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RESEARCH ARTICLE

Building knowledge broker capacities during the regional research project: lessons learnt from the West African Health Organisation

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SUMMARY

The aim of the article was to understand how its project entitled "moving maternal, newborn and child evidence into policy in West Africa" funded under the Canadian initiative has helped the West African Health Organisation to better build its role as a knowledge broker in West Africa.

A case study approach was adopted to allow for the validation or otherwise of stated hypotheses using context, actor, process, and outcome data.

WAHO as a HPRO has been able through the Moving Maternal Newborn and Child Health Evidence into policy in West Africa project to play the role of KB through strengthening collaboration between policy makers and researchers, generating knowledge for a better understanding of the evidence use environment in the field of maternal and child health, and finally through the implementation of actions to create an enabling environment for the use of evidence to influence health policy and practice. Weaknesses were noted and mostly corrected in the implementation process. The commitment of senior management and other stakeholders, the implementation of the project using the strengths of the institution, the collaboration with regional experts, the provision of additional human resources and the use of evidence in planning project activities facilitate this capacity building.

The experience gained enabled the organisation during the COVID-19 pandemic to continue to facilitate the use of evidence for decision making by policy makers in West Africa.

Keywords: capacity building, knowledge broker, evidence use, West Africa

Introduction

Knowledge brokers (KB) are defined as individuals or institutions that facilitate the creation, sharing and use of knowledge¹. For some authors their role is to develop relationships and networks with, among and between knowledge producers and users to facilitate exchange and build capacity for evidence-based decision making^{2,3}. Also, these knowledge brokers should have the skills to facilitate organisational change by reducing barriers to evidence-based decision-making, promoting a culture that values the use of the best available science in policy and practice, and influencing science to be responsive to stakeholder needs⁴. Thus, to succeed in their mission, knowledge brokers should establish strong social networks between policy makers and scientists, help researchers understand the working environment of decision-making structures, and help researchers find the best ways to influence decision-making processes with their results⁵.

One of the objectives that the Heads of State and Government of the Economic Community of West African States (ECOWAS) set for the West African Health Organisation (WAHO) at its creation in 1987 is to facilitate research to enable the fight against health problems. These objective positions this institution as a knowledge broker. Thus, in operationalising this objective, the institution has tried to work in this knowledge broker role by influencing the research environment within the Ministries of Health. In 2014, with the Canadian Initiative for Maternal and Child Health in Africa, it was proposed to function as a Health Policy and Research Organisation (HPRO). This structure should act as a bridge between policy makers and researchers to facilitate the use of evidence that would be generated by researchers to influence policy and practice in maternal and child health to contribute to the reduction of mortality and morbidity⁶. WAHO is expected to play this role in West Africa with six research teams, including three in Nigeria, two teams working in Burkina and Mali and one team in Senegal. The institution has built on its experiences in strengthening research for health in West Africa⁷⁻¹³ to play this bridging role between researchers and policy makers. With this experience, the West African Health Organisation (WAHO), submitted a protocol entitled "Moving Maternal, Newborn and Child Health Evidence into Policy¹⁴)" (MEP) and was selected to play the HPRO role in West Africa. The main objective of the project was to improve the demand for, and production and use of, research evidence for decision-making in maternal and child health (MCH) policies, programmes and practices within the Community of West African States. More

specifically, the project aimed to 1) conduct a situational analysis of the context for the production and use of research findings at national and regional levels in Maternal, Newborn and Child Health (MNCH) in the ECOWAS region; 2) Strengthen the capacity of WAHO to promote the use of health research in the ECOWAS region; 3) Promote the use of evidence to improve the quality of decision-making in MNCH in the ECOWAS region; and 4) Strengthen collaboration between researchers and MNCH policy makers in the ECOWAS region. Thus, the questions that guided this work are the following: has the implementation of the MEP project enabled WAHO to strengthen its role as a knowledge broker in West Africa? If so, what are the enabling factors that have favoured the strengthening of WAHO's role as knowledge broker in West Africa? Understanding how its project has helped the WAHO to better build its role as a knowledge broker can help other institutions that would like to position themselves in such a role of facilitating the use of evidence. We have put forward the following three hypotheses, namely that the implementation of the project has enabled WAHO to progressively build its role as a KB in West Africa through capacity building that has enabled it to (1) strengthen the relationship between decision-makers and researchers, (2) contribute to a better understanding of the environment of evidence use in decision-making in West Africa, and finally (3) create mechanisms, tools and processes to influence better use of evidence in the decision-making process in West Africa.

