



Argyle Grand Hotel, Nairobi, Kenya

Evidence-to-Policy café – bridging policymaker and researcher divides for enhanced evidence informed decision-making

Facilitators

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Learning objectives

Bridging the gap between research evidence and decision-making for health is often described as a problem. Several reviews have described main barriers including poor access to good quality relevant research, and lack of timely research output. On the flipside, the most common enablers reported were collaboration between researchers and policymakers, and improved relationships and skills. This session is focused on finding solutions. By the end of the session, participants will have discussed the rationale for bridging the research evidence-policy divide, outlined enablers of evidence-informed health decision-making and identified options for enhancing EIDM in their settings.

In summary, the learning objectives are to:

- Discuss value and rationale for supporting evidence informed health policy and guidelines
- Outline enablers of evidence use in health policy and guidelines
- Identify practical solutions for evidence informed health policymaking relevant for their respective settings











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Brief description of content

The session will use a World Café approach. We will begin with setting the scene to understand different experiences of evidence-informed decision-making in participants' home countries.

We will then divide in café style small tables to engage in deeper discussions about barriers and enablers to evidence-informed decision-making and identify practical and feasible shortterm opportunities for bridging the gap between research evidence and decision-making for policy or guidelines.

The process includes engaged discussions, opportunity for reflection, and encourages active listening. We will incorporate practical planning for exploring real changes.

Readings or materials

1. Optional reading: Oliver, K., Innvar, S., Lorenc, T. et al. A systematic review of barriers to and facilitators of the use of evidence by policymakers. BMC Health Serv Res 14, 2 (2014). https://doi.org/10.1186/1472-6963-14-2





