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Title **Evidence-Informed Health Policy: Using Research to Make Health Systems Healthier**

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Aim

To identify and describe experience of organizations worldwide, especially in low- and middle-income countries, that are successful or innovative in supporting the use of research evidence to develop clinical practice guidelines (CPGs), health technology assessments (HTAs), and health policy.

Conclusions and results

In 2004, country delegations at the Ministerial Summit on Health Research (Mexico City) called for establishing mechanisms to support the use of research evidence in policy and practice. In 2005, the World Health Assembly approved a resolution arising from the Mexico Summit.

Participants regard an evidence-based approach as the greatest strength in the way the organizations conduct their work, but view the time-consuming nature of the approach as its greatest weakness. Researcher–policymaker relationships are desirable, but awareness is lacking about potential tensions and how to manage or resolve them. A lack of financial and human resources challenges many organizations. Conflicts of interest pose a critical issue. Multidisciplinary teams and international networks are desirable, and there is a need to coordinate at an international level to avoid duplication. Dissemination and implementation receive little attention in relation to efforts focused on producing evidence-based materials.

Recommendations

The main implications for those establishing or administering organizations that produce CPGs or HTAs, or organizations supporting the use of research evidence in developing health policy, include:

1. Collaborate with other organizations
2. Establish strong links with policymakers and involve stakeholders
3. Be independent and manage conflicts of interest among those involved
4. Build capacity among those working in the organization
5. Use good methods and be transparent
6. Start small, have a clear audience and scope, and address important questions
7. Be attentive to implementation considerations.

Methods

We convened a reference group to provide feedback on our approach and materials. The project involved 3 phases: a survey, telephone interviews, and case descriptions that drew on site visits. In the second and third phases we focused on a purposive sample of those involved in the previous phase. Many people and organizations worldwide helped in generating a list of organizations to survey. We modified an existing questionnaire, adapted one version for organizations producing CPGs and HTAs and another for organizations supporting the use of research evidence in developing health policy, piloted both versions of the questionnaire, and made final modifications to both versions of the questionnaire. We emailed the questionnaire to 176 organizations and followed up on non-responders by email and phone. We then purposively sampled 25 organizations from among those responding to the survey, and developed and piloted an interview schedule and conducted phone interviews with the director of each organization. Thereafter, we purposively sampled 8 cases of one or more organizations bridging research and policy from among the cases described in the phone interviews and (once) other cases. We developed and piloted a case study data-collection protocol and conducted site visits for each case. Data collection included interviews with 51 key informants and review of publicly available documents. Simple descriptive statistics were developed from survey data. We used a constant comparative method to analyze written survey responses, phone interviews, in-person interviews, and documents. We produced a video documentary about each case study.

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