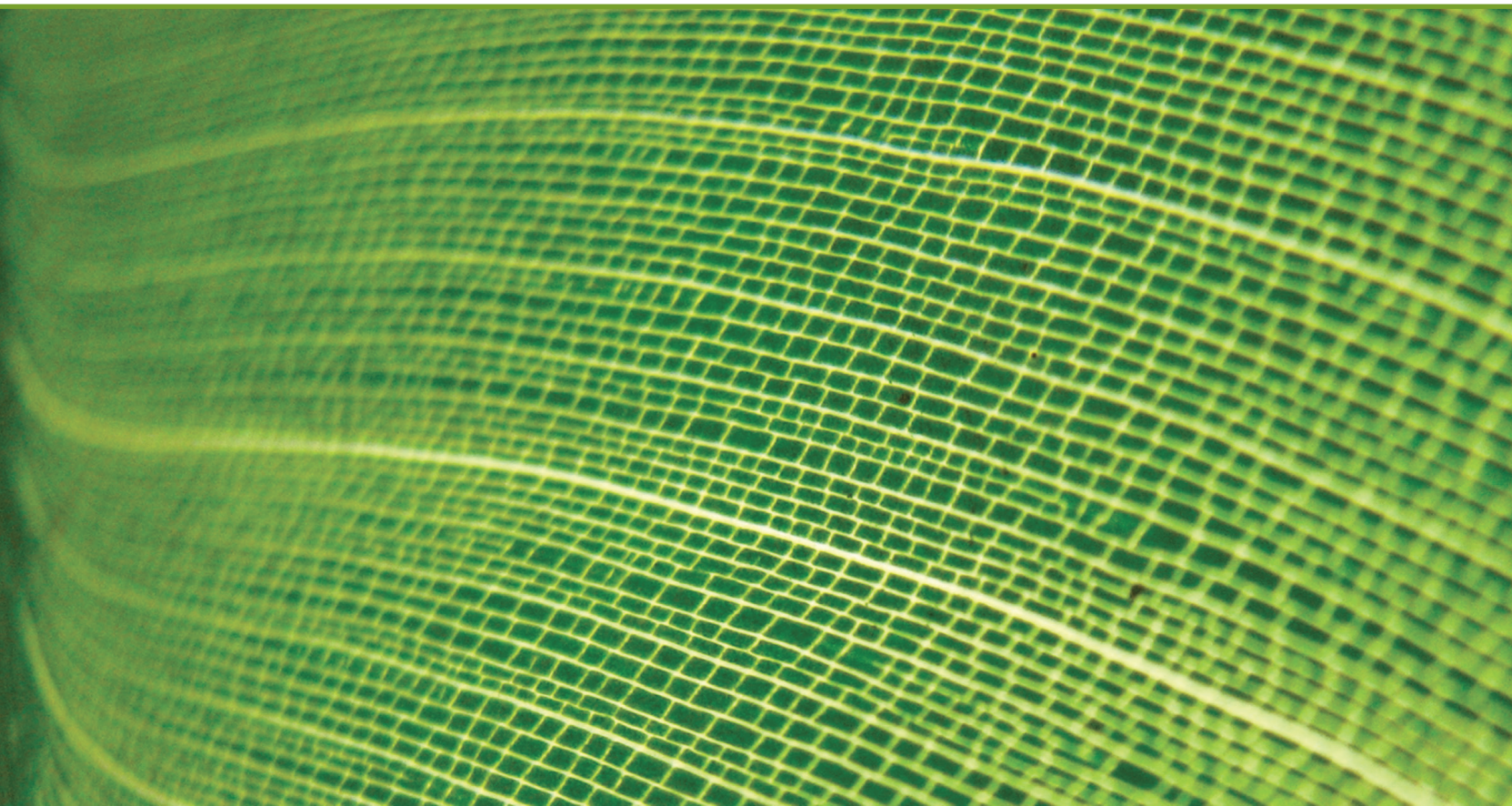


# Accelerating the implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region: opportunities, lessons learned and ways forward



Report of the 2019 European Health Research Network multicountry workshop

27–29 November 2019, Vilnius, Lithuania



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## Keywords:

health research  
evidence-informed policy-making  
national health research system  
Evidence-informed policy-making Network  
EVIPNet

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We would also like to thank Dr John Reeder and Dr Garry Aslanyan of the Special Programme for Research and Training in Tropical Diseases for their support, which made this workshop possible.

Last, but not the least, we are grateful for the participants, experts, temporary advisers and observers who made the meeting successful by sharing their time and knowledge during the workshop.

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## Abbreviations

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EACHR	European Advisory Committee on Health Research
EHII	WHO European Health Information Initiative
EHRN	European Health Research Network
EIP	evidence-informed policy-making
HEN	Health Evidence Network
KT	knowledge translation
NHRS	national health research system

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## Executive summary

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Synergized health research and evidence-informed policy-making (EIP) systems are crucial to achieving universal health coverage, a commitment of the 2030 Agenda for Sustainable Development. These guiding principles underlie the key action areas of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region. In 2017 representatives from Armenia, Bulgaria, Estonia, Georgia and Kyrgyzstan took the first steps towards undertaking these actions by ratifying the Sofia Declaration and establishing the European Health Research Network (EHRN) under the auspices of the WHO European Health Information Initiative (EHII). In 2018 Ukraine joined as the sixth member of EHRN. EHRN provides strategic direction and leadership in national health research systems (NHRS) strengthening and a platform for communication, exchange and advocacy in the WHO European Region. In 2019 EHRN held a multicountry workshop, co-organized by the Division of Information, Evidence, Research and Innovation of the WHO Regional Office for Europe and the Special Programme for Research and Training in Tropical Diseases, to build upon Member States' experiences and lessons learned to date and identify the next steps for implementation of the Action Plan. International experts on NHRS strengthening from WHO headquarters, the WHO Global Observatory on Health Research and Development, Brunel University London, the United Kingdom National Institute for Health Research and the Philippine Council for Health Research and Development provided advice on the best tools and approaches for conducting baseline NHRS assessments.

EHRN Member States presented the progress they had made in achieving the Action Plan deliverables over the past two years. Key barriers to progress were identified as constraints on acceptability and relevance due to changing political contexts, as well as implementation costs. Despite these challenges, Member States remain highly committed to pioneering the NHRS strengthening activities of the Action Plan in the Region. EHRN focal points identified the most important facilitating factors for the implementation of NHRS strengthening activities as:

- ensuring the support and commitment of ministry of health policy-makers and programme managers;
- developing a unified law, strategy or policy for harmonizing the different NHRS sectors;

- 
- institutionalizing research ethics boards and creating coordinating mechanisms for multisectoral research collaborations to ensure high-quality health research for EIP;
  - creating financing mechanisms through fiscal interventions (e.g. so-called sin taxation on products such as alcohol or cigarettes) or collaboration with the private sector to provide funding for research priorities; and
  - providing assistance to local researchers (especially early-career professionals) to apply for local and international research grants to support high-quality health research.

Member States have also begun planning efforts to synergize EHRN activities with the Evidence-informed Policy Network (EVIPNet) Europe.<sup>1</sup> This included establishing multisectoral working groups to identify gaps and plan joint activities between the two networks. The activities may include capacity-building exercises on priority-setting, performing a baseline assessment, and strengthening a country's NHRS and knowledge translation (KT) systems, with the purpose of developing a synergized comprehensive strategy.

Workshop participants gained a better understanding of how to conduct NHRS assessments and of the importance of strengthening those systems that enable EIP. Through the interactive sessions, participants developed an understanding of country-specific challenges in conducting research for health and exchanged potential solutions. Participants also provided EHRN with valuable input from Member States on adopting a more cohesive approach to strengthening NHRSs in the Region. The EHRN and EVIPNet Europe secretariats will be working closely with Member States on joint initiatives to demonstrate how KT systems and NHRS can be systematically harmonized.

On 30 December 2019 in a letter to Dr Piroška Östlin, WHO Regional Director for Europe ad interim, Professor Aurelijus Veryga, Minister of Health of Lithuania, officially expressed the country's desire to join the EHRN. This request was warmly welcomed by Dr Östlin. Formalization of its EHRN membership has made Lithuania the seventh Member State to pioneer NHRS strengthening in the Region.

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<sup>1</sup> EVIPNet Europe is a knowledge translation capacity-building network of 21 Member States that is also coordinated by the WHO Regional Office for Europe.

