EVIPNet in action: 10 years, 10 stories

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EVIPNet in action
Evidence-Informed Policy Network

10 Years
Stories
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Foreword

EVIPNet was established by the World Health Organization in 2005 to promote the systematic and transparent use of health research evidence in policy-making (1). 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 them 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 booklet marks 10 years of painstaking and determined efforts of EVIPNet throughout the world, and describes 10 examples of the significant impact EVIPNet has had on local or national health policy. The wealth of achievement and learning generated by EVIPNet’s activities to date is being drawn on by policy-makers, researchers and civil society groups worldwide.

Dr Ties Boerma

Director of Information, Evidence and Research
World Health Organization
Acknowledgements

This booklet has been built from a series of interviews that were conducted with EVIPNet country team members. A special thanks goes to them for their time and commitment; without their stories, this work would have not been possible:

Walid Ammar (Director General of the Ministry of Public Health, Lebanon), Jorge Barreto (Researcher at Fundação Oswaldo Cruz, Brazil), Francisco Mbofana (Public Health National Director at the Ministry of Health, Mozambique), Rhona Mijumbi (Research Scientist at Makerere University College of Health Sciences, Uganda), Collins Mitambo (Coordinator of Knowledge Translation at the Ministry of Health, Malawi), Pierre Ongolo-Zogo (Director of the Centre for Development of Best Practices in Health, Cameroon), Lely Solari (Head of Research at the Institute of Health Technology Assessment and Research — ESSALUD, Peru), Marcela Țîrdea (Head of Policy Analysis, Monitoring and Evaluation Division at the Ministry of Health, Moldova), Jesse Uneke (Directorate of Research, Innovation & Commercialization at Ebonyi State University, Nigeria), and Adugna Woyessa (Epidemiologist and Director of the Bacterial, Parasitic & Zoonotic Diseases Research Directorate at the Public Health Institute, Ethiopia).

Written by Angela Burton with input from EVIPNet’s Global Steering Committee. Editing, design and layout by Vânia de la Fuente-Núñez.
Executive Summary

This booklet marks the first decade of EVIPNet’s work by describing, in the words of those who played key roles, 10 examples of the network’s impact on local or national health policy and decision-making. This summary translates these country experiences into five key EVIPNet achievements to date.

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

EVIPNet has helped build the capacity of policy-makers in Moldova’s Ministry of Health to target all aspects of the country’s alcohol consumption problem, identify feasible and cost-effective solutions and work through implementation considerations. In Malawi, EVIPNet built the capacity of Ministry of Health staff to access, appraise, synthesize and apply evidence, and set up “science cafés” and communities of practice to increase dialogue between researchers, policy-makers and civil society.

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

EVIPNet’s work has also led to effective change through enhancing community involvement—from improving coverage of malaria-control interventions in Cameroon, to reducing maternal and neonatal mortality in Nigeria, where EVIPNet’s emphasis on the need to implement community-based participatory interventions helped the government to better implement the Free Maternal and Child Health-Care Programme. This resulted in greater mobilization of pregnant women in rural populations to use healthcare facilities, increased home-based maternal and child health care, and, ultimately, reduced maternal and child mortality in Nigeria.

3. **Responding to urgent requests for evidence**

Gaps in knowledge and understanding are a common challenge for all concerned with evidence-based policy – and closing them in a timely way is one of EVIPNet’s strengths. Dr Rhona Mijumbi, Research Scientist with Makerere University College of Health Sciences, Uganda, helped transform research evidence into a newly enacted law after the Global Alliance for Improved Nutrition (GAIN) approached EVIPNet Uganda’s Rapid Response Service for evidence on which to base a long-term strategy to ensure its work left a lasting legacy. This has led to the new mandatory food fortification policy in Uganda.

4. **Affecting change at the policy frontline**

In Piripiri, north-east Brazil, EVIPNet’s engagement of municipal decision-makers to address perinatal mortality helped reduce mortality rates from 21 per 1000 live births in 2009 to 7 in 2011, while in Ethiopia, EVIPNet guided the government in revising the way it responds to the issue of scarce human resources for its National Malaria Control Programme. And in Lebanon, it led to the integration of mental health care into mainstream primary health activities.

5. **Changing the health policy-making culture**

From Cameroon to Mozambique and from Peru to Moldova, EVIPNet has changed the mindset of policy-makers by boosting awareness of the evidence-to-policy link, gradually embedding a culture of evidence-informed health policy-making.
Dr Jorge Barreto, Researcher in Public Health at Fundação Oswaldo Cruz, Brazil, helped found EVIPNet Brazil while Secretary of Health for Piripiri Municipality. EVIPNet Brazil’s work to engender an evidence-informed policy culture has resulted in successes such as the reduction of perinatal mortality in the country’s north-east.

