

PILLA, B., JORDAN, Z., CHRISTINA, R., KYNOCH, K., MCINERNEY, P., COOPER, K., WU, Y., PORRITT, K., LOCKWOOD, C. and MUNN, Z. 2022. JBI series paper 4: the role of collaborative evidence networks in promoting and supporting evidence-based healthcare globally: reflections from 25 years across 38 countries. *Journal of clinical epidemiology* [online], 150, pages 210-215. Available from: <https://doi.org/10.1016/j.jclinepi.2022.04.009>

## JBI series paper 4: the role of collaborative evidence networks in promoting and supporting evidence-based healthcare globally: reflections from 25 years across 38 countries.

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2022

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# JBI Series Paper 4: The role of collaborative evidence networks in promoting and supporting evidence-based healthcare globally: reflections from 25 years across 38 countries

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## Conflicts of interest:

BP is the manager of the global relations division of JBI, which encompasses the JBI Collaboration, chair of the world evidence-based healthcare day steering committee and a member of the global evidence summit global organising committee.

## Abstract

Evidence-based healthcare is a worldwide movement with hundreds of organisations and thousands of individuals working to ensure that healthcare practice, policy, and decision-making is informed by rigorous research evidence, to improve health outcomes. The success of this global agenda however depends on individuals and organisations working together within a functioning evidence ecosystem. Collaborative evidence networks are a key mechanism to facilitate the synthesis, transfer and implementation of evidence into healthcare policy and practice. Using the Network Functions Approach as a framework for review, this paper explores the strategic functions and form of the JBI Collaboration to illustrate the role of a collaborative evidence network in promoting and supporting evidence-based healthcare globally. It illustrates how the functions of a collaborative evidence network enable the development, exchange and dissemination of knowledge, the building of social capital, mobilization of resources and amplification and advocacy of members work and ideas, which increase the capacity and effectiveness of members in achieving their unified purpose. Effective and sustainable collaborative evidence networks have innovative ways of relating and mobilising energy for action; and combine formal and informal structures and relationships to successfully work together to address complex global health issues and drive the evidence-based healthcare agenda forward.

**Keywords:** Collaborative evidence network; evidence-based healthcare; collaboration; network; knowledge; community

**Running Title:** Collaborative evidence networks in EBHC: reflections from JBI Collaboration

### What is new?

- Collaboration and collaborative evidence networks have been critical to the progress of evidence-based healthcare.
- The JBI Collaboration is one such example of a global collaborative evidence network of individuals and groups working together across disciplines, geographies and sectors to push the evidence-based healthcare agenda forward.
- Critical to the success achieved by JBI and the JBI Collaboration include community building activities, mentorship, network support structures, education, provision of resources and a clear vision, mission and purpose with common goals across the network.

## Introduction

Almost 30 years after evidence-based medicine gained traction in the 1990's, it is now widely recognised that healthcare practice, policy, and decision-making should be based on, or informed by, rigorous research evidence.(1-4) Today, evidence-based healthcare (EBHC) is a worldwide movement with hundreds of organisations working towards improving the science and practice of EBHC for the same aim: to improve health outcomes.

As Greenhalgh(2) notes “knowledge is produced (i.e. generated and refined) *by* groups of people. This is why networks and networking are so important... Networks (of many different kinds) are key to the generation and transfer of knowledge between people, teams, organisations and sectors” (p183). Stewart(5, 6) suggests that ‘evidence networks’ are at the heart of evidence-informed decision-making and make a difference by bringing together diverse actors from within an evidence ecosystem, facilitating information sharing and enabling growth in shared capacities. There is also a large body of empirical research that shows how the structural and relational properties of different typologies of networks are influential in explaining the processes of knowledge creation, transfer and use.(7)

A *collaborative* evidence network consists of a variety of entities (groups and individuals) that are largely autonomous, geographically distributed and heterogeneous in terms of their operating environment, culture and social capital, that collaborate to achieve common goals.(8) They are characterized by a unifying purpose, a high level of commitment, and a willingness to share information, resources, and accountabilities.(8)

Collaborative evidence networks like JBI, Cochrane, Campbell Collaboration, Guidelines International Network, Africa Evidence Network, and many others, while differing in form and function, were all established with a common goal: to work together to produce, summarise and disseminate evidence to inform policy and practice to improve lives. Within a global “evidence ecosystem”, as outlined by the first paper in this series, collaborative evidence networks are a crucial mechanism to facilitate the synthesis, transfer and implementation of evidence into healthcare policy and practice.