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# 1. Background to the meeting

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Synergized health research and EIP systems are crucial to achieving universal health coverage, a commitment of the 2030 Agenda for Sustainable Development (1). These principles guide the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region (2), which aims to increase and promote the generation and use of multidisciplinary and intersectoral sources of evidence for health policy-making through four key action areas:

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



Participants, temporary advisers and observers of the 2019 multicountry workshop of the European Health Research Network (27–29 November 2019, Vilnius, Lithuania).

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In 2017 representatives from Armenia, Bulgaria, Estonia, Georgia and Kyrgyzstan took the first steps towards these actions by ratifying the Sofia Declaration (5) and establishing the EHRN under the auspices of the EHII (6,7). EHRN aims to provide strategic direction and leadership in NHRS strengthening and a platform for communication, exchange and advocacy in the Region. In 2018 Ukraine joined as the sixth member of EHRN and in 2019 EHRN members requested a face-to-face meeting to build upon their experiences and lessons learned to date and to identify the next steps for implementation of the Action Plan.

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## 2. Workshop outline

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The Division of Information, Evidence, Research and Innovation of the WHO Regional Office for Europe and the Special Programme for Research and Training in Tropical Diseases (8) co-organized a multicountry EHRN workshop that aimed to work with representatives from Member States to identify the lessons learned in implementing the Action Plan. The workshop was held in Vilnius, Lithuania from 27 to 29 November 2019. Annex 1 provides the full programme and Annex 2 gives a list of participants.

The workshop's specific objectives were to:

- reinforce to EHRN members the importance of adopting a systems approach to NHRS strengthening and for a health research strategy to support EIP;
- provide a platform for EHRN members to exchange their experiences, challenges and lessons learned in developing and strengthening NHRS at the national and regional levels;
- build the capacity of EHRN members to assess their NHRS by providing tools and approaches; and
- identify concrete action steps to accelerate implementation of the Action Plan and NHRS strengthening.



Observers from the Lithuanian Ministry of Health, Institute of Hygiene and Vilnius University joined the EHRN workshop for the first time.

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A brief outline of the meeting is as follows.

- Day 1 included a refresher course on the work of the EHII. Presentations focused on using a systems approach to NHRS strengthening and the implementation status of the Action Plan in each country. The findings of Health Evidence Network (HEN) synthesis report on NHRS (9) were also presented to highlight the best available evidence on strengthening NHRS.
- Day 2 focused on interactive sessions on conducting an NHRS assessment, and covered aspects of health situation analysis, determining stakeholders, evaluating the health research system and developing an action plan.
- Day 3 focused on identifying potential synergies between EHRN and EVIPNet Europe (10). Following a presentation of the Republic of Moldova's experiences of being a member of both networks, there was a session to encourage participants to harmonize the action plans between EVIPNet Europe and the EHRN. In the final session, participants evaluated the workshop (results are presented in Annex 3).



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## 3. Bottlenecks, good practices and lessons learned in implementing the Action Plan

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### 3.1 Bottlenecks

Member countries agreed to develop six deliverables (i.e. outcomes for measuring progress in implementation) for the Action Plan. These were to:

1. develop a strategy and action plan for strengthening the NHRS;
2. establish or strengthen the national or institutional review boards;
3. strengthen the information and legal instruments and institutional frameworks;
4. promote and conduct health research;
5. provide financing and human resources for health research; and
6. report countries' research priorities and investment to the WHO Global Observatory on Health Research and Development (Annex 4) (11).

EHRN Member States were given the opportunity to present the progress they had made in achieving the deliverables of the Action Plan over the previous two years and to analyse the challenges they had encountered according to defined implementation outcomes (Table 1). See Annex 4 for the implementation status of the deliverables in each country.

**Table 1. Definitions of implementation outcomes**

Implementation outcome	Definition
Acceptability	The perception of stakeholders (e.g. consumers, providers, managers, policy-makers) that an intervention is agreeable
Costs	The incremental cost of the implementation strategy (e.g. how the services are delivered in a particular setting). The total cost of intervention would also include the cost of the intervention itself
Feasibility	The extent to which an intervention can be carried out in a particular setting or organization
Relevance	The perception by country stakeholders that this action point is a good fit or is relevant to the country's setting and needs

Although the priorities of the Action Plan had been set up and discussed at previous EHRN meetings, countries experienced problems in implementing the six deliverables. The most frequently reported constraints were bottlenecks related to implementation costs and relevance, with the latter mainly due to staff changes in government ministries. Other issues were the frequent turnover of focal points and to nominated staff having other work commitments.

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Each country reported its experiences in implementing the Action Plan according to the six deliverables.

### 3.1.1 Armenia

Armenia's action plan was developed following discussions with key policy-makers and stakeholders. However, due to the unstable political context the action plan has not yet been approved. Further amendments are needed, but these depend on the Government's endorsement of the Law on Higher Education and Scientific Research (*Zakon o Vyshem Obrazovanii i Nauke*).

Evaluation components of the country's current health-care programmes have been revised with support from WHO and other stakeholders. Capacity-building activities have been undertaken to accelerate strategy development, and gap and economic analyses have also begun. In addition, resource analysis for strategy development has been launched by testing a new evaluation approach to assess institutions based on their research activities and deliverables as a rationale for future funding. Based on these analyses, priorities for long-term programmes were presented to the Scientific Committee of the Ministry of Education for consideration in the annual research budget allocation.

### 3.1.2 Bulgaria

Since 2017 Bulgaria has focused its efforts on vaccination by implementing programmes to eliminate measles and rubella (for 2018–2022). Consequently, vaccination coverage for these diseases is 85–90% among Bulgarians. Further activities included implementing a multisectoral programme on tuberculosis, with a focus on ethnical minorities, and organizing a conference on healthy nutrition.

### 3.1.3 Estonia

Following the 2017 EHRN meeting, Estonia developed an action plan adjusted to the national health priorities through the joint efforts of politicians and researchers. Furthermore, horizontal integration of research and development activities into the National Health Plan 2020–2030 (launched in 2018) was based on regular dialogue between policy-makers and researchers, coordinated by the Health Research and Innovation Policy Board. In 2019 Estonia joined the European Commission's new research and innovation framework programme, Horizon Europe (12).

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### *3.1.4 Georgia*

The regular turnover of personnel within relevant ministries prevented Georgia from making progress in developing an action plan. However, the country intends to begin strategy development by performing a baseline NHRS assessment; establishing a multisectoral discussion on priority-setting in 2020; and developing a national health research policy, strategy or plan. The National Center for Disease Control and Public Health was mandated to coordinate NHRS activities, including the development of e-health and registries.

### *3.1.5 Kyrgyzstan*

The Prime Minister of Kyrgyzstan has given political support to develop and strengthen the country's NHRS. With support from the WHO Secretariat, Kyrgyzstan has taken concrete steps such as establishing the Scientific Technical Council within the Ministry of Health. The Council is mandated to coordinate multisectoral collaboration with key stakeholders, including the Ministry of Health, Ministry of Education and Science, High Attestation Commission, National Academy of Sciences, leading research centres and institutes, and WHO Country Office in Kyrgyzstan, in promoting the NHRS. Strengthening multisectoral collaboration through strategy development and conducting a baseline NHRS assessment were prioritized as action steps for the next two years.

### *3.1.6 Lithuania*

As an observer at the workshop, Lithuania shared its achievements related to NHRS strengthening and identifying funding sources for further NHRS development. The National Research Council of Lithuania was identified as the main source. The Public Health Fund also financed research through taxation of alcohol and tobacco sales and gaming activities. The third funding source of national health research was international project funds (e.g. Horizon 2020 (now Horizon Europe **(12)**)) and cross-country agreements with Germany, Japan and Latvia), which required interdisciplinarity and multisectoral collaboration.

### *3.1.7 Ukraine*

In the changing political context (including reforms in the country's finance, education and science sectors), participants encountered difficulties in implementing the deliverables of the Action Plan. However, they stated that in Ukraine public health was recognized as a branch of health care and that an electronic medical record system had been

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established. Recent changes meant that health research funding had shifted from an institutionally-funded approach to a grant-based proposal system through the National Research Fund.

### 3.2 Good practices and lessons learned

EHRN Member States identified good practices and lessons learned from the implementation of the Action Plan. Support and commitment from policy-makers and programme managers at the respective ministries of health were identified as the most important determinant to ensure that NHRS strengthening activities are implemented. A unified law, strategy or policy was also seen as a critical element, which has proven successful in harmonizing NHRS in other similar countries. A facilitating factor was to appoint a unified body mandated to lead, coordinate and integrate multisectoral stakeholder efforts and interests at all levels towards strengthening NHRS aligned to national priorities. Good practices were reported as ensuring effective communication between different stakeholders (such as ministries, universities/researchers, private sector and WHO country offices) and establishing ethics review boards.

