



World Health  
Organization

# Scaling Up Evidence-Informed Decision-Making: WHO's Frameworks and Practice

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**IQWiG Autumn Symposium 2025:** Evidence in distress – how can science reach politics?

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28 November 2025, Cologne

# Know-Do Gap



- **264 YEARS BETWEEN JAMES LANCASTER'S DISCOVERY THAT LEMON JUICE PREVENTED SCURVY AND THE BRITISH NAVY'S DECISION TO ENSURE AN ADEQUATE SUPPLY OF CITRUS FRUITS ON NAVY SHIPS.<sup>1</sup>**
- **30–40% PERCENT OF PATIENTS IN THE UNITED STATES AND EUROPE FAIL TO RECEIVE COST-EFFECTIVE INTERVENTIONS JUSTIFIED BY THE BEST-AVAILABLE SCIENTIFIC EVIDENCE.<sup>2</sup>**
- **20–25% PATIENTS GET CARE THAT IS NOT NEEDED OR POTENTIALLY HARMFUL.<sup>3</sup>**
- **TYPICAL PRACTICE CHANGE FROM RESEARCH ACTIVITIES IS ONLY ABOUT 8–15%.<sup>4</sup>**

<sup>1, 2</sup> WHO: World Report on Knowledge For Better Health. Geneva: WHO 2004.

<sup>3</sup> Schuster, M.A., McGlynn, E.A., & Brook, R.H. (1998). How Good Is the Quality of Health Care in the

# Bridging the 'know-do gap'

58th World Health Assembly 2005

## Resolution WHA58.34 urges Member States:

- to establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies;

## Resolution WHA58.34 urges the DG:

- to assist in the development of more effective mechanisms to bridge the divide between ways in which knowledge is generated and ways in which it is used, including the transformation of health-research findings into policy and practice;





# EVIPNet – Evidence-informed Policy Network



- promotes the systematic use of research evidence in policy-making to improve health systems through a networked structure.
- increases evidence-informed policy-making (EIPM) capacity and leadership at country level to strengthen crisis resilience and emergency preparedness.
- institutionalizes knowledge translation through multisectoral research advisory bodies called knowledge translation platforms.
- operational in four WHO regions and more than 50 countries.



# EVIPNet: Evidence-informed Policy Network

## Main Objective:



High-quality, context-sensitive evidence routinely informs health decision-making for country impact



### 1. Country capacity and smart governance for impact:

Reinforce and institutionalize country capacity to systematically and transparently use research evidence in policy and practice, incl anticipating future health needs



### 2. Trust and confidence in Science:

Promote the integrity and excellence of E2P mechanisms, and effectively communicate demand-driven, timely, and actionable evidence adapted to the local context, while applying participatory approaches



