



World Health
Organization

REGIONAL OFFICE FOR Europe

USING RESEARCH EVIDENCE FOR POLICY-MAKING: RAPID RESPONSE

Report of the EVIPNet Europe
Multicountry Meeting
for Eastern Europe and Central Asia

18–20 February 2020
Bishkek, Kyrgyzstan

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MULTICOUNTRY MEETING FOR
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18–20 FEBRUARY 2020, BISHKEK, KYRGYZSTAN

EVIPNet Europe Multicountry Meeting for Eastern Europe and Central Asia on using Research Evidence for Policy-making

KEYWORDS

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ABSTRACT

The Evidence-informed Policy Network (EVIPNet) Europe is an initiative of the WHO Regional Office for Europe. It supports WHO Member States to develop a culture and practice of designing health policies based on the best available research evidence. Annual Network meetings with a different composition of members and topics serve as a major platform for communication, collaboration and capacity-building. In February 2020, the EVIPNet Europe multicountry meeting for Eastern Europe and Central Asia was hosted in Bishkek, Kyrgyzstan and attended by 20 participants from eight countries.

With the overall goal of exploring appropriate strategies to institutionalize evidence-informed policy-making (EIP) and EVIPNet activities at the country level, the workshop allowed ample opportunities for meeting participants to share and learn from the EIP experiences of neighbouring countries. Over the course of three days, participants discussed the overall EIP landscape in their countries, existing structures and stakeholders, challenges and opportunities, as well as country EIP workplans for 2020–2021. An important output of the meeting was that meeting participants learned to prepare draft rapid syntheses through guided practical sessions.



EVIPNet Europe in 2020 © WHO

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We are grateful to the facilitators Mike Wilson (McMaster University, Canada) and Liliya Ziganshina (Kazan State University, Russian Federation) for their technical support to the meeting; our guest speakers Vitaliy Koikov (Republican Center for Health Development, Kazakhstan) and Marcela Tirdea (Ministry of Health, Moldova) for their useful contributions to the meeting and for sharing their country-level experiences. We also thank our colleagues Nils Fietje and Andrea Scheel from the WHO Regional Office for Europe for sharing their insights on the cultural aspects of decision-making.

We also warmly thank the WHO Country Office in Kyrgyzstan led by Nazira Artykova (WHO Representative, Kyrgyzstan) and colleagues Aliina Altymysheva and Mirza Muminovich (WHO Country Office, Kyrgyzstan) for the excellent support in organizing the meeting.

Our thanks also to Jamila Nabieva (Heidelberg Institute of Global Health, Germany) for acting as a rapporteur and writing the report, and Nurgul Seitkazieva and Elena Tsoy for translating the meeting.

Finally, we thank the Deputy Minister of Health, Madamin Karataev, for opening the meeting and personally welcoming the participants.

ABBREVIATIONS

| | |
|---------|---|
| AMSTAR | A MeaSurement Tool to Assess systematic Reviews |
| EBP | evidence brief for policy |
| EIP | evidence-informed policy-making |
| EVIPNet | Evidence-informed Policy Network |
| GRADE | Grading of Recommendations Assessment, Development and Evaluation |
| HEN | Health Evidence Network |
| KT | knowledge translation |
| KTP | knowledge translation platform |
| MoH | Ministry of Health |
| NGO | nongovernmental organization |
| PD | policy dialogue |
| R2P | research to practice |
| RS | rapid synthesis |
| SA | situation analysis |
| SDGs | Sustainable Development Goals |
| SWOT | strengths–weaknesses–opportunities–threats (analysis) |

EXECUTIVE SUMMARY

A colossal body of research evidence is available on public and global health, which can offer solutions to many health challenges faced today. However, a knowledge translation deficit remains a major barrier towards evidence-informed policy-making (EIP) in many countries. The Evidence-informed Policy Network (EVIPNet) Europe intends to strengthen the national capacities of countries in the WHO European Region to effectively and systematically translate and utilize the best available research evidence in policy decision-making. By supporting countries to build confidence and independence in evidence-informed policy formulation, EVIPNet Europe contributes to the implementation of the Thirteenth General Programme of Work, 2019–2023, achievement of the Sustainable Development Goals (SDGs) and the “triple billion” targets.

Institutionalization of knowledge translation requires regular training and continuous communication with national partners. Annual multicountry EVIPNet meetings serve as a platform for such communication, collaboration and capacity-building. The EVIPNet multicountry meeting for Eastern Europe and Central Asia was held in Bishkek, Kyrgyzstan, between 18 and 20 February 2020. It brought together 20 participants from Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Ukraine and Uzbekistan.

Hosted by the Ministry of Health, Kyrgyzstan, the meeting in Bishkek had four specific objectives:

- ◆ to increase understanding of and commitment to EIP and EVIPNet Europe;
- ◆ to build technical capacity in conducting rapid syntheses to inform policy-making;
- ◆ to discuss and explore strategies to institutionalize the work of EIP and EVIPNet teams in each Member country attending the meeting;
- ◆ to facilitate exchange of experiences, lessons learnt and good practices, including successful experiences of countries participating in international events.

During the three-day meeting, participants discussed feasible strategies to further strengthen national EIP capacities and institutionalize knowledge translation platforms in their respective countries. Input sessions allowed them (i) to discuss the EIP landscape in their respective countries, opportunities and priorities for action, and develop country-specific EIP action plans, and (ii) to learn about the sources of the best available research evidence in the English and Russian languages.

Participants highly appreciated a practical output of the meeting – preparing draft rapid syntheses addressing country-specific health issues. In a guided

“What is key for EVIPNet is the people in countries. Mechanisms and tools, financial resources and context are of course important, but without the people at the heart of it there will be no use of the Network.”

Tanja Kuchenmüller
Unit leader, Knowledge
Management Evidence and
Research for Policy-Making,
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Innovation

practical exercise over the course of two days, participants selected four topics relevant to their countries and used them to simulate the process of developing a rapid synthesis in real time. On the last day, groups presented their draft rapid syntheses and shared their experiences and feedback.

As an immediate step agreed to at the meeting, meeting participants will revise the EIP workplan for their respective countries, which they had started during the workshop, and return them to the WHO Secretariat of EVIPNet Europe within two weeks after the meeting. The priorities and actions proposed in the revised plans will contribute to the plans of the WHO Secretariat of EVIPNet Europe, and also shape the agenda of the next EVIPNet Europe multicountry meeting for Eastern Europe and Central Asia planned for the end of 2020.

1. INTRODUCTION

1.1. WHY EVIPNet

In the first two decades of the 21st century, the global health research community has produced – and continues to produce – an enormous body of scientific evidence that allows for solutions to most public health challenges faced today. Appropriately selected and adequately implemented, these evidence-informed solutions have the potential to significantly improve the health and well-being of all people. However, the best available health research evidence still largely remains an output of academia and rarely informs health policies; this *knowledge translation deficit* is a major barrier towards evidence-informed policy-making (EIP) (1).

Established in 2005 as the response to World Health Assembly resolution WHA58.34 to promote the systematic use of health research evidence in policy-making, the Evidence-informed Policy Network (EVIPNet) is a global network and knowledge translation platform (KTP) with its base at WHO headquarters. Initially, with a focus on low- and middle-income countries, EVIPNet aims to support sustainable partnerships at the country level between policy-makers, researchers and civil society, and promote the use of the best available scientific evidence to inform policy decisions.

The regional network for the WHO European Region – [EVIPNet Europe](#) – was established in October 2012 and has largely supported the implementation of the European policy framework Health 2020 (2). Strengthening the capacity of WHO Member States to develop and implement evidence-informed policies, EVIPNet Europe also contributes to the implementation of the Thirteenth General Programme of Work, 2019–2023 (3), achievement of the Sustainable Development Goals (SDGs) (4), and the “triple billion” targets that are at the heart of WHO’s strategic plan for the next five years: one billion more people benefiting from universal health coverage; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.

EVIPNet Europe operates on two levels: the regional and country level. With its Secretariat in the WHO Regional Office for Europe, the Network acts as a catalyser for regional exchange of experiences and benchmarking through multicountry meetings, webinars and virtual discussions. Specifically, these meetings aim:

- ◆ to inform members about the tools and resources available to support health policy-makers and stakeholders in using research evidence;

MULTICOUNTRY MEETINGS

[2013 Turkey](#)

[2014 Slovenia](#)

[2015 Lithuania](#)

[2016 Republic of Moldova](#)

[2017 Slovakia](#)

[2019 Turkey](#)

-
- ◆ to provide training in acquiring, assessing, adapting and applying research evidence; and
 - ◆ to identify what participants' organizations can do to better support the use of research evidence in health-system policy-making in the European Region.

On a country level, EVIPNet Europe supports its members in building national capacity for EIP and developing knowledge translation (KT) tools, such as the evidence brief for policy (EBP) and policy dialogue (PD).

1.2. EVIPNet EUROPE MULTICOUNTRY MEETING FOR EASTERN EUROPE AND CENTRAL ASIA

“Use of scientific evidence is crucial and instrumental for achieving the triple billion targets of the Thirteenth General Programme of Work, 2019–2023: one billion more people benefiting from universal health coverage; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.”

Tanja Kuchenmüller
Unit leader, Knowledge
Management Evidence and
Research for Policy-Making,
Division of Information,
Evidence, Research and
Innovation

Implementation and institutionalization of EIP requires continuous efforts to build and regularly strengthen national capacities for KT. Multicountry meetings organized by EVIPNet Europe offer an enabling environment for such capacity-strengthening, while fostering regional collaboration and exchange of knowledge. The multicountry meeting for Eastern Europe and Central Asia held in Bishkek, Kyrgyzstan between 18 and 20 February 2020 brought together 20 participants from the eight Network members – Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Russian Federation, Tajikistan, Ukraine and Uzbekistan.

With the primary aim of “facilitating exchange of experiences in research utilization at the country level”, the meeting set a number of specific objectives:

- ◆ to increase understanding of and commitment to EIP and EVIPNet Europe;
- ◆ to build technical capacity in conducting rapid syntheses to inform policy-making;
- ◆ to discuss and explore strategies to institutionalize the work of EIP and EVIPNet teams in each invited Member country;
- ◆ to facilitate exchange of experiences, lessons learnt and good practices, including successful experiences of countries participating in international events.

The meeting was hosted by the Ministry of Health (MoH), Kyrgyzstan. The opening address by the Kyrgyz Deputy Minister of Health, Dr Madamin Karataev, appreciated the country’s achievements since joining EVIPNet in 2015. A situation analysis (SA) describing the EIP landscape and an EBP on prevention of neural tube defects in infants were highlighted as two major achievements of the Network in Kyrgyzstan.

