Category	Policy
Title and Version	The Global Health Network Latin America and the Caribbean Action Plan - V1.0
Valid from	20/09/2024
Date of next review	20/09/2025
Approval date	30/09/2024
Responsible	Garcia Elorrio E, Rubinstein F (Argentina), Machado C (Brasil), Osorio L (Colombia), Canario J (Dominican Republic), Alger J (Honduras), Garcia H (Peru), Lang T (United Kingdom) – Consortium LAC
Languages	English/ Spanish / Portuguese

This Action Plan document provides a structured guide for the establishment of The Global Health Network Latin America and the Caribbean.

Contents

I. The Global Health Network – Overview and Approach

The Global Health Network is an open and trusted infrastructure for mobilising knowledge between researchers and research clinical practice and policy maker organisations. The goal is to drive equity in where research happens, who leads it, and who benefits from it. It works to build lasting research capabilities in places where there are low research skills by transferring information between organisations, across disease areas and different geographies. The Global Health Network's digital platform hosts diverse global knowledge hubs, led by different organisations and networks. The knowledge hubs complement the online and in-person research capacity strengthening programmes that are delivered through research institutes that are regional partners that integrate accessible research within healthcare practice by facilitating workplace-based learning, local research support activities and professional development for research teams. This combined approach is speeding up progress, raising standards, bringing efficiencies, as well as strengthening systems and careers.

The Global Health Network is a WHO Collaborating Centre for knowledge mobilisation and research capacity strengthening, and operates through a decentralised franchise governance model, organised as a flat structure through major research organisations across Africa, Asia, Latin America, Middle East and North Africa, and the UK.

The Global Health Network connects health professionals, researchers, research institutes and organisations, and has adopted the theory of change as a conceptual framework to drive and strengthen research training. The theory of change is a methodological approach that describes the processes necessary to achieve long-term social change. It focuses on linking specific activities with short-term and long-term outputs and outcomes, allowing impact assessment. This theory is used to map and plan strategies that promote research capacity building in the Global South.

The objectives of The Global Health Network are:

1. To embed health research in places, diseases and regions where evidence is lacking by bringing support, training and guiding faster, easier and better research processes.

2. To drive equity in who takes part and who benefits from health research by enabling the open movement of health research information, data and know-how between diseases areas, regions, organisations and communities.

3. To build lasting capable research teams in low-resource settings who are able to lead research studies and compete internationally for recognition, reward, engagement and visibility.

The Global Health Network has made a significant impact with over 100,000 researchers from Low- and Middle-Income Countries (LMICs) participating in capacity strengthening activities; hundreds of thousands of research protocols, templates, and guidance documents downloaded and utilised and over 850,000 registered members, delivering training courses to more than 3 million participants. Since 2022, In the Latin America and the Caribbean (LAC), The Global Health Network is promoting equity in health research by connecting excellence and sharing knowledge through partner institutes supporting its objectives, as well as projects such as:

- Escalating and emerging infectious disease [The Global Health Network LAC • The Global Health Network LAC (tghn.org)]- funded by the Wellcome Trust

  The project's objective is to promote and empower excellence in research related to escalating and emerging **infectious disease** threats in this region by fostering highly active communities of practice. Leveraging The Global Health Network's established convening and connecting systems, diverse regional teams, and data-sharing mechanisms, the aim is to facilitate coordination across participating partners in the LAC region. These partnerships will serve as the cornerstone for active knowledge exchange and skill sharing, facilitating the development of the next generation of high-impact research and internationally competitive academic groups to impact health systems across the LAC region.

- Community engagement (MESH) [Welcome • mesh (tghn.org)] – funded by the Wellcome Trust
  The project's objective is to engage communities with research as vital to improving human health, especially in regions most affected by health inequality and disease.

- Artificial Intelligence for Global Health (AI4GH) [Home • AI for Global Health Research (tghn.org)] - funded by the IDRC
  The project's objective is to advance the design and use of responsible AI that improves equitable health outcomes through connecting ideas, people, and capacity-strengthening opportunities, focused on using AI to improve Sexual, Reproductive, and Maternal Health (SRMH) as well as Epidemic and Pandemic Prevention Preparedness and Response (E/PPPR) outcomes.

