

be aware that results can take time to reach the paths for translating evidence into policy: regulatory mechanisms (occupational health, environmental quality), public health recommendations (immunization, smoking), the legal system (causation of injury), and health care delivery (guidelines, outcome assessment) 4.

One point missing from the paper relates to methods for measuring the success of using research results for policy-making. Information for policy or decision-making processes comes from many sources, including research results. In some cases the association between results and decisions can be straightforward (as in the case of the rational approach mentioned in the paper), but in other cases measuring the contribution of results can be cumbersome.

Another issue approached by the authors is the interaction between policy-makers and researchers. They emphasize “moments of opportunity” and draw on the literature to identify facilitating and constraining factors for such interaction. In a recent experience in five Latin American countries in a project funded by IDRC/PAHO, we identified some requisites that facilitate interaction between the two groups for development of the proposal and consolidation of research teams in order to influence the decision-making process before, during, and after the research.

In two projects, the decision-maker was in charge of implementing the health sector reform, and there was thus a clear interest and priority for the proposal at the highest level of government, and hence the need for results to support decisions. Another facilitating factor was prior and long-lasting relations between research centers and government agencies, but also prior personal relations. Both contributed to establishing research teams for developing proposals.

To be successful, participation should accompany the project from the beginning, when questions are raised and priorities are set and research questions must coincide with clear political interest by government 5. In such cases, we found that interaction between researchers and policy-makers facilitated the program's objectives.

I wish to congratulate the authors for their effort in synthesizing a highly relevant issue for the health sector and promoting discussion on how research should be used not only for academic purposes but also for improving healthcare and ultimately the population's health conditions.

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This article serves as a useful review of the theoretical literature concerning how research results are used in the policy process. The review emphasizes that this is a complex issue with many theoretical frameworks - to some extent depending on the discipline orientation of the scholars involved. These disciplines include public policy analysis per se, health systems (services) research, “theory of influence” analysis, political science, diffusion of innovation, and so on. The review, quite importantly, draws particular attention to the more recent thinking about how the “two communities” (research and policy-making) interact. This is a particularly promising addition to the theoretical understanding of how knowledge is used (or not) in policy-making.

This brief commentary puts forward three ideas: there are other areas of scholarship and experience, not highlighted in this review, that might be useful additions; there is increased global awareness of the “know-do gap” challenge - this offers special opportunities to apply current theoretical understanding to “real life” practical situations; and more specificity is needed in defining the agenda for future research, particularly related to the Latin American context.

### **Some other sources of scholarship and experience**

This challenge of how knowledge (research “evidence”) can be translated into policy has captured the interest of groups around the world. Here are two organizations whose work and experience might represent useful contributions to those referenced in the paper:

- **Research and Policy in Development (RAPID; <http://www.odi.org.uk/rapid>)**

This is a program of the Overseas Development Institute (ODI) in the UK, an independent “think tank” working in the field of international development and humanitarianism. The RAPID program aims to improve the use of research and evidence in development policy and practice through research, advice, and debate. More recently, it has moved on to training activities designed to help research providers access the policy process. An example is a handbook, published in October 2004 with the title: *Tools for Policy Impact: A Handbook for Researchers*.

- **Canadian Health Services Research Foundation (CHSRF; <http://www.chsrf.ca>)**

Created in 1997, the CHSRF was formed to promote and facilitate evidence-based decision-making in Canada’s health sector. The foundation funds research on themes and issues that have been identified through extensive national consultation processes. It uses several knowledge transfer tools, such as *Mythbusters* (research summaries revealing the research evidence contrary to accepted wisdom in Canadian healthcare debates) and *Evidence Boost* (research summaries on issues where the evidence is unambiguous and indicates a preferred course of action).

### **Awareness of the “know-do gap” – opening opportunities**

The last few years have seen a remarkable increased awareness of what is commonly called the “know-do gap”. The issue was highlighted in the 2004 WHO *World Report on Knowledge for Better Health*<sup>1</sup>, which had been prepared specifically for the Ministerial Summit on Health Research in Mexico. The following year an output of the Summit, the *Mexico Statement on Health Research* was adapted to become an official resolution at the 58<sup>th</sup> World Health Assembly. This resolution includes a recommendation to member states “to establish or strengthen mechanisms to transfer knowledge in support of (...) evidence-based health-related policies”. This new awareness opens opportunities for applying available knowledge about the “know-do gap” at the na-

tional and institutional levels. An example is the EVIPNet (*Evidence-Informed Policy Network*), a WHO-initiated endeavor to strengthen links between health research and policy in low and middle-income countries. EVIPNet began in Asia<sup>2</sup> and Africa, with plans to also work with countries in Latin America. An addition, more attention is being paid to the use of systematic reviews as a strategy for informing public policymaking<sup>3,4</sup>.

### **Toward a more specific research agenda**

The Almeida & Báscolo paper ends with an important call for “greater investment in empirical research (...) to bring to bear elements of the concrete reality”. More work is needed to specify this research agenda, in particular in the Latin American context where a great deal of experience about health system reform is available. One approach might be to align selected theoretical frameworks with specific national case studies. An important example is Mexico, where many elements of the recent structural reforms of the health system were based upon innovations derived from evidence and information<sup>5</sup>. Another source is the group of projects participating in the PAHO and IDRC supported program *Building and Bridging Health Services Research and Health Policy in the Americas*<sup>6</sup>. The intent would be to refine the theoretical frameworks through the analysis of Latin American country case studies, with particular attention to the question: which theoretical frameworks are particularly relevant to the Latin American context.

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