EVIPNet (Evidence Informed Policy Network): Advancing Evidence-Informed Policy for Better Health Outcomes

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Evidence to policy (know-do) gap

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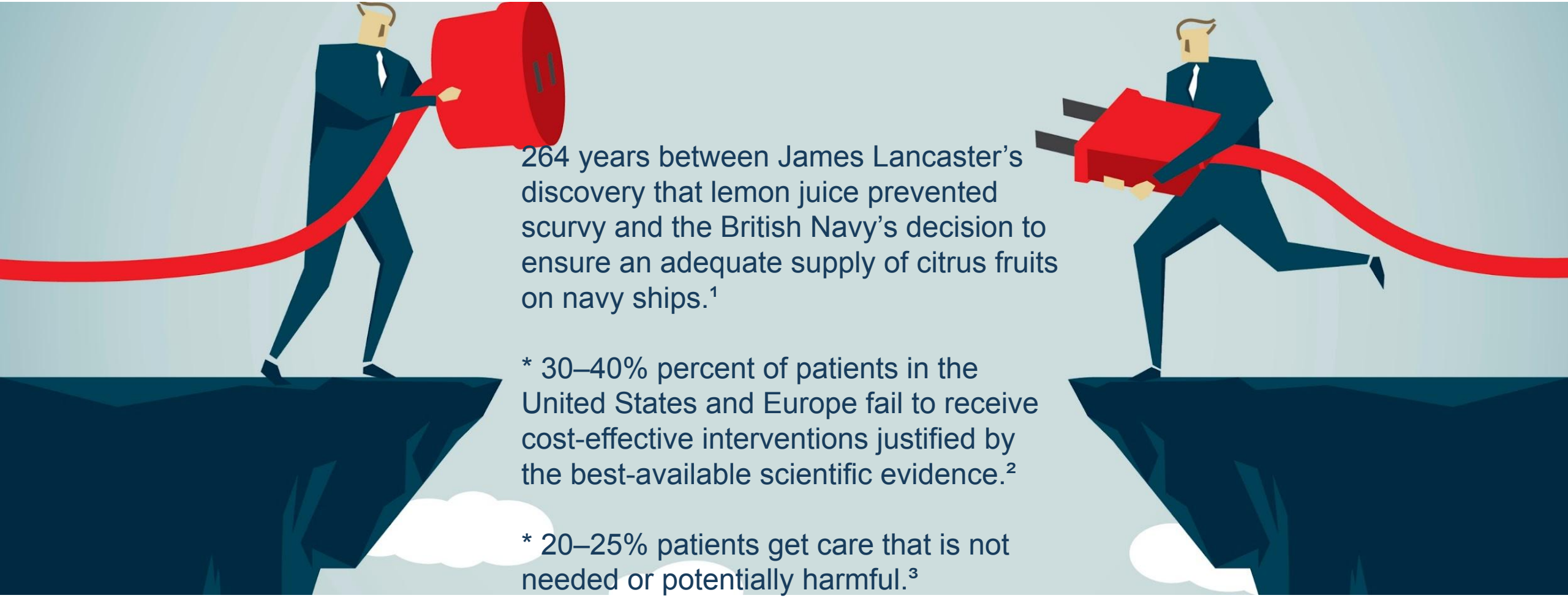


264 years between James Lancaster's discovery that lemon juice prevented scurvy and the British Navy's decision to ensure an adequate supply of citrus fruits on navy ships.[1]

* 30–40% percent of patients in the United States and Europe fail to receive cost-effective interventions justified by the best-available scientific evidence.[2]

* 20–25% patients get care that is not needed or potentially harmful.[3]

[1], [2] WHO: World Report on Knowledge For Better Health. Geneva: WHO 2004.
[3] Schuster, M.A., McGlynn, E.A., & Brook, R.H. (1998). How Good Is the Quality of Health Care in the United States? *Milbank Quarterly*, 76 (4), 517-563

Challenges to knowledge translation

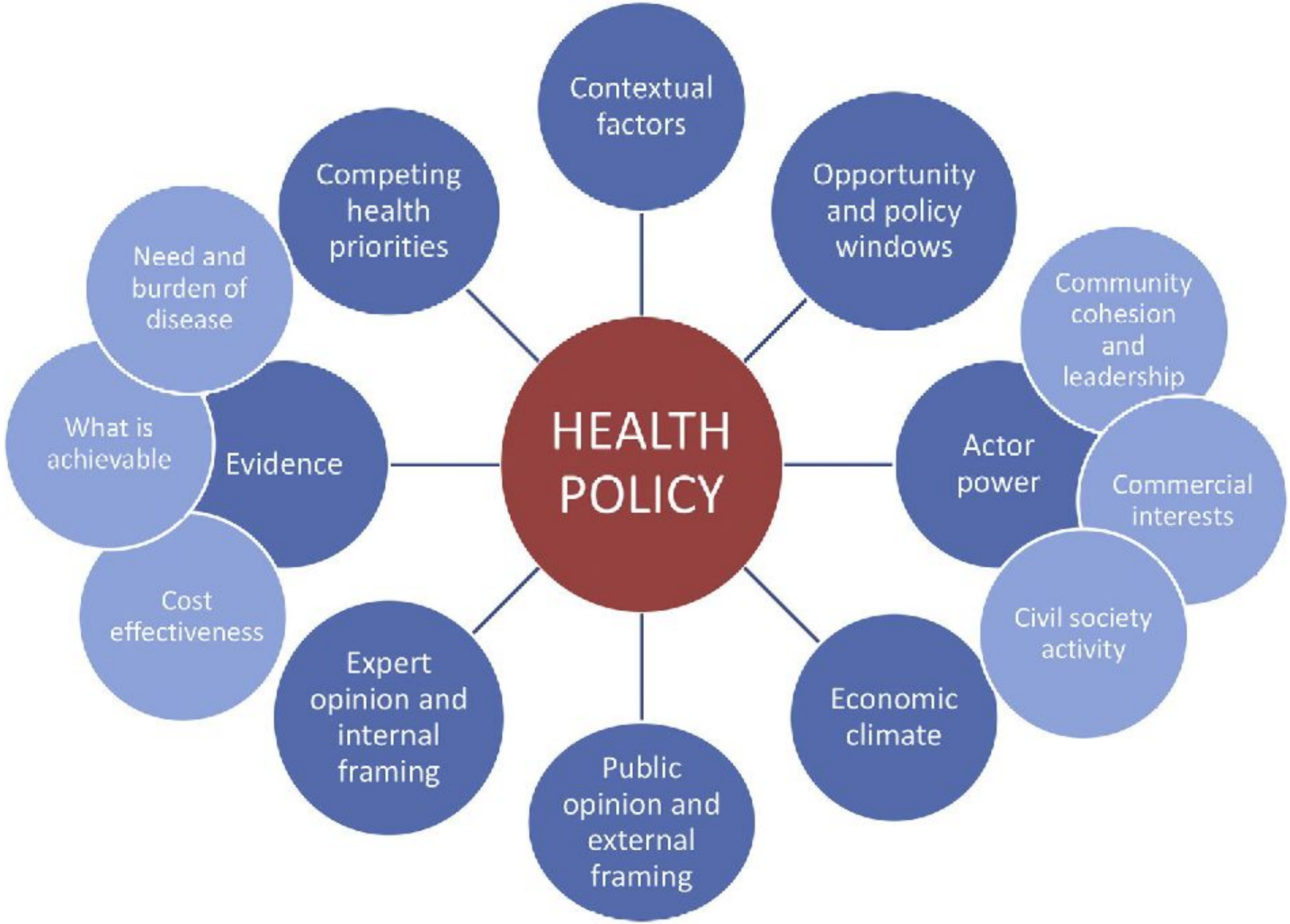
Evidence is not communicated effectively (wrong targeting)