Table 1 links our three hypotheses, which correspond to the roles of knowledge brokers according to the literature to the role of HPRO according to IDRC orientations and the objectives of the "moving evidence into policy in West Africa" project. The objective 4 of the project, which was to strengthen collaboration between decision-makers and researchers, operationalising objectives 1 and 2 of the HPRO function, should enable us to verify our first hypothesis. Secondly, objective 1 of the project, which was to conduct a situational analysis of the production and use of research results in maternal, newborn and child health (MNCH) in the ECOWAS region, operationalising part of objective 1 of the HPRO function, should make it possible to verify our hypothesis 2, which corresponds to the second role of a KB, namely to contribute to a better knowledge of the environment for the use of evidence. Finally, objectives 2 and 3 of the project, namely, to strengthen the capacity of WAHO to promote the use of health research in the ECOWAS region and to promote the use of evidence to improve the quality of decision-making

in MNCH, which operationalise the third function of the HPRO, should make it possible to verify our hypothesis 3, which is the third function of a KB. It is with this in mind that the present work has been undertaken to analyse the implementation of the project and to highlight the elements that have enabled WAHO to foster connections and exchanges between decision-makers and researchers, to help researchers better understand

the working environment of decision-making structures in maternal and child health, to strengthen the capacities of the various stakeholders for the use of evidence and to create a favourable environment for facilitating the use of evidence. The analysis should also then highlight the enabling factors, limiting factors, opportunities and lessons learned.

Table 1: Aligning Hypothesis linked to KB role with HPRO role and WAHO project objective

<i>Hypothesis linked to the Knowledge Broker Roles according to the literature</i>	<i>HPRO role according to the IDRC</i>	<i>MEP project objectives</i>
WAHO has strengthened the relationship between policy makers and researchers	Enable national ownership of the research of the Implementation Research Teams Ensure coherence and facilitate mutual learning across the programme	To strengthen collaboration between researchers and MNCH policy makers in the ECOWAS region.
WAHO has contributed to a better understanding of the environment for using evidence in decision-making in maternal and child health in West Africa	Ensure coherence and facilitate mutual learning across the programme	To conduct a situational analysis of the context for the production and use of research findings at national and regional levels in Maternal, Newborn and Child Health (MNCH) in the ECOWAS region;
WAHO has created mechanisms, tools, and processes to influence better use of evidence in maternal and child health decision-making in West Africa	Build individual and institutional capacity in implementation research and research utilisation	To strengthen the capacity of WAHO to promote the use of health research in the ECOWAS region. To promote the use of evidence to improve the quality of decision-making in MNCH in the ECOWAS region et

Method

We have adopted the working method of a case study¹⁵. Indeed, this methodology allows us to validate or not the hypotheses stated in our introduction by using data on the context, the actors, the process, and the results. Activities included participation in international workshops organised by the donor (inception workshop, mid-term review workshop, policy and research bodies, international conferences) and organised by the project team (workshop on developing the situation analysis methodology, engagement of maternal and child health service managers, the support of research, the validation of the situation analysis/research and the design of the intervention, the training workshops, the setting up of researcher-decision-maker consultation frameworks, the mid-term and

final evaluation, the publication of research results and the holding of a newsletter on the project and the final workshop). For the situation analysis, the conduct of some research and guide development work, the realisation of the mid-term and final evaluations of the project, WAHO recruited consultants. For the evaluations, after reviewing the reports, the consultants conducted interviews with the various project stakeholders. The sources of our data were the project documents, i.e., the protocol, the implementation reports of the activities listed above, the evaluation reports, scientific articles and the knowledge of the authors who implemented the project.

