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Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region



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Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region

The Action plan to strengthen the use of evidence, information and research in the WHO European Region is a response to the recommendations of the European Advisory Committee on Health Research and the Twenty-third Standing Committee of the Regional Committee for Europe to consolidate and strengthen evidence-informed policy-making in the European Region. It has been developed through extensive external technical consultations involving Member States and stakeholders.

The Action plan covers the areas of health information, public health research and knowledge translation. It links with and builds on a wide range of existing initiatives, cutting across different areas of public health.

The Action plan is presented for consideration by the 66th session of the WHO Regional Committee for Europe in September 2016.

Conceptual overview and main elements

Vision

The long-term vision of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region is to contribute to reducing inequalities in health and to improve the health status and well-being in the Region.

Goal

The central purpose of the Action plan is to consolidate, strengthen and promote the generation and use of multidisciplinary and intersectoral sources of evidence for health policy-making in line with the health-related United Nations Sustainable Development Goals and the Health 2020 policy framework.

Guiding principles

- Evidence comes first: decisions should be based first and foremost on the best available evidence.
- Local knowledge for local decision-making: evidence derived from national health information and research systems complements supranational evidence to provide more relevant options for decision-making.
- Investment for innovation: strengthening of national and institutional capacities in research and health information has the potential to drive change and to improve health systems and public health.
- Intersectoral and multidisciplinary aspects: while there needs to be stronger support for the use of evidence from the health sector by other sectors, evidence for health policy-making should also be sourced from multiple disciplines and sectors.
- Health information governance: data governance mechanisms should protect individual privacy while enabling improvements in collection, integration and analysis of data for population health monitoring and health research under relevant national and international legislation.

Key action areas

- Action area 1: strengthening national health information systems, harmonizing health indicators and establishing an integrated health information system for the European Region.
- Action area 2: establishing and promoting national health research systems to support the setting of public health priorities.
- Action area 3: increasing country capacities for the development of evidence-informed policies (knowledge translation).
- Action area 4: mainstreaming the use of evidence, information and research in the implementation of Health 2020 and other major regional policy frameworks.

Monitoring and evaluation

Key output indicators proposed for each action area will feed into and complement the WHO regional-level indicators in the area of health information, research and evidence.

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Abbreviations

CARINFONET	Central Asian Republics Health Information Network
EACHR	European Advisory Committee on Health Research
EHII	European Health Information Initiative
EIF	European Interoperability Framework
EIP	evidence-informed policy-making
EPHO	essential public health operation
EVIPNet	Evidence-informed Policy Network
HEN	Health Evidence Network
IRIS	Institutional Repository for Information Sharing
ReEIF	Refined eHealth European Interoperability Framework
SCRC	Standing Committee of the Regional Committee for Europe
SORT IT	Structured Operational Research and Training Initiative

Introduction and background

1. Evidence-informed policy-making (EIP) aims to ensure that the best available data, information and research evidence are used to formulate policies to improve the health of individuals and populations.
2. EIP is a core function of the World Health Organization and supported by World Health Assembly resolutions WHA58.28 (1), WHA58.34 (2), WHA60.27 (3), WHA66.24 (4) and decision WHA66(12) (5).
3. Moreover, the joint Moscow (6) and Vilnius (7) declarations between the WHO Regional Office for Europe and the European Commission adopted in 2010 and in 2015, respectively, emphasize the need for intensified collaboration, knowledge exchange and the modernization and integration of public health information systems in order to make evidence-informed decisions.
4. The European Health Information Initiative (EHII) (8), the regional mechanism for implementing the above joint declarations in the area of health information, evidence and research, is a growing consortium of members, comprising 14 Member States in addition to nongovernmental actors, such as the European Public Health Association, the Wellcome Trust and WHO collaborating centres. The European Commission and the Organisation for Economic Co-operation and Development support and participate in the EHII and its Steering Group. The EHII is proposed as the platform for implementing the actions outlined in this document.
5. In view of the limited use of evidence, information and research to support health policy development and implementation, the WHO European Advisory Committee on Health Research (EACHR) recommended to the Regional Director for Europe the consolidation of EIP activities and the development of a regional action plan to improve the use of such evidence. This Action plan would be considered and approved by Member States.
6. A concept note for such a regional action plan on EIP (document EUR/SC23(2)/8) was presented at the second session of the Twenty-third Standing Committee of the Regional Committee for Europe (SCRC) in November 2015. The Twenty-third SCRC endorsed the concept and requested the development of a regional action plan and preparation of a draft resolution to be submitted to the 66th session of the Regional Committee for Europe (RC66).
7. The Action plan to strengthen the use of evidence, information and research in the WHO European Region has undergone a web-based consultation with Member States and, together with a draft resolution, is presented for consideration by RC66 in September 2016.