- Good Clinical Trial Prims (GCT) [Good Clinical Trials Prism • Global Health Trials (tghn.org)]- funded by the Wellcome Trust
  The project's objective is to conduct activities that aim to strengthen the capability of individuals, institutions and systems to produce reliable evidence through randomized controlled trials in low- and middle-income countries.

The Global Health Network LAC partner institutes, involved in the different projects, carry out its activities through their teams and with support from The Global Health Network's global operation team. The regional teams are put together through a selection process that includes the call for the position and interview, and then carry out the hiring following the labor legislation and local regulations of each institution and country. The organizational chart by partner is published in Centros TGHN en LAC • The Global Health Network LAC.

II. Needs Assessment

The process to apply the theory of change framework begins with the identification of the specific problems and challenges facing the region in health research. These can include a lack of adequate infrastructure, a shortage of trained researchers, language barriers and limited opportunities for advanced training. Based on the gaps and needs identified, The Global Health Network defines a series of activities and programmes that directly address these gaps.

The identification of gaps in the construction of capacities in these different research areas (Infectious Disease, Community Engagement, AI in Health) has been done through:

- Literature review[1,2]
- Focus group discussions conducted by each TGHN LAC's partner based on the Essential Research Skills Training Curriculum (ERS)
- Participation in the scoping review exercise – example, Microbial Communities and Transmission Dynamics of Escalating Infectious Diseases [https://globalhealthtrials.tghn.org/microbial-communities-and-transmission-dynamics-escalating-infectious-diseases/]
- Steering Committee TGHN LAC conducting a ranking exercise to consolidate initial priorities on knowledge areas gaps for LAC.

The identified gaps were divided into training research topics areas (See Annex 1) and are presented as deliverables in their corresponding projects, as well as being the basis for planning activities.

a. Assessment of Current Skills and Knowledge

As a starting point, the published evidence[1-7] and the results of the Essential Research Skills Training Curriculum (ERS) study to identify the minimum set of key skills, knowledge, and principles that would enable those with limited or no prior experience to conduct high-quality health research was considered. The study design was based on a three-stage mixed methods consensus methodology to ensure an evidence-based approach to establishing this curriculum. The ERS identified and ranked the essential skills needed to design and carry out research projects in the health area, even in healthcare settings with minimal previous research experience. Through a consensus process involving more than 7,000 participants worldwide, including participants from LAC, a comprehensive curricular framework has been established that encompasses the entire research cycle, including design, conduct, analysis and reporting study results for policy and practice recommendations.

Link Final Report: Essential Research Skills Training Curriculum
https://media.tghn.org/medialibrary/2022/10/Essential_Curriculum_Final_Report-eng.pdf

In the Wellcome LAC project, in the months prior to the start of the project, each project partner carried out a preliminary survey of the ERS for its environment, generating a common matrix for the consortium, which will serve as the basis for the initial decisions in planning training activities (See Annex 2).

Representatives of each partner participated in the consensus building exercise – [Microbial Communities and Transmission Dynamics of Escalating Infectious Diseases • Global Health Trials (tghn.org)](tghn.org) and the results are published on the Final Report: Microbial Communities and Transmission Dynamics of Escalating Infectious Diseases - [Microbial_Reservoirs_Report_Final_1st_March_2024.pdf (tghn.org)](tghn.org)

After having completed the consensus exercise, in March 2024, during the annual meeting of the The Global Health Network LAC Steering Committee, the following were consolidated as the knowledge gaps and leads to be addressed initially (See Annex 1), until a next analysis is carried out:

- Bioinformatics (Fiocruz, UPCH, UV, IECS)
- Research ethics and research integrity (Etikos, UPCH, IAV, Fiocruz)
- Clinical research, evidence based and quality of care (IECS, Fiocruz, UV, UPCH, IAV, Etikos)

III. Research Capacity Building

Based on the assessment, activities and programs will be planned to directly address the needs identified in specific areas in institutes, cities, regions and countries in the region and beyond the partner institutes and their immediate networks. Activities are linked to objectives and expected results.

a. Training objectives

a. To provide basic skills to promote a general and broad vision in relation to the development context.
b. To update knowledge and experiences derived from recent scientific-technological advances in a specific activity.
c. To deepen and dominate knowledge and experiences, as well as develop skills, in relation to a specific area of activity (Specialization).
d. To complete, expand or develop the level of knowledge and experiences to enhance performance in technical, professional, directive or management functions.
e. To reinforce the training of research team collaborators to reach the level demanded by the tasks (Complementation).
f. To contribute to the translation of evidence to policy

The learning objectives and activities with digital tools are shown in figure 1.

