Research Excellence – Bridging the Evidence to Policy Gap in Health

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Thank you for inviting the WHO to the Annual Research Symposium of the University of Colombo, 2023. It is an honour to be a part of this event with some of the finest researchers in the country, and indeed, internationally. For the WHO, the focus of the Symposium "Beyond research excellence" is closely aligned with our recent efforts to highlight knowledge translation of research to address policy challenges or, to use a broader concept, 'knowledge translation' for evidence-informed decision-making (EIDM). More significantly, effective knowledge translation in Sri Lanka is the urgent need of the hour, to recalibrate primary healthcare systems and safeguard health in the context of the polycrisis the country is facing currently. I would like to use this opportunity to share the WHO's thinking and action on "Beyond research excellence" as captured by our effort on 'knowledge translation' for evidence-informed decision-making and specific actions taken in Sri Lanka.

EIDM has its roots in the evidence-based medicines movement and health technology assessments dating back to the 1980s. It has since expanded beyond clinical care and health systems to include a broader notion of evidence-based policy-making. The more recent emphasis on 'evidence-informed' over 'evidence-based' decision- and policy-making takes into account that research evidence is often but *one* of several factors influencing policy-making processes. As we are witnessing in Sri Lanka today, policy-making inherently takes place in broader political contexts, economic interests, institutional constraints, citizen values and stakeholder needs.

EIDM emphasizes that decisions should be informed by the best available evidence from research, as well as other factors such as context, public opinion, equity, feasibility of implementation, affordability, sustainability and acceptability to all stakeholders. It is a systematic and transparent approach that applies structured and replicable methods to identify, appraise and use evidence across decision-making processes, including for implementation. EIDM adheres to the principles of equity, equality and accountability. The pivotal role of evidence for effective health policy and improved practice has been extensively documented and repeatedly emphasized in clinical care and public health, and at the health system level. EIDM has the potential to improve the effectiveness, efficiency, and equity of health policies and interventions. It facilitates more effective use of resources in health care, reduces research waste, and improves transparency and accountability, which are all very relevant in the context of Sri Lanka today.

Evidence is defined as factual knowledge gained through observation or experimentation in support of a conclusion. Evidence can be broadly grouped

into scientific evidence or tacit evidence. Scientific or research evidence refers to knowledge that is explicit, systemic, replicable and able to be judged by its methodological standards. Scientific evidence is produced through more formal, rigorous research processes, including primary and secondary research and evidence products such as guidelines or evidence briefs for policy or tertiary research. Tacit (or colloquial) knowledge is mostly informal and often includes opinions, values and habits of policy-makers, clinicians, patients or citizens expressed in different forms in formal deliberative dialogues, websites, policy documents, reports and other formats. It is important to note that the relationship between scientific and tacit evidence is complementary rather than competitive. In EIDM, tacit evidence is often used to support, complement or even question the appropriateness of scientific evidence, and extends the evidence ecosystem. As an additional distinction, scientific evidence can also be assessed for its relevance at global, regional or local levels. Global evidence assembles the best available findings on a specific thematic or health issue from around the world, and can be synthesized in the form of a systematic review, or operationalized in a tertiary research product such as a guideline. Although all evidence is context-specific, global evidence is not always easily transferable to a specific local context, and its applicability beyond the original context or setting needs to be assessed and judged very carefully.

Additional local evidence, including observations in a specific setting, administrative data or primary studies, needs to be consulted to take into account modifying factors such as the local prevalence of a disease, local perceptions and values, or cost and available resources. Irrespective of how relevant, applicable or convincing a piece of evidence appears to be to address a given policy issue, it virtually never automatically drives tangible policy and practice change. Critical here is closing the research-to-policy gap. A 2014 study on the use of knowledge products and policy reports at the World Bank found that more than 30% of policy reports are never downloaded, and 87% of assessed knowledge products were never cited in other research or policy documents. In healthcare and clinical research, changes in practice stemming from knowledge translation activities have been reported at an equally low 8-15%.

This research-to-policy gap or “know-do” gap is often caused by a lack of institutional capacity and resources to translate knowledge into policy and practice, and is further complicated by other considerations like budgetary limitations. At the same time, researchers’ and policy-makers’ perceptions of how new knowledge is being disseminated and incorporated into policy and practice can differ widely, and is often misconceived as a unilateral translation process not requiring any additional effort. Advice on how to drive policy and practice change offered to researchers, for example, is only very rarely built on empirical evidence of the impact or a clear understanding of policy-making processes and evidence use. From healthcare

providers, for example, there has been a call for evidence to become more practice-informed in order to facilitate effective evidence-informed practice. Successful knowledge translation works with different forms of evidence and additionally builds on managerial leadership and strong organizational networks providing opportunities for strategic alliances and strategic communication tactics.

EIDM builds on several known facilitators for the successful uptake of evidence at policy-maker, researcher and institutional levels. These include increased collaborative relationships or personal contacts between researchers and policy-makers, timely access to good-quality and relevant research evidence, inclusion of policy implications in summaries of research, and capacity building initiatives for EIDM strategies for policy-makers.