The opening address of the Deputy Minister of Health was followed by the welcome address of Dr Nazira Artykova, WHO Representative and Head of the WHO Country Office in Kyrgyzstan, and Tanja Kuchenmüller from the WHO Secretariat of EVIPNet Europe. Both representatives of WHO reiterated the importance WHO places on strengthening national capacities for KT and EIP.

Over the course of three days, a balanced combination of expert presentations and guided practical exercises facilitated the learning process and exchange of experiences. On Day 1, presentations by the WHO Secretariat and EVIPNet champions from countries in the Region set the stage for the meeting and outlined best practices. Meeting participants discussed various strategies to further strengthen national EIP capacities and institutionalize KTPs in their respective countries. The sessions on Day 2 and Day 3 provided ample opportunities for meeting participants (i) to discuss the EIP landscape in their respective countries, as well as opportunities and priorities for action; (ii) to practise the principles and steps of rapid syntheses as a tool for evidence-informed decision-making; (iii) to learn about the sources of best available research evidence in the Russian language, such as [Cochrane Russia](#) for systematic reviews and [elibrary.ru](#) for individual scientific publications. This report summarizes the expert presentations, key discussion points, main outputs and conclusions of the EVIPNet Europe Multicountry Meeting for Eastern Europe and Central Asia.

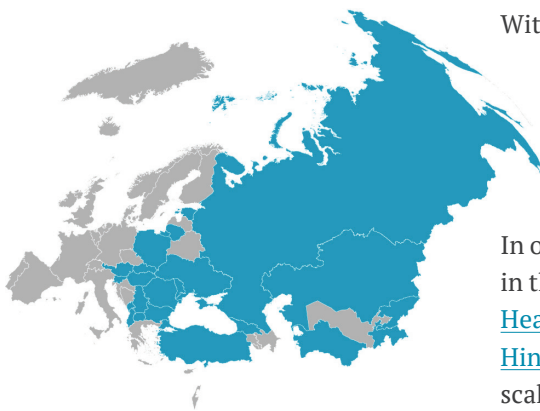
2. SUMMARY OF SESSIONS

2.1. INTRODUCTION TO EVIPNet EUROPE AND ITS TOOLS

Tanja Kuchenmüller, Unit leader, Knowledge Management, Evidence and Research for Policy-Making, Division of Information, Evidence, Research and Innovation

The session set the scene for the meeting by providing a perspective of how EIP is embedded in the Region, and what policy frameworks and opportunities exist for KT. Although the WHO European Region was the last to join the Network, it demonstrated a high commitment to KT by pledging to increase investments in evidence-informed decision-making. The “Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region”, adopted at the request of all 53 Member States at the Sixty-sixth session of the WHO Regional Committee for Europe in 2016, was until recently the only WHO regional strategy of its kind. It reiterates the importance of EVIPNet Europe and its alignment with regional priorities.

EVIPNet Europe: 23 Members



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With 23 members in 2020, the key objectives of the Network are:

- ◆ to promote the systematic use of research evidence in policy-making to improve health systems through a networked structure;
- ◆ to increase country capacity in KT;
- ◆ to institutionalize KT through the establishment of KTPs.

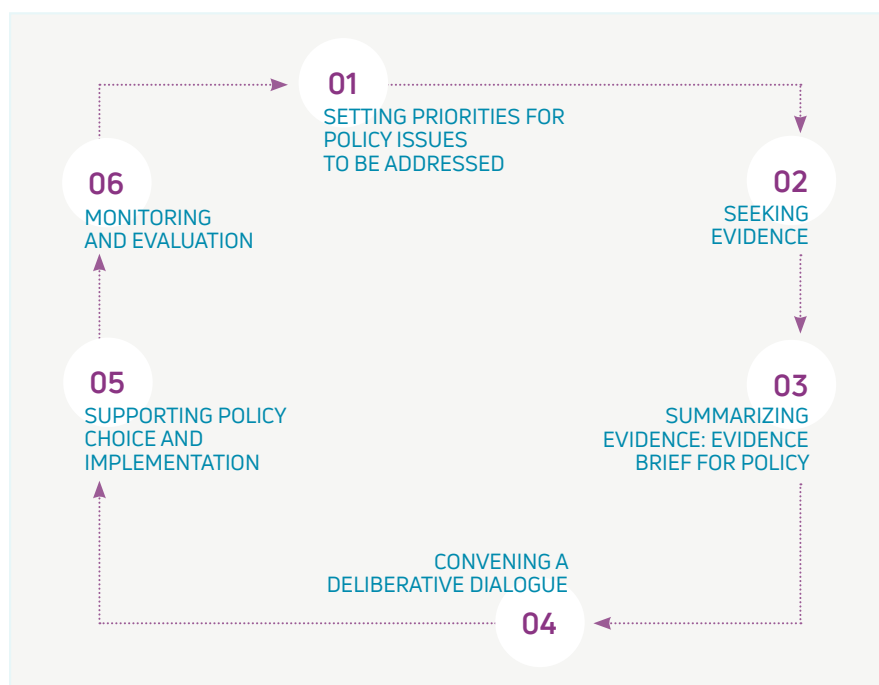
In order to ensure synergy of actions and efforts undertaken by other networks in the Region, EVIPNet is an active member of such networks as the [European Health Information Initiative](#), the European Health Research Network and [Hinari](#), a WHO Access to Research for Health programme. On a global policy scale, EVIPNet contributes to implementation of such strategic documents as the Thirteenth General Programme of Work, 2019–2023, and the SDGs.

The WHO European Region was the last to join the Network, and hence EVIPNet Europe has largely benefited from (i) the tools previously developed and tested, (ii) lessons learnt by other Regions and countries and, more importantly, from (iii) established partnerships with leading health research and practice institutions. One of such partners that started collaboration with EVIPNet long before the European Region joined the network is [McMaster Health Forum](#) at the McMaster University, Canada, which has become one of the key partners of EVIPNet Europe as well. Another type of partnership that Network members can significantly benefit from is peer support and mentorship by EVIPNet champions from other regions that have made significant progress in EIP implementation.

There are four main EVIPNet tools that Network members can benefit from:

- » Situation analysis
- » Evidence brief for policy
- » Policy dialogue
- » Rapid response.

To ensure a systematic approach to using these tools, EVIPNet recommends an action cycle for EIP, which consists of six steps. It starts with setting priorities for policy issues, and moves to seeking the best available evidence, followed by summarizing evidence into an EBP, which is used to convene a deliberative dialogue on choosing and implementing the most appropriate policy. Monitoring and evaluation as the last step of the cycle not only provide appraisal of the work performed, but can also inform further needs for EIP.



At the time of the multicountry meeting in Bishkek, six EVIPNet Europe members – Bulgaria, Kazakhstan, Lithuania, Montenegro, Republic of Moldova, Serbia – were in the process of developing EBPs on antimicrobial resistance, and three countries – Albania, the Republic of Moldova, and Turkey – on diet-related issues. The Network also has a number of success stories from the Region, which can offer insights and lessons learnt for other Network members that are considering development of EBPs (Box 1) and facilitating a policy dialogue (Box 2).

BOX 1. ESTONIA'S EVIDENCE BRIEF FOR POLICY

Estonia's first EBP focuses on the health effects of sugar-sweetened beverages

Development of an EBP on the consumption of sugar-sweetened beverages in Estonia was a milestone EVIPNet activity in the country. The exercise was conducted by a multi-stakeholder team of researchers and policy-makers, with technical assistance and coaching from the EVIPNet team in Chile, WHO Country Office, EVIPNet Europe Secretariat and the Nutrition, Physical Activity and Obesity Programme at the WHO Regional Office for Europe.

Four EIP options were identified and translated into regulatory processes: (i) regulation of food advertising; (ii) labelling of sugar-sweetened beverages and raising awareness about their detrimental effects on health; (iii) school interventions and nutrition policies; and (iv) taxing sugar-sweetened beverages, subsidizing other food groups and/or substituting alternative beverages.

Estonia's decision to start EIP implementation with the EPB – rather than an SA – was based on the country team's belief that a technical product such as an EBP would increase stakeholder interest in KT and demonstrate the need for Estonia's membership in EVIPNet Europe.

BOX 2. HUNGARY'S POLICY DIALOGUE

Hungarian policy dialogue on antimicrobial resistance

Hungary became an EVIPNet Europe pilot country in 2015. The theme for the country's first EBP – antimicrobial resistance – was selected from a list of topics compiled for situation analyses. A number of national policy institutions and experts worked together with the WHO Regional Office for Europe and the Country Office in Hungary to develop Hungary's first EBP. Stakeholder consultations and key informant interviews that followed helped to complete the process and allowed for submission of the EBP for a PD.

A structured framework for deliberations on the EBPs and PDs aims to collect opinions from and knowledge of key health stakeholders, and thus contribute to informing policy change. The findings of Hungary's EBP on "Promoting the appropriate use of antibiotics to contain antibiotic resistance in human medicine in Hungary" were discussed in a PD that convened 30 policy-makers from public administration, academia and various clinical fields in December 2017.

All the three policy options proposed by the EBP were acknowledged to be of high relevance. The PD participants discussed enabling factors for and potential challenges to implementation, and mapped institutional collaborations and joint efforts required for the effective implementation of the proposed policy solutions. A wide range of other positive outcomes of the first PD includes, among others, interagency initiatives for guideline development, engagement of professional organizations and clinical pharmacists in the implementation process, and changes in the undergraduate and postgraduate medical curricula. The Hungarian Government has recently expressed its interest in the development of a second EBP.

2.2. CULTURAL CONTEXT OF HEALTH AND EIP

Andrea Scheel, Cultural Context of Health Team, Division of Information, Evidence, Research and Innovation

This session demonstrated why culture matters for health policy-making with regard to health beliefs and practices, on the one hand, and the culture of obtaining and using health evidence on the other. There are multiple definitions of culture that vary considerably; however, what unites most of them is the context-specific nature of culture. Often invisible, culture can be a powerful resource – or a barrier – and can offer a platform for effective discussions.

Decision-making is the engine of human behaviour, where context acts as one of the most crucial elements. Context is often associated with culture; hence policies should not only be effective and evidence-informed, but also tailored to the specific context and its culture. Policy-makers have therefore an important task of adapting the WHO recommendations and guidelines to their specific context, while preserving the underlying evidence base and its scientific rigour.

