

September 2023

Lessons about Evidence-Informed Policymaking from a Global Learning Partnership



The Partnership for Evidence and Equity in Responsive Social Systems (PEERSS)



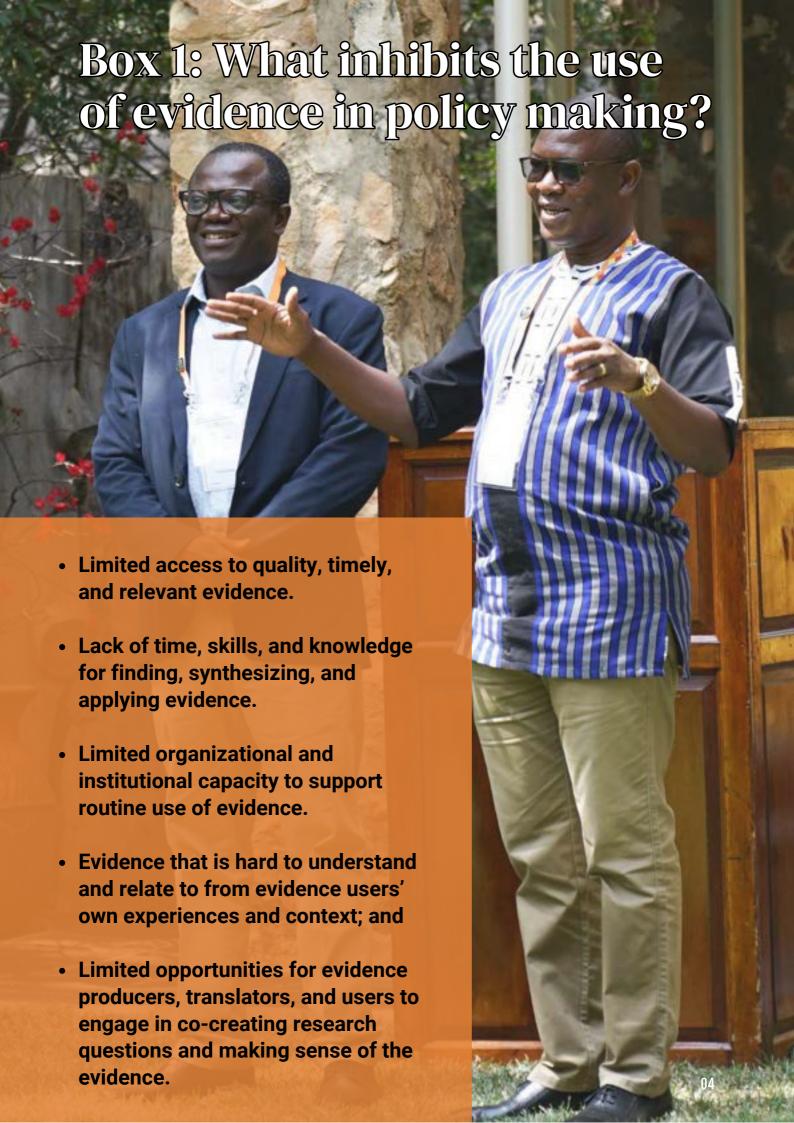
Addressing the need for better evidence in policymaking

Policymakers often make complex choices influenced by a multitude of political, economic, and social considerations, from budget constraints to emergencies like the COVID-19 pandemic, to election cycles. Evidence-informed policymaking (EIP), which involves the use of the best available evidence to inform policy and practice decisions, can help inform these choices and lead to better outcomes for citizens.

Policymakers and other decision makers, including civil society partners, who have the knowledge, skills, and organizational support to routinely access and use evidence when weighing options can make better decisions but face several challenges (Box 1). Despite a growing commitment to EIP across the globe, more work remains to be done across nearly all contexts. With only seven years left to achieve the 2030 United Nations Sustainable Development Goals (SDGs), there is heightened urgency to improve access to evidence and invest in organizational structures and processes that can promote more systematic use of evidence in policymaking. A key goal is to help countries enhance the effectiveness of national policies and programs and deliver them cost-effectively, with a focus on equity, inclusion of different perspectives, and transparency in how decisions are made.

The Partnership for Evidence and Equity in Responsive Social Systems (PEERSS) existed to support the goal of advancing country-level progress in achieving the SDGs – strengthening the production of timely, decision-focused evidence and building conducive environments for systematic use in policymaking, with the aim of improving lives for all.





