

EVIPNet activities

EVIPNet activities at the country level include:

- 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;
- Investigation of the potential of clearinghouses, observatories and rapid response mechanisms that might provide timely, high-quality research syntheses and research relevant to policy.

"The [Ethiopian] Ministry of Health fully supports EVIPNet. I strongly believe that [EVIPNet] policy briefs will help policymakers to control [diseases]...in their respective countries." Dr Tedros Adhanom, Minister of Health, Ethiopia

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

- Capacity strengthening and empowerment of policy-makers, researchers, and representatives of civil society to enable them to make better use of evidence in policy-making and advocacy;
- Interactive learning processes building on experiences to improve evidence-to-policy methods;
- Monitoring and evaluation processes that document the lessons learned from 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.



1st EVIPNet Africa Policy Brief Workshop, Addis Adada, Ethiopia, February 2008

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.

EVIPNet PORTAL

<http://www.evipnet.org/>



WHO



World Health Organization

HPSR - ALLIANCE



www.who.int/rpc/evipnet/en www.who.int/alliance-hpsr/en

To find out more about EVIPNet

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www.evipnet.org

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*For better
decision making*



World Health Organization

www.evipnet.org/

Why focus on evidence-informed policy ?

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.

"If you are poor, actually you need more evidence before you invest [in health], rather than if you are rich."

Dr. Hassan Mshinda, Tanzania

Unfortunately, health policies are not always informed by the best available evidence. Poorly informed policy-making is one of the reasons why services may not reach those most in need and why health indicators are off-track. It also means that many low-income countries may fail to meet the health-related Millennium Development Goals (MDGs) and priority national health goals.

"All countries need to step up efforts to increase investment in health research(...). At the same time, full use should be made of scientific evidence, and we should also work to bridge gaps between decision-making and scientific research."

Chen Zhu, Minister of Health, People's Republic of China

Background

The Ministerial Summit on Health Research in Mexico City in November 2004 focused on the need to improve the use of knowledge to improve health. After the summit a World Health Assembly resolution in May, 2005 called on the World Health Organization: "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 response to this call, the World Health Organization (WHO) launched the Evidence-Informed Policy Networks (EVIPNet) in 2005.

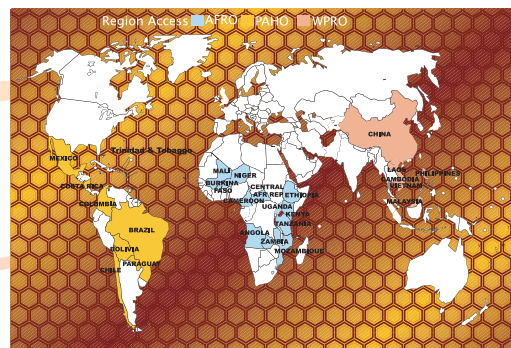
Organization, governance and financing of EVIPNet

Initiated by the World Health Organization, EVIPNet now takes the form of a series of linked, but distinct country-based and regional networks. Africa, Asia and the Americas each host regional networks, which together work in 25 countries. In countries where EVIPNet is active, additional organizations are welcome to join EVIPNet teams. At the regional level EVIPNet is supported by the WHO regional offices and by small regional secretariats responsible for promoting regional coordination. A global steering group, composed largely of regional representatives, consults frequently, facilitating exchange between regions and supporting global level activities.

EVIPNet has been fortunate to be guided by a group of international experts in the evidence-to-policy field. The Resource Group provides strategic guidance to EVIPNet, organizes the technical review of EVIPNet proposals, and provides direct technical support to country teams where necessary. Resource group members include individuals such as John Lavis (McMaster University), Andy Oxman (Norwegian Knowledge Centre for the Health Services), and Goran Tomson (Karolinska Institute) working jointly with leading experts from the participating regions.

EVIPNet gratefully acknowledges the funding and support of multiple partners including the Alliance for Health Policy and Systems Research, WHO, the Swedish International Development Cooperation Agency (SIDA), and WHO's Special Programme for Research and Training on Tropical Diseases, BIREME. But of particular relevance is the fact that participating countries are providing resources to support their EVIPNet projects.

Donors interested in supporting EVIPNet should contact Dr Ulysses Panisset (panissetu@who.int) or the respective regional contact persons.



EVIPNet in the regions

EVIPNet Africa

Launched March 2006.

Country members: Burkina Faso, Cameroon, Central African Republic, Ethiopia, Mali, Mozambique, Zambia.

Activities to-date: Country teams have hosted workshops to choose priority themes and develop national partnerships. International workshops and training courses have been conducted. Work is currently in progress on policy briefs on tropical diseases, covering delivery, financial and governance arrangements.

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EVIPNet Asia

Launched June 2005.

Country members: China (*Beijing Municipality, Shandong and Sichuan Provinces*); Lao PDR, Malaysia, Philippines, Vietnam.

Activities to-date: Detailed proposals for country level work have been developed. Regional level training on systematic reviews undertaken. Country briefs and reviews now in process.

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EVIPNet Americas

Launched July 2007.

Country members: Bolivia, Brazil, Chile, Colombia, Costa Rica, Mexico, Mexico-USA Border PAHO Field Office, Paraguay, Trinidad & Tobago.

Country teams are in the process of developing implementation plans.

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