World Health Organization
REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe   EUR/RC68/8(H)

68th session

Rome, Italy, 17–20 September 2018   6 August 2018

180406

Provisional agenda item 5(o)   ORIGINAL: ENGLISH

Progress report on implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region

This report provides an overview of implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region, in line with resolution EUR/RC66/R12.

It is submitted to the 68th session of the WHO Regional Committee for Europe in 2018.

Contents

Background: the need for strengthened action in Europe

1.   With the adoption of resolution EUR/RC66/R12 at its 66th session, the WHO Regional Committee for Europe called on Member States to strengthen the use of evidence, information and research for policy-making in the WHO European Region; this would, in turn, catalyse achievement of the health-related United Nations Sustainable Development Goals (SDGs) and implementation of the Health 2020 policy framework.

2.   Evidence is of limited value until applied within policy and practice to improve the health and well-being of individuals and populations. Moreover, health information and evidence often make only a small contribution to policy-making, because a wide variety of other competing factors also influence policies at the individual, organizational and system levels. Evidence-informed policy-making (EIP) aims to ensure that the best available data, information and research evidence are used to formulate policies for improving the health of individuals and populations. This type of policy-making is a core function of WHO and is supported by World Health Assembly resolutions WHA58.28, WHA58.34, WHA60.27 and WHA66.24, and decision WHA66(12).

3.   As requested in resolution EUR/RC66/R12, this report provides an overview of the progress made since the 66th session of the Regional Committee with regard to implementing the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the European Region.

Overview of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region

4.   As the only WHO action plan on this topic globally, the long-term vision of the Action Plan is to contribute to reducing health inequalities and improve the health status and well-being of individuals and populations within the Region. Thus, its purpose is to consolidate, strengthen and promote the generation and use of multidisciplinary and intersectoral evidence for health policy-making, in alignment with the health-related SDGs and the Health 2020 policy framework.

5.   Four action areas were adopted in the Action Plan to serve as general guidance for promoting the systemic changes needed to achieve the plan's long-term vision and goals. At the direct request of Member States, the European Health Information Initiative (EHII) provides the overarching framework for this work, including the four key action areas, which are outlined below. The Action Plan defines the expected results, deliverables and key indicators for each action area.

Action area 1: strengthening national health information systems, harmonizing health indicators and establishing an integrated health information system for the WHO European Region

6.   The Action Plan establishes EHII as the framework for coordinating and implementing the activities outlined in the plan. EHII is a multipartner network coordinated by the WHO Regional Office for Europe; it supports the integration and sharing of existing knowledge,

expertise and good practices in the area of health information and is the key vehicle for integrating and harmonizing health information within the European Region. EHII membership has grown rapidly since the Action Plan was adopted. As of June 2018, EHII had 39 participants, mostly WHO Member States along with several non-State actors and charitable foundations, the European Commission and the Organisation for Economic Co-operation and Development. As of June 2018, the EHII Steering Group had met 10 times to review progress and to implement its workplan regarding the growing number of activities related to health information in the Region.

7. Almost the entire European Region is now involved in health information activities through subregional and thematic health information networks that are part of the EHII framework. To date, several new subregional and thematic health information networks have been established to support Member States' efforts to harmonize health information and to exchange experiences on specific topics. Within the European Region, 44 Member States participate in and contribute to at least one of the health information networks, including 14 in the European Burden of Disease Network; nine in a new health information network set up within the South-eastern Europe Health Network; eight in the Small Countries Health Information Network; and five in the Central Asian Republics Information Network. A new health information network on measuring health literacy has also been established under the aegis of EHII and the chairmanship of the Austrian Government.

8. As requested in the Action Plan, the Regional Office provides advice and assistance to Member States in establishing governance mechanisms for health information systems and e-health,[1] and in developing, assessing and evaluating strategies and policies to support these. The assessment approach to health information systems – as outlined in the support tool to assess health information systems and develop and strengthen health information strategies – has been piloted in seven countries so far. Member States are increasingly requesting combined health information systems and e-health assessments to ensure that health information and digital health are strategically and coherently addressed within national contexts. The Regional Office has discussed findings and recommendations from the assessments with individual Member States. The support tool is currently being revised on the basis of advice from a subgroup of the EHII Steering Group, as well as the experience gained from national pilots and the joint health information system and e-health assessments. The Regional Office has actively promoted the assessment of health information systems and e-health by training health information experts at national workshops on the use of specific tools, and by including modules on the development of health information and e-health strategies at flagship courses such as the Autumn School on Health Information and Evidence for Policy-making and the follow-up Advanced Course.

