Evidence-informed policy-making

A glossary of key terms

World Health Organization
Eastern Mediterranean Region

Evidence-informed policy-making

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Evidence-informed policy-making: a glossary of key terms.

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FOREWORD

As Regional Director of the World Health Organization (WHO) for the Eastern Mediterranean, it gives me great pleasure to introduce this new glossary of key terms in evidence-informed policy-making.

A common challenge we encounter in evidence-informed policy-making is the lack of standardized terminology. This not only leads to misperception, but also hampers effective communication and collaboration among researchers, practitioners and policy-makers.

This glossary aims to build a shared understanding of the key terms, in line with WHO's regional framework for action to improve national institutional capacity for the use of evidence in health policy-making. A systematic methodology involving consultation with more than 80 experts from the Region and beyond as well as WHO teams from across the Organization, has resulted in a comprehensive and authoritative glossary, essential for navigating the landscape of evidence-informed policy-making.

I would like to thank everyone who contributed their time, knowledge and expertise to develop this glossary. It is my hope that it will prove an invaluable tool as we work towards a Region where all health-related policies and decisions on health care development, implementation and innovation are informed by the best available evidence from reliable and verifiable research and data.

Dr Hanan Balkhy

WHO Regional Director
for the Eastern Mediterranean

ACKNOWLEDGMENTS

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The selection of terms, literature search and development of definition drafts were performed by the consultants of the Regional Office's Evidence and Data to Policy team: Dr Natalie Leon, Dr Marina Kornilova and Sumithra Krishnamurthy Reddiar.

Primary authors of the glossary, in alphabetical order, are Mehrnaz Kheirandish, Marina Kornilova, Sumithra Krishnamurthy Reddiar, Natalie Leon, Arash Rashidian and Malika Tamim.

Identifying key terms for the glossary

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Developing the initial drafts of the glossary

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Reviewing and completing the final draft of the glossary

The following experts participated in the third and final round of consultation for the glossary and provided their input and feedback during the expert panel consultation in March 2023 (listed in alphabetical order of last name): Dr Hala Abou-Taleb (WHO Regional Office for the Eastern Mediterranean), Dr El Houcine Akhnif (WHO Regional Office for the Eastern Mediterranean), Dr Lubna A Al-Ansary (King Saud University), Dr Riham El Asady (WHO Regional Office for the

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INTRODUCTION

A significant challenge within the ecosystem of evidence-informed policy-making is the absence of a shared vocabulary and consistent application of related terminology. Although various fields – including health, research, epidemiology and policy-making – offer definitions for certain terms, few are specifically tailored to evidence-informed policy-making, and none offer a fully comprehensive definition. As a result, there is considerable overlap among terms and confusion regarding their usage among practitioners and policy-makers. This glossary has been developed to address these gaps by clarifying the existing definitions of terms related to evidence-informed policy-making and by incorporating newly introduced terms previously lacking proper definitions.

This document is one of the important steps that WHO is taking towards strengthening national institutional capacity in evidence-informed policy-making in Member States. In 2019, a technical paper presented to the Regional Committee for the Eastern Mediterranean pioneered an integrated multiconcept approach to bring different sources of evidence together to address policy-makers' needs (Regional Committee for the Eastern Mediterranean, 66th session, 2019a). This was followed by a landmark resolution – EM/RC66/R.5, on developing national institutional capacity for evidence-informed policy-making for health (Regional Committee for the Eastern Mediterranean, 66th session, 2019b) – in which a framework for action was endorsed that aimed to improve national institutional capacity across the Eastern Mediterranean Region regarding the use of evidence in health policy-making. In response to the resolution's requests, a regional action plan was developed and published (WHO Regional Office for the Eastern Mediterranean, 2021). The regional action plan includes a clear objective to develop resources to enhance the shared understanding of evidence-informed policy-making, as part of its strategy to institutionalize evidence-informed policy-making in the Region.

In line with the regional action plan, and while considering countries' needs and priorities, the development of a glossary was identified as a critical product in supporting WHO and countries all around the world to promote a common understanding and interpretation of the key elements of evidence-informed policy-making.

METHODOLOGY OF GLOSSARY DEVELOPMENT

The methodology for developing the glossary for evidence-informed policy-making involved a systematic approach to ensure comprehensiveness and accuracy.

Identifying key terms for the glossary

The initial list of key evidence-informed policy-making terms was identified from a review of the relevant WHO publications, relevant glossaries of terms, and publications from other international organizations with expertise in evidence-informed policy-making, as well as peer-reviewed manuscripts. The list was then discussed by the principal authors to categorize similar terms for further consultation. This initial list of 279 terms was shared with the experts from the Evidence-informed Policy Network (or EVIPNet) global steering group and institutions from 16 countries for the first round of expert consultation. The experts provided their valuable feedback on the key terms and proposed additional important terms that needed to be added to the glossary.

Developing the initial drafts of the glossary

For each term, existing definitions were extracted from the published literature, glossaries and policy documents. The existing definitions were compiled and thoroughly reviewed to identify gaps and variations across definitions and to determine if they were sufficiently comprehensive for evidence-informed policy-making. Some were used as they were (or in a slightly modified form) or supplemented with additional information, while most were newly formed through synthesizing ideas from different sources. This initial compilation served as the basis for the first draft version of the glossary.

Subsequently, the draft glossary underwent a rigorous process of two further rounds of expert consultation to strengthen its credibility and accuracy. In the second round, the terms and definitions were divided into 10 categories (each including 10–15 terms). Each category of terms was reviewed by three or four leading evidence-informed policy-making experts. The feedback from this round of consultation was substantial and was used to refine the definitions as well as to add newly proposed terms to the glossary, which shaped the second draft.

Reviewing and completing the final draft of the glossary

The second draft was subjected to internal review. Specific terms from the glossary that had received opposing or misaligned comments were selected to go through a third and final round of consultation at the expert panel consultation on evidence-informed policy-making held in Cairo in March 2023. Further revisions and refinements were made there based on group discussions among experts. The feedback from this final round of expert consultation was then incorporated into the relevant terms, resulting in the final version of the glossary.

HOW TO USE THE GLOSSARY AND WHAT IS INCLUDED

This glossary consists of 133 terms commonly used in evidence-informed policy-making, of which 81 are main terms and 52 are subsidiaries.

The sources of the definitions and the literature used for developing the glossary entries are cited below each term. Direct quotations from sources are identified by quotation marks and an in-text citation. Square brackets are used to indicate text that was inserted into the quoted material, and an ellipsis (…) indicates that text was removed from the quoted material.

The following structured approach ensures that readers can easily find and understand the terms and their interconnections within the glossary.

- See also: Many terms are cross-referenced with other definitions to improve understanding of the interrelationships between different terms and concepts.
- Refer to: When a term is closely related to another entry, but not necessarily synonymous, the phrase "refer to" is used to direct the reader to the relevant term for the required information.
- Also known as: Synonymous terms are included at the start of definitions, beginning with the phrase "also known as", when a term has one or more synonyms.

References:

- Regional Committee for the Eastern Mediterranean, 66th session, Tehran, 14–17 October 2019 (2019a). Provisional agenda item 3(d): Developing national institutional capacity for evidence-informed policy-making for health. Technical paper. Cairo: WHO Regional Office for the Eastern Mediterranean (EM/RC66/6; https://applications.emro.who.int/docs/RC_Technical_Papers_2019_6_en.pdf, accessed 1 August 2024).
- Regional Committee for the Eastern Mediterranean, 66th session, Tehran, 14–17 October 2019 (2019b). Resolution: developing national institutional capacity for evidence-informed policy-making for health. Cairo: WHO Regional Office for the Eastern Mediterranean (EM/RC66/R.5; https://applications.emro.who.int/docs/RC66-R5-eng.pdf, accessed 1 August 2024).
- WHO Regional Office for the Eastern Mediterranean (2021). Regional action plan for the implementation of the framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region (2020–2024). Cairo: WHO Regional Office for the Eastern Mediterranean (https://iris.who.int/handle/10665/352260, accessed 1 August 2024). Licence: CC BY NC-SA 3.0 IGO.