According to Dr Barreto, the case of Piripiri is a powerful example of how research evidence can translate into high-impact local policies that change people’s lives.

Most work on infant mortality in Brazil in the past had involved efforts to reduce inequality between regions and social groups, but the main benefits did not include the poorest members of the population, explains Dr Barreto. Vulnerable populations – especially those living in north and north-east Brazil – had the worst-recorded health conditions and access to health services, and consequently Brazil’s highest infant mortality rates (2). This was the direct result of poor quality care during labour and delivery, insufficiently trained human resources, and lack of use of protocols and care guidelines. “In Piripiri in 2008, research revealed that 60% of these deaths could be avoided (3) – we had to act,” he says.

**EVIPNet’s role**

In view of these alarming statistics, EVIPNet Brazil prepared an evidence brief and convened a policy dialogue.

**The Evidence Brief**

EVIPNet Brazil looked at the impact of primary health-care actions on perinatal infant mortality and at the options – based on systematic reviews – available to local health managers in reducing infant mortality. Its evidence brief presented four options:

1. Implementing a clinical protocol for prenatal care in primary health care.
2. Promoting and expanding access to family planning through the targeted use of contraceptive methods, thereby establishing a more appropriate interval between pregnancies.
3. Providing a companion for early and ongoing support to pregnant women during labour.
4. Promoting the use of corticosteroids to prevent respiratory distress in pre-term infants.

**The Policy Dialogue**

Arrangements regarding service delivery and perinatal care policies were discussed with and later approved by the local health council. These discussions helped select the policy options with the greatest potential impact, and, as Dr Barreto describes, involved complex local planning for more than 30 interventions based on the best available evidence, tailored to the local context.

**EVIPNet’s impact**

EVIPNet’s work to engage municipal decision-makers in Piripiri to address perinatal mortality helped reduce mortality rates from 21 per 1000 live births in 2009 to 7 in 2011 (see Figure 1) (4). “Without EVIPNet and its methods to include the systematic
and transparent use of evidence in the decision-making processes, this would not have happened,” says Dr Barreto. “[These interventions] have led to the fall of perinatal mortality in Piripiri faster and deeper than ever before observed in that state or in the country,” he adds.

EVIPNet Brazil now has 15 groups nationwide, including members from national research institutes, nongovernmental organizations (NGOs), local health managers and local social groups – all with the common goal of using evidence to influence government policy and research.

Perhaps the most powerful endorsement of the model is that it is now being replicated in other places through local-level working groups dealing with local questions and problems, and developing evidence briefs on issues such as sickle cell disease, congenital heart disease, air pollution, leprosy and road traffic deaths. “The path followed in Piripiri was inspired by EVIPNet’s ideas, which had a great influence on decisions made”, says Dr Barreto.

“The most important thing about preparing evidence briefs for policy is the process you go through to produce them. When I led this process for EVIPNet Brazil I was exposed to systematic reviews, economic evaluations, primary studies and so on, and this process changed me, because the systematic and transparent use of evidence can solve public health issues. The process is as important as the product, as it is rich in terms of exchange and sharing of information, ideas, experiences and points of view.”

Dr Jorge Barreto

Figure 1: Impact of implementation of EVIPNet-suggested options to reduce perinatal deaths
Source: City of Piripiri, Brazil
Professor Pierre Ongolo-Zogo, Director of the Centre for Development of Best Practices in Health in Cameroon and Chair of the EVIPNet Africa Steering Group has worked with EVIPNet for 10 years. Here he describes the change it has brought to how people make decisions on priority health-system issues in Cameroon and across Africa.

In Cameroon, EVIPNet’s activities have focused on three key issues: poor coverage by malaria control interventions; an inadequate health workforce in rural areas; and weak governance and health district development. The latter, as Professor Ongolo-Zogo explains, was one of the major reasons why the country was unable to achieve the health-related Millennium Development Goals.

**EVIPNet’s role**

EVIPNet Cameroon prepared an evidence brief to identify possible solutions for each of these three issues, and conducted a policy dialogue on malaria control interventions.

To tackle poor coverage of malaria control interventions, EVIPNet Cameroon started to collaborate with the Cameroon Coalition against Malaria jointly produced an evidence brief and a policy dialogue on scaling-up malaria control interventions (such as insecticide bed-nets and household management of uncomplicated malaria) through greater community involvement. Since these activities took place, Cameroon has seen mass distribution of mosquito nets, and in addition, malaria prevention is now being considered in regions where there is seasonal transmission.