The WHO European Region’s project on “Cultural contexts of health and well-being” established in 2016 is a pioneer in the WHO context. Aimed to ensure that the cultural context is considered in the health policy formulation process, both in the work of WHO and at the national level, the project develops guidance, methods and tools to formulate decisions embedded in culture. Special emphasis is placed on integrating and increasing the application of qualitative research methods in the production of health evidence.

In collaboration with other WHO technical units, the project currently focuses on four priority areas: nutrition, mental health, migration and environment. A wide range of partner institutions, inter alia, the United Nations Educational, Scientific and Cultural Organization (UNESCO), Organisation for Economic Co-operation and Development (OECD), Wellcome Trust and Robert Wood Johnson Foundation, as well as independent subject matter experts support the activities of the project.

The “Cultural contexts of health and well-being” project uses a number of methods, including evidence synthesis reports, policy briefs, toolkits and massive open online courses. One of the first and cornerstone publications of the project is the policy brief *Culture matters: using a cultural contexts of health*



approach to enhance policy-making (5). Emphasizing the Lancet Commission’s message that “systematic neglect of culture in health and health care is the single biggest barrier to the advancement of the highest standard of health worldwide”, the policy brief argues why WHO should create a focus on culture. Another significant publication is the policy brief on *Antibiotic resistance: using a cultural context of health approach* (6) published in 2019.

A narrative research report is another type of publication that complements the work in cultural contexts, and can come in various forms. One of the recommended WHO publications in this category is the Health Evidence Network (HEN) report *Cultural contexts of health: the use of narrative research in the health sector* (7).

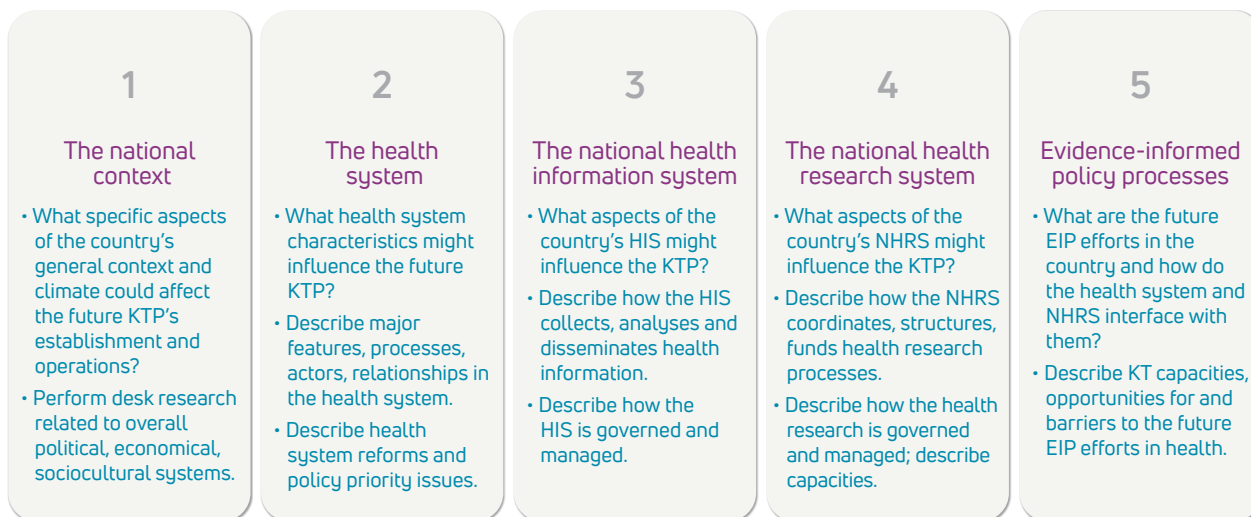
The latest publications by the project currently in the development phase are: (i) a stakeholder narrative report “Understanding and building resilience to early life trauma in Belarus and Ukraine” and (ii) another HEN report on “Integrating cultural contexts into the knowledge translation process”.

2.3. SITUATION ANALYSIS TO IMPROVE EVIDENCE-INFORMED HEALTH POLICY-MAKING

A country SA is one of the first steps that EVIPNet Europe recommends its members to undertake. It is a systematic and transparent approach to identifying the major factors that facilitate or hinder the establishment of a KTP in a particular country setting. An SA has three specific objectives:

1. to describe and understand the local context (structures, processes and conditions) that would potentially enable or inhibit KT and EIP;
2. to deliver background information to guide deliberations on the organizational form, location, strategic direction, staffing, etc. for a suitable and sustainable KTP; and
3. to strengthen collaboration with international partners to support the future work of the KTP.

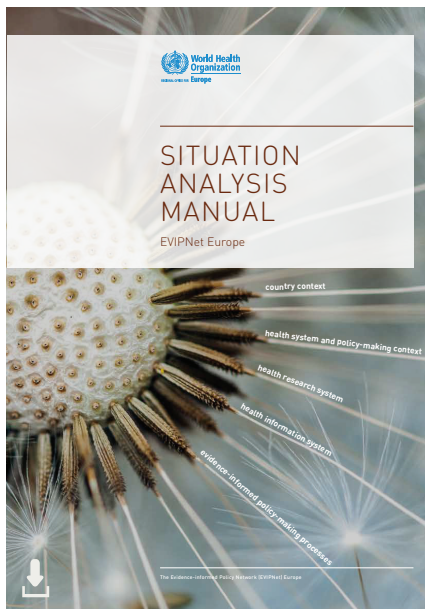
The EVIPNet Europe *Situation analysis manual* (8) provides detailed guidance on planning and conducting an SA. It proposes a framework with five key sections:



Two countries presented the results of their respective SAs during the meeting in Bishkek – Kyrgyzstan and Kazakhstan. They had taken a step further and, based on the inputs from these five sections, proposed a way forward in the section on “Institutionalization of KTPs”.

2.3.1. SITUATION ANALYSIS: EXPERIENCE OF KYRGYZSTAN

Akbar Suvanbekov, Knowledge Management, Evidence and Research for Policy-Making, Division of Information, Evidence, Research and Innovation



The development of the SA was initiated following the fourth multicountry meeting in Lithuania. The first draft was discussed during a few **stakeholder consultations involving key national stakeholders and with the EVIPNet Europe Secretariat in the autumn of 2015**. A seminar to raise awareness about EVIPNet Europe and EBPs brought together members of the working group and academicians. Later that year, a smaller group of key stakeholders was involved in deliberating and endorsing the findings of the SA and discussing the establishment of a future KTP. The SA was conducted in collaboration with the WHO Secretariat of EVIPNet Europe. Stakeholders appreciated the role a KTP can play in expanding, systematizing and coordinating the use of evidence in policy-making.

In the next – **capacity-building** – step, the EVIPNet Europe Secretariat organized a webinar series on EBP development. An expert meeting in Bishkek with the EVIPNet Europe Secretariat and international experts concluded the SA in 2018. The preliminary SWOT analysis of EIP in Kyrgyzstan yielded the following results:

Strengths

- » Consecutive health reform programmes
- » Political will to seek ways to improve governance
- » Citizen engagement in policy-making and implementation
- » Demonstrated will to enhance research capacity
- » Efforts to introduce clinical guidelines in the system

Weaknesses

- » Lack of knowledge of and capacity for research methods and standards
- » Lack of resources dedicated to research
- » Little high-quality research on health systems
- » Ageing scientific workforce
- » Inadequate research infrastructure for clinical research

Opportunities

- » Open attitude towards evidence and recognition of the importance of evidence in policy development
- » The will to strengthen research capacity in the country
- » Individual researchers trying to enhance methodologically sound research practice
- » Development partners who provide financial and technical support
- » Programme on e-health development and an e-health centre responsible for implementation

Threats

- » Frequent changes of government and limited financial resources
- » Strong focus on clinical research and the relevance of evidence underestimated for health system and service development.
- » Migration of highly qualified people
- » Low salaries of researchers leading to loss of expertise and capacity in the country.
- » Insufficient commitment of universities to training the coming generation of students in evidence development and synthesis methods.

A detailed analysis of the options for KTP institutionalization in Kyrgyzstan proposed five potential options: (i) KTP as a virtual network; (ii) KTP as a unit in the MoH; (iii) KTP as an independent network of experts, housed within the MoH; (iv) KTP as a group of experts doing research in universities or scientific institutes; (v) KTP as a new institution (public or private).

Follow-up discussions with national stakeholders and the WHO Country Office established that the most optimal option for Kyrgyzstan was a network, coordinated by the Centre for Health System Development in close collaboration with the MoH.

Key lessons learned from the SA process in Kyrgyzstan:

- ◆ Developing the report in English is more efficient.
- ◆ Strong coordination and smooth cooperation are essential.
- ◆ The faster, the better!
- ◆ Having the instruments (e.g. SA manual) in Russian would expedite the process.

2.3.2. EVIPNET IN KAZAKHSTAN: LESSONS LEARNT FROM THE SITUATION ANALYSIS

Kazakhstan joined the Network in 2014, and the activities of EVIPNet Europe fully align with the priorities set in national health strategies and programmes (9).

The SA “Evidence-informed health policy-making in Kazakhstan” was conducted in three main steps: (i) analysis: 2015–2016; (ii) presentation of the SA draft: February 2017; and (iii) finalization of the SA: 2017–2018.

Data sources used for the situation analysis included:

- » official publications,
- » stakeholder survey; first group – “policy-makers”: specialists in the MoH, Republican Centre for Healthcare Development (RCHD), second group “generators of new knowledge”: specialists from universities, research institutes, research centres, nongovernmental organizations (NGOs);
- » interviews with representatives of stakeholders involved in disseminating knowledge and formulating policies.

