

Demand-driven evidence network in Europe

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Recent interest in “evidence-based policy-making” is a response to the perception that governments need to improve the quality of their decision-making in view of rapid changes and scarce resources.¹ Creating better policies means using the best available evidence and not merely that which is the most easily accessible. In a world of information overload, there is a large amount of information that needs to be filtered.

Producers and users of information may have different views of what constitutes evidence.² The producers of scientific evidence are looking for results that can be assessed and are rigorous, comprehensive and generalizable; users are mainly interested in information and knowledge that are relevant, specific and fit for their purposes, concise and easy to understand. The challenge is how to balance all these views and expectations. It is important to make sure that evidence is accessible, as it would be unethical not to use it during the policy-making process.³ One way in which the WHO Regional Office for Europe ensures availability is through the Health Evidence Network (HEN).

Six years ago, with the arrival of Dr Marc Danzon as WHO Regional Director for Europe, the Regional Office began focusing efforts and energies on matching services to the explicit needs of Member States. Although evidence is just one of many factors considered in the decision-making process, it was decided to take a novel approach in order to provide reliable evidence to inform policy-making: rather than build up a general evidence base, existing evidence is mobilized in response to specific questions, enabling HEN to respond to policy-makers' concerns.

The HEN approach starts and ends with European health policy-makers. This means both seeking their input on public health policy concerns and

reacting to their questions, by synthesizing the evidence and formatting and disseminating it in a manner specifically geared to facilitate decision-making.

The best evidence for public health policy-making is not restricted to a narrow definition of biomedical research, but encompasses a broad variety of research and evaluation methods.^{4,5} Analysis of context is important to HEN, in terms of both the complex social and political elements that surround decision-making and the circumstances and values in which a decision may be implemented.⁶

HEN responses are generated in several ways. Experts might be commissioned to synthesize the best available evidence on a topic or to compile summaries of reports published by the network's members. HEN also offers decision-makers the option of searching a selection of validated sources of evidence available on its web site (www.euro.who.int/hen) to find answers to their questions. The focus on users' needs drives the structure of the HEN evidence reports, which are syntheses of the best available evidence on a specific question, written in an easy-to-read style. Each report has a concise summary of the main points, highlighting policy options that can be implemented based on local context; the summaries are intentionally short, as they are intended for busy decision-makers.

Policy-makers have consistently expressed appreciation of HEN's services. Feedback has been very positive, and the HEN evidence reports have been used in, for example, Estonia, Norway and Sweden. Other WHO regions have also found HEN useful: the Regional Office for the Western Pacific is adapting the concept to its local context and the Pan American Health Organization's BIREME centre is translating HEN reports into Spanish for use in the Americas.

HEN has set the trend for prompt reaction to the needs expressed by policy-makers and the rapid satisfaction of their requirements. The Regional Office feels that it is necessary to move towards an even more proactive approach better described as “health intelligence”. In essence, this approach implies being able to anticipate questions and needs from policy-makers. Experience from HEN and similar endeavours has shown that answers can differ greatly in depth and detail and thus take varying lengths of time to prepare, ranging from a few days to a few months. The answers may reside within WHO or may be accessed via well-functioning networks of experts and partner organizations. Sophisticated health intelligence will allow the Regional Office to decide where and how to look for answers and will lead to the further development of HEN using this concept. ■

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