9. Between 2016 and 2018, participants from a total of 30 Member States attended the Autumn School on Health Information and Evidence for Policy-making and/or the Advanced Course. These flagship capacity-building courses continue to receive high-level ministerial support from host Member States and consistently receive high scores in course evaluations. The Autumn School curriculum is continuously reviewed and revised to reflect health information developments in the Region (such as health information management in emergencies, in collaboration with the Regional Office Health Emergencies Programme, and measurement and analysis of disease burden), and the Advanced Course is adapted to respond

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[1] The terms e-health and digital health are used interchangeably in this report, reflecting their evolution and the discussion among Member States at the Seventy-first World Health Assembly.

to the specific interests of each cohort. A more detailed evaluation of the 2017 Advanced Course highlights the positive impact of these courses in promoting and building collaboration among Member States.

10. Capacity-building has also taken the form of workshops held in individual Member States on specific topics, including health information system assessment (the former Yugoslav Republic of Macedonia); quality assurance and analysis of mortality statistics (Georgia, Republic of Moldova); and the European Health Information Gateway and its tools (Russian Federation).

11. After collaborating with individual Member States to analyse national data, the Regional Office has started to produce twin publications reporting on the health situation in the European Region: individual country profiles of health and well-being and highlights on health and well-being. Five sets of publications have been issued to date, for Bulgaria, Georgia, Greece, Republic of Moldova and Slovenia. Demand is increasing for the collaborative production of these twin publications, and four more sets – for Malta, Russian Federation, Serbia and Turkey – are being prepared for 2018.

12. In 2017, an updated analysis of the qualitative Health 2020 policy indicators reported remarkable progress by Member States in aligning national policies with Health 2020 and introducing accountability mechanisms. Furthermore, the Regional Office is preparing the European health report 2018, which will not only describe the health situation and trends within the Region but discuss examples of specific actions that Member States and the Regional Office can undertake to fully implement the Action Plan.

13. The Region's essential health indicators have also been reported in the annual Core Health Indicators for 2016 and 2017, as well as through electronic tools, such as the WHO European health statistics mobile app and the European Health Information Gateway. The Gateway has rapidly expanded the data integrated into the Regional Office's Data Warehouse, including new data sets for a wide range of topics, such as antimicrobial resistance, child and adolescent health, emergency preparedness and nutrition. These developments are the result of collaboration within the Regional Office under the leadership of the Gateway coordinating team within the Division of Information, Evidence, Research and Innovation; this collaboration has increased both the integration of information within the Regional Office and its transparent dissemination to Member States and the public. Several upgrades have made it easier to search the Gateway, and have improved visualization of the information. The Health for All explorer, for example, is a new tool that enables integrated search and exploration across more than 1500 indicators in the Health for All database. Since its public launch in March 2016, use of the Gateway has tripled as a result of campaigns and video tutorials, as well as a country workshop on using the Gateway and its tools (Russian Federation). Further enhancements to the Gateway and its portfolio of tools are planned for 2018. A more detailed analysis of how use of the Gateway has changed and expanded, including an outline of midterm plans for its development, has been published.

14. In accordance with the Action Plan, the Regional Office has acted to support the harmonization of health-related indicators in the European Region. Under the supervision of the EHII Steering Group, the first phase of a mapping exercise has been completed, the aim of which was to identify and compare items in the six indicator sets most commonly used in the Region. On the basis of these results, a subgroup of the EHII Steering Group will advise on the second phase of the mapping exercise, which will comprise a detailed analysis of the most

commonly used indicators in the Region to identify the core characteristics that can help to harmonize the definitions of health-related indicators. Coordination by the EHII Steering Group will ensure complementarity with similar exercises undertaken by the European Commission's Joint Action on Health Information and the Commonwealth of Independent States' health information network.

15.   The Regional Office has assisted Member States in streamlining their reporting to international organizations, specifically by taking steps to identify a common set of indicators for the European Region. In accordance with resolution EUR/RC67/R3, adopted at the 67th session of the Regional Committee in September 2017, the Regional Office convened an expert group in November 2017 to review and propose a common set of indicators for a joint monitoring framework for Health 2020, the SDGs and the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. The expert group agreed on criteria to determine which indicators from these three frameworks should be included in a common indicator set, and then proposed a list of 40 indicators for inclusion, along with additional consultation questions. An update from the expert group meeting was well received by the Standing Committee of the Regional Committee in November 2017. The proposal was circulated to Member States for consultation in the first quarter of 2018 and is being recommended for adoption at the 68th session of the Regional Committee for Europe.

