



EVIPNet Americas

EVIPNet consists of national teams, with different structures, and different knowledge translation processes, either because of the policy themes they address or the time devoted to addressing said problems. There is also a resource group formed by highly qualified professionals who play the role of facilitators both in the skill training of the network as well as in the follow up and review of policy and deliberative dialogs documents that are brought about. The Region of the Americas is also represented in the Global Steering Group.

Since 2012 EVIPNet has been present, with different stages of development, in 12 countries of the Region.

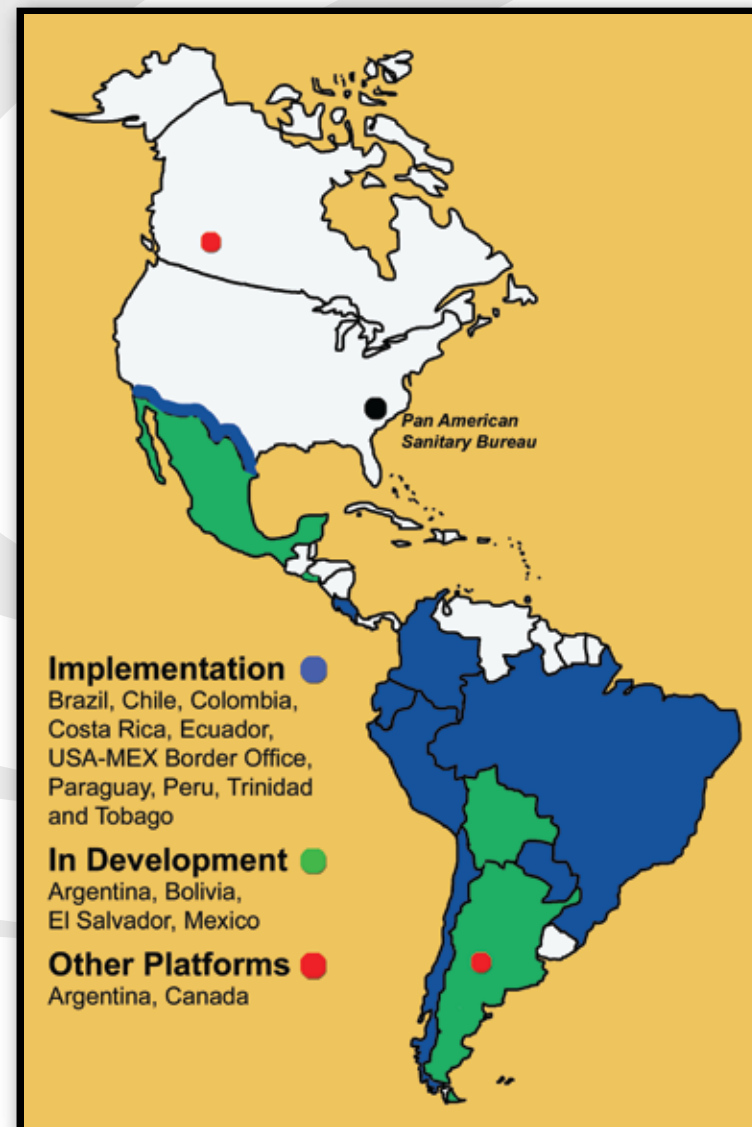
Why an Evidence Informed Policy Network (EVIPNet)?

Low- and middle -income countries have scarce resources to address their health system challenges, therefore, to make the most efficient use of those resources, they should be informed based on the results of the best scientific evidence available. Scientific evidence should constitute the cornerstone of all the activities aimed at achieving the highest level of health, equity, and development.

The Evidence informed policy network (EVIPNet) is an innovative initiative conceived to promote the systematic use of the best health research evidence in policy making. This network was created by the World Health Organization in 2005 and by the Panamerican Health Organization in 2007.

EVIPNet Objectives

- To promote country based mechanisms to facilitate the regular use of research evidence so as to support the decision-making process.
- To provide countries with a reliable and trustworthy source of evidence taking into consideration local needs.
- To better use regional resources through the development of multi-country networks using local networks with similar organization dynamics as the starting point.



Workshops held in 2011/2012	Number of workshop	Number of countries which participated	Qualified researchers & decision makers who participated
Year 2011	3	11	85
Year 2012	8	13	252

Examples of Evidence Briefs for Policies*	Date
<i>Policy Options to Improve the Access to High Quality and High Value Maternity Care.</i>	Ecuador 2012
<i>Policies to Improve the Distribution and Adherence to Micronutrients in Children between 6 and 36 months old in Peru.</i>	Perú 2012
<i>Management and Rehabilitation Services for Sexually Abused Clients under 18 years old in Trinidad.</i>	Trinidad & Tobago 2011
<i>Policies to Access High Cost Medicines for Rare Conditions.</i>	Chile 2011
<i>Policies about Water Distribution, Hygiene and Sanitation, Human Rights, Public Health and Equity.</i>	OPS 2011
<i>Policies to Improve Adherence to the Treatment for Tuberculosis.</i>	Perú 2011

* Formerly called policy briefs.

