g., PubMed, Cochrane Library, Health Evidence, and Health Systems Evidence). (N=28)	5.9	6	2-7
19. The workshop enhanced my skills in conducting a local applicability assessment. (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	5.7	6	2-7
20. The workshop raised my awareness about tools and resources available to support the preparation of evidence briefs (and organizing of stakeholder dialogues). (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.3	6.5	4-7
21. The workshop enhanced my skills in acquiring, assessing, adapting and applying research evidence in the context of preparing evidence briefs (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	6.2	6	4-7
22. The workshop enhanced my skills in identifying and selecting stakeholders to be interviewed (to inform the preparation of evidence briefs) and to participate in a stakeholder dialogue (N=28)	**Rating on a scale of 1 (strongly disagree) to 7 (strongly agree)**		
	Mean	**Median**	**Range**
	5.9	6	4-7

Learning Approach

23. The length of the training workshop was: (N=28)	**Rating on a scale of 1 (too short) to 7 (much too long)**		
	Mean	**Median**	**Range**
	3.5	3.5	2-5
24. The visual aids and workshop handouts were: (N=28)	**Rating on a scale of 1 (very poor) to 7 (excellent)**		
	Mean	**Median**	**Range**
	6.3	6	4-7

Facilities:

25.The workshop room was: (N=28)	**Rating on a scale of 1 (very poor) to 7 (excellent)**		
	Mean	**Mean**	**Mean**
	6.2	6	4-7

26. What specifically did you like the most?	**Written Comments**
	⇢ group work was very interesting, informative and helped us raise issues and find solutions to problems at hand
	⇢ learning of health evidence systems, health evidence presence and learning where to go for specific information
	⇢ clear material, simple and focused presentations, and excellent group work
	⇢ the new knowledge and exercises
	⇢ the topic and content
	⇢ new tools and resources
	⇢ excellent information and well structured
	⇢ the new knowledge for searching databases
	⇢ the discussion and feedback on cases
	⇢ dialogue, multinationals, speakers excellent and engaging and very proficient
	⇢ I liked the comprehensive approach and itemized course objectives. The course is paramount in its content , the methodology explained as to write a policy brief is very organized, comprehensive and includes strengths and threats or barriers that might be encountered in the process
	⇢ I like the way of presentation either from main presenter or Dr Jardali. And the quality of knowledge they have is amazing and I want to learn it.
	⇢ all the information given
	⇢ the expertise of the facilitators
	⇢ presenter was excellent
	⇢ the group work
	⇢ interactions, discussions and applications => translate what we have learned to fit our topics and enhance our understanding of what we learned
	⇢ material
	⇢ well organized and good examples
	⇢ I really liked the group exercises and getting the chance to share

	personal input on several issues raised. The workshop was very iterative.
	⇢ steps the workshop took us through; excellent reference material which gives a comprehensive idea about evidence based policy making; case studies and group work was enriching
	⇢ the diversity, intellectual capability of both presenters and participants; the sharing of experiences among participants
	⇢ approach used to teacher
27. What specifically did you like the least?	**Written Comments**
	⇢ group work sessions need more time
	⇢ n/a
	⇢ time was too tight and did not allow for use of computer in search
	⇢ in our group people didn't listen to each other, each one decides for himself
	⇢ too short, needs hands on training
	⇢ lots of papers used for folders
	⇢ the long day of work
	⇢ sometimes too fast
	⇢ I would prefer to have hands on internet search and use of evidence as to support our case discussions. I think an additional day would have served that purpose.
	⇢ the short time of the workshop and some titles need more expanding
	⇢ group work time was too short
	⇢ time efficiency, too short for content
	⇢ short time for presentation and discussion
	⇢ I felt that there was too much material that need to be covered in more than 2 days
	⇢ assumptions on appreciation of policymakers for use of evidence was too high
	⇢ more time is needed on some points
	⇢ I guess the workshop could have been extended to more than 2 days. This would allow better understanding of the material and