### 3. Synergies between global and local levels:

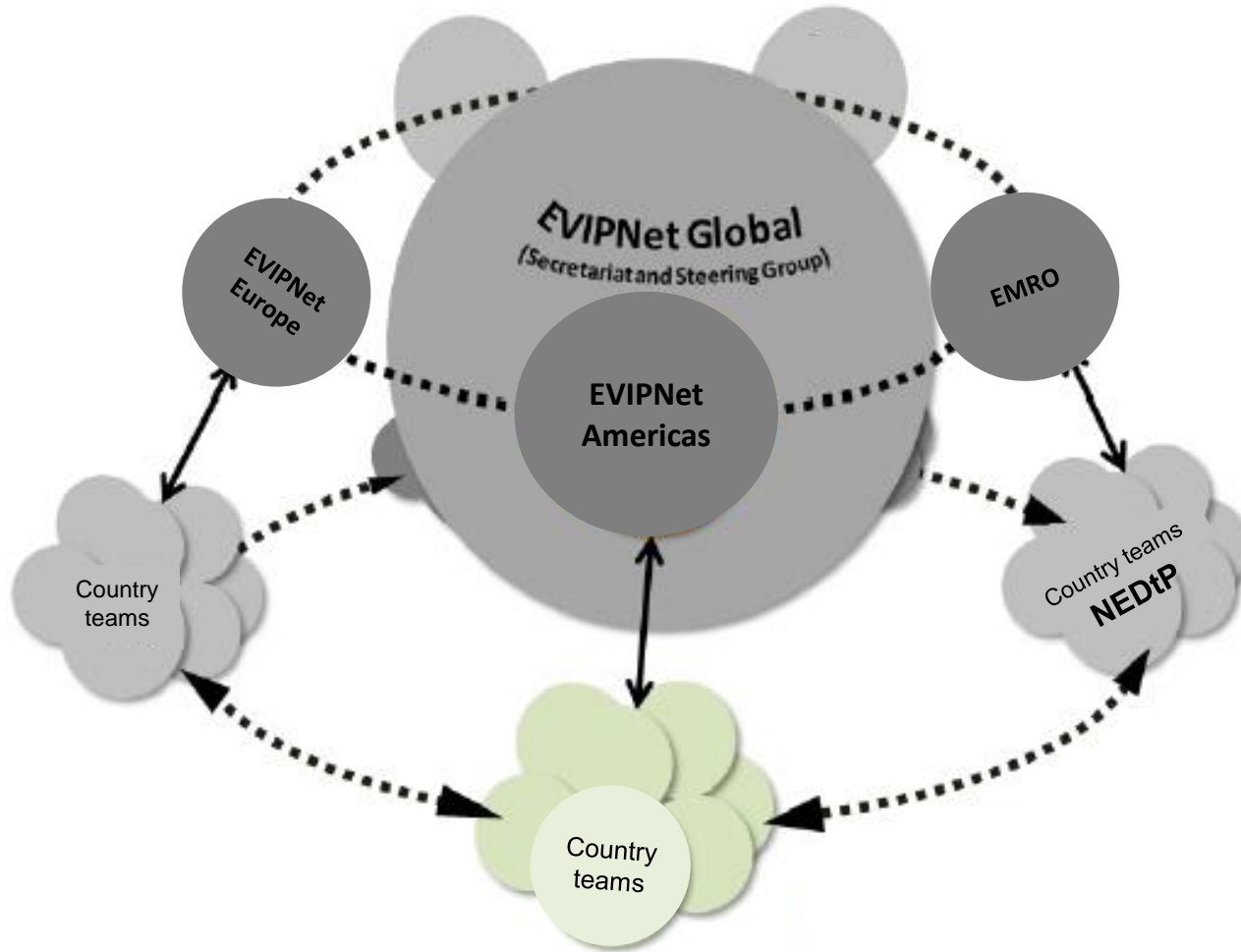
Foster the nexus between global public good production and local evidence support systems to produce, share and use evidence, including 'living' evidence and digitalization



### 4. Cross-evidence ecosystem partnerships:

Provide a platform for cross-sectoral dialogue and thought leadership, collaboration, learning and innovation at global and country levels

