40th ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Montego Bay, Jamaica, 29th April to May 1st, 2007

EVIPNet

Pan American Health Organization
2007

EVIPNet: Evidence-Informed Policy Networks
Pan American Health Organization

Bridging the gap between research and policy

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Introduction

Research evidence should be the basis of good decision-making when addressing important health policy or system issues such as extending health coverage, insurance schemes, human resource distribution, provision of diagnostic and therapeutic options, updating and implementing recommendations and guidelines, financing or the millennium development goals such as maternal and child health, HIV/ AIDS control, malaria and other diseases. This is especially important in low and middle income countries which have limited resources yet a disproportionate amount of health issues. Despite the general recognition of the merit of research evidence, the access and application of high quality research results is limited. There are many reasons for this gap: either the evidence is of poor quality, not relevant to the issues faced by local health officials; not available in time of need or in a user-friendly format or perhaps not valued as an important element to the decision-making process.

The Pan American Health Organization is providing leadership in increasing the availability and use of high quality research within Latin American and Caribbean countries through a program called EVIPNet (Evidence Informed Policy Networks). This program is being organized by the Research Promotion and Development Unit (the Unit), which is part of the Health Systems Strengthening Area. PAHO recognizes that if we are to succeed in promoting better decision-making on important health issues, a collective effort among many countries is needed to realize improvements in the production and use of research evidence.

2. The rationale for EVIPNet

During the Ministerial Summit in Mexico City, Ministers of Health from low and middle income countries stressed that more attention needs to be given to bridging the gap between research, policy and practice. Therefore, the 58th World Health Assembly subsequently endorsed a resolution from the Ministerial Summit that called for "establishing or strengthening mechanisms to transfer knowledge in support of evidence-based public health care delivery systems and evidence-based health-related policies" in May of 2005. This resulted in the development and launching of EVIPNet in Asia (2005) and Africa (2006).

In Latin America countries have expressed the need for technical cooperation to help strengthen their health research systems. Furthermore, the report on Public Health in the Americas (PAHO, 2002) ranked research as one of the least developed essential public health functions. Both this need and the expressed interest from countries are important factors in launching an initiative to increase the use of research.

3. What is EVIPNet

EVIPNet is an innovative mechanism designed to improve health and reduce health inequities by increasing decision and policy makers' access and use of high quality evidence. This will occur through creating mechanisms to capture readily available knowledge, its dissemination, sharing and application of such knowledge to influence policy and decision making. Ultimately, EVIPNet represents a partnership between policy-makers and researchers to support the access and use of the best quality research evidence at the local and global level.

The concept and theoretical framework for EVIPNet is based upon the lessons learned and research on how to maximize the likelihood that research evidence is used to shape policy and practice. Please see Appendix I for an overview of EVIPNet: how it works, its implementation and history in Asia and Africa.

4. EVIPNet in the Americas

PAHO, in its role as regional office for the Americas of the WHO, is organizing the launch of EVIPNet in selected countries within its jurisdiction during 2007. To ensure the successful planning and implementation phases of the initiative, PAHO is building on the lessons learned during the launch of EVIPNet in Asia and Africa. Those relevant for the Americas include:

➢ Each country must define its priority areas for EVIPNet implementation. This varies from country to country and depends upon the particular health needs of each country as well as the existing infrastructure.

➢ Each country must have an EVIPNet champion. A person or group of persons devoted to the successful implementation of EVIPNet is of paramount importance. These individual(s) provide ongoing leadership and direction over the implementation phase of EVIPNet (regardless of the country's political cycle).

➢ The deployment of EVIPNet requires a strong Secretariat and active strategic planning that monitors and adjusts to a changing environment and the invidividual needs of countries.

EVIPNet Americas will be introduced in stages. In the first stage, efforts will target a selected group of pilot countries that have already expressed interest and sought technical cooperation to strengthen the use of evidence among their policy makers. Other countries will be invited to develop applications during the second stage. It is anticipated that the second round of countries will work with and learn from the first grouping of countries. Please see Appendix II for an overview of the timeline for EVIPNet implementation.

4.1 Country selection

The pilot countries were chosen according to the following criteria:

➢ Countries that are priorities for PAHO.
➢ Expression of interest: Countries that have indicated their will to participate in the implementation of EVIPNet.
➢ Synergies with the existing Country Cooperation Strategy
➢ Capacity: research strength, links to policy.
➢ Commitment of funding.
➢ Policy and government stability.
➢ Regional distribution

Based on the above criteria the following countries were invited to be part of the first round of EVIPNet:

- Bolivia
- Brazil
- Costa Rica
- Chile
- Mexico/El Paso
- Paraguay
- Puerto Rico
- Trinidad & Tobago
- Colombia

We have received positive response from 6/10 countries. The Ministries of Health from Brazil, Paraguay, Trinidad and Tobago, and Bolivia have yet to respond to our invitation. We recognize that the countries chosen have varying capacity issues, resources and experience in using research to inform decision-making. We hope to capitalize on these differences by facilitating partnerships (Costa Rica, Brazil and Chile have already signed a technical cooperation agreement on research) and supporting countries where ever their starting point may be.