Professor Gayane Melik-Andreasyan,  
Deputy Director, Reference Laboratory at the National  
Centre for Disease Control and Prevention of Armenia  
presents on behalf of EHRN Chair Dr Lilit Avetisyan.



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From a financial perspective, receiving different forms of support (from performance-based funding to promoting young researchers through international grants and other financing mechanisms) was reported as an enabler that led to success in implementing the Action Plan. For example, funding research through so-called sin taxation on products such as alcohol or cigarettes and schemes designed to engage the private sector in biomedical research were reported as important enablers. Full or partial funding, discounts on future products or interest-free long-term loans were identified in the sessions as productive strategies for collaboration with the private sector. Moreover, capacity-building to share successful experiences across countries was identified as an important facilitator.

In summary, Member States reported that a lack of support and commitment to strengthening NHRS from key decision-makers at the Ministry of Health had led to a lack of success in implementing the Action Plan. A lack of multisectoral coordination, collaboration and legislative frameworks or policies in the health research agendas of key stakeholders at all levels (including setting priorities and strategy development) were identified as barriers that had led to failure or incomplete progress. Limited funds and conflicts of interest in their allocation (e.g. selective allocation of funds by certain ministries) were highlighted as hindering factors. The frequent turnover of staff, including the brain drain of young prospective researchers, was also reported as a barrier to successful implementation of the Action Plan.

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## 4. The best available evidence to strengthen health research systems

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The results of a recent HEN synthesis report that reviewed the best available evidence on policies, interventions and tools for establishing and strengthening NHRS (HEN synthesis report 69 (9)) was presented at the workshop by one of the co-authors, Professor Subhash Pokhrel of Brunel University London. HEN is an information service for public health decision-makers in the WHO European Region. It was established in 2003 and is coordinated by the WHO Regional Office for Europe under the umbrella of EHII (7).

Following a comprehensive search and review of 112 full text articles, the authors of HEN synthesis report 69 concluded that undertaking an analysis of the current state of health research in the country is the first step to NHRS strengthening. The review also identified actions that can help build health research systems. These were setting up health research policies and strategies; embedding stakeholder engagement in the routine implementation, monitoring and evaluation of the health research strategy; and investing and advocating for partnerships and collaborations.

Dr Steph Garfield-Birkbeck from the United Kingdom National Institute of Health Research (13) and Dr Jaime Montoya from the Philippine Council for Health Research and Development (14) described the approaches and activities taken by the United Kingdom and the



*From left to right: Dr Subhash Pokhrel, Dr Jaime Montoya and Dr Adam Taghreed supported participants with their technical expertise on NHRS strengthening.*

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Philippines to strengthen the respective health research systems. Both countries were featured in case studies in HEN synthesis report 69 (9).

The United Kingdom's National Institute of Health Research obtained funding support by engaging with multiple partners; attracting and training researchers; investing in the infrastructure for research; and partnering with other funders, charities and industry (13). To improve efficiency, the Institute prioritized innovative health research and assessed proposals based on their impact, excellence, inclusion and effectiveness. In contrast, the Philippine National Health Research System achieved success following the Government's decision to pass legislation that mandated a unifying organization to lead, coordinate and unite the diverse stakeholders in health research in the country. This resulted in a well-developed NHRS structure comprising a decentralized system for building health research capacity. The legislation, aided by funding through sin taxation, established an effective bureaucracy to support NHRS strengthening.

Experts from WHO headquarters and the WHO Regional Office for Europe also explained how WHO supports health research systems strengthening at the global and regional levels. Dr Taghreed Adam of the WHO Global Observatory on Health Research and Development (11) presented the WHO Global assessment of NHRs, which was launched in 2014 and is regularly updated. The Observatory's high-level assessment features a core set of feasible and meaningful indicators: governance; financing; developing and sustaining resources; and producing and using research. Dr Garry Aslanyan described how the Special Programme for Research and Training in Tropical Diseases uses a systematic approach to strengthening implementation research capacities through providing postgraduate support in seven universities worldwide. He also discussed the Special Programme's training initiatives (Structured Operational Research and Training Initiative (15)) and implementation research toolkits and courses (16), which are available to all who need them.

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## 5. NHRS assessments: the first step to strengthening NHRSs

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Dr Ritu Sadana, former Team Leader of the Health Research Systems Analysis Initiative (2002–2004), outlined her expertise and shared the lessons learned in NHRS assessments during the workshop. She described how an NHRS assessment could enable countries to establish mechanisms to control and fund their research agenda to address national health priorities and to advocate for increasing national and global investments in health research. Dr Sadana described the three preliminary steps in the assessment as follows: (i) identify a wide range of stakeholders in knowledge production and use for health, (ii) map key actors in health research system governance, policies and coordination across sectors (medical, health and determinants of health) and (iii) identify national priorities to improve health, not only in terms of the disease burden.

Based on a PESTLE analysis (17) (described in detail in Annexes 5 and 6), participants reported that the political prioritization of NHRS strengthening had had a significant influence on the implementation of NHRS assessments. However, this was negatively affected by the rotation of ministers between various posts within the country. NHRS assessments can only be undertaken if financial support is obtained from international donors or national funds. This has been hindered in some countries through health research funds being redirected to funding universal health coverage mechanisms.

Participants identified the involvement of key stakeholders (such as the Ministry of Health and Ministry of Education, research institutions and universities) as important social factors that influence the implementation of NHRS assessments. Mass media broadcasting on public health issues can also facilitate NHRS assessment. In contrast, a reported hindering factor was a lack of multisectoral coordination mechanisms between different stakeholders, which had led to the misalignment of stakeholders' interests and national priorities. Another barrier mentioned was a lack of competence to conduct high-quality research. Some countries highlighted that clinical trials were dominating over public health research due to pharmaceutical industry pressure.

Participants stated that the presence of WHO tools and methodology could be considered as technological facilitating factors; however, a lack of tools adapted to each country's context could hinder implementation of the NHRS assessment. Legal factors included a lack of or limited



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legislation framework for NHRS assessment or its implementation. The environmental factors mentioned most frequently by participants were related to the country's weather.

Following the session on identifying facilitators and barriers to conducting an NHRS assessment, a participatory, inductive approach was utilized to understand how the WHO Regional Office for Europe and EHRN secretariats can work with countries to kickstart NHRS assessments. Using the McKinsey 7-S framework (18), participants identified their needs related to technical support from the Regional Office, as well as from other EHRN Member States (Annex 7).

Representatives of EHRN Member States said they would like to receive technical assistance from the Regional Office to develop national action plans and strategies and to set up coordinating mechanisms for strengthening NHRS (Annex 7). Two representatives expressed interest in receiving information on best practices for their mission and vision, and another sought support to convince policy-makers of the importance of EIP. All representatives expressed interest in improving the organization, structures and divisions of their NHRS. Within Member States, representatives expressed a desire to learn best practices from one another to improve their institutional processes and procedures and to enhance the skills and competencies of NHRS staff.



Discussions and consultations during a meeting break between Dr Ritu Sadana from WHO headquarters and Ms Vesela Vuchkova-Georgieva from the Ministry of Health, Bulgaria.

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Representatives of four of the six Member States said they would like to exchange experiences of shared values, culture and general work ethic, including mission and vision statements; improving structures (organization of division and units); and staff recruitment, training, motivation and reward.

Some countries also demonstrated their expertise in certain areas and expressed an interest in sharing this with other EHRN Member States. For example, Georgia has successfully developed international collaborations and grant proposals, and expressed a willingness to support other Member States in these areas.

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## 6. Next steps for EHRN

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To ensure that the EHRN's work remains relevant, Member States were consulted on its mission, vision and functions. The current statements on the EHRN vision and mission are as follows.<sup>2</sup>

The EHRN envisions health research systems which are built on synergistic relationships between sectors, disciplines and research organizations; ensure ethical, fair and quality research; and link and align health research to health policy priorities and policies in all Member States of the WHO European Region.

The mission of the EHRN is to provide strategic direction and leadership to its network Member States in NHRS strengthening by coordinating technical expertise, regional experiences and a platform for communication, exchange and advocacy.