# Scaling-up of EVIPNet across the 3 levels

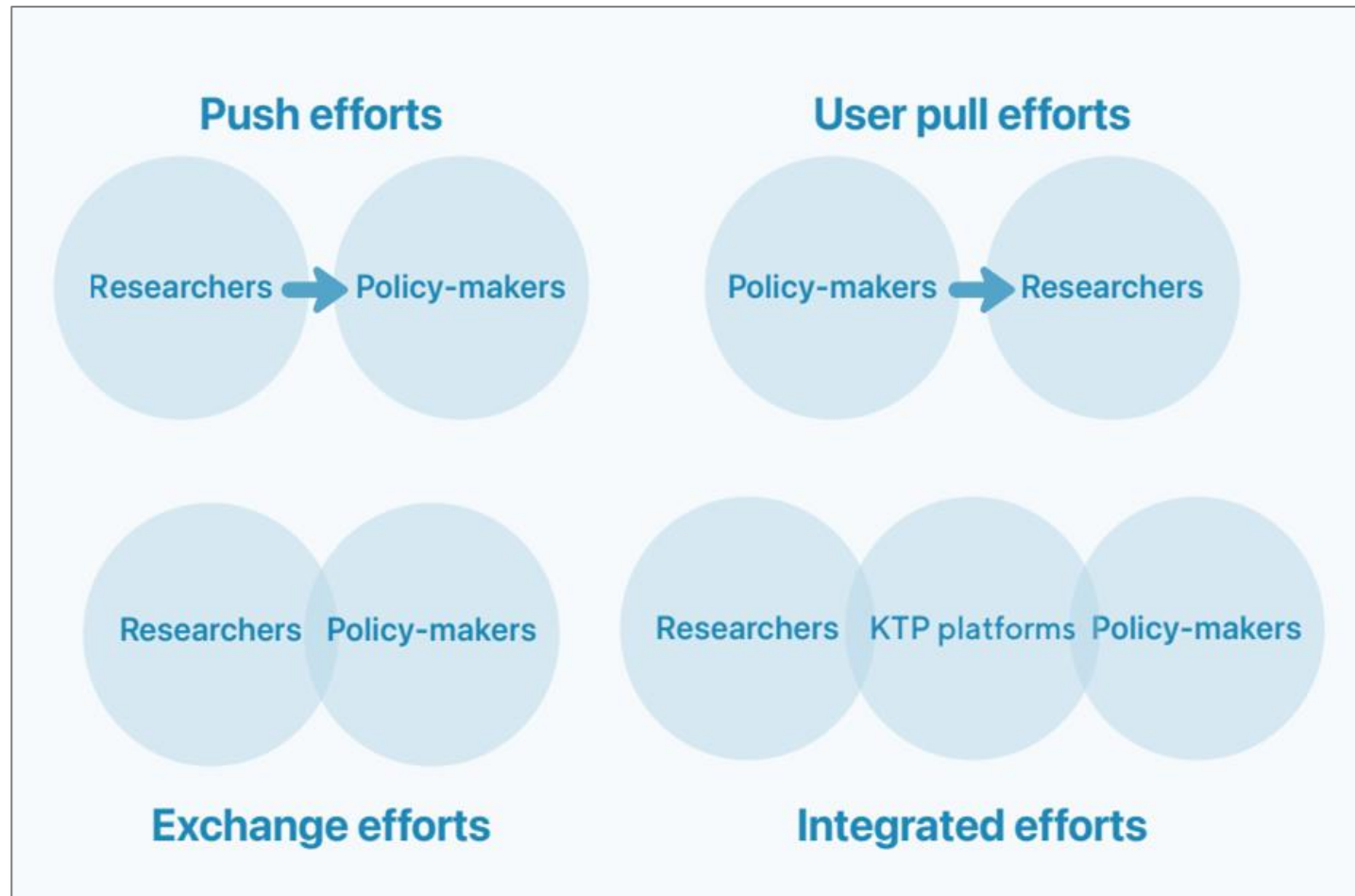


National: Individual country teams are the fundamental units of EVIPNet that drive the R2P work.

Regional: At the regional level, EVIPNet supports countries with capacity building, and fosters the routine exchange of experiences and emerging practices among country teams.

Global: EVIPNet's Secretariat within WHO Geneva provides global leadership, contributes to coordinating efforts, develops norms & standards, provides technical assistance and additional networking supports to countries and regions.

# EVIPNet capacity building in knowledge translation: 4 key approaches





# Institutionalization

Kuchenmüller et al.  
Health Research Policy and Systems (2022) 20:27  
<https://doi.org/10.1186/s12961-022-00820-7>

Health Research Policy  
and Systems

REVIEW

Open Access

## Domains and processes for institutionalizing evidence-informed health policy-making: a critical interpretive synthesis

