

Introduction to the Evidence-informed Policy Network (EVIPNet)

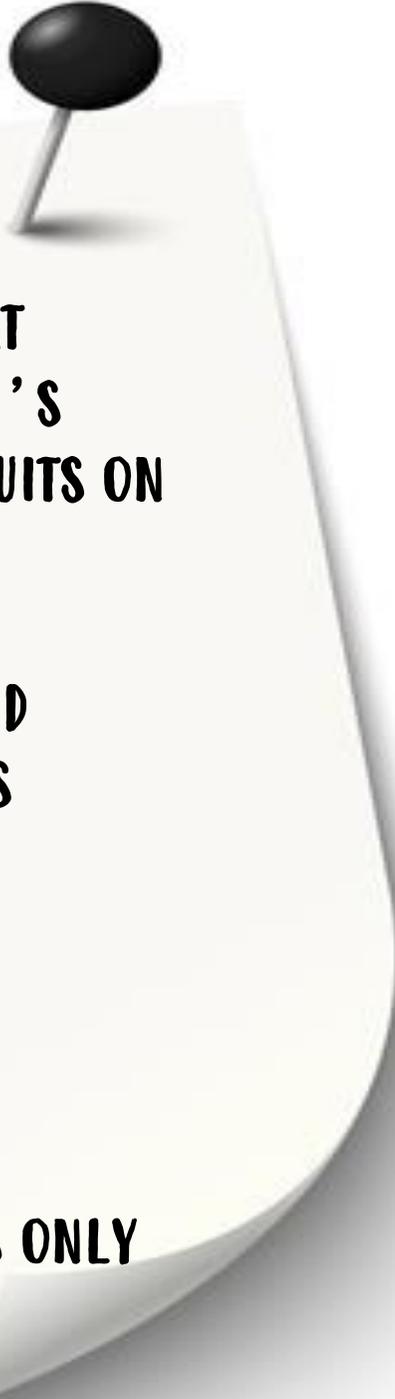
Objectives of the session

1. To become acquainted with evidence-informed policymaking, and WHO's mandate in this field
2. To become familiarized with EVIPNet, its methodologies, mechanisms, and experience and how these help strengthen health systems
3. Case study: Slovenia
4. To understand the preparatory steps for establishing an EVIPNet evidence brief for policy team and related activities

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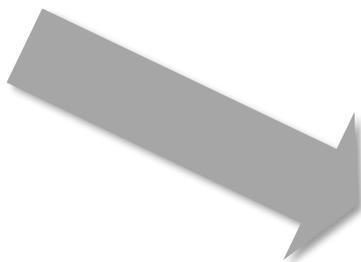
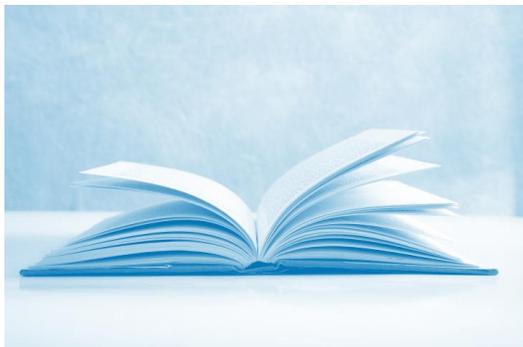
Know-Do Gap



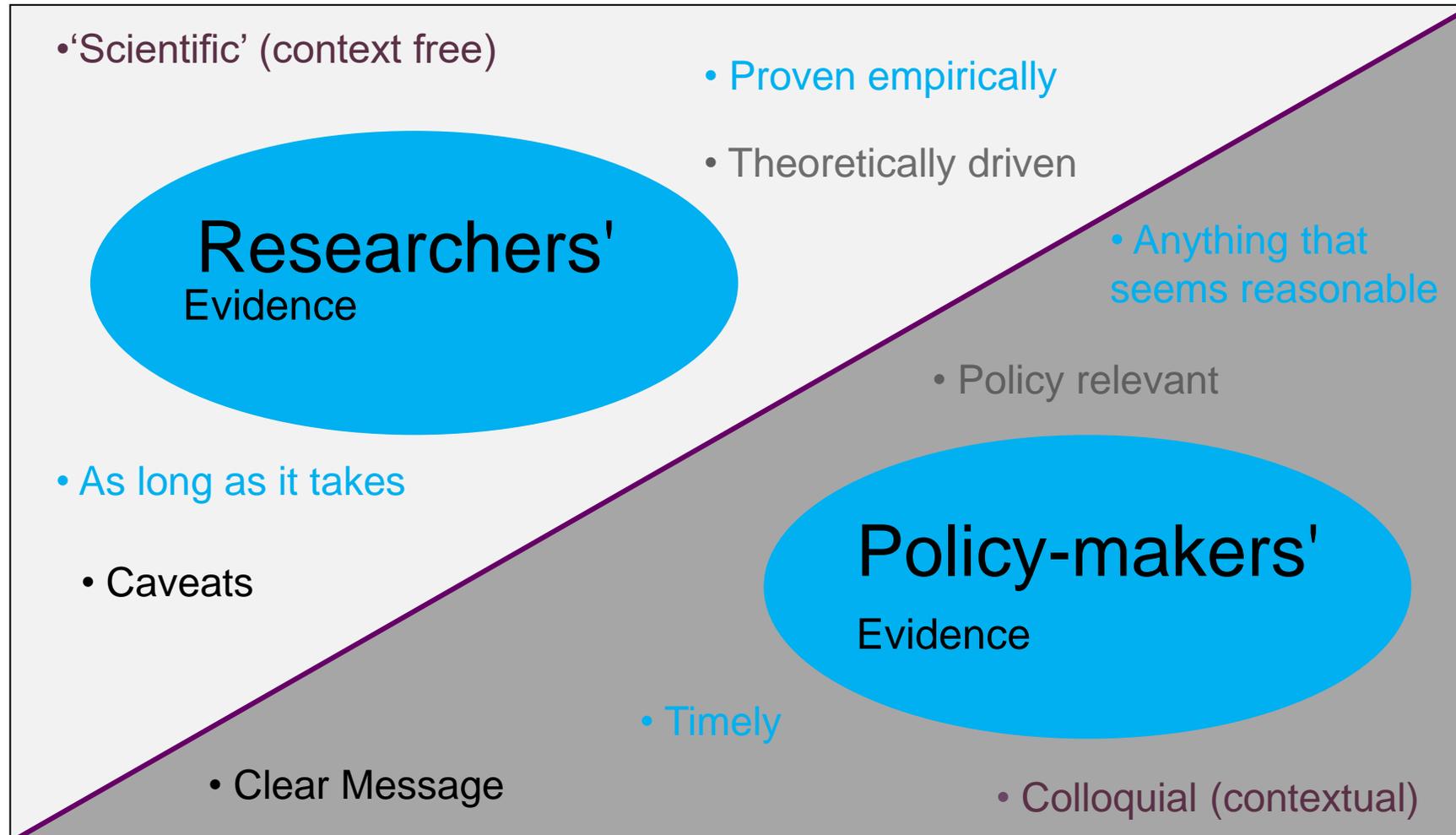
- **264 YEARS BETWEEN JAMES LANCASTER'S DISCOVERY THAT LEMON JUICE PREVENTED SCURVY AND THE BRITISH NAVY'S DECISION TO ENSURE AN ADEQUATE SUPPLY OF CITRUS FRUITS ON NAVY SHIPS.¹**
- **30–40% PERCENT OF PATIENTS IN THE UNITED STATES AND EUROPE FAIL TO RECEIVE COST-EFFECTIVE INTERVENTIONS JUSTIFIED BY THE BEST-AVAILABLE SCIENTIFIC EVIDENCE.²**
- **20–25% PATIENTS GET CARE THAT IS NOT NEEDED OR POTENTIALLY HARMFUL.³**
- **TYPICAL PRACTICE CHANGE FROM RESEARCH ACTIVITIES IS ONLY ABOUT 8–15%.⁴**

