EVIPNet: questions and answers

1. **What is EVIPNet?**

   EVIPNet stands for Evidence-informed Policy Network. It is a World Health Organization (WHO) initiative that promotes the systematic use of health research evidence in policy-making focusing on low- and middle-income countries. EVIPNet Global was launched in 2005 as a response to a World Health Assembly resolution (WHA58.34) *(1)*.

2. **What is EVIPNet's mission?**

   EVIPNet's mission is to strengthen health systems and improve health outcomes through:
   - developing a network of partnerships at the national, regional and global levels among health system policy-makers and other stakeholders;
   - institutionalizing mechanisms fostering research uptake in policy-making through the establishment of a national advisory body, a so-called knowledge translation platform (KTP) (see question 6); and
   - building capacity to enable countries to access, assess, adapt and use research evidence in health policy-making and implementation.

3. **Why is evidence-informed policy-making important?**

   Evidence-informed policy-making is important for health policies, which need to be well informed by research evidence. Otherwise, interventions might fail to reach those most in need, and countries are unlikely to meet their health goals *(2–6)*. If health sector managers and policy-makers use evidence on the root causes of problems or on what works best to address these problems, they can save resources by implementing "what works" *(7)*. Transparent processes that systematically facilitate well-informed decisions can address common policy-making problems and protect against possible errors and bias *(8)*.

4. **What is knowledge translation?**

   WHO defines knowledge translation (KT) as "the synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health" *(9)*. KT is a process leading to a cycle of:
   - policy-informed evidence, in which policy priorities are being taken into consideration; and
   - evidence-informed policy, in which the best available evidence is incorporated into policy-making and is evaluated for refinements and contributions to the research agenda *(10)*.

5. **How does EVIPNet utilize knowledge translation?**

   EVIPNet Europe increases capacity and institutionalizes knowledge translation (KT) through the establishment of national advisory bodies, so-called KT platforms (KTPs). These KTPs plan and implement KT activities at country level (see question 2).

6. What is a knowledge translation platform?

A knowledge translation platform (KTP) is a national advisory body that is the fundamental unit of EVIPNet at country level. It is an organization or network owned by a country and consisting of a number of features (Fig. 1).

Fig. 1. The EVIPNet knowledge translation platform.

KTPs aim to:

- improve the culture for and practice of research evidence creation, adaptation and use;
- influence processes supporting the prioritization of timely and relevant research evidence;
- package and disseminate research evidence;
- convene national dialogues about priority health challenges;
- enhance capacity to find and use research evidence; and
- catalyse KT at the global level.

7. What is the EVIPNet action cycle?

Many national advisory bodies/knowledge translation platforms throughout the world implement an EVIPNet action cycle to foster evidence-informed policy-making (Box 1):

Step 1: setting priorities for local health system policy issues.

Step 2: seeking evidence on a defined health priority issue (i.e. retrieval, mapping and appraisals of the evidence, and examination of the findings in terms of local applicability, while taking related benefits, damage, costs and equity into consideration).

Step 3: summarizing evidence and packaging the relevant information in a user-friendly format, e.g. an evidence brief for policy which frames the policy priority issue, outlines the evidence relevant to a policy issue, along with the important health system governance, delivery and financial considerations for viable policy options and key implementation considerations.

Step 4: convening a deliberative dialogue, to capture the tacit knowledge, views and experiences of those who will be involved in or affected by decision-making about the policy issue, and to identify key next steps for different constituencies.

Step 5: supporting policy choice and implementation.

Step 6: monitoring and evaluating activities.

Box 1. The EVIPNet action cycle.

8. **Where does EVIPNet operate?**

EVIPNet is based at the WHO headquarters in Geneva, Switzerland. Regional networks have been established in sub-Saharan Africa, the Americas, Asia, the eastern Mediterranean and Europe *(11)*.

9. **How is EVIPNet structured?**

EVIPNet has a networked governance structure operating on three distinct, yet closely interconnected, levels (Fig. 2):

- the global level, at which the global EVIPNet Secretariat within WHO Geneva coordinates and supports the country and regional levels, and reaches out to funders and stakeholders;
- the regional level, at which support is provided by the regional EVIPNet Secretariats and the national advisory bodies/knowledge translation platforms (KTPs) interact with each other to share experiences, lessons learned and innovative approaches; and
- the country level, at which national advisory bodies/KTPs plan and implement KT activities adapted to the local context.

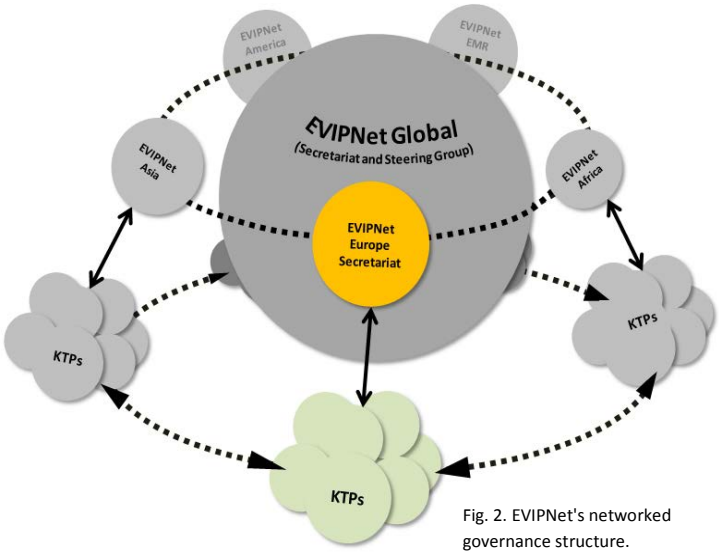

Fig. 2. EVIPNet's networked governance structure.