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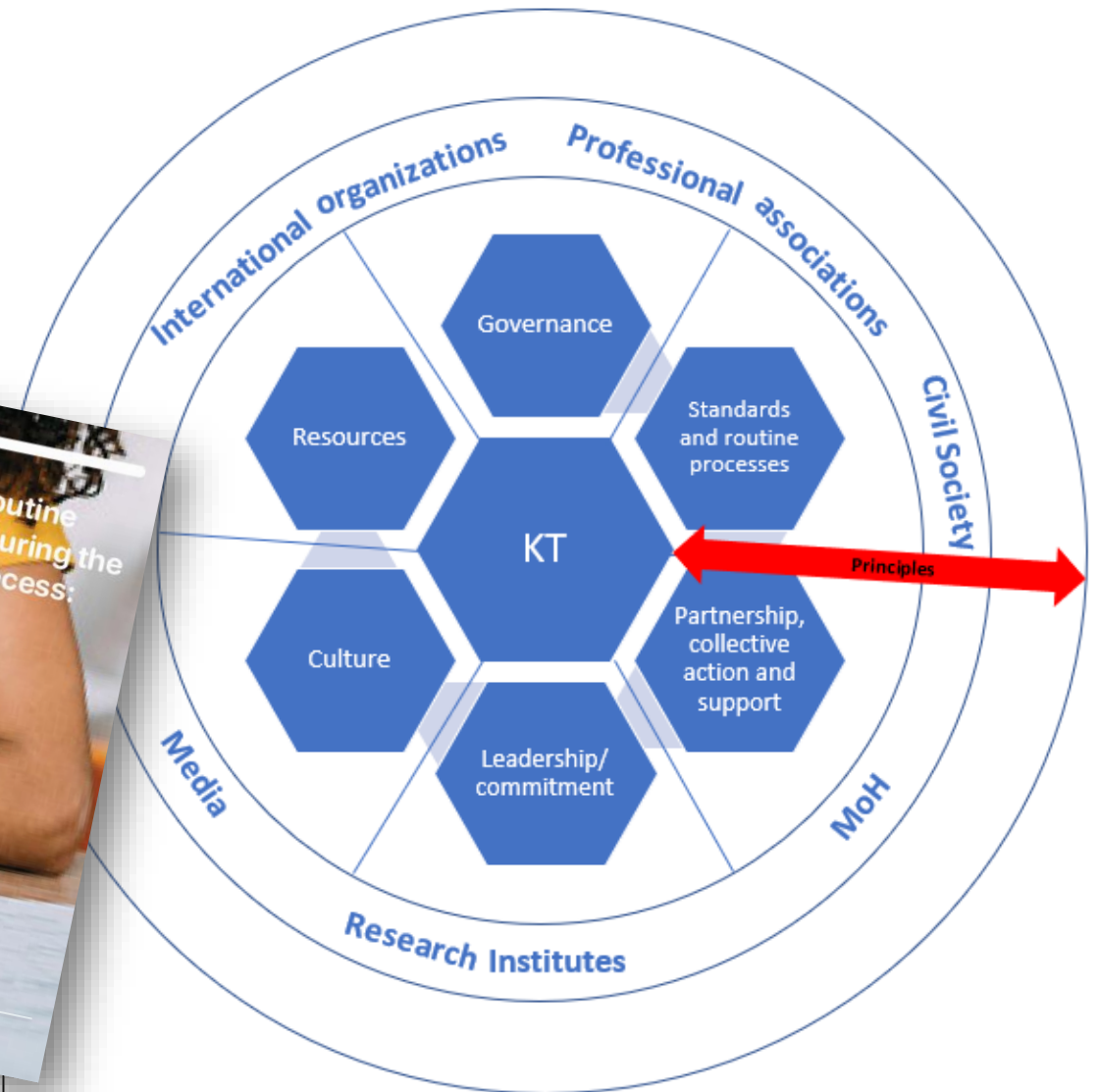
### Abstract

**Background:** While calls for institutionalization of evidence-informed policy-making (EIP) have become strong in recent years, there is a paucity of methods that governments and organizational knowledge brokers can use to sustain and integrate EIP as part of mainstream health policy-making. The objective of this paper was to conduct a knowledge synthesis of the published and grey literatures to develop a theoretical framework with the key domains and processes for EIP institutionalization.

**Methods:** We applied a critical interpretive synthesis (CIS) that allowed for a systematic, yet iterative and inductive analysis of heterogeneous bodies of literature to develop an explanatory framework for EIP institutionalization. We used a 'compass' question to create a detailed search strategy and conducted electronic searches to identify relevant papers based on their potential relevance to EIP institutionalization. Papers were screened and extracted independently and in duplicate. A constant comparative method was applied to develop a framework on EIP institutionalization. The CIS was triangulated with the findings of stakeholder dialogues that involved civil servants, policy-makers, and researchers.

**Results:** We identified 3001 references, of which 88 papers met our eligibility criteria. This CIS resulted in a theoretical framework of EIP institutionalization as the 'process and outcome of (re-)creating, maintaining and reinforcing evidence-informed policy-making and standard practices that, based on collective meaning and values, actions as well as endowments, allow evidence to become—over time—a legitimate and taken-for-granted part of health policy-making. The resulting theoretical framework comprised six key domains of EIP institutionalization that capture the essence of EIP institutionalization: (1) governance; (2) standards and routinized processes; (3) partnership, collective action and support; (4) leadership/commitment; (5) resources; and (6) culture. Furthermore, EIP institutionalization is believed to occur through five overlapping stages: (i) precipitating events; (ii) de-institutionalization; (iii) semi-institutionalization; (iv) (re-)institutionalization; and (v) renewed de-institutionalization process.