Figure 1: Learning objectives.
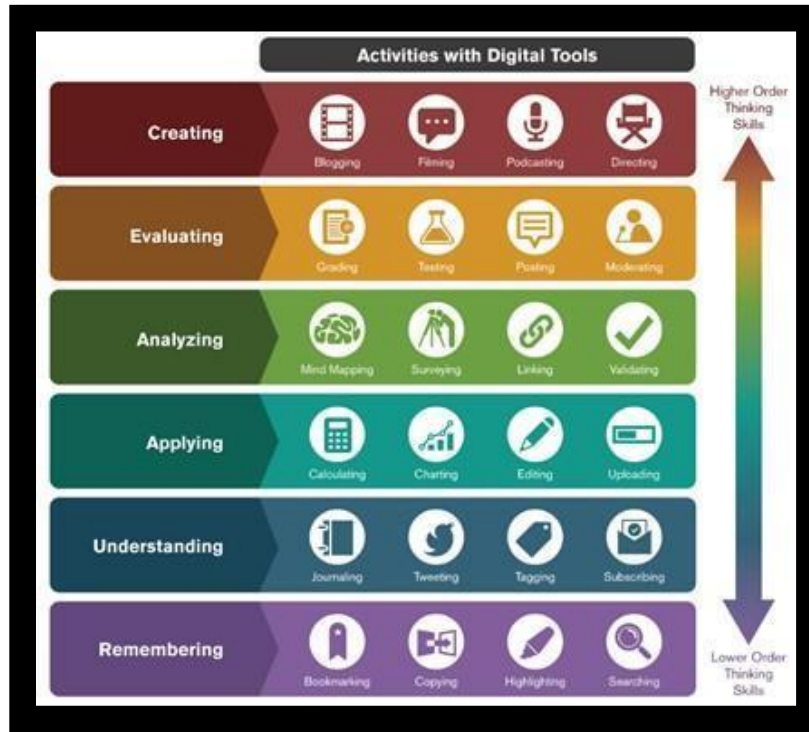
Source: doi:10.1016/j.iheduc.2010.02.002

The different types of activities are aligned with the training objectives. The different activities in The Global Health Network LAC projects are illustrated in following figure:

Figure 2: Activities that will be developed within the framework of this project

Source: TGHN_LAC_Governance_ToR_V1.0_Approval_2024_EN.pdf

The training activities can take place at three levels:

- Basic: Designed for personnel seeking a comprehensive understanding of an area, preparing them for more demanding tasks and increased responsibilities within the company.
- Intermediate: For those requiring deeper knowledge and experience in a particular field, aiming to enhance specialization and performance.
- Advanced: targets personnel new to a specific occupation, providing essential information and skills.

Furthermore, The Global Health Network LAC focuses on the creation of collaborative networks between researchers and institutions, essential for the exchange of knowledge and experiences, and for fostering a culture of collaboration that can overcome regional challenges. Through these networks, The Global Health Network LAC seeks to facilitate access to research resources and opportunities that might otherwise be out of reach for local researchers.

IV. Implementation Strategies

The establishment and scale up of the Global Health Network LAC are supported by the five-year project focused on topics around vectorial diseases and other infectious diseases, which provides the resources and structure necessary to establish and consolidate the project in the region. This project is implemented through a gradual roll-out plan that allows for adaptive development, ensuring that each stage of implementation is tailored to local needs and contexts. This gradual implementation model not only applies to infectious diseases project, but also serves as a framework for the projects in the other areas mentioned above, ensuring a coherent approach to building health research capacity in LAC.

Based on a timeframe of five years, we apply a structure to address each objective sequentially, allowing for progressive and adaptive implementation plan. Progressive implementation implies a sequential and phased approach to address each of the objectives established in the proposal based on the theory of change. This approach allows us to build on the goals achieved and make necessary adjustments as the project progresses.

