

**Report**  
**Evaluation of the Evidence Informed Policy Networks (EVIPNet)**  
**August 2010-July 2012**  
Evelina Chapman

**Abstract**

**Background:** EVIPNet Americas consists of national multidisciplinary teams, with different structures, and different knowledge translation processes, either because of the political subjects they approach or the time devoted to addressing said problems. Some teams work independently while others still need to grow stronger. By August 2010 the initiative was being developed in Brazil, Paraguay, Mexico/USA border, and Trinidad and Tobago; while only Brazil and Paraguay had finished a comprehensive policy document.

**Aim of the Report:** The aim of this report is to start evaluating the Evidence Informed Policy Networks (EVIPNet) of the Americas from August 2010 to July 2012.

**Evaluation Framework:** Some of the methodological evaluation aspects included in a reference framework called the Payback Framework were considered to assess the networks. Taking into account that the overall objective of EVIPNet is to bridge the gap between the use of research in the decision making process regarding programs, policies and laws and that it has been launched in the Americas in 2007, its impact and some results should already be available for their review.

**Results**

**Processes/capacities:** From August 2010 to June 2012, eight (8) EVIPNet workshops were developed, and they involved 16 countries and 277 subjects.

**Products:** From August 2010 to July 2012, eight (8) evidence informed briefs for policies were finished. Some of them are still in the stage of publication, review and translation. Other 16 are being developed.

**Other Products:** It was also necessary to generate evidence when there was lack of it with the purpose of making policies about the area of sustainable development and environmental health of PAHO's Pan American Sanitary Bureau. Three systematic reviews on regional policymaking were finished; a fourth one is still in course.

**Impact:** The impact is shown at three levels of policy development: macropolitics, national and municipal policies.

**Conclusion:** It is possible to develop (and evaluate) evidence informed policies at all decision levels for which sound country structures are necessary, such as relying on committed teams, continuous development capacities and the political decision of having EVIPNet-like structures.

## **Background that Led to the Creation of EVIPNet**

During the world Summit of Ministries of Health held in Mexico in 2004, it was stated that many low and middle income countries are still facing great difficulties to meet the MDGs, that research has a decisive though scarcely known role to play in strengthening healthcare systems, that sound national health systems are required to provide healthcare interventions to meet health related objectives, and that high quality research is easier when each country has a solid, transparent and sustainable national health research system in place.

After the summit in Mexico, the WHO has proposed, in its world report on knowledge for better health, to give emphasis to the translation of knowledge into action so as to improve public health and, as a consequence, reduce the gap between what we know and what we, in fact, do. It was also mentioned that ill-supported policymaking is one of the reasons why healthcare services are not covering those who are most in need and would partially account for the fact that health indicators are beyond their expected levels. It might also be the cause that many low income countries are not able to meet health related Millennium Development Goals (MDGs) nor with the national health objectives and priority areas.

Meanwhile, PAHO, in the Health Agenda for the Americas 2008-2017, promotes the use of summarized research data to support policies. Besides, in the 49<sup>th</sup> meeting of the Directing Council in 2009 it was stated that PAHO should continue to be a knowledge-based organization, that all countries of the Americas should have sound and sustainable national health research systems, and that research data become the cornerstone of all activities aimed at achieving the highest level of health, equity and development (as described in the document of the research policy approved at that time). The acknowledgement of this gap, together with the growing interest in promoting the implementation of cost effective interventions, has fostered the search and implementation of strategies to help reduce this gap effectively. This is how the Evidence Informed Policy Networks ([EVIPNet](#)) came up at a global level in 2005 and in the Americas in 2007.

### **How does EVIPNet work?**

EVIPNet is mostly involved in processes of knowledge transfer or translation, enhancing the interaction between researchers and decision makers, fostering the translation of research into policies, programs and also laws. EVIPNet is the articulator of this mutual and sustained exchange process.

A critical step forward is to structure a strong national team with the representation of key stakeholders, as national health authorities or their representatives, science and technology councils, the academic and research communities, and the civil society. It is expected that teams systematically use scientific evidence in the decision making process to help bring about a change in healthcare systems. Though 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.

