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Organization

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*For better  
decision making*

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***EVIPNet references in  
the scientific literature***

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## 1 - How does EVIPNet work?

**Tharyan, P. (2010). Don't just do it, do it right: evidence for better health in low and middle income countries. Ceylon Medical Journal , 55(1), 1-4.**

The Evidence Informed Policy Network [EVIPNet] is an initiative of the WHO (<http://www.evipnet.org>) that focuses on promoting the systematic use of research evidence in policy making in low and middle income countries. National teams of policy makers, researchers and citizens are facilitated to develop policy briefs offering options that are based on reliable or best available evidence (increasingly using the GRADE approach), and that are locally applicable. This initiative also aims to help develop capacity within countries to undertake relevant research to provide local evidence, while improving health policies and strengthening health systems. If health-policy makers and researchers work together to understand the others' perspectives, and to develop the evidence base and health policies, then not only would they be doing the right thing, but they would also be doing it right.

**GOVERNMENT, H. (2008). Health Is Global: A UK Government Strategy 2008-2013. London: COI. Annex page 76**

*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/evidence/en](http://www.who.int/evidence/en)).

**Graham, I. D. (2007). Knowledge translation at CIHR. Canadian Institutes of Health Research**

*EVIPNET – a snapshot*

EVIPNet was created in 2005, shortly after the Mexico Summit. It describes itself as “a social and collaborative network that promotes the systematic use of health research evidence in policy-making. Focusing on low and middle-income countries, EVIPNet promotes partnerships between policymakers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the most reliable scientific evidence available.” EVIPNet began in Asia, then moved to Africa, and most recently to Latin America. EVIPNet has a very active and helpful website: <http://www.evipnet.org>

Several journal articles about this dynamic network are available including the following: Hamid M et al. EVIPNet: translating the spirit of Mexico. *Lancet* 2005;366:1758-60; EVIPNet Americas: informing policies with evidence. *Lancet* 2008;372:1130-31.

EVIPNet is also linked to the SURE project (Supporting the Use of Research Evidence). This is a collaborative project funded by the European Commission’s 7th Framework Programme. It builds upon and supports EVIPNet in Africa and also the REACH initiative (Regional East African Community Health Policy Initiative). The project involves teams of researchers in 11 African countries, supported by research teams in Europe and Canada. More information about SURE can be accessed through the EVIPNet website (above).

**Lavis, J. N., Lomas, J., Hamid, M., & Sewankambo, N. K. (2006). Assessing country-level efforts to link research to action. *Bulletin of the World Health Organization*, 84(8), 620-628**

Three regional initiatives that offer great promise are in development. The Regional East African Community Health-Policy initiative proposes to establish a unit located within the East African Health Research Council to address all elements of the framework for Kenya, Uganda and the United Republic of Tanzania. The Western Pacific Region of WHO has launched the planning stage of a project known as Evidence Informed Policy Network (EVIPNet) Asia to address many elements of the framework for one municipality in China (Beijing), two Chinese provinces (Shandong and Sichuan), the Lao People’s Democratic Republic, Malaysia, the Philippines, and Viet Nam. The African Region of WHO has launched

a similar programme, known as EVIPNet Africa. The speed with which these regional initiatives are moving suggests they will pioneer new integrated knowledge-translation platforms well before other parts of the world.

**Oxman, A. D., Bjørndal, A., Becerra-Posada, F., Gibson, M., Block, M. A. G., Haines, A., & Wibulpolprasert, S. (2010). A framework for mandatory impact evaluation to ensure well informed public policy decisions. *Lancet (London, England)*, 375(9712), 427**

A 2005 survey of organisations engaged in supporting evidence-informed policy making identified many health technology assessment agencies and clinical practice guideline developers. However, the survey noted few examples of organisations that support the use of research evidence for decisions about health programmes. The Evidence-Informed Policy Network (EVIPNet), one response to the Mexico Statement that was launched by WHO in 2005 is trying to address this deficit. It is an attempt to strengthen the links between research and policy in countries of low and middle income. Teams of policy makers from ministries of health and researchers in more than 20 countries have joined the network. The Region of East Africa Community Health (REACH) Policy Initiative, which was established by Kenya, Tanzania, and Uganda, is another example of efforts to foster increased use of evidence in policy making. However, neither EVIPNet nor REACH has sustainable funding yet.

**WHO Secretariat, EVIPNet Americas. (2008), EVIPNet Americas informing policies with evidence. *The Lancet*, 372(9644), 1130-1131**

*EVIPNet Americas: informing policies with evidence*

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. 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. 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 recognize 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. 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 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.

**Hamid, M., Bustamante-Manaog, T., Dung, T. V., Akkhavong, K., Fu, H., Ma, Y., & Pang, T. (2005). EVIPNet: translating the spirit of Mexico. *The Lancet*, 366(9499), 1758-1760**

Scaling up research and learning for health systems: now is the time, p13 and 14: Translation of research into policy and practice can be accelerated by support for appropriate networks and communities of practice. One example of these is the WHO Evidence-Informed Policy Network (EVIPNet), which promotes the systematic use of health research evidence in policy-making (Box 5). Country teams, linked through regional networks in Africa, Asia and the Americas facilitate policy development and implementation through summarizing evidence, hosting policy dialogues and intensifying exchange between researcher and policy communities.

*Box 5: 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.

*Getting information and evidence into policy-making and practice: strategies and mechanisms. Box12.1 Evidence-Informed Policy Network: EVIPNet*

In response to a call “to establish mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies”, in 2005 the World Health Organization launched the collaborative Evidence-Informed Policy Network (EVIPNet). EVIPNet addresses the integration of two fundamental enabling factors in the process of evidence informed policy-making: best practices to promote interaction among stakeholders that generate and use evidence; and capacity to implement research in a local context. 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. EVIPNet comprises a series of linked (but distinct) networks that bring together national teams, which are coordinated at regional and global levels. Africa, Asia and the Americas each host regional networks, which together work in some 25 countries. At the regional level, EVIPNet is supported by WHO regional offices and by small secretariats responsible for promoting regional coordination. A global steering group facilitates exchange between regions and supports international-level activities. The work is guided by a group of international experts in the evidence-to-policy field, which provides strategic guidance, organizes technical review of EVIPNet proposals, develops innovative methodologies and provides direct technical support to country teams where necessary. A project priority is to identify best practices in developing capacity of both policy-makers and researchers in working with scientific evidence-to-policy links, while engaging citizens and advocacy groups to sustain demand for evidence-informed health policy. Since its inception, EVIPNet has worked collaboratively with the Regional East African Community Health Policy Initiative, an institutional mechanism whose mission is to access, synthesize, package and communicate evidence required for health policy and practice and for influencing policy-relevant

research agendas for improved health equity . Similar initiatives are emerging in other countries, focusing on supporting governments to use research evidence for health policy decisions – although the specific scope of activities, nature of collaborative efforts and research evaluation methods are unique across contexts. For example, country teams may organize workshops to build technical capacity; several promote the inclusion of journalists as observers and advocates. Thus EVIPNet has contributed to creating a supportive political environment for delivery of evidence-informed policies. Recently, country teams have begun to produce policy briefs based on systematic reviews of research, offering policy options that include governance, delivery and financial arrangements adapted to specific country or district contexts and the reality of existing resources. For instance, in February 2008, EVIPNet Africa country teams produced policy briefs to address current policy challenges related to malaria treatment services in their respective countries.

**WHO Research Priorities: Getting Research Findings into Practice for Prevention and Control of Noncommunicable Diseases in Low- and Middle-Income Countries, Working paper series. WHO Meetings on Development of a prioritized Research Agenda for Prevention and Control of Noncommunicable Diseases 2008, 2009, 2010, World Health Organization, Geneva Switzerland.**

In order to benefit from other experiences, various networks, such as the Evidence-Informed Policy Network (EVIPNet) launched by WHO, may serve as important sources of information for policy-makers, together with sources such as the Cochrane Library, which contains systematic reviews of health system research. Young proposes think tanks that can deliver timely and credible research and advice in the right format, and regional networks and supranational organizations that can enhance policy leverage of national and local civil society organizations, as two institutional models that would be especially effective. Even if there is a growing focus on how to implement research into policy and practice, expressed in, for example, EVIPNet, there is still a need to better understand the complexity of research utilization and why “no-do gaps” and implementation failures occur.