During the first years (Y1 and Y2), the group will focus on developing The Global Health Network LAC network, analysing the needs and contexts in the different countries, generating activities and resources for training to lay the solid foundations necessary to achieve strengthening and medium-term expansion and sustainability of the regional network in the long-term (Y3-Y5). Each of the five objectives will be addressed in a specific and evolutionary manner so that throughout the five years, we not only strive to achieve key milestones, but also to refine and optimise strategies based on results and accumulated learning. Additionally, the objectives approach will allow us to adapt tactics based on the changing needs of the community, technology, and the infectious disease research landscape. The overall strategy can be tailored based on the specific objectives, deliverables and deadlines of each project, reflected in the work plans of each partner or the consortium as a whole, as appropriate, allowing it to be clearly documented in the work plans and reports ensuring that all those involved understand their roles and responsibilities, and work in a coordinated manner towards the success of the project.

Table 1: Progressive and adaptive implementation of overall strategy TGHN LAC

Phase	Area of Work	Activity
A Community of Practice for Health Research in LAC		
Year 1	Establishing the Consortium TGHN LAC	Establish the Community of Practice TGHN LAC
	Initial Evaluation Needs	Carry out a detailed analysis of the existing needs and resources in the region.
	Development of the TGHN LAC Hub	Create an online platform to encourage collaboration, knowledge sharing and continuous training.
	Launch the TGHN LAC Consortium and Events	Organise launch events to engage the community and highlight the benefits of participation in the TGHN LAC.
	Monitoring and Evaluation	Conduct continuous monitoring and periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Year 2	Strengthening of the Consortium TGHN LAC	Generate, adapt, translate and share resources, training materials and case studies to strengthen the knowledge hub TGHN LAC.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Year 3-5	Strengthening and Expansion of the Consortium TGHN LAC	Generate, adapt, translate and share resources, training materials and case studies to strengthen the knowledge hub TGHN LAC.
	Incentives for Participation	Rewards programs to encourage active participation, based on partners work plans.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Harness digital technology to support equity health research		
Year 1	Technology Assessment	Identify and adopt digital technologies suitable for TGHN LAC
	Continuous Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC hub and adjust as necessary.
Year 2	Training	Provide training to researchers and health professionals on the effective use of technology.
	Monitoring and Evaluation	Establish a monitoring system to evaluate the effectiveness of digital tools and make improvements as necessary.
Year 3-5	Continuous Improvement	Update of digital resources and customized digital platforms for data collection, collaboration, and dissemination of results.
	Monitoring and Evaluation	Establish a monitoring system to evaluate the effectiveness of digital tools and make improvements as necessary.
Connecting and convening excellence in infectious disease research		
Year 1	Initial Mapping and Networking	Identify and map key researchers and research centers in the region. Organise networking and collaboration events to foster connections between researchers.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Year 2		Facilitate formal collaboration agreements between institutions and researchers.

		Organize regular events to strengthen connections and share advances in research.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Year 3-5	Sustainable Collaborations	Facilitate formal collaboration agreements between institutions and researchers. Organize regular events to strengthen connections and share advances in research.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Improve specific steps and processes within the health research cycle		
Year 1	Assessment and Capacity Development	Identify bottlenecks and areas of improvement in the research cycle. Provide training to improve existing skills and processes.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Year 2	Capacity Development	Provide training to improve existing skills and processes.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Year 3-5	Implementation of Improvements	Apply identified improvements in specific processes. Provide training to improve existing skills and processes. Rewards programs to encourage active participation
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Foster Leadership, Teams and Environments for Research		
Year 1	Needs Assessment	Identify areas of improvement in leadership, teamwork, and research environments.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Year 2	Capacity Development	Develop leadership and teamwork development programs. Establish mentoring programs to promote leadership and team building.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.
Year 3-5	Capacity Development	Strength mentoring programs to promote leadership and team building.
	Monitoring and Evaluation	Conduct periodic evaluations to measure the impact of the TGHN LAC and adjust as necessary.

a. Detailed schedule of activities

The activities will be presented as part of the work plan of each partner or project, as appropriate. Likewise, through the TGHN LAC Hub, the dynamic calendar of activities in the region can be accessed. Consult schedule of activities on Actividades y eventos • The Global Health Network LAC (tghn.org)

b. Assignment of responsibilities to each institution

All partners of The Global Health Network LAC have cross cutting responsibilities detailed in the policy and reports documents and published, as appropriate on the TGHN LAC knowledge hub. In addition, some of the information, such as organizational charts and role descriptions, is also published on [Centros TGHN en LAC • The Global Health Network LAC](#)

c. Establishment of Monitoring and Evaluation mechanisms

The Global Health Network has established a standardised monitoring and evaluation process that includes regular data collection, analysis and reporting to assess project progress, identify areas for improvement and measure impact (See section VII). However, it is recognised that each project is unique and its success depends on context-specific factors. Therefore, the partners are free to complement the standardised process with additional evaluation methods tailored to the characteristics and needs of each project. This allows for a more robust approach while being flexible to each region and context.

d. Creation of supervision and coordination committees

The committees or workgroups may be created based on the needs identified throughout the implementation of the project, considering that the decision must respect the conditions regulated in the memorandum of understanding signed between the members of the consortium, the governance documents and terms of references.