Evidence is not available when policy-makers need it and in a form that they can use it (i.e., wrong time and wrong packaging)

Policy-makers lack the capacity to find and use evidence efficiently and lack mechanisms to prompt to use it

Policymakers lack opportunities to discuss system challenges with researchers

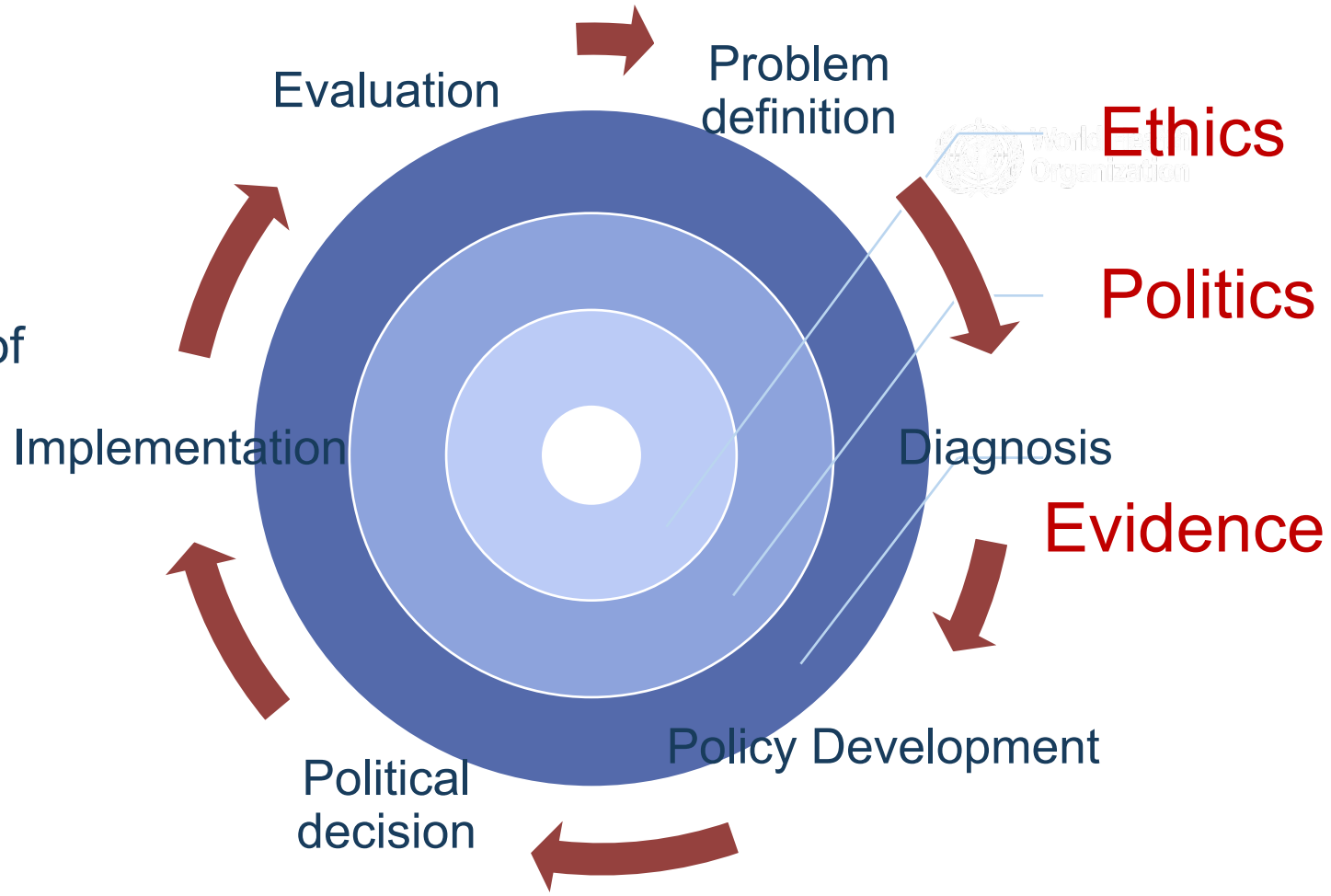
Evidence is only one input to policymaking



Shiffman and Smith, Lancet 2004

Evidence has many roles in policymaking

- Helps to get problems on the agenda and to set priorities and goals
- Helps to identify causes and suggest solutions
- Helps to support the implementation of a policy
- Helps to monitor and evaluate outcome and impact
- Helps to bring stakeholder with different perspectives and values together



What is evidence-informed policymaking?