The EHRN's key functions are to:

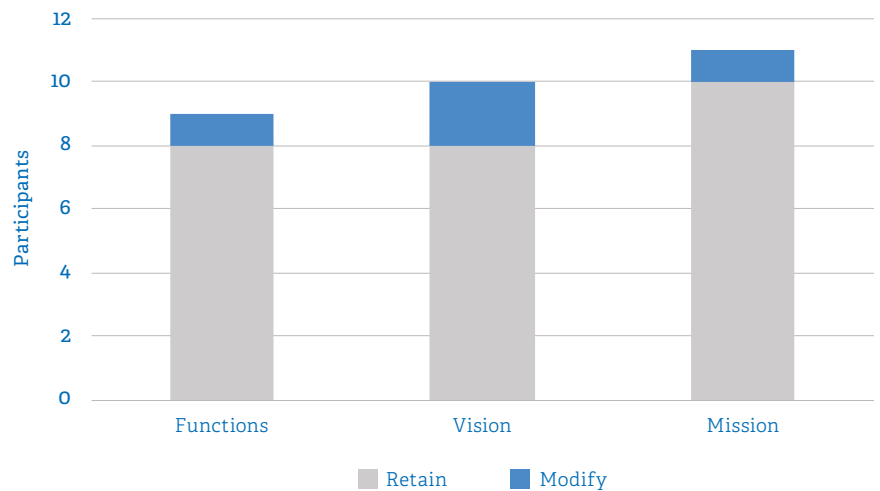
1. provide support for building sustainable capacity, structures and resources in research systems and strategies for health in its Member States;
2. demonstrate and report on country progress and achievements in NHRS strengthening;
3. support and facilitate the exchange of good practices in NHRS strengthening within the network and beyond;
4. support and encourage countries to participate in (sub)Regional collaborations on NHRS strengthening;
5. advise the WHO Regional Office for Europe on strategic matters pertaining to NHRS strengthening;
6. advise on the structure, aims and activities of the EHRN; and
7. support the mission of the EHII as a fundamental basis for strengthening evidence, information and research in the WHO European Region.

An interactive online poll was used during the workshop to obtain participants' opinions on whether to retain or amend the current vision, mission and functions of EHRN. The results of the poll showed that most participants wanted to retain the current EHRN's vision, mission and functions.

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<sup>2</sup> Taken from an unpublished internal document.

Fig. 1. Results of the interactive poll on whether to retain or modify the EHRN's current mission, vision and functions



One participant asked for clarification about the meaning of the term fair research, as used in the vision statement. Another participant suggested changing the vision to “facilitating international and multisectoral collaboration towards health research implementation”. One participant also proposed amending the EHRN vision to “align health research to societal challenges on health and health policy priorities in all Member States of the WHO European Region”. Another participant suggested having separate mission statements related to Member States and non-Member States. One participant suggested revising the wording of one EHRN function to “revise/coordinate on the structure, aims and activities of the EHRN”. Representatives of most of the six countries indicated in written form in advance of the meeting that their goals, vision and mission were aligned with those of EHRN, which confirmed the result of the online poll. Work is currently in progress to refine the mission and vision statements based on the inputs provided during the workshop.

The workshop also aimed to identify opportunities to synergize EHRN's work with that of the European Advisory Committee on Health Research (EACHR) (19) and the Evidence-informed Policy Network (EVIPNet) (10). Founded in 2011, the EACHR is the regional equivalent of the WHO Global Advisory Committee on Health Research, which was established in 1959. Dr Moriah Ellen, a member of the EACHR, reported that the Committee's functions include advising on the formulation of policies for the development of health research; coordinating health

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research internationally across the Region's Member States; advising on new findings on priority public health issues and on evidence-based strategies to address them; facilitating the exchange of information on research agendas in the Region and addressing evidence gaps in priority areas. The EACHR comprises 24 members and is mandated to support and strategically guide the overlapping Action area 2 (related to NHRS) and Action area 3 (related to EVIPNet) of the Action Plan (2).

Currently comprising 21 Member States, EVIPNet Europe promotes the development of countries' capacities in KT through establishing KT platforms. Case studies have been published in the WHO Regional Office for Europe's journal, *Public Health Panorama* (20). While participating in EVIPNet, countries proceed through the following stages: interest declaration, multicountry collaboration, and ad hoc country-specific training workshops for key stakeholders and/or mentoring in the development of an evidence brief for policy and subsequent policy dialogues. During the workshop, Dr Marcela Tirdea reported the successful enactment of alcohol control legislation in the Republic of Moldova (21). This was achieved in 2017 through the organization of multiple capacity-building opportunities, with close mentoring and coaching from the EVIPNet Secretariat and the Knowledge to Policy Center in Lebanon.

Given that Bulgaria, Estonia and Lithuania are members of both EHRN and EVIPNet, the workshop consulted representatives of these countries on how to synergize the activities of both networks. The representatives suggested establishing multisectoral working groups to identify gaps between policy and health research and assessing how these could be filled using the available data and evidence systems and KT mechanisms. In addition, participants expressed a desire to build the capacity of national stakeholders and set priorities to develop a unified comprehensive strategy integrated with relevant KT platforms, which would require political, financial and technical support. Most of these activities were envisioned to require support from the Secretariat of the WHO Regional Office for Europe (Annex 8).

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## 7. Concluding remarks

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At the workshop, participants gained a better understanding of how to conduct NHRS assessments and of the importance of strengthening the systems that enable EIP. However, follow-up activities are needed to build the capacity of EHRN focal points in each country. Through interactive sessions, participants were able to understand country-specific challenges in conducting research for health policy-making and to exchange potential solutions. The participatory approach of the workshop also led to invaluable inputs from Member States on the strategic directions of EHRN towards a more cohesive approach in strengthening NHRS in the WHO European Region.

The secretariats of EHRN and EVIPNet Europe will work closely with Member States on joint initiatives to demonstrate how KT and NHRS systems can be systematically harmonized.



Professor Talantbek Sooronbaev and Ms Zuura Dolonbaeva, both from Kyrgyzstan, converse with Ms Anna Kurmanova of the EHRN secretariat in a meeting break.

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## References

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1. Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations; 2019 (<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>, accessed 29 July 2020).
2. Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2019 (Regional Committee for Europe 66th session; EUR/RC66/12, EUR/RC66/Conf.Doc./8; [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/314727/66wd12e\\_EIPActionPlan\\_160528.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/314727/66wd12e_EIPActionPlan_160528.pdf?ua=1), accessed 29 July 2020).
3. National health research systems: report of an international workshop, Cha-am, Thailand, 12–15 March 2001; Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/42455>, accessed 29 July 2020).
4. Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2013 ([https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/199536/Health2020-Short.pdf](https://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf), accessed 11 August 2020).
5. Sofia Declaration: renewed commitment to the use of evidence, information and research in policy-making [website]. Copenhagen: WHO Regional Office for Europe; 2017 (<https://www.euro.who.int/en/data-and-evidence/news/news/2017/12/sofia-declaration-renewed-commitment-to-the-use-of-evidence-information-and-research-in-policy-making>, accessed 3 August 2020).
6. Strengthening national health research systems: implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region. Report of the first multicountry meeting on research for health, 15–17 November 2017, Sofia, Bulgaria. Copenhagen: WHO Regional Office for Europe; 2019 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/367371/who-nhrs-meeting-report-eng.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0009/367371/who-nhrs-meeting-report-eng.pdf?ua=1), accessed 29 July 2020).
7. European Health Information Initiative. Copenhagen: WHO Regional Office for Europe; 2019 ([https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/287275/EHII\\_Booklet\\_EN\\_rev1.pdf](https://www.euro.who.int/__data/assets/pdf_file/0004/287275/EHII_Booklet_EN_rev1.pdf), accessed 29 July 2020).

