

**Using Deliberative Dialogue to Translate Scientific Evidence:
The Evidence-Informed Policy Network Brazil's Case**

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Abstract

Background: The Brazilian Ministry of Health launched in 2007 the World Health Organization-sponsored Evidence-Informed Policy Network (EVIPNet Brazil) for addressing the challenges of linking what is known to what is done. One of EVIPNet Brazil's main knowledge translation strategies is the deliberative dialogue (DD). The DD features the pre-circulation of high-quality research evidence on a priority health problem to all those interested or affected by the policy options been proposed to address this problem. DD participants must follow the Chatham House's rules and read the research synthesis prior to the DD. The DD is facilitated by an experienced facilitator. The aim of the DD is to foster the understanding of the best synthesized research evidence, to incorporate participants' tacit knowledge through dialogue, and to help key leadership to use research evidence in their different work places.

Development: We will show a simulation of a DD on a high health problem with session attendees. The aim is to demonstrate EVIPNet Brazil's strategy to call, organize, convene, and evaluate DD. Participants will also learn about DD impact in policy formulation and program implementation and various health issues including,

pay-for-performance, dengue fever, and child mortality.

Evaluation: Participants will have the opportunity to use a research instrument to assess DD quality and to discuss about potential application of such knowledge translation strategy in their on setting.

Introduction

The Brazilian Ministry of Health launched in 2007 in partnership with the Latin American and Caribbean Center on Health Sciences Information (Bireme/PAHO/WHO), the World Health Organization-sponsored Evidence-Informed Policy Network (EVIPNet Brazil: <http://brasil.evipnet.org>) for addressing the challenges of linking what is known to what is done¹. EVIPNet Brazil's mission is to support networking between government, researchers, workers, managers and civil society to strengthen Brazil's Unified Health System and improve their results through accessing, appraising, adapting and applying the best research evidence, while valuing people's preference and systems' juridical norms. The initiative attempts to become a role model for collaborative, efficient, methodological rigor, transparent, innovate, and accountable work, and to be truly committed to the sustainability of the health system.

In practice, EVIPNet Brazil works in a cycle (Figure 1) and rely on capacity building for acquiring, appraising, adapting, and applying research evidence, the production of evidence synthesis for policy, and on the organization deliberative dialogue (DD)^{1,2,3}. The DD features the pre-circulation of high-quality research evidence synthesis on a high priority health problem to those interested or affected by the policy options been proposed to address this problem. DD participants must follow the Chatham House's rules and read the research synthesis prior to the DD. Compliance to the Chatham House's rules leads to an independent forum in which interaction occurs in an open, impartial and off-the-record environment.⁴ The DD is facilitated by an experienced facilitator and does not aim for consensus. The aim of the DD is to foster the understanding of the best synthesized research evidence, to incorporate participants' tacit knowledge through dialogue, and to help key leadership to use research evidence in their different work places and institutions⁵.

EVIPNet Brazil in practice



Figure 1

Development

National governments have shown increasing interest in applying knowledge translation strategies when designing and implementing health policies and programs. To transform what is known into action often requires a concerted effort, capacity, and willingness of multiples parties to form knowledge translation platforms. These platforms may be formed and located inside the government, allied academic partner, non-government organization or other structures.

In Brazil, it was a local government that paved the way for the practical application of knowledge translation principles and tools. Specifically it was in Piripiri, a city of 62.000 inhabitants based in Brazil's Northeast region, where the first, most innovative and recognized knowledge translation platform unit in Brazil was developed. Piripiri launched in 2010 Brazil's first Evidence Centre. Piripiri's healthcare professionals who were incorporated into the Piripiri's Evidence Centre and received training in evidence-based medicine, health technology assessment, and on the SUPPORT tools for evidence-informed policy-making. Piripiri's Evidence Centre

prepared several evidence syntheses for policy and organized various deliberative dialogues. Three other Evidence Centres have been launched up to November 2013 and several others are scheduled to begin operations in Brazil. The readiness and capacity to conduct activities and to cooperate among these Evidence Centres varies (Figure 2). Currently, EVIPNet Brazil executive secretariat is undertaking several monitoring and evaluation initiatives as to optimize centres' operations.