^{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



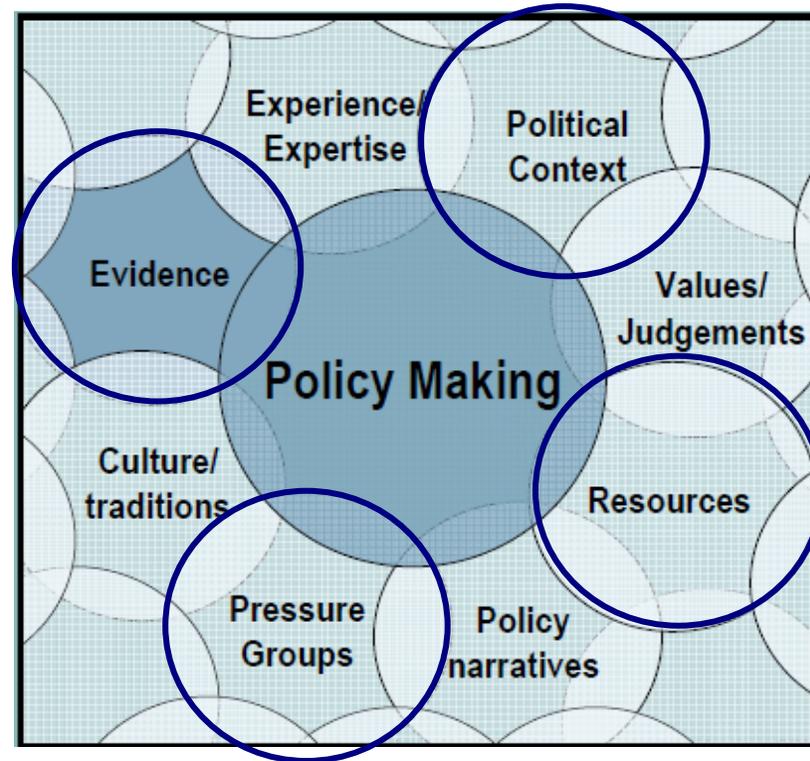
Two distinct communities



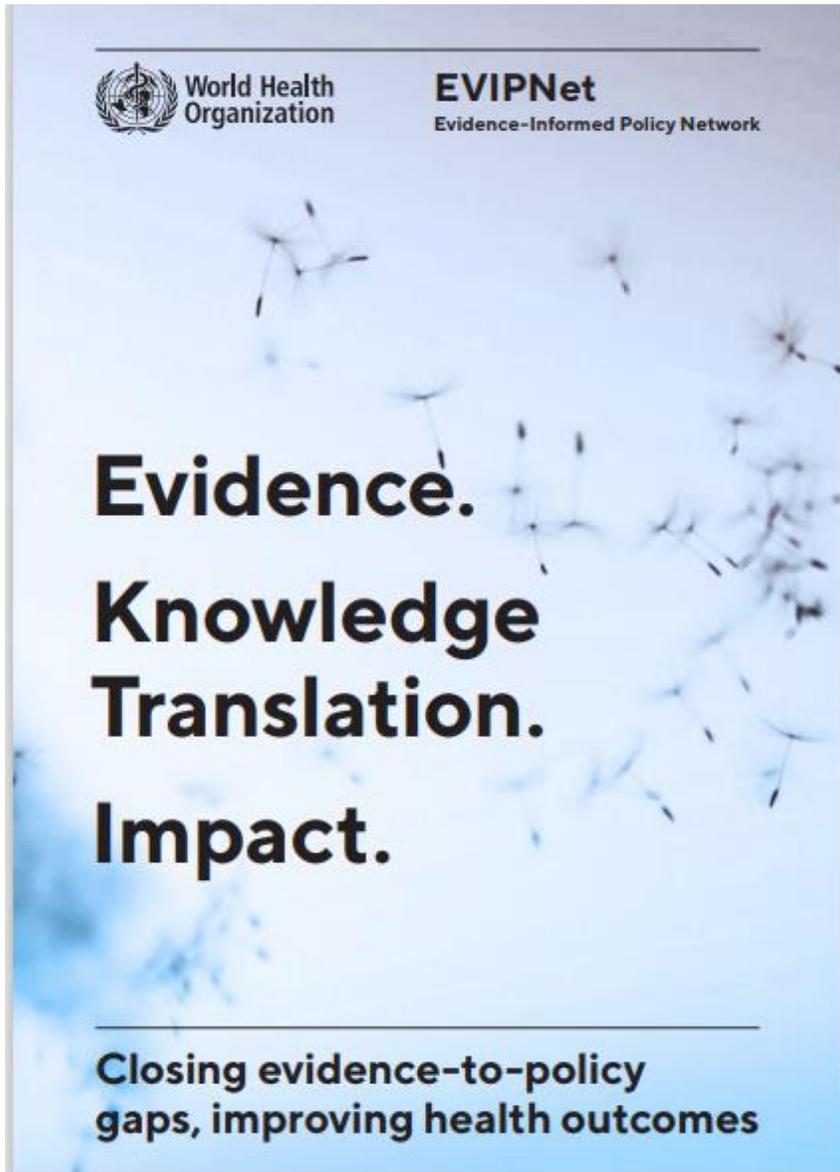
Challenges for knowledge brokering

- 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 factor influencing policy-making



Evidence-informed Policy Network



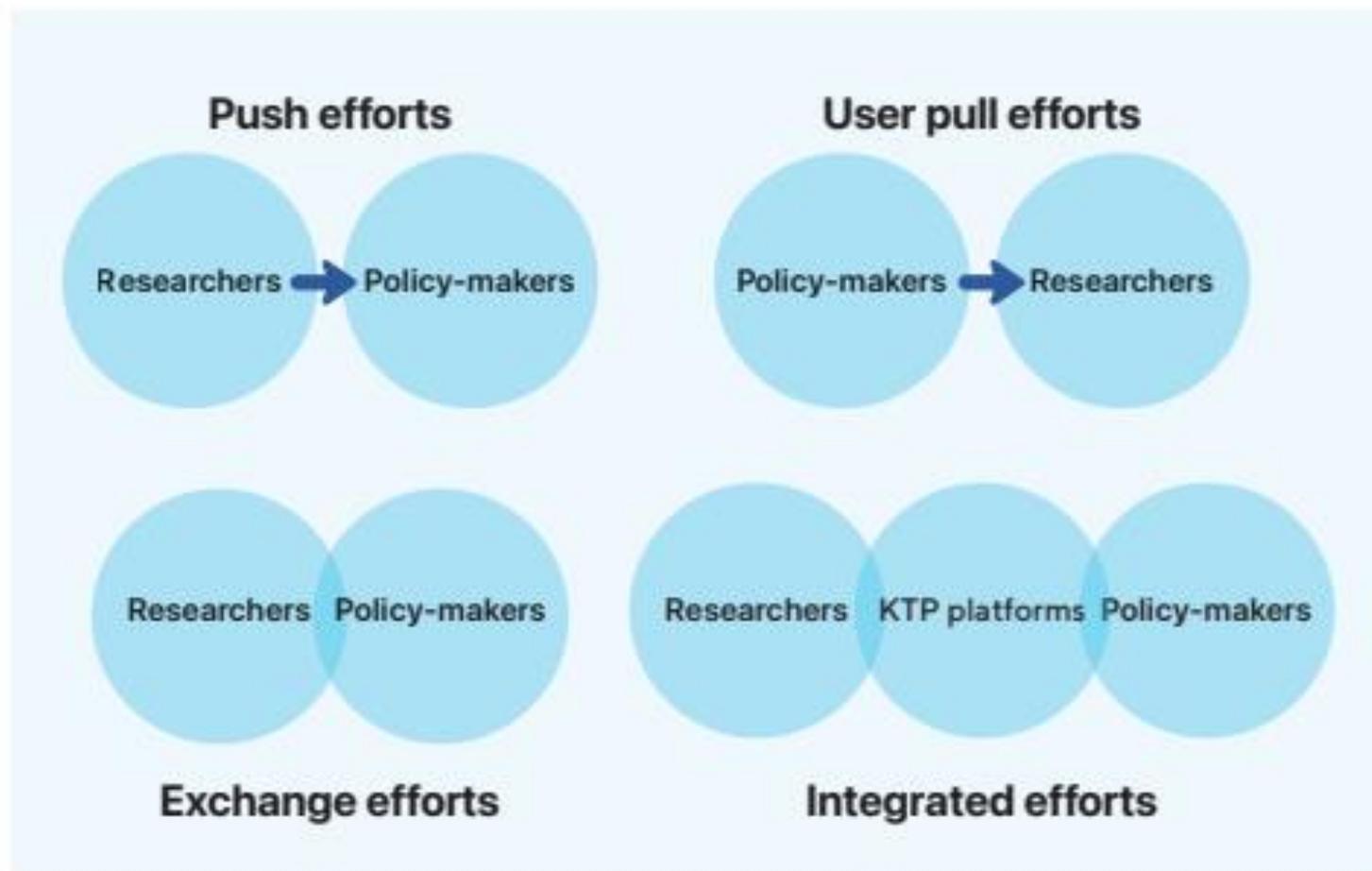
- promotes the systematic use of research evidence in policy-making to improve health systems through a networked structure
- increases country capacity in knowledge translation
- institutionalizes knowledge translation through the establishment of knowledge translation platforms
- is network of networks
- 'Live' in 3 Regions: EMRO (#19), EURO (#23) and PAHO (#11)

What is evidence-informed policy-making?