The planning phase lasts from 8 to 12 months. Each country team proposes a working plan for which PAHO (through EVIPNet) provides the necessary technical support. Work for the planning phase focuses on three areas:

- Team building: Identify appropriate members and consolidate the interdisciplinary team.
- Project Development: Define the objectives and create a work plan that takes into account local interests.
- Resourcing: Identify resources needed and/or available for establishing the proposed network.

Approximately five years are needed for the implementation phase. EVIPNet teams should implement the proposed activities also with active support from PAHO Secretariat and an international resource group called the EVIPNet resource group. During this phase, proposals are expected to develop skills to search, select, assess and adapt SRs and other types of evidence relevant to the needs of decision makers to enhance linkages between and among the producers and users of evidence.

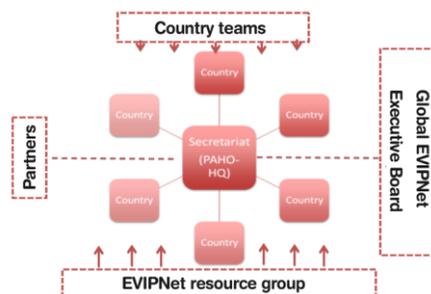
Processes that are expected to include EVIPNet strategy comprise the identification of the priority issues (that needs a policy or program approach), the development of a document that will be the main tool in the process of knowledge translation (evidence informed brief for policy), political discussions that analyze the policy document, and the implementation and cycle repetition based on evaluations.

In August 2010 the initiative was at some stage of development in the following countries: Brazil, Paraguay, Mexico/USA border, and Trinidad and Tobago, while Brazil and Paraguay were the only ones to have finished the policy document (evidence informed brief for policy).

### Aim of the Report

The aim of this report is to start evaluating the Evidence Informed Policy Networks (EVIPNet) of the Americas from August 2010 to July 2012.

Figure 1: EVIPNet Structure

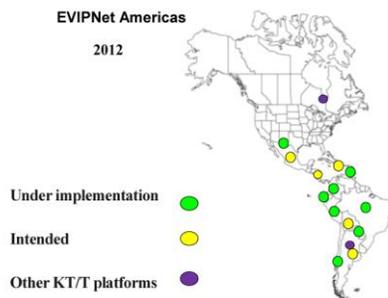


EVIPNet Americas consists of country teams, with different structures, and different knowledge translation processes either because of the political subjects they approach or the time devoted to addressing said problems. Some teams work independently while others still need to grow stronger. There are partners that contribute to EVIPNet strengthening, such as Universidad Católica de Chile, led by Dr. Tomas Pantoja, who also collaborates with the global network. In

addition, the resource group plays the role of facilitator in the network skill training workshop and also peer-reviewer of policy documents and discussions that are brought about. Lastly, the region of the Americas is also represented in the Global Steering Group. (Figure 1)

EVIPNet is present in 14 countries of the Region, but it has been effectively implemented in eight of them.