Evidence-informed policymaking is an approach to policy decisions that aims to ensure that decision making is well-informed by the best available research evidence* (Oxman and Lavis, 2009)

It is characterized by the systematic and transparent access to, and appraisal of, evidence as an input into the policymaking process

**Best available research evidence = highest quality, most locally applicable, synthesized research evidence in the time available*

Many types of evidence is needed for policy-making

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Policy decisions require a combination of global research evidence, local data and tacit/experiential knowledge

Type of evidence	Sources
Local data	• Routine health information system • Large surveys or studies (national censuses, surveys of access to basic facilities, and national demographic and health behaviour or prevalence surveys) • Reports, statistical bulletins
Global research evidence	• Peer-reviewed academic articles • Research papers and evaluations • Evidence Synthesis (e.g. systematic reviews)
Tacit /experiential knowledge	• Program documents, monitoring and evaluation data, formal evaluations, meetings, key informant interviews, stakeholder and citizen consultations or roundtables

Rationale for evidence-informed policymaking

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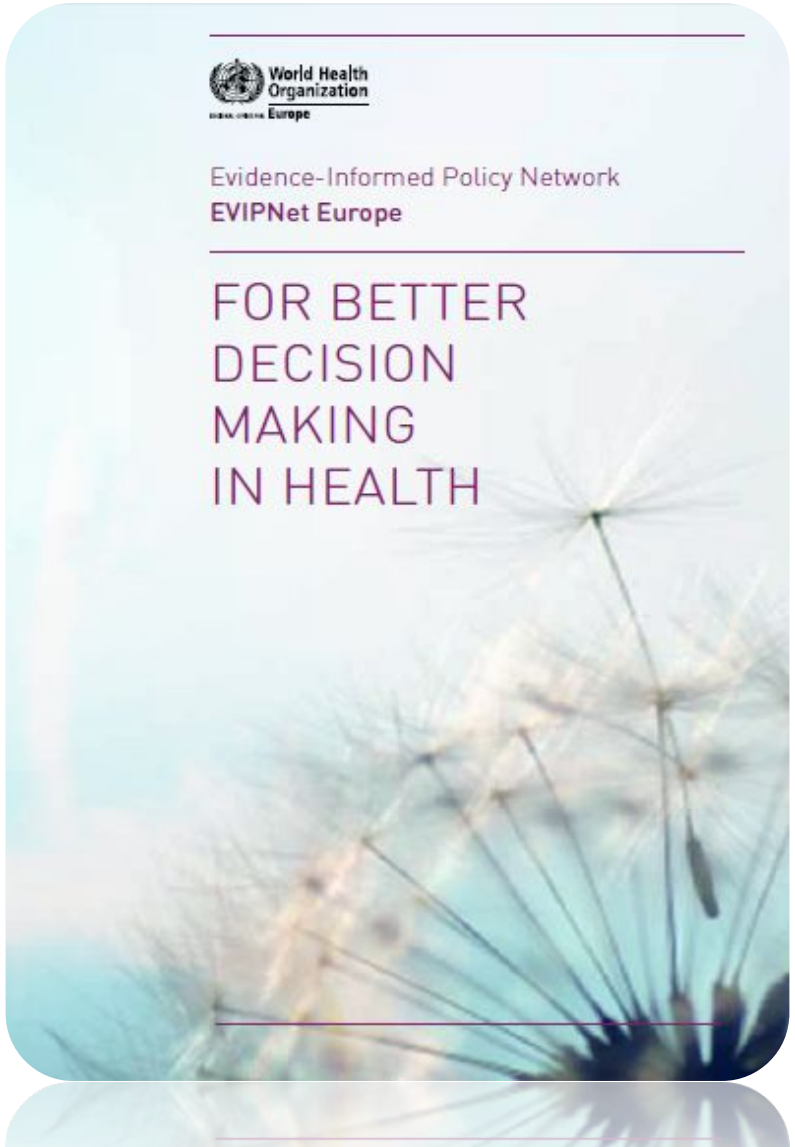
- → More effective policy-making
- → Avoiding biases and unintended consequences
- → Efficient allocation of resources
- → Accountability and good governance
- → Public trust
- → Innovation

Support for evidence-informed policymaking in WHO – EVIPNet



Mission: Towards a world in which the best available research evidence informs policy-making

1. promotes the systematic use of research evidence in policy-making to improve health systems through a networked structure
2. increases country capacity in knowledge translation
3. institutionalizes knowledge translation through the establishment of knowledge translation platforms