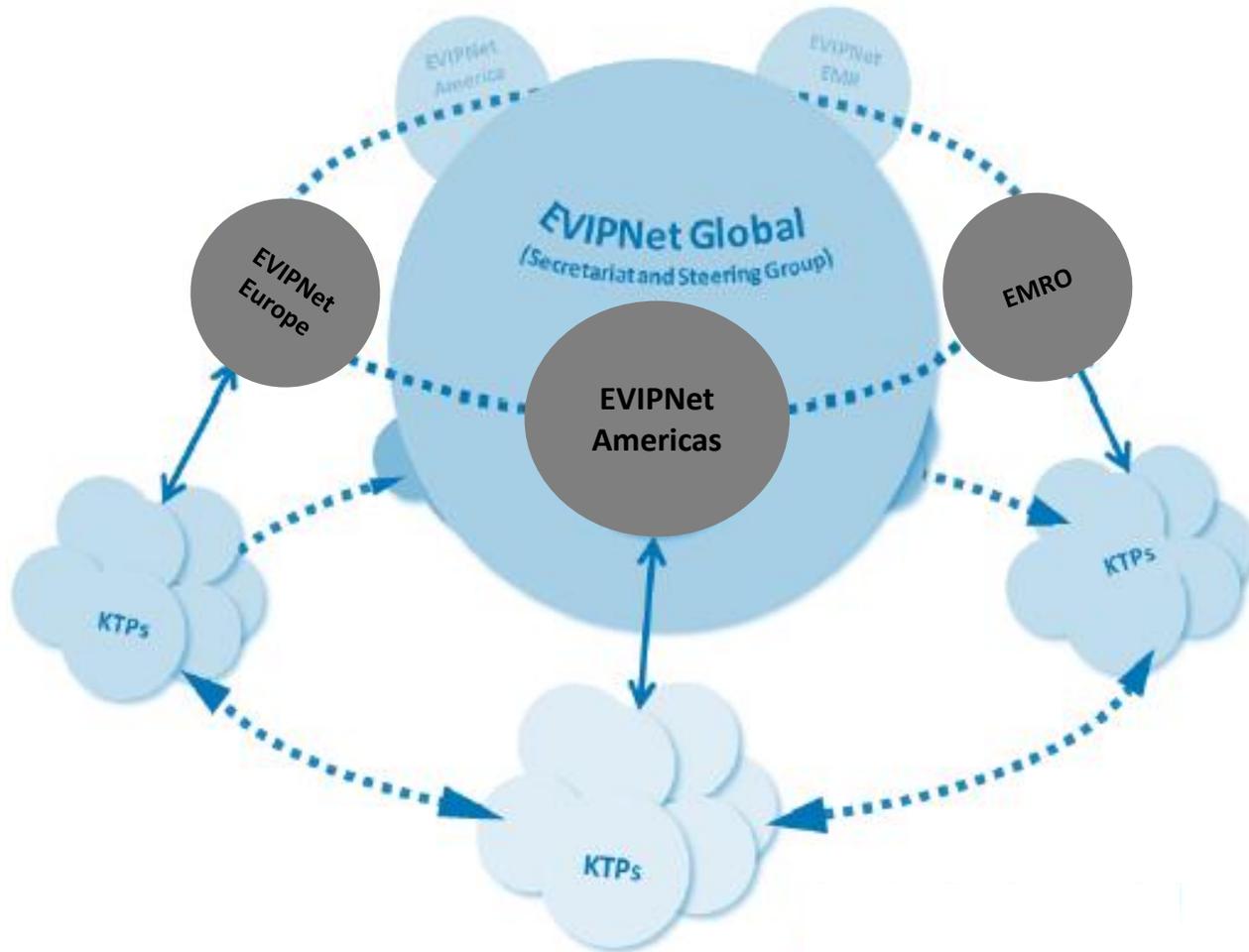
“an approach to policy decisions that is intended to ensure that decision making is well-informed by the best available research evidence...”

“...it is characterized by the fact that its access and appraisal of evidence as an input into the policymaking process is both systematic and transparent”