**Cravioto, A. (2009). Abstracts of the 12th Annual Scientific Conference (ASCON XII), ICDDR, B, Dhaka, Bangladesh, 9-12 February 2009. Health systems research: people's needs first. In Abstracts of the 12th Annual Scientific Conference (ASCON XII), ICDDR, B, Dhaka, Bangladesh, 9-12 February 2009. Health systems research: people's needs first.. International Centre for Diarrhoeal Disease Research.**

*Abstract for Plenary for Information and Evidence:*

Using research-based knowledge is becoming more democratic too, with research briefings being tailored for different audiences. In line with the WHO policy, there are initiatives worldwide for encouraging evidence-informed decision-making. For instance, EVIPNet (the Evidence Informed Policy Network) is a WHO initiative that encourages policy-makers in low- and middle-income countries to use evidence generated by research. SUPPORT is an international network spanning Latin America, sub-Saharan Africa, and Europe providing training and support for both doing and using research relevant to low- and middle-income countries

**Cheung, A., Lavis, J. N., Hamandi, A., El-Jardali, F., Sachs, J., & Sewankambo, N. (2011). Climate for evidence-informed health systems: A print media analysis in 44 low-and middle-income countries that host knowledge-translation platforms. Health Research Policy and Systems, 9(7), 10.**

For example, print media analysis is part of the monitoring and evaluation framework for the WHO-sponsored Evidence- Informed Policy Networks (EVIPNet). Print media coverage can inform an understanding of the context in which KT platforms are operating, and this context may influence whether their activities and out- puts translate into outcomes and impacts. Print media coverage can also provide an independent assessment of the KT platforms' activities (namely priority-setting processes and policy dialogues) and outputs (namely policy briefs, which are one form of packaged health research evidence), as well as outcomes (namely that health research evidence about high-priority policy issues is more readily available). In order to understand one dimension of the climate for evidence-informed health systems and to provide a baseline for an evaluation of KT platforms, we carried out a print media analysis in the 44 countries in Africa, the Americas, Asia, and the Eastern Mediterranean that host

(or have signaled their intent to host) a local EVIPNet or similar type of KT platform. In total we studied 47 jurisdictions because we included both China as a whole and the three Chinese provinces that host a local EVIPNet. The focus of our media representation study was whether and how policymakers, stakeholders, and researchers talk in the media about three topics: policy priorities in the health sector, health research evidence, and policy dialogues regarding health issues. For each topic we analyzed media messages for particular themes and constructs.

**Van Kammen, J., de Savigny, D., & Sewankambo, N. (2006). Using knowledge brokering to promote evidence-based policy-making: the need for support structures. *Bulletin of the World Health Organization* , 84(8), 608-612.**

A possible solution includes more permanent identifiable mechanisms such as the Health Evidence Network or other regional networks such as the national evidence partnerships and evidence-informed policy networks (EVIPNet) being proposed by WHO (discussed elsewhere in this issue).

## **2 - EVIPNet activities**

EVIPNet activities at the country level are jointly led by local policy-makers and researchers and are designed to meet the specific needs of each country. Country activities currently supported under the EVIPnet umbrella include:

- Production of policy briefs and other user-friendly formats for research synthesis and discussions of policy options
- Establishment of priority-setting mechanisms for policy-relevant research syntheses and primary research;
- Production of research syntheses;
- Production of policy briefs and other user-friendly formats for research syntheses and discussions of policy options;
- Organization of 'safe haven' deliberative forums involving policymakers, and researchers and citizens groups to stimulate context-specific, evidence-informed local action; Investigation of the potential of clearinghouses, observatories and rapid response mechanisms that might provide timely, high-quality research syntheses and research relevant to policy.

In addition, at the regional and global levels EVIPNet supports:

- Capacity strengthening and empowerment of policy-makers, researchers, representatives of civil society to enable them to make better use of evidence in policy-making and advocacy;
- Interactive learning processes building

### **Viergever, R. F., & Ghaffar, A. (2011). Reviews of WHO Documents on Health Research**

Translation of research into policy and practice can be accelerated by support for appropriate networks and communities of practice that could take responsibility for identifying topics for systematic reviews, developing actionable messages for policy makers from such reviews, and promoting interactions between researchers, policy makers, and other stakeholders. Such networks and communities should exist on a global level and within countries to support national decision making. One global example is the WHO Evidence- Informed Policy Network (EVIPNet). WHO has a crucial role to play in fostering the development of such networks and communities and should also further develop its knowledge brokering role at country level

#### **2-1 EVIPNet Eastern Mediterranean (EMRO)**

#### **A multi-faceted approach to promote knowledge translation platforms in eastern Mediterranean countries: climate for evidence-informed policy Health Research Policy and Systems 2012, (10)15, 22**

WHO Eastern Mediterranean Regional Office (WHO EMRO) emphasized, in its strategic directions for research for health, the forceful implementation and expansion of research for health as a fundamental tool for health development and informing health policy. In response to these repeated calls to action, KT platforms, which are partnerships between policymakers, researchers, civil society groups, and other key health system stakeholders, are being established worldwide by the WHO's Evidence-Informed Policy Networks (EVIPNet), to facilitate the process of translating research evidence into policy and action. Some of the activities supported by these KT platforms include production of research to address health policy priorities, systematic reviews, and policy briefs as well as the development of policy dialogues that bring different health actors together

for strengthening evidence informed policies. So far, EVIPNet regional and country teams have been well established in Africa, the Americas, and Asia. In January 2009, EVIPNet was launched in the EMR, specifically in; Bahrain, Egypt, Iran, Jordan, Libya, Lebanon, Morocco, Oman, Pakistan, Sudan, Syria, Tunisia, and Yemen. EVIPNet EMR is a network coordinated by the regional office of the WHO and led by individuals at the country level, mostly those working in ministries of health in certain countries. For instance, there are established EVIPNet teams in Sudan and Jordan. It is worth noting that the authors of this paper are not actively engaged in EVIPNet activities in their country but they are researchers working at the department of health management and policy at the American University of Beirut, Lebanon. We invited senior policymakers, stakeholders, and researchers from 11 countries to a meeting that was conducted in Beirut on December 2010. Study activities took place during two full days of the meeting. Countries included in this study were selected based on their interest and participation in EVIPNet EMR. These are: Algeria, Bahrain, Egypt, Iran, Jordan, Lebanon, Oman, Sudan, Syria, Tunisia, and Yemen. Purposive sampling of policymakers, stakeholders, and researchers was used to select participants. The sampling frame for the selection of respondents was adapted from a similar tool developed in Canada. It included the following from each country:

- Policymakers at the national level including; senior officials from the MOH, civil society members, and health professional associations.
- Senior health systems researchers within national research institutions, universities, national governments.

Members of EVIPNet EMR from each country were asked to identify three to five potential participants based on the categories of the sampling frame. To elicit views and practices about the current processes and weaknesses of health policymaking and identify policy brief priorities and country-specific requirements for establishing KT platforms, participants from the same country were grouped together during the two days of the meeting. Following each activity, country teams discussed their responses with other teams to identify cross-cutting issues and promote exchange. WHO EMRO's support for strengthening KT in the region was recently highlighted in its strategic directions, which called for promoting the concept of EVIPNet in the region and enhancing policy advocacy for needed buy-in and support. Finally, our approach can be replicated in other national and regional contexts as an effective strategy for initiating, promoting and strengthening KT. Our study resulted in the development of templates to guide countries in identifying windows of opportunity, priority topics for policy briefs,

and to develop country action plans for KT platforms. These can be utilized for conducting future capacity-building sessions and for gathering more information on policymaking processes.

### **Dr El-Jardali wins the Global Health Leadership Award – Interview - HUMAN & HEALTH - No10 - January 2010**

Point 6- What other countries have done and what about countries in our region? The uptake of research evidence into policy is not only a challenge in our region. Several regions and countries have been challenged by this issue. Many countries such as Canada and some other European countries have embarked on big initiatives to promote a new culture of decision making. Many countries have established knowledge translation platforms in collaboration with Evidence Informed Policy Networks (EVIPNet). The mandate of EVIPNet is to help inform policies by evidence and to help make better use of existing evidence. There is no doubt that we can learn a lot from them. By the way, last January 2009, and in collaboration with WHO, we launched here in Beirut the EVIPNet East Mediterranean Region (EMR) and so far 14 countries from the region have participated in this initiative. In addition, a WHO meeting was recently organized in Lebanon to strengthen the role of academic institutions to help inform policies. And the Faculty of Health Sciences at AUB and other institutions in Lebanon contributed well to this meeting. The meeting was well attended by many researchers and policy makers from the region and it helped create a network to help move this forward. In short, efforts have been mobilized in several countries in our region in order to strengthen the use of evidence in decisions and some of them are establishing partnerships between academia and policy makers.