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8. Special Programme for Research and Training in Tropical Diseases [website]. Geneva: World Health Organization; 2020 (<https://www.who.int/tdr/about/en/>, accessed 29 July 2020).
  9. Hanney S, Kanya L, Pokhrel S, Jones T, Boaz A. What is the evidence on policies, interventions and tools for establishing and/or strengthening national health research systems and their effectiveness? Copenhagen: WHO Regional Office for Europe; 2020 (Health Evidence Network (HEN) synthesis report 69; <https://apps.who.int/iris/bitstream/handle/10665/331703/9789289054942-eng.pdf>, accessed 29 July 2020).
  10. Evidence-informed Policy Network [website]. Copenhagen: WHO Regional Office for Europe; 2020 (<http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/evidence-informed-policy-network-epipnet>, accessed 29 July 2020).
  11. Global Health Observatory on Health R&D [website]. Geneva: World Health Organization; 2020 (<https://www.who.int/research-observatory/en/>, accessed 29 July 2020).
  12. Horizon Europe – the next research and innovation framework programme [website]. Brussels: European Commission; 2020 ([https://ec.europa.eu/info/horizon-europe-next-research-and-innovation-framework-programme\\_en](https://ec.europa.eu/info/horizon-europe-next-research-and-innovation-framework-programme_en), accessed 11 August 2020).
  13. National Institute for Health Research [website]. London: National Institute for Health Research; 2020 (<https://www.nihr.ac.uk/>, accessed 29 July 2020).
  14. Philippine Council for Health Research and Development [website]. Bicutan Taguig City: Philippine Council for Health Research and Development; 2020 (<http://pchrd.dost.gov.ph/>, accessed 29 July 2020).
  15. SORT IT. In: Special Programme for Research and Training in Tropical Diseases [website]. Geneva: World Health Organization; 2020 (<https://www.who.int/tdr/capacity/strengthening/sort/en/>, accessed 29 July 2020).
  16. Implementation research toolkit. In: Special Programme for Research and Training in Tropical Diseases [website]. Geneva: World Health Organization; 2020 (<https://www.who.int/tdr/publications/topics/ir-toolkit/en/>, accessed 29 July 2020).
  17. What is PESTLE analysis? A tool for business analysis. In: PESTLE analysis [website]. Newark: Weberience; 2020 (<https://pestleanalysis.com/what-is-pestle-analysis/>, accessed 29 July 2020).



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18. Enduring ideas: the 7-S Framework. McKinsey Quarterly. 1 March 2008 (<https://www.mckinsey.com/business-functions/strategy-and-corporate-finance/our-insights/enduring-ideas-the-7-s-framework>, accessed 29 July 2020).
  19. European Advisory Committee on Health Research (EACHR) [website]. Copenhagen: WHO Regional Office for Europe; 2020 (<http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/european-advisory-committee-on-health-research-eachr>, accessed 29 July 2020).
  20. Journal issues. In: Public Health Panorama. [website]. Copenhagen: WHO Regional Office for Europe; 2020 (<http://www.euro.who.int/en/publications/public-health-panorama/journal-issues>, accessed 29 July 2020).
  21. Scarlett J, Köhler K, Reinap M, Ciobanu A, Tirdea M, Koikov V et al. Evidence-informed Policy Network (EVIPNet) Europe: success stories in knowledge translation. *Public Health Panorama*. 2018;4(2):147–271.

# Annex 1. Meeting programme

Tuesday, 26 November 2019

18:00–18:30 Welcome reception

Wednesday, 27 November 2019

08:30–09:00 Registration

09:00–09:30	<p><b>Welcome and opening</b></p> <ul style="list-style-type: none"><li>◆ Opening remarks by <i>Aurelijus Veryga</i>, Minister of Health of Lithuania</li><li>◆ Official welcome by <i>Ingrida Zurlyte</i></li><li>◆ Opening remarks by <i>Garry Aslanyan</i></li><li>◆ Official welcome by <i>Tanja Kuchenmüller</i></li><li>◆ Setting the scene (introduction to the agenda, housekeeping, Chair, Rapporteur) by <i>Tarang Sharma</i> and <i>Tyrone Reden Sy</i></li></ul>
09:30–10:05	<p><b>Session 1. What the EHII is and highlights from past EHRN meetings</b></p> <p>Presentation by <i>Tanja Kuchenmüller</i></p> <ul style="list-style-type: none"><li>◆ WHO EHII</li><li>◆ Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region</li><li>◆ What has been done at regional level in Action area 2?</li></ul> <p>Presentation by <i>Lilit Avetisyan</i>, Chair of the EHRN and <i>Lela Shengelia</i>, Co-Chair of EHRN</p> <ul style="list-style-type: none"><li>◆ Highlights from the multicountry meetings in 2017 (in Sofia) and 2018 (in Ukraine)</li></ul>
10:05–10:15	Coffee break and group photo
10:15–10:30	Icebreaker activities: introduction of participants
10:30–11:30	<p><b>Session 2. A systems approach to health research – why and what does it look like?</b></p> <ul style="list-style-type: none"><li>◆ Presentation by the EHRN Secretariat on NHRS and a systems approach to health research (10 minutes)</li><li>◆ Presentation by <i>Taghreed Adam</i> (15 minutes)</li><li>◆ Presentation by <i>Garry Aslanyan</i> (15 minutes)</li></ul>
11:30–12:00	Question and answer session/open forum
12:00–13:00	Lunch break
13:00–14:30	<p><b>Session 3. Country presentations on updates and developments in implementing the Action Plan</b></p> <ul style="list-style-type: none"><li>◆ Action points following the 2017 meeting in Sofia</li><li>◆ What were the milestones, accomplishments, challenges and lessons learned in (i) action points and (ii) implementing the Regional action plans?</li><li>◆ Presentations from Armenia, Bulgaria and Estonia; (10 minutes per country)<ul style="list-style-type: none"><li>– Question and answer session/open forum (15 minutes)</li></ul></li><li>◆ Presentations from Georgia, Kyrgyzstan and Ukraine (10 minutes per country)<ul style="list-style-type: none"><li>– Question and answer session/open forum (15 minutes)</li></ul></li></ul>
14:30–14:40	Coffee break
14:40–16:00	<p><b>Session 4. Interactive group sessions on challenges encountered, good practices and lessons learned on NHRS strengthening activities</b></p> <p>Duration: 80 minutes Facilitation: <i>Tyrone Reden Sy</i></p> <ul style="list-style-type: none"><li>◆ What have been the challenges each country encountered in carrying out NHRS strengthening activities?</li><li>◆ What can we learn from other countries who have resolved it?</li></ul>

16:00–16:45	<p><b>Session 5. What have other countries been doing towards NHRS strengthening?</b></p> <ul style="list-style-type: none"> <li>◆ Presentation on the HEN synthesis report 69 on NHRS strengthening by <i>Subhash Pokhrel</i> (20 minutes) <ul style="list-style-type: none"> <li>– Examples of NHRS strengthening efforts in other countries</li> <li>– Which of these can be used by EHRN countries to strengthen their own NHRS?</li> <li>– Question and answer session/open forum (25 minutes)</li> </ul> </li> </ul>
16:45–17:00	<p><b>Recap of Day 1 and plans for Day 2</b> Presented by <i>Anna Kurmanova</i>, rapporteur</p> <ul style="list-style-type: none"> <li>◆ Brief introduction to case studies from the United Kingdom and the Philippines</li> <li>◆ Feedback sessions for Day 1</li> </ul>

### Thursday, 28 November 2019

09:00	<p><b>Setting the scene for Day 2</b> <i>WHO Secretariat</i></p>
09:00–09:20	Icebreaker activities: pass the ball and recall
09:20–10:20	<p><b>Session 1. Case studies of countries at various stages of NHRS development</b></p> <ul style="list-style-type: none"> <li>◆ Presentation from <i>Jaime G. Montoya</i> (20 minutes)</li> <li>◆ Presentation from <i>Steph Garfield-Birkbeck</i> (20 minutes)</li> <li>◆ Question and answer session/open forum (20 minutes)</li> </ul>
10:20–10:30	Coffee break
10:30–12:00	<p><b>Session 2. Skill-building session on planning and organizing NHRS assessments: part 1</b></p> <ul style="list-style-type: none"> <li>◆ Presentation by <i>Ritu Sadana</i> (co-facilitated by the EHRN Secretariat)</li> </ul>
12:00–13:00	Lunch
13:00–13:15	Icebreaker activities: re-energizing and relaxation exercise
13:15–15:15	<b>Session 3. Skill-building session on planning and organizing NHRS assessments: part 2</b>
15:15–15:30	Coffee break
15:30–17:00	<p><b>Session 4. Setting the roadmap to NHRS strengthening at national level</b></p> <ul style="list-style-type: none"> <li>◆ Presentation on EACHR by <i>Moriah Ellen</i> (10 minutes)</li> <li>◆ Interactive group sessions on reviewing the existing (2017) EHRN vision, mission and activities (15 minutes)</li> <li>◆ Within-country brainstorming to identify vision, mission and activities for EHRN and NHRS strengthening (20 minutes)</li> <li>◆ Plenary presentations with question and answer session, per country (45 minutes)</li> </ul>
17:00–17:15	<p><b>Recap of Day 2 and plans for Day 3</b> Presented by <i>Anna Kurmanova</i>, rapporteur</p> <p>Feedback sessions for Day 2</p>
18:00–21:00	Social dinner

