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## **EVIDENCE AS TOOL FOR POLICY MAKING: EVIPNET IN MACEDONIA**

### **Introduction**

**E**VIPNet envisions a world in which policy-makers and other stakeholders in low and middle-income countries use the best available research evidence to inform policy making for health. It's mission is to promote a network of partnerships at the national, regional and global levels among health system policy-makers and other stakeholders (including civil society, health professionals, health managers, researchers, and funders) to strengthen health systems and improve health outcomes through regular access to, assessment, adaptation and use of context specific research evidence.

Discussions of evidence-based practice and evidence informed policy making can generate debate about what exactly constitutes 'evidence'. A common understanding is that "evidence concerns facts (actual or asserted) intended for use in support of a conclusion". A fact, in turn, is something known through experience or observation. An important implication of this understanding is that evidence can be used to support a con-

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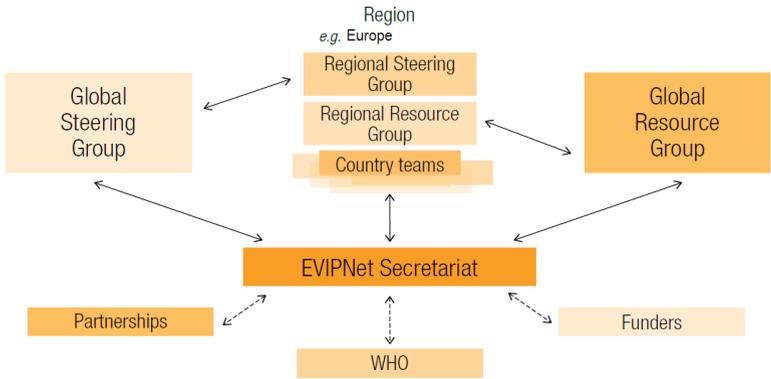
clusion, but it is not the same as a conclusion. Evidence alone does not make decisions. Not all evidence is equally convincing. How convincing evidence is depends on what sorts of observations were made and how well they were made. Research evidence is generally more convincing than haphazard observations because it uses systematic methods to collect and analyze observations. Evidence is needed to clarify what services and programs to offer or cover, how to deliver those services, financial arrangements, governance arrangements, and how to implement change. Policy decisions are always influenced by factors other than evidence. These include institutional constraints, interests, ideas (including values), and external factors like recessions. Research evidence is also not the only type of information needed to inform the judgments necessary for policy decision making. For health policy decision making to be well-informed rather than poorly informed, it is essential that more systematic and transparent processes are applied when accessing and appraising research evidence. Evidence informed health policymaking is an approach to policy decisions that is intended to ensure that decision making is well-informed by the best available research evidence.

## **Context and importance of EVIPNet**

EVIPNet work plan is based on knowledge transfer, facilitating interaction between researchers and decision-makers and encouraging the use of research findings in the formulations of policies, programs and legislations. A basic step is to structure a solid country team that includes representatives of direct stakeholders and actors that are key to the process, such as health authorities, science and technology councils, the academic and research community and civil society. The team should be led by the health ministry. Teams should follow the established guidelines but every country should have their own organizational model relevant in the context of the nation and should be adapted to the local needs and recourses. EVIPNet takes the form of linked, but distinct country-based and regional networks. Additional organizations are welcome to join EVIPNet teams.

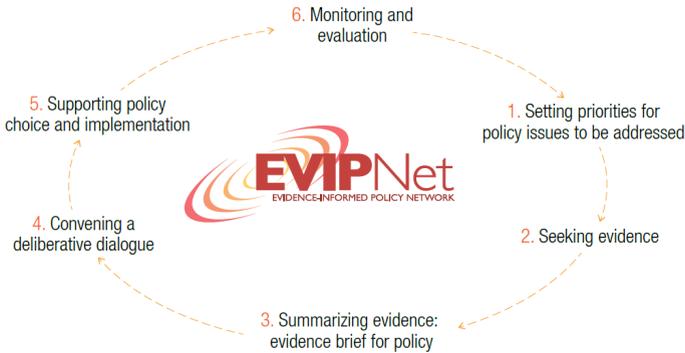
At the regional level EVIPNet is supported by the WHO regional offices and by small regional secretariats responsible for promoting regional coordination. The WHO Research Translation unit serves as the global secretariat of EVIPNet and is situated within WHO HQ in the Department of Research, Policy and Coordination. Activities at the country level are jointly led by local policy-makers and researchers and are designed to meet the specific needs of each country.

Figure 1. EVIPNet Structure



EVIPNet facilitates the interaction between researchers and decision makers, fostering the translation of research into policies, programs and also laws. EVIPNet is the articulator of these knowledge translation processes and ideally its operation hub is found in the ministries and/or secretariats of health. The deliberative dialogs are the true expression of these processes.

Figure 2. EVIPNet Methodology



EVIPNet activities at the country level are led by local policy-makers and researchers. Country tasks under the Network include:

- Production of policy briefs and other user-friendly formats for research synthesis and discussions of policy options

- Establishment of priority-setting mechanisms for policy-relevant research syntheses and primary research;
- Production of research syntheses;
- Organization of ‘safe haven’ deliberative forums involving policy-makers, and researchers and citizens groups to stimulate context-specific, evidence-informed local action;
- Investigation of the potential of clearinghouses, observatories and rapid response mechanisms that might provide timely, high-quality research syntheses and research relevant to policy.

EVIPNet Europe currently comprises of the following 13 eastern European and central Asian countries: Macedonia, Albania, Estonia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, Republic of Moldova, Romania, Slovenia, Tajikistan, and Ukraine.