Finally, EVIPNet Cameroon developed an evidence brief identifying several strategies to improve governance for health district development. Some of these have been integrated into Cameroon’s performance-based financing project such as governance indicators relating to community participation and transparency. In addition, EVIPNet’s work has triggered important changes in the way district health management boards operate.

**EVIPNet’s impact**

EVIPNet has opened new space for more democratic, evidence-informed policy dialogues in most of the African countries where it is involved, says Professor Ongolo-Zogo. He also describes that before EVIPNet became involved in health policy-making in Cameroon, formulating malaria control strategies, for example, was mainly guided by managers and health bureaucrats. People are now aware of the importance of using evidence for policy, and are using it, and there are ongoing efforts to embed this practice through training.

EVIPNet Cameroon has also improved access to policy-relevant evidence – many resources on how to deal with evidence-
informed health policy-making (particularly in Africa but also in other developing countries) are now available online. “There are still challenges ahead of us, but we need to pursue this effort, getting health stakeholders as much as possible to consider evidence whenever making decisions relating to health systems in Africa,” says Professor Ongolo-Zogo.

“In short, 10 years down the line the dream of bringing policy-makers, stakeholders and researchers together – to discuss and consider evidence alongside all of the other factors that influence decision-making – has become a reality in most countries in Africa where EVIPNet teams have been established.”

Professor Pierre Ongolo-Zogo
Dr Adugna Woyessa, Director of the Bacterial, Parasitic & Zoonotic Diseases Research Directorate at the Ethiopian Public Health Institute describes how EVIPNet Ethiopia helped place the urgent need for more and better-trained malaria control experts at the heart of Ethiopia’s National Malaria Control Programme.

Malaria is a major public health problem in Ethiopia, with 68% of the population at risk of infection. In 2012-2013, malaria was the second most important cause of morbidity in Ethiopia, and the third biggest cause of hospital admissions. There are currently almost 1.8 million malaria cases (both confirmed and clinical) countrywide (5). In 2005, the Ethiopian government stepped up efforts to control the disease with a national plan to eliminate it by 2020. But, as Dr Woyessa explains, the human resources to put the plan into action were not adequate in terms of quality or quantity at national, district or local level.

**EVIPNet’s role**

Against this backdrop, an evidence brief was prepared by the Technology Transfer and Research Translation Directorate of the Ethiopian Health and Nutrition Research Institute — now the Ethiopian Public Health Institute — with the support of EVIPNet/SURE Ethiopia.

1. in-service training (educational outreach visits, continuing education meetings and workshops, audit and feedback, tailored interventions, and guideline dissemination).
2. recruiting and training malaria specialists together with academic support, career guidance, and social support to increase the number of malaria experts.
3. motivation and retention packages (such as financial, educational, personal, and professional support incentives) to help motivate and retain malaria professionals.

**The Policy Dialogue**

In 2010 the evidence brief was discussed by academics, policymakers, civil society, professional organizations, development partners and researchers at a policy dialogue in Gelan, Ethiopia. After the dialogue, the Ministry of Health accepted the need for a clear strategy on developing the capacity of health workers in general and malaria experts in particular, and retaining and motivating staff.

**EVIPNet’s impact**

Dr Woyessa believes that, as a result of these two exercises, the Ethiopian government revisited the way it treated the issue of human resources in its National Malaria Control Programme, prioritizing vector control and care management. “The National Malaria Control Programme has indicated that it understands well that human resources form the critical element in malaria elimination task, and in this we believe our evidence brief played an important role”, says Dr Woyessa.
Dr Walid Ammar, Director General of the Ministry of Public Health, Lebanon, describes how the EVIPNet-supported Knowledge to Policy (K2P) Center at the Faculty of Health Sciences of the American University of Beirut has helped integrate mental health care into Lebanon’s primary health system.

In Lebanon, one in four adults suffers from a mental illness, yet access to mental health-care services in primary health-care settings is limited. To address this (and the pressing issue of Syrian refugees’ mental health in Lebanon), the Ministry of Public Health requested the EVIPNet-supported K2P Centre in Lebanon to prepare several evidence briefs and convene policy dialogues.

**EVIPNet’s role**

Following these requests, the K2P Centre prepared an evidence brief on Securing Access to Quality Mental Health Services in Primary Health Care, and a second one on Promoting Access to Essential Health Care Services for Syrian Refugees in Lebanon. Policy dialogues were held for each.

“Relationships among policy-makers, stakeholders and researchers were strengthened as they conducted their own workshops and meetings after the dialogue to further discuss implementation, and their awareness about and demand for knowledge translation tools increased,” says Dr Ammar.

**EVIPNet’s impact**

The evidence brief and policy dialogue on Securing Access to Quality Mental Health Services in Primary Health Care helped trigger or support multiple actions by stakeholders directly related to the integration of mental health into primary health care, says Dr Ammar, as well as actions aimed at strengthening other aspects of mental health in Lebanon, such as legislation and public awareness.

