


COVID-19: investing in country capacity to bridge science, policy and action

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The COVID-19 pandemic has put research evidence and its use in health policy-making under a new spotlight.¹ Faced with the need for immediate action, as most recently shown with vaccination roll-out strategies,² many politicians and other leaders have publicly stressed the need to follow the ‘science’. Scientific advisors and advisory bodies have gained unprecedented visibility. At the same time, the conflicts between researchers/health experts and political decision-makers have, now and then, been vividly brought to the fore.³ To bridge the divide, building and strengthening knowledge translation (WHO defines knowledge translation as 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 are used more widely.) organisations, which act as institutional bridges between researchers and both decision-makers and communities, is called for.⁴ More than ever before, countries need to counter misinformation and rapidly mobilise the best available evidence, and present it in userfriendly ways to decision-makers.⁵

The WHO has been championing the need for research evidence to inform decision-making in the context of COVID-19. Although at times also challenged to provide clear guidance in the face of uncertainties (as the case of wearing face masks exemplified),⁶ the Organisation is uniquely positioned to function as a global knowledge broker. Using its convening power, early on WHO brought together leading experts to develop a global COVID-19 research roadmap to coordinate international research efforts.⁷ Examples include generation of new knowledge through

the multicountry Solidarity Trial of candidate treatments for COVID-19,⁸ and cohosting the Access to COVID-19 Tools Accelerator for the development of and access to vaccines and diagnostics.^{9,10} WHO has also played a key role in developing rapid evidence syntheses and up-to-date technical guidance on COVID-19 to respond to Member States’ needs. Further support is, however, required to strengthen country capacity in adapting these syntheses to specific contexts and enhancing uptake and implementation at the local level.

While WHO has long promoted knowledge translation,¹¹ it has stepped up its support to countries by establishing its Science Division and scaling up the Evidence-informed Policy Network (EVIPNet),¹² a global knowledge translation network that aims to promote and institutionalise country capacity for evidence-informed decision-making and action. Throughout the pandemic, EVIPNet members have often been reference institutions for synthesising and contextualising the best available evidence to address country questions, and disseminating actionable evidence to target groups. They have also been key founding partners in COVID-END (The COVID-19 Evidence Network to support Decision-making [COVID-END] is a time-limited network that provides the best available global evidence on high-priority COVID-19 issues and helps to coordinate related evidence synthesis, technology assessment and guideline development efforts to avoid duplications of research activities.).¹³ In addition, the Network—alone and in partnership with COVID-END—has strengthened its support activities and offered webinars to provide practical and ad hoc technical assistance, creating a forum for mentoring, peer-learning and exchange on high-policy priorities such as on optimising elements of the COVID-19 vaccine-delivery programme.



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The COVID-19 pandemic has demonstrated that the challenges of evidence-informed policy-making are not confined to low-resource settings; even countries with long traditions in knowledge translation have been tested to the extreme.¹⁴ To increase country resilience, much needs to be done. Investments are needed to strengthen the knowledge translation capacity of researchers, policy-makers and other stakeholders. Well-grounded partnerships are critical in times of crisis and uncertainty. A deeper understanding of each other's needs allows for the creation of trust and credibility, which form the basis for action in challenging times. Brokering organisations are urged to rely on systematic and transparent procedures to avoid conflicts of interest that may jeopardise their status as credible, independent sources of evidence, and expand regular foresight and rapid response activities in response to changing needs and contexts. To mitigate inherent, uneven power relations, the evidence ecosystem (defined as 'a system reflecting the formal and informal linkages and interactions between different actors [and their capacities and resources] involved in the production, translation and use of evidence')¹⁵ in a post-COVID-19 world would also need to become more demand-driven and oriented towards the evidence that is needed in policy and action, not just immediately, but in the months and years ahead, which requires a shift in the existing 'incentive' system of researchers (publish or perish). Finally, the actors of evidence ecosystems as a whole—evidence producers and users—are called on to create strong multisectoral and multidisciplinary collaborations and coordinate their efforts to reduce research waste, promote synergy and establish open, transparent and integrated systems.¹⁶

With EVIPNet and its partners, WHO is working towards building Member States' capacity in equity-centred evidence-informed decision-making, including the strengthening of knowledge brokering organisations, developing standardised knowledge translation approaches and promoting stronger dialogue and collaboration between communities of the evidence ecosystem. Further technical and funding partners are being sought to make a meaningful difference to health and development in countries working towards strengthening country resilience and achieving the 2030 Agenda for Sustainable Development.