Structure and support of EVIPNet

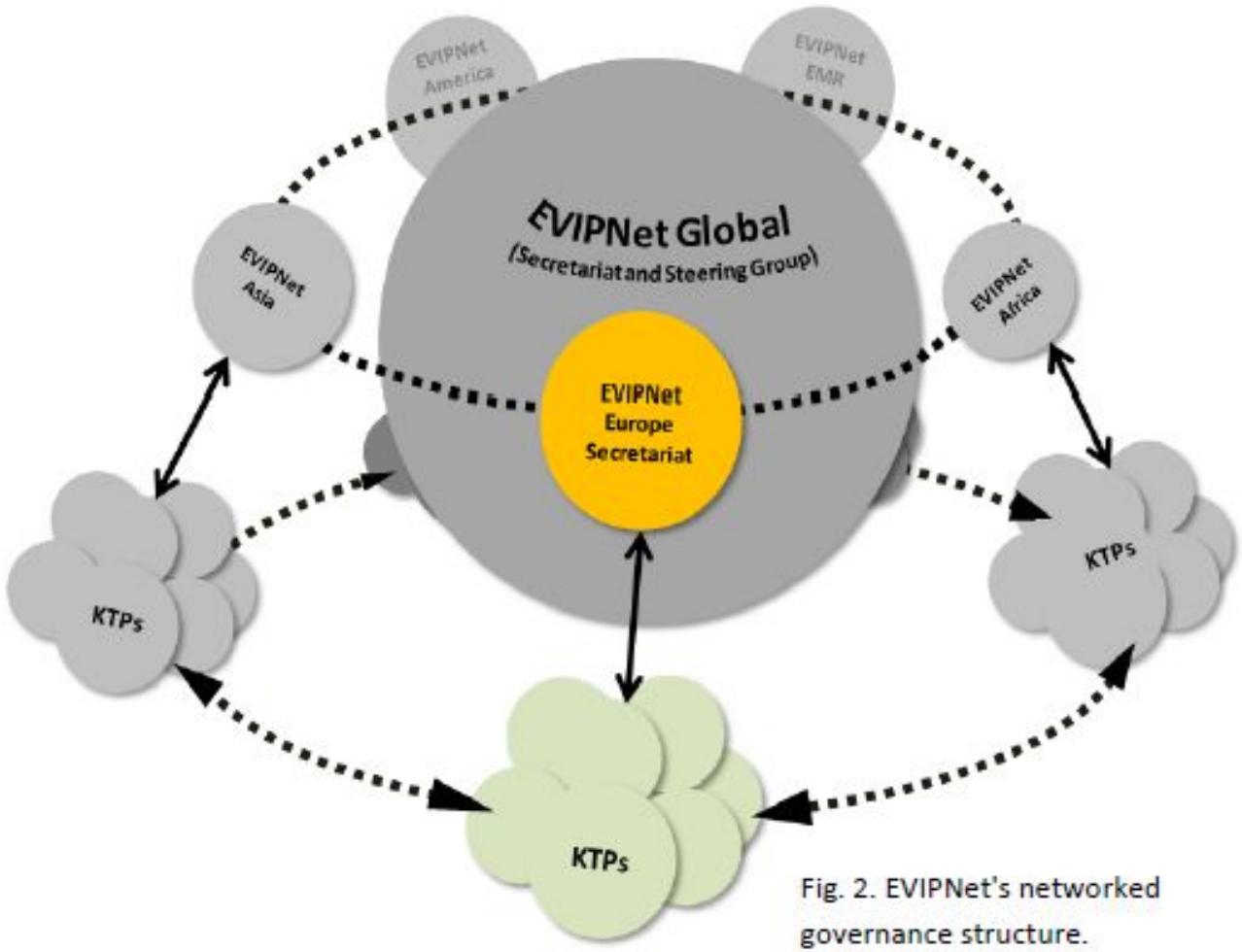


Fig. 2. EVIPNet's networked governance structure.

From EVIPNet Secretariat:

- brings members together
- empowers KTPs in promoting evidence use
- capacity building
- best practices and tools
- new approaches to knowledge into action
- collaborations

From Network:

- peer-support
- exchange of experiences
- sharing of similar problems and lessons learned