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. In addition, the national essential drug list was updated to include psychiatric medications. In July 2014, the Ministry of Public Health secured a €20 million grant from the European Union to strengthen primary health-care services and to support the integration of mental health services into primary health care.

Two public debates on the draft mental health law were also held in the summer of 2014 and modifications to the draft law were made based on evidence-informed practices and stakeholder input. In addition, the first national awareness campaign for suicide prevention was launched in September 2014 and a national survey of Lebanese adults’ knowledge and attitudes towards mental illness was conducted between October and December 2014.

In turn, the evidence brief and policy dialogue on Promoting Access to Essential Health Care Services for Syrian Refugees in Lebanon led to the recruitment of a Refugee Health Response Coordinator at the Ministry of Public Health.

The coordinator has helped the Ministry of Public Health establish partnerships with local and international agencies,
donors, and academic institutions; develop a refugee health information system; and assist in overseeing the development of a comprehensive strategic plan for responding to the health needs of Syrian refugees in Lebanon. “This work has made significant progress in addressing the recommendations above and in promoting better access to basic health-care services to Syrian refugees,” says Dr Ammar.

“The value added by K2P is through the evidence briefs for policy that are prepared and systematically shared with all stakeholders prior to the dialogue meeting. This is quite innovative for us and it was useful to develop evidence-informed mental health policy.”

Dr Walid Ammar
Dr Collins Mitambo is Knowledge Translation Coordinator in the Ministry of Health, Malawi. Here he describes how over the past 3 years EVIPNet has successfully helped set up Malawi’s first-ever Knowledge Translation Platform and is getting the health-care community talking.

Malawi has a high burden of hypertension, especially among people living with HIV. In Blantyre, 32% of the adult population have hypertension and among a small HIV-infected cohort, 46% of patients had high blood pressure \(^6\). The lack of a well-organized and funded national hypertension screening and treatment programme was resulting in poor management of patients with hypertension.

**EVIPNet’s role**

To address this issue, EVIPNet Malawi set up a community of practice on HIV and hypertension that led to the development of its first evidence brief and policy dialogue.

**The Evidence Brief**

The evidence brief looked at the improvement of screening and treatment of hypertension among people living with HIV and was the result of an extensive review of local data and studies, including systematic reviews and consultations with different stakeholders. Four policy options were presented:

1. Integrating hypertension screening and treatment into existing HIV clinic structures.
2. Offering hypertension screening within HIV clinics and subsequent referral.
3. Developing a comprehensive chronic care clinic model.
4. Adding hypertension screening and referral into community-based HIV activities.

**The Policy Dialogue**

To discuss the policy brief, EVIPNet Malawi held a policy dialogue in October 2015 involving policy-makers, researchers, civil society organizations and steering committee members. By involving key people working in hypertension and HIV programmes such as the Programme Manager for Noncommunicable Diseases and Mental Health, and the Director of HIV & AIDS in the Ministry of Health, EVIPNet Malawi aimed to generate a positive change not only in relation to hypertension and HIV but also in relation to the systematic use of evidence in policy-making.

**EVIPNet’s impact**

EVIPNet Malawi’s Knowledge Translation Platform is helping reduce the gap between policy-makers and researchers, and facilitating easier access between the two, through activities such as capacity building for policy-makers, researchers, civil society and media. Capacity-building efforts among Ministry of Health staff helped them better understand how to access, appraise, synthesize and apply evidence. To increase buy-in for the use of evidence of policy-making, training particularly targeted mid-level managers from Parliament as it is Parliament that
makes laws and can boost the use of evidence in policy-making.” Informal discussion forums called ‘science cafes’ have also been organized by EVIPNet Malawi, bringing together researchers, civil society representatives and policy-makers to discuss important health issues including health financing (e.g. the introduction of user fees for public services); sexual reproductive health (e.g. availability of contraception among adolescents); and more recently Malawi’s capacity to respond to a potential Ebola Virus Disease outbreak.

“I strongly believe we need the EVIPNet initiative in Africa. When I consider my country, Malawi, we have limited resources in terms of the budget allocated to health. So, whenever we are making a policy we must make sure it’s based on evidence and what we know works. Evidence-based policy is cost-effective, reduces the health burden and saves a lot of resources. By using evidence informed policy, we – as a country, Malawi – can achieve the goals that are stipulated in the Malawi Health Sector Strategic Plan and even achieve the SDGs.”

Dr Collins Mitambo
Moldova

Marcela Țirdea, national champion for the newly established EVIPNet Europe and Head of the Policy Analysis, Monitoring and Evaluation Division at Moldova’s Ministry of Health, explains how EVIPNet Europe helped inform policy to improve one of the country’s worst health indicators: alcohol consumption.

