



World Health
Organization

For better decision making

Policymakers, Researchers and Citizens learning and working together to improve policy making

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Using evidence and innovation to strengthen policy and practice

'Stronger emphasis should be placed on translating knowledge into action to improve public health by bridging the gap between what is known and what is actually being done.'

WHO World Report on Knowledge for Better Health¹⁴²

Knowledge derived from research and experience is of little value unless it is put into practice, and its success monitored and regularly evaluated. Closing the gap between what we know will work to improve health and what is put into practice around the world could save millions of lives over the coming decade. This requires a better understanding of how to promote the uptake and implementation of interventions and policies already shown to be effective.¹⁴³ We will make sure that our research funding includes support for work in this area and will use the forums above to share best practice. We will continue to make independent advice from our scientific advisory committees publicly accessible, in line with the Code of Practice for Scientific Advisory Committees by the Government Office for Science.¹⁴⁴

If policy makers are going to use the findings of research, they must be closely involved in owning the work from the onset. Following this principle, we will work with others to develop capability for policy makers to engage in this process effectively. WHO's

Box 21: WHO Evidence Informed Policy Network

'EVIPNet is an innovative initiative to promote the systematic use of health research evidence in policy making. Focusing on low- and middle-income countries, EVIPNet promotes partnerships at the country level between policy makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the best scientific evidence available.'

'Low- and middle-income countries have scarce resources to address their health system challenges and need high-quality evidence to use those resources efficiently. Scientific evidence is a fundamental building block to improve the public health situation. If health sector managers and policy makers ignore evidence on the root causes of problems or what works best to address these problems, they risk wasting precious resources on inadequately designed programmes and policies. The direct consequence of ignoring this evidence is poor health for the population.'

WHO Evidence Informed Policy Network website (www.who.int/rpc/evipnet/en)

Evidence Informed Policy Network (EVIPNet) is an example of an important initiative in this area (see Box 21).

142 World Health Organization. *World Report on Knowledge for Better Health*. Geneva: WHO; 2004.

143 Sanders D and Haines A. Implementation research is needed to achieve international health goals. *PLoS Med* 2006; 3(6): e186.

144 The Code of Practice was published by the Government Office for Science in 2007 and is available at: www.dius.gov.uk/publications/file42780.pdf.

angiotensin-converting-enzyme inhibitors should remain the preferred renin-active agent to prevent vascular events in patients with or at high risk for cardiovascular disease.

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We declare that we have no conflict of interest.

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EVIPNet Americas: informing policies with evidence

Public-health and health-system policies based on sound scientific evidence and best practices can improve health and equity, and the use of research results is essential for health and development.^{1–5} Yet accessing and incorporating research evidence to inform decision making does not occur systematically, but is especially critical in low-income and middle-income countries that face tremendous health challenges with insufficient resources. WHO is actively working to address this issue. Evidence-Informed Policy Network (EVIPNet) arose from the Ministerial Summit on Health Research in Mexico City in 2004 and a resolution adopted by the 58th World Health Assembly in 2005.^{6–8}

The goal of EVIPNet is to improve public health and reduce inequities by increasing the systematic use of and access to high-quality applicable evidence that guides the development of policies, and helps to identify and prioritise knowledge gaps that need attention. EVIPNet addresses important issues as identified by individual countries, such as maternal and child health, HIV and AIDS control, immunisation, and infectious diseases, as well as health-system challenges such as financing, distribution of health workers, and governance. EVIPNet's

framework is based on current evidence on effective strategies for knowledge dissemination that are adapted for local context.

EVIPNet has been set up in several regions. EVIPNet was started in Asia in 2005 (with teams in Laos, Malaysia, the Philippines, and Vietnam, and three teams in China), and in Africa in 2006 (with teams in Burkina Faso, Cameroon, Central African Republic, Ethiopia, Mozambique, Niger, and Zambia). Country teams are led by senior health officials from government, in partnership with representatives from national science and technology institutions and academia, among others.

The next wave of EVIPNet is being led by the Pan American Health Organization (PAHO) in the Americas. In 2007, PAHO, through its country offices, identified countries that had requested technical cooperation for promoting evidence-informed decision making. Bolivia, Brazil, Chile, Costa Rica, Colombia, Mexico (both the national government and a Mexico–USA border office), Puerto Rico, and Trinidad and Tobago were identified as the first round of EVIPNet participants. Local commitment, as well as the support of health authorities, was essential in planning and developing EVIPNet.

In July, 2007, EVIPNet was introduced to country teams (figure). In addition, PAHO assembled a strong international resource group with expertise in knowledge transfer for policy making. This group provides technical support, participates in network activities, and has been responsible for reviewing country-work proposals. An evidence portal was launched in 2007 to provide access to reliable evidence sources, including the Cochrane Library (in English) and Cochrane Library Plus (in Spanish). The portal was developed jointly by PAHO's Latin American and Caribbean Centre on Health Sciences Information.⁹ A global EVIPNet website is under development and will serve as a knowledge-management tool for all EVIPNet teams, by providing them with a one-stop shop for retrieving evidence summaries and other relevant resources. Lastly, an evaluation protocol has been developed to measure the impact of EVIPNet worldwide. This effort is led by John Lavis at McMaster University.

Participating countries have shown tremendous interest and commitment to EVIPNet. What is lacking is ongoing funding dedicated to accessing and promoting research results. For many funding agencies, evidence-informed decision making falls between the cracks. Traditional research agencies see it as development work, and therefore not within their funding remit, while development agencies often consider it within the research realm, and therefore not part of their mandate. Fortunately, a few visionary organisations do recognise that ensuring that the results of research are actually used to inform policy and practice is as important as supporting the production of high-quality research. Other support networks have evolved, and research production and use are becoming components of the public-health agenda in the Americas.^{10,11}

Successful implementation of EVIPNet in the Americas depends on several factors. Ministries of health need to live up to their commitment to EVIPNet by creating mechanisms and long-term strategies that encourage the use of evidence to shape policies, while stimulating a dialogue with the producers of research evidence. EVIPNet teams across Latin America (and around the world), need to work together to share experiences and strengthen their capacities in key areas such as interpreting systematic reviews or summarising existing evidence through the development of policy briefs that address a particular question. Moreover, wealthier countries need to work with those that have fewer



Figure: EVIPNET Americas introductory workshop, PAHO/WHO headquarters, Washington, DC, USA, 2007

resources to stimulate this work. No single person or organisation can influence systematic change. However, if the collective commitment to EVIPNet's goals currently displayed is any indication of potential future impact, we are on the right track toward ensuring that research evidence is systematically used to improve health.

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