### Friday, 29 November 2019

09:00–09:15	<p><b>Setting the scene for Day 3/icebreaker activities</b></p> <ul style="list-style-type: none"> <li>◆ The importance of working together and active listening: the Wright Family Game</li> </ul>
09:15–10:30	<p><b>Session 1. Synergies between EHRN and EVIPNet Europe</b></p> <ul style="list-style-type: none"> <li>◆ Presentation on EVIPNet Europe by <i>Tanja Kuchenmüller</i> (10 minutes)</li> <li>◆ Perspective of an EVIPNet Europe National Champion by <i>Marcela Tirdea</i> (10 minutes)</li> <li>◆ Within-country discussions on potential areas of synergy between EHRN, EVIPNet and the country's NHRS strengthening activities (30 minutes)</li> <li>◆ Plenary presentation per country (30 minutes)</li> </ul>

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10:30–10:40	Coffee break
10:40–11:45	<p><b>Session 2. Plenary/interactive workshop on drafting key messages from the multicountry meeting to report to Ministry of Health decision-makers/programme managers</b></p> <ul style="list-style-type: none"> <li>◆ Which six things that I learned over the last 2.5 days should I tell my Minister of Health upon my return (20 minutes) <ul style="list-style-type: none"> <li>– conducting NHRS assessments</li> <li>– NHRS strengthening activities</li> <li>– EVIPNet Europe and EHRN</li> </ul> </li> <li>◆ Plenary presentations per country (30 minutes)</li> <li>◆ Question and answer session/open forum (15 minutes)</li> </ul>
11:45–12:00	<p><b>Closing remarks</b>  <i>Tanja Kuchenmüller</i></p>
12:00–12:15	Meeting evaluation
12:15 onwards	Networking lunch

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## Annex 2. List of participants

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## Annex 3. Workshop evaluation

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Using Google Forms, the workshop participants were asked to rate their satisfaction with each session and with organizational aspects of the workshop and to provide any additional feedback. Overall, participants felt that the workshop had fully met their expectations. More than half of participants were very satisfied with the overall quality of the meeting (Table A3.1).

**Table A3.1. Participant satisfaction with organizational aspects of the workshop**

Organizational aspect	Very good	Good	Fair/ neutral	Poor	Very poor
Overall quality of the meeting	6	3	0	0	0
Facilitation of group discussions	5	4	0	0	0
Quality of venue facilities	8	0	1	0	0
Quality of food	7	1	1	0	0
Quality of social events	8	1	0	0	0
Organization of logistics	8	1	0	0	0
Communication/responsiveness of the WHO Europe Office	9	0	0	0	0

Note:  $n = 9$ .

The participants found the practical examples useful and valued the interactive activities, which gave them a unique opportunity to gain knowledge for future NHRS strengthening. They enjoyed the open and friendly discussions about each country's experiences and the opportunities for networking. Participants did not feel that changes were necessary for the next meeting. One participant stated that the Mentimeter software (1) was effective and efficient, and another said that it would be better to reduce the amount of sweets served at the next meeting.

Most participants felt that all sessions of the workshop were either very good or good (Table A3.2). They were also very grateful for the opportunity to meet international experts and colleagues from different countries. Participants were also asked to state their favourite sessions. Half said that the case studies on the United Kingdom National Institute of Health Research and the Philippine National Health Research System were the most important sessions because the knowledge they had gained would help them to identify and set their country's course for further NHRS strengthening. One participant stated that the session



on EVIPNet and the case study on the Republic of Moldova had inspired them to establish a national KT platform. Another participant said that the skill-building sessions on use of the NHRS assessment tool would help in implementing the process. The session on best practices and lessons learned in the implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region (2) had also been important for exchanging experiences across countries.

**Table A3.2. Participant satisfaction with sessions during the workshop**

Session	Very good	Good	Fair/ neutral	Poor	Very poor
<b>Day 1</b>					
EHI and the Action Plan, previous EHRN meetings	5	3	0	0	0
A systems approach to health research	5	2	0	0	0
Countries' progress in implementing the Action Plan	4	2	2	0	0
NHRS challenges encountered and gained experience (interactive)	3	4	1	0	0
HEN synthesis report 69: experiences of other countries	3	5	0	0	0
<b>Day 2</b>					
Case studies: United Kingdom National Institute of Health Research and Philippine National Health Research System	5	3	0	0	0
Skill-building session on NHRS assessments: part 1	3	4	2	0	0
Skill-building session on NHRS assessments: part 2 <sup>a</sup>	4	4	1	0	0
Setting the roadmap to NHRS strengthening vision/mission/functions	4	4	1	0	0
<b>Day 3</b>					
Synergies between EHRN and EVIPNet Europe	6	3	0	0	0
Plenary/drafting key messages to national policy-makers	3	6	0	0	0

Note: n = 9.

Mentimeter software was used to evaluate how well the workshop's objectives had been achieved (1). Based on their responses using a five-point scale (from strongly agree to strongly disagree), participants said that they had gained a better understanding of the importance of NHRS assessment and of the importance of EIP. However, they did not yet feel confident in their ability to carry out NHRS assessment and/or develop an action plan strategy in their country (average score over the two days: 3.05). Therefore, follow-up activities may be needed to build the capacity of EHRN focal points in each country. (Tables A3.3 and A3.4).

**Table A3.3. Evaluation of the achievement of workshop objectives, Day 1**

Evaluation question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My understanding of how to use a systems approach to strengthen the NHRS in my country is enhanced	4	9	3	2	0
The content of the presentations developed my understanding of the importance of a strong NHRS	5	9	3	1	0
The content of the presentations developed my understanding of the importance of EIP	8	6	4	0	0
Group discussion of the opportunities, challenges and lessons learned from other participants improved my understanding of NHRS and EIP	8	4	4	2	0
Group discussions will help me to promote and advocate for NHRS and EIP within my country	4	6	7	1	0
I feel capable to carry out the NHRS assessment in my country	2	7	4	5	0

Note:  $n = 18$ .

**Table A3.4. Evaluation of achievement of workshop objectives, Day 2**

Evaluation question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The content of the presentations developed my understanding of NHRS assessments and development	2	5	3	1	1
The content of the presentations developed my understanding of how NHRS can be strengthened through the good practices of other countries	2	4	4	0	2
I feel able to create an action plan for NHRS	2	0	4	4	2
Today's sessions helped me to identify concrete steps towards the implementation of the Action Plan for NHRS	2	2	6	0	2
I feel capable to carry out the NHRS assessment in my country	2	0	5	3	2

Note:  $n = 12$

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## References

1. Mentimeter [website]. Stockholm: Mentimeter; 2020 (<https://www.mentimeter.com/>, accessed 4 August 2020).
2. Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2019 (Regional Committee for Europe 66th session; EUR/RC66/12, EUR/RC66/Conf.Doc./8; [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/314727/66wd12e\\_EIPActionPlan\\_160528.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/314727/66wd12e_EIPActionPlan_160528.pdf?ua=1), accessed 29 July 2020).

## Annex 4. Implementation status of the Action Plan deliverables across countries

Tables A4.1 and A4.2 show the progress made by each country in achieving the deliverables of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region (1).

Table A4.1. Action Plan deliverables: Armenia, Bulgaria and Estonia

Action Plan deliverable	Armenia		Bulgaria		Estonia	
	Status	Issues	Status	Issues	Status	Issues
1. Develop a strategy and action plan to strengthen and fund NHRS (including surveys)	In progress (70%)	C	Yes	A	In progress (5%)	C
2. Establish or strengthen national and institutional ethics review boards to promote transparency and accountability in research, including the use of international clinical trial registries	In progress (50%)	C, R	Yes	R	In progress (5%)	C, F
3. Advocate the need for open access to information; strengthen legal and institutional frameworks to enable the 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	In progress (50%)	C, F	Being planned	R	Being planned	C, F
4. Promote and conduct health research by strengthening university curricula and research institutions in order to improve access to and dissemination/implementation of findings in health care and public health services	In progress (50%)	C	In progress (unavailable)	R	In progress (5%)	–
5. Provide financial and human resources for national health research programmes through research grants and/or academic training	In progress (80%)	C	In progress (unavailable)	R	In progress (10%)	C
6. Report research priorities and investment to the WHO Global Observatory on Health Research and Development	Being planned	C, R	Yes	A	Not done	–

A: acceptability; C: costs; F: feasibility; R: relevance.

Status: Yes – completed; In progress (indicating percentage complete); Being planned – not started, but in the country's strategies, plans or policies/laws; Not done.