For the analysis of the data, we used the strengths, weaknesses, opportunities, and threats matrix¹⁶ to validate our three hypotheses. All the data from the

different sources were synthesised, triangulated, and analysed in terms of strengths, weaknesses, opportunities, and threats to validate the three hypotheses. We combined the different information to explain and highlight the elements that supported our hypotheses. Strengths were defined as the results of the activities and lessons learned from the project that supported our hypotheses, and weaknesses as the elements noted in the activities, results and lessons learned that did not support our hypotheses. The opportunities were all the external elements of the project and capitalised that contributed to the validation of our hypotheses. Finally, the threats were all the elements external to the project that could contribute to invalidating our hypotheses.

Results

Context for the implementation of WAHO's HPRO role

The maternal and child health context in Africa was marked by some of the highest morbidity and mortality indicators in the world. The context was also marked by low scientific output and poor use of evidence to improve the implementation of maternal and child health programmes. This situation in maternal and child health was fostered by many individual, organisational, institutional, and financial factors. To help reduce these barriers and improve maternal and child health, the Canadian authorities committed to and launched the Canadian initiative "Innovating for mothers and Child Health in Africa" by three institutions: Global Affairs Canada, the Canadian Institutes of Health Research, and the International Development Research Centre (IDRC) with the objective of generating evidence and strengthening its use. As part of the implementation of this initiative two groups of actors were defined. The first group was called the Implementation Research Team. Alongside these research teams, an innovation was promoted called the Health Policy and Research Organisation (HPRO) with the role of collaborating with the research teams to strengthen ownership of the projects by the actors in the country, to foster mutual learning between actors and to build capacity in implementation research and knowledge transfer to facilitate the use of the research results.

It should also be noted that this project followed on from the second WAHO strategic plan, which saw the implementation of a research development programme based on the adapted Pang conceptual framework and the implementation of two IDRC-funded projects entitled "Strengthening National Health Research Systems" and "West Africa Capacity Building Initiative through Health

Systems Research". These two projects had almost the same countries as the new project. Indeed, the MEP project had Benin, Burkina Faso, Ghana, Mali, Nigeria, and Senegal as implementing countries. The National Research Systems Strengthening project was implemented in Guinea Bissau, Liberia, Mali, and Sierra Leone while the West Africa Capacity Building through National Research Systems initiative was implemented in Burkina, Nigeria, Senegal, and Sierra Leone. Thus, the MEP project benefited from the experiences gained by WAHO in the implementation of the two projects and the research development programme. At WAHO level, a new strategic research plan for the period 2016-2020 was being developed in collaboration with all partners. Finally, it should be noted that there were many research projects in the sub-region in the field of maternal health.

Actors involved in the implementation of the WAHO's role as a HPRO

Several actors were involved in the implementation of the project. First, there was the WAHO team, which consisted of the principal investigator, two project implementation assistants, WAHO professionals working in the field of maternal health, the WAHO Directorate and the administration in charge of managing the funds.

The second group of actors were the IDRC staff in charge of managing the initiative. An agreement existed between IDRC and WAHO for the implementation of the project.

The third group of actors were the research teams, which should have an African investigator, a Canadian co-investigator and another African co-investigator and decision-maker in the country of project implementation. These teams were selected by the donors based on a research proposal. In West Africa six research teams were selected and spread over several countries. Three teams in Nigeria based in Bauchi City, Benin City, and Ibadan with the research areas of using video to educate men and women within the couple to reduce maternal complications; strengthening the health system to improve the use of maternal health services and building the capacity of community health workers to improve the detection of perinatal depression. The fourth team was based in Burkina Faso in the city of Ouagadougou and worked on improving malaria control by involving community health workers in the distribution of mass treatments and on the free maternal and child health care promoted by the political authorities. The fifth team was based across Burkina and Mali in the cities of Ouagadougou and Bamako. This team worked on results-based financing. The sixth team was based in Dakar, Senegal and focused on strengthening