EVIPNet Brazil - Local Evidence Centres

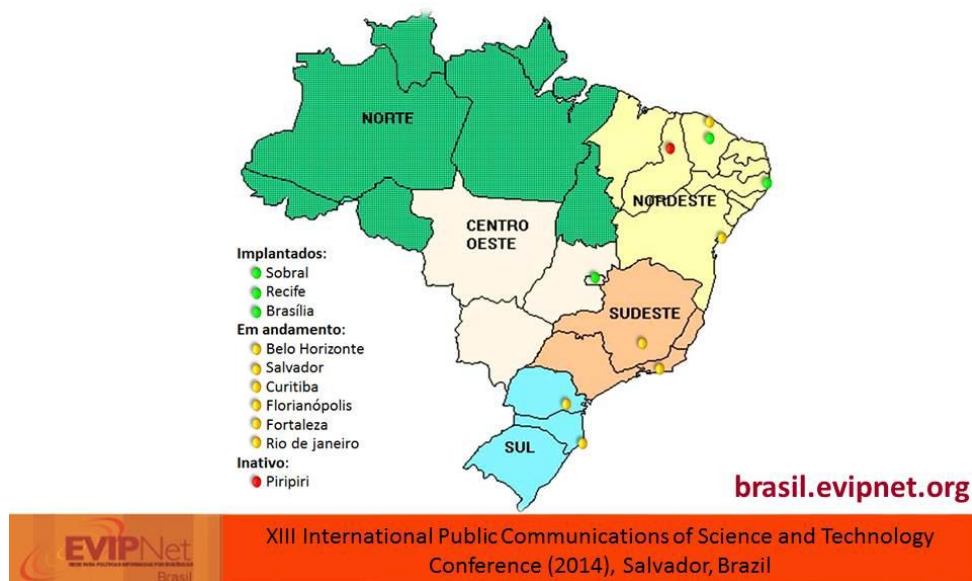


Figure 2

At the national government level, EVIPNet Brazil organized a DD on reducing perinatal mortality (Figure 3). Two of its leaderships have been invited in 2009 to participate in the DD on engaging civil society in supporting research use in health systems convened by McMaster Health Forum, Hamilton, Canada ⁶. This opportunity was useful for establishing collaboration between Brazil and Canada.

EVIPNet Brazil - Deliberative Dialogue

- **First National Deliberative Dialogue, July 2013**
- **Recife, Pernambuco**



Figure 3

We plan to show and discuss about a simulation of a DD on a high-priority health problem with session attendees. We will discuss the role of the different levels of government (federal, state, or local), organized civil society groups, healthcare providers and managers, multilateral organizations and other interested or affected groups. The aim is to demonstrate EVIPNet Brazil's strategy to call, organize, convene, and evaluate DD. Participants will also learn about DD impact in policy formulation and program implementation and various health issues including, pay-for-performance, dengue fever, and child mortality.

Evaluation

Conferences are often used to disseminate and debate over presented information, enhance partnerships among peers, and plan areas of studies, yet there is a dearth of evidence to support whether they work on reaching such aims. Similarly situation occurs with DD. Nonetheless an increased numbers of national and local governments¹, academia, and multilateral organisms are experiencing with DD⁵. This innovative dissemination strategy must build on Brazil strong tradition of using organized civil

society mandatory engagement while adapting it to a new format characterized by pre-circulation and a 'taken as read' the evidence synthesis for policy (written in a plain-language format), and participants actively contributing with their tacit and institutional knowledge, and adherence to the Chatam House's rules.

Participants will have the opportunity to get the hands on applying a research instrument to assess DD quality³ and to discuss about potential application of such knowledge translation strategy in their on setting. They will also be invited to consider answer to Brazil's Department of Science and Technology call for proposal to prepare evidence synthesis for policy and to organized DD.

References

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