Table A4.2. Action Plan deliverables: Georgia, Kyrgyzstan and Ukraine

Action Plan deliverable	Georgia		Kyrgyzstan		Ukraine	
	Status	Issues	Status	Issues	Status	Issues
1. Develop a strategy and action plan to strengthen and fund NHRS (including surveys)	Not done	C, R	Being planned	–	In progress (10%)	A, R
2. Establish or strengthen national and institutional ethics review boards to promote transparency and accountability in research, including the use of international clinical trial registries	Yes	C, R	Yes	C	Being planned	A, R
3. Advocate the need for open access to information; strengthen legal and institutional frameworks to enable the 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	Yes	C, R	In progress (NA)	–	In progress (10%)	C, F
4. Promote and conduct health research by strengthening university curricula and research institutions in order to improve access to and dissemination/implementation of findings in health care and public health services	Yes	C, R	In progress (NA)	C	In progress (20%)	F
5. Provide financial and human resources for national health research programmes through research grants and/or academic training	Yes	C, R	In progress (NA)	–	In progress (80%)	F
6. Report research priorities and investment to the WHO Global Observatory on Health Research and Development	Not done	C, R	Being planned	–	Being planned	C, F

A: acceptability; C: costs; F: feasibility; NA: not available; R: relevance.

Status: Yes – completed; In progress (indicating percentage complete); Being planned – not started, but in the country's strategies, plans or policies/laws; Not done.

## Reference

1. Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2019 (Regional Committee for Europe 66th session; EUR/RC66/12, EUR/RC66/Conf.Doc./8; [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/314727/66wd12e\\_EIPActionPlan\\_160528.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/314727/66wd12e_EIPActionPlan_160528.pdf?ua=1), accessed 29 July 2020).

## Annex 5. Facilitators for conducting NHRS assessments

Table A5.1 shows the facilitators for conducting an NHRS assessment for each country.

**Table A5.1. PESTLE analysis<sup>3</sup> of facilitators for conducting NHRS assessments, by country**

Category	Armenia	Bulgaria	Estonia
Political	NHRS assessment methodology has been developed and is being piloted. It will then to be adjusted accordingly	NHRS is a political priority	There is political will to conduct an NHRS assessment
Economic	Budgets for an NHRS are available but are insufficient for the necessary research	Funding of the assessment has been provided by the Government	A perception of the economic efficiencies of undertaking an NHRS assessment facilitated the funding allocation
Social	A list of agencies with NHRS budgetary funding is available	A list of key stakeholders and their roles/ involvement was identified	Increased public interest in health-related topics/health research has been achieved The public is educated/aware of public health topics and the connection between health research and improvements in population health
Technological	Data collection methodologies and toolkits are available	The country has the technical capacity for NHRS assessment	A well-developed national e-health system and excellent IT solutions, databases and registries are available
Legal	A law on higher education and science has been developed to facilitate research and increase human capacity	The National Health Strategy has been approved	A systematic assessment of research quality is regularly carried out
Environmental	Data could be collected for an NHRS assessment at any time	The population tends to participate in public health activities	None

IT: information technology; NCDC: National Center for Disease Control and Public Health.

Note: PESTLE analysis (1).

<sup>3</sup> Political, economic, sociocultural, technological, legal and environmental factors.

Georgia	Kyrgyzstan	Lithuania	Ukraine
NCDC has been nominated as the coordinating body	NHRS strengthening is a political priority of the Government	The Ministry of Health to is interested in developing a system	NHRS assessments may be considered a potential quick win to receive political dividends
NCDC needs to be co-funded/funded by international donors The National Fund for Research has limited funds for health research	Ministry of Health funding covers only salary expenses and facility maintenance. No funds exist for health research. A potential budget for NHRS development might be redistributed from the Kyrgyzstan national programme until 2030	Sufficient resources are available for NHRS assessment	Donor support is available to facilitate an NHRS assessment
The Ministry of Health, Ministry of Education, Science, Culture and Sport, Ministry of Finance and universities have been identified as key stakeholders for NHRS assessment. A national fund for research has a small proportion of funds for health research, but it is insufficient and is primarily spent on clinical trials due to pharmacology industry pressure	A list of key stakeholders is available	Regional/local data are available and can be used for health research priority-setting and analyses	A list of key stakeholders is available
A well-developed national e-health system. The NCDC e-health database, which is the largest in the country (incorporating registries, including cancer)	Data collection tools are available	Assessment methodologies and tools are generally available	An e-health strategy has been implemented
None	NHRS law and guidelines are in place	A legal framework for NHRS assessment is in place	None
The NCDC facilitates the process. Winter and spring are facilitating seasons	Data can only be collected for NHRS assessment in spring and summer	Regional/local environmental data are available	None

## Reference

1. What is PESTLE analysis? A tool for business analysis. In: PESTLE analysis [website]. Newark: Weberience; 2020 (<https://pestleanalysis.com/what-is-pestle-analysis/>, accessed 29 July 2020).

## Annex 6. Barriers to conducting NHRS assessments

Table A6.1 shows the barriers faced by each country in conducting an NHRS assessment.

**Table A6.1. PESTLE analysis<sup>4</sup> of barriers to conducting an NHRS assessment, by country**

Category	Armenia	Bulgaria	Estonia	Georgia
Political	No independent agency or department is responsible for the NHRS. A Multisectoral collaboration is lacking	A lack of coordination and multisectoral collaboration on NHRS development. Stakeholders are reluctant to prioritize the NHRS	A lack of finances and working time	Ministry of Health employees change frequently, which affects the strategic priorities. A lack of political will and consensus among stakeholders on priorities. The Ministry of Finance allocated high percentage of GDP to health care but the money primarily goes for universal health coverage – not for solving public health issues
Economic	No funding is available for NHRS assessment	Funds are limited, but ad hoc money may be available by the end of the fiscal year	A lack of finances and working time	Donor support is needed. Many donors have left Georgia when its status changed to a middle-income country. The Ministry of Finance has refused to allocate extra funds to the Ministry of Health
Social	A lack of multisectoral collaboration and coordination mechanisms for NHRS assessment	Different priorities and interests, and a lack of coordination and communication among stakeholders	Unexpected and important social problems are impeding the implementation of NHRS assessment	Public and private medical universities operate under the Ministry of Education. They set research priorities that are not aligned with national or Ministry of Health priorities. Almost all clinical trials (99%) in health facilities are private. Therefore, the pharmaceutical industry has a strong influence on health research
Technological	Tools need to be adapted to meet international standards	A lack of data collection tools	None	Digital data exchange between stakeholders is complicated and e-health data is fragmented
Legal	A law on higher education and science has not yet been approved	There is no unified law and the legislation is fragmented	None	The law needs to be revised
Environmental	None	Issues related to the involvement of ethnic minorities in public health activities	None	Summer is a barrier because people refuse to work when it is too hot

GDP: gross domestic product.

Note: PESTLE analysis (1).

<sup>4</sup> Political, economic, social, technological, legal and environmental factors.



Kyrgyzstan	Lithuania	Ukraine
<p>Lack of a unified system approach to NHRS and multisectoral collaboration.</p> <p>Priorities of the health research institutions are not aligned with Ministry of Health and national priorities</p>	<p>A lack of political will/interest in support and implementation at the institutional and political levels</p>	<p>A lack of institutional stability in a changing political context may hinder sustainability</p>
<p>No specific budget is available for a baseline NHRS assessment.</p> <p>There is limited understanding of the need to budget for health research, EIP, KT and NHRS development</p>	<p>A lack of financial resources allocated to NHRS development</p>	<p>A lack of resources for NHRS assessment</p>
<p>Research stakeholders operate in separate silos with no coordination</p>	<p>A lack of research competence and human resources to contribute to a NHRS</p>	<p>A lack of coordination among stakeholders. The Ministry of Education and Science has been proposed as a third independent party to help resolve questions and make decisions</p>
<p>NHRS data collection tools are not being translated into the local language or adapted to the country context</p>	<p>Limited availability of specific methodologies and tools within specific health research projects</p>	<p>NHRS data collection tools are not being translated into the local language or adapted to the country context.</p> <p>E-health patient cards have not yet been implemented in the health-care system</p>
<p>The relevant law has not yet fully been implemented</p>	<p>Lack of a legal framework for conducting research and assessment</p>	<p>Legislation has not yet been developed</p>
<p>Winter and autumn conditions are not ideal for conducting an NHRS assessment</p>	<p>Limitations in regional data collection (specific indicators, physical access to sites)</p>	<p>Insufficient quality of paper-based data</p>

## Reference

1. What is PESTLE analysis? A tool for business analysis. In: PESTLE analysis [website]. Newark: Weberience; 2020 (<https://pestleanalysis.com/what-is-pestle-analysis/>, accessed 29 July 2020).