women's leadership to improve the use of maternal and child health services. There was no collaboration document or hierarchy in the initiative's organisational chart between these research teams and WAHO, yet these actors should be working together under the initiative. Thus, WAHO did not receive any reports on the implementation of the research projects and neither the teams nor WAHO had any obligation to invite each other to implement their projects. However, it was planned that the two groups of actors would meet at the launch, mid-term, and final workshops of the initiative.

The fifth group of stakeholders were the three institutions acting as HPROs in East Africa. There was no formal link between these structures and WAHO in the context of the initiative, but collaboration between the two HPROs was desired.

The last group of actors not described in the initiative were maternal and child health programme managers in the project countries, other maternal health stakeholders such as NGOs, technical and financial partners at the country level and at the level of the West African region, civil society organisations and health professionals, and managers of existing knowledge transfer platforms in the countries who could influence the use of the research teams. This last group of actors was integrated by WAHO in the implementation of the MEP project.

To be successful in its role as a HPRO, WAHO would need to bring together these different actors to create an enabling environment that could help influence the use of evidence.

Process of implementation of the WAHO's role as a KB

To successfully implement its project WAHO planned in a first step to inform the project stakeholders and analyse the use of evidence in maternal and child health in the countries to better understand the strengths, weaknesses, opportunities, and threats. In a second step, build and implement a regional platform for strengthening the use of evidence considering the results of the situation analysis and recommendations in a participatory framework with all stakeholders. Finally, in a third step WAHO proposed to set up a monitoring, evaluation and learning mechanism to learn the lessons of the project.

The first contact between WAHO and the research teams was made during the project workshop in April 2015. This meeting allowed the institution to better understand its role and to exchange with the research teams. This exchange helped to understand each other's activities, role, expectations, and needs. Subsequently, WAHO

used the opportunity of a regional meeting it was organising on best practices in maternal and child health to hold a half-day meeting with all the directors of maternal and child health programmes of the 15 ECOWAS Member States who were present. This meeting allowed WAHO to present the project, the methodology of the situation analysis which had been developed by recruited knowledge transfer experts. The situation analysis was organised under the leadership of the Directors of Maternal and Child Health Programmes by the consultants. Subsequently, a regional workshop with all maternal health stakeholders from the project countries and technical and financial partners identified interventions to be implemented to strengthen the use of evidence. These interventions were integrated into a platform that was discussed and validated by the donor. Subsequently, the implementation of the activities of this platform allowed for individual capacity building of stakeholders in knowledge transfer, use of gender evidence, etc. The beneficiaries of these training activities were decision-makers both within the projects and the Ministries of Health, WAHO staff and researchers. Sometimes the trainings brought together all the stakeholders but sometimes they were specific. Secondly, at the organisational level, WAHO promoted frameworks for dialogue between researchers and decision-makers, developed and promoted a guide to assist in the use of evidence, supported activities to disseminate research results and sometimes facilitated collaboration between researchers and decision-makers for the successful implementation of research projects. Finally, at the institutional level, WAHO has organised advocacy to strengthen collaboration between researchers and decision-makers, endogenous funding of research and had a resolution adopted by the ECOWAS Assembly of Ministers of Health on the use of evidence in the development of policy documents, strategies, standards, and protocols for health care. Finally, WAHO took part in activities organised by the initiative and the research teams when invited.