Figure 2: EVIPNet America's state of development



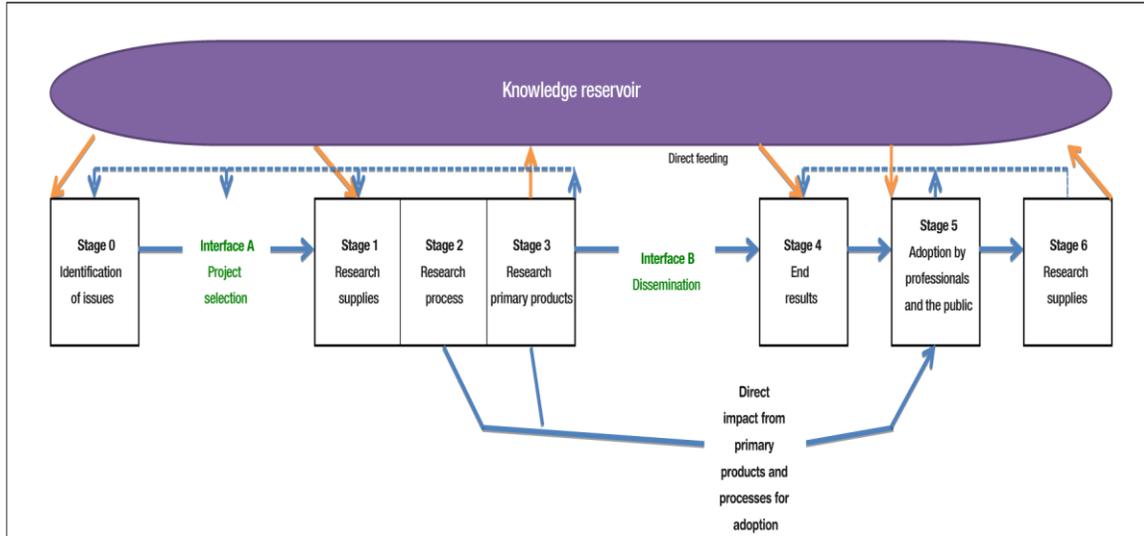
## Evaluation Framework

Some of the methodological evaluation aspects included in a reference framework called the Payback Framework were considered to assess the networks. Taking into account that the overall objective of EVIPNet is to bridge the gap between the use of research in the decision making process regarding programs, policies and laws and that it has been launched in the Americas in 2007, its impact and some results should already be available for their review. The period reviewed is between mid 2010 and July 2012.

The *investment recovery framework* is a tool for the multidimensional analysis that uses a logical model about research processes and a classification system for research benefits (Figure 3). The logic model shows the flow of research towards products and outcomes, while the category model approaches the impacts on knowledge, research capacity, decision making, health, and social and economic benefits. These categories range from research to the transfer/translation of knowledge to society and may attract products of interest for different publics.

When the term "impact evaluation" is used, it typically implies that there is a specific attempt to try to determine if changes observed in the outcome may be attributed to a specific policy or program. Although the time of development of EVIPNet Americas is still short, and even more in this evaluation period of two years, there were processes to which, as a whole, some results and impacts can be attributed. The processes are mainly focused on the building of skills and the need of research production for policy development. In this process, EVIPNet teams participated together with key players within the same Pan American Sanitary Bureau. Assuming that impact evaluations can be more informative if the assessment of the process is included, both are reported in this evaluation and examples are provided.

Figure 3: Investment recovery framework model



It is important to conceptualize knowledge transfer for policies within the EVIPNet framework. The process refers to the systematic and transparent use of research outcomes (and also its production, when necessary) on health policies and skills development for health research through knowledge translation platforms in member countries. It is assumed that these processes strengthen the health system as a whole.

In the logic model, processes, products/outcomes are first shown and then what would be comprised under “categories” where the following areas are described: impacts on knowledge, research capacity, decision making, health, and the potential social and economic benefits (which are still in an early stage to be measured). These categories range from research to transfer/translation of knowledge to society and may include products of interest for different publics as it occurred, for instance, with the evidence brief for policies about ["Water and hygiene"](#) as shown in the policy development process. (Figure 4)

## **Processes, Products/Outcomes**

### **Processes/capacities**

From August 2010 to June 2012, eight (8) EVIPNet workshops were developed, and they involved 16 countries and 277 subjects. Table 1 includes a detailed description of these as well as some links to access these activities. The activity carried out was evaluated in some of them and, for instance, it was consistently found that the methodology was novel and that there was a need to develop evidence informed policies.