ACTIONABLE MESSAGES

Actionable messages convey knowledge that is clear, concise, specific, pragmatic and with sufficient detail for all decision-makers to take action. Messages are more actionable if the format and language are user-friendly, specific and easily understandable, and if the recommended actions/behaviours are pragmatic and feasible. In evidence-informed policy-making, actionable messages are policy recommendations that are based on the best available evidence and that encourage decision-makers to take the recommended steps because they are understandable, pragmatic, feasible and timely; are aligned with the goals of the decision-makers; and address political and operational constraints.

References:

- MEASURE Evaluation (2009). Making research findings actionable: a quick reference to communicating health information for decision-making. Chapel Hill: MEASURE Evaluation (https://www.measureevaluation.org/resources/publications/ms-09-39/at_download/document, accessed 1 August 2024).
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- World Health Organization (2021). Principle: actionable [website]. In: World Health Organization (https://www.who.int/about/communications/actionable, accessed 1 August 2024).

ADAPTATION

Adaptation is the systematic approach to customizing and modifying guideline or health technology assessment recommendations that were produced for another setting, time or context.

Additional information:

In guideline programmes, "adaptation may be used as an alternative to de novo guideline development" (Guidelines International Network, 2021). Guideline adaptation responds to differences in organizational or local contexts. Adaptation also considers the changes in research evidence since the release of the original document and the additional evidence required due to variations in the questions asked for the local context compared with the questions asked in the original guideline. Adaptation of an existing guideline could lead to variations in

recommendations supported by the same evidence. Adaptation may also be affected by locally relevant evidence that may affect the guideline recommendations.

See also: "Guideline adaptation"; "Contextualization"

References:

- Guidelines International Network (2021). Working groups: Adaptation [website]. In: GIN: Guidelines International Network (https://g-i-n.net/get-involved/working-groups/, accessed 11 August 2024).
- Schünemann HJ, Wiercioch W, Brozek J, Etxeandia-Ikobaltzeta I, Mustafa RA, Manja V et al. (2017). GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations: GRADE-ADOLOPMENT. J Clin Epidemiol. 81:101-110 (https://doi.org/10.1016/j.jclinepi.2016.09.009, accessed 1 August 2024).
- WHO Regional Office for Europe (2023). Strengthening countries' capacities to adopt and adapt evidence-based guidance: a guide for guideline contextualization. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/372275, accessed 1 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

TRANSFERABILITY

Subsidiary to Adaptation

Transferability refers to "the extent to which the outcomes of a … health intervention" (Schloemer & Schröder-Bäck, 2018) or results of a given study are achievable in another context, setting or time.

References:

- Schloemer T, Schröder-Bäck P (2018). Criteria for evaluating transferability of health interventions: a systematic review and thematic synthesis. Implement Sci. 13(1):88 (https://implementationscience.biomedcentral.com/articles/10.1186/s13012-018-0751-8, accessed 11 August 2024).

AD HOC STUDIES

Ad hoc studies refer to small-scale studies conducted or commissioned by decision-makers in response to emerging policy questions or as part of policy implementation processes.

Additional information:

Examples of such studies include, but are not limited to, needs assessment studies, post-marketing surveillance studies, implementation feasibility and pilot studies, monitoring and evaluation surveys, and studies to assess the knowledge, attitudes, satisfaction or preferences of health care users and providers. Ad hoc studies may be requested as necessary, to complement evidence from other sources.

References:

- Regional Committee for the Eastern Mediterranean, 66th session, Tehran, 14–17 October 2019 (2019). Provisional agenda item 3(d): Developing national institutional capacity for evidence-informed policy-making for health. Technical paper. Cairo: WHO Regional Office for the Eastern Mediterranean (EM/RC66/6; https://applications.emro.who.int/docs/RC_Technical_Papers_2019_6_en.pdf, accessed 1 August 2024).

ADOPTION

Adoption means the process resulting in the decision to use "an existing recommendation either unmodified or with minimal changes" (WHO Regional Office for Europe, 2023).

Additional information:

Adoption of a guideline means that the decision-maker has reviewed and accepted the guideline's recommendations and intends and plans to implement those recommendations.

See also: "Guideline adoption"

References:

- Schünemann HJ, Wiercioch W, Brozek J, Etxeandia-Ikobaltzeta I, Mustafa RA, Manja V et al. (2017). GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations: GRADE-ADOLOPMENT. J Clin Epidemiol. 81:101-110 (https://doi.org/10.1016/j.jclinepi.2016.09.009, accessed 1 August 2024).
- WHO Regional Office for Europe (2023). Strengthening countries' capacities to adopt and adapt evidence-based guidance: a guide for guideline contextualization. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/372275, accessed 11 August 2024).

BEST AVAILABLE EVIDENCE

Best available evidence refers to the most reliable and relevant accessible evidence that informs decision-making. It encompasses high-quality research findings, expert consensus and practical experience, prioritizing studies with strong methodological rigour, such as systematic reviews and randomized controlled trials. This concept emphasizes the importance of using the best data available while considering the context and specific needs of the situation.

It represents a balance of scientific evidence, clinical expertise and contextual factors to guide effective decision-making.

See also: "Evidence"

References:

- Banta HD (2003). Considerations in defining evidence for public health. Int J Technol Assess Health Care. 19(3):559-572 (https://www.cambridge.org/core/journals/international-journal-of-technology-assessment-in-health-care/article/abs/considerations-in-defining-evidence-for-public-health/82EEDFC1218FEA8E99C9201083966E61, accessed 12 December 2024).
- Guyatt GH, Rennie D, Meade MO, Cook DJ (2015). Users' guides to the medical literature: a manual for evidence-based clinical practice, third edition. McGraw-Hill. (https://jamaevidence.mhmedical.com/book.aspx?bookid=847, accessed 14 January 2025).
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CITIZEN ENGAGEMENT

Citizen engagement is a process of public participation in evidence-informed policy-making. The aim of the process is to consider the ideas and address the concerns of citizen stakeholders who are affected by policies, and thereby to improve the impact of policies. This usually takes the form of public consultative meetings where citizens, community representatives and civil society groups get together with policy decision-makers to share their perceptions of problems, potential solutions, preferred options and realities on the ground that may influence policy plans and implementation. Citizen engagement can also be viewed as a goal in itself, by encouraging participative democracy, public accountability and transparency, while at the same time strengthening the capacities of citizen stakeholders to promote meaningful engagement in policy-making processes.

Additional information:

Citizen engagement, citizen panels and citizen juries (including citizen councils and citizen meetings) are used to describe similar forms of public engagement processes, broadly referred to as "citizen-consultative" approaches. Citizen engagement can occur at any stage of the knowledge production continuum, from needs assessment and prioritization to knowledge translation and uptake in policy.

References:

- Goldman I, Pabari M, editors (2021). Using evidence in policy and practice: lessons from Africa. New York: Routledge.
- Rushmer R, Ward V, Nguyen T, Kuchenmüller T. Knowledge translation: key concepts, terms and activities (2019). In: Verschuuren M, van Oers H, editors. Population health monitoring. Cham: Springer, Cham; 127-150 (https://link.springer.com/chapter/10.1007/978-3-319-76562-4_7, accessed 1 August 2024).

- Sheikh K, Abimbola S, editors (2021). Learning health systems: pathways to progress: flagship report of the Alliance for Health Policy and Systems Research. Geneva: World Health Organization (https://iris.who.int/handle/10665/344891, accessed 1 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- World Health Organization (2012) Strategy on health policy and systems research: changing mindsets. Geneva: World Health Organization (https://iris.who.int/handle/10665/77942, accessed 1 August 2024).

CLINICAL PRACTICE GUIDELINE

Clinical practice guidelines (also known as clinical guidelines) are documents including one or more systematically developed evidence-based recommendations "to assist health care professionals and patients make decisions about appropriate health care for specific clinical circumstances" (Law & Howick, n.d.).

See also: "Guideline recommendation"

References:

- Law K, Howick J (n.d.). Glossary [website]. In: Centre for Evidence-Based Medicine (https://www.cebm.ox.ac.uk/resources/ebm-tools/glossary, accessed 6 August 2024).

CLINICAL PROTOCOL

A clinical protocol is a written plan that specifies required procedures to be followed in defined clinical situations. Protocols are more explicit, contextualized and specific in their details than guideline recommendations; they are specifying who does "what", "when" and "where".