V. Resources and Budget

THGN LAC is funded by different sources but fundamentally at this stage by the Wellcome Trust seed support that has provided resource to structure the network in the region. All pertinent information regarding budget and financial management is now accessible for partners, funders and regulatory bodies when applicable through the following documents: Consult Award Letter, Spend Report, and Financial Report by project or each TGHN LAC partner.

VI. Collaboration and Alliances

e. Establishment of formal agreements between institutions

Each LAC partner institute has signed a Memorandum of Understanding (MoU) with The Global Health Network - University of Oxford, an Award Letter Grant acceptance and collaborative agreement with the funder (Wellcome Trust). In addition, the consortium's partners have signed a Memorandum of Understanding for the network (Consortium MoU).

b. Search for external collaborations (organisations, companies, experts)

Collaboration with Institutions outside the consortium will be established within the framework of the Twinning Centre, under specific "Secondary/specific" MoU and or collaborative agreements to be established in accordance with the objectives sought by the parties and aligned with regulations of each partner. Likewise, it contemplates collaboration with national or international organizations in formats to be defined as needed.

VII. Continuous Evaluation and Monitoring

a. Methodology and development of indicators

All activities and resources provided by TGHN work synergistically to achieve its outlined aims and are interlinked. In this theory of change-based project, it can be integrated with different frameworks to allow a structured and logical evaluation of the project's inputs, activities, outputs, outcomes and impacts over time.

In The Global Health Network, there are two different frameworks for monitoring and evaluation that were adequately integrated with the theory of change:

The Kirkpatrick model, which is widely used to evaluate the effectiveness of programs and products, especially in the field of training and skills development. This model evaluates effectiveness through four levels, each providing a different perspective on the impact and results of the project evaluated.

1. **Reaction – Level 1:** measures how participants react to the program or product. To assess participants' satisfaction and their initial perception of the program's usefulness and relevance.
2. **Learning – Level 2:** assesses the knowledge and skills acquired by participants as a result of the program. To determine the degree of learning and improvements in specific competencies.
3. **Behavior – Level 3:** explores changes in participants' behavior in their work environment following training. To assess whether participants apply what they have learned in their daily work and how this affects their performance.
4. **Results – Level 4:** analyses the final effects of the program on the organization or environment, considering long-term benefits. To assess the overall impact of the program in terms of organizational improvements, efficiency, productivity, or any other key objectives.

Additionally, we had explored **The Avedis Donabedian model,** based on the structure-process-outcome triad to evaluate the quality of any intervention or service. We understand it is versatile for evaluating research capacity building projects, covering everything from the availability and quality of resources (structure), the effective implementation of training activities (process), to the changes and improvements achieved (results).

1. **Structure:** refers to the resources (inputs) and conditions under which the service is provided or the project is implemented. It includes the physical, human, organizational and financial aspects necessary to carry out the project. To assess whether the available resources and conditions are adequate and sufficient to support the effective implementation of the research capacity building project.
    - Human resources: availability of qualified personnel, with experience and adequate training in the specific area of the project.
    - Infrastructure: access to laboratories, equipment and technology.
    - Financial resources: sufficient funds to cover project costs, including personnel, equipment, materials and travel.

- Organisational culture: fostering a culture that values research, collaboration and knowledge sharing.

2. **Process:** refers to the activities and procedures implemented to provide the service or execute the project. It includes how the actions are carried out and the quality of their execution. To assess the quality and effectiveness of the project activities and procedures, ensuring that they are implemented correctly and meet established standards.
   - Project implementation: adequate execution of the project, following the established objectives and ensuring the quality of the data collected.
   - Monitoring and evaluation: continuous monitoring of the project progress and periodic evaluation of the results obtained.