The Partnership for Evidence and Equity in Responsive Social Systems, 2018-2023

<u>PEERSS</u> was a global partnership that brought together 15 organizations across 13 countries to learn and collaborate in advancing the use of evidence in policymaking with a focus on strengthening capacity and building foundations for supporting systematic use in the social systems (Box 2).

The purpose of this report is to showcase how PEERSS partner organizations strengthened EIP and advanced country-level progress in achieving the SDGs. It also describes the learning and exchange approaches that were used in the partnership to facilitate a sharing of lessons, challenges, and achievements and accelerate progress in EIP. It starts with an overview of the partnership, is followed by highlights of select achievements and PEERSS learning approaches and concludes with final reflections and a list of further readings on how learning partnerships can accelerate the use of evidence in policymaking.

Broadly, PEERSS aimed to strengthen EIP in social systems through the following objectives:

- Pilot and iteratively refine mechanisms adapted from health systems research to support EIP in social systems with a focus on the non-health SDGs.
- Strengthen targeted organizations' institutional capacities to support EIP in social systems, including social policies.
- Join up country-level ecosystems of policy-supporting organizations that have the potential to support EIP in social systems in the 13 countries.
- Develop communities of practice to support ongoing structured lessondrawing about how best to support EIP in social systems; and amplify the lessons country teams are learning about EIP and knowledge brokering for application across other contexts.



PEERSS was initially conceptualized as an initiative that would draw on lessons from the health sector – as a field that has seen significant advances in EIP – to advance evidence use in the social systems and help countries make progress in achieving the SDGs.

For example, by exploring how to develop standard reporting guidelines for evidence generated in social systems, such as tools to grade the quality of evidence used in clinical practice recommendations, the partnership could apply EIP practices from the health sector to social sectors and promote the importance of using evidence in policymaking across all sectors. During COVID-19 and beyond, however, country teams provided critical and timely support to help policymakers and other decision makers across varied sectors address social and economic challenges that were exacerbated by the pandemic, marking a shift in focus.

Key Components of PEERSS

Country Teams

PEERSS comprised 13 country teams who worked together for better evidence, better decisions, better lives – the mission of the partnership. PEERSS country teams were made up of knowledge translators supporting evidence generation and use, many with long-standing ties and affiliations to the health sector. Across the 13 country teams, there were approximately 85 individuals who engaged in or supported PEERSS activities. Each country team was represented by a country team lead.

Country teams received funding to support knowledge translation efforts in their respective country contexts. They engaged in peer learning activities and accessed coaching and mentoring from within the partnership to strengthen their EIP capacities. Additional and flexible "opportunity funds" enabled them to provide demand-driven policy support to governments and other institutions.

Coordinating Organization

Results for Development (R4D) served as the Coordinating Organization (CO) of PEERSS, providing three core functions: community building; communications and knowledge management; and knowledge sharing, learning, and reporting activities to support adaptive management of the partnership. CO responsibilities included hosting meetings and learning sessions, facilitating the co-creation of partnership governance frameworks and processes, coordinating knowledge management, managing internal and external communications, synthesizing lessons and achievements, and providing space for peer learning and exchange.



Learning and Collaboration Hubs

PEERSS introduced four Learning and Collaboration Hubs (L&C Hubs) in September 2021 to provide tailored EIP coaching and mentorship support to the country teams (see Table 1 for focus areas), including guidance for engaging with policymakers. The L&C Hubs also provided monitoring, evaluation, and learning strategy support to partner organizations. The hubs aimed to improve the quality, relevance, translation, and use of evidence and foster a global culture of evidence use with the following key objectives:

- Identify and document technical support and mentorship needs within the PEERSS partnership and match country teams with that assistance.
- Support the development of the PEERSS learning strategy and critical synthesis of learning across the partnership.
- Identify, create, and implement opportunities for technical collaboration across the partnership; and
- Produce "stories of change" focused on specific policies and programs as well as systemic policy issues, to contribute to the field of EIP.

Strategic Decision-Making Team (SDMT)

The Strategic Decision-Making Team was established to ensure emerging strategic partnership decisions were made for and by the partnership efficiently, inclusively, and effectively. The SDMT included three country team leads, two country team members, one L&C Hub lead, and one funder. As such, the SDMT informed, shaped, and finalized proposed decisions, with the aim of supporting country teams in making the best possible decisions with the most critical information.