Additional information:

Protocols are used to ensure compliance with the standard of care. Clinical protocols should be evidence-based and may be used as a measure of clinical accountability and auditing. They may also be used to enhance the implementation of clinical guideline recommendations.

References:

- Gaitán-Duarte H (2020). From evidence-based clinical practice guidelines to clinical protocols and evidence summaries. Rev Colomb Obstet Ginecol. 71(2):83-86 (https://doi.org/10.18597/rcog.3579, accessed 12 August 2024).
- Heymann T (1994). Clinical protocols are key to quality health care delivery. Int J Health Care Qual Assur. 7(7):14-7 (https://doi.org/10.1108/09526869410074702, accessed 12 August 2024).

CONFLICTS OF INTEREST

Conflicts of interest (also known as competing interests) arise when "professional judgement concerning a primary interest (such as patients' welfare …) is unduly influenced … by a secondary interest (such as [personal] financial gain)" (Macbeth, Webster, Foxlee, Smith, Loudon & Soares-Weiser, 2020).

Additional information:

Examples of professional judgement include managerial decisions, research design or interpretation or publication of research findings, resource allocation, clinical recommendations, and policy recommendations or advice. Examples of secondary interest may include personal, family or organization gains; professional development and position; and professional interests (e.g. physicians versus non-physicians).

In evidence-informed policy-making, conflicts of interest should be assessed and managed at different stages of the evidence-to-policy process. This is to ensure that conflicting interests do not affect recommendations, decisions and policies.

See also: "Interest group"

References:

- Eklund Karlsson L, Takahashi R (2017). A resource for developing an evidence synthesis report for policy-making. Copenhagen: WHO Regional Office for Europe (Health Evidence Network synthesis report, No 50; https://www.ncbi.nlm.nih.gov/books/NBK453541/, accessed 2 August 2024).
- Macbeth F, Webster A, Foxlee R, Smith G, Loudon K, Soares-Weiser K (2020). Cochrane conflict of interest policy for Cochrane Library content. Cochrane (https://training.cochrane.org/sites/training.cochrane.org/files/public/uploads/resources/downloadable_resources/Conflict%20of%20Interest%20policy_Apr%202020_v8_UPDATED.pdf, accessed 12 August 2024).
- Rahman-Shepherd A, Balasubramaniam P, Gautham M, Hutchinson E, Kitutu FE, Marten R et al. (2021). Conflicts of interest: an invisible force shaping health systems and policies. Lancet Glob Health. 9(8):e1055-e1056 (https://doi.org/10.1016/S2214-109X(21)00202-3, accessed 2 August 2024).

CONTEXTUALIZATION

Contextualization is the process of making policies or recommendations relevant to the local context.

Additional information:

Contextualization involves identifying and interpreting local evidence and data while adapting, adopting or developing policies or guideline recommendations for local settings. For example, in guideline programmes, contextualization is intended

to ensure that the recommendations are feasible, acceptable, equitable, efficient, effective, appropriate and sustainable for the intended population and settings.

See also: "Adaptation", "Implementability"

References:

- Brouwers MC, Makarski J, Kastner M, Hayden L, Bhattacharyya O, GUIDE-M Research Team (2015). The Guideline Implementability Decision Excellence Model (GUIDE-M): a mixed methods approach to create an international resource to advance the practice guideline field. Implement Sci. 10:36 (https://doi.org/10.1186/s13012-015-0225-1, accessed 12 August 2024).

DASHBOARD

A dashboard is an example of data visualization, where a set of quantitative or qualitative data on a topic is presented in a synthesized, meaningful and visually appealing way that is easily understood. Graphic representations and information in a dashboard "supports exploration, examination and communication of the data" (Alberta Health Services, 2017), and can be used as a monitoring tool. Dashboards "are usually web-based and linked to databases" (Alberta Health Services, 2017), which allows for continuous updating of data.

References:

- Alberta Health Services (2017). Common definition within health: understanding the processes that support research, innovation, and evidence-informed decision making in the health system. Edmonton: Alberta Health Services (https://www.albertahealthservices.ca/assets/info/res/if-res-es-ahs-common-definitions-within-health.pdf , accessed 1 August 2024).

DATA

"Data are all the given [information] before [it is] arranged, sorted and summarized [and analyzed, synthesized and/or interpreted]. In public health, data usually refers to statistical data (usually numerical), routine data, survey data or data collected through observations in the form of monitoring and evaluation activities to be used for communication and interpretation" (EVIPNet Europe, 2017).

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

DECISION-MAKING

Decision-making can be described as the act or process of selecting an option or course of action from several alternatives to achieve a desired goal.

Decision-making applies to choosing a new course of action or maintaining a current one.

See also: "Decision-maker"; "Policy-making process"

References:

- Buse K, Mays N, Walt G (2012). Making health policy, second edition. Maidenhead: McGraw-Hill Education.

Decision-maker

Subsidiary to Decision-making

A decision-maker is the person, group or organization selecting (deciding on) the option or course of action. "Decision makers in the health services field can range from frontline health providers to administrators to ministers of health" (National Collaborating Centre for Methods and Tools, 2024) and other policymakers, who make decisions about health programmes, practices or policies.

See also: "Decision-making"; "Policy-maker"

References:

- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: Health evidence (https://www.healthevidence.org/glossary.aspx, accessed 2 August 2024).

DELIBERATIVE DIALOGUE

"Deliberative dialogues are a specific form of discussion that aim at developing a common understanding among participants. They are focused on specific issues, and participants are encouraged to explore strategies to address them as well as consider potential solutions. Deliberative dialogues can themselves be informed by health information presented through tools such as evidence briefs and oral presentations. However, they go beyond discussing the presented evidence and aim to harvest the tacit knowledge of key health system actors and those likely to be affected by related … decisions. Deliberative dialogues thus strengthen interactions among policy-makers, stakeholders and researchers; create ownership of the evidence (which, in turn, increases the prospects of its use in policy-making); and further strengthen exchange efforts" (Blessing, Davé & Varnai, 2017).

See also: "Policy dialogue"

References:

- Blessing V, Davé A, Varnai P (2017). Evidence on mechanisms and tools for use of health information for decision-making. Copenhagen: WHO Regional Office for Europe (Health Evidence Network synthesis report 54; https://iris.who.int/handle/10665/326289, accessed 2 August 2024).

DELIVERY FOR IMPACT

Delivery for impact "is an approach for achieving measurable results through efficient and effective planning and implementation. It focuses on translating technical guidance and policy solutions into action which achieves impact. It is one of the approaches to support [Member] States to accelerate progress to reach national, regional, and global targets. The approach emphasizes the importance of setting clear goals and objectives, identifying measurable targets, developing a detailed delivery plan, and closely monitoring progress, problem solving and course correction throughout the implementation lifecycle" (World Health Organization, 2023).

References:

- World Health Organization (2023). Delivering a measurable impact in countries. Technical paper. Geneva: World Health Organization (https://www.who.int/publications/m/item/delivering-a-measurable-impact-in-countries, accessed 2 August 2024).

DISSEMINATION

Dissemination is the communication and distribution of evidence or guidance to target audiences across settings, in a timely manner and using appropriate channels, with the expectation that users will apply and benefit from it. It "involves identifying the [target] audiences and tailoring the [content] and medium to the audience" (Canadian Institutes of Health Research, 2016), to make it accessible, understandable and usable for decision-makers and other stakeholders. This could involve a range of products and processes including academic and popular media publications, online or in-person information sessions, pamphlets, radio talks and more. Dissemination of guidelines and policies is the communication and distribution of guidelines or policies to promote their implementation.

References:

- Canadian Institutes of Health Research (2016). About us [website]. In: Canadian Institutes of Health Research (https://cihr-irsc.gc.ca/e/29418.html, accessed 2 August 2024).
- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: Health evidence (https://www.healthevidence.org/glossary.aspx, accessed 2 August 2024).