**Conclusions:** This CIS advances the theoretical and conceptual discussions on EIP institutionalization, and provides new insights into an evidence-informed framework for initiating, strengthening and/or assessing efforts to institutionalize EIP.





# Elevating excellence through tools and standards



**Evidence, policy, impact.**

WHO guide for evidence-informed decision-making



**EVIDENCE BRIEFS FOR POLICY. USING THE INTEGRATED KNOWLEDGE TRANSLATION APPROACH GUIDING MANUAL**



**GUIDE TO QUALITATIVE EVIDENCE SYNTHESIS**



**Rapid evidence services Standard operating procedures for rapid response products**

Final report, updated October 2022



**POLICY DIALOGUE PREPARATION AND FACILITATION CHECKLIST**



**Citizen engagement in evidence-informed policy-making**



**Implementing citizen engagement within evidence-informed policy-making: an overview of purpose and methods**



**SITUATION ANALYSIS MANUAL**



**Supporting the routine use of evidence during the policy-making process: A WHO checklist**



**Strengthening countries' capacities to adopt and adapt evidence-based guidelines**



**Establishing a national programme for guideline**



**Handbook for Adapting and Implementing Evidence-Informed Guidelines Second Edition**

**Evidence syntheses**

**Engagement/deliberation**

**Ecosystem assessment & strengthening**

**Guideline adaption & adoption**



# Capacity building



## Multi-country track

EVIPNet multicountry meetings: Bringing together EVIPNet member countries to strengthen capacity in evidence-informed policy-making, enhance network-wide communication, exchange experience and lessons learned

# Capacity building



## Country-specific track

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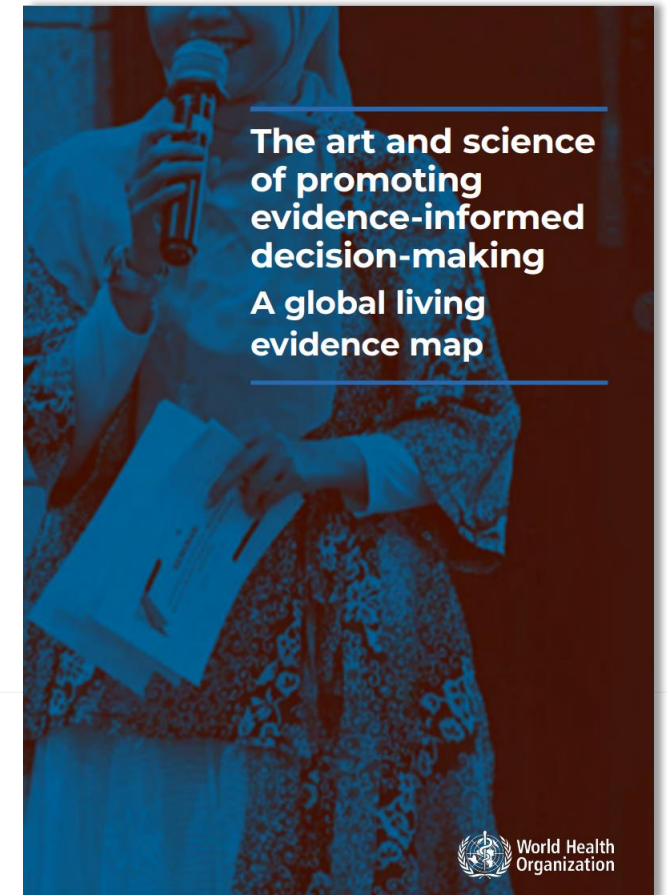
**EVIPNet country-specific activities: National training workshops to enhance specific knowledge translation skills of key stakeholders**



# Unlocking evidence

The art and science of using evidence: an evidence map of what we know about supporting the use of evidence

		Evidence Use Outcomes							
		Implementation feasibility, fidelity & uptake	EIDM Intervention design	Capability to use evidence	Opportunity to use evidence	Motivation to use evidence	Evidence use for policy design	Evidence use for policy implementation	Development Impact
EIDM Intervention Mechanism	M1: Awareness of EIDM	● ●	● ●	● ●	● ●	● ●	● ●	● ●	
	M2: Agreement on evidence & policy needs	● ●	● ●	● ●	● ●	● ●	● ●	● ●	● ●
	M3: Access to evidence	● ●	● ●	● ●	● ●	● ●	● ●	● ●	● ●
	M4: Interaction of decision-makers & researchers	● ●	● ●	● ●	● ●	● ●	● ●	● ●	● ●