### **EVIPNet in Macedonia**

Recognizing the need for systematic use of health research evidence, the country joined the WHO initiative EVIPNet Europe. Organized by the Ministry of Health, with technical support from WHO Regional Office for Europe the main aim was to raise participants’ awareness of the tools and resources available to support health policy-makers and stakeholders in the use of research evidence through the concept. The country launch consisted of one-day event where a short concept note was developed outlining the need for and support from EVIPNet as well as providing practical experience in the field of effective policy writing. The main aims of the event were:

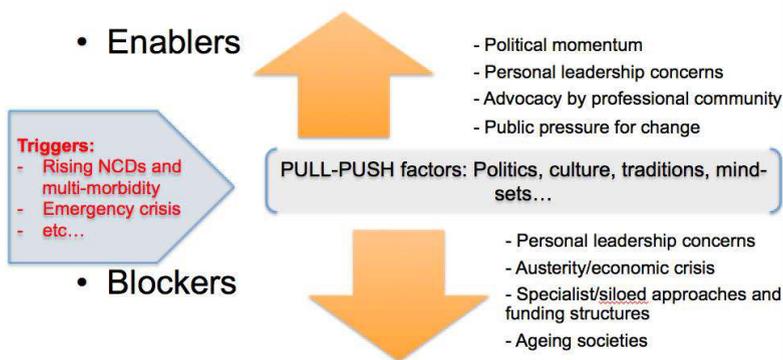
- Informing key stakeholders about EVIPNet Europe
- Providing practical experience in the field of effective policy writing;
- Developing guidance to a short concept note outlining the need for and support from EVIPNet on national level.

The launch of the EVIPNet Europe in Macedonia resulted in an initial assessment of context for mapping and identification of the health and wellbeing priorities and their importance for the country and the public health. During the event, a list was compiled of institutions that the future country team could be directly or indirectly engaged and collaborating with. However one of the main identified challenges is that policy-makers demonstrate low commitment and trust in the opinion of experts and rarely make use of the institutions providing health information in a policy-maki-

ng process. Through establishment and institutionalization of EVIPnet national team this challenge would be overcome and would contribute to ensuring conditions for continuous analysis and creation of database of scientific evidence and information aimed at informing policy and decision making.

Implementing EVIPNet and taking step forward is about structuring a strong national team with representation of key stakeholders, as the national health authorities or their representatives, science and technology councils, the academic and research communities, and the civil society. National teams are the fundamental units of EVIPNet and the core for networking at local and global levels. It is expected that EVIPNet teams systematically use scientific evidence in the decision making process to help bring change in health systems. Although it is anticipated that all EVIPNet teams follow predefined guidelines, the organization model of each country should be relevant to the context of that country and may be adapted to local needs.

Figure 3. Identifying the stakeholders in the process of policy making



## Conclusions and recommendations

The mutual cooperation, sharing experience and exchange of information between sectors are recognized as the best approach for achieving comprehensive results of socio-economic importance at both central and local levels. In this sense, particular emphasis should be placed on the cooperation with civil society and in particular the various analyses and research they are doing on the ground, gathering a lot of data and evidence that can inform policies, as well as for their involvement in numerous

activities that can be instrumental in realization of many policies at community level related to awareness raising and changes of behavior, habits, practices and so forth. In addition, the role of the professional associations is further emphasized not only as practitioners, but also as expert of their own practice and key stakeholders in both policy-making and implementation. They play great role not only in terms of health service providing but in the health and wellbeing in general. In addition, to expand the outreach, the new media should be used to the possible extent for which the existing e-platform on the process of the national Health 2020 strategy “Together for Health for All” can be used, for shaping its development, following the implementation and evaluating the progress made towards better health for all, leaving no one behind.

It is of great importance that the focus is on the priority issues that should be considered and reviewed by the national team such as the situation with migration affecting not only the country but also the whole region, the air pollution in urban areas which is already an issue high on the agenda and demands considerable reviews and expertise on the different aspects towards finding systematic solutions, issues around the safety of the health professionals who are handling the health needs of the migrants and so forth. In addition, the lack of economic analyses and the need for capacity building for reviewing the cost-effectiveness needs to be further addressed.

As part of the EVIPNet process, the following steps are identified as necessary for the way forward at national level:

- Building a sustainable national Knowledge Transfer (KT) infrastructure and capacity for the systematic and transparent use of evidence;
- Forming country team who will represent the fundamental unit of EVIPNet;
- Taking measures to institutionalize the country team within the Ministry of Health, implement and test the feasibility of the action cycle of EVIPNet in the country and perform other actions to improve the use of research evidence in policy-making;
- Prioritizing the health-related issues at the initiation of the EVIPNet.

## Executive summary

EVIPNet envisions a world in which policy-makers and other stakeholders use the best available research evidence to inform policymaking for health. Evidence is needed to clarify what services and programs to offer or cover, how to deliver those services, financial arrangements, governance arrangements, and how to implement change, while prioritizing within the limited available resources.

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Joining Evidence-Informed Policy Network is a great opportunity and have full support from the Ministry of Health, who can help the beginning of creating and institutionalizing new culture of structured use of evidence to inform policy making processes, not only in the health sector but also for the health and wellbeing in general. The national EVIPNet team will be structured by multi-sectoral body including academic and scientific members but also professional associations and civil society organizations in order to democratize the process of making priorities and defining appropriate alternatives for issue solution, policy making, implementation and monitoring/evaluation of the achievements for better health for all.

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