Funders

PEERSS was an \$8.7 million initiative, jointly funded by the <u>International Development Research Centre</u> (IDRC) and the <u>William and Flora Hewlett Foundation</u>. As members of the SDMT, the funders provided strategic guidance and direction at the partnership-level and helped to amplify country team achievements and lessons from the partnership.

Global Network of PEERSS Country Teams



Africa

Burkina Faso	Bur	kina	Faso
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Knowledge
Management
and Transfer
Unit

Cameroon

Center for the
Development
of Best
Practices in
Health

Ethiopia

Ethiopian
Public Health
Institute

Nigeria

African
Institute for
Health Policy
& Health
Systems

South Africa

Africa Centre for Evidence

Uganda

The Center for Rapid Evidence Synthesis

Asia

China Institute for

Health Data Science, Lanzhou University

Europe

United Kingdom

EPPI Centre

Middle East

Lebanon

Knowledge to Policy (K2P) Center

Latin America & the Caribbean

Brazil

Instituto Veredas,
Fiocruz Brasilia, and
the Social Policy
and Research
Department /
Codeplan

Chile

Evidence-Informed Health Policies Unit

Colombia

Unit of
Evidence and
Deliberation
for Decision
Making

Trinidad & Tabago

Caribbean
Centre for
Health
Systems
Research



Africa Centre for Evidence Hub (ACE)

Led by the <u>Africa Centre for Evidence</u> (ACE) at the University of Johannesburg in South Africa

Focus: Systems-level change in evidence use

Knowledge to Policy (K2P) Hub

Led by the <u>Knowledge to Policy</u> (K2P) Center at the American University of Beirut in Lebanon

Focus: Learning, mentorship, and capacity strengthening at both the individual and institutional levels

EPPI Centre Hub

Led by the <u>Evidence for Policy & Practice</u> <u>Information (EPPI) Centre</u> at University College London in the U.K.

Focus: Combining theoretical and empirical research with practical experience and autoethnography

Latin American & Caribbean Evidence Hub (Hub LAC)

Jointly led by several organizations in the region (Instituto Veredas, Brazil; Evidence-Informed Health Policies Unit, Chile; Unit of Evidence and Deliberation for Decision Making, Colombia; Caribbean Centre for Health Systems Research and Development, Trinidad and Tobago)

Focus: Strengthening regional and national evidence ecosystems

Key Achievements

Innovative approaches to evidence generation and knowledge translation

PEERSS country teams used a variety of approaches to support the generation and use of timely, quality, and contextually relevant evidence in policy and program decision making. They tested and refined existing approaches, while piloting new modalities designed to be more responsive to policymakers' needs. This included modifying the types of evidence products they produced to provide more rapid and easily understood syntheses that policymakers could readily use, including the PEERSS Ethiopia team launching a Rapid Response Service to provide rapid evidence syntheses, introducing processes to support co-creation like the PEERSS Trinidad and Tobago team's coaching program with social sector ministries to co-produce an evidence brief, and using different dissemination channels, such as the PEERSS Lebanon team's media engagements, to increase evidence uptake.

PEERSS country teams and the policymakers who worked with them reported that having EIP capabilities increased the likelihood for evidence to be considered and used in policy processes. Policymakers expressed that researchers who were more effective at translating research into products that policymakers could readily use and understand made it easier for them to engage with evidence. Researchers can facilitate the use of evidence in policymaking with plain language summaries and the presentation of findings in an aesthetically pleasing format, enhanced with elements such as a summary section and graphics. In the same vein, PEERSS country teams reported that policymakers who had a better understanding of and capacity for EIP increasingly asked for and used evidence. Policymakers who served as EIP champions and endorsed EIP processes and mechanisms helped to sustain the impact of EIP.

"[Policymakers] receive the training and start to implement the skills.

[Other policymakers] see them using these tools and want to understand as well. We found that champions encouraged the use of evidence and served as a model for others."

How the PEERSS Lebanon Team Created a Rapid-Response Service to Inform Lebanon's COVID-19 Response