10. **Why is networking important in EVIPNet?**

Knowledge translation (KT) networks are usually made up of people from different disciplines and organizations who bring together a range of skill sets, knowledge and experience. Networks create linkages that increase and strengthen the capacity of the team to address important issues *(12)*. EVIPNet encourages its networks to have strong communications – between countries, regions and various resource and steering groups – so that all can benefit from lessons learned. As a part of EVIPNet Europe, Member States form part of the regional and global network. The EVIPNet Europe Secretariat connects the national advisory bodies/KT platforms with the broader network internationally *(13)*.

11. **When was EVIPNet Europe launched?**

EVIPNet Europe was launched in October 2012 and is based at the WHO Regional Office for Europe in Copenhagen, Denmark.

12. **How does EVIPNet Europe work?**

EVIPNet Europe operates on two tracks: on the multicountry track, the network aims to strengthen the knowledge translation capacity of its members (e.g. through training workshops). On the country-specific track, the network focuses in its initial phase on eight pilot countries

(chosen through a selection process).

13. **Which are EVIPNet Europe's pilot countries and what do they do?**

Each pilot country in the WHO European Region (a) establishes a national advisory body/knowledge translation platform , and (b) plans and implements one full EVIPNet action cycle adapted to the local context. It is envisaged that the selected pilot countries (Table 1) will become future mentors and EVIPNet champions for the Region.

Phase one 2014	Phase two 2015
• Kyrgyzstan	• Hungary
• Republic of Moldova	• Kazakhstan
• Slovenia	• Lithuania
• Tajikistan	• Poland

Table 1. EVIPNet Europe's pilot countries, 2014 and 2015

14. **How does EVIPNet Europe support the development of knowledge translation platforms?**

In support of the European policy framework "Health 2020" *(14)*, EVIPNet Europe will provide technical and organizational assistance to set up a network of national advisory bodies/knowledge translation platforms (KTPs). The task of each national advisory body/KTP will be to foster decision-making processes that apply research evidence in their country. EVIPNet Europe will:

- provide technical support to the establishment and sustainable operationalization of national advisory bodies/KTPs, and to the annual planning and implementation of their activities, particularly regarding the three most innovative EVIPNet activities: evidence briefs for policy, deliberative policy dialogues and rapid response mechanisms;
- offer skill-development workshops depending on the needs identified by national advisory bodies/KTPs and provide them with access to KT tools and resources;
- encourage and support national advisory bodies/KTPs to share ideas, best practices and insights into new methods with network members through an interactive, virtual platform and face-to-face meetings;
- stimulate development, testing and implementation of new KT tools and approaches; and
- create a culture of, and marshal resources for, EVIPNet activities at regional and country levels through technical and/or financial partnerships.

15. **What are the benefits of EVIPNet and EVIPNet Europe being WHO initiatives?**

WHO is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends. WHO has long-standing expertise in knowledge translation (KT), is widely trusted for its technical and scientific expertise and normative function, and has access to the highest levels of decision-making within national ministries of health. WHO has conferred legitimacy and convening power to EVIPNet's members at national and global levels. By establishing EVIPNet, WHO has been at the forefront of networking in KT, building capacity, sharing experience and developing new methodologies and approaches to KT. EVIPNet provides a wealth of lessons learned and success

stories gathered from national advisory bodies/KTPs all around the world and from well-tested KT tools and methodologies.

16. **Is there an EVIPNet success story?**

Box 2 shows the EVIPNet's success story in a Brazilian knowledge translation platform (KTP).

Box 2. EVIPNet's success story in Brazil

Brazil has decentralized EVIPNet teams under national EVIPNet coordination. In the municipality of Piripiri in Brazil, the work of the local EVIPNet national advisory body/KTP led to a change in municipal policy and practice. According to the evidence identified by the KTP, the high perinatal mortality rates in Piripiri were mainly attributed to poor childbirth care, low capacity of human resources, and failing to follow protocols, use care guidelines, etc. Based on the policy options presented in the EVIPNet policy briefand discussed with key stakeholders at policy dialogues, the municipality decided to implement a strategy to increase human resources capacity through in-service training, with an emphasis on nursing care for neonatal resuscitation. After the introduction of the new intervention, rates of perinatal mortality declined rapidly (Fig. 3). As a next step, the municipality (while continuing to implement the first policy option) will gradually implement the other two policy options that were presented in the EVIPNet policy brief and discussed at related policy dialogues *(15)*.

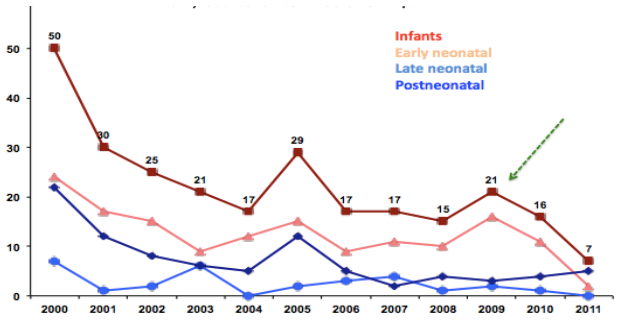

Fig. 3. Infant deaths: total and by age group, Piripiri Brazil, 2000–2011 (until July 2011). Infant deaths are absolute numbers. Green arrow indicated when the options were incorporated.

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