EVIPNet action cycle

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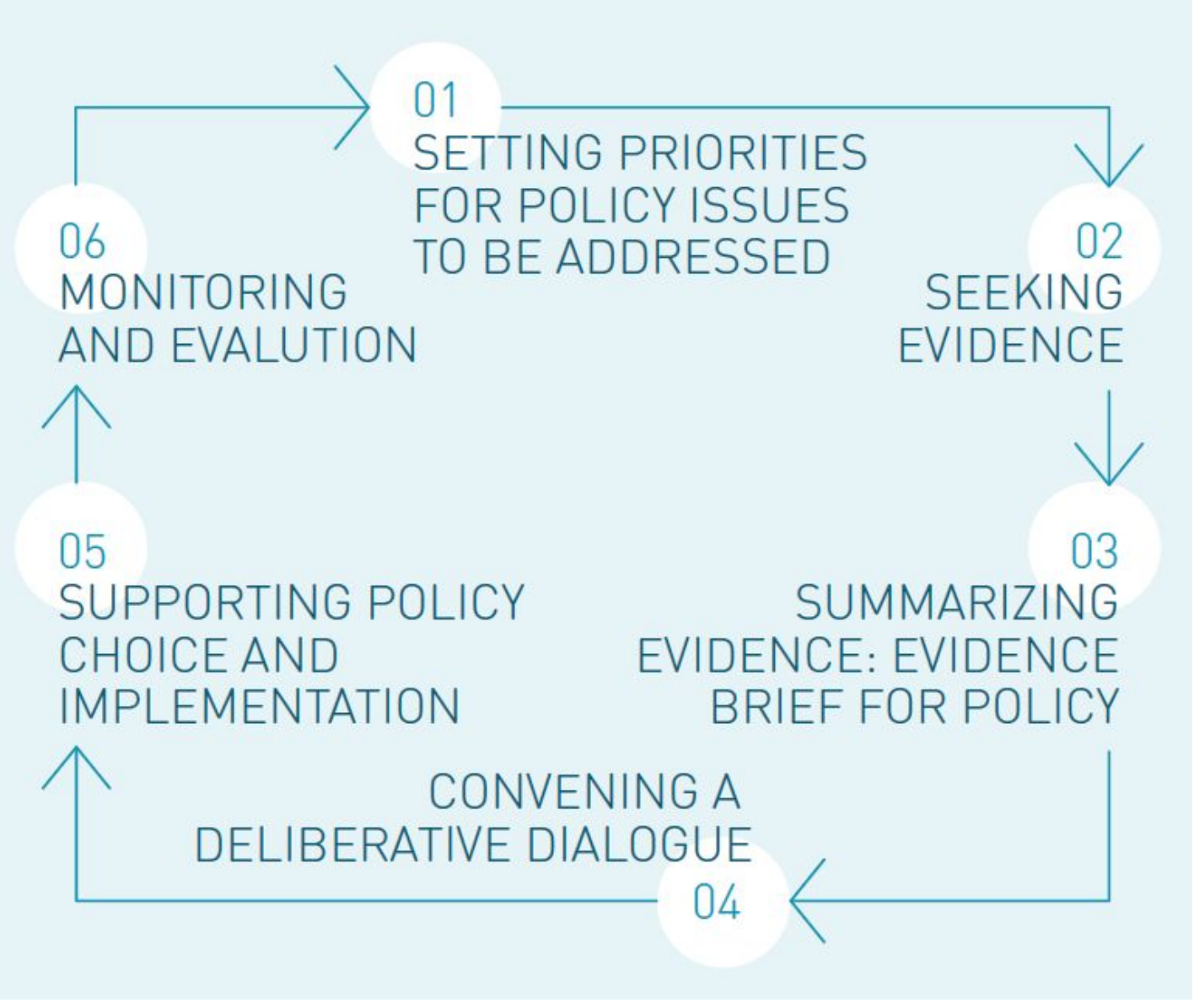
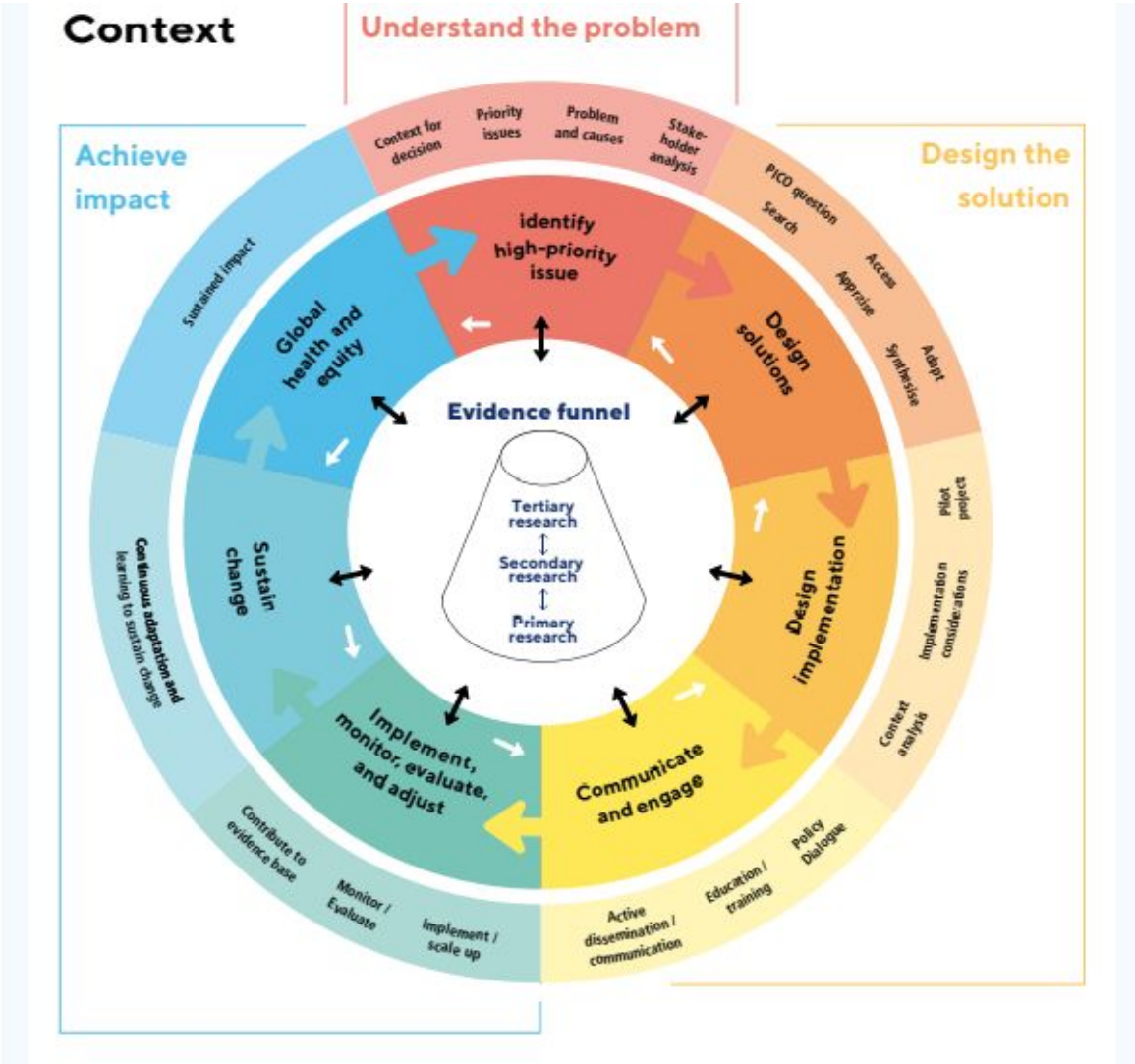


Knowledge translation products

Aim to package evidence to answer prioritized questions or address a priority problem in a user-friendly format and in an understandable language



EVIPNet toolbox for WHO European Region

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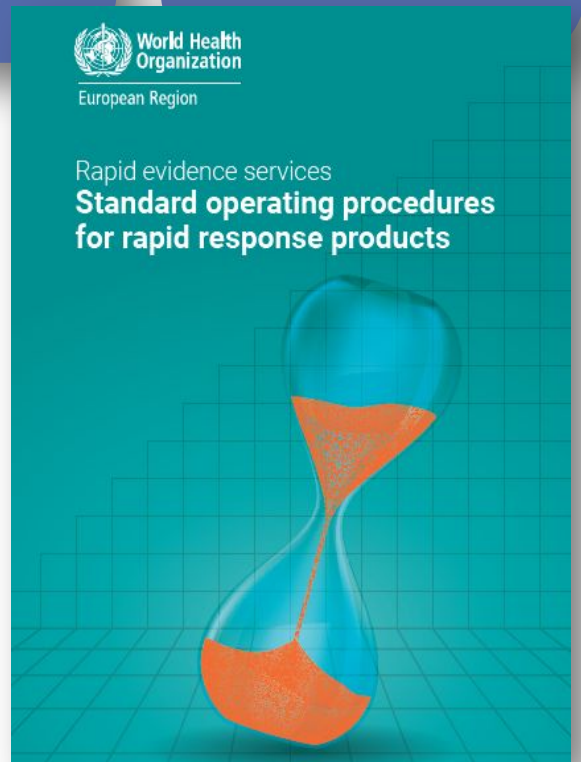
Knowledge translation products/tools