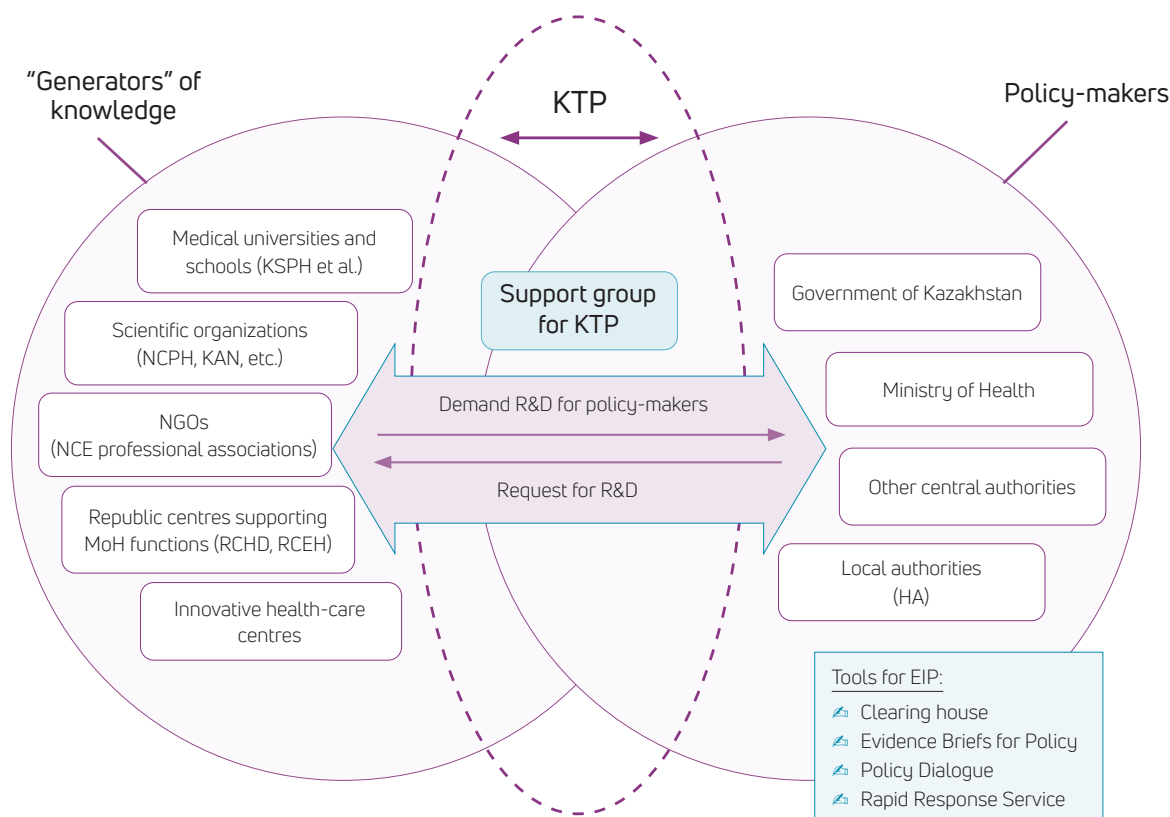
Based on the detailed SWOT analysis, a number of activities and steps were identified and implemented under four priority areas: (i) raising awareness among all stakeholders about the importance and necessity of using the best available scientific data; (ii) improving the practice of obtaining, adapting and applying high-quality research data; (iii) implementing effective

communication mechanisms between all interested parties; (iv) ensuring access to health evidence by all stakeholders.

In the near future, Kazakhstan plans to undertake the following steps:

- ◆ institutionalization of the KTP
 - at the national level – with the RCHD as a base, in a consortium with medical universities and other interested parties – research institutes and centres, NGOs
 - at the regional level – based in medical universities;
- ◆ developing capacity for rapid response services;
- ◆ prioritization and methodological support for developing policy briefs and PDs;
- ◆ strengthening the capacity for formulating systemic health policy and conducting systems research.

The current vision for KTP institutionalization is best presented in the figure below:



HA: health administration; KAN: Kazakh Academy of Nutrition; KSPH: Kazakhstan School of Public Health; KTP: knowledge translation platform; NCE: National Chamber of Entrepreneurs; NCPH: National Centre of Public Health; R&D: research and development; RCEH: Republican Center for Electronic Health; RCHD: Republican Center for Health Development.

2.4. EVIDENCE BRIEFS FOR POLICY

Existing evidence syntheses, typically as systematic reviews, are often not written in the practical language of policy-makers and not adapted to the local contexts, thus limiting their utilization and uptake by decision-makers. To address this challenge, EBPs aim to synthesize the best available global research evidence with locally produced evidence and cater to what is most relevant to the policy process. EBPs maximize user-friendliness and quality by packaging research evidence in a way that is accessible, relevant, easy to use and applicable in a given national context.

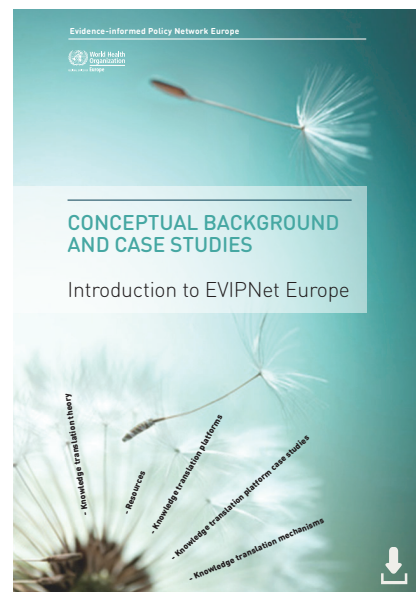
The findings of EBPs are deliberated, validated and further complimented with tacit knowledge during PDs that bring together a diverse group of policy-makers, researchers and practitioners. The *Introduction to EVIPNet Europe: conceptual background and case studies* (10) considers EBPs as a core KT mechanism.

2.4.1 MOLDOVA'S EXPERIENCE OF DEVELOPING AN EVIDENCE BRIEF FOR POLICY

Marcela Tirdea, Ministry of Health, Moldova

The Republic of Moldova joined EVIPNet Europe in 2012 and has since then gathered significant experience in EIP. The incentive to develop the first EBP on the reduction of alcohol consumption stemmed from a practical need – for a number of years, Moldova topped the list of countries with the highest alcohol consumption rate. The situation was aggravated by the easy accessibility of alcohol to children and adolescents, even in the vicinity of schools and other educational institutions.

The first EPB developed by a group of national experts focused on insufficient enforcement of the Alcohol Control Programme, and was presented in a deliberative consultation with stakeholders in 2015. Based on the follow-up discussions, it was agreed to revise and expand the draft EBP and redirect it towards amending alcohol control legislation in the country. The second EBP – *Informing amendments to the alcohol control legislation directed at reducing harmful use of alcohol in the Republic of Moldova* – was presented in a PD in 2017. It resulted in three amendments to legislation around alcohol labelling, marketing and sale in Moldova.



“It takes a group of highly motivated people truly concerned with the problem of an EBP to make it happen.

Every day of this lengthy process we reminded ourselves that Moldova is the country with the highest alcohol consumption in the world, and that our children can lay their hands on alcohol any time they please.”

Marcela Tirdea
Ministry of Health, Moldova

At the time of the first EBP development, the Republic of Moldova had already benefited from capacity-building activities within EVIPNet Europe. KT initiatives such as PDs, health forums, steering committees, working groups, roundtables, online discussion platforms and open policy discussions were not entirely new for the national experts. Additionally, access to research evidence through the Hinari project, knowledge of the English language and adequate Internet coverage made systematic search for evidence considerably easier. Moreover, support from development partners in the area of KT and opportunities to participate in the European Union (EU)-funded health system research projects contributed to the development of institutional capacity in EIP. Finally, guidance from the EVIPNet Europe Secretariat, and practical mentoring from the Knowledge to Policy (K2P) Centre, Lebanon, ensured continuous technical support to the country team of experts in the process of the EBP development.

An important element of the EBP development process in Moldova was the ownership of and leading role played by the MoH. Apart from the health sector, the process engaged stakeholders from the ministries of Education, Internal Affairs, Finance, Agriculture, Economy, and Labour and Social Protection. Continuous communication and advocacy with stakeholders and regular verification of actions with technical experts and mentors facilitated the implementation process.

A number of conclusions and messages were elicited in the process of EBP development:

- ▶▶ EVIPNet Europe methods and tools provide support in promoting and approving the most difficult public policy.
- ▶▶ Any opportunity to promote the use of evidence in policy-making should be used.
- ▶▶ Formal/informal partnerships should be fostered with researchers, civil society representatives and colleagues from other public authorities.
- ▶▶ Knowledge, methods and tools acquired in the capacity-building events organized by EVIPNet Europe should be used and shared with colleagues.
- ▶▶ Collaboration and communication between national teams, the WHO Country Office and WHO Secretariat of EVIPNet Europe is crucial.

2.5. IMPORTANCE OF CONDUCTING RAPID SYNTHESSES AND THEIR IMPORTANCE FOR RAPID-LEARNING HEALTH SYSTEMS

Michael Wilson, McMaster University, Canada

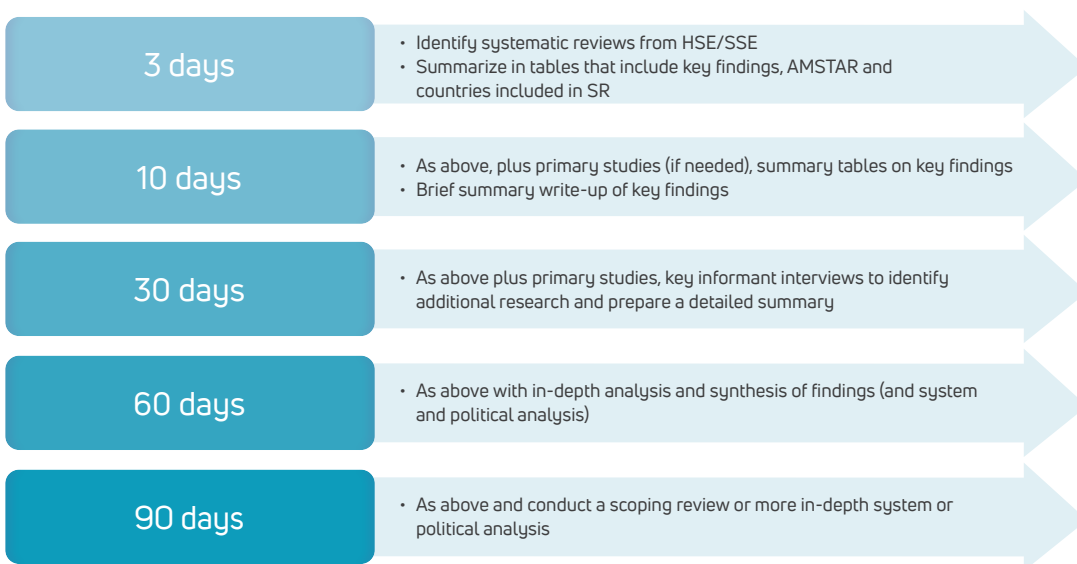
Unlike researchers, decision-makers are often faced with issues that require a response or solution within days, if not hours. In such situations, rapid syntheses of the best available research evidence on pressing health issues can provide policy-makers with the solid ground to inform their decisions.

Considering the significant difference in the research and policy timelines, the rapid syntheses tool may become extremely helpful for policy-makers that require prompt but evidence-informed answers to their questions.