**Afzal, M. (2008). Health research in the World Health Organization Regional Office for the Eastern Mediterranean. Eastern Mediterranean health journal La revue de santé de la Méditerranée orientale al-Majallah al-ṣiḥḥiyah li-sharq al-mutawassiṭ , 14, S67.**

The Regional Office has also planned to establish an EMR evidence-informed policy network (EM EVIPNet), which will bring together policy-makers, health systems managers and researchers to develop a continuous and sustainable mechanism to promote the access and use of research evidence (primarily systematic reviews), focusing on emerging needs experienced by local, national

and regional health authorities and shaped by the local context. In addition, EM EVIPNet will enhance linkages between the producers and users of evidence and will provide training opportunities that will develop the capacity of decision- and policy-makers to access and apply evidence in low- and middle-income countries of the Region.

**El-Jardali, F., Lavis, J. N., Ataya, N., & Jamal, D. (2012). Use of health systems and policy research evidence in the health policymaking in eastern Mediterranean countries: views and practices of researchers. *Implementation Science*, 7(1), 2.**

This multi-country study was conducted in 10 Eastern Mediterranean countries selected based on their interest and participation in the launch meeting of the Evidence Informed Policy Network- Eastern Mediterranean Region (EVIPNet EMR), which is a social network that encourages the use of evidence in the policymaking process and includes researchers, policymakers and civil society members from the EMR. Surveyed countries are Algeria, Bahrain, Jordan, Lebanon, Oman, Pakistan, Palestine, Sudan, Tunisia, and Yemen. EVIPNet EMR members were asked to act as focal persons for this study and coordinate activities at the country level including selection of respondents and facilitating the administration of the survey.

*Results of the study:*

Health policymakers in several Middle Eastern countries recognize the importance of using health systems evidence in health policymaking. Our findings show that there are no negative attitudes by policymakers toward research evidence, its use, and benefits in the policymaking process. Strengthening health policymaking by using effective KT strategies requires serious efforts by both policymakers and researchers. This study identified barriers and facilitators for the use of health systems evidence in policymaking and it is hoped that the findings would prompt policymakers and researchers to start a dialogue and cooperative relationships. Our study shows that fostering evidence- informed policymaking requires a clear understanding of the national contexts in which policy decisions are made. The process through which evidence from health systems research is utilized in policymaking is complex and multidimensional. To make significant impact on policy decisions, one must reflect a deeper understanding of the context in which these decisions are made. Future studies from the region should also focus on

investigating how policymakers “use” or “not use” health systems evidence in relation to certain policy issues, and how evidence interacts with context. In addition, future research should focus on assessing policymaking organization capacity to acquire, assess, adapt and apply research evidence. Future studies could also focus on exploring the link between the use of evidence and health status indicators in a given country. Lastly, our study findings are important and timely in light of the changes that are unfolding in some Arab countries. Findings can provide some insights in setting the agendas for the new regimes as they strive to strengthen health systems and policy. Also, they can provide a baseline to undertake an analysis of the underlying transformations and their respective health policy implications including the way evidence will be used in the future into policy decisions. Study findings can also help inform and direct future plans and activities for the EVIPNet EMR and Middle East and North Africa (MENA) Health Policy Forum, in addition to being useful for countries that host or are planning to host KT platforms in the region.

#### **EVIPNet in Oman**

#### **Sultanate of Oman – Ministry of Health, (2009) Community Health & Disease Surveillance Newsletter, 18(4)**

*Oman: The Role Model for National Health Research System*

#### **Key Messages**

“EVIPnet promotes partnerships at the country level between policymakers, researchers & civil society through the use of the best scientific evidence available.”

“The EVIPnet activities at the country level are jointly led by local policy-makers and researchers and are designed to meet the specific needs of each country.”

“Capacity strengthening & empowerment of policy-makers, researchers, representatives of civil society to enable them to make better use of evidence in policymaking & advocacy.”

EVIPnet’s pragmatic efforts to directly support evidence-informed health systems have focused primarily on regional and national capacity-building activities to produce and plan the evaluation of policy briefs and secondarily on organizing

and planning for the evaluation of national policy dialogues at which the policy briefs are discussed. In keeping with a 'learning by doing' approach and learning together to better work together in a sustainable, empowered way, both a senior policymaker or programme officer and a researcher from each country team produce a draft policy brief about how to address one of many current policy challenges. For instance, representatives of six EVIPnet Africa countries (Burkina Faso, Cameroon, Central African Republic, Ethiopia, Mozambique, and Zambia) and from the East African Community participated in a workshop in February 2008, in Addis Ababa to produce a draft policy brief about how to address one of many current policy challenges: how to support the widespread use of artemisinin based combination therapies (ACT) to treat uncomplicated falciparum malaria in their respective countries. They are currently in the process of reviewing and finalizing the policy brief. EVIPnet country teams and expert members of its Resource Group provide opportunities for: Identifying priority policy issues and questions. Checking the quality of available systematic reviews, guidelines, and other relevant research results to help identify and/or formulate policy options that better address health systems issues. In this process, country teams then move on to consider whether to confirm or change delivery, financial, and governance arrangements that must be put in place to address a priority issue. Finally, country teams may consider how best to support the necessary changes to the behavior of those involved in the implementation of the policy at all levels (policy makers, public health managers, care-givers, community health workers, and communities of users of the health system). The country teams draw on several overviews of systematic reviews, including ones examining the effects of alternative delivery, financial and governance arrangements, supporting behavior change, and many single studies that had been conducted in their own country or region. Each country team prepares a policy brief presenting at least three viable policy options for addressing the selected priority issue, each comprising different "bundles" of the aforementioned delivery, financial and governance arrangements within their respective health systems, and potential strategies for supporting the implementation of the policy options. Also helpful is the identification of 'policy paths,' that facilitate the understanding of who are the main stakeholders in the implementation of these specific policies (including in other sectors outside the health sector). Each policy option is accompanied by an assessment about what can reasonably be expected (in terms of both costs and consequences) in the country's health system by pursuing each of the policy options, as well as a description of any gaps in our understanding about what can

be expected. The assessments are based on the best available research evidence that had been examined for its quality and local applicability and for equity and scaling up considerations. Another key step in the EVIPnet knowledge translation process is that each country team convenes a national policy dialogue, and invites senior government officials and key stakeholders (including civil society groups) to participate in a discussion about how both the public and private sector can best support addressing the selected priority issue. The policy brief will be a key input to this discussion, but so too will be local information about on-the-ground realities and constraints, values, interest group dynamics, tacit knowledge, best practices, and institutional constraints. The whole process is monitored and evaluated to make sure we learn and disseminate best practices in evidence-informed policymaking.

*National Workshop on Adolescent Mental Health: New Evidence for Policy Implications in Oman (EVIPnet approach)*

This workshop was conducted on 22nd April 2009 under the patronage of H.E. Mr Saif bin Ahmed Al-Rawahi, Undersecretary, Administrative and Financial Affairs, Ministry of Health, Sultanate of Oman. Dr Rachel Jenkins, Director WHO Collaborating Centre-Head of Section Mental Health Policy & Visiting Professor London School of Hygiene and Tropical Medicine was the chairperson. Dr Jenkins was on special visit to Oman as the WHO Consultant for the Oman Mental Health National Strategic Action Plan.

Aim: To disseminate findings to stakeholders for policy planning.

Objectives:

- To transfer knowledge gained from the survey in support of Evidence Based Public (Mental) Health.
- To use present survey evidence to improve present health policy and planning
- To bridge the gap between policy makers, researchers and end users
- To identify research gaps related to mental health policy issues

A total of 60 participants consisting of Decision makers from the Ministry of health, Religious leaders, WHO expert in Mental Health, representatives from Ministry of Education, Ministry of Youth Affairs and Royal Oman Police, Local experts in mental health from MoH and SQU, School health authorities and Program managers. The following two reports along with the policy briefs were distributed on the occasion: Prevalence of mental disorders among adolescents; Experiences to improve evidence-to policy methods; Monitoring and evaluation

processes that document the lessons learned from the use of an array of evidence-to-policy processes in different contexts. Information exchange - disseminating successful methods and tools, experience and best practices among partners and other countries, mostly through the EVIPnet Portal –an internet-based platform, and WHO country offices.