Rationale for the Action plan

8. A range of public health, health determinants, health care performance information and research evidence is spread across the European Region and collated, analysed, appraised, synthesized and disseminated. Health policy, however, is often not optimally informed by this available evidence. A comprehensive regional action plan to strengthen the generation and use of evidence, information and research for policy-making is required, along with a coherent and coordinated framework for action.

9. National health information systems and public health research systems are the two foundations for generating evidence to inform health policy development. Health information systems provide knowledge of the health status of the population and surveillance for health hazards and disease, as well as the performance of the health system. They are therefore essential for policy-makers to gain a reliable picture of the health situation in their country and to understand the determinants that influence the health and well-being of the population. This will also allow linking the determinants of health across the dimensions of the United Nations Sustainable Development Goals (SDGs).

10. Despite efforts to increase the availability and accessibility of information, health information systems in the European Region face difficulties with standardization, interoperability and integration. A recent joint WHO Health Evidence Network (HEN)/European Commission report (9) identifies these challenges and calls for mutual learning and knowledge exchange for better integration of health information systems. In addition, a project of the European Commission, the Refined eHealth European Interoperability Framework (ReEIF), proposes an approach to managing interoperability and standardization in e-health in the European Union.

11. Functioning public health research systems are another fundamental element for policy development and service delivery. National health research systems increase ownership of the knowledge relevant to national priorities. In addition to biomedical research, public health and health systems research (including implementation and operational research), is required to understand what works in the local context and to develop innovative approaches to complex health system problems.

12. A recent exploratory study mapped the health research capacity in 17 countries of the former Soviet Union and south-eastern Europe (10). It highlighted the need in most countries for a comprehensive national health research strategy, with investment in the training and career development of researchers.

13. Evidence is of limited value until it is used to improve the health of individuals and populations. It often plays a minor role in policy-making and a wide variety of other factors influences decisions at the individual, organizational and system levels. Knowledge translation, the dynamic interface that links health information and research with policy and practice, is an emerging technical field, providing an array of tools to researchers and decision-makers to foster EIP (11).

14. Some knowledge translation tools have been developed and tested in this regard, for example, see the BRIDGE study (12), and research is available to understand how the political and institutional context influences the research–policy divide. In order to establish new mechanisms and scale up existing ones so as to improve the linkages between available evidence and policies, producers of knowledge (researchers) and users of knowledge (policy- and decision-makers) need to have opportunities and a formal forum for exchange. In addition to national public health institutes and advisory bodies in different Member States, knowledge brokers, such as the Evidence-informed Policy Network (EVIPNet) (13), the European Observatory on Health Systems and Policies (14), the Belgian Health Care Knowledge Centre (15) and the Norwegian Knowledge Centre for the Health Services (16), can assist with evidence transfer in some areas and support the systematic use of research in policy-making.

Building on existing policies to guide the development of the Action plan

15. Evidence provides the basis for every framework, strategy and policy of the WHO Regional Office for Europe. This Action plan is founded on a number of global World Health Assembly resolutions and calls to action. It will have a direct impact on all existing and future action plans that Member States endorse by strengthening the way in which evidence is gathered, synthesized, analysed, interpreted and used in formulating health policies and interventions. The Action plan builds on the Health 2020 policy framework and existing initiatives in the European Region. Some of the policies and initiatives that will be affected by implementation of the Action plan are described in the following paragraphs.

16. Health 2020 (17) is the overarching health policy framework for the European Region. It integrates and uses different forms of evidence and knowledge to address complex societal issues. Health 2020 uses evidence as a prerequisite for the development of health policies and decision-making.