According to data from Moldova’s Institute for Health Metrics and Evaluation, around 10% of the country’s deaths in 2013 were caused by alcohol consumption (7) – double the global average. In November 2014, following consultations between the government and EVIPNet Europe, alcohol consumption was identified as a priority health issue for the country. “This choice was made in the context of moves to amend to the country’s laws regulating alcohol consumption,” explains Marcela Țirdea. “The government had rejected amendments to these laws (drafted by the Ministry of Health in collaboration with other sectors) in the past because of the limited evidence supporting the proposed policy changes.”

EVIPNet’s role

With EVIPNet’s guidance, a working group identified that the two main causes of the country’s high level of alcohol consumption were the ready availability and low cost of alcohol – especially beer – and easy access to unrecorded alcohol, including home-made wine (8, 9).

The Evidence Brief

In response, EVIPNet Moldova drew up three policy options:

1. Increasing the price/excise taxes of alcohol beverages and restricting access to alcoholic beverages (banning sales to under 18 year olds, and between the hours of 10pm and 8am).
2. Banning advertising of alcoholic beverages.
3. Providing screening services and brief interventions in primary health care.

These options, along with implementation considerations – such as the traditional lack of regulation of alcohol, limited law enforcement, the influence of the alcohol industry and lack of incentives to provide intervention services for heavy drinkers – were included in the evidence brief.

The Policy Dialogue

EVIPNet Moldova held a policy dialogue to discuss the evidence bried in November 2015. This helped finalize the brief with a view to informing amendments to Moldova’s alcohol control legislation and improving implementation of the country’s National Alcohol Control Programme.

EVIPNet’s impact

EVIPNet’s “evidence brief for policy” approach helped target all aspects of the alcohol consumption problem in Moldova, and identify feasible and cost-effective options to address it. The recent moves to change legislation and enhance the implementation of existing programmes reflect a new
willingness in Moldova to address a problem that to date had received inadequate attention, with serious health implications for the population.

In the past, often only one aspect of the problem was tackled, for example, lack of public awareness about the harm of alcohol, or the access to treatment services for alcohol-dependent people, explains Marcela. “A systematic approach of providing three options rooted in the best available data and evidence – and looking at potential local implementation challenges – had never been used,” she adds. “Using EVIPNet Europe’s methodologies and tools has allowed us to identify gaps in governance, financial and delivery arrangements.”

The WHO Regional Office for Europe has been an important driver in this and other successes in the region. Acknowledging the need to further foster capacity, cohesion and coordination of evidence-informed policy-making efforts, EVIPNet Europe was launched in October 2012, which rapidly expanded to now cover 19 member countries, from Moldova to Tajikistan. In its first year, EVIPNet Europe set up its governance structure, prepared a regional strategy, identified national champions and selected pilot countries to test and adapt the EVIPNet approach. Since then, the eight pilot countries have evolved into real evidence-informed policy-making pioneers, driving the network’s activities and mentoring other member countries. EVIPNet Europe has also put in place a range of supporting activities for all member countries, such as annual multi-country meetings to improve skills and knowledge in evidence-informed policy-making, exchange experience, and nurture true network relationships.

“Once the problem is identified, it is necessary to seek local and international evidence – instead of using personal opinion to define the problem and its solutions. EVIPNet Europe’s capacity-building workshops and its structured, analytical approaches have changed my understanding of how to systematically clarify problems, frame options and identify implementation considerations based on the best available data and research evidence.”

Ms Marcela Ţirdea
Dr Francisco Mbofana, Public Health National Director at the Ministry of Health, Mozambique, explains how EVIPNet Mozambique helped formulate a policy to reduce malaria among children aged under 5 years.

In Mozambique, malaria is the major cause of hospital admission in children under 5, and one of the leading causes of death in this age group. “Only 60% of Mozambique’s population has access to health services – a situation most severe in remote communities,” explains Dr Mbofana, one of EVIPNet’s original members in Mozambique. The lack of early diagnosis and immediate treatment comprise two important factors contributing to the death of young malaria patients. One of the biggest problems is the lack of access to artemisinin-based therapies in communities to treat uncomplicated malaria.

**EVIPNet’s role**

In 2008 EVIPNet Mozambique prepared an evidence brief for policy and held policy dialogues to address this common and persistent policy challenge.

**The Evidence Brief**

EVIPNet Mozambique took five steps to prepare the evidence brief for supporting the widespread use of Artemisinin-based combination therapy (ACT) to treat uncomplicated malaria:

1. It confirmed there was widespread commitment to keep ACT as the first-line drug therapy for uncomplicated malaria in national treatment guidelines and/or malaria control policy.