**Table 1: Process Development: Workshops**

Site where the workshop was held	Number of countries which participated	Participating decision makers & researchers	Date
Chile	8	35	March 2011
Ecuador	1	10	August 2011
Mexico/USA border	2	40	<a href="#">December 2011</a>
Colombia	1	29	<a href="#">February 2012</a>
Mexico (border)	1	45	<a href="#">March 2012</a>
Chile	1	33	May 2012
Brazil + 7 countries from the IAOHSP*	1	42	<a href="#">June 2012</a>
Colombia	1	43	June 2012
<b>Total</b>	<b>16</b>	<b>277</b>	

\* Ibero-American Observatory on Health Systems and Policies (Argentina, Colombia, Paraguay, Portugal, Spain, Peru, Uruguay, Chile)

## Products

From August 2010 to July 2012 eight (8) evidence informed policy briefs were finished. Some of them are still in the stage of publication, review and translation. (Table 2)

**Table 2: Product Development: Evidence Briefs for Policies**

Title of the Evidence Brief for Policies	Country	Date
Management and Rehabilitation Services for Sexually Abused Clients under 18 years old in <a href="#">Trinidad</a> .	Trinidad & Tobago	2011
Rol de la Atención Primaria de Salud en el abordaje integrado para el manejo de las Enfermedades Crónicas no Transmisibles (The Role of Primary Healthcare in the Comprehensive Approach for the Management of Non-Transmissible Chronic Diseases).	Paraguay	2011
Financing options for the treatment of rare diseases in Chile.	Chile	2011
Reducción de la mortalidad materna en Ecuador: Opciones de política para mejorar el acceso a atención materna calificada y de calidad. (Reduction of Maternal Mortality in Ecuador: policy options to improve the access to qualified and high quality maternal healthcare).	Ecuador	2011
Strategies to increase the distribution and adherence to micronutrient powder in 6-36 month old children in Peru.	Peru	2011
Intervenciones dirigidas a disminuir el abandono a tratamiento antituberculoso. (Interventions directed at decreasing withdrawal of treatment from tuberculosis).	Peru	2011
Atividade física e prevenção/controla da hipertensão arterial na Atenção Primária à Saúde (APS). Núcleo de Evidências em Saúde da SMS de Piripiri.	Brazil	2010
Prevenção e controle da Dengue no espaço urbano. Núcleo de Evidências em Saúde da SMS de Piripiri.	Brazil	2011

In the same period, ten critical discussions were developed. (Table 3)

**Table 3: Product Development: Critical Discussions**

<b>Critical Discussions on the Following Evidence Briefs for Policies</b>	<b>Country where the discussion took place</b>
Policy Brief on Distribution Policies about <a href="#">water and hygiene</a> , human rights, public health and equity.	Dominican Republic, 2010
Policy Brief on Distribution Policies about <a href="#">water and hygiene</a> , human rights, public health and equity.	Guatemala, 2011
<a href="#">water and hygiene</a>	Brazil, 2012
Systematic Review on the Use of Pesticides in Public Health for Vector Control for Preventing Five Diseases: Chagas, malaria, dengue, Leishmaniasis and filariasis.	Guatemala, 2011
Systematic Review on the Effectiveness of Interventions for the Prevention of Injuries in Motorcycle Riders.	PAHO-WDC, 2011
Policy Brief on Policies to Improve Adherence to the Treatment for Tuberculosis. In editing process.	Peru, 2011
Policies to Improve the Adherence to Micronutrients in Children under 2 years old in Peru. In editing process.	Peru, 2011
Policy brief: Management and Rehabilitation Services for Sexually Abused Clients under 18 years old in <a href="#">Trinidad</a> .	Trinidad & Tobago, 2011
Policy brief: Policies to Access High Cost Medicines for <a href="#">rare conditions</a> .	Chile, 2011
Policy brief: Policy for Access of Qualified Human Resources for the Care of Pregnant Women in Rural Areas In Ecuador	Ecuador, 2011

### **Other Products**

It was also necessary to generate evidence when there was lack of it with the purpose of making policies about the area of sustainable development and environmental health of PAHO's Pan American Sanitary Bureau. The following three briefs for regional policymaking were completed:

1) Water and human rights, equity and public health; 2) the use of pesticides in public health for vector control; and 3) public policies on motorcycle accidents prevention. A systematic review on policies for prevention of health damage because of illegal drug abuse is being developed.