As the final paper in this series, we consider the role of collaborative evidence networks in promoting and supporting evidence-based healthcare globally. The Network Functions Approach was developed as a pragmatic model to help network members and facilitators assess the suitability and effectiveness of their network in achieving its purpose by considering network functions and form (9-11). Using the JBI Collaboration (JBIC) as a case example, we look at the unique functions and form of the JBIC utilising the themes articulated by Hearn and Mendizabal (9) to clarify its role and value in promoting and supporting EBHC globally. As a collaborative evidence network, we argue the JBIC is dynamic and ‘fit for purpose’ with the agility to change organisational/governance structures as purpose and context evolve. Utilizing the JBI approach to EBHC, the JBIC leverages existing resources to tackle large and complex global healthcare problems. Harnessing the diverse strength of its members, the JBIC benefits and connects members in new and innovative ways, which empowers them to work together to share knowledge.

## A Collaborative Evidence Network Case Example: the JBI Collaboration

The JBIC was established alongside JBI in 1996 and for the last 25 years has contributed to driving the global EBHC movement forward, establishing JBI as a multidisciplinary global

leader in this space. International collaboration was, from inception, at the forefront of JBI's endeavor as a means to ensure strategy and activity would be context driven by individuals and groups who understood their very specific healthcare environments.(12)

At inception, JBI had a network of seven centres in Asia and Australia. Today, JBI's global collaborative evidence network spans 80 universities, health facilities and NGOs in 38 countries who lead evidence-based initiatives in their community or region, directed by the knowledge needs of local healthcare providers and consumers. The JBIC consists of JBI Centres of Excellence and Affiliated Groups driven by a unified purpose to contribute to improvements in healthcare delivery and outcomes globally.

#### JBIC Functions

The JBIC functions are discussed below in relation to each of the five network functions identified by Hearn and Mendizabal.(9)

##### *Community building*

Community building enables networks to build shared visions among diverse stakeholders, and cohesive, supportive relationships that encourage participation by increasing transparency and trust.(9) As the JBIC began to grow, it was critical to ensure a robust shared vision, mission and model was in place.(13-15) Although the wording has evolved over 25 years, the substance has remained, creating a sense of unity and collective identity across settings, cultures and partners to forge strong, productive relationships that has seen the JBIC thrive.

Social rituals are also a powerful device for establishing relationships and creating a sense of community. The vitality, respect, and trust upon which the JBIC is grounded was no accident. Germaine to achieving this culture has been consistent attention to building a sense of human connectedness. At the Annual General Meeting, social events are designed to generate interaction among individuals that are not work-related. While the values articulated above represent the invisible element of culture; symbols, rituals and stories constitute the visible enablers of culture.(16) Given the remote nature of JBIC Entities, it has been vital to build relationships in a deliberate way, using social rituals to form authentic connections and bring all voices into the culture of JBI.

##### *Knowledge management*

This function refers to a network's ability to acquire, develop, exchange and disseminate knowledge.(9) As the primary driver for the JBIC, this function occurs both internally and externally. Examples of *developing* knowledge include the entities' contribution to JBI's 11 unique methodological groups that provide ongoing guidance on the development, testing and review of specific methodologies published in the JBI Manuals for Evidence Synthesis(17) and Implementation(18); and publication of JBI Systematic Reviews and Implementation Reports in JBI's journals, to inform health policy and practice.