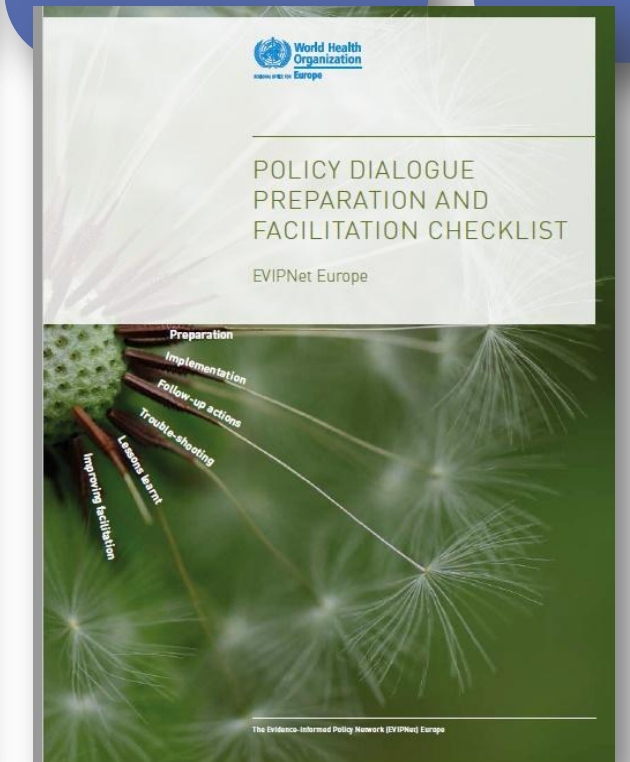
Evidence briefs

Rapid response

Policy dialogues

Guidelines





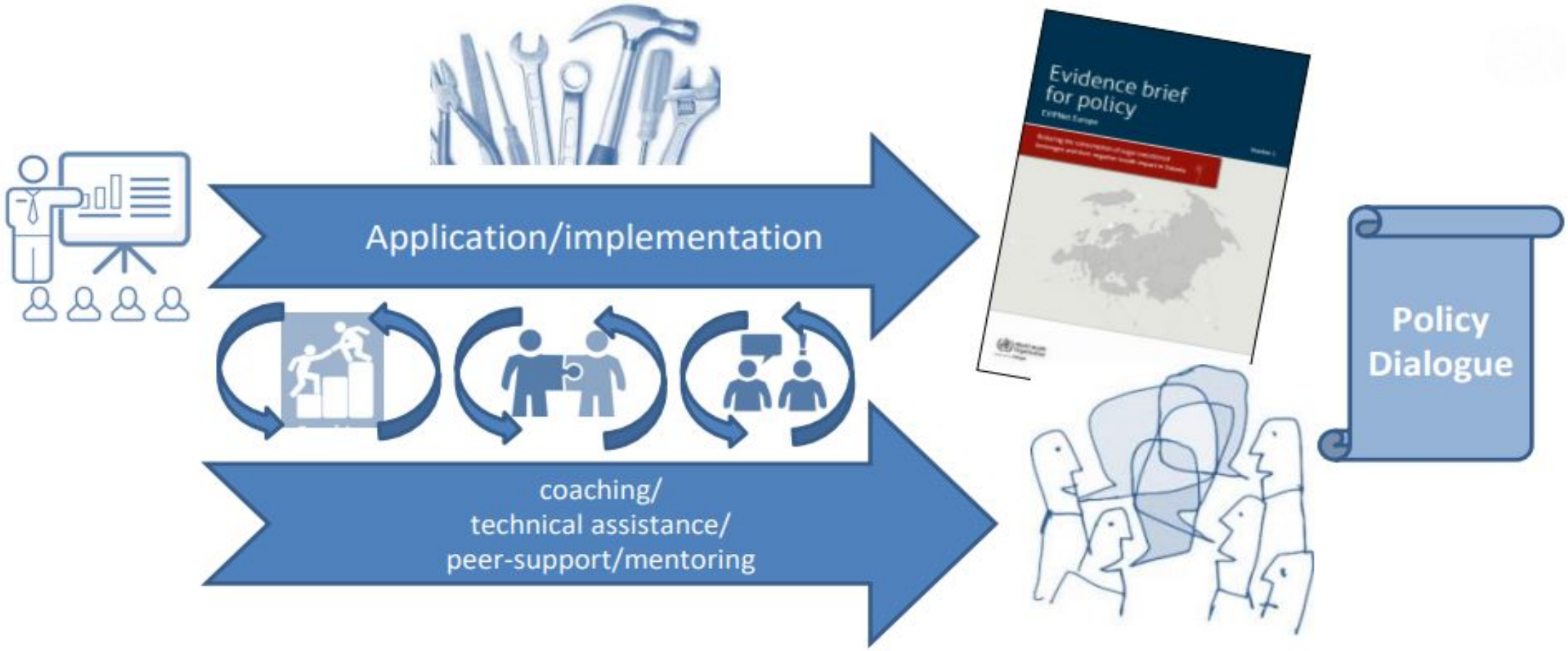
Evidence brief for policy

Research synthesis in a **user-friendly** format, offering **context specific** evidence informed policy options for a **priority** policy topic

- What is the problem and its consequences?
- What are the causes and where to target the efforts?
- What effective options are available to address the causes?
- What barriers are for implementing and what countermeasures could be applied?

How to make others to relate to, understand and believe your story?