16.   New data and information sources were also discussed at the 67th session of the Regional Committee, during a technical briefing on big data in public health. At the briefing, the Member States in attendance requested that the Regional Office further define the use of big data in public health. The Regional Office will work on this task in 2018, with the aim of developing a strategy on, and establishing a high-level task force for, big data for public health in the Region. In line with the commitment set forth in the Action Plan, the Regional Office has also continued to engage with international organizations in the area of health information and coordination. Together with the European Commission and the Organisation for Economic Co-operation and Development, the Regional Office presented a technical briefing at the 67th session of the Regional Committee, highlighting the ongoing collaboration between the three agencies and the opportunities that they have identified to increase their cooperation. Member States provided feedback on the aspects of collaboration that they find most useful. They expressed strong satisfaction with the level of collaboration and appreciation for the efforts already made to reduce the reporting burden and to harmonize and integrate health information in Europe.

17.   The Regional Office, in collaboration with the Maltese Ministry for Health, the European Commission and HIMSS-CHIME International (a partnership between the Healthcare Information and Management Systems Society and the College of Healthcare Information Management Executives), delivered the highly successful E-Health Week conference in Malta in May 2017, which was held during the Maltese Presidency of the Council of the European Union. The Division of Information, Evidence, Research and Innovation of the Regional Office brought together staff from several divisions to deliver a number of conference sessions that focused on public health, highlighting the impact of data on individual health and the role of e-health in strengthening evidence-based information for health policy.

Action area 2: establishing and promoting national health research institutes and systems to support the setting of public health priorities

18.   Action area 2 aims to enable Member States to develop national research programmes and to gather context-specific knowledge to support the evaluation and improvement of their health systems and programmes. In this regard, Turkmenistan has led national efforts to develop a health research strategy. In 2016 the Division of Information, Evidence, Research and Innovation received a request from the Ministry of Health of Turkmenistan to assess the country's current status and opportunities to strengthen its national health research system. The assessment identified: key national stakeholders in health research; financial resources and their allocation; health research coordination and mechanisms at both national and subnational levels; and knowledge translation activities. Findings included the identification of opportunities and areas for improvement, which are expected to feed into the subsequent development of a national health research strategy in Turkmenistan.

19.   In line with the Action Plan recommendations for specific actions that Member States should undertake, the Regional Office has produced a number of peer-reviewed Health Evidence Network (HEN) reports in collaboration with all other divisions of the Regional Office; these reports provide detailed analyses and policy considerations for policy-makers on key public health issues. One notable example is HEN synthesis report 49, *Cultural contexts of health: the use of narrative research in the health sector*, which demonstrates to public sector policy-makers how narrative research can highlight important local contexts and thereby provide a platform for more relevant policy considerations. The report received recognition as "highly commended" in the public health category at the 2017 British Medical Association medical book awards.

20.   The HEN synthesis reports have long been recognized as core evidence for public health decision-making in the European Region. HEN has been serving public health decision-makers since 2003 and supporting them to make use of the best available evidence in their decision-making to ensure that links are made between evidence, health policies and improvements in health. The HEN synthesis report series summarizes what is known about a particular policy issue, gaps in the evidence and areas under debate. Based on the synthesized evidence, HEN proposes policy considerations (as opposed to recommendations) for policy-makers to consider when formulating their own recommendations and policies. So far, 18 HEN synthesis reports have been published in the areas of migration and health, cultural contexts of health, vaccination, tuberculosis, social determinants of health, and EIP. HEN synthesis reports are often developed and published in English and Russian, two key languages for the Region, and involve end-users in peer reviews to ensure that the reports are relevant, readable and applicable. The reports are indexed in the National Center for Biotechnology Information Bookshelf in the United States of America and are searchable and available via the PubMed archive. HEN reports have been disseminated and presented as core evidence at Regional Committee meetings and high-level ministerial conferences and are widely used in the development of regional health strategies and programmes.

21.   The Action Plan urges Member States to establish and promote national health research institutes and systems to support the setting of public health priorities. It emphasizes a systems approach to health research in order to: align the health research agenda with health policy priorities and goals; facilitate ethical, fair and high-quality research through effective synergies across sectors and disciplines; and ensure the use of health research for strengthening health systems. To support and guide Member States in establishing and

enhancing their national health research systems, the Division of Information, Evidence, Research and Innovation has commissioned a HEN synthesis report to summarize the existing policies, interventions and tools for establishing and/or strengthening national health research systems. This report, scheduled for publication in 2018, will serve as an evidence base that provides Member States with technical support to strengthen their national health research systems. The Regional Office has also commissioned a toolkit to guide Member States in developing a national health research strategy that reflects a systems approach to health research.