ECONOMIC EVALUATION

Economic evaluation is "the comparative analysis of the costs and consequences of two or more possible options" (HTA Glossary, n.d.). "The basic tasks of any economic evaluation are to identify, measure, value, and compare the costs and consequences of the alternatives being considered" (Drummond, 2015). "Depending on whether the consequences are expressed as monetary, physical or qualitative variables, the analysis may be a [cost minimization,] cost-benefit, cost-effectiveness or cost-utility analysis" (HTA Glossary, n.d.).

Additional information:

In some publications authors use the terms economic evaluation and cost–effectiveness analysis as synonyms.

See also: "Health technology assessment"

References:

- Drummond M (2015). Methods for the economic evaluation of health care programmes, fourth edition. Oxford: Oxford University Press.
- HTA Glossary (n.d.). Economic evaluation [website]. In: HTA Glossary (http://htaglossary.net/economic-evaluation, accessed 12 August 2024).

Cost–benefit analysis

Subsidiary to Economic evaluation

"Cost benefit analysis (CBA) is [an] economic evaluation … that compares the costs and [outcomes] of alternative interventions. CBA measures both costs and effects of interventions in monetary terms. This usually involves placing a monetary value on health benefits" (Office for Health Improvement and Disparities, 2020).

References:

- Office for Health Improvement and Disparities (2020). Cost benefit analysis: health economic studies [website]. In: GOV.UK (https://www.gov.uk/guidance/cost-benefit-analysis-health-economic-studies, accessed 29 July 2024). Licence: Open Government Licence v3.0.

Cost–effectiveness analysis

Subsidiary to Economic evaluation

Cost–effectiveness analysis is a "type of economic evaluation that compares the costs and effects of alternative health interventions" (Office for Health Improvement and Disparities, 2020). It compares "various options, in which costs are measured in monetary units, then aggregated, and outcomes [in health care studies] are expressed

in natural (non-monetary) units" (HTA Glossary, n.d.) of health outcomes, typically clinical outcomes – for example, blood pressure and cardiovascular events.

Additional information:

In some publications authors use the terms cost–effectiveness analysis and economic evaluation as synonyms.

References:

- Drummond M (2015). Methods for the economic evaluation of health care programmes, fourth edition. Oxford: Oxford University Press.
- HTA Glossary (n.d.). Cost-effectiveness analysis (CEA) [website]. In: HTA Glossary (https://htaglossary.net/cost-effectiveness-analysis-(CEA), accessed 12 August 2024).
- Office for Health Improvement and Disparities (2020). Cost effectiveness analysis: health economic studies [website]. In: GOV.UK (https://www.gov.uk/guidance/cost-effectiveness-analysis-health-economic-studies, accessed 12 August 2024). Licence: Open Government Licence v3.0.

Cost minimization analysis

Subsidiary to Economic evaluation

Cost minimization analysis is "an economic evaluation consisting of comparing the costs of various options presumed to produce equivalent outcomes and determining the least costly of those options" (HTA Glossary, n.d.).

References:

- HTA Glossary (n.d.). Cost-minimization analysis (CMA) [website]. In: HTA Glossary (https://htaglossary.net/cost-minimization-analysis-(CMA), accessed 29 July 2024).

Cost utility analysis

Subsidiary to Economic evaluation

Cost utility analysis is an "economic evaluation consisting of comparing various options, in which costs are measured in monetary units and outcomes are measured in utility units" (HTA Glossary, n.d.), such as quality-adjusted life years or disability-adjusted life years.

References:

- Drummond M (2015). Methods for the economic evaluation of health care programmes, fourth edition. Oxford: Oxford University Press.
- HTA Glossary (n.d.). Cost-utility analysis (CUA) [website]. In: HTA Glossary. (https://htaglossary.net/cost-utility-analysis-(CUA), accessed 29 July 2024).

EVIDENCE

Evidence can be defined, narrowly, as scientifically valid, systematically obtained, replicable and verifiable information (inclusive of evidence from research and other systematic sources, such as routine and survey data and evaluation results). It can also be defined more broadly as any information in support of an assertion or serving as proof, which includes explicit and tacit knowledge.

See also: "Best available evidence"; "Research evidence"

References:

- Ademokun A, Dennis A, Hayter E, Richards C, Runceanu L-E. Evidence-informed policy making toolkit (2016). Oxford: International Network for Advancing Science and Policy (https://www.inasp.info/sites/default/files/2018-04/EIPM%20Toolkit-Ed2-FULL.pdf, accessed 6 August 2024). Licence: CC BY-SA 4.0.
- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: National Collaborating Centre for Methods and Tools (https://www.nccmt.ca/glossary, accessed 6 August 2024).
- Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M (2004). A glossary for evidence based public health. J Epidemiol Community Health. 58(7):538-545 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732833/pdf/v058p00538.pdf, accessed 28 August 2024).
- World Health Organization (2011). Health systems strengthening glossary. Geneva: World Health Organization (https://cdn.who.int/media/docs/default-source/documents/health-systems-strengthening-glossary.pdf, accessed 6 August 2024).

Local evidence

Subsidiary to Evidence

"Local evidence is evidence that is available from the specific setting(s) in which a decision or action on an option will be taken. The word 'local' in this instance can refer to district, regional or national levels, depending on the nature of the policy issue being considered. … Local evidence may be obtained from a range of sources including: routine data (e.g. on the prevalence of diseases, healthcare utilisation, or service costs); survey data (e.g. on household conditions, health and demographics); and data from one-off studies (e.g. trials conducted locally, studies of consumers' views regarding a particular health issue, and cost-effectiveness evaluations)" (Lewin, Oxman, Lavis, Fretheim, Garcia Marti & Munabi-Babigumira, 2009).

References:

– Lewin S, Oxman AD, Lavis JN, Fretheim A, Garcia Marti S, Munabi-Babigumira S (2009). SUPPORT tools for evidence-informed policymaking in health 11: finding and using evidence about local conditions. Health Res Policy Sys. 7(Suppl 1):S11 (https://doi.org/10.1186/1478-4505-7-S1-S11, accessed 1 September 2024).

EVIDENCE-BASED PRACTICE

Evidence-based practice refers to situations in which "decisions about health care are based on the best available, current, valid and relevant evidence" (Dawes et al., 2005).

References:

– Dawes M, Summerskill W, Glasziou P, Cartabellotta A, Martin J, Hopayian K et al. (2005). Sicily statement on evidence-based practice. BMC Med Educ. 5(1) (https://doi.org/10.1186/1472-6920-5-1, accessed 6 August 2024).

Evidence-based health management

Subsidiary to Evidence-based practice

Evidence-based health management is an approach to health management processes and practices that is informed by the principles of evidence-informed decision-making – that is, that decision-making is based on the best available evidence, professional experience, values and stakeholder concerns.

References:

– Janati A, Hasanpoor E, Hajebrahimi S, Sadeghi-Bazargani H, Khezri A (2018). An evidence-based framework for evidence-based management in healthcare organizations: a Delphi study. Ethiop J Health Sci. 28(3):305-314 (https://doi.org/10.4314/ejhs.v28i3.8, accessed 6 August 2024).

Evidence-based medicine

Subsidiary to Evidence-based practice

"Evidence-based medicine (EBM) is the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services. The terms 'evidence-based health care' and 'evidence-based practice' are often used interchangeably with 'evidence-based medicine'" (Cochrane, 2011).

References:

– Cochrane Effective Practice and Organisation of Care (2011). Glossary. Cochrane (https://epoc.cochrane.org/sites/epoc.cochrane.org/files/uploads/SURE-Guides-v2.1/Collectedfiles/source/glossary.pdf, accessed 6 August 2024).

Evidence-based public health

Subsidiary to Evidence-based practice

"Evidence based public health can be defined as a public health endeavour in which there is an informed, explicit, and judicious use of evidence that has been derived from any of a variety of science and social science research and evaluation methods" (Rychetnik, Hawe, Waters, Barratt & Frommer, 2004).

References:

- Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M (2004). A glossary for evidence based public health. J Epidemiol Community Health. 58(7):538-545 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732833/pdf/v058p00538.pdf, accessed 28 August 2024).

EVIDENCE BRIEF FOR POLICY

Refer to: "Policy brief"

EVIDENCE ECOSYSTEM

"The evidence ecosystem can be thought of as the overlap between two distinct systems; namely, the research system and the evidence support system. The former is focused on all types of research, including biomedical and theoretical research. The latter is focused on all types of activities that harness the evidence that results from this research activity to support decision-making by government policy-makers, organizational leaders, professionals and citizens" (World Health Organization, 2021).