Knowledge *dissemination* and *exchange* are achieved in multiple constructs, such as the global delivery of JBI's training programs. Over 1000+ participants are trained each year by JBIC entities in the JBI Comprehensive Systematic Review(19) and Evidence Implementation Training Programs.(20, 21)

Other examples include formalised collaborative activities such as JBIC mentorship and clinical partnership engagement programs.(22, 23) JBIC Entities undertake wide-ranging

evidence-informed activities to transfer knowledge and skills to support their clinical partners (health facilities) to engage with JBI evidence, tools and resources to promote and support an evidence-based approach to policy and practice within their organisation. Engagement may be at unit, clinic, or organisation-wide levels, and include activities like journal clubs, grand rounds, establishing EBHC champions, evidence implementation training, and assisting with evidence-based audit and feedback projects, as outlined in the third paper of this series.

#### *Amplification and advocacy*

This function helps networks place issues on the global agenda, amplify members voices, and enhance the legitimacy/status of individuals and the network.(9) Amplification and advocacy are realized by JBI and the JBIC through annual EBHC conferences, hosted by JBI, JBIC Entities or with cognate partner networks (i.e. Global Evidence Summit). These events provide a platform to discuss critical issues across multidisciplinary sectors about how we best produce, summarize, and disseminate evidence to inform policy and practice, learning from others to inform local initiatives and extend individuals' and organizations' spheres of influence.

Amplification and advocacy are also achieved through the dissemination of entities' work via social and digital media. Examples include JBIC Impact Stories published on JBI's website and social media campaigns that address topical issues or amplify global campaigns. The 2020 JBIC 'Thank a Nurse' campaign highlighted the importance of evidence-based nursing in line with the World Health Organization's International Year of the Nurse and Midwife. The campaign had 431 posts in 17 languages across four social media platforms, achieved 63,439 impressions and reached >60,000 people.

JBIC regional groups contribute to this function through symposia and meetings addressing regional policy or practice issues and collaborating on regional projects. For example, Erasmus+ funded a three-year implementation project for the JBIC European Region, Strategic Partnership in Innovation and Development of Evidence-Based Healthcare, to reduce the gap between healthcare research and practice and support international cooperation between healthcare professionals across Czech Republic, Portugal, Romania, Spain, and United Kingdom.

#### *Convening*

This function seeks to develop meaningful connections between diverse groups, foster consensus on important issues and build capacity through shared experiences.(9) Across the JBIC, convening is achieved through regional JBIC meetings and symposia, JBI project committees and methodology groups. A key strategy has been the JBIC Mentorship Program, whereby JBI Centres of Excellence mentor novice JBI Affiliated Groups, prospective Groups or Groups needing assistance. Mentors and mentees register their partnership, create a detailed and goal-oriented annual plan and complete joint annual progress reports and independent surveys.(22, 23)

Mentorship within the JBIC is an opportunity to collectively build support systems, create learning and development opportunities for new entities, improve efficiency, productivity, and pass on corporate knowledge and leadership.

Another key strategy has been JBIC Annual General Meetings. The three-day meetings attended by 80-100 directors and deputies from entities globally are focused on strategic

planning, shared decision-making, problem solving and learning. Directors share their experiences and expertise on a range of topics, such as workshopping ideas regarding collaboration at the local, national, and regional levels to mobilize government bodies and generate impact in EBHC.

#### *Resource mobilisation*

Maintaining successful networks is very resource intensive. This function requires that there are the right resources and mobilisation capacity to allocate and mobilise resources for long-, medium and short-term initiatives.(9) JBI provides JBIC members with free-access to its large suite of EBP content (Systematic Reviews, Evidence Summaries, Recommended Practices) and systematic review and clinical audit software.(24, 25) The EBP content and software ensure that its 3000+ individual members can *access* high quality evidence, *appraise* diverse types of evidence and *apply* evidence at the point-of-care.