22.   In response to the Action Plan's call to advance health research systems in the Region, and with generous financial support from the Special Programme for Research and Training in Tropical Diseases (TDR) at WHO headquarters, the Regional Office organized a multicountry meeting that aimed to increase awareness of the value added by implementing a systems approach, conducting a comprehensive assessment of national health research systems, developing a national health research strategy and identifying country driven systems approaches to advance national health research and EIP. The meeting was a key capacity-building activity of EHII and was supported by representatives from the three levels of WHO: the WHO Country Office in Bulgaria, where the meeting was held, the Regional Office and WHO headquarters, particularly TDR. The meeting concluded with the establishment of the European Health Research Network, under the auspices of EHII, and the adoption of the Sofia Declaration. The Member States in attendance also requested support from the Regional Office to guide them in strengthening their health research systems and health strategies. The European Health Research Network was officially launched at that meeting, with its terms of reference adopted and its Chair and Vice-Chair appointed. In 2016 and 2017/2018, the German Ministry of Health provided voluntary contributions to the Regional Office to advance the implementation of action area 2 of the Action Plan and with a view to producing HEN synthesis reports on the strengthening of national health research systems.

23.   The European Advisory Committee on Health Research (EACHR) is the Region's highest-level consultative body; it advises the WHO Regional Director for Europe through its recommendations and provides ad hoc operational and technical expertise to all technical divisions at the Regional Office. EACHR was launched in 2011, with the objective of promoting and strengthening the use of research evidence for public health decision-making and informing policies for developing health research in the Region. In 2014, in order to consolidate the fragmented European EIP landscape and to foster high-level commitment among policy-makers and other stakeholders, EACHR recommended that the Regional Director develop the Action Plan that is the subject of the present document. EACHR deliberated on topics such as big data, childhood obesity, immunization, implementation research and mental health and then made relevant, actionable suggestions that the Regional Office should take forward and report on at the next EACHR meeting in 2018; for example, on the inclusion of noncommunicable diseases and mental health on the regional health and migration research agendas. EACHR also agreed to work closely with EHII to advance the regional agenda on big data and to form a subgroup for implementing health research to support evidence-informed work within the Region.

24.   In line with the recommendations of the Action Plan, the Regional Office has published *Public Health Panorama*, a quarterly, peer-reviewed, bilingual (English and Russian), open access, fee-free journal. The publication aims to disseminate good practices and new insights in public health from the Region's 53 Member States. By publishing in both English and

Russian, the journal innovatively allows different parts of the Region to share their knowledge and experience. *Public Health Panorama* is the result of close interdivisional collaboration within the Regional Office. The Division of Information, Evidence, Research and Innovation produces the journal and hosts the journal's editorial team. The Editorial Board consists of representatives of all technical divisions and external experts, and each issue is published in collaboration with one or more technical divisions within the Regional Office.

25.   As of June 2018, since its inception in 2015, 13 issues of *Public Health Panorama* had been published, each focusing on topics that reflect important regional priorities; five of these were produced during the reporting period of the present document. The December 2016 issue was dedicated to migration and health and was published in collaboration with the Division of Policy and Governance for Health and Well-being. The March 2017 issue highlighted the cultural contexts of health and marked the beginning of a new interagency collaboration on this subject between the Regional Office and the United Nations Educational, Scientific and Cultural Organization. The June 2017 issue focused on environment and health and was published in collaboration with the WHO European Centre for Environment and Health within the Division of Policy and Governance for Health and Well-being. The September 2017 issue, "Tomorrow's human resources for health – today's priority", was produced in collaboration with the Division of Health Systems and Public Health, and the December 2017 issue, "Turning the tide on obesity and unhealthy diets", was the result of a collaboration with the Division of Noncommunicable Diseases and Promoting Health through the Life-Course. The March 2018 issue, "Protecting health and saving lives in outbreaks and emergencies", was published in collaboration with the Division of Health Emergencies and Communicable Diseases, and the June 2018 issue, "Countries in the centre", was the result of a collaboration with the Strategic Relations with Countries team.

26.   The issues scheduled for publication in *Public Health Panorama* in the second half of 2018 and beginning of 2019 are due to focus on noncommunicable diseases, primary health care and health information.

27.   *Public Health Panorama* has received financial support from the Russian Federation; this funding has partially covered the production of the December 2017 issue and the June 2018 issue and will partially cover the publication of two further issues in 2018. The March 2018 issue was published with financial support from Germany.