See also: "Policy ecosystem", "Know–do gap"

References:

- World Health Organization (2021). Evidence, policy, impact. WHO guide for evidence-informed decision-making. Geneva: World Health Organization (https://iris.who.int/handle/10665/350994, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

EVIDENCE HIERARCHY

Evidence hierarchy is an approach to ranking knowledge sources according to the strength and scientific rigour of their study methodology. This approach is used to guide policy-makers in finding the best available evidence in an efficient way. The relative ranking is usually presented in the form of a pyramid, with the top tier consisting of critically appraised syntheses of evidence and the bottom tiers including evidence from single studies and tacit knowledge. Depending on the research question,

certain research methodologies are considered more appropriate for producing stronger evidence, and these may be ranked higher in the evidence hierarchy.

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

EVIDENCE-INFORMED DECISION-MAKING

Refer to: "Evidence-informed policy-making".

EVIDENCE-INFORMED POLICY-MAKING

Evidence-informed policy-making refers to processes to ensure that evidence from research and data is used in policy-making. This includes use of the best available evidence on the topic, complemented with locally relevant data and knowledge. Examples of activities and approaches used in evidence-informed policy-making include knowledge management, knowledge translation, knowledge brokering and knowledge utilization.

See also: "Policy-making process"; "Knowledge translation"; "Know-do gap"

References:

- Eklund Karlsson L, Takahashi R (2017). A resource for developing an evidence synthesis report for policy-making. Copenhagen: WHO Regional Office for Europe (Health Evidence Network synthesis report, No 50; https://www.ncbi.nlm.nih.gov/books/NBK453541/, accessed 2 August 2024).
- Oxman AD, Lavis JN, Lewin S, Fretheim A (2009). SUPPORT tools for evidence-informed health policymaking (STP) 1: what is evidence-informed policymaking? Health Res Policy Sys. 7(Suppl 1):S1 (https://doi.org/10.1186/1478-4505-7-S1-S1, accessed 30 July 2024).
- WHO Regional Office for the Eastern Mediterranean (2024). Evidence and data to policy [website]. In: World Health Organization Eastern Mediterranean Region (https://www.emro.who.int/evidence-data-to-policy/about.html, accessed 23 April 2024).
- World Health Organization (2021). Evidence, policy, impact. WHO guide for evidence-informed decision-making. Geneva: World Health Organization (https://iris.who.int/handle/10665/350994, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

EVIDENCE PRODUCT

Refer to: "Knowledge product".

EVIDENCE SYNTHESIS

"Evidence synthesis is a core mechanism of knowledge translation and refers to a process of summarizing information from a wide range of research findings in a rigorous, systematic and transparent manner to repackage a large body of evidence. Evidence synthesis products include systematic reviews, summaries of systematic reviews and evidence briefs for policy" (EVIPNet Europe, 2017).

See also: "Knowledge product"

References:

– EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

EVIDENCE TO DECISION FRAMEWORK

Evidence to decision (EtD) frameworks and tables are structured formats "to help groups of people (panels) [in] making healthcare recommendations or decisions" (Cochrane Norway, 2024) and facilitate moving from evidence to decisions in a systematic, explicit and transparent way.

Additional information:

"[EtD] Frameworks can:

- Inform panel members' judgments about the pros and cons of each intervention that is considered
- Ensure the important factors that determine a decision (criteria) are considered
- Provide a concise summary of the best available research evidence to inform judgments about each criterion
- Help structure discussion and identify reasons for disagreements
- Make the basis for decisions transparent to guideline users or those affected by a policy decision

The framework is easily adaptable for use in making clinical recommendations, coverage-decisions, or health system and public health recommendations and decisions. EtD frameworks include key background information, criteria for making a decision, and conclusion" (Cochrane Norway, 2024).

For more information on EtD, refer to the Cochrane glossary (Cochrane Effective Practice and Organisation of Care, 2011).

References:

- Cochrane Effective Practice and Organisation of Care (2011). Glossary. Cochrane (https://epoc.cochrane.org/sites/epoc.cochrane.org/files/uploads/SURE-Guides-v2.1/Collectedfiles/source/glossary.pdf, accessed 6 August 2024).
- Cochrane Norway (2024). Evidence to Decision frameworks (EtDs) for policy makers [website]. In: Cochrane Norway (https://www.cochrane.no/decide-frameworks-policy-makers, accessed 6 August 2024).
- DECIDE, Informed Healthcare Choices, Testing Treatments interactive (n.d.). GET-IT glossary [website]. DECIDE, Informed Healthcare Choices, Testing Treatments interactive (https://getitglossary.org/term/evidence+to+decision+framework, accessed 6 August 2024). Licence: CC BY-SA 4.0.

EVIDENCE TO POLICY

Refer to: "Evidence-informed policy-making".

EXPERT OPINION

"Expert opinion usually refers to the views of professionals who have expertise in a particular form of practice or field of inquiry, such as clinical practice [or public health issues or policies]. Expert opinion may refer to one person's views or to the [collective views] of a group of experts" (Rychetnik, Hawe, Waters, Barratt & Frommer, 2004). Expert opinion is considered one form of tacit knowledge and may include facts, interpretation of those facts, experiences, recommendations and conclusions. Expert opinion may not be in line with the best available evidence and hence should be appraised for its value. It may also address issues for which reliable evidence may be lacking.

See also: "Tacit knowledge"

References:

- Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M (2004). A glossary for evidence based public health. J Epidemiol Community Health. 58(7):538-545 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732833/pdf/v058p00538.pdf, accessed 28 August 2024).

GUIDELINE

Also known as evidence-based guideline.

Refer to: "Guideline recommendation"; "Clinical practice guideline"; and "Public health guideline".

GUIDELINE ADAPTATION

Guideline adaptation is the systematic approach of customizing and modifying guideline recommendations produced in/for a setting or time (context), for their application in a different setting or time (context).

See also: "Adaptation"

References:

- Guidelines International Network (2021). Working groups: Adaptation [website]. In: GIN: Guidelines International Network (https://g-i-n.net/get-involved/working-groups/, accessed 6 August 2024).
- WHO Regional Office for the Eastern Mediterranean (2024). Establishing a national programme for guideline adaptation: key steps and functions. Cairo: WHO Regional Office for the Eastern Mediterranean (https://iris.who.int/handle/10665/376106, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- World Health Organization (2014). WHO handbook for guideline development, second edition. Geneva: World Health Organization (https://iris.who.int/handle/10665/145714, accessed 6 August 2024).

GUIDELINE ADOPTION

Guideline adoption is the process resulting in the decision to take up or use the recommendations of a guideline in a country or specific setting.

See also: "Adoption"

References:

- McMaster Health Forum (2021). Development, adoption & adaptation [website]. In: McMaster Health Forum (https://www.mcmasterforum.org/networks/covid-end/archive-for-covid-end-global/resources-for-researchers/supports-for-guidance-developers/how-to-develop-guidance/development-adoption-adaptation, accessed 6 August 2024).
- Schünemann HJ, Wiercioch W, Brozek J, Etxeandia-Ikobaltzeta I, Mustafa RA, Manja V et al. (2017). GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations: GRADE-ADOLOPMENT. J Clin Epidemiol. 81:101-110 (https://doi.org/10.1016/j.jclinepi.2016.09.009, accessed 1 August 2024).

GUIDELINE DEVELOPMENT

Guideline development is the transparent, systematic and collaborative process of producing a new guideline. The process involves several fundamental steps, including formulating key questions, evidence retrieval and synthesis, and appraisal of the quality of the evidence.

References:

- Schünemann HJ, Wiercioch W, Etxeandia I, Falavigna M, Santesso N, Mustafa R et al. (2014). Guidelines 2.0: systematic development of a comprehensive checklist for a successful guideline enterprise. CMAJ. 186(3):E123-42 (https://doi.org/10.1503/cmaj.131237, accessed 6 August 2024).
- World Health Organization (2014). WHO handbook for guideline development, second edition. Geneva: World Health Organization (https://iris.who.int/handle/10665/145714, accessed 6 August 2024).