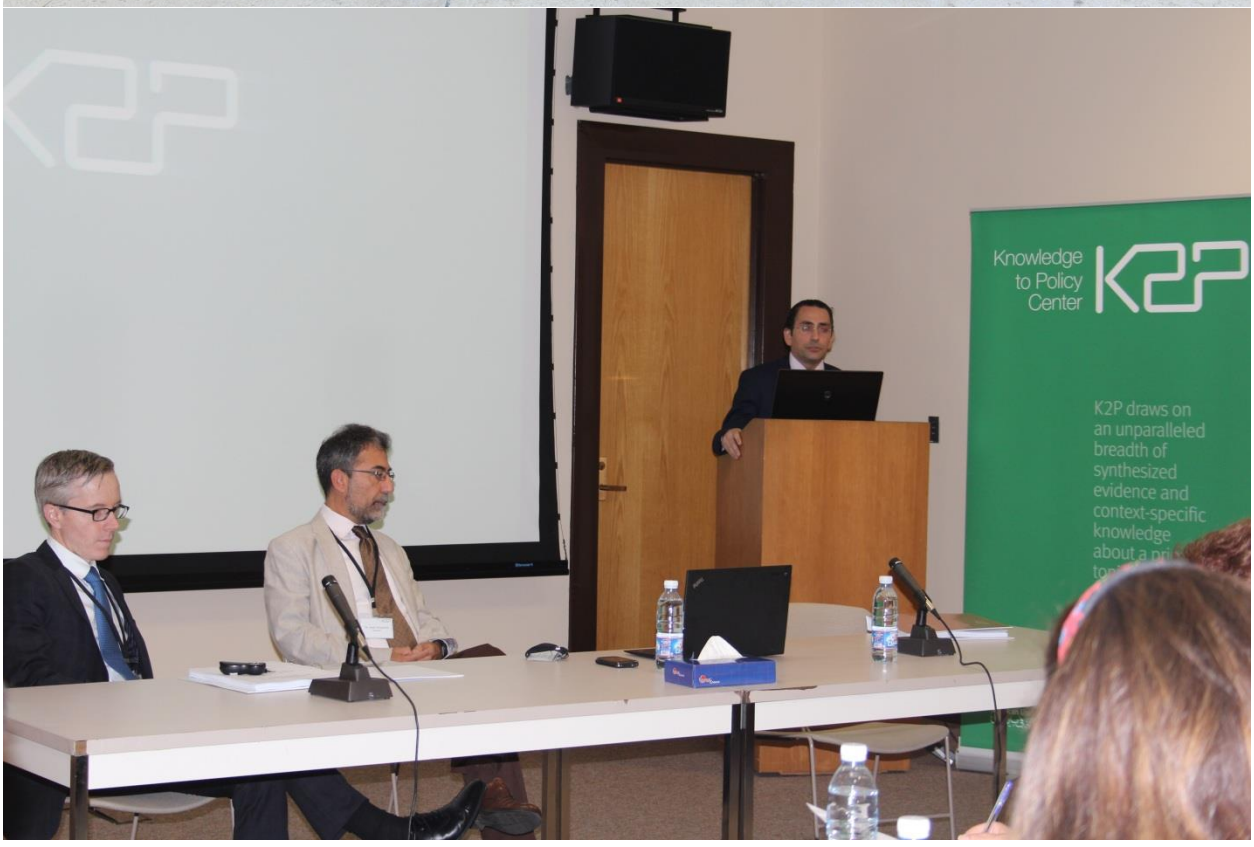
	allow participants to engage in more group exercises and this would increase interaction during different sessions. ⇢ condensed material ⇢ we had to rush many aspects and that we had no time to do hands on practice ⇢ less examples and more real stories from Arab countries
28. What would you recommend be improved for future cohorts?	**Written Comments**
	⇢ allow an extra day for hands on literature search sessions and preparation of final policy brief ⇢ more visual aids to break the monotony of slides ⇢ add one more day to allow for database search ⇢ hands on training on data base search ⇢ distribute soft copies of folders ⇢ increase the time ⇢ more participatory work with input from facilitators ⇢ Invite decision makers to be among the participants. It would give them an idea of this behind the scenes discipline. ⇢ just make it a little longer ⇢ increase to 3 days and write a brief as an example ⇢ more preparatory work before the workshop ⇢ longer course ⇢ long time and more group work ⇢ extend it to 3 days to be able to cover all material ⇢ I really believe the workshop could have been extended to 3 days. I also recommend more activities since the material was a bit dry at some point. ⇢ better structuring and timing of the workshop duration and content covered ⇢ more time for case studies ⇢ more time
29. What are three things that you will do differently based on what you learned by participating in the training workshop?	**Written Comments**