4.2 Launching EVIPNet in the Americas

The first goal will be to build a strong foundation for EVIPNet namely in the following areas:

- Building in-country stakeholder ownership
- Developing initial communication tools
- Introducing EVIPNet to country teams

- ♦ Developing a governance model for EVIPNet Americas
- ♦ Securing funding
- ♦ Establishing evaluation protocols
- ♦ Ensuring a strong secretariat

4.2.1 Building In-Country Stakeholder Ownership

Over the next few months PAHO will meet individually and collectively with representatives or delegates from each of the selected pilot countries. The meetings will be designed to discuss expectations, ideas and strategies for the planning and implementation phases of the network, building on in-country capacity and infrastructures. The active support and involvement of PAHO representatives (PWRs) is of paramount importance to the success of this initiative, therefore they will be involved in this preparatory phase through regular face-to-face and virtual meetings. Through the PWRs, the Unit will identify country champions for EVIPNet; an element that has proven critical in advancing EVIPNet in Asian and African countries to date.

4.2.2 Developing initial communication tools

It will be critical to develop appropriate communication tools that will effectively market and promote the concept for EVIPNet thereby supporting the above activities related to building in-country support. To this end, the Unit has developed a brochure designed specifically for PWRs which covers such topics as the concept, the planning and implementation phase expectations and considerations based on lessons learned from Asia and Africa. A modified version of the brochure will also be created for funders and also general use. The Unit has designed a common restricted access web site (on Share Point platform) where PWRs and others can access key EVIPNet documents. In the coming months a web portal will be developed for all EVIPNet countries worldwide which will serve as a one-stop access point for communication among teams (both through a bulletin board and real-time connection) and linkages to key databases.

4.2.3 Introducing EVIPNet to country teams

Building on the launching processes for EVIPNet Asia and Africa, PAHO will hold an invitational workshop in Washington on July 2 and 3, 2007 for potential county team leaders. At this meeting we will present the concept for EVIPNet, share experiences from existing EVIPNet countries and discuss strategies for developing planning phase applications of intent. Teams will be expected to submit applications by October 2007 (see Appendix II for the detailed schedule).

4.2.4 Developing a governance model for EVIPNet Americas

Recognizing that for EVIPNet to succeed it will require country commitment. To that end, at the July meeting we will also discuss possible methods to maximize intra-country ownership such as appropriate governance models, communication channels, and funding sources. EVIPNet Asia and Africa are also working towards configuring teams within their region into collective networks. It is expected that representatives from each of the three regional networks will form a global EVIPNet network and provide ongoing strategic direction of EVIPNet internationally. WHO through WPRO, AFRO and PAHO, as well as headquarters, will provide facilitation and secretariat support.

4.2.5 Securing funding

In order to kick start EVIPNet dedicated funding will be required to support the various activities listed in this paper in addition to providing seed funding to teams during the planning phase. PAHO in coordination with Geneva WHO office is actively seeking support from various foundations and appropriate donor countries. We will also investigate the likelihood of in-country support where possible which should also help to maximize country support and sustainability over time.

4.2.6 Establishing evaluation protocols

We recognize that EVIPNet is an experiment onto itself. Although the concept is based on evidence of what works in reducing the gap between research and policy and practice it is important to evaluate the impact of implementing EVIPNet. Expected results could include short term process measures such as use of the services by decision-makers, number of searches for evidence, number of consultations, any change in the linkage and exchange among creators and users of evidence, and the degree of interest in training workshops. More medium and longer term outcomes could be the degree to which evidence helped inform policies and health system management, organization or functioning, and any change in decision-makers awareness, knowledge and attitudes towards evidence. An international team has already been established and the initial protocol has been developed. Funding of the study, obtaining team commitment to providing information and launching the evaluation are the next steps. A PhD student from McMaster University in Canada will assist with establishing and maintaining an evidence base for EVIPNet in the Americas.

4.2.7 Ensuring a strong secretariat

It is the dedication of people that will be the key driving force behind EVIPNet. We have already discussed the importance of identifying the right champions within countries, obtaining buy in from Ministry's of Health, and tapping into the expertise of PWRs. A strong core secretariat team based at PAHO, supported by technical experts already involved in EVIPNet as well as those affiliated with initiatives and organizations that can play a supportive role is also key. PAHO is committed to providing leadership for EVIPNet as part of its strategic vision.

SUMMARY

The need for promoting the use of health research in low and middle income countries, specifically those in Latin America and the Caribbean is great. The resources required to have significant impact are fortunately within our collective ability. What is needed is demonstrated leadership from a variety of individuals, groups and countries to join forces to work together towards long term change. EVIPNet has already proven to be a successful model to do just that.

Appendix I
EVIPNet Overview

How EVIPNet Works

The implementation of EVIPNet is shaped by each country, based on its own particular needs and realities in order to strengthen the links between policy-makers, health system managers and researchers. The long term goal is to develop a sustainable mechanism to promote the access and use of research evidence by integrating systematized evidence with other necessary health information.