17. The EHII (8) is proposed as the platform for implementing the actions outlined in the Action plan. The Initiative addresses the need to support the integration and sharing of existing knowledge, expertise and good practices in the area of health information and is the vehicle for the development of a single integrated health information system for the European Region. The Action plan on EIP strengthens governance to influence and promote the convergence of health information and public health research systems. The EHII works across six domains, namely:

- development of information for health and well-being, with a focus on indicators;
- enhanced access to and dissemination of health information, including the Health Evidence Network and the European Health Information Gateway;
- capacity-building in collecting, analysing, reporting and using health information, including EVIPNet Europe and the Autumn School on Health Information and Evidence for Policy;
- strengthening of health information networks, including the Central Asian Republics Health Information Network (CARINFONET) and the Small Countries Health Information Network (in countries with populations of less than 1 million);

- support for the development of health information strategies; and
- communication and advocacy.

18. The European Action Plan for Strengthening Public Health Capacities (document EUR/RC62/12 Rev. 1) and Services presents 10 essential public health operations (EPHOs) that countries can adapt in order to assess and plan for stronger public health services and capacities. In particular, EPHOs 1, 2 and 10 address the need for strengthening the use of evidence, information and research.

19. The European Food and Nutrition Action Plan 2015–2020 (document EUR/RC64/14) outlines strategies for improving the overall quality of the European population’s diet and nutritional status, which “must be based on the best available scientific evidence and public health principles and should be free from conflicts of interest.” It emphasizes knowledge translation and exchange towards ensuring the development and sharing of good practices and the effective implementation of public health measures.

20. Priorities for health systems strengthening in the WHO European Region 2015–2020 (document EUR/RC65/13) defines improving health information and health information systems as one of the three foundations for ensuring that health systems are people-centred, accelerate health gains, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources.

21. World Health Assembly resolution WHA60.27 (3) builds on resolutions WHA58.28 (1), WHA58.30 (18), and WHA58.34 (2), and calls for the strengthening of health information systems and the use of health information for decision-making. Decision WHA66(12) (5) seeks to strengthen health research and development through the establishment of a new global financing and coordination mechanism.

22. The 2030 Agenda for Sustainable Development (19) sets out 17 SDGs; SDG3 is specific to health and well-being. Monitoring the SDGs will require intersectoral engagement between the health sector and other government sectors, as well as with society. Member States need to be able to adapt the evidence and experience to specific national and subnational contexts for decision-making.

Outline of the Action plan

Vision

23. The long-term vision of the Action plan to strengthen the use of evidence, information and research in the WHO European Region is to contribute to reducing inequalities in health and to improving health status and well-being in the European Region. This will be achieved through the enhanced generation and use of information and evidence in policy-making, in line with the health-related United Nations SDGs and the Health 2020 policy framework.

Goal

24. The central purpose of the Action plan is to consolidate, strengthen and promote the generation and use of multidisciplinary and intersectoral sources of evidence for health policy-making.

Guiding principles

25. The Action plan is guided by the following principles, which are based on the premise that the systematic use of existing evidence and the generation of new evidence enable us to make better choices to improve the health of individuals and populations.

26. Evidence comes first: decisions, while affected by many factors, should be based first and foremost on the best available evidence. The adoption of a structured process and agreed tools for identifying, generating and using new evidence is a strong indicator of transparency and accountability for decision-making and increases public trust.

27. Local knowledge for local decision-making: a wealth of knowledge exists at the global and regional levels. Countries can learn from such experiences; however, they are often not fit for purpose in the local context. Researchers should be encouraged to explore solutions to national health problems using local knowledge derived from national health information and research systems to complement supranational evidence and to provide more relevant options for decision-making. Focusing on local knowledge is essential for placing contextual issues and equity at the centre of the decision-making process.

28. Investment for innovation: strengthening national and institutional capacities in research and health information is a valuable investment, the return on which is the innovative power to drive change and to improve health systems and public health on the basis of knowledge.