The achievements of the WAHO activities that strengthen his role as a KB

Strengthening collaboration between researchers and policy makers

WAHO had a meeting with the research teams at the workshop to launch the initiative. During this meeting it presented its expectations which were the engagement of decision-makers in maternal and child health services, the establishment of a collaboration between researchers and decision-makers, the political, technical, and methodological accompaniment of the research teams to help them

engage decision-makers. Secondly, WAHO used the opportunity of a regional meeting on best practice in maternal and child health to organise an information and engagement meeting for maternal health programme managers. During the meeting, the project and the implementation process were presented, and the expectations of decision-makers were collected. One of the major expectations of the decision-makers was to be able to play an active role in the implementation of the project in their country. Thus, the situation analysis, which should be done through the organisation of a stakeholder engagement workshop, was placed under the leadership of the Maternal Health Programme Directors who organised the activity in collaboration with the consultants. During these workshops, after the presentation of the project, the research teams presented their research protocol to the whole assembly and received questions and suggestions. Then sensitisation and training were organised on knowledge transfer and the use of research results with emphasis on collaboration between researchers and decision makers. Then it was discussed how to strengthen the collaboration between researchers and decision makers. Finally, the data necessary for the analysis of the situation was collected. These country workshops facilitated the rapprochement between decision-makers and researchers and allowed researchers to make their research projects known, benefit from inputs to improve implementation and consider certain priorities of decision-makers. Then the validation workshop of the results of the situation analysis allowed researchers and decision-makers to validate the results and identify together activities to be done to strengthen their collaboration. During the implementation of the interventions, joint training sessions were organised for researchers and decision-makers and annual frameworks were set up to enable them to take stock of the project's implementation and share research results. Then during the time of capacity building was given to both decision makers and researchers on the transfer of project knowledge and almost annual platforms were created to continue the dialogue started during the situation analysis around project results. At the mid-term review, researchers and decision-makers participated and discussed and proposed the different roles that a decision-maker can have in a research team and the expectations of decision-makers from researchers. In summary, these different project activities allowed researchers and decision-makers to get to know each other and to break down the barriers between them. Then these activities allowed these two groups of actors to identify their roles, their expectations and especially how to work together. Then, having

information on the research protocols and being informed on the results progressively during the implementation of the project allowed the decision-makers to better understand the research projects and the results, which is a determining factor for their appropriation. Finally, the frameworks for dialogue that were created were spaces for applying this policy dialogue, which made it possible to strengthen collaboration between researchers and decision-makers. This collaboration between researchers and users of the results has allowed at the end of the research to see appropriation activities such as the setting up of a mental health desk in the structure in charge of managing health services in OYO state in Nigeria in order to strengthen the screening of perinatal depression, the scaling up in some localities of a mobile phone system tested in a project in Benin City to facilitate access for women during obstetrical emergencies.

As a limitation, the frameworks for collaboration between researchers and decision-makers around the initiative's projects have not been formalised and integrated into the regular activities of the technical directorates of the Ministries of Health, although this has been discussed. The fear is that these frameworks will not be able to continue to function at the end of the projects. In terms of threat, if funding is not obtained to continue to organise these dialogue frameworks, there is a real risk that they will be stopped, which will stop them from being held in the future. Also, the turnover of managers of maternal and child health services can also limit the appropriation of the dialogue frameworks. However, in one country, the fact of integrating other colleagues into the organisation of the framework enabled the framework to continue to be held despite the retirement of the first manager.

Contributing to a better understanding of the environment for evidence use in maternal and child health.

The situation analysis organised by WAHO enabled six countries in the ECOWAS region to understand the current level of use of evidence in the development of policy and strategy documents in the field of maternal and child health and to obtain information on the level of knowledge, capacity and experience of stakeholders in accessing the various bibliographic databases, the understanding of policy making with the use of evidence, research, adoption and use of evidence in decision making, the existence of platforms to support the use of evidence, individual, organisational and institutional needs at country level to strengthen the use of evidence in decision

making¹⁷⁻²⁴. To develop the evidence used guide, the project generated evidence on the existing evidence, its strengths and limitations, and the needs of potential users before producing a document adapted to the realities and needs²⁵⁻²⁷. The project documented its interventions, particularly the individual training courses, to see their contribution in terms of the acquisition of skills and abilities, but also the application of the skills and abilities acquired²⁸⁻³⁰. The project also produced knowledge on the use of evidence at the hospital level with facilitating factors and barriers³¹. Finally, the project contributed to generating evidence on the application of the EQUIST tool promoted by UNICEF for better planning of maternal and child health programmes by identifying priority intervention areas and identifying high impact interventions³².