# Unlocking evidence



## Global Research Agenda on Knowledge Translation and Evidence-informed Policy-making

### What is the research agenda?

It is an initiative led by the WHO to identify and define global research priorities in the fields of knowledge translation (KT) and evidence-informed policy-making (EIP). This multi-sectoral agenda was developed by international experts in research on research use and interest-holders from all WHO regions through a rigorous and comprehensive consultative process between 2023 and 2025, resulting in a list of 19 high-priority research areas.

### What are the goals...?



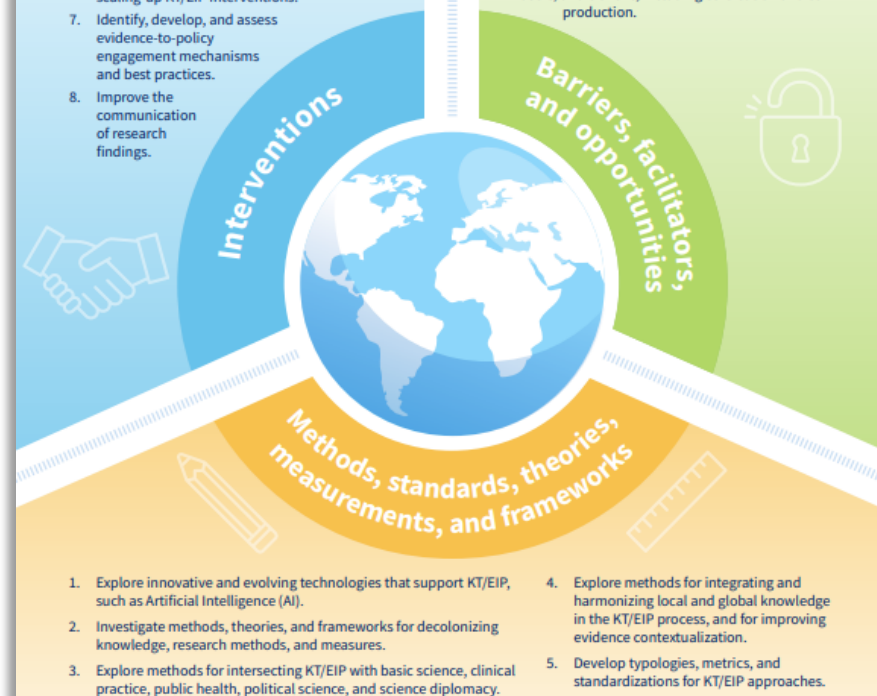
### Who is it for?

The agenda guides researchers, funders, policy-makers, practitioners, and civil society in generating new evidence on what works in evidence use for policy-making. It also serves as a global blueprint that can be adapted to regional or national contexts to meet local needs.