*Opportunities for Eastern Mediterranean Region:*

- Strengthen existing regional and national initiatives (not re-inventing the wheel)
  - Benefit from existing methodologies (Tool Kit; workshops; sharing best practices) that can be adapted, adjusted.
  - Scale: Regional and global Contribute to global network: "cross pollinate"
- Basic suggestions to start EVIPnet-Eastern Mediterranean Region:
- Keep as simple as possible (reality is already complex)
  - Don't delay, begin today
  - Solicit high level support (Ministers of Health, WHO/EMRO Regional Director)
  - Start individual and institutional network
  - Identify and commit funds
  - Identify priorities and agree on a common regional priority.
  - Organize a regional policy brief workshop with policy makers and researchers to produce
  - 1st policy briefs

**2-2 EVIPNet Americas (PAHO)**

**Focus on Health (2009), 8(7)**

In 2007, Bolivia and Mexico joined the Evidence- Informed Policy Networks (EVIPNet, [www.evipnet.org](http://www.evipnet.org)), sponsored by the World Health Organization. Canada has provided Knowledge Translation expertise and research and development funding to EVIPNet and similar initiatives. The Canadian Coalition for Global Health Research, with the support of the Pan American Health Organization, also organized in 2007 a workshop in Bolivia aiming at perfecting the proposal for research in health for Bolivia. Substantive government

stewardship and investment remains essential to strengthen national research capacity in Bolivia.

### **EVIPNet in Trinidad and Tobago**

**Barnwell, G., & Cummings, R. (2009). Climate change and health: current vulnerabilities and priorities for action. Commonwealth Health Ministers' Update 2009, 74-76.**

The Ministry of Health is in the process of planning and implementing an Evidence Based Policy Network (EVIPNet). The establishment of such a network in Trinidad and Tobago will facilitate the availability of timely and credible evidence for use in decision making and policy development.

### **Simeon, T., D. (2009) Health Research Policy for the Caribbean**

In addition to indigenous Caribbean institutions, other agencies such as the Pan American Health Organization (PAHO) have contributed to efforts to strengthen health research in the Region. PAHO is playing an important role in launching the 'EVIPNet' (Evidence Informed Policy Networks) concept in the Americas, which is about to be introduced in the English speaking Caribbean. The concept of EVIPNet is consistent with pre-existing plans to establish a multidisciplinary Caribbean Regional Network for Policy and Health Systems Research (RENPHER). RENPHER, which is intended to be housed within the UWI and would be under the aegis of CHRC, will facilitate both direct and indirect research-related technical and capacity building support to policy makers and managers in the health sector.

### **EVIPNet Brazil: Implementation at municipalities levels**

**Barreto, J. O. M., & Souza, N. M. (2013). Making progress in the use of health policies and practices informed by evidence: the Piripiri-Piauí experience. *Ciência & Saúde Coletiva*, 18(1), 25-34.**

Evidence-informed decision making (EIDM) can optimize health services and systems. EIDM involves defining problems, identifying measures to tackle them,

assessing the quality of global and local evidence and translating it for the main stakeholders in line with social values and laws. Brazil encourages the use of EIDM in health policy in Piripiri, a municipality of 61,840 inhabitants in the country's poorest region, and launched Brazil's first Evidence Use in Health Care (NEv) center in 2010. The development and preliminary results of the NEv center are reported and its vision, composition, mandate, and activities are presented. The NEv center experience has the support of the Evidence-Informed Policy Network, the Latin American and Caribbean Center of Information on Health Sciences and federal and municipal governments. The decentralization of financing and the provision of healthcare services, the expansion of EIDM in management, and the local political context illustrate the progress of the experiment. Its activities include the production and dissemination of deliberative briefs and dialogues with opinion shapers, workers and health service users. Monitoring and evaluation are underway and the results will help to broaden the scale of activities in Brazil and abroad.

**Barreto, J. O. M., Souza, N. M., Abdala, C. V. M., Panisset, U., de Melo, G., & Pinto, R. R. (2012). Curso 'Uso de evidências na gestão municipal da saúde': uma experiência pioneira. Revista Brasileira de Medicina de Família e Comunidade, 7(23).**

Workshop on the use of evidence in municipal health management: a pioneering experience

This paper presents the experience of a workshop on the use of evidence in municipal health management held during the XXVI Congress of CONASEMS that aimed to promote the incorporation of research evidence to inform the decision making process by managers and healthcare providers. The workshop was designed, planned and conducted within EVIPNet Brazil institutional partnerships EVIPNet and its outputs comprised relevant discussion on strategies and tools for dissemination and use of research evidence for the management of the Unified Health System in Brazil.

## **2-3 EVIPNet Western Pacific Asia (WPRO)**

**Wang, J., & Jin, X. (2011). Translating evidence into policy in China: opportunities and challenges. *Frontiers of Medicine*, 5(3), 315-320.**

*Improving the accessibility and availability of sound evidence:*

Evidence-informed Policy Network (EVIPNet) In 2005, EVIPNet was launched by the WHO, the purpose of which was to promote evidence-informed health policy making and to improve health systems and population health. The global EVIPNet website is [www.evipnet-china.cn](http://www.evipnet-china.cn). From 2007 to 2008, three sustainable regional networks between key stakeholders in China (Beijing, Shandong, and Sichuan) were established. The research teams in EVIPNet-China aim to identify and address priority topics in the country where a perceived need to strengthen the systematic use of research evidence to make informed decisions on policies for health has been identified. However, advocacy and dissemination cannot adequately influence policy change and implementation in practice through the model used by EVIPNet-China. A survey from the EVIPNet-China Shandong site showed that the current status of and the factors affecting evidence informed public health decision making are not understood fully. Decision makers still have poor awareness of evidence informed decision making, and the linkage between policy makers and researchers is inadequate.

**Lansang, M. A., Alejandria, M., Banzon, E., Castillo-Carandang, N., & Juban, N. A**  
**RAPID SITUATIONAL ANALYSIS OF HEALTH POLICY AND SYSTEMS RESEARCH IN**  
**THE WESTERN PACIFIC REGION.**

A promising example of a regional network that aims to bridge the gap between research and policy is the Asian node of the recently established Evidence-informed Policy Networks (EViPNET). The pilot launch involved five countries in Asia with 7 country teams (see Box 4). Proposed country projects are to be implemented in 2006 and beyond, with a projected five-year timeframe for well-performing teams.

*Box 4. Evidence-informed Policy Networks (EViPNET):*

The EViPNET is proposed to support health decision-making and policy formulation in low-income and lower middle-income countries. Its mission is to improve health and reduce health inequities by increasing decision and policy-makers' access to and the use of high quality evidence. This model network is intended to strengthen the links between the creation and use of knowledge, and subsequently reduce the gap between knowledge and practice. The 'networks' concept was developed in response to a resolution from the May 2005 World Health Assembly, specifically: "to establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and health care delivery systems and evidence-based health-related policies". The Networks main functions are: 1. Acquire, assess and adapt evidence 2. enhance linkages among producers and users of research 3. provide training 4. design and advise on strategies to promote the uptake of evidence as well as study new methods on knowledge dissemination and application 5. advocate for evidence use 6. identify health research gaps and communicate the need for new research and systematic reviews. The pilot launch of EViPNET was held in June 2005 during a consultation workshop in Kuala Lumpur, Malaysia. This workshop was supported by WHO (Dept. of Research Policy and Cooperation as well as the Western Pacific Regional Office), in collaboration with: the Alliance for Health Policy and Systems Research, the Netherlands Organization for Scientific Research, the Canadian Health Services Research Foundation, and the Canadian Institutes of Health Research. The Network initially involves 7 teams from 5 Asian countries (China with 3 subnational teams, and country teams from Laos, Malaysia, the Philippines and Vietnam). Additional support for the Network's ongoing and future activities in Asia is being sought, even as preparations for the launch of a similar network in Africa are being made. For effective implementation of the network, it is critical that the network be adapted to match local capacity and needs. The following components should be considered to maximize the potential for success: Identifying and building the right team; Defining an appropriate catchment area; Identifying and initiating relevant partnerships and linkages; Promoting commitment from key stakeholders; Setting priorities on content topics to be

tackled; Identifying the location of the network; Planning of realistic milestones for evaluation; and o Identifying local financial and in-kind support.

### **3 - EVIPNet Outcomes**

**CHAMBERS, D., WILSON, P. M., THOMPSON, C. A., HANBURY, A., FARLEY, K., & LIGHT, K. (2011). Maximizing the Impact of Systematic Reviews in Health Care Decision Making: A Systematic Scoping Review of Knowledge-Translation Resources. *Milbank Quarterly*, 89(1), 131-156.**

#### **3-1 Characteristics of Policy Briefs Based on Systematic Reviews**

The EVIPNet and HEN products were described as using the best available evidence and varied in their use of systematic reviews. Only one of the three series was produced in response to policymakers' requests, and one addressed the local context for implementation. To the best of our knowledge, ours is the first systematic review of this field. The results reveal a wide range of systematic review–based services for policymakers. Summaries were the most common, followed by overviews. The few policy briefs may reflect the labor- and knowledge intensive nature of this type of service. A number of new EVIPNet policy briefs on improving access to malaria treatment in Africa were published while we were working on this review (EVIPNet 2010), and such products may become increasingly available in the future. The summaries and overviews varied in their features and target audience. EVIPNet (Evidence-Informed Policy Networks). 2010. EVIPNet Policy Briefs on Malaria Treatment. Available at <http://www.who.int/evipnet/policybriefs/en/index.html> (accessed November 8, 2010).