The results of the WAHO-initiated research have been widely shared at in-country workshops, scientific conferences, policy briefs and more than 15 scientific articles. This information has enabled policy makers and researchers to know their strengths, limitations and needs to be able to use evidence. This information helped them to understand how to work towards an enabling environment for the use of evidence in health decision making in West Africa. These results have probably facilitated the adherence of decision-makers and researchers to the proposed activities to improve their capacities, their collaboration and specially to improve their environment for using evidence. Finally, by producing evidence to guide the implementation of the project, the project contributed to the understanding of the importance of evidence to guide the choice of interventions and the development of strategies.

But it should be noted that not all the evidence on the enabling environment for research has been generated, such as the availability of resources to support the process of promoting the use of evidence, the influence of this information on the development, quality, and impact of evidence-based programmes on improving the health of populations.

Create appropriate mechanisms, tools, and processes to influence better use of evidence in maternal and child health decision-making.

WAHO has been able to put in place a process of awareness raising and training around knowledge transfer and evidence use. This approach to sensitisation and training of decision-makers and other stakeholders, which reached more than 250 people from Ministries of Health, NGOs, health professional organisations, civil society organisations and researchers, has helped to raise

awareness of the importance of evidence in decision-making. An authority in one country, to demonstrate his commitment, told us that for him the major contribution of the project should be to change the behaviour of decision-makers through an increased demand for evidence in decision-making. This awareness and knowledge of the use of evidence is the starting point for engagement in the evidence use process.

Secondly, the use of evidence requires skills and capacities to identify, adapt and integrate it into decision-making. Thus, following the weaknesses noted at this level during the situation analysis, WAHO, with the support of the consultants, organised training on the following themes Knowledge Translation, Understanding and using policy briefs, How and why deliberative forums or political dialogues are informed by policy notes, How to use Relevant Resources to inform decision making, Knowledge Translation, Knowledge brokering, The support of change in evidence use, getting research into policy & Practice, Infograpghy. These trainings reached more than 150 decision makers or other stakeholders. Also, the project organised trainings for researchers on the concept of knowledge transfer, engagement of policy makers and other stakeholders, development of policy briefs, use of social media for knowledge transfer, gender analysis and on implementation research. More than 50 researchers were able to take part in these trainings. The evaluation of these trainings showed a good appreciation, an improvement in the understanding, capacities, and skills of the decision-makers and the beginning of the application of the knowledge gained in the use of evidence²⁸⁻³⁰. In contrast, the qualitative evaluation after the training in Burkina Faso noted that despite the skills and capacities, the supportive environment and demand helped to improve the use of evidence³⁰.

To make the environment of Ministries of Health more supportive of the use of evidence, WAHO acts at three levels. The first level was the regulatory domain, given the importance of the existence of legislative and regulatory texts supporting the use of evidence in the literature and our analysis of the situation. In this sense, WAHO had a resolution adopted in June 2017 by the Ministers of Health of ECOWAS Member States on the use of evidence in the development of policy documents, plans, strategies, standards, and protocols. This resolution is expected to be subsequently translated into national regulations, which will make the use of evidence in the development of health policy documents binding. Some countries have started to set up knowledge management units within their Ministry of Health, such as Burkina Faso. WAHO has