Examples of Deliberative Dialogs	Date/Country where the discussion took place
<i>Policies to Improve the Distribution and Adherence to Micronutrients in Children between 6 and 36 months old in Peru.</i>	Perú / 2012
<i>Policies to Access High Cost Medicines for Rare Conditions.</i>	Chile / 2012
<i>Management and Rehabilitation Services for Sexually Abused Young Persons under 18 years old in Trinidad and Tobago.</i>	Trinidad & Tobago / 2011
<i>Policies about Water Distribution, Hygiene and Sanitation, Human Rights, Public Health and Equity.</i>	Guatemala / 2011
<i>Prevenção e controle da Dengue no espaço urbano. Núcleo de Evidências em Saúde da SMS de Piripiri.</i>	Brasil / 2011
<i>The Role of Primary Healthcare in the Comprehensive Approach for the Management of Non-Transmissible Chronic Diseases.</i>	Paraguay / 2011
<i>Atividade física e prevenção/controle de hipertensão arterial na Atenção Primária à Saúde (APS). Núcleo de Evidências em Saúde de SMS de Piripiri.</i>	Brasil / 2010





How should EVIPNet be introduced in the country?

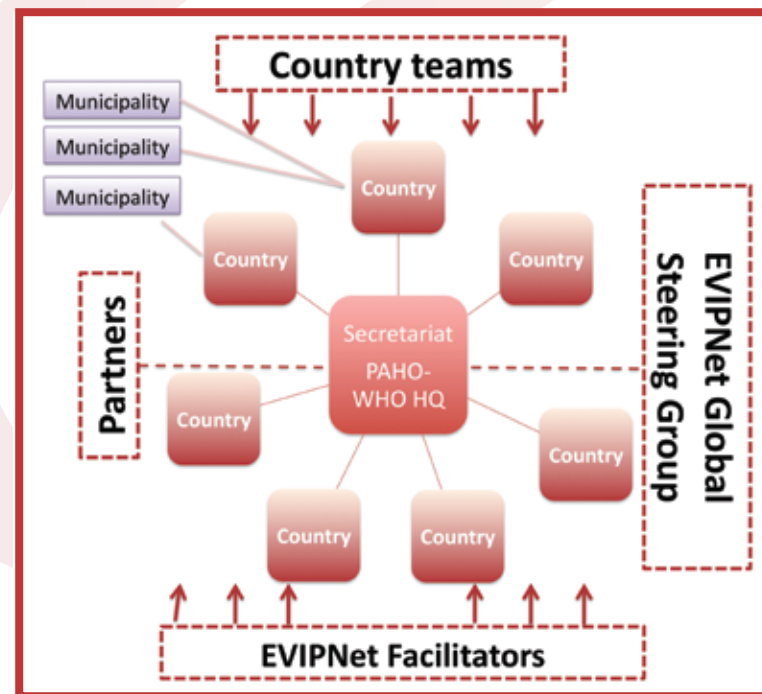
A critical step forward is to structure a strong national team with representation of key stakeholders, as the national health authorities or their representatives, science and technology councils, the academic and research communities, and the civil society. National teams are the fundamental units of EVIPNet and the core for networking at local and global levels. It is expected that EVIPNet teams systematically use scientific evidence in the decision making process to help bring about a change in health systems. Although it is anticipated that all EVIPNet teams follow predefined guidelines, the organization model of each country should be relevant to the context of that country and may be adapted to local needs.

Processes that are developed in the countries are mainly workshops in which the focus is on “learning by doing”. The steps to develop a policy comprise the prioritization of the problem to be addressed by the policy, the development of the document (Evidence brief for policies) that will be the most important tool in the knowledge translation process, the deliberative dialogs where the policy document is discussed, the implementation, and finally the cycle repetition based on evaluations (*To visualize the process visit www.paho.org/researchportal/evipnet*).

EVIPNet Mission

Its mission is to promote a network of partnerships at national, regional and global levels among health system policy makers and other stakeholders (including civil society, health professionals, health managers, researchers, and funders) to strengthen health systems and improve health outcomes through the regular access, assessment, adaptation and use of context-specific research evidence.

EVIPNet: Structure



How does EVIPNet work?

EVIPNet facilitates the interaction between researchers and decision makers, fostering the translation of research into policies, programs and also laws. EVIPNet is the articulator of these knowledge translation processes and ideally its operation hub is found in ministries and/or secretariats of health. The deliberative dialogs are the true expression of these processes.

To learn more about EVIPNet visit:
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EVIPNet

EVIDENCE-INFORMED POLICY NETWORK

EVIPNet is an innovative initiative to promote the systematic use of health research evidence in health policy making, mainly focusing on low- and middle-income countries. Its most important asset is networking at national, regional and global levels.



Pan American Health Organization

Regional Office of the World Health Organization