Rapid syntheses address health- or social-system questions about one or more steps of the policy analysis process:

- » clarifying a problem and its causes;
- » framing options for addressing it;
- » identifying implementation considerations;
- » informing monitoring and evaluation plans.

Depending on the complexity of the issue, rapid syntheses can have several timelines:



HSE: Health Systems Evidence; SSE: Social System Evidence; SR: systematic review

Rapid syntheses support EIP by bridging the gap between the so-called self-serve approaches, e.g. database searches, and full-serve approaches, such as EBPs followed by stakeholder dialogues.

Moreover, rapid syntheses are an element of rapid learning health systems, the latter defined as “the combination of a health system and a research system that at all levels – self-management, clinical encounter, programme, organization, regional (or provincial) health authority and government – is patient-centred, data- and evidence-driven, system supported and culture and competencies enabled.” Rapid learning is crucial, as no policy initiative is flawless or entirely comprehensive.

Key messages to remember when considering rapid syntheses

- ◆ Conducting rapid syntheses should be underpinned by a commitment to being systematic and transparent in identifying and synthesizing evidence and insights for health- and social-system leaders.
- ◆ Approaches need to be flexible (e.g. timeline and the types of evidence and insights included) and evolve in order to go further and faster in responding to urgent requests.

3. RAPID SYNTHESSES: BUILDING SKILLS FOR EIP

One of the important objectives of this workshop was to introduce **rapid syntheses of research evidence** as a tool for decision-making in situations where time does not allow the conduct of a full-fledged EBP. Over the course of two days, meeting participants had a unique opportunity to learn the key steps, support tools, data sources and quality assurance mechanisms for conducting a rapid synthesis. In a series of input sessions, group discussions and practical exercise guided by Dr Michael Wilson, Assistant Director of the McMaster Health Forum, McMaster University in Canada, participants learned to undertake a systematic and transparent process of rapid synthesis. An important expected output of the practical sessions was to facilitate participants in producing a draft rapid synthesis that addressed an important health system or public health issue in their respective countries.

In order to amplify the learning effect, participants were immersed in a simulated situation of developing a rapid synthesis. Every step of the process introduced in an input session was followed by a practical exercise where participants received detailed instructions, necessary templates and tools, and continuous guidance and support of facilitators. Themes of rapid syntheses were discussed and refined together, data search in real time was performed in English and Russian under continuous tutoring and support, challenges and potential mistakes were discussed in larger groups and individually. Four groups were formed around the selected themes. On Day 3, the groups presented the results of their respective draft rapid syntheses to the larger group, and received constructive feedback and suggestions for further improvement.

The sections below summarize the key messages and discussions with regard to the main steps of the rapid synthesis process and the result of the practical exercise.

3.1. PLANNING A RAPID SYNTHESIS: KEY ELEMENTS

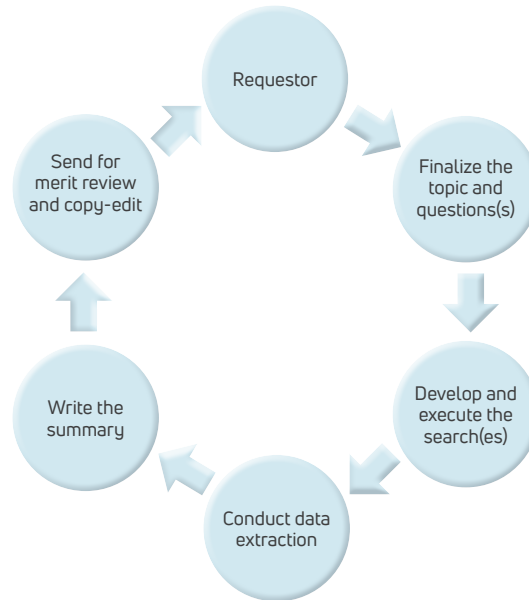
Michael Wilson, McMaster University, Canada

When planning a rapid synthesis of evidence, it is important to remember that there are three types of analyses that are widely applied: **(i) policy analysis** builds on the synthesis of the best available research evidence from systematic reviews and primary studies about clarifying a problem and its



EVIPNet Europe in 2020 © WHO

Dr Michael Wilson from McMaster University, Canada, introduces the concept of rapid synthesis



causes, framing options, implementation considerations and monitoring and evaluation, e.g. benefits, harms and costs of the policy options in question; **(ii) system analysis** examines policy documents, e.g. legislation/regulation and other sources, such as local data, which provide information and context about how key parts of a health or social system work; **(iii) political analysis** of policy documents, e.g. speeches from political party platforms and other sources and stakeholder websites, to identify factors that may affect government agenda-setting and decision-making processes. The available timeline for a rapid synthesis will define whether a comprehensive approach involving all three types of analyses can be performed (60- or 90-day requests), or whether only policy analysis is feasible (requests with a shorter timeline). The table below describes the key steps of the process of developing a rapid synthesis.

I

Having received a request for a rapid synthesis, the first step is to refine and finalize the **topic and specific questions** in a manner that allows a comprehensive and systematic search for available evidence.

Specific questions to answer at this stage are:

- » scope and wording of the question;
- » timelines;
- » if relevant, number of jurisdictions covered and any organizations relevant to the topic or question;
- » possible merit reviewers.

II

As the next step, a brief **summary or a problem clarification** is drafted, to convey the issue/problem and its causes in relation to:

- (i) a risk factor, disease or condition;
- (ii) a programme, service or drug currently being used;
- (iii) current health system arrangements within which programmes, services and drugs are provided;
- (iv) governance arrangements, financial arrangements and delivery arrangements;
- (v) extent of implementation of an agreed course of action;
- (vi) patients or citizens, e.g. lack of awareness of a free programme;
- (vii) health workers, e.g. lack of adherence to guidelines;
- (viii) organizations, e.g. lack of performance management of staff; and
- (ix) system, e.g. lack of enforcement of regulations.

It is crucial to remember that problem formulation can be an iterative process and adjustments and rephrasing may be requested to ensure a more comprehensive search in various sources.

III

After the problem or question has been finalized and the sources of data have been defined, the **type of the data to be extracted and included** in the analysis is largely defined by the specific focus of the problem:

1. Prioritizing problems and understanding their causes

- » Indicators ⇒ data
- » Comparisons ⇒ administrative database studies or community surveys
- » Framing ⇒ qualitative studies

2. Deciding which option to pursue

- » Benefits ⇒ effectiveness studies
- » Harms ⇒ effectiveness or observational studies
- » Cost-effectiveness ⇒ Cost-effectiveness evaluations
- » Adaptations ⇒ Qualitative (process) evaluations
- » Stakeholders' views and experiences ⇒ Qualitative (acceptability) studies

3. Ensuring the chosen option makes an optimal impact at acceptable cost

- » Barriers and facilitators ⇒ Qualitative studies
- » Benefits, harms, cost-effectiveness, etc. of implementation strategies

4. Monitoring implementation (data) and evaluating impact

IV

The results of the data analysis are presented in a synthesis document with the following proposed outline consisting of seven elements:

- » **Key messages**
- » **Question**
- » **Why this issue is important**
- » **Approach to identifying, selecting and synthesizing evidence**
- » **Findings**
 - Narrative summary
 - Summary tables
- » **References**
- » **Appendices**
 - Summary of searches
 - Summary of findings from systematic reviews
 - Summary of findings from primary studies

While writing the **narrative summary** of the findings, it is recommended to provide an organized overview of the findings from systematic reviews/primary studies/ key informants/policy documents. Paragraphs summarizing the findings from included documents should start with the description of quantity, recency and quality of systematic reviews, and the quantity of other types of documents included.

In presenting the summary tables (Annex 3), it is crucial to organize the findings from systematic reviews/primary studies/key informants and policy documents, and present the key findings from each document. Tables could be organized in a number of ways: (i) with the type of option/intervention as rows and outcomes of interest as columns; (ii) using a framework identified from the literature; (iii) by jurisdiction and system/programme features for a systems analysis.

3.2. SEARCHING FOR EVIDENCE: SOURCES OF DATA

Michael Wilson, McMaster University, Canada and **Liliya Ziganshina**, Kazan State University, Russia

The first recommended source of evidence for a rapid synthesis is systematic literature reviews. In addition to the scientific rigour and the credibility they offer, there are a number of further advantages specific to the rapid synthesis. If the objective of the synthesis is to **describe the effectiveness** of a certain option, using systematic reviews as the source of evidence (i) reduces the likelihood that policy-makers and stakeholders are misled by research, and (ii) increases confidence among policy-makers and stakeholders about what can be expected from an intervention. If the objective is to **clarify problems** or **frame options**, choosing systematic reviews over single studies (i) allows policy-makers and stakeholders to focus on assessing the local applicability of systematic reviews, instead of having to find available research evidence on their own and collect other types of evidence; and (ii) allows stakeholders, including public interest or civil society groups, to constructively discuss research evidence, because it is laid out for them in a more systematic and transparent way.

Systematic reviews can be conducted for all types of studies. Administrative database studies and community surveys help to place a problem in comparative perspective. Effectiveness studies help to describe an option's likely benefits, while observational studies help to describe an option's likely harms. Additionally, qualitative studies help to understand the meanings that individuals or groups attach to a problem, how and why an option works, and stakeholders' views and experiences with an option.

While conducting the search, remember that:

- ◆ Being systematic means undertaking searches of these databases with close attention to detail.
- ◆ Being transparent means documenting all searches and the results so that there is a clear trail record of what was done, what was found and when the work was done.