29. Intersectoral and multidisciplinary aspects: while there needs to be stronger support for the use of health evidence in other sectors; evidence for policy-making on health issues should also be sourced from different disciplines and sectors, such as the finance sector. The knowledge produced by multidisciplinary stakeholders should also be incorporated into health policy-making.

30. Health information governance: data governance mechanisms should protect the privacy of individuals while enabling improvements in collection, integration and analysis of data for population health monitoring and health research under relevant national and international legislation.

Key action areas and expected results, deliverables and indicators

31. The following actions are proposed as a general guidance to Member States. They should be implemented in conjunction with other related initiatives under way in countries and in the European Region. In Member States where health systems are not based on a national (centralized) health system, the Action plan can be adapted for use with subnational (decentralized) health systems. The EHII provides the overarching

framework for the practical implementation of the activities outlined in this Action plan. Member States are strongly encouraged to become members of the EHII.

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

32. The **expected results** of this action area are that Member States achieve high-quality, integrated national health information systems and consistently use health information for health monitoring, research, health policy-making and innovation.

33. The **deliverable** is a well-functioning, integrated national health information system that provides regular, high-quality and timely evidence and is used to report on progress towards regional priorities and targets.

34. The key indicators are:

- the number and proportion of countries engaged in the EHII;
- the number and proportion of countries with a national health information and e-health system in place that are aligned with the WHO toolkit for the assessment of national health information systems; and
- the number and proportion of countries that report annually to the WHO Regional Office for Europe on all Health 2020 core indicators and other agreed frameworks, as one indication of an integrated information system.

Proposed actions

35. **Member States** should consider the following actions in coordination and collaboration with partners:

- (a) establish national governance mechanisms for the integration and management of health information and e-health;
- (b) develop, and where existing, embed national strategies for health information and e-health (health technology in support of health information and healthcare delivery) using the WHO support tool (20) and the National eHealth Strategy Toolkit (21), applying an intersectoral approach among ministries responsible for health, information, technology and other sectors;
- (c) ensure the availability of sustainable financial, technical and human resources for health information systems and e-health;
- (d) strengthen the national technical infrastructure for health information, including the adoption of universally accepted standards for the design and management of health information systems and e-health and a set of national core indicators;
- (e) assess the possibility of integrating metadata for all agreed indicators into health information systems;
- (f) develop solutions for open access to and analysis and presentation of health information for decision-making at all levels of the health system and for use by policy-makers, academics, partners, civil society and the public; and

- (g) ensure that routine health information systems collect and report comprehensive data to the Regional Office on all Health 2020 indicators and other agreed frameworks.
36. The **Regional Office** will undertake the following actions:
- (a) promote and enhance the work of the EHII to harmonize and lead health information efforts in the European Region, ensuring collaboration with the European Union and the Organisation for Economic Co-operation and Development and their affiliated institutions in working towards a single integrated health information system for the WHO European Region;
 - (b) provide advice and support to Member States in the establishment of governance mechanisms for health information systems and e-health and in the development, assessment and evaluation of supporting strategies and policies;
 - (c) assist in building sustainable capacity for health information and e-health through mechanisms such as the Autumn School and advanced courses on health information and evidence for policy-making;
 - (d) support the harmonization in the European Region of health-related indicators, including methods and data sources, and promote the use of appropriate classifications and standards in order to ensure international comparability of data;
 - (e) streamline data reporting by Member States, in harmony with national laws, to international organizations through the development of a joint set of indicators for the European Region;
 - (f) report regularly to Member States on the health situation in the European Region through publications, such as the European Core Health Indicators and the European health reports, and comparative health situation and trend analyses, including country health profiles and Highlights on health, and on providing tools such as the European Health Information Gateway and the European health statistics app; and
 - (g) develop and promote new data and information sources, including on well-being and the cultural context of health, new strategic areas, such as the use of social media in health, and big data, and further the integration and linking of existing information to gain new insights.

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

37. The **expected result** of this action area is that Member States have strengthened national research programmes to gain context-specific knowledge in support of the evaluation and improvement of their health systems and programmes.

38. The **deliverables** are a framework for developing or strengthening national health research institutes and systems and a process for developing a public health research priority agenda.