Approaches increasing research utilization



Structure of EVIPNet global

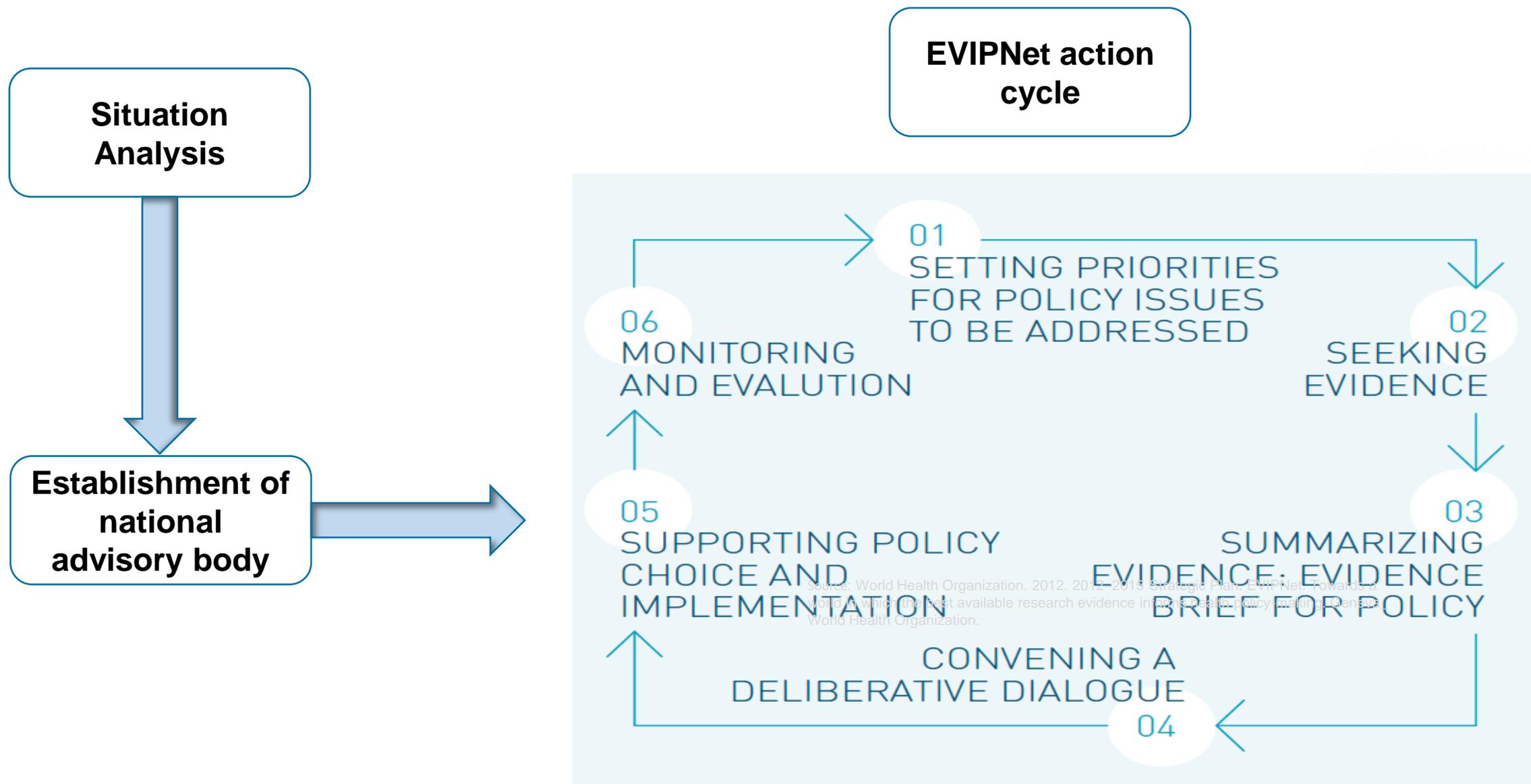


National: Individual country teams are the fundamental units of EVIPNet

Regional: At the regional level, EVIPNet supports provides countries with capacity building and fosters the routine exchange of experience and emerging practice among country teams.