SEARCH IN ENGLISH

The choice of databases is generally driven by the question of a rapid synthesis and the area of practice it concerns. The table below provides an overview of recommended sources of evidence by thematic areas.

| THEMES | SOURCES | COMMENTS |
|---|---|--|
| Clinical programmes, services or drugs | (i) Cochrane Library | (a) Systematic reviews of effects as evidence about benefits and possibly harms; (b) Protocols of reviews of effects; (c) Economic evaluations for evidence on costs and cost-effectiveness |
| | (ii) PubMed (Health Services Research Queries filter) | Individual studies and systematic reviews |
| Public health programmes and services | (i) Cochrane Library | Systematic reviews |
| | (ii) PubMed | Individual studies and systematic reviews |
| | (iii) Health Evidence | Systematic reviews of effects – for evidence on benefits and harms |
| Health system arrangements or implementation strategies | (i) PubMed | Individual studies and systematic reviews |
| | (ii) Health Systems Evidence (HSE) | (a) Systematic reviews of effects – for evidence on benefits and harms; (b) Other systematic reviews – for evidence on harms, process evaluations and acceptability; (c) Economic evaluations – for evidence on costs and cost-effectiveness |
| Social system arrangements or implementation strategies | (i) Social Systems Evidence (SSE) | (a) Evidence on strengthening 20 government sectors and programme areas, as well as achieving the Sustainable Development Goals; (b) Systematic reviews of effects, economic evaluations and a range of other areas |
| | (ii) Social Science Abstracts | Abstracts and indexed articles on applied and theoretical aspects of the social sciences |
| | (iii) Web of Science | Individual studies and systematic reviews |
| | (iv) ERIC | Education literature and resources |
| | (v) EconLit | Economic literature |

SEARCH IN RUSSIAN

While the sources presented above provide ample opportunities to search for scientific evidence of any scope and theme, they may not be widely accessible for researchers and practitioners in some countries in Eastern Europe and Central Asia where historically the knowledge of English is not widespread and researchers and policy-makers feel more comfortable using Russian. Another remark that arose during the meeting concerns the disproportionately low rates of scientific publications in international journals by researchers from former Soviet countries, which is also supported by the literature (11–13). It was also noted by meeting participants that policy-makers may consider evidence syntheses based on studies conducted exclusively outside their countries as less applicable or relevant. Hence, an opportunity to conduct a literature search in the Russian language not only addresses the two issues described above, but can also significantly enrich the search results by including relevant studies published in Russian language journals.

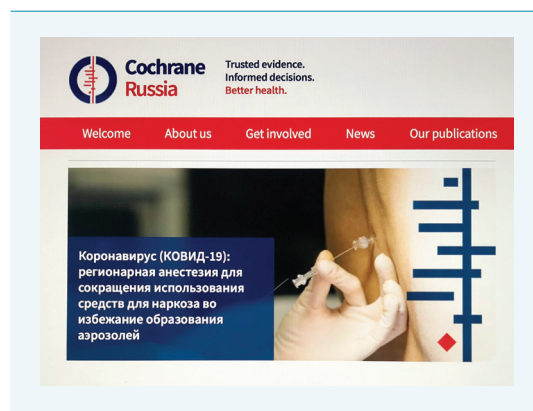
For a search of systematic reviews published in Russian, there are currently two main options: (i) the [Cochrane Russia](#) website that provides a Russian translation of Cochrane reviews; and (ii) search in Russian databases or individual journals adding the “systematic review” combination next to the search terms.

As a branch of the Nordic Cochrane Centre, [Cochrane Russia](#) is an independent research, information and education centre established in 2015 at the Kazan Federal University.

It is a member of the Cochrane translations network, and facilitates and supports translation of summaries of selected Cochrane reviews. By February 2020, Cochrane Russia boasted of 2450 translated summaries of Cochrane reviews amounting to 20% of translated Cochrane reviews.

Other main databases of research evidence published in the Russian language are presented in the table below.

(i) [elibrary.ru](#): a leading electronic database of scientific periodicals in Russian in the world, elibrary offers the most comprehensive search options of all Russian language databases. With the electronic versions of more than 5600 Russian scientific journals, 29 million publications are available in the database. Initially created with the aim of providing Russian-speaking scientists with electronic access to international scientific publications, in 2005, [elibrary.ru](#)



started working with Russian-language publications and has since then grown into a major electronic database of evidence published in Russian.

(ii) [Federal Electronic Medical Library](#) is an open access electronic database of the medical scientific literature based on the resources of the library at the First Moscow State Medical University.

(iii) [WHO Documentation Centre in Russia](#) at the Central Public Health Research Institute, Ministry of Health, Russian Federation, is an electronic database containing scientific literature in Russian, English, French and German, with full texts available for download.

Other potential sources of research evidence in the Russian language are subject matter journals or periodicals of various research and academic institutions. While they can contain important publications relevant to the question of a rapid synthesis, poor accessibility to those articles due to a paper-only publication strategy may prevent researchers from including them in the synthesis.

3.3. APPRAISING EVIDENCE: AVAILABLE TOOLS

Michael Wilson, McMaster University, Canada and **Liliya Ziganshina**, Kazan State University, Russia

The quality of a systematic review is an important criterion to be considered in the rapid synthesis process. In view of the exponentially growing number of systematic reviews and their popularity as a tool for EIP and practice, academics and decision-makers raised the question of variation in quality and empirical validation of systematic reviews.

[AMSTAR](#), A MeaSurement Tool to Assess systematic Reviews, was developed (i) to create valid, reliable and useable instruments that would help users differentiate between systematic reviews, focusing on their methodological quality and expert consensus; and (ii) facilitate the development of high-quality reviews. Ultimately, this tool aims to support decision-makers to best utilize a vast amount of systematic reviews available to them.

The AMSTAR tool rates the methodological quality of systematic reviews on a scale from 0 to 11, based on the answers to 11 questions.

The AMSTAR questions:

1. An “a priori” design provided?
2. Duplicate study selection and data extraction?
3. Comprehensive literature search performed?
4. Status of publication NOT used as an inclusion criterion?
5. List of studies (included and excluded) provided?
6. Characteristics of included studies provided?
7. Scientific quality of included studies assessed?
8. Scientific quality of included studies used appropriately in formulating conclusions?
9. Methods used to combine study findings appropriate?
10. Likelihood of publication bias assessed?
11. Conflict of interest stated?

Each positive answer receives one point, making thus 11/11 the highest quality of a systematic review. For all applicable criteria taken together, a score of 8–11 means “high quality”; a score between 4 and 7 is considered “medium quality”, with reviews scoring 0–3 being “low quality”.

While a high AMSTAR score means that the systematic review was conducted to a high standard, the synthesized evidence may still leave the question unanswered. The “high quality” review may, for instance, not contain eligible studies, or may have included studies of low quality. To address the issue of the quality of evidence, the [GRADE](#) approach – Grading of Recommendations Assessment, Development and Evaluation – rates the quality of the health evidence, as opposed to the quality of the systematic review.

Finally, it is critical to have an overview of international databases and local sources to ensure that the most comprehensive search of available evidence has been included in a rapid synthesis.

3.4. CONSOLIDATING THE LEARNING: A PRACTICAL EXERCISE

Michael Wilson, McMaster University, Canada

On Day 1, participants proposed a number of themes to be used for the simulation exercise on drafting rapid syntheses. Four groups were formed based on participants' interest in the topics:

Group 1: Effects of task-sharing in primary health care: delegating selected responsibilities of medical doctors to nurses

Group 2: Indoor pollution and chronic obstructive pulmonary diseases (COPD) in Kyrgyzstan: preventive measures

Group 3: Prevention of obesity in adolescents: effective measures

Group 4: Prevention of iron deficiency anaemia in pregnant women as a measure to reduce maternal and perinatal morbidity and mortality.

Over the course of three days, under the close guidance of facilitators, the four groups revised and refined their selected themes, conducted data searches in real time, extracted data using the provided summary tables, and assessed the quality of the collected data using the AMSTAR tool. Some groups progressed far enough to discuss the potential policy options to be included in their respective draft synthesis documents. On Day 3, the groups presented the results of their practical exercise and shared their feedback on the rapid syntheses tool.

Participants highly appreciated the opportunity to learn a new decision-making tool based on research evidence, as well as the guidance for identifying and utilizing credible sources of the best available scientific data in English and Russian. For many, this was the first experience of learning a systematic and evidence-informed approach to decision-making and policy formulation. For some, knowledge about the available data sources and search engines was also new. Finally, working in groups together with peers from other countries was reported to have added value to the learning process. Meeting participants unanimously highlighted EIP gaps in individual and institutional capacities of their respective countries, and acknowledged the opportunities EVIPNet Europe can offer in this respect.

“A rapid synthesis is an absolutely necessary tool for Kyrgyzstan. I am convinced that we cannot develop progressive health policies without tools such as this.

Application of systematic approaches to decision-making should become a tradition, a new norm for both policy-makers and researchers in our region. And we should strive to create a system where policy-makers and researchers work as one team.”

Professor Talantbek Sooronbaev
Deputy Chairperson, Scientific and
Technical Council, Ministry of
Health, Kyrgyzstan

4. EVIPNET IN THE REGION: NEXT STEPS

Two of the four objectives set for the multicountry meeting in Bishkek were to strengthen Network-wide communication and collaboration, as well exchange experiences and ideas with regard to approaches that foster EIP at the country level. Institutionalization of EVIPNet Europe and its EIP activities in Member countries can create an enabling environment for strengthening national capacities in EIP. A number of sessions fostering a discussion around existing opportunities for and challenges to EIP, stakeholder landscapes and future actions to institutionalize KTPs in attending countries were conducted on Day 3. This section of the report contains a brief summary of the exercises and main discussions about the future steps within EVIPNet work.

4.1. SWOT ANALYSIS OF THE EIP LANDSCAPE AND EIP WORKPLAN

Tanja Kuchenmüller, Marge Reinap, Akbar Suvanbekov
Knowledge Management, Evidence and Research for Policy-Making
Division of Information, Evidence, Research and Innovation

Prior to the meeting, countries were asked to undertake a SWOT analysis of the EIP situation in their respective countries. This was done to better understand each country's opportunities and needs in EIP, and direct future support towards priority areas. The collated table with summarized results was presented on Day 3, and participants were invited to add any missing elements. Meeting participants were asked to reflect on the EIP landscape in their respective countries using the following criteria:

Internal capacity: an assessment of internal capacity helps to identify a country's KT capabilities: the existing resources of the health sector that can be and are used to foster research utilization in decision-making (strengths) and current problems (weaknesses).

External environment: real examples of success in the country and their context. A number of questions to help think through these issues might include the following:

- ◆ What type of evidence-informed policy activities exist in our country? Have they been successful?
- ◆ What types of policy-influencing skills, capacities, infrastructure and resources exist in our country?
- ◆ Who are the main actors who foster the use of research evidence in policy-making?

