

EVIPNet in action

Evidence-Informed Policy Network

Executive Summary



World Health
Organization

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Introduction

EVIPNet was established by the World Health Organization in 2005 to promote the systematic and transparent use of health research evidence in policy-making. Today EVIPNet covers 36 low- and middle-income countries, promoting partnerships at country level between policy-makers, civil society and researchers to enable policy development and policy implementation using the best research evidence available. The network brings together country-level teams, supported regionally and globally by WHO regional offices, a Global Steering Group and various resource staff.

Since its inception, EVIPNet has pioneered an approach to placing evidence at the heart of policy-making that is fast becoming an accepted norm. Using evidence briefs for policy that draw on both local research and systematic reviews, and followed by policy dialogues to discuss briefs among health policy-makers and stakeholders, EVIPNet has triggered a sea-change in how policy-makers view evidence and how researchers engage with policy-makers. It has also engendered the setting up of rapid response services, providing urgently needed research evidence to policy-makers at short notice (within 28 days), and national clearing houses that act as repositories for local studies and policy-relevant documents about the health system they are supporting.

In addition, EVIPNet has built an impressive cadre of knowledge experts around the globe to support health authorities and other sectors in their decision-making.

This summary marks the first decade of EVIPNet's work by describing, in the words of those who played key roles, five key EVIPNet achievements to date.

5 key achievements

1 Building capacity, skills and knowledge of policy-makers and researchers



Top: Ms Jirdea, Head of Policy Analysis, M&E Division at the Ministry of Health, Moldova.

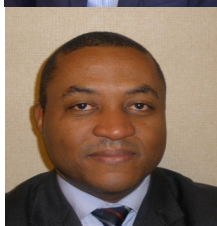
Bottom: Dr Mlambo, Coordinator of Knowledge Translation at the Ministry of Health, Malawi.

In **Moldova**, EVIPNet's approach has helped build the capacity of policy-makers in the Ministry of Health to target all aspects of the country's high alcohol consumption problem and identify feasible and cost-effective options to address it. In the past, often only one aspect of the issue was addressed, for example, lack of public awareness about the harm of alcohol, or access to treatment services for alcohol-dependent people. EVIPNet's systematic approach of providing three policy options rooted in the best available data and evidence, and looking at potential local implementation challenges, had not been used in Moldova before, and allowed a more holistic and effective response to alcohol consumption to be taken.

EVIPNet **Malawi's** training has been accompanied by innovative "science cafés" and communities of practice that bring together researchers, civil society representatives and policy-makers with the aim of strengthening the role of evidence as a policy-making tool. Here the country team has also built capacity by training people working in the Ministry of Health to access, appraise, synthesize and apply evidence, which will eventually allow them to do this work on their own; and by making researchers aware of the policy process.

2 Bringing together communities, researchers, policy- and decision-makers

EVIPNet's work has also led to effective change through the enhancement of community involvement – from reducing maternal and neonatal mortality in **Nigeria** to improving coverage of malaria control interventions in **Cameroon**.



Top: **Dr. Uneke**, Directorate of Research, Innovation & Commercialization at Ebonyi State University, Nigeria.

Bottom: **Prof. Ongolo-Zogo**, Director of the Centre for Development of Best Practices in Health, Cameroon.

In **Nigeria**, EVIPNet's role in bringing community influence to bear is seen in the Government's Free Maternal and Child Health-Care Programme, a programme that was suffering from weak implementation because of poor engagement with the affected community. When asked to prepare an evidence brief by the Commissioner for Health, EVIPNet Nigeria presented policy options emphasizing the need to implement community-based participatory interventions in order to strengthen the programme. Thanks to the evidence brief and the policy dialogue held to discuss it, the government has been able to better implement the programme, with improved outcomes. For example, there has been greater community mobilization of pregnant women in rural areas to use facilities provided by the government; increased home-based maternal and child health care; and lower maternal and child mortality.

In **Cameroon**, EVIPNet's collaboration with the Cameroon Coalition against Malaria was able to co-produce an evidence brief and co-convene a policy dialogue on how to scale up malaria control interventions in the country through greater community involvement, which has ultimately improved the coverage of malaria control interventions. Since the evidence brief and policy dialogue took place there has been a mass distribution of mosquito nets, and discussions are taking place about the possibility of introducing preventive malaria treatment in regions where there is seasonal transmission.

3 Responding to urgent requests for evidence

While evidence briefs and policy dialogues are a powerful combination, sometimes policy-makers need information very quickly in order to make decisions in just days or months. EVIPNet has pioneered an approach – rapid synthesis – that can address this need.



Dr Mijumbi, Research Scientist at Makerere University College of Health Sciences, Uganda.

EVIPNet **Uganda** has used this approach to turn research into newly enacted law. In 2007, 69% of children under the age of 15 years and women of child-bearing age across Uganda had exceptionally high levels of micronutrient deficiency, largely attributed to the inability to afford vitamin- and mineral-rich foods. In view of these figures, the Global Alliance for Improved Nutrition (GAIN) started working with the Government of Uganda to reduce the prevalence of iron deficiency in these groups.

To ensure leaving a lasting legacy after the project reached its end in 2010, GAIN approached EVIPNet's then new Rapid Response Service to request evidence on which to base a long-term strategy to prevent such deficiency. REACH, which is part of the EVIPNet family, prepared a rapid synthesis on the topic, which led to the now mandatory food fortification policy in Uganda. By working together with policy-makers from the ministries of health and justice, EVIPNet enabled the policy to be enacted in a short timeframe.

4 Affecting change at the policy frontline



Top: **Dr Barreto**, Researcher at Fundação Oswaldo Cruz, Brazil.
Middle: **Dr Woyessa**, Research Director at the Public Health Institute, Ethiopia.
Bottom: **Dr Ammar**, Director General of the Ministry of Public Health, Lebanon.

The case of Piripiri in north-east **Brazil** is a powerful example of how research evidence can translate into high-impact local policies that change people's lives. EVIPNet's work to engage municipal decision-makers in Brazil in addressing perinatal mortality helped reduce mortality rates from 21 per 1000 live births in 2009 to 7 in 2011. Arrangements regarding service delivery and perinatal care policies were discussed and approved by the local health council, and involved complex local planning for more than 30 interventions based on the best available evidence. Each of these interventions was then tailored to the local context. Without EVIPNet and its methods to include the systematic and transparent use of evidence in the decision-making process, this reduction in perinatal mortality may have not happened.

This is a pattern reflected in **Ethiopia** where EVIPNet has guided the government in revising its National Malaria Control Programme with a view to providing strategies to address the shortage of malaria experts and health workers in the country.

In **Lebanon**, EVIPNet's evidence briefs and policy dialogues led to significant moves in the integration of mental health into mainstream primary health-care activities, and to the effective prioritization of the systems and services needed to respond to the health needs of Syrian refugees. In fact, in the 6 months that followed the policy dialogue, a national mental health psychosocial support taskforce was established, and training of primary health-care staff began.

5 Changing the health policy-making culture



In **Mozambique**, EVIPNet's promotion of evidence to inform policy has helped transform the policy-making culture in the Ministry of Health by giving policy-makers a greater understanding of the usefulness of research findings in the decision-making process. This has, among other things, influenced a radical change in community management of child illness in Mozambique. By providing the Ministry of Health with options for managing

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