### **Impact**

#### **On macropolitics**

As mentioned above, knowledge transfer and exchange processes comprise the identification of priority issues, the development of a document that will be the main tool in the process of knowledge translation, political discussions that analyze the policy document, and the implementation and cycle repetition based on evaluations. An example of this process is the policy brief on water and hygiene policies in which the evidence had to be produced to back up policies from a human rights, equity and public health perspective. Critical discussions had to be carried out and the issue had to be discussed at the highest possible levels, getting to the impact level of including water and hygiene issues as a determining factor in health as it occurred in the meeting about social determining factors in health in Rio de Janeiro, 2011 until the signature of the [Coalition](#) on cholera on the Island La Española in June, 2012. This impact is summarized in the timeline on Figure 4.

Figure 4: Example of the Use and Production of Evidence for the Development of Policies.



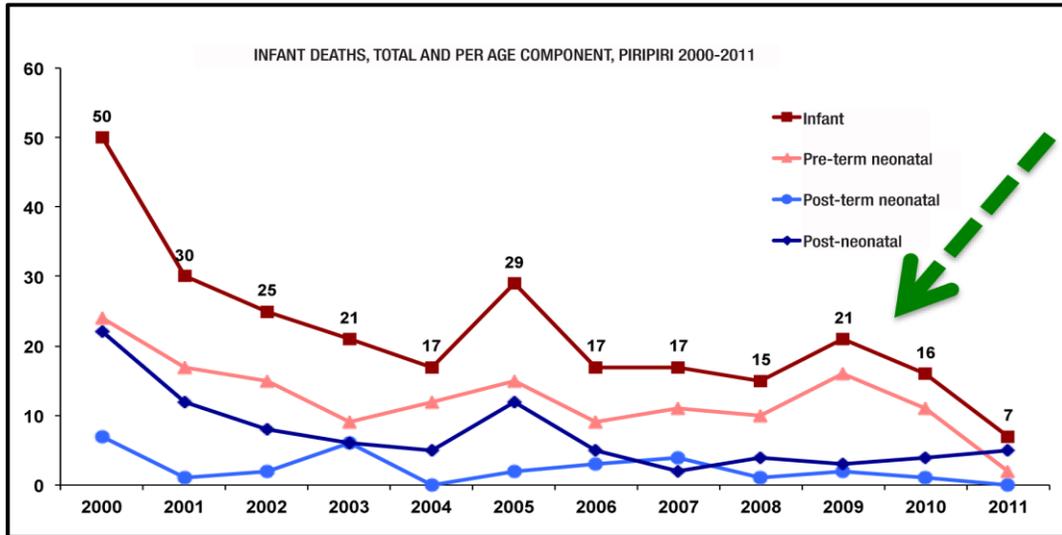
### On Local Policies

The case of the city of Piripiri in Brazil is an excellent example about how scientific evidence can be used to create and develop local policies. There was a high perinatal mortality rate in the city. Mortality rates were stagnant or increasing between 2004 and 2009. (Figure 5)

Problems identified were poor quality care during labor and delivery, insufficiently trained human resources, lack of use of protocols and guidelines for care, etc.

Arrangements were put in place regarding service delivery and perinatal care policies. Interventions were complex and it was considered that hiring the appropriate human resources, the implementation of training in service delivery, mainly in the field of neonatal resuscitation for nurses, would have been the interventions with the most significant impact on outcome. The town council has planned to sustain the implemented options and to include those described in the evidence briefs for policy that were analyzed in critical discussions.