Action area 3: increasing country capacities for the development of evidence-informed policies (knowledge translation)

28.   The Action Plan urges Member States to increase country capacity to foster the utilization of research in both policy and practice. To support and guide Member States in this effort, the Regional Office launched the Evidence-informed Policy Network (EVIPNet) Europe, a capacity-building initiative that operates under EHII in line with, and in support of, Health 2020. As recommended in the Action Plan, EVIPNet Europe aims to create and institutionalize innovative, multisectoral and multidisciplinary partnerships and teams at the country level. These teams will initiate and implement national research to policy processes, such as developing evidence briefs for policy and holding policy dialogues.

29.   The Regional Office is currently working with 21 Member States to implement the mandate of EVIPNet Europe. An increasing number of countries are showing interest in

joining EVIPNet Europe, including the European Union (that is, the EU15 countries)[2] and European Free Trade Association countries.[3] Growing support for EVIPNet Europe is also evident in the increase in voluntary financial and in-kind contributions from Member States to sustain EVIPNet Europe activities at the regional and country levels. As such, EVIPNet appears to be fulfilling an important need for many key actors within the European Region.

30.   In response to the Action Plan's call for regional training and capacity-building in knowledge translation, EVIPNet Europe has thus far organized five network wide multicountry workshops to improve the skills and knowledge of Member States in identifying, appraising, synthesizing and using research evidence in policy. In addition to annual face-to-face meetings, a series of regular webinars (13 to date) have been convened to provide Member States with distance learning and an opportunity to discuss and exchange lessons learned. Virtual training and guidance are provided via key EVIPNet Europe tools, including a full set of modules on conducting EVIPNet Europe situation analyses and developing evidence briefs for policy. Moreover, a virtual EVIPNet Europe platform with over 100 subscribers supports peer learning and mentoring between Member States and enables more informal networking, linkage and information exchange. By offering its members and partners train-the-trainer courses, such as Cochrane and the Structured Operational Research and Training Initiative (SORT IT), EVIPNet Europe has widened its pool of European trainers, thereby facilitating more context-specific training activities.

31.   As requested in the Action Plan, the Regional Office also provides and facilitates technical assistance for Member States, including the development of tools and guidelines. In 2016 and 2017, the Regional Office developed three new knowledge translation tools: the EVIPNet Europe Situation Analysis Manual; the EVIPNet Europe policy dialogue preparation and facilitation checklist; and the EVIPNet Europe communication and advocacy checklist. In addition, an EVIPNet Europe monitoring and evaluation framework is currently being finalized.

32.   In order to support Member States more effectively, a full roster of country specific workshops on knowledge translation has been made available, with the Regional Office providing tailored technical assistance, including training sessions, coaching and mentoring for individual countries and a technical review of knowledge translation products that network members have developed. With the support of the Regional Office, six Member States are in the process of finalizing and/or publishing situation analyses of their particular evidence-informed policy context and its complexities. In addition to providing a baseline study, these assessments have strengthened each country's commitment to institutionalizing evidence-informed policy mechanisms and have mobilized stakeholders to form interdisciplinary partnerships that promote the nexus between research and policy.

33.   The Action Plan explicitly requests the Regional Office to promote evidence briefs for policy as a key tool for implementing knowledge translation activities at country level. Such evidence briefs synthesize the best available research evidence to address a specific policy problem in a concise way using non-expert language and are adapted to the needs of policy-makers. Since September 2016, four EVIPNet Europe evidence briefs have been finalized, demonstrating the impact achieved by EVIPNet Europe at the country level; specifically, in

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[2] Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden and United Kingdom of Great Britain and Northern Ireland.
[3] Iceland, Liechtenstein, Norway and Switzerland.

influencing policy and legislative changes and in fostering the systematic use of sound and robust health information and research evidence. For instance, the evidence brief, Reducing the consumption of sugar-sweetened beverages and their negative health impact in Estonia, catalysed government discussions and led to plans to introduce a tax on sugar-sweetened beverages in Estonia. Another evidence brief, Optimizing the role of general practitioners to improve primary health care in Poland, for example, has supported the ongoing development of a legal act on primary health care in Poland.