The figure below presents the collated and updated table with the SWOT analysis results.

| Strengths | Weaknesses |
|--|---|
| <ul style="list-style-type: none"> » Demonstrated political will to adopt EIP » WHO support Secretariat and Country Offices » Institutions and structures that can support EIP » Financial support of EIP (selected countries) » National strategies based on international guidelines » Legal framework for EIP in almost all countries » Effective Health Information Management Systems » Scientific and technical committees in most countries | <ul style="list-style-type: none"> » Lack of incentive or encouragement to adopt EIP » Lack of funds to adopt EIP » Low dissemination of research results » Lack of EIP capacity among policy-makers » Poor coordination between sector ministries » No established mechanisms for use of evidence for decision-making » Limited human resources for EIP » No culture of health research and clinical trials » No culture of dissemination and uptake of scientific evidence |
| Opportunities | Threats |
| <ul style="list-style-type: none"> » Available funding (selected countries) » Support from international EIP advocates » Public accountability for effective EIP processes » EVIPNet/WHO guiding documents and training » Improved research culture » Evaluation/assessment of health systems by international partners » Regional TDR Training Center in Astana » Continuous lobby of EIP by EVIPNet members in countries | <ul style="list-style-type: none"> » Lack of public funding and political will » Lack of coordination of EIP activities » Lack of public engagement in decision-making » Lack of political stability and efficiency » Lack of local reliable information » Brain drain of limited national EIP capacities » Low interest of decision makers in use of evidence » Fake news and unreliable information on the internet |

It is worth noting that most of the countries share a set of common weaknesses and threats, mainly associated with limited human and financial capacities for KT and lack of clear mechanisms for using scientific evidence in decision-making. However, strengths and opportunities differ – in some instances – quite dramatically. For instance, while most countries reported a lack of funds for any EIP activities among their key weaknesses, some countries mentioned significant budget allocations specifically for EBPs. Further differences between participating countries were demonstrated by the fact that “Political will to implement EIP” is equally reported as being a *strength* for some, and a lack thereof – or weakness, for others.

The updated table with SWOT analysis results is being used by meeting participants as the basis for their EVIPNet workplan for 2020–2021 and to further reflect on future KT activities. Participants have been asked to think about realistic opportunities and activities within the Network for a period of two years. It was recommended that upon their return, country delegates discuss their proposed workplan with respective WHO country offices and national EIP stakeholders before submitting this to the WHO Secretariat of EVIPNet Europe.

4.2. EIP STAKEHOLDER MAPPING

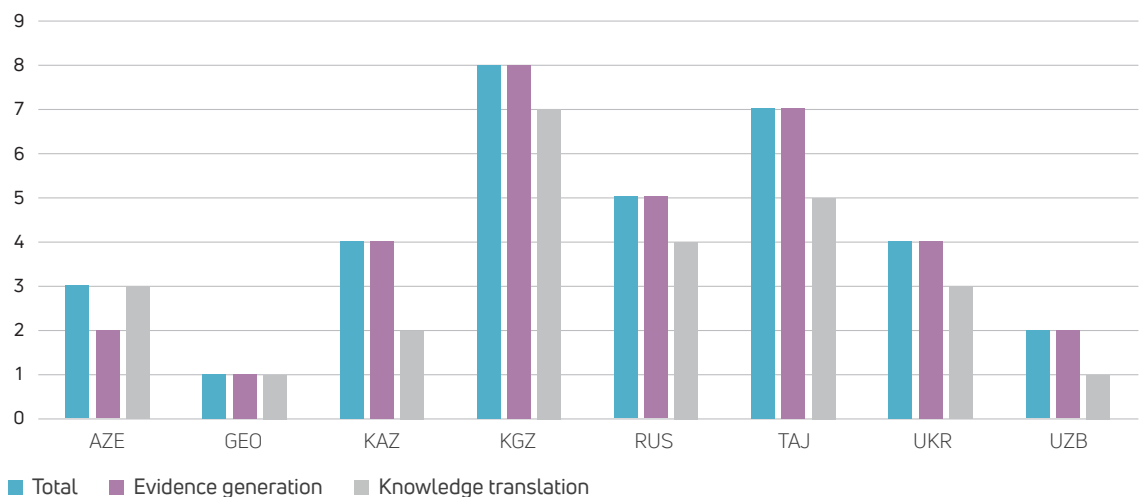
Akbar Suvanbekov, Knowledge Management, Evidence and Research for Policy-Making, Division of Information, Evidence, Research and Innovation

Building and consolidating a culture and practice of evidence-informed policy formulation requires engagement of a wide range of sectors, organizations and individuals. To ensure that the Network's efforts contribute to systematic and comprehensive development and growth of the EIP landscape in Member countries, a desk exercise on mapping EIP institutional stakeholders in attending countries was conducted by the WHO Secretariat of EVIPNet Europe. The underlying methodology and sources of information, together with the results of the stakeholder mapping, were presented to participants.

The key messages elicited in the mapping process are as follows: (i) the number of institutions involved in producing and synthesizing evidence for policy-making is very limited; (ii) existing institutions are vulnerable or do not have the capacity to support EIP processes in line with international best practices.

Meeting participants were asked to review the stakeholder mapping results for their respective countries, and provide information on additional stakeholders not captured in the mapping exercises. A group discussion allowed for general questions and queries about the mapping methodology, which were answered by the WHO Secretariat of EVIPNet Europe.

No. of stakeholders active in EIP by country, distinguishing those involved in the generation of evidence, knowledge translation, and both

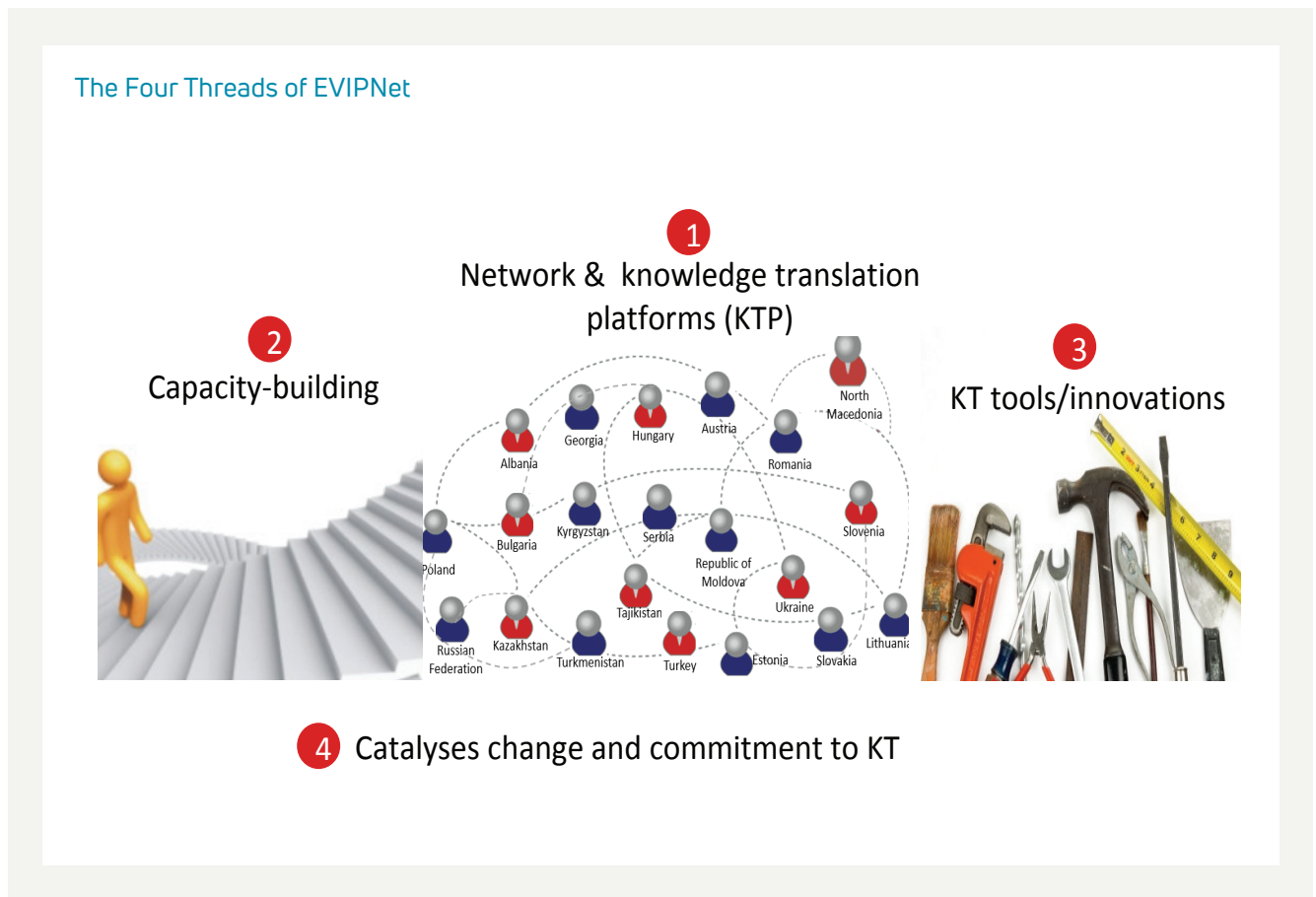


AZE: Azerbaijan; GEO: Georgia; KAZ: Kazakhstan; KGZ: Kyrgyzstan; RUS: Russian Federation; TAJ: Tajikistan; UKR: Ukraine; UZB: Uzbekistan

4.3. EVIPNET EUROPE – INSTITUTIONALIZATION OF R2P

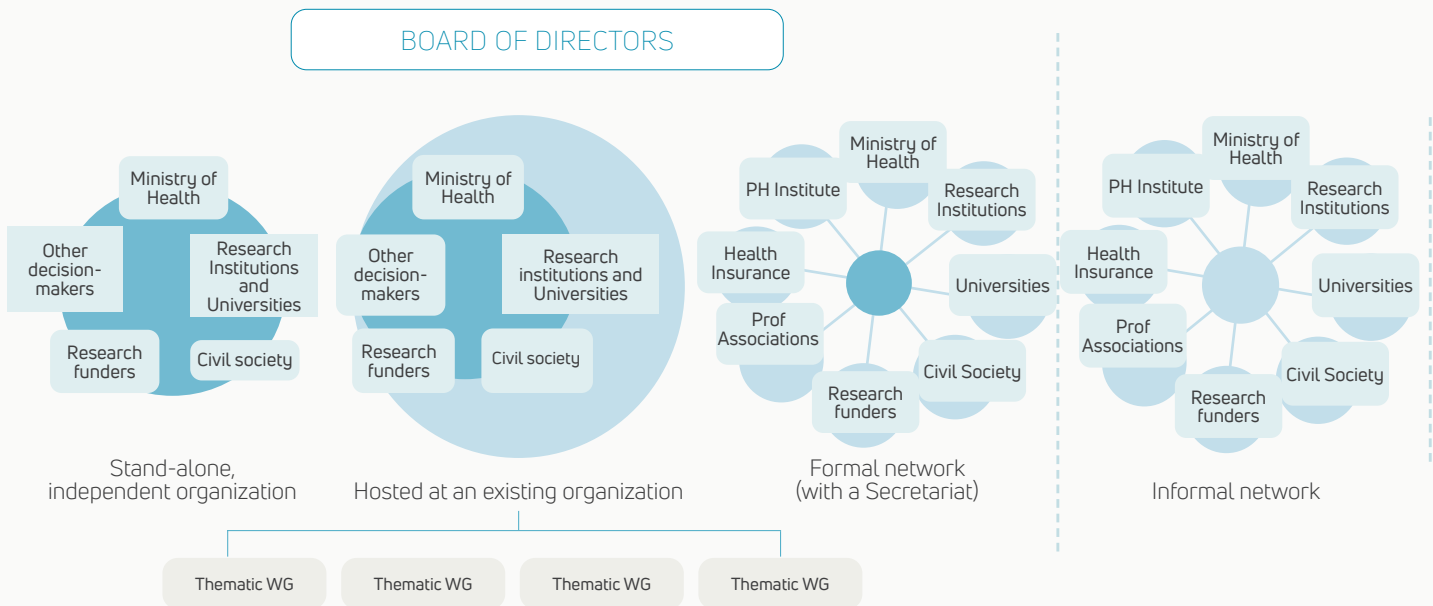
Tanja Kuchenmüller, Unit leader, Knowledge Management, Evidence and Research for Policy-Making, Division of Information, Evidence, Research and Innovation