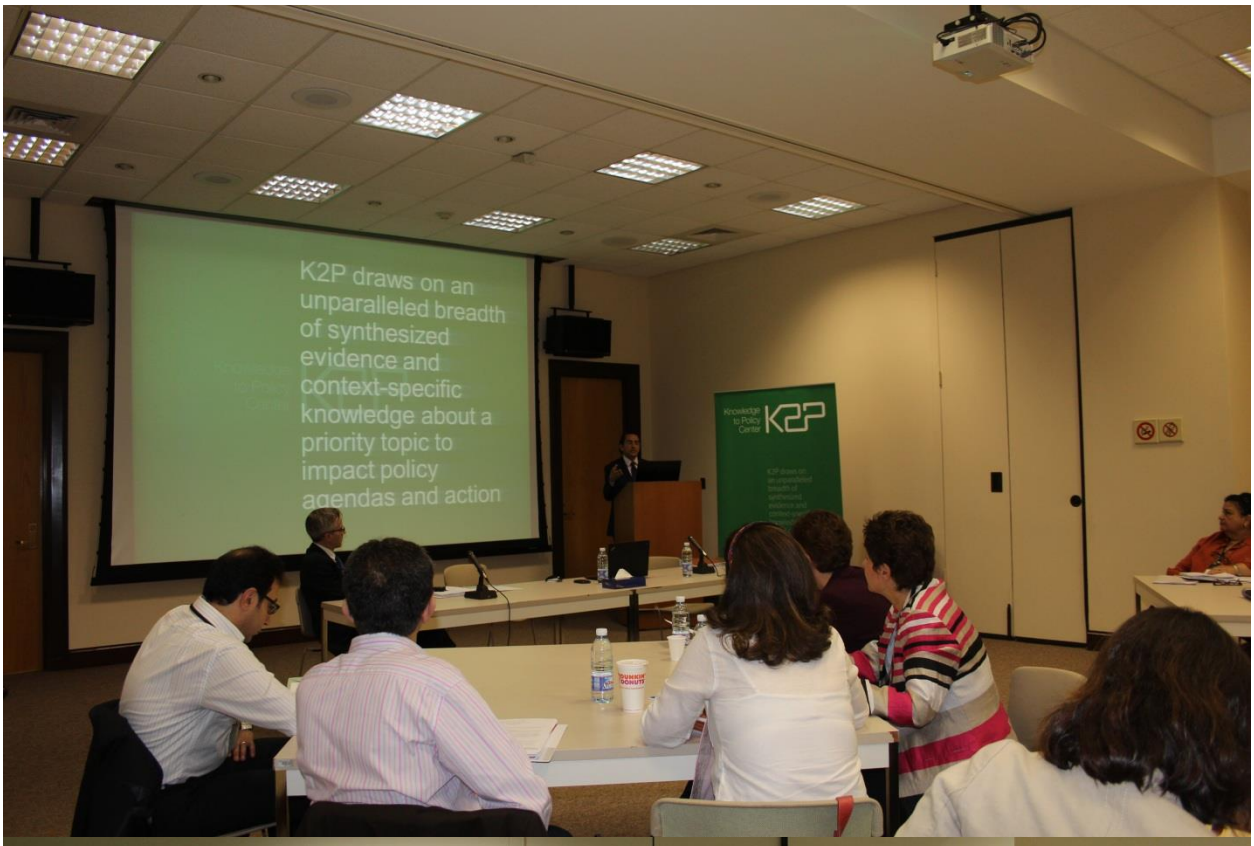
- 1. Try to push forward ideas of centre similar to K2P in Lebanese context; 2. Keep informed about new research that falls within my area of interest; 3. keep in touch with other researchers in my field to spread the word on importance of evidence informed policymaking
- 1. Strengthen any info by research; 2. Do not give up on politicians; 3. hope that positive change is possible to keep going
- nothing, the workshop was excellent
- advocacy and writing policy briefs
- 1. Train and teach others on evidence based policy and databases to build a small local team; 2. Work on getting funding to start on action towards introducing evidence based policy in decision making; 3. Introduce the idea of science as an advocate for hep c rights and programs; 4. develop a policy brief on the management of hep c problems in Egypt and try to push it to the national hep program
- 1. Use health evidence more often; 2. Check AMSTAR when using reviews; 3. refer to summary sheet and use it for small scale decisions
- learnt how to write a policy brief, hopefully will prepare one
- 1. More skills in finding research evidence; 2. Gave me new tools in work; 3. Encouraged me to write briefs for my studies; 4. also use the new data in TOT of local researchers in my country
- 1. Searching for evidence to support problem definitions and options; 2. Inform my seniors about the course objectives and K2P; 3. Rely more on systematic reviews and high quality studies conducted in the Arab world so to try to compare with our system in Lebanon or our institution
- 1. Making a training program on my job based on the workshop to train employees; 2. Trying to find problems at work and solve it.
- not applicable to this stage to my position but will surely advocate for more systematically prepared policy making or policy dialogue process
- 1. Learn more about K2P and HSE; 2. Build own capacity and continue education; 3. Pass the word to others
- 1. Enhance connection with policymakers; 2. Follow the course stems; 3. Teach others or tell them about the importance of this course
- the methods and databases I use to find evidence
- policymakers dialogue and searching the evidence