Global: EVIPNet' s secretariat within WHO Geneva contributes to coordinating efforts and providing additional networking supports to countries and regions, partnership creation, developing norms & standards.

EVIPNet country activities

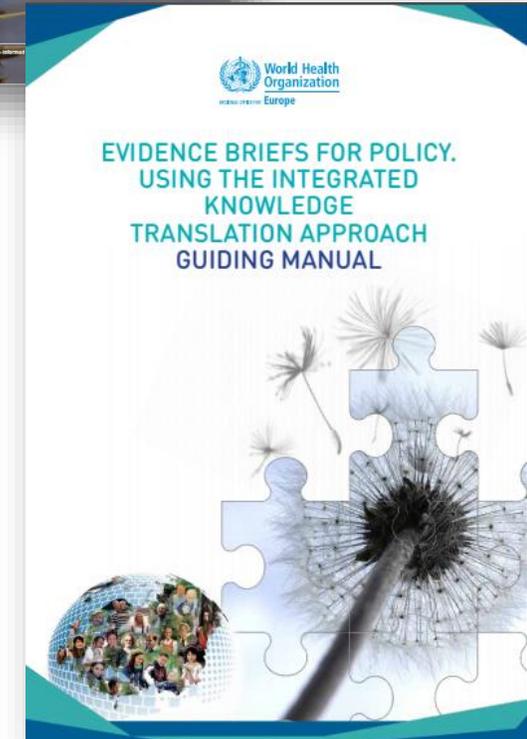
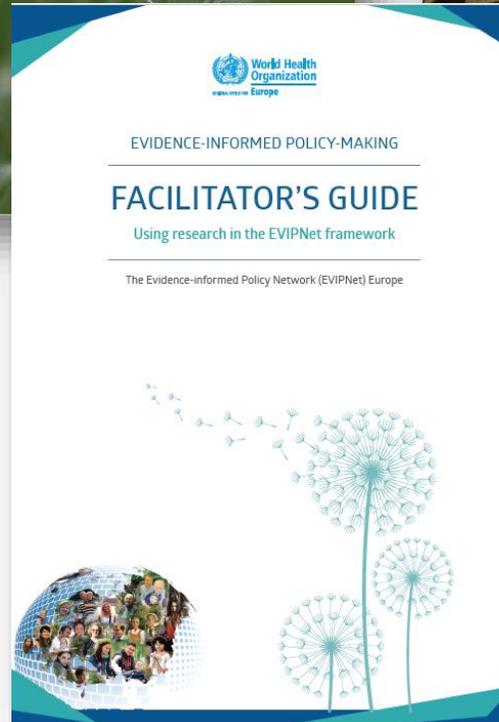
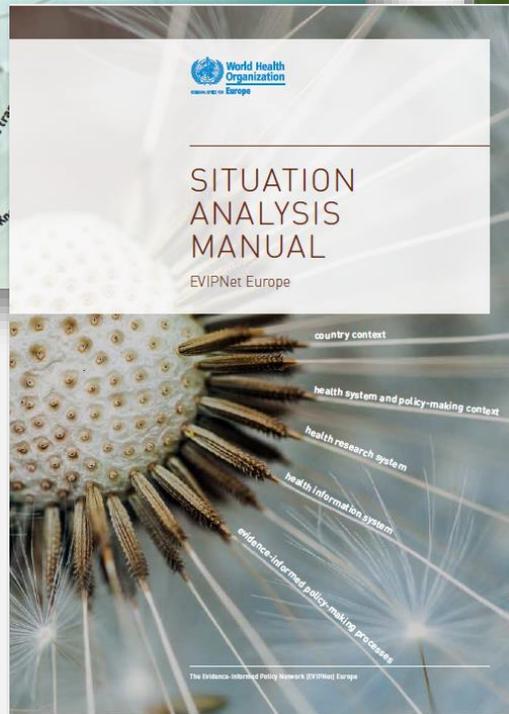
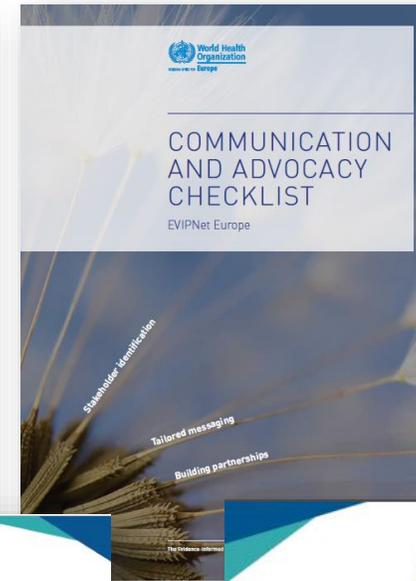
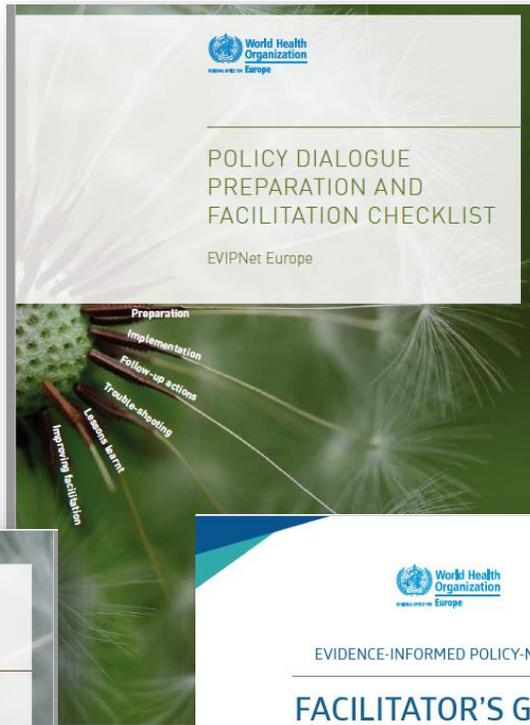
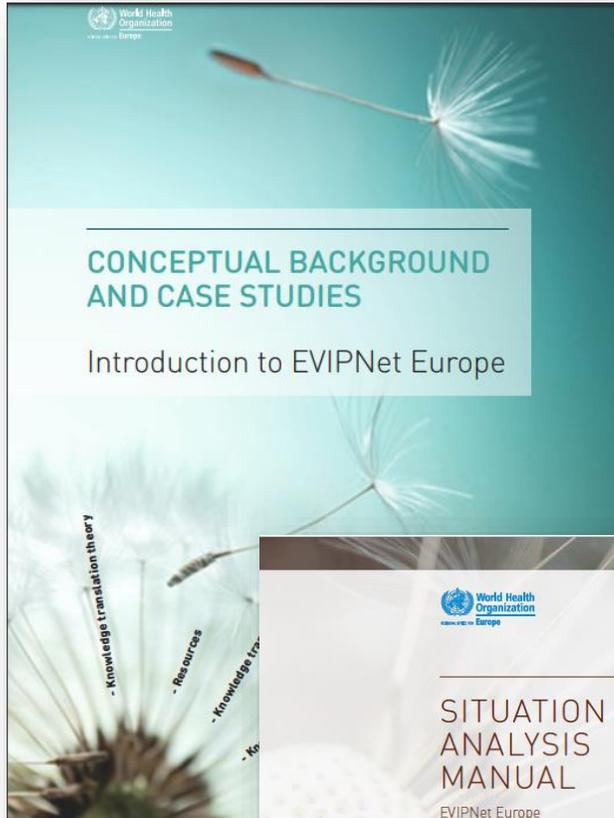