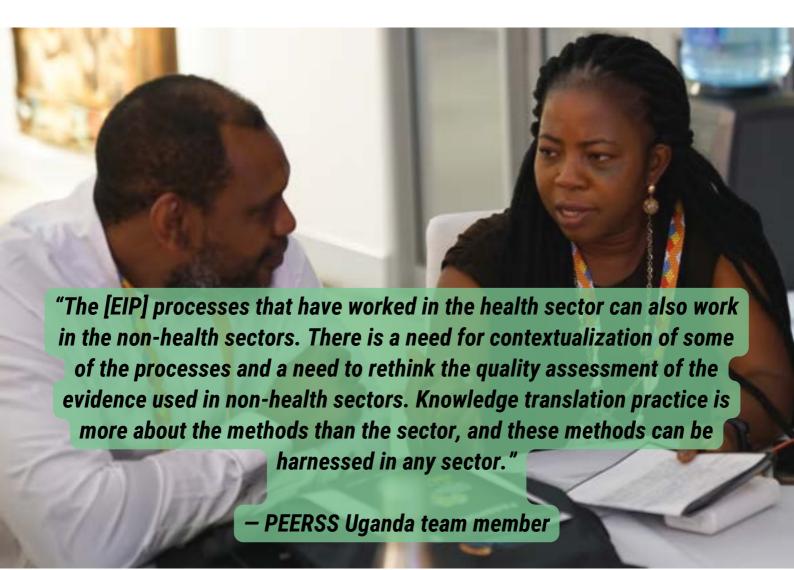
The COVID-19 pandemic placed unprecedented pressure on decision makers at all levels to make rapid decisions, often in the face of uncertainty and with long-term consequences for the lives of millions of people. Using the best available research evidence and data to guide decisions is integral to an effective and efficient response to public health emergencies. Recognizing the need for trustworthy sources of evidence during the pandemic, the PEERSS Lebanon team from the K2P Center launched the K2P COVID-19 Series Initiative. The COVID-19 Series Initiative provided rapid-response support to help policymakers and national health authorities make evidenceinformed decisions. Informed by requests from stakeholders, the PEERSS Lebanon team synthesized global research evidence, local data, and tacit knowledge on high-priority issues related to the pandemic, delivering its guidance within three, 10, or 30 days from the time of the request, depending on the urgency and scope of the issue.

Over the course of the pandemic, the initiative produced more than 25 products that addressed a wide spectrum of topics related to pandemic response, from hospital preparedness to lockdowns, school closures, and vaccines. Not only did the K2P COVID-19 series help strengthen collaboration among a diverse range of conventional and nonconventional stakeholders, but health authorities and partner organizations in Lebanon adopted several of the recommendations in the documents, leading to increased support for measures to address specific health sector challenges as well as tangible policy and regulatory changes.

Several PEERSS country teams drew on knowledge translation experiences and lessons from the health sector to support social sector policies. They invested considerable time and effort in developing new relationships in the social sectors, in support of efforts to provide policymakers with the evidence they needed to address current policy priorities.

For example, the PEERSS China team from the Institute of Health Data Science adapted methodological approaches they had previously used to support health sector policies, including systematic reviews and randomized control trials, to develop an evidence brief on social and economic inclusion of aging women using available published evidence gleaned from literature reviews and cross-sectional studies.

To ensure evidence products reflected diverse perspectives, PEERSS country teams piloted and refined approaches for gathering tacit and experiential input from citizens and other stakeholders, including virtual approaches during the COVID-19 pandemic, multi-sector policy dialogues, and citizen panels. The input they received served as additional data points that informed final evidence products, and in particular, policy recommendations.



How the PEERSS Chile Team Piloted Citizen Dialogues to Build an Evidence Base

Since late 2020, the PEERSS Chile team from the Evidence-Informed Health Policies Unit of the Ministry of Health has provided the Department of Nutrition and Foods (DNF) with evidence for an initiative that will potentially expand food labeling regulation to products offered in fast food restaurants, canteens, and cafeterias. One of the main challenges was the lack of evidence regarding the impact of label locations since most of the existing evidence was about nutrition fact tables rather than nutritional warning labels in restaurants. The PEERSS Chile team began to prepare citizen dialogues focused on understanding what consumers think of food labels to inform the evidence base. During this forum, the citizens reflected on their own experiences as consumers of fast-food restaurants, expressed their preferences regarding the location of warning labels in fast food outlets, and discussed their perceptions of the potential effect that these labels could have on their fast food consumption.

The experience of facilitating the citizen dialogues has been innovative for both the PEERSS Chile team and the Ministry of Health. While the Ministry of Health had carried out participatory activities in the past, they were primarily conducted to educate or raise awareness among citizens about policies, after they were approved. Citizen dialogues incorporate systematic research methods and evidence synthesis into discussions to ensure they are informed by evidence. The final decision making process is informed not only by scientific evidence, it also includes citizen perceptions, preferences, and experiences.