De novo guideline development

Subsidiary to Guideline development

Refer to: "Guideline development".

GUIDELINE IMPLEMENTATION

Guideline implementation is the process of turning guideline recommendations into practice or action. It may be supported by an implementation plan (who should do what, by when), as well as implementation oversight and monitoring and evaluation of implementation.

References:

- Field MJ, Lohr KN, editors (1990). Implementation and evaluation. In: Clinical practice guidelines: directions for a new program. Washington, DC: National Academies Press (https://www.ncbi.nlm.nih.gov/books/NBK235754/, accessed 6 August 2024).
- WHO Regional Office for the Eastern Mediterranean (2024). Establishing a national programme for guideline adaptation: key steps and functions. Cairo: WHO Regional Office for the Eastern Mediterranean (https://iris.who.int/handle/10665/376106, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- World Health Organization (2014). WHO handbook for guideline development, second edition. Geneva: World Health Organization (https://iris.who.int/handle/10665/145714, accessed 6 August 2024).

GUIDELINE RECOMMENDATION

Guideline recommendation(s) are "systematically developed statements that recommend a particular course of action[s], often for citizens and professionals, and sometimes for organizations and governments" (World Health Organization, 2021). Guideline recommendations may address clinical questions, public health concerns, managerial or health system questions. Guideline recommendations are developed based on research evidence syntheses and stakeholder expertise, and involve the evaluation of effectiveness, values, preferences, resource implications and additional relevant factors.

See also: "Clinical practice guideline" and "Public health guideline"

References:

- World Health Organization (2014). WHO handbook for guideline development, second edition. Geneva: World Health Organization (https://iris.who.int/handle/10665/145714, accessed 6 August 2024).
- World Health Organization (2021). Evidence, policy, impact. WHO guide for evidence-informed decision-making. Geneva: World Health Organization (https://iris.who.int/handle/10665/350994, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

HEALTH INDICATOR

A health indicator describes the health status or performance of health and health-related programmes and policies, usually in quantitative values.

Additional information:

Examples of health indicators include using "life expectancy at birth" for health status, "access to improved drinking water" for health determinant, "tobacco use among persons 15+ years" for risk factors, and "measles immunization coverage rate" for service coverage (WHO Regional Office for the Eastern Mediterranean, 2019).

References:

- Pan American Health Organization (2018). Health indicators: conceptual and operational considerations. Washington, DC: Pan American Health Organization (https://iris.paho.org/bitstream/handle/10665.2/49056/09789275120057_eng.pdf, accessed 7 August 2024).
- WHO Regional Office for the Eastern Mediterranean (2019). Eastern Mediterranean Region: framework for health information systems and core indicators for monitoring health situation and health system performance 2018. Cairo: WHO Regional Office for the Eastern Mediterranean (WHO-EM/HST/244/E; https://applications.emro.who.int/docs/EMROPUB_2018_EN_20620.pdf, accessed 28 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- World Health Organization (1998). Health promotion glossary. Geneva: World Health Organization (https://iris.who.int/handle/10665/64546, accessed 7 August 2024).

HEALTH INFORMATION SYSTEM

"Health information systems provide the underpinnings for decision-making and have four key functions: i) data generation, ii) compilation, iii) analysis and synthesis, and iv) communication and use. The health information system collects data from health and other relevant sectors, analyses the data, ensures their overall quality, relevance and timeliness, and converts the data into information for health-related decision-making" (Tello et al., 2019).

References:

- Tello J, Barbazza E, Yelgezekova Z, Kruse I, Klazinga N, Kringos D, editors (2019). Glossary of terms. WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT). Copenhagen: WHO European Framework for Action on Integrated Health Services Delivery, WHO Regional Office for Europe (https://iris.who.int/handle/10665/346481, accessed 7 August 2024).

Routine health information system

Subsidiary to Health information system

A routine health information system "collects health service data directly from health facilities, where they are produced regularly by the healthcare workers and community health workers" (World Health Organization, 2024). "The sources of those data are generally individual health records [(e.g. risk factors, health outcomes)], records of services delivered [or surveillance] and records of health resources [(e.g. human resources, financial, logistics management, infrastructure and equipment)]" (MEASURE Evaluation, n.d.).

References:

- MEASURE Evaluation (n.d.). Routine health information systems [website]. In: MEASURE Evaluation (https://www.measureevaluation.org/our-work/routine-health-information-systems.html, accessed 7 August 2024).
- World Health Organization (2024). Implementation guide to the routine health information system toolkit. Geneva: World Health Organization (https://www.who.int/publications/i/item/9789240089204, accessed 7 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

HEALTH OBSERVATORY

A health observatory is an information repository where information is gathered, analysed, synthesized and shared. It monitors "health events and trends using objective and verifiable methods" (WHO Regional Office for Africa, 2016). Information is gathered as a centralized resource (i.e. a one-stop shop) to offer a clear picture of the health situation, including customized analysis and presentation of information through visualizations such as dashboards, scorecards and maps. Health observatories can be established at international, regional, national or subnational levels (e.g. district or local municipal level) and have organizational networks and partnerships contributing to their functioning.

References:

- Pan American Health Organization (PAHO), WHO Regional Office for the Americas (2021). Glossary of terms on Information Systems for Health. Digital transformation toolkit. Washington, DC: Pan American Health Organization (PAHO), WHO Regional Office for the Americas (PAHO/EIH/IS/21-031; https://iris.paho.org/handle/10665.2/54959, accessed 7 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- WHO Regional Office for Africa (2016). Guide for the establishment of health observatories. Brazzaville: WHO Regional Office for Africa (https://iris.who.int/bitstream/handle/10665/246123/Guide_hobs.pdf, accessed 7 August 2024).

HEALTH POLICY

"Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. Health policy in this context is narrowly focused on health care. It generally excludes broader consideration of policies that may have an impact on the *determinants of health*, which are more in keeping with the health promotion concept of *Health in all policies*. Health policy defined in this way is commonly a formal statement or procedure within institutions (notably government), which defines priorities, timing and the parameters for action in response to health care needs, available resources and other political pressures. Health policy is often enacted through legislation or other forms of rule-making that define regulations, and incentives that enable the provision of health services and programmes and access to them. As with most policies, health policies arise from a systematic process of building support for public health action that draws upon available evidence, integrated with community preferences, political realities and resource availability. It outlines priorities and the expected roles of different groups, and is intended to build consensus and inform people" (World Health Organization, 2021).

References:

- World Health Organization (2021). Health promotion glossary of terms 2021. Geneva: World Health Organization (https://iris.who.int/handle/10665/350161, accessed 7 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

Public health policy

Subsidiary to Health policy

Refer to: "Health policy".

HEALTH POLICY INTERVENTIONS

Health policy interventions (also known as health policy measures) are possible solutions developed to respond to a policy problem. The policy intervention is either a single activity or a set of actions or programmes aimed at bringing about

identifiable improvements intended to benefit all or most of the target population and assessed against pre-specified outcomes. Policy interventions differ depending on the problem, population and setting that are targeted.

References:

- Fretheim A, Munabi-Babigumira S, Oxman AD, Lavis JN, Lewin S (2009). SUPPORT tools for evidence-informed policymaking in health 6: using research evidence to address how an option will be implemented. Health Res Policy Sys. 7(Suppl 1):S6 (https://doi.org/10.1186/1478-4505-7-S1-S6, accessed 6 August 2024).
- Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M (2004). A glossary for evidence based public health. J Epidemiol Community Health. 58(7):538-545 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732833/pdf/v058p00538.pdf, accessed 28 August 2024).

HEALTH STATUS

"Health status is a description and/or measurement of the health of an individual or population at a particular point in time against identifiable standards, usually by reference to health indicators" (Working Group on Environmental Impact Assessment and Strategic Environmental Assessment, Eighth meeting, 2019).

References:

- Working Group on Environmental Impact Assessment and Strategic Environmental Assessment, Eighth meeting, Geneva, 26–28 November 2019 (2019). Item 7 (b) of the provisional agenda: Draft guidance on assessing health impacts in strategic environmental assessment. Geneva: United Nations Economic Commission for Europe (ECE/MP.EIA/WG.2/2019/5; https://unece.org/fileadmin/DAM/env/documents/2019/WG_8th_meeting/Advance_copy/Final_documents/1915379E.pdf, accessed 13 December 2024).