EVIPNet action cycle

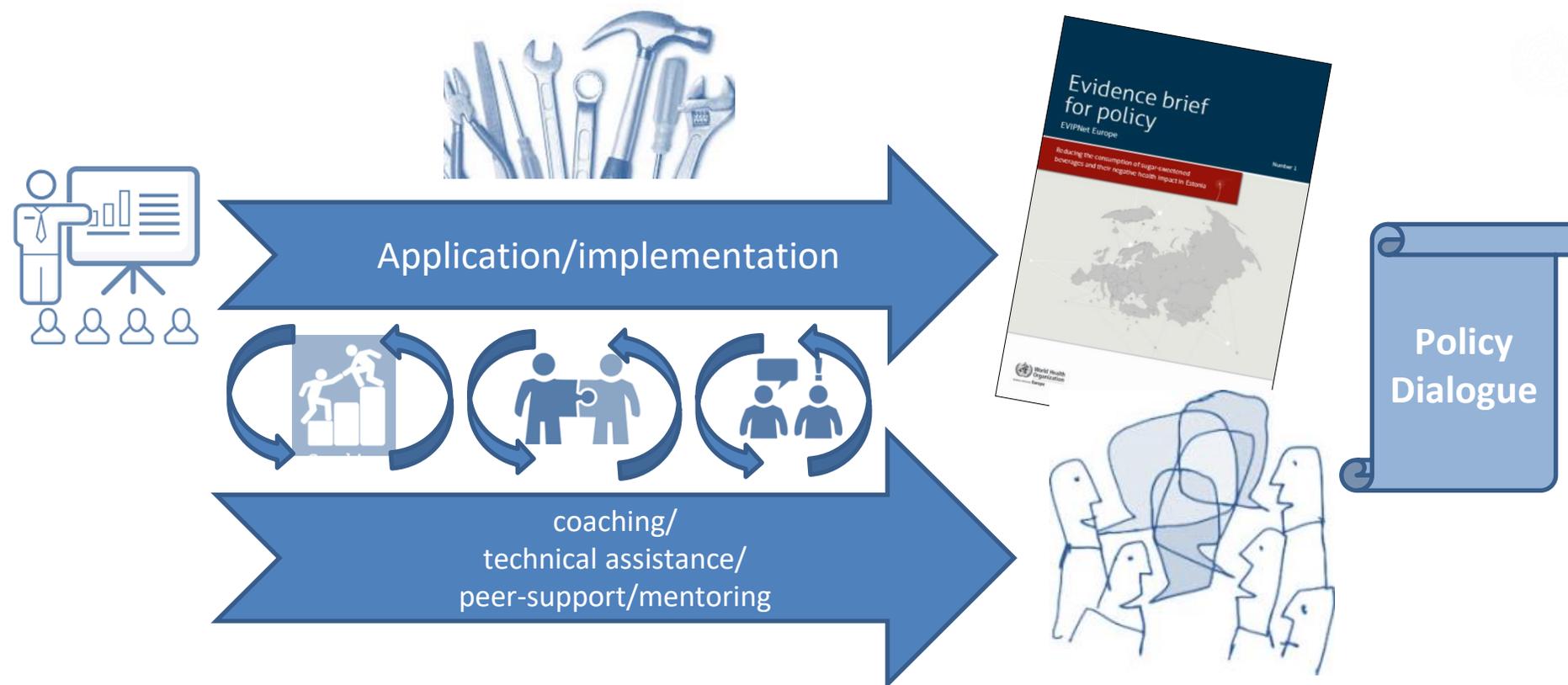


Use of data in policy-making

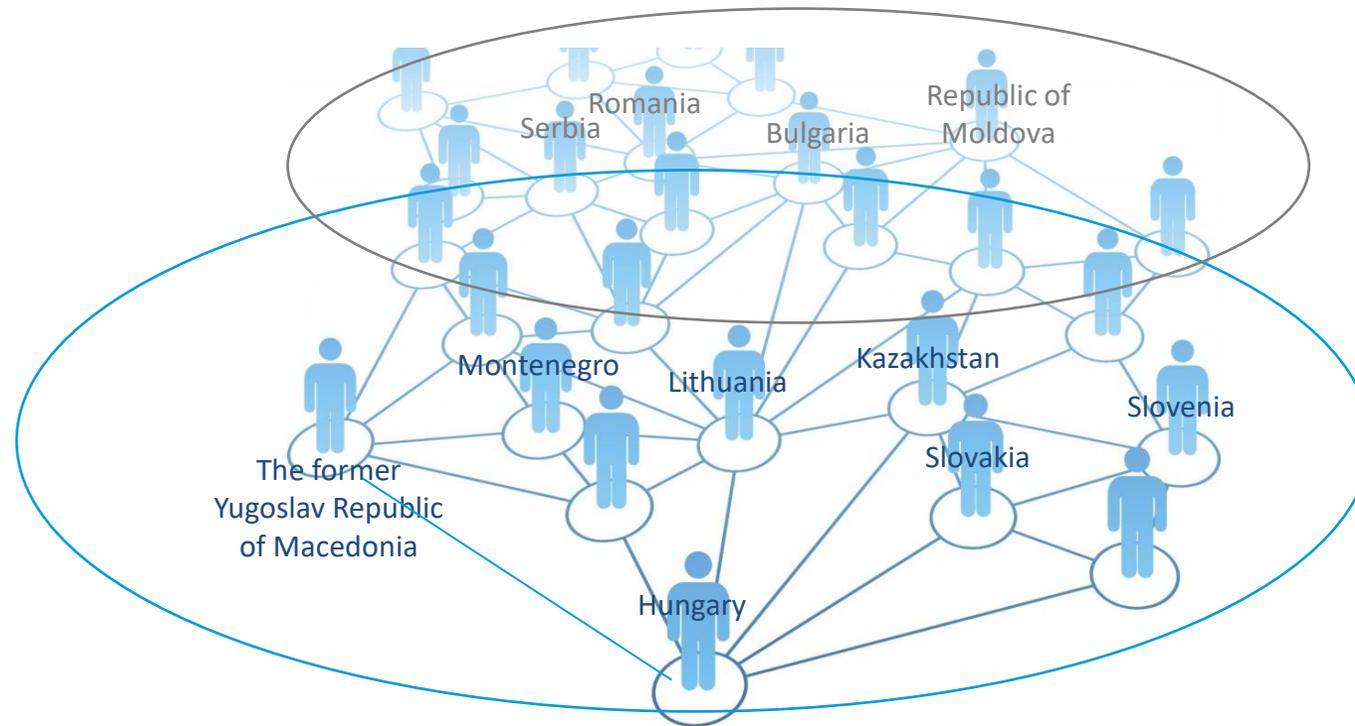
- Clarifying a problem ✓
- Framing options ✗
- Bringing about change ✗
- Monitoring implementation and evaluating impact ✓



EVIPNet capacity building process



Country cohorts & communities of practice



EVIPNet evidence briefs for policy on AMR





Polonca Truden Dobrin



Maja Šubelj

EVIPNet Europe: alcohol control legislation



Box 4.7. Republic of Moldova: Evidence brief for policy and policy dialogue on the harmful use of alcohol informs national legislation, a success story for the national EVIPNet

In 2017, the national EVIPNet team finalized the evidence brief for policy (EBP) informing amendments to the alcohol control legislation intended to reduce harmful use of alcohol in Republic of Moldova. The EBP was developed with close mentorship and coaching by the Knowledge to Policy (K2P) Center in Beirut, Lebanon. The WHO Secretariat of EVIPNet Europe and the WHO Country Office of the Republic of Moldova also played active roles in the development of the EBP, providing guidance and technical support.

Following the finalization of the EBP, the Ministry of Health, Labour and Social Protection convened a policy dialogue in August 2017. It aimed to identify additional local sources of evidence and deliberated the next steps for different constituents on strengthening alcohol control policies in Republic of Moldova.

As a result of these discussions and the wide distribution of the EBP results, the Parliament of the Republic of Moldova introduced changes to the alcohol control legislation in September 2017: while beer was previously categorized as food, it became legally recognized as an alcohol product.

Source: European Health Report 2018

Evidence brief for policy

EVIPNet Europe

Reducing the consumption of sugar-sweetened
beverages and their negative health impact in Estonia



As a first step, the country team searched for systematic literature reviews, as recommended by the peer EVIPNet team. The reviews were assessed for quality and their key findings were extracted and synthesized; data from the reviews were complemented with local studies. This resulted in the identification of four context-specific EIP options: (i) regulation of food advertising; (ii) labelling of sugar-sweetened beverages and raising awareness about their detrimental effects on health; (iii) school interventions and nutrition policies; and (iv) taxing sugar-sweetened beverages, subsidizing other food groups and/or substituting alternative beverages.

All four EBP options have since influenced Estonian policy processes. For example, the Parliament proposed legislation in 2017 to introduce a tax on non-alcoholic, sweetened beverages, but the President did not announce it. Two other EBP policy options – the regulation of advertising and beverage labelling/raising awareness – were also included in a governmental policy paper on nutrition and physical activity, and which should be adopted by the government in 2018 (26). Finally, school-based intervention is expected to be integrated into the country's Public Health Act.