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REFERENCES

- 1 Yang K. What can COVID-19 tell us about evidence-based management? *Am Rev Public Adm* 2020;50:706–12.
- 2 Syed A, Mecci F, Mecci F. Covid-19 vaccination: heed the evidence. *BMJ* 2020;371:m4978.
- 3 United Nations, Department of Economic and Social Affairs. 3UN/DESA Policy Brief #62: The COVID-19 pandemic: a wake-up call for better cooperation at the science-policy-society interface. United Nations, Department of Economic and Social Affairs [website]. Available: <https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-62-the-covid-19-pandemic-a-wake-up-call-for-better-cooperation-at-the-science-policy-society-interface/> [Accessed 28 Oct 2020].
- 4 Tseng V. Evidence for policy in the wake of COVID-19: short – medium – long term impacts. Available: <https://blogs.lse.ac.uk/impa/ctofsocialsciences/2020/05/22/evidence-for-policy-in-the-wake-of-covid-19-short-medium-long-term-impacts/> [Accessed 28 Oct 2020].
- 5 El-Jardali F, Bou-Karroum L, Fadlallah R. Amplifying the role of knowledge translation platforms in the COVID-19 pandemic response. *Health Res Policy Syst* 2020;18:58.
- 6 Mandavilli A. *Finally endorses masks to prevent coronavirus transmission*. The New York Times, 2020.
- 7 WHO. *A coordinated global research roadmap: 2019 novel coronavirus*. Geneva: World Health Organization, 2020. https://www.who.int/docs/default-source/coronaviruse/coordinated-global-research-roadmap.pdf?sfvrsn=21b0f5c4_1&download=true
- 8 WHO Solidarity Trial Consortium. Repurposed antiviral drugs for Covid-19 – interim who solidarity trial results. *N Engl J Med Overseas Ed* 2020;NEJMoa2023184. doi:10.1056/NEJMoa2023184

- 9 WHO. R&D blueprint and COVID-19. Geneva: World Health Organization [website], 2020. Available: <https://www.who.int/teams/blueprint/covid-19>
- 10 WHO. The Access to COVID-19 Tools (ACT) Accelerator. Geneva: World Health Organization [website]. Available: <https://www.who.int/initiatives/act-accelerator> [Accessed 9 Dec 2020].
- 11 World Health Organization. Resolution WHA58.34. Ministerial Summit on health research. in: Fifty-eighth World health assembly, Geneva, 16–25 may 2005. resolutions and decisions, annexes. Geneva: World Health organization, 2005. Available: http://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/A58_2005_REC1-en.pdf [Accessed 28 Oct 2020].
- 12 WHO. *Evidence-Informed policy network*. Geneva: World Health Organization, 2020. <https://www.who.int/evidence/en/>
- 13 McMaster Health Forum. COVID-END [website]. Available: <https://www.mcmasterforum.org/networks/covid-end> [Accessed 12 Dec 2020].
- 14 McKee M, Gugushvili A, Koltai J, *et al*. Are populist leaders creating the conditions for the spread of COVID-19? Comment on "A scoping review of populist radical right parties' influence on welfare policy and its implications for population health in Europe". *Int J Health Policy Manag* 2020;2020. doi:10.34172/ijhpm.2020.124. [Epub ahead of print: 14 Jul 2020].
- 15 Stewart R, Dayal H, Langer L. The evidence ecosystem in South Africa: growing resilience and institutionalisation of evidence use. *Palgrave Commun* 2019;90.
- 16 Kuruvilla S, Hinton R, Boerma T, *et al*. Business not as usual: how multisectoral collaboration can promote transformative change for health and sustainable development. *BMJ* 2018;363:k4771.