provided support to help better structure the unit, choose its interventions and accompany the unit in carrying out training for the benefit of decision makers. The second level of improvement to the environment for supporting the use of evidence provided by WAHO was the development, validation, and dissemination of an evidence orientation guide. This guide was developed in a participatory approach and allowed the guide to be built according to the real needs of decision-makers with the available evidence of the period. This guide will be useful even for decision-makers who have not been trained to guide them in the process of using evidence. Champions in each country have been trained to disseminate the guide and support its use. In Nigeria, the guide was promoted through three workshops to more decision-makers at both federal and state levels. Finally, the third level of contribution to an enabling environment for the use of evidence has been the creation of a framework for exchange and dialogue between policy makers and researchers and policy makers. WAHO set up platforms for exchange between researchers and policy makers after a feasibility study had been carried out. This framework facilitated the practice of knowledge transfer and learning from others. Analysis of the organisation of the policy-maker-researcher exchange framework in Nigeria showed that it respected the concept of policy dialogue³³, which contributed to the use of evidence. The framework enabled the practice of dialogue between policy makers and researchers around research projects and their results from the research teams and the country's priorities.

One of the threats is that all the funding for the trainings, the holding of the exchange frameworks and the champions' activities was provided by WAHO. The integration of these activities into the action plans of the Ministries of Health could not be achieved before the end of the project. If WAHO does not continue to fund these activities or work to integrate them into the Ministries' action plans, their continuation is at risk. The same applies to the translation of the resolution into a binding national text for the use of evidence.

Discussion

This analysis noted that WAHO as a HPRO has been able through the Moving Maternal Newborn and Child Health Evidence into policy in West Africa project to strengthen the role of KB through strengthening collaboration between policy makers and researchers, generating knowledge to better understand the evidence use environment in the field of maternal health, and implementing actions that have helped influence the use of evidence.

However, weaknesses and threats were noted that could contribute to limiting the results achieved if not addressed.

In the area of strengthening collaboration between policymakers and researchers, the synergistic partnership that WAHO has been able to create with Ministry of Health teams and research teams has been instrumental. Indeed, it is known that this synergistic partnership is based on truth and leadership^{34,35}. By establishing a dialogue with the research teams and the Ministries of Health, WAHO listened to them and integrated their expectations into the implementation of its project activities. Thus, with the Ministries of Health, WAHO shared its leadership in the implementation of the project by entrusting them with the organisation of the situation analysis activities, but also with the training activities and the setting up of frameworks for dialogue between decision-makers and researchers, which contributed to facilitating the commitment of decision-makers in the process of setting up the project. With the researchers, the clarification of roles between the HPRO and the research teams during the initiative inception workshop, as well as the invitation of the researchers during the situation analysis and the provision of spaces for the presentation of their research projects, was crucial. The same was true for the training and support for the involvement of decision-makers in the implementation of their projects. By going beyond the simple decision-makers who are members of the research teams, WAHO has created frequent contacts between decision-makers at the central level of the countries. Finally, WAHO has even helped research teams with financial contributions for the implementation of their research projects. Thus, WAHO was seen by the research teams as a collaborative structure that could help the research teams to go beyond the production of knowledge only. This trust allowed the research teams to engage in the activities promoted by WAHO within the initiative as there were no constraints by the research teams within the initiative. Also, by participating in these WAHO activities a dialogue was established between researchers and policy makers.

Capacity building was possible because WAHO carried out a situation analysis which enabled it to better identify the training needs of the different stakeholders. These trainings have contributed to the improvement of the capacities and skills of the different stakeholders as shown by the evaluations carried out. The role of stakeholder capacity building is key in a KB^{2,3} activities as it helps the potential user of the evidence to acquire the skills and engages them in the process.

At the level of the environment facilitating the use of evidence, the adoption of the resolution by the Assembly of Ministers of Health provides a legal and regulatory basis at the level of the region for the use of evidence in the development of policies, strategies, which has been highlighted as important by many research studies. At the ECSA level such a resolution has also been adopted by the Ministers of Health. The guidance document is very important as it helps in everyday use. The creation of dialogue frameworks, which analysis has shown to respect all the rules of a political dialogue, has contributed to the use of evidence.