HEALTH TECHNOLOGY ASSESSMENT

Health technology assessment is the systematic evaluation of the safety, "effectiveness, costs and broader impact" (National Institute for Health and Care Excellence, 2024) of a health technology or intervention to support health care and policy decision-making. The primary purpose is to provide objective information on the cost–effectiveness of the health technology or intervention, and on "the social, economic, organizational and ethical" (World Health Organization, 2015) considerations to inform decision-making about adopting a new technology or intervention or discontinuing or improving technology or interventions already in use.

See also: "Economic evaluation"

References:

- National Institute for Health and Care Excellence (2024). NICE glossary [website]. In: NICE: National Institute for Health and Care Excellence (https://www.nice.org.uk/Glossary?letter=H, accessed 7 August 2024).
- World Health Organization (2015). 2015 Global Survey on Health Technology Assessment by National Authorities. Main findings. Geneva: World Health Organization (https://www.who.int/publications/i/item/9789241509749, accessed 7 August 2024).

IMPACT

Impact is "(i) the total, direct and indirect, effects of a programme, service or institution on a health status and overall health and socio-economic development. (ii) positive or negative, long-term or medium-term effects produced by a programme or intervention. [(iii)] the degree of achievement of an ultimate health objective" (World Health Organization, 2011).

References:

- World Health Organization (2011). Health systems strengthening glossary. Geneva: World Health Organization (https://cdn.who.int/media/docs/default-source/documents/health-systems-strengthening-glossary.pdf, accessed 7 August 2024).

Health outcome

Subsidiary to Impact

A health outcome is "a change in the health status of an individual, group or population that is attributable to a planned intervention or series of interventions" (World Health Organization 2021). This term "emphasizes the outcome of planned interventions (as opposed, e.g., to incidental exposure to risk), and that outcomes may be [distinct] for individuals, groups or whole populations. The change in outcome may be positive for health, or may be detrimental. Interventions may include government policies and consequent programmes, laws and regulations, or health services and programmes, including health promotion programmes. In health promotion, interventions are intended to be enabling and empowering, and health outcomes can be considered in terms that describe the more immediate impact of health promotion activities such as improving *health literacy*, changing *health behaviours*, implementing [health in all policies], and enabling *community action for health* and subsequent changes in the *determinants of health*" (Nutbeam & Muscat, 2021).

See also: "Monitoring and evaluation"

References:

- National Institute for Health and Care Excellence (2024). NICE glossary [website]. In: NICE: National Institute for Health and Care Excellence (https://www.nice.org.uk/Glossary?letter=O, accessed 7 August 2024).
- Nutbeam D, Muscat DM (2021). Health promotion glossary 2021. Health Promot Int. 36(6):1578-1598 (https://doi.org/10.1093/heapro/daaa157, accessed 28 August 2024).
- World Health Organization (2021). Health promotion glossary of terms 2021. Geneva: World Health Organization (https://iris.who.int/handle/10665/350161, accessed 7 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

Primary outcome

Subsidiary to Impact

"[T]he primary outcome is the outcome of greatest importance" (Manchikanti, Singh, Smith & Hirsch, 2009).

References:

- Manchikanti L, Singh V, Smith HS, Hirsch JA (2009). Evidence-based medicine, systematic reviews, and guidelines in interventional pain management: part 4: observational studies. Pain Physician. 12(1):73 (https://www.painphysicianjournal.com/current/pdf?article=MTE3Mw%3D%3D&journal=47, accessed 7 August 2024).

IMPLEMENTABILITY

Implementability is "the technical and administrative feasibility of" (Law Insider, 2024) a health intervention, recommendation or policy option for practice in a particular setting.

See also: "Contextualization"

References:

- Klaic M, Kapp S, Hudson P, Chapman W, Denehy L, Story D et al. (2022). Implementability of healthcare interventions: an overview of reviews and development of a conceptual framework. Implementation Sci. 17(10) (https://doi.org/10.1186/s13012-021-01171-7, accessed 7 August 2024).
- Law Insider (2024). Implementability definition [website]. In: Law Insider (https://www.lawinsider.com/dictionary/implementability, accessed 7 August 2024).
- Shiffman RN, Dixon J, Brandt C, Essaihi A, Hsiao A, Michel G et al. (2005). The GuideLine Implementability Appraisal (GLIA): development of an instrument to identify obstacles to guideline implementation. BMC Med Inform Decis Mak. 5(23) (https://doi.org/10.1186/1472-6947-5-23, accessed 7 August 2024).

Applicability

Subsidiary to Implementability

"Applicability assesses the feasibility of providing an intervention in a local setting. Applicability considers cost-effectiveness, organizational culture and capacity" (National Collaborating Centre for Methods and Tools, 2024).

References:

- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: National Collaborating Centre for Methods and Tools (https://www.nccmt.ca/glossary, accessed 28 August 2024).

IMPLEMENTATION SCIENCE

Implementation science is a cross-disciplinary approach to enhance the uptake, adoption, implementation, scalability and sustainability of evidence-based interventions and recommendations, to achieve intended outcomes.

Additional information:

This approach includes studying barriers and facilitators to bring evidence-based findings into routine practice and clinical care. In the literature and over the years several other terms have been used with the same or overlapping meanings and interchangeably. These include implementation research, behavioural research, operational research and behavioural insight.

See also: "Operational research"

References:

- Barwick M, Dubrowski R, Petricca K (2020). Knowledge translation: the rise of implementation. Washington, DC: American Institutes for Research (https://ktdrr.org/products/kt-implementation/, accessed 2 August 2024).
- Bauer MS, Damschroder L, Hagedorn H, Smith J, Kilbourne AM (2015). An introduction to implementation science for the non-specialist. BMC Psychol. 3(1):32 (https://doi.org/10.1186/s40359-015-0089-9, accessed 2 August 2024).
- Gilson L, Orgill M, Shroff Z, editors (2018). A health policy analysis reader: the politics of policy change in low- and middle-income countries. Geneva: World Health Organization (https://iris.who.int/handle/10665/310886, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- HSE Research and Development (n.d.). Definitions [website]. In: HSE Research and Development (https://hseresearch.ie/definitions/, accessed 2 August 2024).
- National Implementation Research Network (n.d.). Glossary of terms – implementation science [website]. In: NIRN: National Implementation Research

Network (https://nirn.fpg.unc.edu/glossary-terms-implementation-science, accessed 2 August 2024). Licence: CC BY-NC-ND 4.0.

Embedded research

Subsidiary to Implementation science

Embedded research is an approach that usually involves a researcher being hosted within a policy or practice organization. The researcher's role is to develop a mutually beneficial relationship by actively spanning the boundaries between research conduct and research use.

See also: "Participatory research"

References:

- Cheetham M, Wiseman A, Khazaeli B, Gibson E, Gray P, Van der Graaf P et al. (2018). Embedded research: a promising way to create evidence-informed impact in public health? J Public Health (Oxf). 40(suppl_1):i64-i70 (https://doi.org/10.1093/pubmed/fdx125, accessed 2 August 2024).
- Rushmer R, Ward V, Nguyen T, Kuchenmüller T (2019). Knowledge translation: key concepts, terms and activities. In: Verschuuren M, van Oers H, editors. Population health monitoring. Cham: Springer, Cham; 127-150 (https://link.springer.com/chapter/10.1007/978-3-319-76562-4_7, accessed 2 August 2024).
- Ward V, Tooman T, Reid B, Davies H, Marshall M (2021). Embedding researchers into organisations: a study of the features of embedded research initiatives. Evidence & Policy. 17(4):593-614 (https://doi.org/10.1332/174426421X16165177580453, accessed 2 August 2024).

INSTITUTIONAL CAPACITY FOR EVIDENCE-INFORMED POLICY-MAKING

Institutional capacity for evidence-informed policy-making refers to the extent of the knowledge, skills and commitment of individuals and groups of people as well as the organizational mandate, culture, structures and processes that enable the legitimate and routine use of evidence in policy-making processes.