Source: PUBLIC HEALTH PANORAMA VOLUME 4 | ISSUE 2 |
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Institutionalization of evidence-to-policy mechanisms

Kuchenmüller et al.
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<https://doi.org/10.1186/s12961-022-00820-7>

Health Research Policy
and Systems

REVIEW

Open Access

Domains and processes for institutionalizing evidence-informed health policy-making: a critical interpretive synthesis

Tanja Kuchenmüller^{1*}, Laura Boeira², Sandy Oliver^{3,4}, Kaelan Moat^{5,6}, Fadl El-Jardali^{7,8}, Jorge Barreto⁹ and John Lavis^{4,5,6}

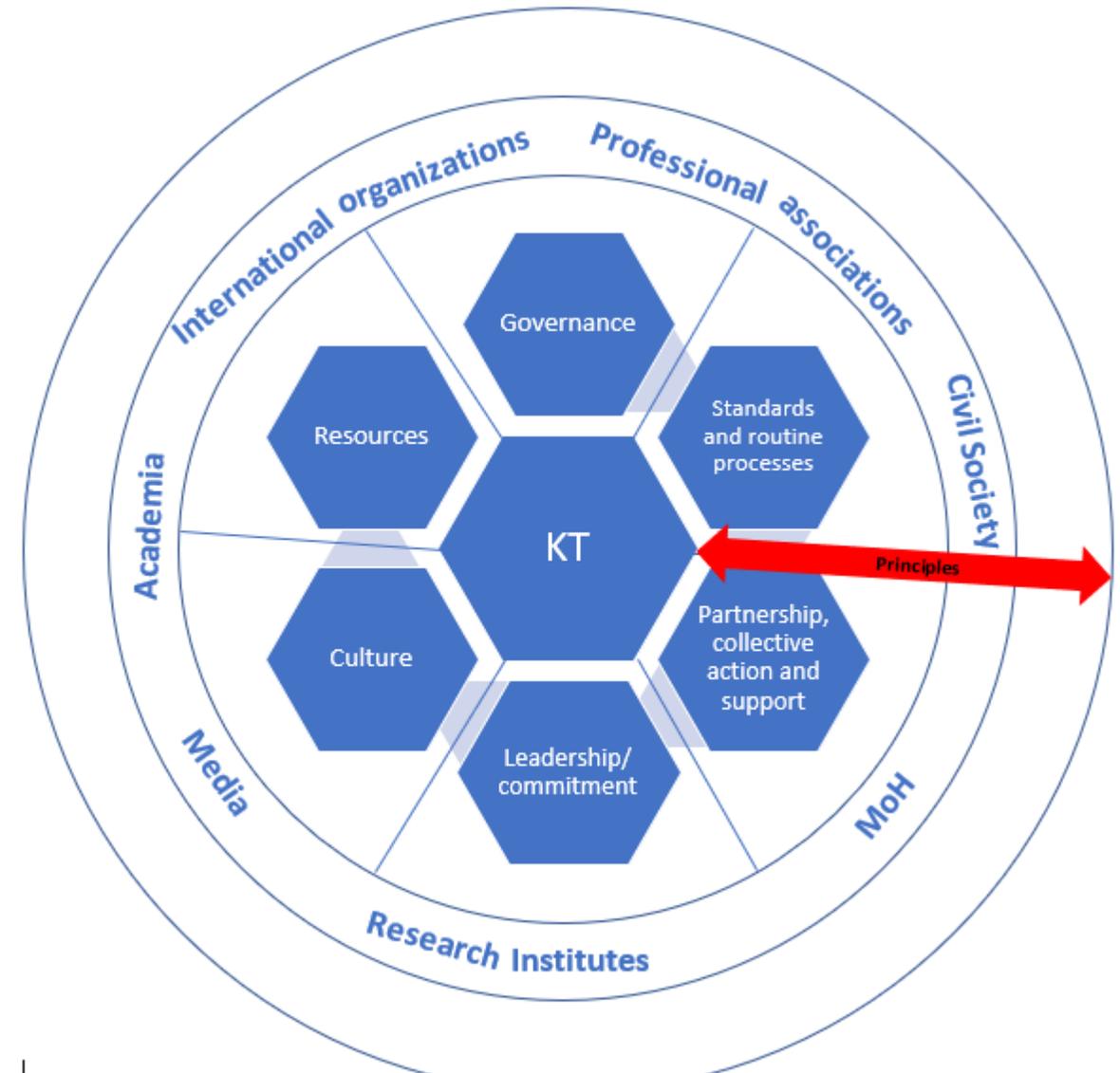
Abstract

Background: While calls for institutionalization of evidence-informed policy-making (EIP) have become stronger in recent years, there is a paucity of methods that governments and organizational knowledge brokers can use to sustain and integrate EIP as part of mainstream health policy-making. The objective of this paper was to conduct a knowledge synthesis of the published and grey literatures to develop a theoretical framework with the key features of EIP institutionalization.

Methods: We applied a critical interpretive synthesis (CIS) that allowed for a systematic, yet iterative and dynamic analysis of heterogeneous bodies of literature to develop an explanatory framework for EIP institutionalization. We used a "compass" question to create a detailed search strategy and conducted electronic searches to identify papers based on their potential relevance to EIP institutionalization. Papers were screened and extracted independently and in duplicate. A constant comparative method was applied to develop a framework on EIP institutionalization. The CIS was triangulated with the findings of stakeholder dialogues that involved civil servants, policy-makers and researchers.

Results: We identified 3001 references, of which 88 papers met our eligibility criteria. This CIS resulted in a definition of EIP institutionalization as the "process and outcome of (re-)creating, maintaining and reinforcing norms, regulations, and standard practices that, based on collective meaning and values, actions as well as endowment of resources, allow evidence to become—over time—a legitimate and taken-for-granted part of health policy-making". The resulting theoretical framework comprised six key domains of EIP institutionalization that capture both structure and agency: (1) governance; (2) standards and routinized processes; (3) partnership, collective action and support; (4) leadership and commitment; (5) resources; and (6) culture. Furthermore, EIP institutionalization is being achieved through five overlapping stages: (i) precipitating events; (ii) de-institutionalization; (iii) semi-institutionalization (comprising theorization and diffusion); (iv) (re-)institutionalization; and (v) renewed de-institutionalization processes.

Conclusions: This CIS advances the theoretical and conceptual discussions on EIP institutionalization, and provides new insights into an evidence-informed framework for initiating, strengthening and/or assessing efforts to institutionalize EIP.





Source: Buse K, Young J. "Tools to understand the political and policy context & engage with policy makers". *Presentation, Oxford, November 2006.*