Product description: WHO EVIPNet Website includes documents produced by various organizations and in various formats. Methodology as described meets criteria for policy briefs based on systematic reviews. Briefs vary in the extent to which they are based on systematic reviews.

**Lavis, J. N., Røttingen, J. A., Bosch-Capblanch, X., Atun, R., El-Jardali, F., Gilson, L., & Haines, A. (2012). Guidance for evidence-informed policies about health systems: linking guidance development to policy development. PLoS medicine, 9(3), e1001186.**

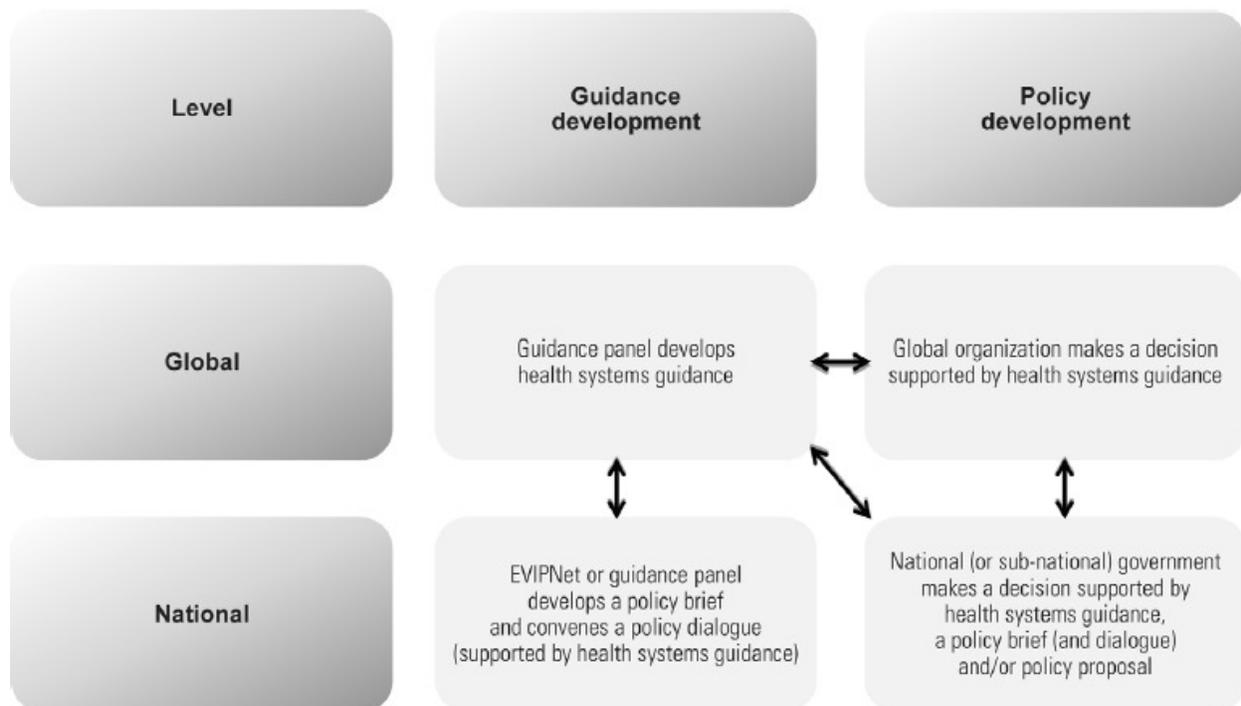
### **3-2 Guidance Development at the National Level**

A national Evidence-Informed Policy Network (EVIPNet, see Text S1) sponsored by government or a guidance panel appointed by government (or other groups provided their members have the skills and experiences for such work) could draw on the global guidance to develop a country specific policy brief that contextualizes the health system problem, options for addressing the problem, key implementation considerations, and (possibly) monitoring and evaluation considerations. The policy brief could draw on context-specific data and research evidence in each of these domains and could take into consideration any global decisions that might be considered binding on the country. A recent example of such an effort is the policy briefs that were developed to scale up the widespread use of artemisinin-based combination therapy to treat malaria. In this instance, global guidance spurred (but did not fully support) the national guidance development processes that EVIPNets undertook in several African countries and regions. An EVIPNet could also convene a policy dialogue that allows the data and research evidence contained in the policy brief to inform and be considered alongside the views, experiences, and tacit knowledge of those who will be involved in, or affected by, future decisions about the health system problem. The evidence brief and dialogue summary could then be used by the national government to inform a decision.

### **3-3 Policy Development at the National Level**

The division of labour could also be examined prospectively by examining cases where guidance is being developed at the global level and EVIPNets (among others) are drawing on this guidance to develop national policy briefs and convene national policy dialogues. Additional insights could be derived by examining the lessons learned in the field of health technology assessment where a similar need for a division of labour has been documented, albeit mainly at the level of drugs, devices, and other technologies. EVIPNets or guidance panels at the national level, and national (or sub-national) governments, as well as the conditions under which global organizations have a legitimate role in making decisions about health systems. A complementary research agenda could focus

on assessing frameworks and approaches to supporting system and political analyses, particularly in the difficult (but not uncommon) situation where a health system intervention is actually a complex bundle of interventions that can interact in helpful and unhelpful ways. The results of such research could inform ongoing modifications to the division of labour that we propose in this paper to ensure that limited resources are used wisely and that both the best available research evidence and the contextual insights of key stakeholders informs guidance development and policy development.



**Figure 1. Potential links between guidance and policy development at global and national levels.**  
 doi:10.1371/journal.pmed.1001186.g001

### **3-4 Policy briefs and evidence summaries**

**Andermann, A. (2012). Evidence for Health: From Patient Choice to Global Policy. Cambridge University Press.**

While still a work in progress, the EVIPNet Portal (<http://global.evipnet.org>) is building up a repertory of EVIPNet Policy briefs which synthesise the research evidence and offer evidence-informed and contextualized policy options in a user friendly format to support well-informed policy decisions. Indeed, such policy briefs, which are free from technical jargon and highlight key messages in a brief executive summary, dramatically increase the likelihood that policymakers will read, consider and apply the evidence where appropriate. The EVIPNet partners with multiple organizations to produce these policy-relevant evidence syntheses, including the Alliance for Health Policy and Systems Research (AHSPR), the Health Evidence Network (HEN), and the international collaboration Supporting Policy Relevant Reviews and Trials (SUPPORT). Similarly, the Cochrane Collaboration produces “Cochrane Summaries” to make their systematic reviews more readily accessible to a wider audience of knowledge users. These “free-form” half-page summaries provide the main conclusions of the Cochrane Review in lay terms, and also have a link to the more structured abstract.

### **3-5 Examples of review-derived products targeted at policymakers and stakeholders.**

**Lavis, J. N. (2009). How can we support the use of systematic reviews in policymaking?. PLoS medicine, 6(11), e1000141.**

Policy briefs\*: Reviews that inform problem definition, policy option characterization, and policy implementation-strategy characterization at the country level, with a particular focus on countries in Africa, Asia, and the Americas with formally established evidence-to-policy partnerships (EVIPNet).

\*Systematically and transparently identify, select, appraise, and synthesize systematic reviews, research studies, and context-specific data in order to address all elements of a policy question in order to: (1) allow policymakers to define the underlying problem, characterize policy and program options to address the problem, and identify implementation considerations; (2) allow policymakers to identify gaps in coverage by existing systematic reviews, studies, and context-specific data that will need to be filled

### **WHO Evidence for antimalarial policy and access - TDR BL9 • 2009 WHO Report**

Evidence from the large-scale trial contributed evidence in support of new WHO 2009 treatment recommendations by the Malaria Treatment Guidelines Committee. Policy briefs related to the study and disseminated through WHO (EVIPNet) have also been cited repeatedly by policy-makers. The publication has won the annual award of the British Medical Journal (BMJ) as the research paper of the year.

**Murthy, L., Shepperd, S., Clarke, M. J., Garner, S. E., Lavis, J. N., & Roberts, N. W. (2011). Interventions to improve the use of systematic reviews for clinical and commissioning decision-making. The Cochrane Library.**

Description of the intervention Interventions can be a structured summary of systematic review evidence, for example SUPPORT summaries and policy briefs (eg EVIPNet summaries).

