

Evidence-Informed Decision Making in Achieving Universal Health Coverage: The Role of Evidence Informed Network (EVIP-Net) in Africa.

Background

Health policy makers all over the world are facing critical issues in respect of health costs, access to health care, and quality and outcomes of health care that require evidence-based solutions (www.academyhealth.org). Evidence-informed health policy-making is an approach that aims to ensure that decision making is well-informed by the best available research evidence (www.who.evipnet.com)

For this purpose, the Network of Evidence-informed Policy Making (EVIP-Net), a WHO sponsored evidence-to-policy partnership, was established among 11 Sub-Saharan African countries in 2006. (www.who.evip-net.com).

Objectives

To review capacity building, synthesis of priority areas of evidence, and best practice by EVIP-Net African countries.

Methods

Review of WHO-EVIP-Net and other database search was conducted in May 2016 to assess capacity-building, available evidence briefs, best experiences among EVIP-Net African countries.

Results

Drawn from the different stakeholders, 1200 people were trained through 61 capacity-building workshops. During 2011-14, 37 evidence briefs were prepared among the 11 EVIP-Net African. Of the evidence briefs, 45.9% were about improving maternal & infant health, human resource provision in remote areas and nutrition, 13.5% dealt with improving patients' safety, quality of care, palliative care and about mental health. 10.8% dealt with improving health care financing and 18.9% of them are not completed as of 2014. Rapid response mechanisms and clearing houses in Uganda amounted to best practice among EVIP-Net African countries.

Key Messages

1. Extending of the evidence synthesis to the non-covered population, other health services and giving special focus on reducing cost sharing and fees.
2. Evidence informed policy making is essential in achieving the UN commitment's 'to leave no one behind'. Therefore, evidence synthesis should also give focus on mechanisms to reduce health inequalities among populations.
3. Uganda's clearing house (one stop shopping center) in providing access to health system evidence should be replicated in other African countries.
4. Long-term capacity-building in health policy should be given emphasis by the EVIP-Net countries and other African nations.