34.   Innovative approaches are currently being tested to accelerate the production of evidence briefs for policy-making and further strengthen links between EVIPNet Europe members. This includes the creation of a cohort of six Member States that are simultaneously developing or finalizing national evidence briefs for policy on antimicrobial resistance, which is an increasingly serious threat to global public health requiring action across society and all government sectors. To scale up evidence-informed efforts against antimicrobial resistance, the Division of Information, Evidence, Research and Innovation has established an interdivisional partnership with the Division of Health Emergencies and Communicable Diseases within the Regional Office. The Knowledge Management, Evidence and Research for Policy-making unit of the former and the Antimicrobial Resistance Programme unit of the latter have also joined forces with WHO country offices to assist with country led processes to develop evidence briefs for policy on antimicrobial resistance. This assistance includes providing technical advice and quality assurance for outputs and supporting countries in the development of strategies for dissemination and policy outreach. Once available, the EVIPNet evidence briefs for policy on antimicrobial resistance will be complemented by policy dialogues that aim to validate the findings of the briefs and capture the views and experiences of stakeholders on particular policy issues. Based on the fruitful experience of the first EVIPNet Europe cohort of network member countries in developing evidence briefs on antimicrobial resistance, a second cohort of four Member States has been launched, which met face-to-face in Belgrade, Serbia on 25–27 June 2018 to kick-start its work. Furthermore, the Antimicrobial Resistance Programme unit has also worked on the special project of the Division of Information, Evidence, Research and Innovation on evidence for health and well-being in context. The goal of the collaboration was to produce a policy brief on the impact of cultural contexts on the antimicrobial resistance crisis, and the importance of taking these contexts into account when developing localized strategies to combat antimicrobial resistance.

35.   The EVIPNet Europe Secretariat received voluntary contributions from the German Federal Ministry of Health in 2016 and 2017/2018 to implement its activities.

Action area 4: mainstreaming the use of evidence, information and research in the implementation of Health 2020 and other major regional policy frameworks

36.   In accordance with the Action Plan, the Regional Office is working to mainstream the use of evidence and research in implementing Health 2020 and other major regional policy frameworks. Across the Regional Office, HEN synthesis reports (described under action area 2) have been gaining recognition as a key source of authoritative evidence in strategy development. Technical units and the HEN Secretariat work as strategic partners to build and strengthen this evidence base. The HEN process starts with the joint identification of a policy gap and synthesis question, which then informs the evidence synthesis process and the development of evidence-informed policy considerations. Prominent examples of HEN

reports that have had a substantial influence on regional strategy and policy formulation are the themed issues on migration and health.

37.   With regard to monitoring the use of evidence in implementing regional strategies and policies, EACHR has a mandate to review the scientific basis of European Region programmes and to recommend mechanisms for promoting and strengthening the systematic use of evidence across the Region. The new EACHR subgroup on implementation research will place increased attention on identifying suitable approaches for promoting, monitoring and evaluating the routine use of evidence in policy formulation and implementation.

38.   In addition, the Regional Office has provided guidance to Member States in developing monitoring frameworks and accountability mechanisms and in adapting them through capacity-building and harmonization efforts (as described under action area 1). A growing number of Member States are requesting support to adapt the SDG indicators to a national context. The joint monitoring framework, with its common set of indicators for Health 2020, the SDGs and noncommunicable diseases (as described under action area 1), will help Member States to prioritize data collection efforts and align their national SDG monitoring targets with international monitoring. To date, the Regional Office has participated in national SDG indicator workshops in three Member States: Kyrgyzstan, Tajikistan and Turkmenistan. To ensure that support is provided for Member States in a coordinated and sustainable way, the Regional Office has joined the issue-based coalition on SDG data and monitoring, which aims to coordinate work on this topic across United Nations agencies in the Region.

39.   A further important focus of the Regional Office has been to investigate how key values-based concepts from Health 2020 and the 2030 Agenda for Sustainable Development, such as well-being, resilience, empowerment and the life-course approach, can be monitored and measured at a national level. To this end, the evidence for health and well-being in context project has commissioned several HEN reports to examine this question and provide policy considerations for Member States that are interested in reporting on these vital concepts. A summary of the results of this work will also be captured in the European health report 2018.

Collaborating centres

40.   The following WHO collaborating centres in the Region – several of which have been only recently established – have actively supported the work of the Regional Office.

(a)   The WHO Collaborating Centre for Health Indicators (University of Manchester; UNK-266) undertook a mapping exercise coordinated by the EHII Steering Group to gain an overview of the health indicators used in various indicator sets within the Region, including their alignment, in order to propose a mechanism for harmonizing the resulting metadata.

(b)   The WHO Collaborating Centre on Health Statistics and Analysis (Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation; RUS-122) has held a country workshop on the analysis and quality assurance of cause of death and mortality statistics in the Republic of Moldova. A redesignation of the centre to become the WHO Collaborating Centre on Health Information Systems, Health Statistics and Analysis is pending in 2018.

(c) WHO Collaborating Centres for the Family of International Classifications in Bilthoven (NET-78), Cologne (DEU-114), Le Kremlin-Bicêtre (FRA-49), Moscow (RUS-121), Oslo (NOR-23) and Udine (ITA-85) provide ongoing support for countries in promoting and strengthening their use of the family of international classifications in Albania, the Republic of Moldova and the Russian Federation.