39. The key indicators are:

- the number and proportion of countries that have a funded national health and public health research strategy, along with, where applicable, a percentage of the national health expenditures or another national monetary measure dedicated for health research;
- the number and proportion of countries that have an explicit national policy requiring all research projects to be registered in a recognized public registry; and
- the number and proportion of countries that report regularly on health research expenditures and research priorities to the WHO Global Observatory on Health Research and Development (22).

Proposed actions

40. **Member States** should consider the following actions in coordination and collaboration with partners:

- (a) develop a strategy and plan of action to strengthen and fund national health research institutions and systems (including surveys);
- (b) establish or strengthen national and institutional ethics review boards to promote transparency and accountability in research, including the use of international clinical trial registries;
- (c) advocate the need for open access to information, strengthen legal and institutional frameworks to enable secondary use of personal health data for public health, research and health system monitoring, and ensure that the use of evidence is free from conflicts of interest;
- (d) promote and conduct health research by strengthening university curricula and research institutions in order to improve access to and dissemination and implementation of findings in health care and public health services;
- (e) provide financial and human resources for national health research programmes through research grants and/or academic training; and
- (f) report research priorities and investment to the WHO Global Observatory on Health Research and Development (22).

41. The **Regional Office** will undertake the following actions:

- (a) advocate both for public health research and for the development of robust national health research institutions and systems;
- (b) promote implementation research, health systems research and policy-informed research at the country level through programmes such as EVIPNet and the Structured Operational Research and Training Initiative (SORT IT);
- (c) support Member States in developing/enhancing the institutional capacity of their ethics review boards in order to promote transparency and accountability in research and the use of international clinical trial registries;

- (d) continue to provide training in, access to, and dissemination of key information products and resources, including the HINARI Access to Research in Health Programme and the Institutional Repository for Information Sharing (IRIS), and the WHO Documentation Centres;
- (e) ensure access to knowledge by producing, publishing and disseminating information products, such as HEN synthesis reports and *Public Health Panorama*, in line with regional priorities and in relevant languages; and
- (f) establish, with the support of the EACHR, regional health research priorities aligned with WHO programmes and activities, in consultation with Member States and public health and research communities.

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

42. The **expected result** of this action area is that Member States have the capacity to identify knowledge gaps and to prioritize and systematically collect, summarize and use high quality multidisciplinary evidence to strengthen public health systems, strategies, programmes and services.

43. The **deliverable** is ensuring that knowledge translation processes are in place in Member States and that training within the public health sector and academic institutions is received.

44. The key indicators are:

- the number and proportion of countries that are members of EVIPNet Europe;
- the number of EIP tools and training programmes developed and made available by the Regional Office; and
- the number and proportion of countries reporting the systematic use of evidence in the policy cycle through a periodic survey conducted by the Regional Office.

Proposed actions

45. **Member States** should consider the following actions in coordination and collaboration with partners:

- (a) finance and support national initiatives to increase capacity in knowledge translation and to promote activities related to research and policy priority setting, evidence gathering, analysis, and dissemination; these activities should be used for policy formulation and should be monitored and evaluated to provide feedback for the national research agenda and health information management;
- (b) introduce, manage, monitor and evaluate knowledge translation activities; these should be included in university curricula and programmes to enhance the skills of future researchers and policy-makers in appraising, interpreting and using evidence, information and research;
- (c) establish and institutionalize multisectoral and multidisciplinary knowledge translation expert bodies in line with EVIPNet Europe to foster the systematic use of information in decision-making; and

