

# Evidence-Informed Policy Networks (EVIPNet) ten years on



## Where did the idea of EVIPNet come from?

- Whether the pressure on health policymakers and stakeholders to invest healthcare resources wisely derives from a scarcity of resources, as is the case of many low- and middle-income countries, or from the many and frequently competing demands placed on more plentiful resources, as is seen in high-income countries, the capacity to do so requires a sustained commitment to evidence-informed health policymaking.
- In response to a World Health Assembly resolution in 2005, WHO has championed groups of policymakers, stakeholders (such as civil society groups) and researchers to develop EVIPNet in countries (and sometimes municipalities, provinces/states and regions) around the world as a key vehicle to support evidence-informed health policymaking.

## What's happening in EVIPNet?

- EVIPNet is now functioning in a wide variety of health and political systems, with highly variable capacity within these systems for research synthesis, policy influence, and policy development and with limited media coverage of health policy priorities, research evidence and policy dialogues.
- EVIPNet accommodates a wide diversity in infrastructure, with some located in universities that are home to talented researchers, have strong internet connections and provide access to many relevant journals, and others located in ministries of health or non-government organizations that are home to well-connected policy advisors or civil society leaders, have weak or no internet connections and limited to no access to relevant journals.
- Each EVIPNet has prepared evidence briefs and convened policy dialogues (and select ones have prepared rapid syntheses) on a wide variety of issues -- prioritized by policymakers and stakeholders -- related to how to strengthen health systems and how to get the right mix of programs, services and drugs to those who need them.
  - The evidence briefs harness both systematic reviews and local evidence to clarify a problem and its causes, frame options to address the problem, and identify implementation considerations.
  - The policy dialogues allow for the research evidence to be complemented by the tacit knowledge and real-world views and experiences of the policymakers and stakeholders who will be involved in or affected by any decisions about the issue.
  - The rapid syntheses have features of evidence briefs but typically address a more focused issue, are completed in days to weeks rather than in several months, and are not used as inputs to policy dialogues.
- Several have also created national clearinghouses that contain local studies and policy-relevant documents about the health system they're supporting (as a complement to global clearinghouses like Health Systems Evidence).

## What has been learned from evaluations of EVIPNet in eight African countries?

- Interviews and focus groups identified that support from policymakers and international funders have facilitated work by EVIPNet, a lack of skilled human resources have sometimes hindered them, and sustainability remains a widely held concern given the lack of stable funding mechanisms to support them.
- Surveys have identified that evidence briefs and policy dialogues, and their key design features, have been highly valued by policymakers, stakeholders and researchers across all contexts and issues, and have led to strong intentions to act on what was learned, which make them unique as an intervention to support evidence-informed policymaking.
- Rapid syntheses have been frequently requested by policymakers, frequently changed policymakers' approach to dealing with an issue, and made policymakers more confident in their decisions.
- Evidence briefs (and accompanying stakeholder dialogues) frequently influenced one or more of the agenda-setting, policy development and policy implementation phases of the policy process, typically by shaping interest-group responses and the ideas at play in the policy process over time and less commonly by directly influencing the process at the time they are produced.

## How does EVIPNet compare to other approaches to supporting evidence-informed policymaking?

- EVIPNet works right at the ‘front line’ of policymaking, and it starts with the challenges being faced by policymakers and stakeholders and then brings the best available research evidence and the tacit knowledge, views and experiences of key stakeholders to bear on that challenge. It works within the time constraints faced by policymakers and acknowledges the institutional constraints, interest group pressures, values and other factors that influence policymaking.
- Alternative approaches tend to work more ‘upstream’ by, for example, engaging policymakers over the life course of a research study (e.g., TDR) or by commissioning new evaluations of or supporting implementation research on existing policies and programs (e.g., Alliance for Health Policy and Systems Research). All of these approaches have a role to play. EVIPNet’s role is at the policymaking ‘front line.’

## What does this mean for you?

- Given the perceived value of EVIPNet among those it serves, who are best placed to judge it, and for its approach to become standard practice among policymakers, stakeholders and researchers around the world, these groups should consider:
  - thinking carefully about how to design and where to house KT platforms in light of the local contexts and infrastructure that determine how the policymaking ‘front line’ can best be informed, and attempting to shift the local context in ways that are more conducive to the work of KT platforms;
  - preparing evidence briefs and convening policy dialogues (or demanding them), and continuing to collect data that will allow us to better match their design features with issues and contexts; and
  - preparing rapid syntheses (or demanding them), and starting to collect data that will allow us to better match their design features with issues and contexts.
- Until the day when the types of systematic and transparent processes EVIPNet uses at the ‘front line’ become standard practice, donors and funders should consider supporting EVIPNet and related capacity building by WHO Collaborating Centres and other centres of excellence in this domain.

## How has EVIPNet been supported?

- The work of EVIPNet have been supported by the WHO, its regional offices, and (in the case of EVIPNet Africa) a grant from the European Commission’s Framework Programme 7.
- The five-year monitoring and evaluation (M&E) of EVIPNet has been led by researchers from Canada (specifically from the McMaster Health Forum, acting as the WHO Collaborating Centre for Evidence-Informed Policy), Chile, Lebanon, Uganda, and the countries where EVIPNet are based, with support from the Canadian Institutes for Health Research.
- A cohort of 11 rising stars from four African countries (Burkina Faso, Cameroon, Ethiopia and Uganda) and from Canada and Colombia, have been conducting their own evaluations alongside the larger M&E initiative, with support from Canada’s International Development Research Centre (as part of the IDRC International Research Chair in Evidence-Informed Health Policies and Systems).

## Where can you get more information?

- John Lavis ([lavisj@mcmaster.ca](mailto:lavisj@mcmaster.ca)) and Amanda Hammill ([hammil@mcmaster.ca](mailto:hammil@mcmaster.ca)) for information about EVIPNet and for the EVIPNet M&E initiative, respectively. The bibliography for the latter contains citations for the 23 journal articles published, 19 manuscripts in preparation for journals, 35 presentations at scientific conferences, 6 non-academic presentations, 4 theses submitted, 7 theses in preparation, and 4 procedures manuals.

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