3. **Results:** refers to the effects (outputs and outcomes) and changes (impact) resulting from the implementation of the project. They include improvements in the knowledge and skills of the participants, as well as broader impacts on the organisation and the community. To evaluate the impact of the project in terms of improvements in research capacity, practical application of the knowledge acquired and participant satisfaction.
   - Production of knowledge: publications, presentations at conferences and generation of new resources.
   - Impact on the scientific community: recognition of the project by the scientific community and contribution to the advancement of knowledge in the research area.
   - Impact on society: application of the results of the project including dissemination and involvement of stakeholders and policy makers to improve people's health, well-being and/or quality of life.

In both models, qualitative-quantitative methodology is applied, and its different techniques for collecting data according to the set of indicators for each type of activity or resource, such as surveys, knowledge assessment, productivity metrics, interviews, inspections, self-assessments, document reviews, case studies, etc. This involves, in general:
- Chain Mapping: how different types of activities and resources will lead to immediate, intermediate, final results and impact.
- Identify Critical Assumptions: specify the key assumptions at each stage of the results chain.
- Establish Indicators: define clear and measurable indicators for each level of results and of impact.

The monitoring process started by defining the training activities included in the different work packages per project and moved on to chain mapping, where we identified how the type of activities and resources will lead to results and impact. And currently working on defining the **SMART indicator sets** (specific, measurable, attainable, relevant, timely) and **SPICE indicators sets** (subjective, participatory, interpreted/communicable, cross-checked, empowering, diverse and disaggregated) and the identification and choice of techniques (e.g., document analysis, survey, direct observation, interview, focus groups) and tools (e.g., Tracking Activities online form [Registrar actividad • The Global Health Network LAC (tghn.org)], Satisfaction survey online form [https://app.onlinesurveys.jisc.ac.uk/s/oxford/tghn-webinar-workshop-feedback-survey-v4],

check list tasks and interview guide by activity and learning objectives) appropriate for the indicators and the continuous monitoring plan.

In general, a pilot testing period is applied to test the tools used for the analytical metrics of the hub and the tracking tool for online activities and for face-to-face activities, and a form for registering resources for the online library. And to continue working on refining the continuous monitoring and evaluation process.

Examples of The Global Health Network Key Performance Indicators

Workshops, research clubs, data clinic, in-person training, supported learning session, webinars

- Input: financial and non financial resources.
- Process: # of in-person held yearly, # of participants, # of topics in a year covered.
- Outcome: # of people satisfied by the content, # of people with improved knowledge of the topic following the activity.
- Impact: # of participants who have applied gained knowledge through the activity in their work.
- Measurement: Registration and attendance info, feedback surveys, follow up interviews.

E-learning

- Input: financial and non financial resources
- Process: # of training courses available on the platform on yearly basis, # of topics covered by the available courses.
- Outcome: # of people receiving a high score of 80% on the post-training quiz, # of people taking the courses yearly, # topics most subscribed to by users yearly, # of people satisfied by the content of the course/s they undertook, # of users who have applied gained knowledge through the courses in their work.
- Impact: # of users who published studies/guidelines etc.
- Measurement: Training centre database, feedback surveys, follow up interviews.

Professional Development Scheme (PDS)

- Input: financial and non financial resources.
- Process: # of people enrolling.
- Outcome: # of people completed.
- Impact: # of people with improved skills logged.
- Measurement: PDS database, and follow up interviews.

Online resources

- Input: financial and non financial resources.
- Process: # of people registering to TGHN yearly, # webpage visits for the different hubs, # of people accessing the online materials.
- Outcome: # of downloads of different resources.
- Impact: # of users with improved knowledge/skills on the topic accessed.
- Measurement: Google analytics, surveys and follow up interviews.

Knowledge hubs and communities

- Input: financial and non financial resources
- Process: # of hubs, members, page views, knowledge communities across The Global Health Network (inc. mentoring programmes, journal clubs, learning clubs, working groups formed).
- Outcome: # of research teams formed through COPs and their areas of focus, # of collaborations between formed teams and other teams/institutions.
- Impact: # published studies, guidelines, toolkits produced by the formed teams, # of resources produced by the knowledge communities.
- Measurement: Google analytics, Comms tracking, database including Trello, interviews.