2. It considered whether to maintain or change existing arrangements in:
   - service delivery – e.g., who should dispense ACT and be involved in surveillance and pharmacovigilance, and diagnosis and treatment of atypical cases;
   - financing – e.g., what and how should drug subsidies be provided to prescribers and patients; and
   - governance – e.g., which ACT and other anti-malarial drugs should be licensed for sale, how could they be marketed, who can prescribe, sell or dispense them, and with what safeguards against counterfeit or substandard drugs.

3. It considered how best to support necessary behaviour of those using ACT, including patients, caregivers, lay health workers, and health professionals.

4. It gathered the best available research evidence, screened for its quality and local applicability, and for equity and scaling-up considerations.

5. It refined the evidence brief during a follow-up workshop where additional tools were introduced, including a template to communicate the benefits, harms, costs and barriers in the implementation of each option.

On the basis of this, three viable policy options were presented, each accompanied by an assessment of cost and potential impact in the country’s health system, as well as a description of gaps in understanding about what could be expected.
The Policy Dialogue

To bring the evidence gathered to the policy frontline, EVIPNet Mozambique convened a national policy dialogue involving senior government officials, civil society and other key stakeholders. To make the best use of the policy dialogue, EVIPNet Mozambique had already done some training with policy-makers, allowing them to become fully aware of the importance of using evidence for policy-making.

Then, in the meeting, participants were able to discuss how the public and private sector could best support the widespread use of ACT to treat uncomplicated malaria. Here, the evidence brief proved to be a key input, although not the only one; local information about on-the-ground realities, constraints and values were also decisive.

EVIPNet’s impact

The first policy brief ever produced by EVIPNet Mozambique influenced a radical change in community management of child illness. By providing the Ministry of Health with options for managing uncomplicated malaria by community health workers, effective malaria treatment is now available at community level and is contributing to a reduction in child deaths, says Dr Mbofana. In addition, policy-makers now have a greater understanding of the usefulness of research findings for the decision-making process.

The EVIPNet team is also expanding – it now comprises more than 10 people, including policy-makers, managers and researchers, as well as several institutions and universities. And it has been very productive: five evidence briefs had been produced by the end of 2015, covering a range of issues, from retaining health workers in rural areas to increasing neo-natal survival and improving quality and access to health care for adolescents and young people.

“EVIPNet has helped formulate policy and take decisions informed by evidence to tackle major health problems. It also helped to reduce gaps in policy research by bringing together policy-makers and researchers. This stimulates research to respond to the need for information to address local health problems.”

Dr Francisco Mbofana
Nigeria

Dr Jesse Uneke, Directorate of Research, Innovation & Commercialization at Ebonyi State University, and Director of the EVIPNet-supported Knowledge Translation Platform (KTP) in Nigeria, describes how EVIPNet is strengthening the evidence-to-policy link in Ebonyi State.

According to Dr Uneke, a strong example of EVIPNet Nigeria’s influence can be found in the Government of Nigeria’s Free Maternal and Child Health Care Programme. “In Ebonyi State, the programme faced implementation challenges such as inadequate human resources for health, inadequate funding, out-of-stock medical supplies, inadequate infrastructure and poor staff remuneration,” he explains. “In addition, there was not enough community involvement in the programme’s implementation.” In light of these challenges, EVIPNet Nigeria was asked to prepare an evidence brief by the Commissioner for Health.

EVIPNet’s role

EVIPNet Nigeria’s evidence brief emphasized community-based participatory interventions to strengthen the programme, with the rationale that many maternal and neonatal deaths occur at home and could potentially be avoided with changes in antenatal and newborn care practice, and better understanding of health problems.

The Evidence Brief

Three evidence-based options were put forward:

1. Training community women on pre-natal care, emergency life-saving skills, reproductive health, newborn care and family planning.
2. Helping women to better understand the quality of services they needed, and feel empowered to demand them.
3. Implementation of packages that would provide technical skills to women of childbearing age, and to mothers’ groups and traditional birth attendants for better home-based maternal and child health care.

The Policy Dialogue

A policy dialogue to discuss the evidence brief was organized with 18 key policy-makers and stakeholders including medical practitioners, the director of a health sector NGO and researchers.

EVIPNet’s impact

Thanks to EVIPNet Nigeria’s evidence brief and the policy dialogue the government has been able to better implement the programme, with better outcomes, says Dr Uneke. For example, where the programme is implemented 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 decreased maternal and child mortality. In addition the government has funded selected rural mission hospitals to administer the programme.