Integrated practical capacity building



Supporting the institutionalization of evidence to policy and decisions

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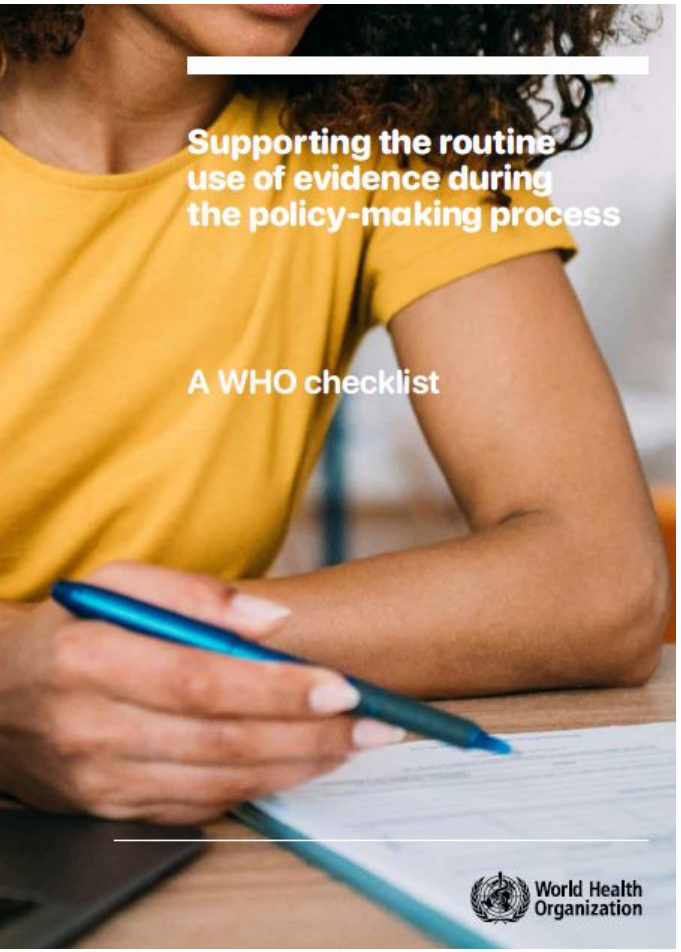
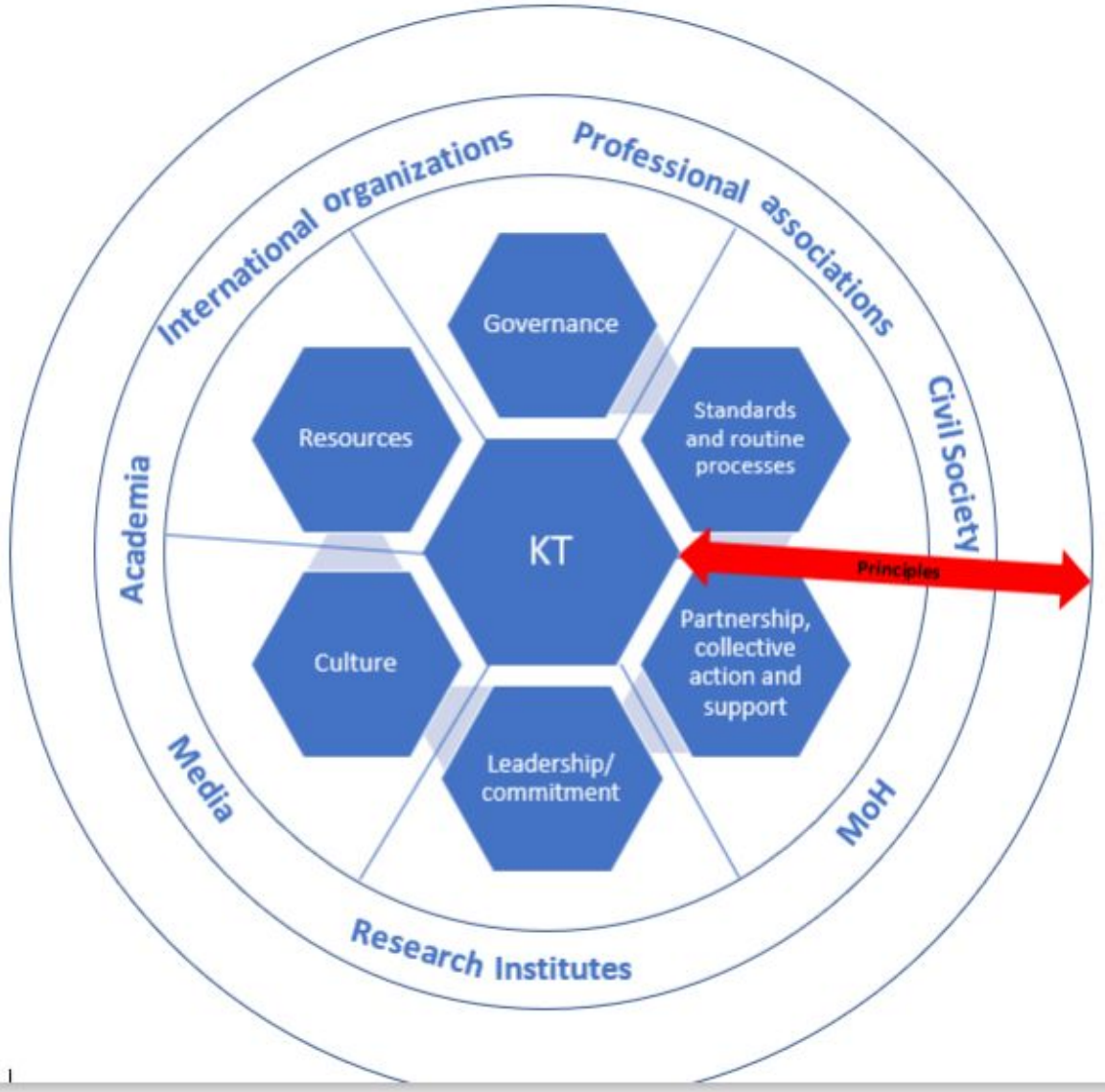
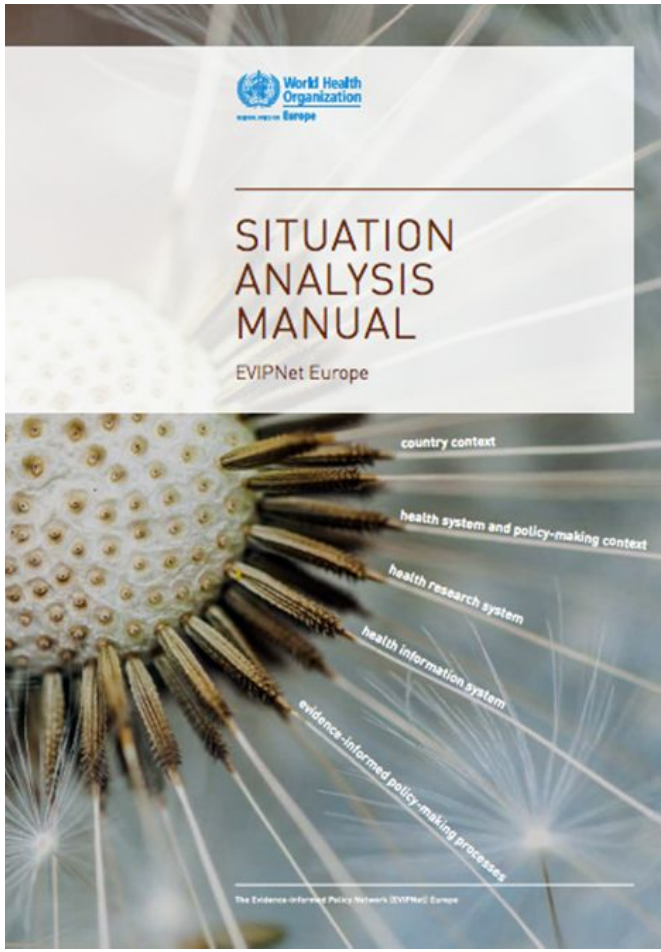
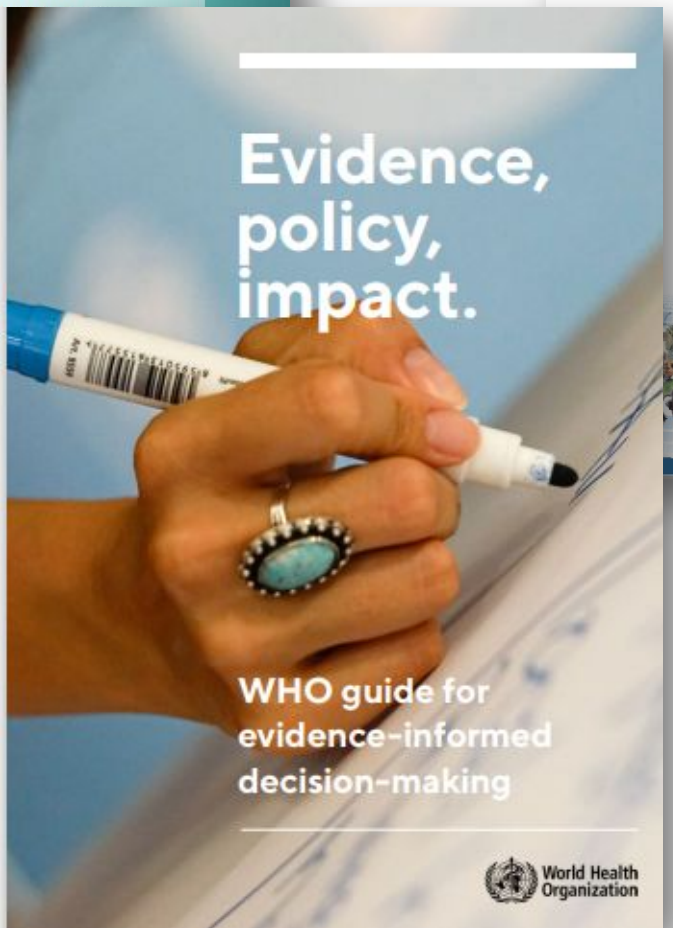
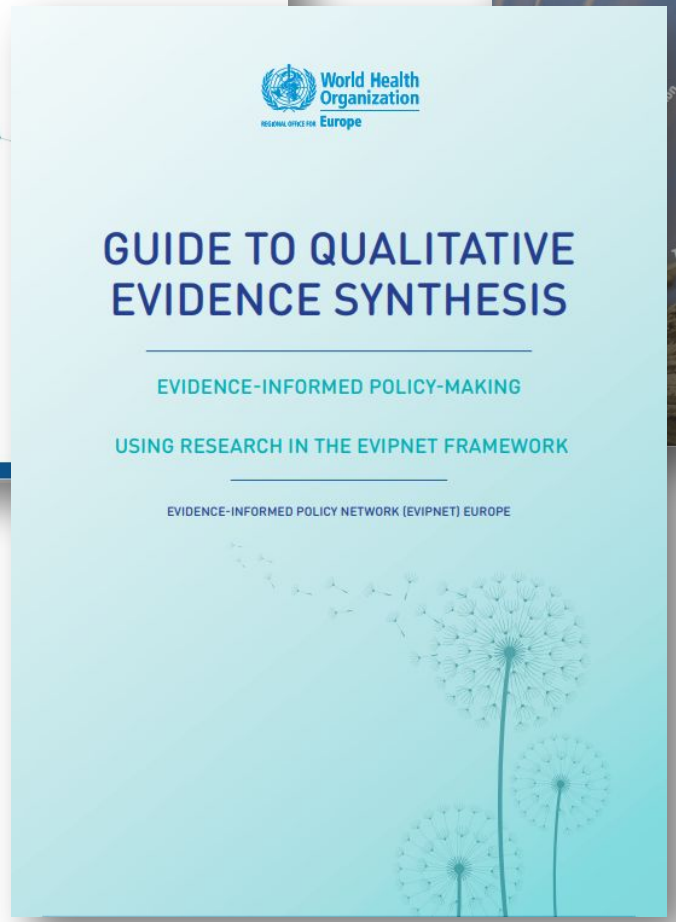