The Global Health Network partnerships

- Input: financial and non financial resources
- Process: # of institutions/organisations TGHN partners with on yearly basis, # of priority setting initiatives developed or supported by TGHN.
- Outcome: # of projects (funded/non-funded/ strategic), # of research team members in these projects who are supported by TGHN capacity-building activities.
- Impact: # of published studies where TGHN is a partner and collaborator with the institution, # of contribution to guidelines and policies.
- Measurement: Comms tracking, database including Trello, interviews

VIII. Communication and Dissemination

The Global Health Network has established a process of communication and dissemination of knowledge through its Knowledge Hubs, through which access to resources, courses, information, among others, is facilitated. This approach is applied in a comprehensive manner, to all regions including LAC.

The Global Health Network communication and dissemination process is complemented by communication strategies developed by partners in each region, adapted to local contexts, to ensure that messages and resources are transmitted effectively, considering the cultural, linguistic and operational particularities of each area. The strategy proposed by LAC partners is described below.

a. Latin America and Caribbean: initial strategic communication plan
General Objective: Position and strengthen the image of the project as a leader in the development of research capabilities in infectious diseases in Latin America and the Caribbean, generating awareness and continuous commitment of key audiences throughout the 5 years of the Project.

Table 3: Specifics objectives by domain

Build Awareness and Participation	• Increase knowledge about the project among the research community in LAC. • Use launch events, social networks and collaborations with institutions to maximize the visibility of the project. • Ensure that active participation contributes directly to the establishment of the Community of Practice.

Facilitate Knowledge Sharing	• Encourage participation in webinars and virtual conferences. • Achieve constant participation of community members in virtual activities. • Use advanced digital tools to ensure global accessibility and participation. • Ensure that virtual activities contribute directly to the mobilization of knowledge in the field of infectious diseases.
Strengthen Collaborations and Connections	• Establish at least five inter-institutional research collaborations in the first 36 months. • Achieve formalized collaboration agreements and joint projects with 80% success. • Encourage in-person and virtual meetings between research teams to foster strong relationships. • Ensure that collaborations contribute directly to the improvement of steps and processes within the research cycle.
Strengthen Collaborations and Connections Promote Leadership and Research Teams	• Implement leadership and teamwork development programs during the first 48 months of the project. • Achieve a high participation rate in development programs among research teams. • Offer virtual and in-person programs that adapt to specific leadership and team development needs. • Ensure that participation in programs contributes directly to improving leadership and strengthening teams.

Table 4: Strategies, tactics and actions related to objectives

1. SCHEDULE	
Determine all project activities in order to establish the necessary campaigns and actions at the communication level.	
Actions	• Consider project activities (events, workshops, etc.) • Consider relevant anniversaries at the LAC level and at the level of each country (world health day, medicine day, etc.) • Develop a work schedule aligned to the campaign schedule with responsible teams, deadlines and execution dates for each item.
2. CONTENT	
Develop a calendar of valuable content for our audience through all available communication channels according to the stages of the project (according to the schedule).	
Actions	• Promote the use of storytelling for the development of utilitarian and valuable content (not scientific writing) • Provide a workshop to community members to promote the generation of this type of content. • Implement web content to improve search engine positioning. • Use digital tools that facilitate content development. • A workshop is recommended for the different teams of the consortium so that their content writing is aligned with the positioning objectives. • Establish guidelines for content development for printed material • Information on easy-to-use platforms for the development of these materials will be provided. • A "Do & don't" document will be developed • It is recommended that consortium members receive a workshop on this matter. • Provide tools and guidelines for developing content for social networks