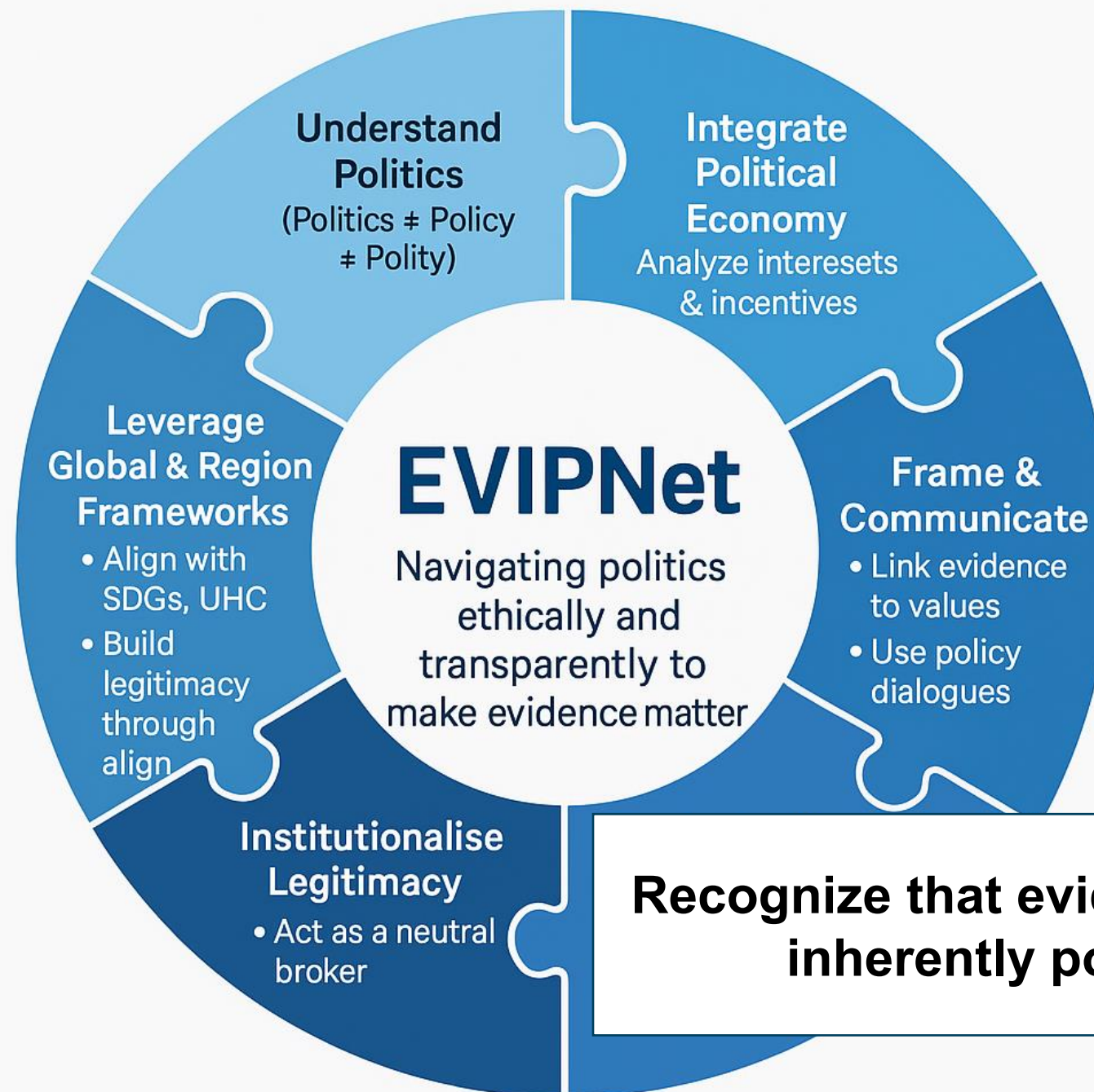
## Global Research Agenda: 19 Priority Research Areas

1. Identify, develop, and assess strategies and approaches to institutionalize evidence production, translation, and use.
2. Evaluate the impacts of KT/EIP products and interventions.
3. Explore engagement processes between evidence generators, intermediaries, and users, including co-creation and co-production, for evidence uptake by decision-makers.
4. Understand, develop, and assess strategies for translating evidence during public health emergencies.
5. Assess capacity-strengthening interventions, including their adaptation and scale-up.
6. Identify, develop, and assess strategies for scaling-up KT/EIP interventions.
7. Identify, develop, and assess evidence-to-policy engagement mechanisms and best practices.
8. Improve the communication of research findings.
9. Examine contextual factors and their role in research uptake, implementation, and scaling-up of KT/EIP approaches at different levels.
10. Analyze factors determining the engagement of decision-makers in evidence uptake.
11. Integrate a Diversity, Equity, and Inclusion (DEI) lens into KT/EIP activities.
12. Understand and develop approaches for policy learning and transfer of successful KT/EIP experiences between countries and sectors.
13. Engage individuals with lived experiences in knowledge generation and translation.
14. Investigate factors that affect the relationship between evidence generators, intermediaries, users, and citizens, including co-creation and co-production.



For more information, please visit our [website](#) or contact the WHO Secretariat at [eidm@who.int](mailto:eidm@who.int)







# In summary



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1. What are the key strategies for strengthening national capacities for effective evidence use?
2. How can EVIPNet adapt to emerging challenges and build resilient evidence systems?
3. What role does stakeholder engagement play in sustaining evidence-informed policies?



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Thank you!