In addition, EVIPNet will contribute to improving the relationship between the producers and users of evidence through training opportunities and will build capacity of decision- and policy-makers to access and apply evidence. The overall objective of EVIPNet is to decrease the gap between research and health decision and policymaking by improving the standards in evidence-informed decision making through the collection and dissemination of high quality evidence and through strengthening local and international partnerships.

How EVIPNet is Implemented

One of the main principles of EVIPNet is that it must include representatives from it core target audiences. Therefore the implementation effort should actively involve policy makers and researchers under the leadership of the Minister of Health or equivalent high ranking officer. The participation of civil society is encouraged and each country should decide on the best approach for such involvement (as team members, advisors, etc.).

Teams can function regionally within a country, nationally or assist other countries in the region. They are expected to have the flexibility to respond to current and emerging health issues based on the needs within their jurisdiction and be in a position to work with a variety of user groups. Key to the EVIPNet concept is the two stage process in which teams are brought together to develop their concept for how they will carry out work to support decision-making within their region/country (called the Planning Phase) and then the actual conducting of the work (called the Implementation Phase). Also it is essential that teams are comprised of both policy makers and researchers and that a governance model reflects the equal role of both groups in advancing evidence-informed decision-making.

EVIPNet teams once up and running are expected to focus on all, or at least the majority, of the following objectives:

- Enhance linkages between and among the producers and users of evidence.
- Acquire, assess, and adapt systematic reviews and other types of evidence relevant to the needs of decision-makers.
- Commission and/or update systematic reviews of health research

(especially local research), or communicate the need for specific reviews to groups that are involved in knowledge synthesis.

- Commission or communicate the need for new health research when gaps are identified and assist with the setting of research agendas for more policy-relevant research.
- Design, implement and promote strategies to enhance the uptake of evidence by decision and policy-makers and those who seek to influence them.
- Provide training opportunities to develop the capacity of decision and policy-makers to access and apply evidence.
- Provide decision and policy-makers 'one-stop shopping' for high quality evidence.
- Partner with existing organizations engaged in any of the above functions.

EVIPNet Launch in Asia

The World Health Organization officially launched EVIPNet is its Western Pacific Region in June 2005 in Kuala Lumpur, Malaysia. Five countries (China, Laos PDR, Malaysia, Philippines and Vietnam) were invited to submit letters of intent to become a network (three regions in China; Beijing, Shandong and Sichuan provinces formed separate teams). The letters of intent were reviewed by an international panel of experts who have extensive experience in the research to policy field. Funds were awarded for the planning phase in the fall of 2005. Over the following eight month period applicants further developed their teams, created partnerships with key stakeholders (such as government departments, research institutions, civil society groups); conducted priority setting consultations to determine early areas of focus; and crafted the concept for their approach to EVIPNet resulting in a 5 year plan with corresponding goals, objectives, outcomes and budget. These plans were again reviewed by the international panel in October 2006 with modest funds for selected first year activities released in December 2006.

EVIPNet Launch in Africa

The concept and theoretical framework for EVIPNet is based on what has been learned from the research on guiding principles in maximizing the likelihood that research evidence is used in shaping policy and practice. However, the field of knowledge translation is still very much in the developmental phase and therefore it is critical that a process and outcome evaluation process of EVIPNet is included as a promising approach to strengthening the use of research. Such was the case with the launch of EVIPNet in Africa. WHO learned from what worked and what could be improved from the launch in Asia and adjusted the way in which it launched the program in Brazzaville Congo in March 2006. Seven countries were invited to develop applications of intent; they are Burkina Faso,

Cameroon, Centrafrique, Ethiopia, Mozambique, Niger and Zambia. As with Asia an international review panel assessed each team's application and provided comments on strengths and areas for improvement. Another critical element of the EVIPNet concept is that the goal of the initiative is not to merely fund the strongest teams but to build overall capacity for promoting the use of research in countries regardless of their current ability and resources. WHO is firmly committed to 'not leaving any teams behind' and therefore in addition to providing initial funding support has actively worked with various teams to help understand their needs and resources and to further develop their concept for EVIPNet and necessary support to increase their in-country expertise.

African teams were awarded modest planning phase funds in November 2006 and are now undertaking activities such as developing their teams, fostering partnerships with stakeholders, establishing priorities and creating the concept for 5 years of EVIPNet work.

Appendix II
EVIPNet Americas Timeline

Timetable	
January/February 2007	Selection of potential countries to be invited to submit Applications of Intent (AOIs); preparation of budget; organize planning workshops/meetings
March – June, 2007	Planning workshops with PWRs and resource group – virtual meeting out of Washington
March – July 2007	Planning of country workshop launch & collaborating with local representatives
July, 2007	Country workshop to launch EVIPNet Americas – Washington DC
July – Sept, 2007	Creation of AOIs by teams
October 1, 2007	Submission of AOIs will be due **October 1, 2007.**
October and November, 2007	Review process for planning phase AOIs
December 1, 2007	Synthesize reviewers' comments; decide on results and communicate to teams by **December 1**
December – June, 2008	Planning Phase
July 1, 2008	**Implementation Phase** Application Deadline
July – September 2008	Review process for implementation phase applications
October 1, 2008	Notification of decision for the **Implementation Phase** and awarding of funds.