	• Information will be provided on the most user-friendly platforms and tools for the development of this content, as well as instructions for its use.
3. SOCIAL NETWORKS	
Increase presence and participation in social networks (work according to content calendar).	
Actions	• Share information about the project on different social networks (awareness) • Disseminate utilitarian and valuable content about research in infectious diseases (interest) • Encourage community participation through digital actions that generate interaction (engagement) • Challenges calling for user participation • Use of badges such as hashtags (example: #researchtghn) and tags (example: @tghnlac) • Publicize relevant initiatives, events and activities to achieve community participation (leads & action) • Develop digital strategies according to each campaign contemplated in the schedule of activities.
4. EVENTS AND ACTIONS	
Align the organization of each event with the project objectives.	
Actions	• It is recommended to define actions that encourage the participation of attendees through our communication channels. • Dissemination of content about the events on social networks in different stages: before, during and after the event. • Generation of content around the theme of the event in the different communication channels (web, social networks. According to Gantt) • Ensure the coherence of materials, documents and presentations with the objective of the project and, if necessary, with the communication strategy (visual, graphic coherence, etc.) • Review use of resources such as logo, color palette, fonts. • Validate that there are different calls to action during events that contribute to meeting the project objective.
5. RELATIONSHIP	
Seek direct relationships with new stakeholders who are part of our target audience as well as reinforce the existing one with the communities already involved in order to build loyalty.	
Actions	• Develop approach plan to new stakeholders • Explore possible organizations, communities or target groups in each country • Develop a database with contact information for each mapped stakeholder (provided by each country) • Establish a contact schedule that responds to goals per country and as a consortium aligned with the objectives of the project and this plan. • Establish loyalty strategies for groups or communities already reached in LAC • Provide exclusive activities to some target groups according to type of action • Promote leadership in groups already contacted to facilitate rapprochement with them. • Maintain the flow of communication with each stakeholder to build loyalty and obtain valuable feedback in order to drive community growth.

IX. Long Term Sustainability

a. Planning for the continuity of the program after 5 years

To be developed for year 2/3.

b. Development of mechanisms for knowledge transfer

To be developed for year 2/3.

c. Identification of possible sources of long-term financing

To be developed for year 2/3.

REFERENCES

1. Mahon MB, Sack A, Aleuy OA, et al. A meta-analysis on global change drivers and the risk of infectious disease. Nature. 2024;629:830–6. https://doi.org/10.1038/s41586-024-07380-6.

2. Ayorinde A, Ghosh I, Ali I, et al. Health inequalities in infectious diseases: a systematic overview of reviews. BMJ Open. 2023;13. doi:10.1136/bmjopen-2022-067429.

3. Otmani Del Barrio M, Simard F, Caprara A. Supporting and strengthening research on urban health interventions for the prevention and control of vector-borne and other infectious diseases of poverty: scoping reviews and research gap analysis. Infect Dis Poverty. 2018 Sep 3;7(1):94. doi: 10.1186/s40249-018-0462-z. PMID: 30173669; PMCID: PMC6120070.

4. Le AB, Witter L, Herstein JJ, Jelden KC, Beam EL, Gibbs SG, Lowe JJ. A gap analysis of the United States death care sector to determine training and education needs pertaining to highly infectious disease mitigation and management. J Occup Environ Hyg. 2017 Sep;14(9):674-680. doi: 10.1080/15459624.2017.1319570. PMID: 28609169.

5. Lam SK, Kwong EW, Hung MS, Pang SM. Bridging the gap between guidelines and practice in the management of emerging infectious diseases: a qualitative study of emergency nurses. J Clin Nurs. 2016 Oct;25(19-20):2895-905. doi: 10.1111/jocn.13343. Epub 2016 Aug 9. PMID: 27507678; PMCID: PMC7166687.

6. Le AB, Buehler SA, Maniscalco PM, Lane P, Rupp LE, Ernest E, Von Seggern D, West K, Herstein JJ, Jelden KC, Beam EL, Gibbs SG, Lowe JJ. Determining training and education needs pertaining to highly infectious disease preparedness and response: A gap analysis survey of US emergency medical services practitioners. Am J Infect Control. 2018 Mar;46(3):246-252. doi: 10.1016/j.ajic.2017.09.024. PMID: 29499788; PMCID: PMC7132664.

7. Kpokiri EE, Marley G, Tang W, Fongwen N, Wu D, Berendes S, Ambil B, Loveday SJ, Sampath R, Walker JS, Matovu JKB, Boehme C, Pai NP, Tucker JD. Diagnostic Infectious Diseases Testing Outside Clinics: A Global Systematic Review and Meta-analysis. Open Forum Infect Dis. 2020 Aug 19;7(10):ofaa360. doi: 10.1093/ofid/ofaa360. PMID: 33072806; PMCID: PMC7545117.

ANNEX

1. Topic priorisation exercise LAC Steering Committee for Year 1

Source: The Global Health Network Latin America and Caribbean - Steering Committee Meeting - Cali, Colombia – 14th and 15th March 2024.

2. Essential Research Skills - Matrix TGHN LAC by Centre and Capacity Training Activities

Source: LAC partners Essentials Research Skills Exercise