

**Translating Evidence into Action (E2A) Thematic Working Group  
Evidence to Action Framework<sup>1</sup>**



**What is Evidence-to-Action?**

E2A supports evidence-informed action, using the best available data and research evidence – systematically and transparently – in the time available to:

- Set the agenda - clarify the problem iteratively, while being attentive to policy and politics, comparisons and framing
- Develop policy or solutions - framing options iteratively, e.g., benefits, harms, cost-effectiveness, how and why it works, acceptability
- Inform implementation - identifying barriers / facilitators iteratively and strategies to address them

Supply Side Strategies	Demand Side Strategies
<p style="text-align: center;"><b><i>Actions by researchers</i></b></p> <ul style="list-style-type: none"> <li>• External audits of research use by governments and organizations to identify opportunities to improve</li> <li>• Research in partnership with anticipated users to ensure it addresses their priorities and meets their information needs</li> <li>• Synthesis of research evidence (i.e., preparing systematic reviews)</li> <li>• User-friendly summaries of systematic reviews</li> <li>• Evidence briefs and citizen briefs on priority topics</li> <li>• New research evidence available in open-access journals, on websites, etc.</li> <li>• Disseminating research evidence using proactive, coordinated approaches (e.g., what, to whom, by whom, how and what anticipated effect)</li> <li>• Using research evidence to change behaviors at patient/citizen, health worker, manager &amp; policymaker level</li> <li>• An ‘external’ rapid-response unit for research evidence</li> <li>• Developing and maintaining one-stop shops for research evidence</li> </ul>	<p style="text-align: center;"><b><i>Actions by elected officials, public servants, managers, health workers, and patients/citizens</i></b></p> <ul style="list-style-type: none"> <li>• Sending strong signals at all levels that research evidence is a key input into decisions</li> <li>• Establishing performance criteria related to finding and using research evidence</li> <li>• Regularly articulating short-, medium- and long-term priorities and communicating them to researchers and research funders</li> <li>• Commissioning needed research or research syntheses</li> <li>• Establishing an internal rapid-response unit for research evidence</li> <li>• Building internal capacity to find and use research evidence</li> <li>• Requiring the documentation of how research evidence was found and used (and where it was looked for) before documents can be brought to ministers or cabinets</li> <li>• Building capacity among these groups to find and use research evidence</li> <li>• Convening deliberative dialogues that put the research evidence alongside institutional constraints, interest group pressure and other ideas</li> </ul>

<sup>1</sup> John N. Lavis, MD, PhD; Professor, McMaster University; Director, McMaster Health Forum; Co-Director, WHO Collaborating Centre for Evidence-Informed Policy. Presentation at 3<sup>rd</sup> Global Symposium on Health Systems Research

E2A also known as....

- Research priority setting (only if informed by anticipated users?)
- Research (only if conducted in partnership with anticipated users?)
- Research synthesis (always or only if certain conditions are met?)
- Dissemination research? Dissemination practice and policy?
- Implementation research/science? Implementation practice and policy?
- Knowledge translation (KT) research? KT practice and policy?
- (Quality) Improvement science? (Quality) Improvement practice and policy?
- Delivery science? Operations research? Management science? Political science?