For entities that have a registered clinical partnership with a health facility, JBI provides a complimentary institution-wide subscription to JBI EBP products to facilitate healthcare providers translating evidence into policy and practice.

#### *JBIC Form*

Hearn and Mendizabal (9) state that form follows function “because its organisational arrangement is crucial to its capacity to deliver them” (p2). They focus on five considerations for successful networks in relation to their form (i.e., the structural and organisational characteristics): members, governance, organisational arrangements, stewardship and resources.

#### *Membership:*

Since its inception, the growth in membership of the JBIC has been organic, from seven centres in 1996 to 80 entities in 2022. The JBIC has a framework through which it recognises Collaborating Entities (members) as “JBI Affiliated Groups” and “JBI Centres of Excellence” who contribute to furthering a shared vision and mission through the conduct of evidence synthesis, transfer, and implementation activities (JBIC Activity Matrix, outlined above). These Entities are groups within universities, hospitals, health facilities or NGOs that sign a formal collaboration agreement with JBI for three or five years.

JBI’s model of establishing dedicated centres and groups that grow organically from a local, national, or regional cluster of interested researchers and/or health professionals is unique amongst other collaborative evidence networks. Provan et al.(26) consider networks that are formally constructed rather than emerging out of organic, prior relationships are more likely to fail.

#### *Relationships:*

The relationships and interactions within the JBIC form the substance of the network. As Haslewood (27) notes “networks can be fostered, supported, galvanised, even transformed, but they cannot be created without regard for their relationships”.

The relationships between members of the JBIC (with each other and with JBI) are multifaceted, ranging from structured, formal relationships with goals and objectives (e.g. collaboration agreements, mentorship, clinical partnerships), to social relationships cultivated over years of shared experiences, with the JBIC referred to as a “global family”. The value placed on relationship currencies, both structured and social, provides the ‘why’

for collaboration within the JBIC. Many members have had an ongoing partnership with JBI for 10+ years, with this “sustained” commitment demonstrating the value that collaborative evidence networks can play in promoting and supporting EBHC.(28)

#### *Benefits:*

A collaborative evidence network is sustained over time because members enter partnerships for the mutual benefit of parties.(29) This has been true for the growth and success of the JBIC over 25 years. Members gain access to multidisciplinary experts with diverse skills in EBHC, geo-cultural perspectives, connections, and experience. Benefits also include EBP resources, training, and mentorship from JBI. Members can share ideas and build collective wisdom in EBHC, with platforms and spaces to learn. Likewise, JBI would not exist without the JBIC, benefiting equally from the contextual and cultural links of its many members, providing access to communities that it would not normally reach, ensuring the global relevance of resources developed, to serve a more people globally and in effect achieve its vision and mission.

#### *Governance:*

Governance refers to management and operational structures, roles and responsibilities, and decision-making within the network.(9) For the JBIC, roles, responsibilities, and operational guidelines are clearly defined to ensure a fair and equitable relationship between partners.(23) Effective governance and personal/organizational accountability contribute to the right level of trust and transparency needed for the network to achieve its objectives.

In 2015 JBI and the JBIC co-created an operational framework informed by the JBI Model of EBHC to support our shared vision and mission. The ‘JBIC Activity Matrix’ recognises the important scientific, scholarly, and collaborative activities undertaken by JBIC Entities. Entities receive recognition for outputs across 17 activities via a points system. Entities have key performance requirements for their three- or five-year collaboration agreement to maintain their JBIC membership and each matrix activity has individual indicators informed by the JBI Model to ensure fidelity to JBI methods and methodology. JBIC Entities complete an Annual Review of their activity, with robust monitoring and evaluation processes that are reviewed and/or facilitated by the JBI Global Engagement Office.(23)

The JBIC Activity Matrix has undergone numerous iterations over the past six years, adapting to feedback from members, changing priorities in the EBHC ecosystem and equity and diversity issues within the JBIC, identified at JBIC meetings.