Figure 5: Timing of option implementation (green arrow). Infant deaths (red line) are in absolute numbers. Source: City of Piripiri, Brazil



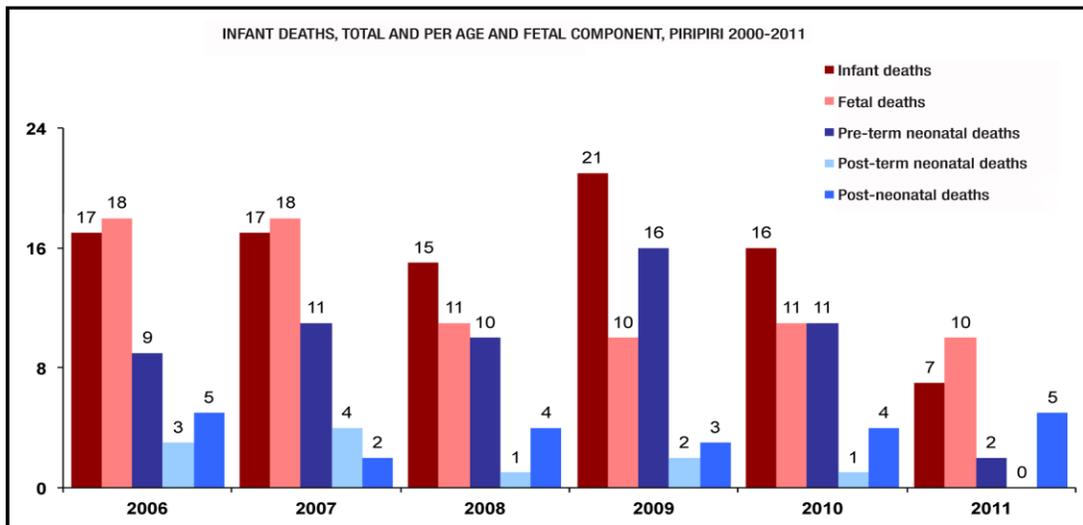
Planning at the end of 2009

-----> Options implementation in 2010

Impact 2011

The impact can be seen in more detail on Figure 6 where a decrease in infant mortality is observed, mainly a reduction in neonatal deaths.

Figure 6: Number of infant deaths in the 2006-2011 period. Source: City of Piripiri, Brazil



## On National Policies

The use of fast response mechanisms by national teams is probably the first impact that can be shown at a national level policy. Peru is one of the countries that has best managed this methodology and the former [minister of health](#) of this country states it well in a video that shows the usefulness of evidence to approach critical and urgent problems like the implementation of [emergency contraception](#). Besides, the Peruvian Congress has issued a 10 year moratorium in the introduction of genetically modified organisms in the country after having carried out a thorough evaluation of its impact on agriculture, the environment and public health. This political decision was influenced by social demonstrations and press releases written by opinion leaders and also by the Ministry of Health that took a stand on the subject based on a technical report by the National Institute of Health of Peru regarding the use of [genetically-modified food](#).

## Other Inputs

**The dissemination of EVIPNet within the period of this assessment might have contributed to fostering knowledge transfer/translation processes.**

1. Conference on the importance of evidence informed policies and the role of EVIPNet. Honduras, September 2010.
2. Conference on PAHO's research policy. Honduras, September 2010.
3. Presentation of the Evidence Informed Policy Networks. Guatemala, 2011.
4. Central conference during the International Seminar on Health titled "Innovation: challenges and opportunities" at Expouniversidad 2011 in Medellin, Colombia: "*Redes EVIPNet para apoyar la formulación de políticas y toma de decisiones*" (*EVIPNet to support policymaking and decision making*).
5. Video from Expouniversidad 2011 in Medellin on the innovative aspects of EVIPNet and their contribution to sound health policymaking. [U de A-- Expouniversidad: Evelina Chapman-- YouTube](#)
6. Co-ordination of a workshop on EVIPNet during the Cochrane Collaborative Colloquium in Spain, 2011: "Using systematic reviews to inform policymaking: the experience of evidence-informed policy networks (EVIPNet) in the Americas"
7. Participation in the [Advisory Committee on Health Research](#) meeting and presentation of the progress made by EVIPNet in the Americas and of an innovative methodology for finding research gaps and priorities to reach the MDG5 (2011).
8. Feature article in [PIE Bulletin](#) Number 2: Types of evidence and its use for decision making. Social Science Input.
9. Feature article in [PIE Bulletin Number 5](#): Luis Gabriel Cuervo and Evelina Chapman: The Evidence Informed Policy Networks in the Americas (EVIPNet Americas).
10. Co-production of EVIPNet videos (HSS&KMC) and interview with the Peruvian Ministry of Health.
11. New structure of the [EVIPNet](#) web site.
12. Preparation and/or contribution to [reports](#) from EVIPNet workshops.
13. Recording of EVIPNet formal presentation in an animated [Power Point](#).
14. Preparation and [interview](#) with a Global Coordinator from EVIPNet for EVIPNet's web site.
15. Co-production of [interviews](#) conducted in [Chile](#) in March 2011.
16. [EVIPNet Americas](#) Brochure.
17. Other [interviews](#).

