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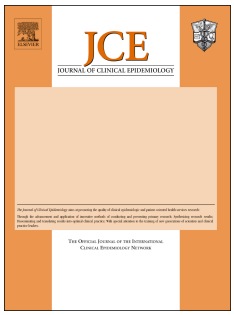

Quasi-Experimental Study Designs Series- Paper 2: Systematic Generation of Evidence through Public Policy Evaluation

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Quasi-Experimental Study Designs Series- Paper 2: Systematic Generation of Evidence through Public Policy Evaluation

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Most improvements in health achieved since the early 20th century can be reasonably attributed to the advancement and application of knowledge. The latter occurs through three main mechanisms: its transformation into health technologies, such as drugs, vaccines, and diagnostic procedures; its internalization by individuals, who use it to guide their everyday life in crucial domains for health, such as personal hygiene, nutrition, and sexual behavior, among others; and finally, its translation into evidence that provides a scientific foundation both for health care and for policy formulation, implementation, and evaluation.[1]

There are three basic reasons why knowledge should increasingly support policy design, implementation, and evaluation. First, we are living in a time of unparalleled and accelerated transformation. Low and middle-income countries, in particular, are witnessing a complex epidemiological transition characterized by a triple burden of disease: the unfinished agenda of common infections, undernutrition, and maternal mortality; the emerging challenges of non-communicable diseases (NCDs), mental problems, and injury; and the health risks directly related to globalization, such as climate change and pandemics.[2] The use of evidence in the documentation and discussion of the determinants, nature, magnitude, and distribution of health challenges is critical.

Second, the search for universal health coverage (UHC), which is becoming a core component of the post-2015 development agenda, demands major