**Alonso, E., Beltramelli, F., & Steibel, F. 5. POLICY, RESEARCH AND ONLINE PUBLIC CONSULTATIONS IN BRAZIL AND URUGUAY. IMPACT 2.0, 87.**

Both Claeys's efforts to use a wiki to involve policymakers, academics, and NGOs to draft definitions of key concepts for social development policy and EVIPNet's use of a social networking platform to support the collective drafting of policy briefs were designed to producing concrete outputs and to create an online space where the various actors could work together and develop trust. They also underscore the importance of establishing clear and well-defined objectives in terms of the desired outcome of collaborative work (for instance, executive summaries on specific health policies, as in the case of EVIPNet), and of the tools

selected to create spaces for this collaboration (the lack of knowledge and practical experience in using a wiki application was one of the main obstacles faced by the claeH project).

### **3-6 EVIPNet National Policy Dialogue**

**Bennett, G., & Jessani, N. (2011). The Knowledge Translation Toolkit: Bridging the Know-do Gap: a Resource for Researchers. SAGE Publications Pvt. Limited.**

#### **BOX 6.7 EVIPNet—Triggering National Policy Dialogues**

In February 2008 in Addis Ababa, Ethiopia, an EVIPNet workshop brought together seven African teams, each composed of a senior decision-maker and researcher..In plenary and group work, each team developed a policy brief focused on how to support the use of artemisinin-based combination therapies (ACT) to treat uncomplicated falciparum malaria. Through the work of EVIPNet’s Global Resource Group, country teams drew on a wealth of systematic reviews (on ACT, on delivery, financial and governance arrangements; on behaviour change) and single studies conducted in their own country or region. Following the one-week workshop, teams returned home to stage a national policy dialogue (NPD) at which the policy brief featured prominently in a discussion among key officials and stakeholders.

#### **BOX 5.11 How REACH used “Safe Harbour” Meetings**

The dialogue around the creation of the REACH-Policy initiative identified the need for “safe harbour” meetings. The EVIPNet teams have modified this into a “National Policy Dialogue” to emphasize the level (National) and the task (discussing national policy).

### **3-7 EVIPNet applied in the context of Vaccine and Immunization in WHO and National Immunization Technical Advisory Groups (NITAGs)**

#### **AMP Scientific Advisory Board 2012: Activity Updates & Scientific Communication (2010-11)**

Main achievements in 2011: A technical workshop organized at the West African Health Organization (WAHO) headquarters, bringing together WAHO, WHO (EVIPNet), and SIVAC to discuss the generalization of support for the establishment of NITAGs in the region. It was agreed that SIVAC would transfer

the country driven methodology for supporting the establishment of such committees to WAHO and its partners.

### **3-8 EVIPNet applied in the context of Patient safety in WHO**

#### **World Health Organization, APPS team (2010). African Partnerships for Patient Safety, Spread The APPS Approach**

The work of other agencies is also important. Of particular note, APPS is working in collaboration with WHO EVIPNet to build support structures that strengthen the interface between patient safety evidence and policy.

#### **World Health Organization, APPS team (2013). African Partnerships for Patient Safety, Resource Map**

EVIPNET Guidelines and Tools for Policy Briefs: A collection of tools from WHO EVIPNET (Evidence Informed Policy Network) including 'Terms of Reference' and 'Policy Brief Checklist' that aids in the conversion of research evidence into policy briefs on public health issues.

Benefit: A comprehensive yet concise way of capturing and utilizing research evidence for framing health policies which is easy to follow and replicate in different health systems. Sets of questions provided in the Terms of Reference, guide the user in considering local applicability, equity and scaling up

Case study: EVIPNet success stories in Africa are available: <http://www.evipnet.org/php/level.php?lang=en&component=102&item=18>

Focusing on stories from Burkina Faso, Uganda and Cameroon  
Burkina Faso: After policy dialogue, the ministry of health decided to include proposed policy options in the 7th Global Fund project. The implementation process started already as a pilot for the lay health workers activities in 3 districts and to fully implement options to engage the private sector in adhering to national guidelines about subsidized drugs in all settings (pharmacies, clinics) and to ban monotherapies. After M&E of the pilot projects the lay health worker options a large scale implementation of lay health workers activities will be included in the 8th proposal to GFATM.

Uganda: Uganda national policy dialogue held in the end of March for the updated policy brief. Senior policymakers decided to include the policy brief among the resource documents being used to develop the National Health Plan (2009) which in turn informs the Health Sector Strategic Plan (2010-2015)

Cameroon: After policy dialogue, all three options of the policy brief were accepted into the Malaria Control Program of the country.

### **3-9 EVIPNet applied in the context of Nutrition in WHO**

**Pena-Rosas, J. P., De-Regil, L. M., Rogers, L. M., Bopardikar, A., & Panisset, U. (2012). Translating research into action: WHO evidence-informed guidelines for safe and effective micronutrient interventions. *The Journal of Nutrition*, 142(1), 197S-204S.**

#### *Translating the Solutions or Evidence into Policy, Practice, and Products: implementation*

To promote that these guidelines and other evidence informed recommendations for micronutrient interventions are better implemented in low- and middle-income countries, WHO has brought together the work of the Department of Nutrition for Health and Development and that of its EVIPNet program. EVIPNet promotes partnerships at the country level between policy-makers, researchers, and civil society to facilitate policy development and implementation through the use of the best available evidence. Currently, EVIPNet is organized in three different regions: Asia, the Americas, and Africa, with 19 country teams that foster the use of evidence in a process that systematically considers each country's context (38). Each EVIPNet country team uses the SUPPORT Tools to transform high-quality, global guidelines, systematic reviews, and individual country studies into effective policy options. After a context mapping and assessment of implementation bottlenecks in countries, policy-makers, researchers, and other stakeholders work together to clearly identify and clarify problems related to the delivery of nutritional programs. The next step is to identify policy options that are supported by the best available evidence of what works better, what is the cost effectiveness of each policy option, what are the barriers and facilitating factors to implement policies, and its benefits and potential harm. EVIPNet country teams will then draft a policy options brief that will be discussed and adjusted in a deliberative dialogue

### **3-10 EVIPNet applied in the context of Gender**

**WHO's Tonya Nyagiro on advocacy for women's health - March 12, 2010 by John Donnelly**

The second dialogue will be undertaken through the WHO supported Evidence Informed Policy Network (EVIPNet) in the Africa Region based on the theme of gender and Primary Health Care. Through a call for proposals, WHO will support select countries in Africa to develop policy briefs and plans advance women's health through actions at the country level. Planning for other regional dialogues are underway.

### **3-11 How EVIPNet used KT tools?**

**Panisset, U., Koehlmoos, T. P., Alkhatib, A. H., Pantoja, T., Singh, P., Kengey-Kayondo, J., & McCutchen, B. (2012). Implementation research evidence uptake and use for policy-making. Health Res Policy Syst, 10, 20.**

KT can facilitate the use of implementation research in policy-making, helping politicians, policy-makers and managers to make better decisions. As discussed later in the article, KT processes aided policy-makers in Bangladesh in integrating implementation research in decision-making on the scale-up of zinc use for childhood diarrhea. The article also discusses the use of implementation research by KT platforms, such as the WHO's Evidence Informed Policy Network (EVIPNet). KT platforms integrate KT processes, which are characterized by the following elements:

- A governing body comprising of representatives from groups of producers, purveyors and users of evidence,
- the political will to act based on the best available evidence, regular priority-setting processes to ensure that efforts to link research to action are highly relevant to the needs of potential research users,
- efforts to push evidence into policy-making in areas where actionable messages have been identified and
- a range of efforts to facilitate user pull of evidence

While still rare, policy-maker involvement in KT is now being promoted by global initiatives such as EVIPNet, as well as regional and country initiatives. One way to

combine these strategies and create a fertile KT environment is to promote country mechanisms or KT platforms to systematically use evidence in policymaking in low and middle-income countries. EVIPNet is a successful example, a WHO programme with characteristics of a global social network that encompasses 26 KT platforms, also known as country teams. The paramount goal of each country team is to promote evidence informed decision-making in public health at national and other jurisdictional levels. In order to build capacity it is vital to continuously engage various participants in the policy-making process. As such, each country team consists of researchers, high-level decision-makers and other stakeholders (e.g. patients, healthcare workers and civil society representatives). The diversity of membership promotes sustainable partnerships between individuals and organizations and allows for the sharing of best practices and feedback. EVIPNet holds capacity building workshops to enhance the knowledge translation capacity of policy-makers, researchers and other stakeholders. The diversity of stakeholders at workshops is intended to enhance the educational experience of attendees; EVIPNet promotes the philosophy of learning by doing together, so as to better work together. These capacity strengthening programmes place emphasis on producing tangible objects such as evidence-informed policy briefs, as well as the preparation of processes such as deliberative dialogues. This combined approach enables policy-makers to develop skills related to problem identification, framing a research problem, context mapping and priority setting, to name a few. The skills and lessons developed by policy-makers and researchers contribute to sustainable health systems strengthening. The EVIPNet team in Burkina Faso's work on access to artemisinin-based combination therapies (ACT) for uncomplicated malaria illustrates EVIPNet's potential to strengthen knowledge translation capacity towards programme scale-up. The Burkina Faso's EVIPNet team, consisting of policy-makers and researchers, prepared a policy brief that presented three viable policy options for supporting the widespread use of ACT to treat uncomplicated malaria:

- Engaging the private sector in adhering to national guidelines about subsidized drugs in all settings,
- motivating and retaining community health workers involved in the home management of malaria and
- banning monotherapies after ensuring the ACT is fully deployed across the country and that pharmacies are informed about the policy.