18. Preparation of and/or contribution to [critical discussions](#) reports.
19. Presentations of EVIPNet in [person](#) and online within the framework of PAHO's research policies (Guatemala, Peru, Ecuador, Bolivia, Colombia and some universities from this region).
20. Contribution to certain [publications](#) within the team and [Policy Briefs](#) that are in the process of edition, correction and coordination.
21. Contribution to the Guidelines about Supporting the Use of Research Evidence ([SURE](#)).
22. Other presentations highlighting EVIPNet Americas: COMISCA Netropika Biennial 2012; Global Forum 2012, Aexandes Colombia; Global Forum for Health Systems Research, Meeting of the Research Advisory Committee of PAHO and WHO EURO Office.

**Evidence Briefs for Policies to be Finished/Started:**

<b>Evidence briefs for policies</b>	<b>Country</b>	<b>Date</b>
Approach to maternal mortality	Brazil	2010
Approach to maternal mortality	Bolivia	2010
Community health workers as part of the health care team for diabetes can contribute to the reduction of the burden of type 2 diabetes along the U.S. - Mexico border	Mexico/USA border*	2010
Can we improve access to preventive services to reduce diabetes along the United States-Mexico border?	Mexico/USA border*	2010
Preventing obesity in the U.S.-Mexico border region: Weighing the policy options?	Mexico/USA border*	2010
Active lifestyles for a healthy weight and a strong body among children: policy options	Mexico/USA border*	2011
Care for victims of domestic violence with emphasis on prevention of child abuse	Mexico/USA border for Ciudad Juárez**	2012
Gender approach preventing violence against women	Mexico/USA border for Ciudad Juárez**	2012
Integrating mental health into primary care with emphasis on vulnerable populations	Mexico/USA border for Ciudad Juárez**	2012
Improving social determinants of community through the training of youth	Mexico/USA border for Ciudad Juárez**	2012
Preventing violence: images and messages in mass media	Mexico/USA border for Ciudad Juárez**	2012
Promoting a culture of road safety and traffic injury prevention	Mexico/USA border for Ciudad Juárez**	2012
Policies for water and hygiene	Dominican Republic	2010
Policy for the reduction of salt consumption in the Colombian population	Colombia	2012
Policy for smoking control by means of labeling regulations	Colombia	2012
Policy for healthy drinks in school-age children to prevent infantile obesity	Colombia	2012
Clinical governance, health network coordination	Chile	2012

Health care of chronically ill people	Chile	2012
Resources allocation for health care	Chile	2012

\* Documents were reviewed several times but it was not possible to close them.

\*\* They committed to carrying them out from [March](#) 2012 after the training workshop.

#### ACKNOWLEDGEMENTS

##### **To the group of resources of EVIPNet Americas and especially to:**

Abalos Edgardo  
 García Dieguez Marcelo  
 Lozano Juan Manuel  
 Ortiz Zulma  
 Pantoja Tomas  
 Peñaloza Blanca  
 Soto Mauricio

##### **EVIPNet Global Steering Group especially to:**

John Lavis  
 Ulysses Panisset

##### **To the PAHO/WHO team that supported the network growth:**

Cuervo Luis Gabriel  
 Reveiz Ludovic  
 Villanueva Eliana

##### **To HSS/PAHO/WDC Manager:**

Rubén Torres

##### **To all our focal country points of contact.**