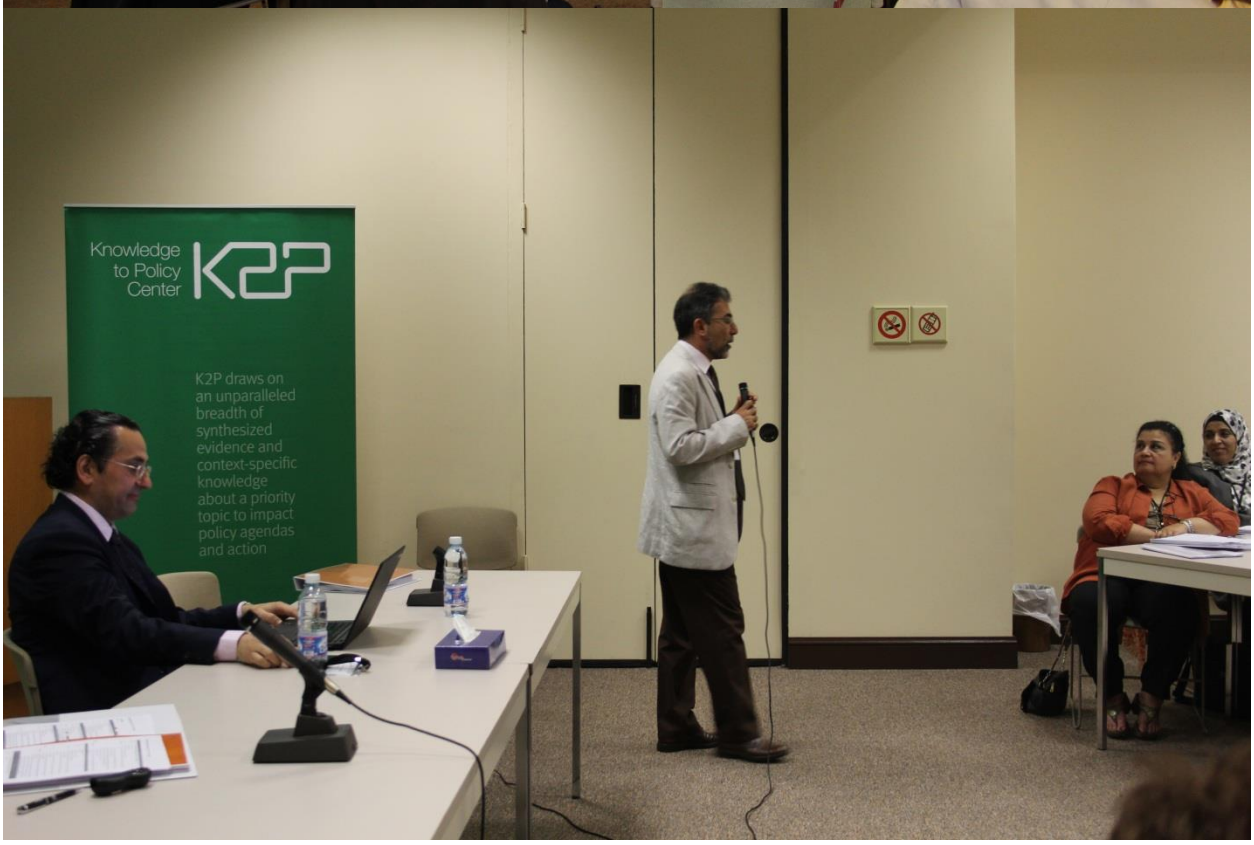
- I learned about evidence informed policies and I think that I am better equipped to prepare a policy brief; search for appropriate sources of research evidence and think more in a health system perspective in order to translate knowledge and evidence I have into policy agenda
- 1. The way of approaching and organizing stakeholders that could help advocate the policy. 2. Searching databases for relevant evidence. 3. Defining the problem, its causes and several options before conducting interviews with stakeholders.
- better able to search for and use high quality evidence
- I will only focus on one thing and that is pushing harder for evidence informed policy making in my country
- develop a first policy brief
- excellent