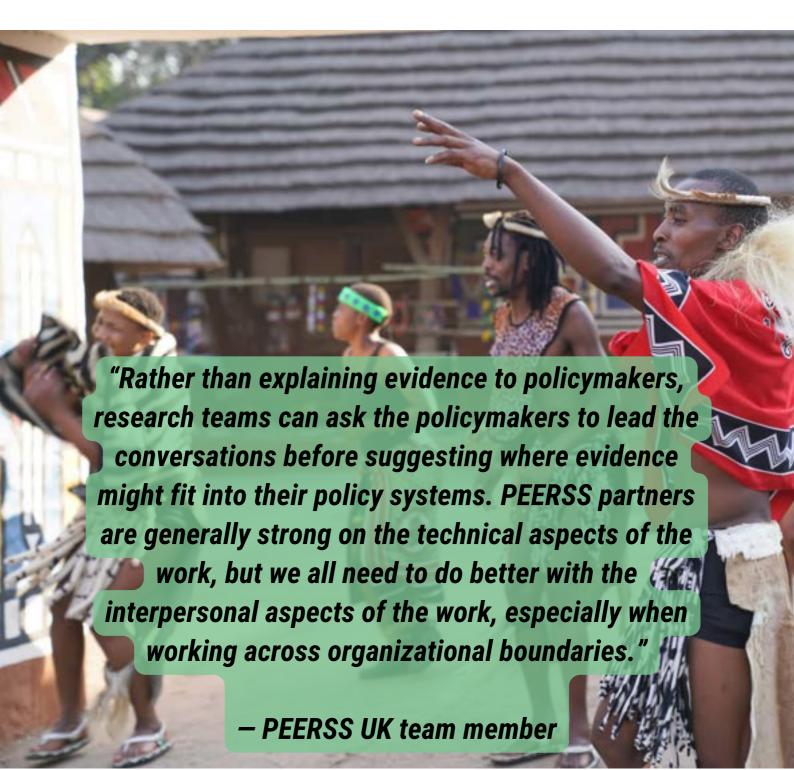
Institutionalizing evidence use in policymaking processes

In addition to informing policy and program change, PEERSS teams aimed to promote systematic and institutionalized use of evidence in policymaking. PEERSS teams worked closely with policymakers and government stakeholders to develop EIP tools and mechanisms and sustain evidence use across policy issues, sectors, and stakeholders by embedding them into policymaking processes and institutions. For example, the PEERSS Uganda team from the Center for Rapid Evidence Synthesis supported the Directorate of Social and Economic Monitoring and Research to develop a manual with evidence use guidance at all stages of policy and program implementation for the APEX platform, a tool designed to give the President's Office oversight of and information about all government programs. The development of the manual played a key role in institutionalizing EIP within the President's Office oversight mandate.

As PEERSS teams worked with policymakers on EIP activities, they noted an increased understanding of the value of using evidence among policymakers that translated to increased demand for evidence to inform policy development. Furthermore, PEERS country teams observed that successful collaborations with policymakers often created additional opportunities to provide evidence services and opened up new pathways to collaborate with others. For example, the PEERSS Brazil team from Instituto Veredas supported the National Justice Council in formulating a policy to address the stigma former prisoners and their families face as they reintegrate into society. They prepared an evidence map and synthesis of issues related to social stigma that has been used to inform and launch a new policy for establishing a network of Social Offices across the country, to provide services to former prisoners and their family members.

While their work with the council started by providing evidence services for free (supported by PEERSS funding), once they were able to demonstrate the value of their service and the importance of knowledge translation and stakeholder engagement, the Council offered to contract their services, including monitoring and evaluation of a judicial policy and facilitating workshops to collaboratively develop an agenda on torture prevention.

Many teams also saw opportunities to institutionalize EIP within ministries and policymaking systems. For example, the PEERSS Nigeria team from the Institute for Health Policy and Health Systems laid the groundwork for establishing a Rapid Response Services Unit within Parliament to support legislative activities. Through workshops, trainings, and relationship building, the team obtained buy-in from parliamentary leaders on the need for a rapid response unit, which would rely on existing legislative staff and infrastructure to facilitate timely supply of evidence and strengthen EIP from within. Through relationship-building efforts and the activities they supported, PEERSS teams advocated for financial and human resource investments to embed knowledge translation in public policy institutions.