## Annex 7. Support needed for NHRS assessment

Each country's needs for support from the WHO Regional Office for Europe for NHRS assessment were determined according to the elements of the McKinsey 7-S framework (1):

1. **strategy** – plan developed by the organization to achieve its vision, mission and functions;
2. **shared values** – core values of the organization, as shown in its culture and general work ethic (includes mission, vision and functions);
3. **structure** – how divisions and units are organized, including information on who is accountable to whom;
4. **systems** – processes and procedures of the organization, which reveal how daily activities are done and decisions are made;
5. **skills** – the actual skills and competencies of the organization's employees;
6. **staff** – what type and how many employees an organization needs and how they will be recruited, trained, motivated and rewarded; and
7. **style** – the way the company is managed by top-level managers, including how they interact, what actions they take and their symbolic value.

Table A7.1 shows the results of the needs assessment.

**Table A7.1. Support needed for NHRS assessment from the WHO Regional Office for Europe, by country**

Category	Armenia	Bulgaria	Estonia	Georgia	Kyrgyzstan	Lithuania	Ukraine
<b>Strategy</b>	Best practices in action plan strategy development	Technical support on action plan strategy development	WHO country office support to initiate an NHRS assessment framework	Technical and financial support for development and implementation	Technical support	None	Technical support
<b>Shared values</b>	Support on developing a health research vision and mission	None	None	Best practices on shared values	Support to convince key policy-makers about EIP	None	None
<b>Structures</b>	Support to establish an independent multisectoral agency/ department of expertise within the Ministry of Health responsible for NHRS or developing/ strengthening the existing department of expertise under the auspices of the Scientific Committee  Additional support in convincing policy-makers of the need for adequate staffing may be required	An understanding of how best to establish a unifying coordinating unit with a mandate to coordinate multisectoral collaboration towards NHRS	A workshop on organizing divisions and units	Support in evaluating the NCDC	Technical support to build capacity of the STC of the Ministry of Health at all stages (structure, vision, mission, strategy, action plan, implementation assessment) – this includes convincing policy-makers to finance STC Secretariat staff	None	Yes

Category	Armenia	Bulgaria	Estonia	Georgia	Kyrgyzstan	Lithuania	Ukraine
<b>Systems</b>	Improved integration of monitoring and evaluation within decision-making procedures. Convincing the Ministry of Health of the importance of strengthening expertise in monitoring and evaluation within the department of expertise	None	None	Support in evaluating the NCDC	Support to negotiate with the WHO Country Office in Kyrgyzstan on EIP advocacy at national level	Setting the framework for research coordination	None
<b>Skills</b>	Support in enhancing skills of health research staff for NHRS department in accordance with international standards and experience	Training courses on improving skills and competencies of health research staff	Training in data collection and NHRS assessment methodology	Enhancement of skills to synchronize all NCDC staff capacities	Enhancement of skills of STC staff	Enhancement of skills in health research staff capacities	None
<b>Staff</b>	Certified training courses on staff recruitment, training, motivation and reward. Recruitment of a highly educated researcher with expertise in study design in accordance with international standards	Certified training courses on staff recruitment, training, motivation and reward	Training courses to improve management skills	None	Training courses to enhance the skills and competencies of STC staff in accordance with international standards	Certified training courses on staff recruitment, training, motivation and reward	None
<b>Style</b>	Working/training sessions on drawing on the experience of other countries regarding department of expertise	Experience of working with WHO staff to co-manage tasks/projects related to NHRS assessment within an identified time frame	None	Technical support/training on the management style of top-level managers	Training for STC staff on the management style of top-level managers	None	None

NCDC: National Center for Disease Control and Public Health; STC: Scientific Technical Council.

## Reference

1. Enduring ideas: the 7-S Framework. McKinsey Quarterly. 1 March 2008 (<https://www.mckinsey.com/business-functions/strategy-and-corporate-finance/our-insights/enduring-ideas-the-7-s-framework>, accessed 29 July 2020).

## Annex 8. Proposed activities to synergize EHRN and EVIPNet

Table A8.1 shows the activities proposed to synergize EHRN and EVIPNet (1) activities for each country.

**Table A8.1. Proposed activities to synergize EHRN and EVIPNet activities, by country**

Country	Activity		Who?	When?
	What?	How?		
Armenia	Establishment of a multisectoral coordinating board (working group/ council)	Establishment of a multisectoral working group	EHRN, WHO Regional Office for Europe	2020
	Identification of public health priorities	Analysis of the available evidence and datasets	EHRN, WHO Regional Office for Europe	2020
	Development of an NHRS capacity-building mechanism	National workshops/training courses on monitoring and evaluation for health researchers	EHRN, WHO Regional Office for Europe	2020–2021
	Stimulate health research through financing for university curricula and health research institutions	Budget, grants and donor support	EHRN, WHO Regional Office for Europe	2021–2022
Bulgaria	Strengthening coordination among stakeholders	Organization of meetings, round table discussions and seminars	WHO Country Office, WHO Regional Office for Europe	Once a year
	Developing an evidence brief for policy on antimicrobial resistance	Coordination and collaboration between professionals	WHO Country Office, NCIPD, NCPHA and other experts	Spring 2020
Estonia	Multisectoral seminars/conferences, involving high-level policy-makers	Proposal from the WHO Regional Office for Europe	WHO Country Office, WHO Regional Office for Europe	2020
	Training for stakeholders on evidence-based practices	Organization of basic training courses for national stakeholders (interest was expressed)	University	Ongoing
	Creation of Cochrane Baltic (2)	National support and Cochrane support need to be confirmed	University	From February 2020 onwards
	Establishing of KT platforms/ communication platform	Confirmed via political and financial support	MoSA initiative	From 2020 onwards
Georgia	Identification of overlaps between EVIPNet and EHRN through assessment of the available evidence	Implementation of WHO-recommended methods and tools	NCDC, WHO Regional Office for Europe	2020
	Meeting with key players to establish mutual understanding and a working group to set priorities (gaps were revealed at the assessment stage)	Meeting could be organized	Ministry of Health, Ministry of Education, NCDC, universities (WHO financial support is needed)	After the 2020 assessment
	Establishing a working group and developing the action plan	Regular meetings could be organized	NCDC	–

Country	Activity		Who?	When?
	What?	How?		
Kyrgyzstan	NHRS and KT strategy	Technical support could be confirmed	CST of the Ministry of Health, WHO Country Office, WHO Regional Office for Europe	2020–2021
	Identification and setting of priorities	Advisory support could be confirmed	CST of the Ministry of Health, WHO Country Office, WHO Regional Office for Europe	2020
	EHRN and EVIPNet methodology and tools	Materials could be provided. Training sessions, working meetings, webinars and conferences could be confirmed and organized	CST of the Ministry of Health, WHO Country Office, WHO Regional Office for Europe	2020–2021
	EHRN and EVIPNet capacity-building	Technical support could be confirmed. Training sessions and conferences could be organized	CST of the Ministry of Health, WHO Country Office, WHO Regional Office for Europe	2020–2021
	NHRS evaluation and analysis for KT platforms, including sin taxation, tuberculosis and other topics	Technical support could be confirmed. Methodology and tools could be provided	CST of the Ministry of Health, WHO Country Office, WHO Regional Office for Europe	2020
	Setting up a single platform for the use of research evidence in EIP	Technical and advisory support could be confirmed. Best practices (e.g. Republic of Moldova) could be considered	CST of the Ministry of Health, WHO Country Office, WHO Regional Office for Europe	2020–2021
	NHRS and KT forum	Technical, advisory and financial support could be considered	CST of the Ministry of Health, WHO Country Office, WHO Regional Office for Europe	22–23 September 2020
Ukraine	Needs to be discussed with policy-makers and key stakeholders	–	–	–

MoSA: Ministry of Social Affairs; NCDC: National Center for Disease Control and Public Health; NCIPD: National Center of Infectious and Parasitic Diseases; NCPHA: National Center of Public Health and Analyses.

## References

1. Evidence-informed Policy Network [website]. Copenhagen: WHO Regional Office for Europe; 2020 (<http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/evidence-informed-policy-network-evipnet>, accessed 29 July 2020).
2. Baltic and North Sea Forum. In: Cochrane Rehabilitation [website]. London: The Cochrane Collaboration; 2020 (<https://rehabilitation.cochrane.org/baltic-and-north-sea-forum>, accessed 17 August 2020).

## 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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