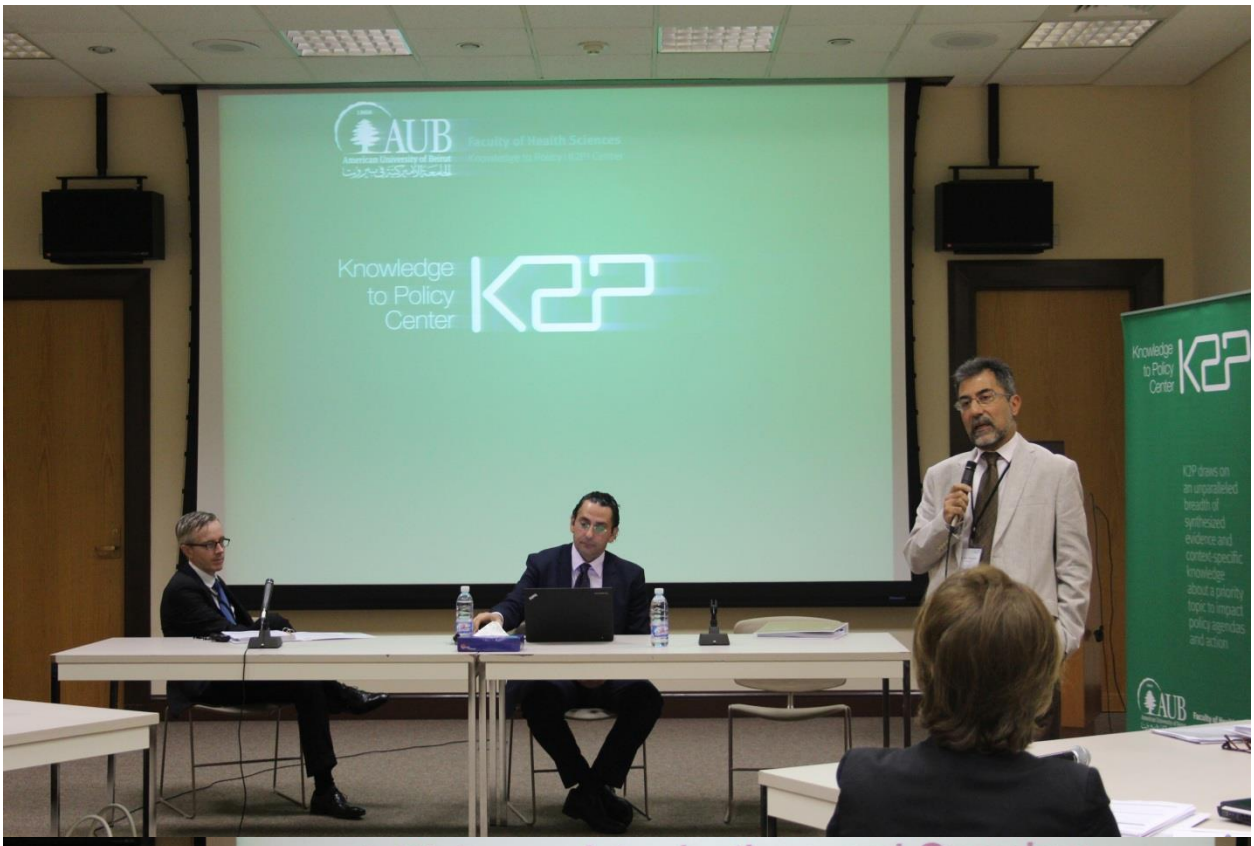
Annex 4 – Selected Pictures

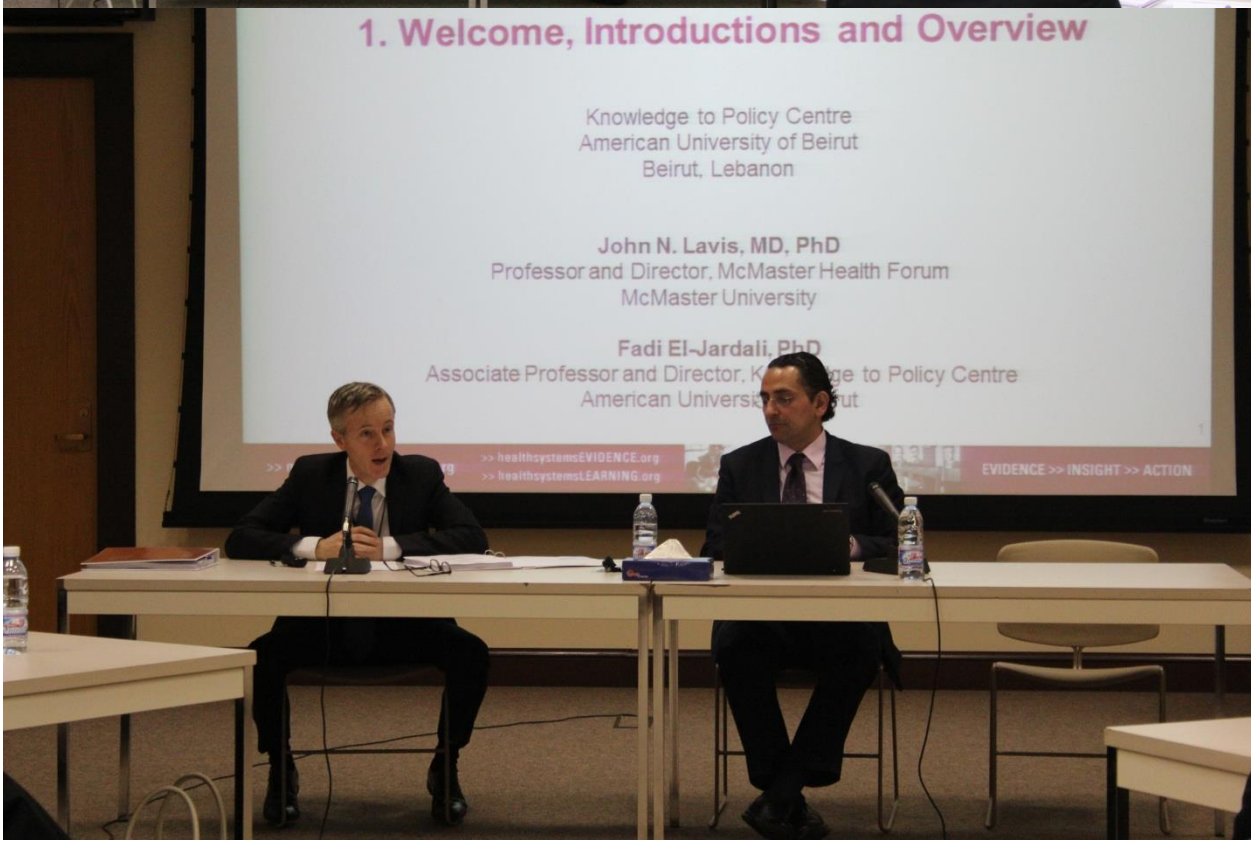

Knowledge
to Policy
Center
K2P

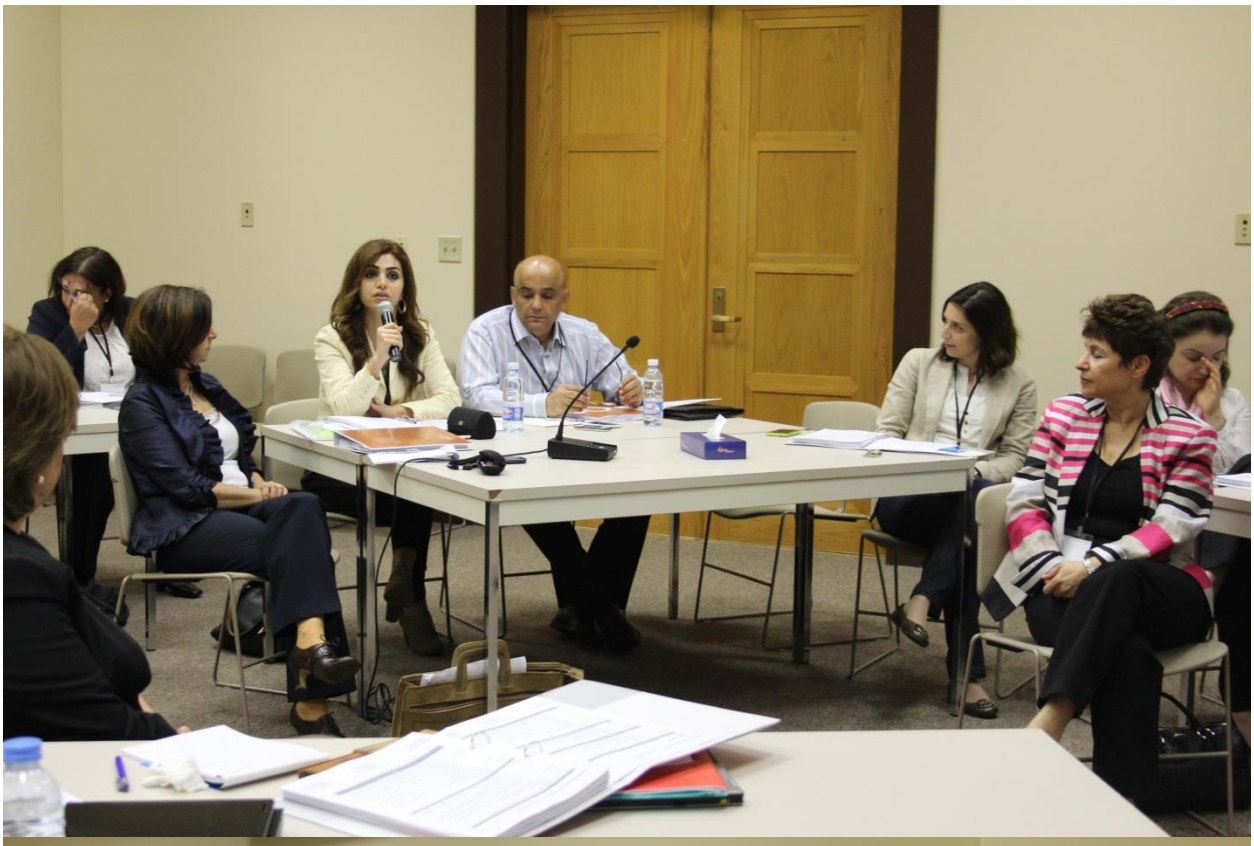