Bryson et al.(30) propose that collaborative networks “are more likely to be successful when they have an accountability system that tracks inputs, processes, and outcomes; use a variety of methods for gathering, interpreting, and using data; and use a results management system that is built on strong relationships...” (p. 52).

#### *Organisational arrangements:*

The JBIC is a centralised network, whereby the global architecture is built around a governing entity (JBI) with “nested” groups organised by region, managed structurally with regional chairs to foster regional collaborative efforts and mentorship and support of novice groups by more experienced ones.



### *Stewardship:*

Every network, whether self-organising or highly centralised, has an individual or entity that assumes a leadership role to rally people and resources around a vision.<sup>(31)</sup> As the network and relationships grow, so does the need for entrepreneurship, governance and administration to ensure that members receive the benefits they expect, which are necessary to ensure participation and collaboration. Over time, JBI has assumed this governance role as a passionate advocate representing the interests of JBIC members to achieve its purpose through the implementation of fit-for-purpose governance systems that help to facilitate the value proposition of the JBIC in promoting and supporting EBHC.

### *Resources:*

Both JBI and the JBIC invest significant resources to maintain the collaborative evidence network. JBIC Entities volunteer/invest human and financial resources to conduct evidence synthesis, transfer and implementation activities and generate outputs recognised in the JBIC Activity Matrix. The JBI Global Engagement Office provides administrative, operational, and strategic support to entities from application to formation and beyond. The Global Engagement Office plans and facilitates all online and face-to-face meetings; development of resources and materials; communication; activity and policy development; and maintains legal, financial, and administrative systems that support the activity of JBI's 80 Collaborating Entities and 3000+ members.

### Lessons Learned

There have been significant challenges, successes and lessons learned by JBI and the JBIC in its growth over 25 years. Growth has meant that decision-making, operational and governance frameworks have changed considerably, with transitions not always meeting different needs. There have been longstanding equity and diversity challenges with geographical, socio-economic and language barriers to collaboration and participation, and accessing or receiving benefits. Collectively we have had to navigate issues to do with the financial sustainability of growth, how to meaningfully support entities, maintain relationships and the social capital required for a strong collaborative evidence network. Over 25 years we have learned the importance of:

- Agility: adapting to meet changing needs of members and the external landscape
- Co-creation: of significant organisational changes, piloted with transparent and accountable monitoring, evaluation, and feedback mechanisms
- Review: of the shared mission, vision, and purpose/goals as a collective
- Relationships: actively maintain support structures, resources, and social capital
- Frequent Reflection: on current challenges and opportunities

### Conclusion

In this paper we explored how collaborative evidence networks promote and support evidence-based healthcare globally by studying the unique functions and form of the JBIC. Partnerships, platforms, and processes within the network can broaden the dissemination and impact of members' work. Participation in the network enables members to contribute to and draw on collective wisdom and expertise; provides access to scientific resources, training, expertise, and opportunities for individual and institutional capacity building; and

provides a platform for understanding global health issues, and practical knowledge of how to solve complex health problems.

For 25 years JBI and the JBIC have been driving improvements in the quality and outcomes of healthcare guided by JBI's approach to EBHC. As referenced in the first paper of this series, this framework has proven to provide a tangible strategy for navigating the global evidence ecosystem in a pragmatic way. Paper two and three in the series articulated the JBI approach as it relates to synthesis and implementation, but it is through global collaboration related to these programs of work that we really achieve our vision and mission.

The last 25 years has seen a profound transformation in the role and functions played by collaborative evidence networks in the global evidence ecosystem, yet surprisingly little has been written about the strategic development and management of these networks. In this paper, employing the Network Framework Approach provides a simple yet powerful means for collaborative evidence networks to initiate strategic discussions.

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## Highlights

- What is a Collaborative Evidence Network
- The role of a Collaborative Evidence Network in promoting evidence-based healthcare
- A review of functions and form of the JBI Collaboration using a network functions approach
- Collaborative evidence networks facilitate evidence synthesis, transfer implementation