Strategies to improve the use of evidence to inform policy and practice can be summarized as knowledge translation approaches and are a key tool in EIDM. By definition as given by the WHO, knowledge translation is the exchange, synthesis, and effective communication of reliable and relevant research results. The focus is on promoting interaction among the producers and users of research, removing the barriers to research use, and tailoring information to different target audiences so that effective interventions can be used more widely. There are different models conceptualizing how evidence translates into change at policy level and in program implementation. Knowledge-driven models, predominantly rooted in the natural sciences, assume that basic and applied research *directly* leads to the development of new technologies, which then implement the relevant findings. In this model, the sheer fact that knowledge exists presses it to development and use. Knowledge-driven models therefore assume instrumental utilization of research, that is, the direct translation of findings into a decision or intervention. In a problem-solving model of evidence uptake, the assumption is that research is consulted or explicitly commissioned by decision-makers looking for a solution to an imminent policy issue. Problem-solving models additionally frame the use of evidence as conceptual if it changes a stakeholder's perception or discourse on an issue that is directly changing a policy, and as symbolic or tactical if evidence is merely used to legitimize a political position or practice.

Building on these different models, the WHO's Evidence-Informed Policy Network (EVIPNet) classifies knowledge translation into push, user-pull, exchange and integrated efforts to close the research-to-policy gap.

> Push efforts where knowledge producers or researchers actively aim to tailor and disseminate key messages from research findings to intended policy-making audiences (for example, user-friendly summaries of systematic reviews or policy briefs)
>
> User-pull efforts with supportive structures that provide decision-makers with the tools to gather knowledge as part of their decision-making process, and

that enable policy-makers to request evidence from the research community. These include:

online repositories of high quality, policy-relevant, systematic reviews, evidence synthesis, data monitoring or stakeholder consultations

Rapid-response units that form the basis for meeting policy-maker research needs

Exchange efforts where researchers and policy-makers develop partnerships and collaborative research projects, in which relevant questions are jointly asked and answered, such as

Deliberative policy dialogues, which are structured face-to-face discussions between decision-makers, stakeholders, and researchers to contextualize and interpret research and other evidence based on tacit knowledge and real-world experiences of the parties involved.

Integrated efforts or knowledge translation platforms bring together these various knowledge translation strategies as discussed in the previous groups.

Since the release of WHO's *Guide for Evidence-Informed Decision-Making* in 2021, it has held two key events to support Member States to implement EIDM. The first key event was a WHO Evidence-to-Policy Summit held in November 2021. Here, a Call of Action Together on the road to evidence-informed decision-making for health in the post-pandemic era was launched by the new Evidence-Informed Policy Network. The COVID-19 pandemic brought the spotlight on the evidence-policy-society nexus. The EVIPNet Call for Action charts the way forward for systematic and improved evidence-informed health policy-making towards more resilient, equitable and sustainable global health, both for future emergencies as well as for recurring political and societal challenges. The call explicitly invites governments, intergovernmental organizations such as the United Nations system organizations, international financing institutes including the World Bank and ADB, and other key stakeholders like yourselves critically, to join the WHO Evidence -Informed Policy Network and commit to four main focus areas: (1) institutionalizing structures and processes to support evidence-informed decision-making; (2) using high-quality norms, standards and tools to promote evidence-informed decision making; (3) striving to ensure national and international capacity for the translation and the use of evidence in decision-making; and (4) striving to ensure that evidence is accessible, timely and relevant for policy-making, especially in emergency situations.

The second key event was, the WHO organized an Evidence-to-Policy (E2P) Summit held in August last year (2023). Sir Dr Jeremy Farrar, WHO Chief Scientist, noted in his opening remarks that translating evidence to policy is a slow and often hard process, but that it is of great significance in addressing global challenges: "It is in an interface between science and policy that real progress is made" and it needs four key attributes – that evidence is adequate, it is understood, it has been

framed for policy-makers and it can be monitored. The Summit focused on how to build trust and foster effective collaboration and partnerships. As one delegate underlined, "Facilitating trusted relationships is not a soft skill. It is a hard skill and needs prioritized time and funding under sustained periods of time. It's not the knowledge that is missing, it's the capacity to transform this knowledge into good and successful practices."

A new WHO guide on citizen engagement in evidence-based decision-making will become available later this year (2024) with tools and guidelines to advance the area. Importantly, the Summit discussed institutionalizing evidence-informed policy-making, including leveraging artificial intelligence (AI) for impact. Institutionalizing EIDM requires standardized processes, partnerships, coordination, transparency and skilled brokerage. It is a process as much as it is an outcome. The WHO has identified six specific domains to support institutionalization: (1) governance, (2) standards and routinized processes, (3) leadership and commitment, (4) resource and capacity building, (5) partnership and (6) culture. Related, the Summit also discussed efforts to institutionalize evidence-to-policy processes integrating AI more effectively and ethically into evidence ecosystems. There was an emphasis on the vision-building benefit that AI can bring, including accelerating the production and synthesis of evidence, as well as the creation of evidence products, dissemination and evaluation across the evidence ecosystem. However, EIDM products are not immune to the universal concern about accuracy, bias and transparency of AI generated products. Policy foresight and future thinking will play a critical role here.

To advance 'knowledge translation' for evidence-informed decision-making in the context of the current challenges in health and development in Sri Lanka, the WHO has established a Center for Health Systems Policy and Innovation in technical partnership with the Faculty of Medicine, University of Colombo and the George Institute for Global Health, University of New South Wales, Australia, with funding support from the ADB. As a foundation for EIDM, the Center is an integrated platform to close the research-to-policy gap in health systems, combining push, user-pull and exchange efforts. For this, three streams of work have been initiated: dialogue for knowledge and experience sharing as well as stakeholder consensus on policy issues, evidence generation for policy consideration, and capacity strengthening to facilitate the implementation of agreed options. In implementing the three streams of work, the Center will act as a network hub to local and international entities, identifying and working with relevant partners as the scope of knowledge translation expands. The WHO is committed to help strengthen the Center as a key effort to institutionalise EIDM in Sri Lanka.

Thank you very much for your attention and I look forward to the proceedings from the discussion at this very important Annual Research Symposium.