(d) WHO Collaborating Centres on Culture and Health (University of Exeter; UNK-280) and for Global Health Histories (University of York; UNK-253) provide active support in the development of policy briefs, HEN reports, webinars, and contextual background papers for the European Health Information Gateway, all of which enhance the capacity of WHO to help develop local knowledge for local decision-making.

(e) The WHO Collaborating Centre for eHealth and Telemedicine (University Hospital of North Norway; NOR-18) has provided support in delivering national e-health assessments in Latvia and Kyrgyzstan; contributed to the analysis of survey data from the Global Observatory for eHealth for the 2016 Regional Office report on e-health; and hosted a global workshop on mobile health (or mHealth) for chronic obstructive pulmonary disease and asthma for the Be He@lthy, Be Mobile initiative.

41. In addition, the Regional Office has been working with several academic institutions to develop long-term collaboration and establish a new WHO collaborating centre for health situation analysis.

Conclusion and future plans

42. This progress report has described the political momentum within the European Region for promoting the generation, dissemination and use of multidisciplinary sources of evidence for health policy-making. Since the Action Plan was adopted, the Regional Office has been working with over 50[4] Member States and areas (34 of which[5] are under bilateral country agreements in technical-capacity development activities) to strengthen the capacity of

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[4] Health information: 16 Member States (Albania, Bulgaria, Czechia, Georgia, Kazakhstan, Kyrgyzstan, Malta, Montenegro, Portugal, Republic of Moldova, Russian Federation, Serbia, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine); health research system strengthening: 7 Member States (Armenia, Bulgaria, Estonia, Georgia, Kyrgyzstan, Turkmenistan, Ukraine); EVIPNet Europe, 21 Member States (Albania, Austria, Bulgaria, Estonia, Georgia, Hungary, Lithuania, Kazakhstan, Kyrgyzstan, Poland, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine); EHII: 30 Member States (Austria, Belarus, Belgium, Croatia, Czechia, Finland, Georgia, Germany, Greece, Iceland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Netherlands, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, Slovakia, Slovenia, Sweden, Switzerland, the former Yugoslav Republic of Macedonia, Turkey, United Kingdom); CARINFONET: 5 Member States (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan); European Burden of Disease Network: 14 Member States (Belgium, Denmark, France, Georgia, Germany, Netherlands, Norway, Poland, Portugal, Russian Federation, Serbia, Sweden, Switzerland, United Kingdom); SCHIN: 8 Member States (Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro, San Marino); and SEEHN health information network: 9 Member States (Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, Republic of Moldova, Romania, Serbia, the former Yugoslav Republic of Macedonia).
[5] EVIPNet Europe: 15 Member States (Albania, Bulgaria, Estonia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, Republic of Moldova, Romania, Serbia, Slovakia, Slovenia, the former Yugoslav Republic of Macedonia, Turkey); health information: 14 Member States (Belgium, Denmark, France, Georgia, Germany, Netherlands, Norway, Poland, Portugal, Russian Federation, Serbia, Sweden, Switzerland, United Kingdom); and e-health: 5 Member States (Czechia, Kyrgyzstan, Latvia, Ukraine, Uzbekistan); as of June 2018, this has increased to 23 signed biennial collaborative agreements for 2018–2019 in the areas of health information and e-Health/digital health.

countries to enhance their national health information systems, establish and promote national health research systems and make progress in knowledge translation. Interest and requests from Member States have greatly increased, and activities to strengthen country capacity are expected to be scaled up.

43.   Notable examples of Regional Office activities to support Member States in implementing the Action Plan and related achievements can be found in the Annex to the present report.

44.   Despite this momentum and progress within the Region, several gaps and challenges remain with regard to Member States achieving the objectives outlined in the Action Plan. Efforts are needed to:

(a)   establish and maintain national governance for e-health standards and interoperability, and ensure their financing;

(b)   reduce the burden of reporting in the face of increased pressure to report on the SDGs; health information systems still face challenges in harmonization and integration and need to be strengthened to respond to increasing demands for intersectoral information analysis and disaggregated health information;

(c)   set up high-level national coordination mechanisms for health information to ensure coordination among all health information stakeholders in the areas of standards, intersectoral exchange of information and integration with digital health;

(d)   support more Member States in developing national health research strategies that are focused on public health and health system research, knowledge translation and ethical research conduct;

(e)   increase research capacity (as expressed in research publication output) among Member States in eastern Europe and central Asia; and

(f)   raise the profile of, and high-level policy commitment to, knowledge translation efforts in order to increase the use of health information and research evidence in both policy and practice.