PEERSS South Africa Team Co-Develops Evidence-Base to Guide National Strategic Plan (NSP) Against Gender-based Violence and Femicide

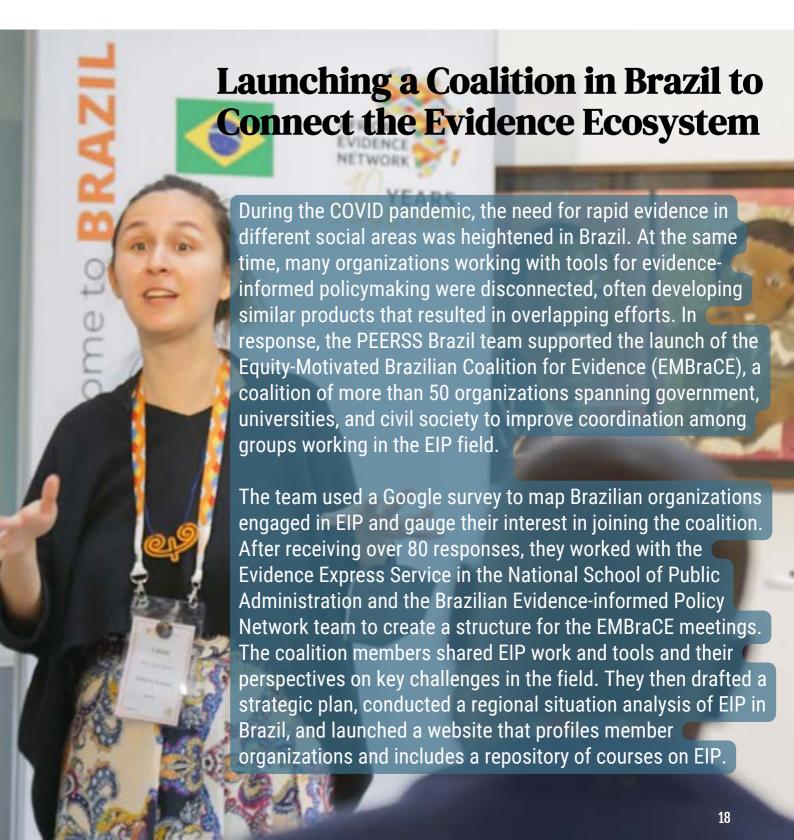
Between September 2021 and November 2022, the PEERS South Africa team from the African Centre for Evidence collaborated with the Department of Planning, Monitoring and Evaluation (DPME) to co-produce a responsive evidence-base to guide the implementation of the National Strategic Plan (NSP) against gender-based violence and femicide. The users of this co-produced evidence-base were the Department of Women, Youth and Persons with Disability (DWYPD) and NSP Coordinating Council. Their detailed co-production process led to the curation of 129 policy-relevant pieces of evidence plotted against the NSP. The evidence-base was well received and has since been handed over to DPME, DWYPD, and NSP council. The finalization and presentation of the evidence-base occurred in a subsequent national cabinet meeting facilitated by the DPME.

During the Presidential Summit on Gender-Based Violence and Femicide in November 2022, the responsive NSP evidence-base was displayed in a dedicated exhibition space by the DPME and NSP council. They were then honored by a visit from the President, who spent 15 mins with the project team interacting with the evidence map and interrogating the evidence base. Following the President's visit, DPME's senior leadership requested an update of the evidence-base for 2023 and committed resources to advance the integration of the evidence-base into the NSP implementation.

The implementation of the NSP was a key priority of the current administration and receives high-level attention within government clusters, the media, and civil society more broadly. Informing this specific policy's effective implementation with evidence presents a key opportunity to emphasize the case for evidence use and to support progress on a societal key outcome.

Joining evidence ecosystems

In many contexts, there are few opportunities or deliberate spaces for bringing together key actors in EIP, including researchers, knowledge brokers, advocacy groups, and policymakers. The COVID-19 pandemic highlighted the importance of partnerships between researchers and policymakers to facilitate debate and dialogue about evidence and to ensure coordination in responding to evidence needs.



Collaborative Learning to Strengthen EIP Practice

PEERSS aimed to foster mutual learning and sharing by creating a space that recognized and valued different perspectives, guided by the principle that all partners had something to learn and share. The open exchange of knowledge and experiences among country teams helped to minimize the duplication of efforts and accelerate the spread of good practices. For example, the PEERSS South Africa team supported the PEERSS Brazil team in building a regional EIP learning network based on the South Africa's team's experience leading the African Evidence Network, enabling Hub LAC to reach a stage of maturity in creating a regional evidence network in 16 months that took AEN four years to reach.