The policy brief was a key input to a national policy dialogue, involving senior government officials and key stakeholders, held to discuss how both the public

and private sector can best support the widespread use of ACT. The policy brief also directly informed Burkina Faso's successful application to the Global Fund for HIV-AIDS, TB and Malaria (GFATM) in its 7th Round. The EVIPNet team's work has now led to the implementation of the community health worker option through a pilot in three districts of the country, with the goal of a full-scale implementation by the 8th Round of the GFATM. An implementation research protocol (mostly a rapid ethnographic assessment) has been applied to each participating district, in order to monitor and evaluate the advantages, disadvantages, costs, barriers and facilitators in the execution of the policy option at the very specific district level. The other two options proposed in the policy brief are also being implemented through additional activities.

### **3-12 EVIPNet Portal: Virtual Health Library**

**Glassman, A., & Chalkidou, K. (2012). Priority-setting in health: Building institutions for smarter public spending. *Health Affairs*, 31(12), 2711-2718.**

Strengthen skills and capabilities in evidence informed policy making: Handbooks and training on knowledge brokering and policy influence; EVIPNet portal to disseminate best practices; SURE for policy in African health systems— policy research. <http://www.evipnet.org> and <http://www.who.int/evidence/>

### **3-13 EVIPNet International Discussion Forum: HIFA-EVIPNet-Fr**

**Willis, C. D., Riley, B. L., Best, A., & Ongolo-Zogo, P. (2012). Strengthening health systems through networks: the need for measurement and feedback. *Health Affairs*, 31(12), 2711-2718.**

WHO's Evidence Informed Policy Network (EVIPNet) has similar intentions, aiming to build capacity at local levels to synthesize evidence into policy briefs, facilitate shared learning at national level forums, and to mobilize global support from funders, researchers and knowledge translation experts [Evidence Informed Policy Network (EVIPNet), 2012]. EVIPNet represents one of four initiatives in the 'Health Information For All' (HIFA), which now has 5000 members from more than 2000 organizations and 158 countries (Smith and Koehlmoos 2011). Yet, funding for network activities such as HIFA remains elusive, with some suggesting a

greater role for public–private partnerships to provide support and sustainability for knowledge-based collaborations.

<http://www.hifa2015.org/hifa-evipnet-francais/>

**Royston, G. (2012). Special issue on global health. Health care management science, 1-4.**

Fora such as the WHO Evidence-Informed Policy network ([www.evipnet.org](http://www.evipnet.org)) or the Healthcare Information for All 2015 network ([www.hifa2015.org](http://www.hifa2015.org)) can play a vital role in facilitating such communication. Network analysis is recognized as important in understanding global health, particularly because of the power of networks to transmit disease internationally. But networks can also spread Knowledge about health and health care around the world, not least through research and policy networks. This special issue of Health Care Management Science aims to provide a modest example of that global spread of knowledge to improve health for all.

#### **4 - Statement and recommendations supporting EVIPNet**

**Forland, F., Rohwer, A. C., Klatser, P., Boer, K., Mayanja-Kizza, H., Ntaganira, J., & Straetemans, M. (2013). Strengthening evidence-based healthcare in Africa. Evidence Based Medicine .**

Establishing an African electronic library for health together with the WHO Evidence- Informed Policy Network (WHO-EVIPnet) and the HINARI (Access to Research in Health Programme) portal – that will provide free access to EBHC resources for all health personnel in Africa in a user friendly format.

**Ghaffar, A., Tran, N., Kieny, M. P., & Etienne, C. (2012). Putting health policy and systems research on the map. Bulletin of the World Health Organization,90(11), 797-797A.**

From these discussions emerged innovations, among them various knowledge translation platforms and the Evidence-Informed Policy Network (EVIPNet) established by WHO, designed to move research into practice.

**Anwar, I., Rahaman, A., Ferdous, J., Ahmed, S., & Islam, N. (2012). Second Activity Report of the Protocol Enhancing Capacity to Apply Research Evidence in Policy Making for Reproductive Health in Bangladesh.**

WHO has taken leading role in this area and has established Evidence Informed Policy Network (EVIPNet) to build capacity in countries for linking the producers and users of knowledge.

**Evans, J. M., Kiran, P. R., & Bhattacharyya, O. K. (2011). Activating the knowledge-to-action cycle for geriatric care in India. Health Research Policy and Systems, 9(1), 1-10.**

KT research and practice is often narrow in scope, targeting a specific clinical setting or group of providers. However, KT can also be an effective tool for promoting changes on a larger scale. In fact there is increasing support for KT at international and national levels. Two examples include the WHO's Evidence-Informed Policy Networks (EVIPNET) currently active in Asia, Africa, and the Americas, and the Regional East African Community Health (REACH) Policy Initiative [59,60]. Collaborative KT interventions that involve multiple stakeholders, such as these, enhance the probability of large-scale evidence-informed changes in low-resource settings

**Pardeshi, A. (2011). Role and Function of Drug Regulatory Authorities in the Backdrop of Good Governance. Available at SSRN 1748629.**

The WHO also promotes the development of capacities in Member States to use and produce research that addresses national needs, by bolstering national health research systems and promoting knowledge translation platforms such as the Evidence Informed Policy Network - EVIPNet. WHO and its regional offices are working to develop regional policies on research for health -the first one being the Regional Office for the Americas PAHO/AMRO that had its Policy on Research for Health approved in September 2009 by its 49th Directing Council Document CD 49.10.

EVIPNET-AMERICAS ONLINE COLLABORATIVE SPACE: Due to the growing interest in incorporating scientific evidence into health policy decision-making processes, networks of researchers and decision makers in different regions of the world have come together in recent years in order to promote the use of evidence in the design and implementation of health policies. One of these initiatives, promoted by the World Health Organization (who), is evipnet (EVIDENCE-INFORMED Policy Network), a global network that “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.”<sup>3</sup> Coordinated in the Americas region by the Pan American Health Organization (paho), the evipnet Secretariat has been supporting workshops in participating countries that bring together various actors to prepare policy briefs on national health issues. Among the many difficulties of drafting these briefs are the logistical challenges involved in scheduling work sessions with busy people who live in different parts of the country. Information and communication technologies (ict) make it possible to overcome geographic and temporal gaps by creating collaborative and asynchronous work spaces. In 2011, a research group from the Health Policy and Research Unit of the Pontificia Universidad Catolica de Chile, proposed to explore and evaluate the use of Ning, an online platform for creating custom social networks, as part of an alternative and complementary approach to evipnet’s traditional face-to-face collaboration. Thus the evipnet-Americas Online Collaborative Space was established to support the process of preparing policy briefs by multiple actors by contributing to the development and creation of work groups, by providing information related to the development of the briefs, and by facilitating the exchange of information among the groups. The goal was not to produce important changes in the process, but to explore the capacity of the technology to enhance the collaborative work of researchers and decision makers. The researchers from the Pontificia Universidad Catolica de Chile used surveys and interviews to investigate how participation in a custom-made social network influenced the work of evipnet. In the end the tool was used less than expected due to a number of limitations and barriers of the national teams, the context and the way the tools were introduced. Some of the research team’s observations are: The platform

competed with other sites and digital tools and the groups opted for more established and familiar tools, such as email, telephone and meetings. The platform's use was recommended to the local networks, but its use was not obligatory. Interviewees reported that they would have been more likely to have used it if it had been required. This may be because group members were mostly from public or academic organizations which are highly bureaucratized and hierarchical. In a context of multiple tasks and challenges and facing a lack of time, non-mandatory recommendations (i.e. the use of the platform) are likely to be ignored even if they are easy to use, and potentially beneficial.