Other resources





Continuous learning and innovation

Example of supporting the policy decisions and actions

ESTONIA: SUGAR-SWEETENED BEVERAGES

MOLDOVA: ALCOHOL CONTROL

„Following the dissemination of the EBP and the policy dialogue in the Republic Moldova, changes to the country's alcohol policies, including on taxation, have been implemented.“

TURKEY: TRANSFATTY ACID

Example: Childhood cancer in Uzbekistan

Inputs: tools, capacity building, mentoring

Multi-disciplinary local team

Led by paediatric haematologist Dr Sapura Ibragimova

Included: policy-makers, paediatric oncologists (cancer specialists), haematologists (blood specialists), evidence-based medicine professionals and representatives from patient groups.

Outcomes

Exceptional example of impactful bottom-up policy-making of an evidence-informed report that put childhood cancer on the national agenda, secured the support of the President of the Republic of Uzbekistan and led to the development of policies and practices that are expected to improve outcomes for children with cancer

Example: Childhood cancer in Uzbekistan

"EVIPNet's hands-on capacity building approach and flexible toolkit enabled us to advance the work on Uzbekistan's national childhood cancer action plan, building on the best available evidence.

The programme of work has gained presidential support and evidence-informed policies and practices are being implemented."

Dr. Elmira Bastikhanova
Deputy Minister
Ministry of Health of the Republic of Uzbekistan

Example: Three cohorts and seven EBPs on AMR

Conclusions

THANK YOU! ANY QUESTIONS?

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