The value of collaboration became particularly evident during COVID-19 as partners shared evidence products and tools with each other to respond to the rapid increase in demand for evidence by policymakers on a wide range of topics, such as the PEERSS Lebanon team sharing COVID-19 evidence briefs with the PEERSS Nigeria team and helping them adapt the briefs to the Nigerian context.

The following section describes learning approaches used in PEERSS to strengthen country team capacity and facilitate knowledge exchange to advance EIP.



Country team-led peer learning and capacity strengthening

PEERSS provided a space for country teams to learn from each other's experiences in designing, implementing, and institutionalizing approaches to strengthen and advance EIP. PEERSS country teams worked together to identify similarities, differences, and opportunities for improvement within their evidence ecosystems.

The partnership centered peer expertise to address learning needs and provided a structure to facilitate internal access to needed support. The CO hosted and facilitated monthly meetings, quarterly learning sessions, webinars, and specialized partner sharing sessions and workshops. PEERSS teams played a lead role in facilitating technical knowledge sharing on EIP approaches, such as facilitating citizens panels and conducting rapid response syntheses, with the CO sourcing topics from partners through a regular joint prioritization process. In addition to enabling the sharing of formal knowledge and experiential insights, the learning activities helped surface shared interests and challenges, which often led to future collaboration among teams.

PEERS Ethiopia Team Launches RRS with Support from PEERSS Uganda Team

The PEERSS Ethiopia team from the Ethiopian Public Health Institute introduced the Rapid Response Service (RRS) as one mechanism for advancing evidence-informed policymaking (EIPM) following a five-day Training of Trainers (ToT), where five Ethiopian team members gained practical experience in preparing rapid evidence synthesis. The ToT was facilitated by the PEERSS Uganda team and created an opportunity to gain first-hand insights into the lived experiences of the PEERSS Uganda team on establishing and running an RRS across the health and social systems. The possible challenges and opportunities when establishing an RRS and responding to specific policy questions were also discussed during the training.

Following the training, the Ethiopian team members booked one week together to adapt the Standard Operating Procedure (SOP) from the PEERSS Uganda team and prepare training modules for the launch of the RRS at the Knowledge Translation Unit of the Ethiopian Public Health Institute (EPHI). The adapted SOP and training modules were then piloted with other team members in EPHI, with the SOP serving as a guide for setting up and operating the RRS. The RRS officially launched in December 2019.

Launching the service helped the PEERSS Ethiopia team respond to policy questions that required a quick response. Fortunately, the inauguration of the service before the start of COVID-19 enabled them to respond proactively to COVID-19-related questions. During the COVID-19 pandemic, they responded to more than 20 requests from higher officials, including the Office of the Prime Minister, regional health bureaus, and the Ministry of Health related to COVID-19 preparedness and control in the country.

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In addition to group learning sessions, peer learning activities in PEERSS included sharing of formal knowledge products, such as evidence briefs, tools, and templates. These types of knowledge exchanges helped reduce duplication of efforts and accelerated the spread of EIP approaches in different contexts. PEERSS teams also provided mentoring and coaching in the form of one-on-one support for countries implementing EIP strengthening approaches. Whether formal knowledge sharing, experiential exchanges, specialized workshops, or mentoring support, each of these engagement activities contributed to rich learning between the country teams in PEERSS.

PEERSS Team Mentorship Supports Expanding EIP into Social Sectors

The PEERSS Trinidad & Tobago team from the Caribbean Centre for Health Systems Research and Development had an exciting opportunity to work with four social sector Ministries to institutionalize Evidence Informed Policymaking (EIP). Prior to joining PEERSS, the PEERSS Trinidad & Tobago team members, collaborators and stakeholders had generally been within the health sector, and the team was familiar with the EIP approaches, methods and tools utilized in health. However, they were not familiar with working with policymakers in the social sector, or with qualitative research evidence that is commonly required to inform social sector policy. The team sought guidance from PEERSS on how to approach engagement with social sector ministries.

To help them expand their work from health to social policy sectors, the PEERSS Trinidad and Tobago team requested long-term mentoring and support from a PEERSS UK team member Evidence for Policy & Practice Information (EPPI) Centre. The Trinidad and Tobago team drafted materials for assessing needs, setting priorities, leading workshops, and coaching before discussing them with their mentor. While materials about research evidence were technically strong, the early career researchers who had developed them needed help in stepping into the shoes of policy teams, to turn their ideas around when explaining the value of evidence-informed policy. Mentoring discussions helped the PEERSS Trinidad and Tobago team see their plans from another viewpoint and tailor their materials to better suit policy teams.