45.   The Division of Information, Evidence, Research and Innovation, together with all other technical divisions within the Regional Office and WHO country offices, will continue to implement the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the European Region, in collaboration with, and under the guidance of, Member States. The next progress report will be submitted to the 71st Regional Committee in September 2021.

**Annex.
Notable examples of Regional Office activities to support Member States in implementing the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region and related achievements**

Action area 1

1.   The European Health Information Initiative is the framework for the coordination and practical implementation of the activities outlined in the Action Plan. Its Steering Group now has 37 members, including 28 Member States. Under the initiative's umbrella of networks and activities, a total of 48 Member States engage regionally in the area of health information. The Regional Office has conducted seven health information system assessments and four e-health assessments and has discussed with individual Member States how the findings can be used to strengthen health information systems and e-health, which are inextricably linked.

2.   With a mandate from the 67th session of the Regional Committee, work is progressing to define a common set of indicators for a joint monitoring framework for Health 2020, the Sustainable Development Goals (SDGs) and Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. This will address Member States' demand to reduce the burden of reporting to international organizations.

3.   The European Health Information Gateway is rapidly expanding the amount of data it is integrating and the amount of information it makes available. It is also developing new tools, such as the Health for All explorer and the new intelligent search function. The number of users of the Gateway from Member States continues to grow.

4.   Five sets of the twin publications, *Profiles of health and well-being* and *Highlights on health and well-being*, have been collaboratively developed and published with individual Member States and several more are being prepared.

5.   Capacity-building at both intercountry and Member State level has taken the form of flagship courses, the Autumn School on Health Information and Evidence for Policy-making and the follow-up Advanced Course. In addition, the Regional Office has provided technical support for workshops in individual Member States on a variety of topics, including health information system assessment, quality assurance and analysis of mortality statistics, as well as the European Health Information Gateway and its tools.

Action area 2

6.   A workshop was organized in Prague, Czechia, in collaboration with the Mental Health unit of the Division of Noncommunicable Diseases and Promoting Health through the Life-Course; it sought to identify the cultural drivers that influence, and processes for reforming, mental health care.

7.   Health Evidence Network (HEN) synthesis reports are increasingly recognized as providing core evidence for public health decision-making in the Region. HEN has published 10 synthesis reports in the areas of migration and health, governance, the cultural contexts of health, the social determinants of health and evidence-informed policy-making.

8.   Interest in *Public Health Panorama*, the quarterly, bilingual (English and Russian) journal, is rapidly growing. To date, the Regional Office has published 13 issues of the journal, each dedicated to various priority topics, such as intersectoral collaboration, tuberculosis, using evidence and health information for decision-making, migration and health, the environment and health, cultural contexts of health and obesity and unhealthy diets.

9.   The Regional Office organized a multicountry meeting on health research systems, the first of its kind in the Region. It concluded with the launch of an informal network for research and strategies for health and the Sofia Declaration, through which Member States requested support from the Regional Office to strengthen health research systems and strategies for health.

10.   The European Advisory Committee on Health Research (EACHR) provided the Regional Director and her office with strategic advice on important health research matters, including a recommendation to strengthen the Regional Office's efforts in two important new fields: implementation research, and big data. A subgroup of EACHR has been formed on implementation research, and EACHR will work closely with the European Health Information Initiative on big data to support the Regional Office in developing regional policies and priorities related to these two disciplines in the coming years.

Action area 3

11.   EVIPNet Europe is the Regional Office's key mechanism for increasing country capacity on knowledge translation. It has become a vibrant network and community of practice made up of 21 Member States. Member States' application of knowledge translation tools has already demonstrated an impact on policy through influencing national debates on the introduction of a sugar tax in Estonia and informing the legal code on primary health care in Poland.

12.   Within EVIPNet Europe, a cohort of six Member States has been established to develop evidence briefs for policy on antimicrobial resistance. This cohesive group engages in peer support and the exchange of expertise, lessons learned and evidence to identify, appraise, synthesize and disseminate the best available evidence for reducing the threat of antimicrobial resistance. Based on that fruitful experience, a second cohort of four Member States has been launched in 2018.

Action area 4

13.   HEN synthesis reports are gaining recognition as a key source of authoritative evidence in strategy development across the Regional Office, such as in the area of health and migration and the development of the Roadmap to implement the 2030 Agenda for Sustainable Development.

14.   As requested by Member States in resolution EUR/RC67/R3, the joint monitoring framework, with a common set of indicators for Health 2020, the SDGs and noncommunicable diseases, is the Regional Office's effort to respond to Member States' demand to reduce the burden of reporting and to streamline data collection. The joint monitoring framework will aid Member States in prioritizing data collection efforts and help to align their national SDG monitoring targets with monitoring at the international level.

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