Knowledge
to Policy
Center
K2P
K2P draws on
an unparalleled
breadth of
synthesized
evidence and
context-specific
knowledge

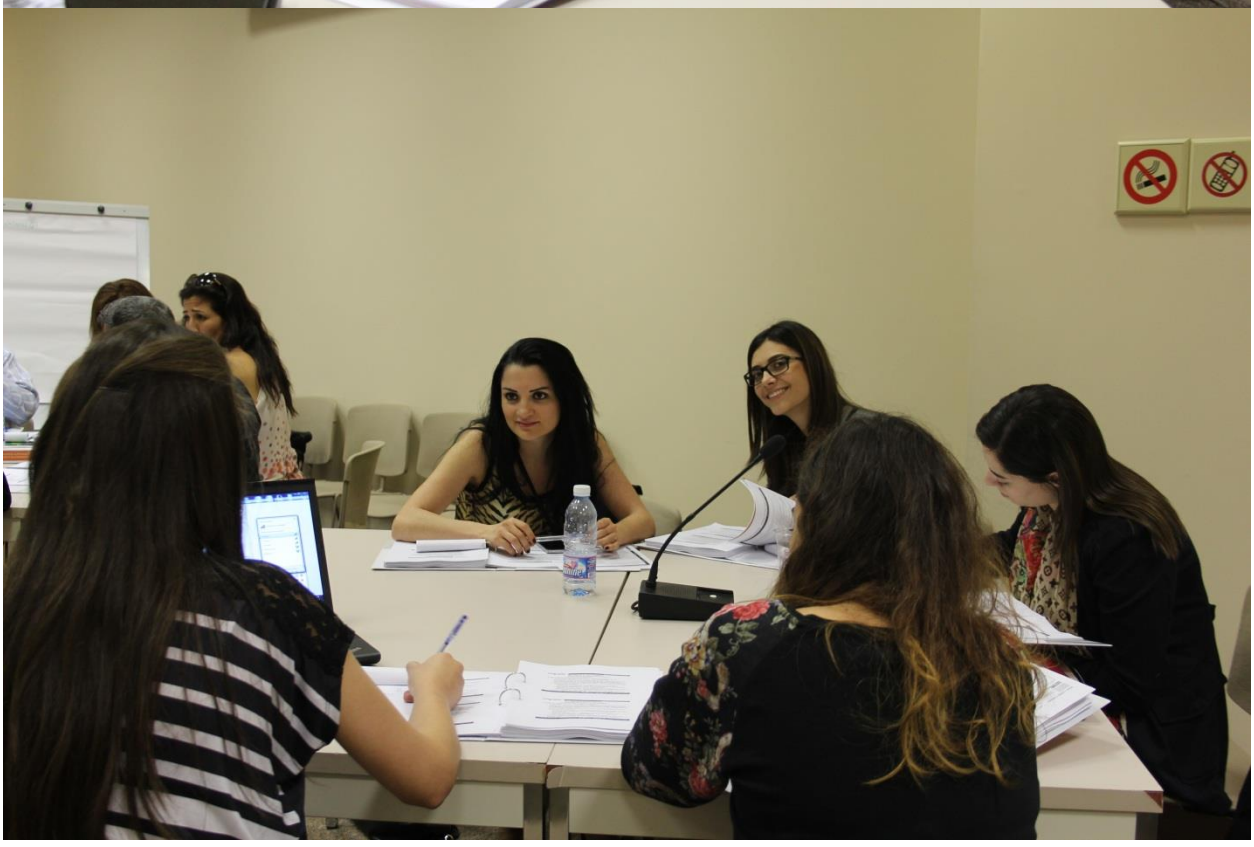

K2P draws on an unparalleled breadth of synthesized evidence and context-specific knowledge about a priority topic to impact policy agendas and action
Knowledge to Policy Center
K2P