One of the long-term goals of EVIPNet is to build – along with individual capacity – national institutional capacity of Network members in EIP formulation. The structure of the Network consists of four main threads of work (see figure below) and offers opportunities to strengthen both individual and institutional capacities equally.



Institutionalization of EIP at the country level depends, on the one hand, on the Network’s activities, and on the other, on the availability of and capacities for a national KTP. The latter does not have a standard recommended form, shape or composition. WHO does not prescribe a specific structure for a KTP; it does, however, recommend starting from an SA of the environment in a country. The results of the analysis can inform the choice of the most appropriate approach to institutionalizing KTP from the four available options:

Possible KTP structures



Regardless of its structure, a KTP should have three major functions: (i) as a knowledge manager; (ii) a linkage agent; and (iii) a capacity builder. The three main groups of activities it usually performs include: (i) assessments – SA, policy analysis; (ii) communication and advocacy – EBP/PD, media communication; and (iii) monitoring and evaluation: self-assessment and external assessment.

The input session was used as a guide for meeting participants to discuss which of the four KTP structures would be the most appropriate for their respective countries. In the exercise that followed, participants were asked to discuss and share with the group (i) their understanding of the definition

of KTP institutionalization, and (ii) the necessary resources and conditions to facilitate its institutionalization. A summary of the discussion is presented in the table below.

Institutionalization of KTPs

| Definitions of institutionalization | Requirements and conditions |
|---|--|
| Designated institutes with clear roles and responsibilities for policy-making | Legislation and guiding documents prescribing knowledge translation |
| Processes and practices of knowledge translation and utilization of evidence defined in national policies | Clear KTP mechanisms and standardization of processes Institutions and networks to implement the functions of a KTP |
| Institutions and people, established methodologies and regular budgetary allocations for EIP | Regular and secure funding for EIP Continuous capacity-building measures and advocacy |
| A clear structure of a KTP, assigned knowledge translation roles and accountability | Reducing the gap between research institutions and policy-makers Ensuring political will for EIP |

With this last exercise, participants concluded the discussion of the overall approaches and concrete steps that could be taken to foster and strengthen national capacities for evidence-informed decision-making.

CONCLUSIONS

Meeting organizers received genuinely positive feedback from participants and observers on the programme, delivery mode and outputs of the meeting. The opportunities to learn from the EIP experience of neighbouring countries were sincerely appreciated. A guided exercise on conducting a rapid synthesis of research evidence to inform policy decisions was mentioned as a highlight and an important output of the meeting.

Discussions demonstrated that EVIPNet members in Eastern Europe and Central Asia acknowledge the importance of evidence-informed decision-making in their respective countries. They also recognize the existing KT deficit and gaps in their national capacities and legal framework for EIP. As a result of joint efforts during the meeting in Bishkek to complete the EIP landscapes, update the results of the SWOT analysis and outline potential approaches for KTP institutionalization in their respective countries, country delegations left the meeting with a clearer picture of short-term actions and mid-term plans.

It is anticipated that the next multicountry meeting for the same group of countries will take place in late 2020 in Uzbekistan. Proposed activities and opportunities discussed during the meeting in Bishkek would therefore shape the agenda of the next meeting.

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ANNEX 1. MEETING PROGRAMME

TUESDAY, 18 FEBRUARY 2020

08:30–09:00 Registration

09:00–09:15 **Session 1: Welcome and opening**

Ministry of Health of Kyrgyzstan, WHO Country Office, WHO Secretariat of EVIPNet Europe

09:15–9:55 **Session 2: Introduction to EVIPNet Europe and its tools**

Tanja Kuchenmüller, WHO Secretariat

9:55–10:40 **Session 3: Cultural context of health and evidence-informed policy-making (EIP)**

Andrea Scheel, WHO Secretariat

10:40–11:10 Coffee/tea break

11:10–12:00 **Session 4:**

a) Situation analysis to improve evidence-informed health policy-making in Kyrgyzstan

Akbar Suvanbekov, WHO Secretariat

b) EVIPNet in Kazakhstan: the experience and lessons learnt of the development of the situation analysis

Vitaliy Koikov, Republican Centre for Health Development, Kazakhstan

12:00–12:30 **Session 5: Developing EBP “Informing amendments to the alcohol control legislation directed at reducing harmful use of alcohol in the Republic of Moldova”**

Marcela Tirdea, Ministry of Health, Moldova

12:30–13:30 Lunch break

13:30–14:10 **Session 6: Importance of conducting rapid syntheses to inform policy and their importance for rapid-learning health systems**

Michael Wilson, McMaster University, Canada

14:10–15:00 **Session 7: Practical session on refining a question for a rapid synthesis, clarifying the problem and finding systematic reviews**

Michael Wilson, McMaster University, Canada

Liliya Ziganshina, Kazan State University, Russia

15:00–15:15 Coffee/tea break

15:15–17:30 **Session 8: Practical session on producing a rapid synthesis**

Michael Wilson, McMaster University, Canada

17:30–17:35 Wrap-up

DAY 2: WEDNESDAY, 19 FEBRUARY 2020

09:00–09:05 **Outlook on Day 2**

09:05–11:45 **Session 9: Practical session on appraising systematic reviews and producing rapid syntheses**

Michael Wilson, McMaster University, Canada

Liliya Ziganshina, Kazan State University, Russia

10:45–11:00 Coffee/tea break

11:45–12:30 **Session 10: SWOT analysis of the EIP landscape and EIP workplan**

Tanja Kuchenmüller, Marge Reinap, Akbar Suvanbekov, WHO Secretariat

12:30–13:30 Lunch break

13:30–14:30 **Session 10 (continued)**

14:30–15:30 **Session 11: Stakeholder mapping in the CIS countries**

Akbar Suvanbekov, WHO Secretariat

16:00–20:00 Social activity followed by dinner

DAY 3: THURSDAY, 20 FEBRUARY 2020

09:00–09:05 **Outlook on Day 3**

09:05–10:30 **Session 12: Practical session on producing a rapid synthesis**

Michael Wilson, McMaster University, Canada

10:30–11:00 Coffee/tea break

11:00–11:45 **Session 12 (continued)**

Michael Wilson, McMaster University, Canada

11:45–12:30 **Session 13: Presentation and feedback on rapid syntheses**

Michael Wilson, McMaster University, Canada

12:30–13:30 Lunch break

13:30–14:15 **Session 14: Cochrane Russia working for knowledge translation: experiences and lessons learned contributing to the EIP in the Region**

Liliya Ziganshina, Kazan State University, Russia

14:15–15:45 **Session 15: EVIPNet Europe – institutionalization of EIP**

Tanja Kuchenmüller, WHO Secretariat

15.45–16.00 Wrap up and closing

ANNEX 2. LIST OF PARTICIPANTS

Evidence-informed Policy Network (EVIPNet)

Europe Multicountry Meeting for Eastern Europe and Central Asia on using research evidence for policy-making

Bishkek, Kyrgyzstan
18–20 February 2020

17 February 2020
Original: English

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ANNEX 3: SUMMARY OF SEARCHES CONDUCTED TO IDENTIFY EVIDENCE FOR THE RAPID SYNTHESIS

- ◆ Links to searches run in some databases (e.g. Health Systems Evidence, Social Systems Evidence and PubMed) can be copied and pasted and the link will take you back to the same search again in the future.
- ◆ Some databases allow you to save your searches and/or receive updates about them periodically (e.g. Health Systems Evidence).
- ◆ PubMed has a helpful clipboard function that you can use to separate out relevant records that you have put a tick mark beside (just click on “send to” at the top of the search results page and select clipboard).

| Search | What did you search for? | What database did you search? | What search strategy did you use? |
|--------|---|---|--|
| 1 | <p>Enter either:</p> <ul style="list-style-type: none"> 🔗 Comparisons to establish the magnitude of the problem 🔗 Framing that will motivate different groups 🔗 Benefits 🔗 Harms 🔗 Local costs or cost-effectiveness 🔗 Adaptations that might be made 🔗 Stakeholders’ views and experiences 🔗 Barriers to (or facilitators of) the successful implementation of an option | <p>Enter either:</p> <ul style="list-style-type: none"> 🔗 Cochrane Library 🔗 Health Evidence 🔗 Health Systems Evidence 🔗 PubMed 🔗 Social Systems Evidence 🔗 (other databases as needed) | <ul style="list-style-type: none"> 🔗 For the Cochrane Library, specify the combination of search terms entered 🔗 For Health Evidence, specify the search categories used and/or the search terms used 🔗 For Health Systems Evidence, list the: <ul style="list-style-type: none"> — governance, financial and delivery arrangements and implementation strategy topic categories searched, or — search terms used and the fields that were searched, or — search limits used 🔗 For PubMed, specify the search category used (process assessment, outcome assessment or qualitative research) and the combination of search terms entered |

ANNEX 3 contd

| Number of results returned | Number of pages scrolled (or records reviewed) | Citations of relevant studies or reviews that were identified (or number identified with full citations included in the data extraction tables) | Date search was conducted |
|----------------------------|--|---|---------------------------|
| | | | |

THE WHO REGIONAL OFFICE FOR EUROPE

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health.

The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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