“Since we started our work with EVIPNet in 2009 we’ve had some very interesting experiences,” says Dr Uneke. “The work
has exposed my team to many capacity-enhancing processes and skills to support the use of research evidence in policy-making.

“Right now we’re training policy-makers on how to use evidence for policy-making – in particular the use of priority setting, evidence briefs and policy dialogues. This has created a tremendous awareness among policy-makers about the evidence-to-policy link in south-eastern Nigeria – in total we have trained 40 policy-makers and other stakeholders in the health sector.”

Most importantly, EVIPNet Nigeria has established a Health Policy Advisory Committee with the collaboration of the Ministry of Health in Eboni State. The committee includes members from the university and the Ministry of Health, as well as NGOs and the media, and now advises the government by using an evidence-to-policy approach on issues such as malaria, schistosomiasis, filariasis and maternal and child health care. It has also sensitized policy-makers to the need of creating and institutionalizing processes for supporting evidence-informed policy.

“EVIPNet’s support has been instrumental to these successes. We are grateful to EVIPNet for all the support they’ve given us to make the difference in Nigeria.”

Dr Jesse Uneke
Dr Lely Solari, Head of the Research Directorate at the Institute of Research and Health Technology Assessment – Social Security, Peru, describes the unconventional but promising path taken by EVIPNet Peru to help reduce the country’s high rate of childhood anaemia.

Half of Peruvian children have anaemia, which may be indirectly associated with low intake of iron-rich foods (10). To address this health problem, Peru’s Ministry of Health introduced a pilot project to administer multi-micronutrient powders (MMNPs) to children in Ayacucho, Apurimac and Huancavelica. Evaluations of the pilot intervention revealed problems in the distribution of (and adherence to) WHO guidelines on administering MMNPs (10). As Dr Solari explains, this was largely because of cultural factors, lack of community buy-in, and lack of advice on how to administer the powders. Evaluations of the pilot also revealed that where children received the recommended doses, anaemia decreased significantly.

EVIPNet’s role

In this context, the Ministry of Health asked EVIPNet Peru to produce an evidence brief to identify and address the problems encountered in the pilot project.

The Evidence Brief

In response, EVIPNet Peru conducted a systematic review to identify the most effective ways to improve MMNP administration. The team then prepared an evidence brief, outlining three possible options:

1. An education and communication intervention involving parent education, with repeat awareness-raising sessions on the importance of using MMNPs as well as education for health workers to sensitize and train them in nutrition.

2. Community participation, involving both community health workers and community organizations.

3. Supervision and close monitoring of MMNP provision, as this can improve health outcomes.

The Policy Dialogue

To discuss the evidence brief, EVIPNet Peru took part in a national policy dialogue in 2012, where a wide range of reactions was heard. As Dr Solari describes, some groups were happy that the evidence brief had been produced, and in general comments were positive, but others were angry – they did not consider that research should be a function of a governmental agency and thought that writing evidence briefs should be done by academics.

After the dialogue the Ministry of Health wanted to take up all the options presented but such large scale implementation needed staff and a lot of funding, which was not available. The Ministry of Economic Affairs offered to fund these interventions if local evidence, in the shape of clinical trials, was able to demonstrate that a reduction in anaemia prevalence by more than 10% could be achieved.
Clinical trials testing the first and second options resulted from this incentive and will give the Ministry of Health valuable information to decide what to fund at national level in the future.

What is most interesting about EVIPNet Peru’s research path is that it was the reverse of what normally happens – it started out with a guideline, then prepared an evidence brief, and is now running clinical trials. The results are only preliminary, but the interventions identified in the evidence brief seem to work in the field, says Dr Solari.

**EVIPNet’s impact**

EVIPNet has helped significantly in Peru: at the time of the policy dialogue, the Ministry of Health had changed its mindset and started making decisions based on the evidence brief, and referring to EVIPNet’s work in public.

Dr Solari notes that if the newly adopted evidence-driven processes are to be sustainable, people will need to become aware that EVIPNet’s approach works and is a good investment.

“[EVIPNet] helped us by giving us a path to follow using a proven support tools – evidence briefs and dialogues – and so it saved us a lot of time.”

*Dr Lely Solari*
Uganda

Dr Rhona Mijumbi, Research Scientist with Makerere University College of Health Sciences, explains the role played by the EVIPNet-supported REACH Policy’s Rapid Response Service in combatting micronutrient deficiencies in Uganda.

In 2007, 69% of children under 15 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. As a result, there was a relatively high incidence of iron deficiency anaemia, accounting for 20% of maternal deaths and poor cognitive development in babies and young children (11).

The Global Alliance for Improved Nutrition (GAIN) had been working with the Government of Uganda since 2007 to reduce the prevalence of iron deficiency in these groups, and by 2010 the project had been successful in getting 85% of all vegetable oil and 20–30% of wheat flour on the market fortified with vitamin A (11).