Knowledge to Policy Center
K2P
K2P draws on an unparalleled breadth of synthesized evidence and context-specific knowledge about a priority topic to impact policy agendas and action

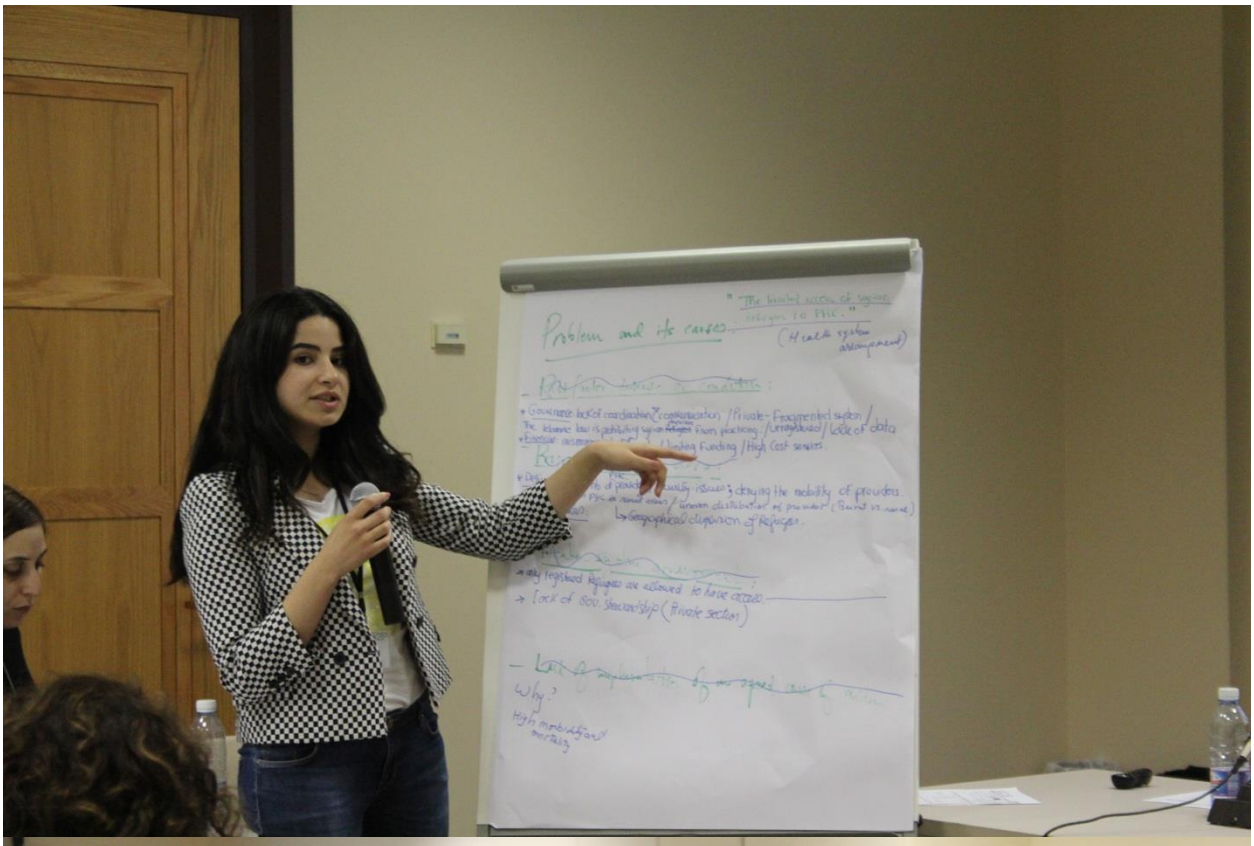

AUB
Faculty of Health Sciences
Knowledge to Policy Center
K2P
Knowledge to Policy Center
K2P
AUB


1. Welcome, Introductions and Overview
Knowledge to Policy Centre
American University of Beirut
Beirut, Lebanon
John N. Lavis, MD, PhD
Professor and Director, McMaster Health Forum
McMaster University
Fadi El-Jardali, PhD
Associate Professor and Director, K
American Universi
ut
>> healthsystemsEVIDENCE.org
>> healthsystemsLEARNING.org
EVIDENCE >> INSIGHT >> ACTION






Health Systems Evidence
Advanced search
Click + to search using one or a combination of the advanced search options below
Topics
Governance arrangement (2708)
Financial arrangement (2036)
Delivery arrangement (8082)
Implementation strategy (4400)
Open search
Limits
Complementary content
Knowledge to Policy Center
K2P


Problem and its causes...
(Health system management)
Why?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