**Balabanova, D., McKee, M., Mills, A., Walt, G., & Haines, A. (2010). Review What can global health institutions do to help strengthen health systems in low income countries?.**

Approaches which help translate evidence into policy, such as knowledge broking initiatives like EVIPNet must also be supported. Although communication involves transmission and reception, there has often been inadequate investment in the creation of research aware policy-makers and practitioners in recipient countries. This is, however, being addressed in an important new initiative, EVIPNet, (Evidence-Informed Policy Network. For Better Decision Making) [67]. This is a WHO initiative that brings together researchers, policy makers and civil society to facilitate the use of high quality research evidence by policy-makers in low and middle-income countries.

**Mirzoev, T., Green, A., & Lê, G. (2010). CONSORTIUM FOR HEALTH POLICY AND SYSTEMS ANALYSIS IN AFRICA: Capacity Needs Assessment Approach. Work, 3.**

Establish networks (such as EVIPNet) to support knowledge broker-type functions through training and exchange of experience.

**Cordero, C., Delino, R., Jeyaseelan, L., Lansang, M. A., Lozano, J. M., Kumar, S., & Tugwell, P. (2008). Funding agencies in low-and middle-income countries: support for knowledge translation. Bulletin of the World Health Organization, 86(7), 524-534.**

Several international initiatives focus on knowledge translation in low- and middle-income countries (LMICs) such as the Overseas Development Institute's RAPID programme (Research and Policy in Development), the WHO/ PAHO EVIPNet initiative (Evidence- Informed Policy Networks) and the WHO Knowledge Management and Sharing initiative. The WHO Department of Knowledge Management and Sharing defines knowledge translation as: "The synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health"

**Whitworth, J. A. (2008). In pursuit of patient care, research and health policy: today's research is tomorrow's practice and policy. The Medical journal of Australia, 189 (11-12), 646.**

One very promising initiative is EVIPNet (the Evidence- Informed Policy Network), which seeks to promote the systematic use of health research evidence in policy making, focusing on low-and middle-income countries and promoting partnerships at country level between researchers, policymakers and civil society.

**Gagnon, M. (2010). Section 5.1 Knowledge dissemination and exchange of knowledge. Knowledge Translation in Health Care: Moving from Evidence to Practice, eds. I. Graham, S. Straus, J. Tetroe. Slides available at <http://www.cihr-irsc.gc.ca/e/41953.html> accessed Dec. (translate from French version)**

Networks: They link researchers and users of knowledge who will have not the opportunity to interact with each other without them. They improve dialogue, learning and usage and dissemination of knowledge. Please, find below several examples of networks: Le Réseau néonatal canadien, The Australian National Institute of Clinical Studies Emergency Care Community of Practice, Réseau EVIPNet de l'Organisation mondiale de la Santé.

**Ijsselmuiden, C. (2007). Human resources for health research. *Medicus Mundi Bulletin*, 104, 22-7.**

EVIPNet, WHO's latest effort in health research, attempts to promote systematic reviews as a tool to get health research evidence into health policy making and practice. An increasing number of organizations internationally are dedicated to knowledge translation. The activities of these organizations were not captured by our study, such as the WHO/PAHO EVIPNet), the Overseas Development Institute's RAPID programme and the Getting Research into Policy and Practice (GRIPP) initiative. These international initiatives represent an exciting opportunity to explore the effectiveness of different knowledge translation strategies.

**Oxman, A. D., Lavis, J. N., & Fretheim, A. (2007). Use of evidence in WHO recommendations—Authors' reply. *The Lancet* , 370(9590), 826-827.**

The EVIPNet network and the Regional East African Community Health initiative are important early examples of this approach. The time has come to increase the bandwidth of the connection between global knowledge and policy development in WHO member states. WHO should drive decentralisation of knowledge transfer by building global evidence maps and country-level knowledge transfer capacity. WHO should support the development of capacity within countries through initiatives such as EVIPNet and REACH. international recommendations are important because they reduce unnecessary duplication of efforts, in addition to providing support to countries with limited capacity. This, of course depends on the guidelines being well informed by the best available evidence, and constructed in a way that they can easily be adapted to specific contexts.

**Schünemann, H. J., Fretheim, A., & Oxman, A. D. (2006). Improving the use of research evidence in guideline development: 13. Applicability, transferability and adaptation. *Health research policy and systems*, 4(1), 25.**

WHO should provide local support for adapting and implementing recommendations by developing tools, building capacity, learning from international experience, and through international networks that support evidence-informed health policies, such as the Evidence informed Policy Network (EVIPNet). Given that WHO also has limited capacity, consideration should be

given to doing this collaboratively with other organizations and to developing capacity; e.g. through the development of frameworks and tools, such as those being developed by the International Clinical Epidemiology Network (INCLIN) Knowledge Plus Program, GIN and others; through training; through networks such as the Evidence-Informed Policy Network (EVIPNet), and by learning from the experience of organizations around the world that are engaged in supporting evidence informed health policies in specific settings.

**Gagnon, M. L. (2011). Moving knowledge to action through dissemination and exchange. *Journal of clinical epidemiology*, 64(1), 25-31.**

EVIPNet, Evidence-Informed Policy Network, is a 2005 World Health Organization initiative that encourages policy makers in low- and middle-income countries to use evidence generated by research. It is a network of researchers, policy makers, and civil society to facilitate the use of high-quality research evidence. The goals of EVIPNet are to improve public health and to reduce inequities by increasing systematic use of and access to high-quality applicable evidence that guides the development of policies and helps identify priorities and knowledge gaps that need attention. It addresses important issues such as maternal and child health, infectious diseases, and health system challenges. EVIPNet takes the form of a series of linked country-based and regional networks EVIPNet Africa, EVIPNet Asia, and EVIPNet Americas. EVIPNet's framework is based on current evidence on effective strategies for knowledge dissemination that is adapted for the local context.

### **Spotlight on: EVIDENCE-BASED PRACTICE and POLICY in LMIC, (2013)**

WHO Evidence Informed Policy Network (EVIPNet): EVIPNet promotes 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. EVIPNet comprises networks that bring together country level teams, which are coordinated at both regional and global levels. EVIPNet country teams and expert members provide opportunities for:

- identifying priority policy issues and questions;

- checking the quality of available systematic reviews, guidelines, and other relevant research results to help identify and/or formulate policy options that better address health systems issues. Country teams may consider how best to support the necessary changes to the behaviour of those involved in the implementation of the policy at all levels (policy makers, public health managers, care-givers, community health workers, and communities of users of the health system). [http://www.healthconnect-intl.org/IRD\\_jan13.html](http://www.healthconnect-intl.org/IRD_jan13.html)

## **5 - Lessons Learned about EVIPNet**

### **EVIPNet Zambia: ZAMFOHR**

**Kasonde, J., & Campbell, S. (2012). Creating a Knowledge Translation Platform: Nine Lessons from the Zambia Forum for Health Research. Health Research Policy and Systems, 10(1), 1-8.**

Throughout ZAMFOHR's operations, international partnerships have been essential. ZAMFOHR's membership in the network supported by EVIPNet has allowed it to benefit from the innovations and experience of likeminded KTPs in other African countries. African KTPs participate in an active network (funded by IDRC and the EC and led by EVIPNet and SURE), which has been critical in testing and diffusing innovations. The success of the policy brief and dialogue model in Zambia is a direct testament to this networking: all African KTPs in the EVIPNet and SURE network have participated in various methodological workshops focused on the brief and dialogue, and then given each other technical support in developing local policy briefs and dialogues. Noting the same process is underway for the Rapid Response Services (with Ugandan trainers from REACH-Policy currently supporting ZAMFOHR and a KTP in Burkina Faso), this connection with like-African experiences is essential, with each able to build on the shoulders of others. ZAMFOHR's membership in the network supported by EVIPNet has allowed it to benefit from the innovations and experience of like-minded KTPs in other African countries. In 2011, through technical and financial support from the Evidence-Informed Policy Networks (EVIPNet) of WHO, ZAMFOHR began preparing for the service. Staff were trained in January 2012 on running the RRS, covering all details from its organization to its precise functions. It is currently

completing the first two Responses, and is expected to become a core part of ZAMFOHR's mandate by the end of 2012.

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## **7 - EVIPNet Country Knowledge Translation Platforms**

**EVIPNet Brazil:** <http://brasil.evipnet.org/>

**EVIPNet Uganda:** Clearinghouse for health policy and systems research:  
<http://www.uchpsr.org/>

**EVIPNet Cameroon:** Centre for the development of best practices in health  
<http://www.cdbph.org/>

**EVIPNet Zambia:** <http://www.zamfohr.org/> and Zamfohr Database  
<http://www.nzdl.org/cgi-bin/library.cgi?a=p&p=about&c=zamfohrd>

**EVIPNet Malaysia:** <http://www.ihsr.gov.my/intranet/evipnet.php>