Together, the mentor and mentees reframed research and training materials to start a conversation in a way that policymakers could share their experience, and their working environment and aspirations in their own language.

Flexible learning opportunities through the Hub model

The PEERSS Learning and Collaboration Hubs accommodated flexible approaches to capacity strengthening, including a mix of pre-planned and ondemand support for addressing the diversity of EIP needs in the partnership. The diversity of EIP practitioners and organizations and the evolving and urgent nature of EIP work require a mix of approaches to meet organizations' capacity-strengthening needs. Several hubs adjusted their learning cycles or formats to "meet country teams where they are," including changing the frequency of engagements or adjusting the content based on the audience, social and political structures, or specific learning styles. Preplanned approaches, such as training courses, did not suffice, as country teams also had evolving technical support needs related to urgent policymaker requests. The flexibility of the hub approach allowed teams to access support from hub leads with specific expertise and capacity to respond, as needs emerged.

Conclusion

PEERSS brought together 15 organizations across 13 countries to learn together in strengthening the use of evidence in policymaking. Country teams used innovative approaches to improve the use of timely, quality, and contextually relevant evidence across a range of sectors and levels of government, guided by a commitment to equity and inclusion in how evidence was produced and used. Through this process, they built their own capacities and those of policymakers and public institutions. And they formed critical partnerships with government actors and civil society members, joining together in coalitions and communities of practice to support evidence informed policies and programs.

PEERSS was a dynamic learning community that promoted open dialogue and exchange about challenges, lessons, and accomplishments in EIP – helping to accelerate the spread of good practices and minimize duplication of efforts. The partnership centered country teams as experts, with mentoring and coaching coming from within the community of partners. This helped to create a trusted space for rich learning and exchange that met country teams where they are and that contributed to the EIP advancements highlighted in this report. Finally, as PEERSS ends, it is already clear that the many connections, partnerships, and networks forged over the life of the partnership will remain an important legacy.

PEERSS TIMELINE

August 2018

IDRC & the Hewlett Foundation sign an agreement to support Partners for Evidence-driven Rapid Learning in Social Systems (PERLSS), which would later become the Rapid and Responsive Evidence Partnership (RREP) and then **PEERSS**

September 2018

Teams gather in Johannesburg. South Africa, to finalize a joint proposal

December 2018

PERLSS is approved as a project, with McMaster University of Ontario, Canada, serving as the technical lead and CO

September 2019

First in-person workshop in Johannesburg

December 2019

Second in-person workshop in Addis Ababa, Ethiopia

September 2021

PEERSS launches Learning and Collaboration Hubs

May 2021

RREP is renamed and rebranded as PEERSS, with a new logo, mission and vision statement, and website

March 2021

Second quarterly learning session

November 2020 September 2020

First quarterly learning session

R4D joins RREP

as the CO

April-May 2020

- McMaster University steps away as CO of PERLSS PERLSS is renamed RREP
- RREP's focus expands to include health policy, to support COVID-19-related evidence needs

November 2021

PEERSS teams approve the cocreated PEERSS Publication **Policy**

February 2022

PEERSS teams approve the **PEERSS Shared** Governance Framework

March 2022

Third quarterly learning session

September 2022

Third in-person workshop in Johannesburg

November 2022

PEERSS CO receives a nocost grant extension until May 31, 2023

July 2023

The PEERSS partnership ends



PEERSS BY THE NUMBERS

countries represented





287

Evidence products developed, translated, and disseminated



Stakeholder dialogues





citizens' panels



EIP capacity-building and awareness-raising activities facilitated

SDGs addressed



For further reading on PEERSS' accomplishments and lessons, and to learn more about the partner organizations and their work to strengthen EIP in their respective countries, please check out the resources and information available on our archived website:

www.peerss.org

Quick Links:

- Building effective partnerships and learning collaboratively to strengthen evidence-informed policymaking in the social sectors: Four key insights from PEERSS
- How Learning & Collaboration Hubs Can Strengthen
 Evidence-Informed Policymaking: Lessons from PEERSS
- <u>With a Little Help from My Friends: Lessons on Researcher-</u> <u>Policymaker Collaboration from the PEERSS Partnership</u>
- <u>Lessons from R4D's Role as Coordinating Organization in the</u>
 <u>Partnership for Evidence and Equity in Responsive Social</u>

 <u>Systems</u>