EVIPNet’s role

When the GAIN project neared its end in 2010, GAIN approached EVIPNet Uganda’s then new Rapid Response Service to request evidence on which to base a long-term strategy to make the food fortification work sustainable for the future. The Regional East African Community Health (REACH) Policy Initiative with the support of EVIPNet Uganda prepared a rapid synthesis on the topic.

The Evidence Brief

The evidence brief contained several policy options (12) including:

1. Increased production and consumption of micronutrient-rich foods.
2. Food fortification.
4. Other global public health and other disease control measures.

Fortification was the preferred approach given the complexities of correcting micronutrient deficiencies, i.e., even when micronutrient-rich foods are available, they may not be (and are often not) consumed in sufficient quantities to prevent or reverse already present deficiencies (13). Thus, EVIPNet Uganda recommended to enactment of a mandatory food fortification policy.

As Dr Mijumbi describes, this led to the now mandatory food fortification policy in Uganda. By working closely together with policy-makers from the Ministry of Health and the Ministry of Justice and Constitutional Affairs, they were able to enact the policy in a very short period of time.

EVIPNet’s impact

According to Dr Mijumbi, without the EVIPNet approach the development and implementation of the policy would have taken longer and been a much more uphill task as the brief
provided fast, evidence-informed answers to many questions with which the taskforce had been grappling. By the end of GAIN’s financial support to the Ministry of Health in August 2012, 95% of vegetable oil was fortified with vitamin A, and 40% of wheat flour was being fortified with iron (14).

The Rapid Response Service initiative has since been rolled out in Burkina Faso, Cameroon, and Zambia, as well as in Brazil and Canada.

The EVIPNet-supported REACH Policy Initiative in Uganda has been very active since its inception. Over the past 8 years REACH has prepared, with the additional support of the SURE programme (Supporting the Use of Research Evidence) six evidence briefs and convened 12 policy dialogues for the Ugandan government that have addressed issues including improving access to palliative care; increasing access to skilled attendance at delivery; and improving patient safety for better quality care.

“When you are doing this [evidence-based policy] work on a daily basis you’ll find you’ve turned on a tap that you can’t turn off – the demand is enormous and someone has to meet it.”

Dr Rhona Mijumbi
**Glossary**

- **Community of practice**: A group of people who share a craft and/or a profession.

- **Evidence-based policy brief**: A policy brief that brings together global research evidence (from systematic reviews) and local evidence to inform deliberations about health policies and programmes (15).

- **Evidence-Informed Policy Network (EVIPNet)**: EVIPNet is a knowledge translation platform (KTP) established by the World Health Organization in 2005 to promote the systematic use of health research evidence in policy-making. Focusing on low- and middle-income countries it promotes sustainable partnerships at country level between policy-makers, researchers and civil society in order to facilitate policy development and implementation through the use of the best scientific evidence available. The network brings together country teams, which are coordinated at both regional and global levels.

- **Policy dialogue**: A deliberative process (i.e. structured discussion) focused on a policy brief. These discussions contribute to the development of evidence-informed health policies, by for instance, providing a check on the quality and contents of the policy brief, clarifying judgements that are made in the policy brief and helping to ensure that the policy brief is taken into account and used in the development of a policy (15).

- **Rapid response service**: A mechanism to respond rapidly (within 24-48 hours) to policymakers’ needs for research evidence on a topic or problem. These services provide a rapid synthesis and, for priority issues, this brief is followed by a national policy dialogue.

- **Rapid synthesis**: Reports that are similar to evidence briefs but typically address a more focused issue, completed in a matter of days or weeks rather than several months, and normally not used as inputs to policy dialogues.

- **Regional East African Community Health (REACH) Policy Initiative**: An initiative established in 2005 under the East African Health Research Commission which is an institutional mechanism or “knowledge broker” designed to link health researchers with policy-makers and other vital research-users through shared and dynamic platforms that support, stimulate and harmonize evidence-informed policy-making processes in East Africa.

- **Supporting the Use of Research Evidence (SURE)**: A collaborative project that builds on and supports EVIPNet in Africa and REACH in their efforts to strengthen evidence-informed policy-making in Africa.


About EVIPNet

EVIPNet was established by the World Health Organization in 2005 to promote the systematic and transparent use of health research evidence in policy-making. Focusing on low- and middle-income countries, it promotes 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, which are supported at regional and global levels.

EVIPNet’s work to date has been supported by WHO, its regional offices and, in the case of EVIPNet Africa by a grant from the European Commission’s Framework Programme 7.

For more information about EVIPNet, please visit: http://www.who.int/evidence or email: evipnet@who.int