- (d) evaluate the impact of measures to strengthen the knowledge base of research-to-policy activities.
46. The **Regional Office** will undertake the following actions:
- (a) provide and facilitate technical assistance to Member States, including through tools and guidelines such as:
- developing EVIPNet evidence briefs for policy to gather local evidence, appraise them and provide policy options in an action-oriented format;
 - organizing EVIPNet policy dialogues to convene key actors so as to establish linkages, exchange information and capture the views and experiences of stakeholders on particular policy issues;
 - conducting EVIPNet situation analyses to assess the evidence-informed policy context and identify how to institutionalize research-to-policy structures at the country level;
 - developing clearing houses (that is, repositories of knowledge) and rapid response teams dedicated to providing accessible, user-friendly syntheses of research evidence; and
 - developing and implement monitoring and evaluation frameworks and accountability mechanisms;
- (b) organize multicountry training courses for EVIPNet Europe in order to strengthen the skills of Member States in identifying, appraising, synthesizing and using research evidence, and provide a platform for peer-learning and mentoring among Member States;
- (c) identify, develop, promote and evaluate mechanisms for translating evidence into policy and practice, including tools and methods for evidence collection and assessment tools (such as health technology assessment and health impact assessment) that measure the impacts and benefits of the use of evidence for decision-making;
- (d) collect and disseminate best practices and lessons learned from national, regional and international EIP activities and establish a comprehensive repository that is easily accessible to Member States and regularly updated;
- (e) establish a network of WHO collaborating centres and knowledge translation experts to support the generation, use and uptake of evidence for policy-making in the Region; and
- (f) expand and strengthen collaboration with knowledge brokers, such as the European Observatory on Health Systems and Policies (14), the Belgian Health Care Knowledge Centre (15) and the Norwegian Knowledge Centre for the Health Services (16), for example.

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

47. The **expected result** is that Member States use the guiding principles of this Action plan for the implementation of national and regional strategies and policies, adding targets and indicators to strategies that do not yet have such markers.

48. The **deliverable** is health policies and strategies that are demonstrably and continuously informed by relevant evidence from multiple sectors, disciplines and the local context and are integrated in major regional and global policy frameworks on the basis of targets and indicators.

49. The key indicators are:

- the number of national health policies and strategies that have defined monitoring and evaluation frameworks, including targets and indicators;
- the number of health strategies and policies that incorporate a mechanism explaining the identification and use of evidence; and
- mechanisms established for the integration and exchange of evidence, including indicators from other sectors and disciplines.

Proposed actions

50. **Member States** should use the guiding principles of this Action plan for the implementation of other strategies and policies in coordination and collaboration with partners. This can be achieved through:

- (a) promoting accountability for policies by defining and using targets and indicators and adding them to relevant policies when missing;
- (b) establishing mechanisms for implementing monitoring and evaluation practices;
- (c) demonstrating the consistent use of information and research evidence in the formulation of health strategies and policies by making methods of gathering and analysing such knowledge explicit;
- (d) establishing intersectoral mechanisms to link health indicators to other non-health sectors in line with Health 2020 and other major policy frameworks;
- (e) using relevant evidence from non-health sectors and disciplines in formulating health policies; and
- (f) complementing global/regional evidence with local evidence from national health information and research systems, as well as the knowledge of relevant stakeholders, in order to provide more context-specific options for decision-making.

51. The **Regional Office** will undertake the following actions:

- (a) provide guidance to Member States on developing monitoring frameworks and accountability mechanisms by defining, adapting and using targets and indicators for the implementation of health policies and strategies;

- (b) monitor the use of evidence in the implementation of regional strategies and policies through mechanisms such as the EACHR and other advisory bodies;
- (c) propose and use new and relevant forms of quantitative and qualitative evidence from multiple sectors and disciplines, and suggest relevant health evidence and indicators to non-health sector policies in line with Health 2020 and other major policy frameworks; and
- (d) identify gaps in and improve the evidence base for health policies through the relevant and timely review of evidence and proposals of policy options.

Time frame

52. This Action plan is proposed for an initial period of five years, with a mid-term review and subsequent adjustment, if needed. It is hoped that each Member State will develop a national plan of action adapted to the national context and ongoing EIP practices.

Monitoring and evaluation

53. The Action plan on EIP proposes key output indicators for each action area. The EIP indicators will feed into and complement WHO regional indicators in the area of health systems, information and evidence, as specified in the 2016–2017 programme budget. The EIP indicators will be tested and further refined in consultation with the EHII Steering Group, the EACHR and Member States after the launch of the plan. Following a regional WHO baseline survey on the use of evidence, information and research, Member States should plan and propose specific national targets and intermediate milestones to assess and report on progress in line with existing reporting mechanisms where already existing.

54. The Regional Office seeks the guidance and decision of the 66th session of the Regional Committee for Europe on the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region and the draft resolution that endorses it.

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