If WAHO has played this role, it is important to understand the factors that facilitated this success. The first element was the commitment of WAHO's senior management, notably the institution's General Management. This management took part in key activities such as the workshop to launch the initiative, the validation of the situation analysis and the choice of interventions, the organisation of the consultation frameworks for decision-makers and researchers and the final project workshop. This commitment from WAHO's top management enabled the understanding of the institution's expected role and the provision of all the institution's capacities for the implementation of the project. Thus, the Directorate accepted the use of other WAHO activities such as the organisation of the regional forum on best health practices to engage decision makers and disseminate the results of the research projects. Also, WAHO's Directorate General sent letters directly to Ministers of Health to introduce the research teams and request the Ministers' support for the success of their project. These letters facilitated the integration of the research teams into decision-making frameworks, which enabled the conduct of their research.

The second element was the use of the role of the regional institution for the implementation of the project. Indeed, WAHO being a regional health institution has political relations with all Member States especially the Ministries of Health and other institutions like universities, research centres and technical and financial partners. The project has used this opportunity to engage policy makers and use the framework of its regional function including the organisation of the Assembly of Ministers of Health to bring the issue of evidence use as a priority with the adoption of a resolution by the Ministers. It also used its regional research facilitation role for the implementation of the project. Indeed, WAHO as a research support institution had funds available to facilitate the participation of Other Member States in the implementation of project activities and to support the implementation of some projects. This additional

budget helped some research teams to strengthen their relationship with WAHO in the implementation of the project. Finally, the project benefited from the experiences of strengthening collaboration between researchers and decision-makers¹³ and strengthening the research environment⁸ through other projects.

The third element that enabled WAHO to strengthen its role as KB was the collaboration with consultants with good knowledge and experience in knowledge transfer. This collaboration enabled the institution to carry out a very good analysis of the situation and to identify and implement important actions to influence the data use environment. Indeed, it was these consultants who carried out the situation analyses, facilitated the workshops, assisted in the development of the evidence use guidance, and set up and facilitated the policy-maker-researcher dialogue frameworks. All these consultants were African and collaborated with the institution on a contractual basis. These consultants also helped to publish several papers and over twenty scientific articles on the project's activities. This work with consultants shows the capacity to mobilise local expertise to fill in the weaknesses of the institution. This is important in the role of KB, where the institution is called upon to play several functions as knowledge producers and synthesisers, trainers, communicators, and networking agents².

The fourth element was the additional human resources brought to the institution by the project. Indeed, the unit in charge of research within WAHO had only one agent. The project enabled the recruitment of two staff members, which made it possible to carry out the project activities.

The fifth element that facilitated the realisation of the role was project leadership using evidence to plan and implement project activities. This approach enabled WAHO to generate evidence on the status of evidence use, which allowed for tailored interventions to influence change and engage stakeholders. Subsequently, evaluations of the implementation of activities allowed lessons to be learned and the implementation of the project to be improved regularly, enabling the institution to better play its role.

One of the lessons learned through this KB role by the institution is that strengthening the use of evidence is a complex action that should be planned for the medium and long term. The institution playing a research facilitation role was able to position itself as a KB because it was already carrying out certain activities that fit the KB role such as supporting knowledge generation, supporting networking, research dissemination and capacity building of researchers, policy makers and research institutions within Ministries of Health and

countries⁸. Thus, the project's experience was used during the COVID-19 pandemic to strengthen the use of evidence in the response in the ECOWAS region³⁶. It will continue to strengthen its role as a KB to improve preparedness and response to epidemics and other health problems.

Finally, the IMCHA initiative enabled WAHO to strengthen its role as KB with the application of this role during the COVID-19 pandemic.

In conclusion, this work summarises an experience of using a project to build capacity to play the role of knowledge broker in a regional health institution. The results show that strengthening the role of knowledge broker by building its capacities during

the implementation of a regional project and by using its assets is possible. Such a regional institution in direct contact with researchers and policy makers can contribute to advancing research and positively influence health programmes through evidence, which will improve the quality and performance of health programmes. Other regional institutions could follow this experience to strengthen research for better health programmes. A long-term evaluation to help see the impact of such a function of a regional institution on the improvement and performance of health programmes.

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