See also: "Institutionalization"

References:

- Kuchenmüller T, Boeira L, Oliver S, Moat K, El-Jardali F, Barreto J et al. (2022). Domains and processes for institutionalizing evidence-informed health policy-making: a critical interpretive synthesis. Health Res Policy Syst. 20(1):27 (https://doi.org/10.1186/s12961-022-00820-7, accessed 2 August 2024).
- Regional Committee for the Eastern Mediterranean, 66th session, Tehran, 14–17 October 2019 (2019). Provisional agenda item 3(d): Developing national institutional capacity for evidence-informed policy-making for health. Technical paper. Cairo: WHO Regional Office for the Eastern Mediterranean (EM/RC66/6; https://applications.emro.who.int/docs/RC_Technical_Papers_2019_6_en.pdf, accessed 1 August 2024).

INSTITUTIONALIZATION

Institutionalization refers to establishing or fostering organizational structures, mechanisms and processes that enable the legitimate and routine use of evidence in the policy-making process.

See also: "Institutional capacity for evidence-informed policy-making"; "Integrated multi-concept approach"

References:

- Kuchenmüller T, Boeira L, Oliver S, Moat K, El-Jardali F, Barreto J et al. (2022). Domains and processes for institutionalizing evidence-informed health policy-making: a critical interpretive synthesis. Health Res Policy Syst. 20(1):27 (https://doi.org/10.1186/s12961-022-00820-7, accessed 2 August 2024).
- Regional Committee for the Eastern Mediterranean, 66th session, Tehran, 14–17 October 2019 (2019). Provisional agenda item 3(d): Developing national institutional capacity for evidence-informed policy-making for health. Technical paper. Cairo: WHO Regional Office for the Eastern Mediterranean (EM/RC66/6; https://applications.emro.who.int/docs/RC_Technical_Papers_2019_6_en.pdf, accessed 1 August 2024).

INTEGRATED MULTI-CONCEPT APPROACH

The integrated multi-concept approach is a WHO-recommended framework for strengthening the evidence ecosystem at country, regional and global levels. The integrated multi-concept approach advocates building institutional capacity for evidence-informed policy-making by sharing resources and creating synergies between and across processes and groups working in guideline and policy development. It calls for integration of parallel, unintegrated efforts of evidence-informed practices (such as guideline and health technology assessment programmes, policy development processes and use of data in policy-making) within government sectors and across national settings.

Additional information:

The integrated multi-concept approach includes national and policy-oriented programmes in support of evidence-informed policy-making within the health sector, such as the following: knowledge translation, health technology assessment, guideline development and adaptation, surveys, monitoring and evaluation agendas, routinely generated health-related data, ad hoc studies (e.g. vaccine-effectiveness studies) and data generated from other programmes (e.g. pharmacovigilance).

See also: "Institutionalization"

References:

- Regional Committee for the Eastern Mediterranean, 66th session, Tehran, 14–17 October 2019 (2019). Provisional agenda item 3(d): Developing national institutional capacity for evidence-informed policy-making for health. Technical paper. Cairo: WHO Regional Office for the Eastern Mediterranean (EM/RC66/6; https://applications.emro.who.int/docs/RC_Technical_Papers_2019_6_en.pdf, accessed 1 August 2024).

INTEREST GROUP

An interest group is "a formal or informal association of people seeking to influence governmental policy in favour of their interests; interest groups may represent social causes, economic and corporate interests, or religious and ideological interests" (Khan Academy, 2024).

Additional information:

Interest groups represent a potential source of conflict of interest if undue and disproportionate group influence favours one group over public welfare.

There are three main types of interest group that may influence public policy: lobbyists, advocacy interest groups and activists. Lobbyists are hired by commercial and other organizations to influence politicians and public officials, overtly or covertly, to shape legislation and policy in their favour. Advocacy interest groups can raise awareness on specific topics in the policy-making process, which is necessary to ensure attention to unmet needs and underreported issues. Health activists challenge the existing order whenever it is perceived to lead to a social injustice or health inequality. They use a range of tactics that go beyond convention or routine to redress the imbalance of power that has created the situation in the first place.

See also: "Conflicts of interest"

References:

- Khan Academy (2024). Interest groups influencing policymaking: lesson overview [online course]. In: Khan Academy (https://www.khanacademy.org/humanities/us-government-and-civics/us-gov-political-participation/us-gov-groups-influencing-policymaking-and-policy-outcomes/a/interest-groups-influencing-policymaking-lesson-overview, accessed 5 August 2024).
- Laverack G (2012). Health activism. Health Promot Intl. 27(4): 429-434 (https://doi.org/10.1093/heapro/das044, accessed 5 August 2024).
- Rahman-Shepherd A, Balasubramaniam P, Gautham M, Hutchinson E, Kitutu FE, Marten R et al. (2021). Conflicts of interest: an invisible force shaping health systems and policies. Lancet Glob Health. 9(8):e1055-e1056 (https://doi.org/10.1016/S2214-109X(21)00202-3, accessed 5 August 2024).

Advocacy group

Subsidiary to Interest group

Refer to: "Interest group".

Health activist

Subsidiary to Interest group

Refer to: "Interest group".

Lobbyist

Subsidiary to Interest group

Refer to: "Interest group".

KNOW–DO GAP

Know–do gap (also known as policy–evidence gap) is a term traditionally used to describe a perceived gap in the policy environment between strong/well-established research evidence and the use of this evidence in practice and policy.

There are different ways of characterizing this perceived "gap". Some point to the idea of researchers and policy-makers operating in two distinct communities without a shared understanding of each other's work and expectations. A broader reframing points to a policy-maker–researcher interface that calls for more of a reciprocal, mutually supportive relationship between policy-makers and researchers. Both parties can learn from each other as they build a stronger, living and learning evidence ecosystem in support of evidence-informed policy-making.

See also: "Evidence-informed policy-making"; "Evidence ecosystem"

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- Oliver K, Lorenc T, Innvær S (2014). New directions in evidence-based policy research: a critical analysis of the literature. Health Res Policy Syst. 12(34) (https://doi.org/10.1186/1478-4505-12-34, accessed 5 August 2024).
- World Health Organization (2006). Bridging the "know–do" gap: Meeting on Knowledge Translation in Global Health, 10–12 October 2005, World Health Organization, Geneva, Switzerland. Geneva: World Health Organization (WHO/EIP/KMS/2006.2; https://www.measureevaluation.org/resources/training/capacity-building-resources/high-impact-research-training-curricula/bridging-the-know-do-gap.pdf, accessed 5 August 2024).

KNOWLEDGE

"Knowledge refers to a combination of values, experiences, expert insights and contextual information, as well as [data and] research findings. It includes both explicit and tacit knowledge and serves as an aid for decision-making" (EVIPNet Europe, 2017).

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 5 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

Explicit knowledge

Subsidiary to Knowledge

Explicit knowledge refers to structured, verifiable and replicable evidence that includes scientific, research-based evidence, as well as evidence from structured programme evaluations, data from health information systems and other statistical databases. There are standard methods for assessing the scientific rigour and relevance of explicit knowledge in evidence-informed decision-making.

See also: "Research evidence"

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- Kothari A, Rudman D, Dobbins M, Rouse M, Sibbald S, Edwards N (2012). The use of tacit and explicit knowledge in public health: a qualitative study. Implement Sci. 7(20) (https://doi.org/10.1186/1748-5908-7-20, accessed 7 August 2024).

Tacit knowledge

Subsidiary to Knowledge

Tacit knowledge includes knowledge and insights accumulated over time that come from experience, organizational traditions, previous knowledge, professional expertise, pragmatism and intuition, and experience in local communities. Though there are no formal ways of assessing the quality and relevance of tacit knowledge, producers and users of it may support the value and rationale for its use in various ways. Tacit knowledge is considered essential for providing contextual information needed for decision-making, especially where the evidence is inconclusive, lacking or nonexistent, or where it was produced in a different context and needs adaptation.

Additional information:

A range of terms are used to describe tacit knowledge, including terms such as skills, intuition, know-how, procedural knowledge, implicit knowledge, unarticulated knowledge, practical or experiential knowledge, and colloquial knowledge or informal knowledge. There are multiple opportunities for the use of tacit knowledge along the policy-making continuum, including in stakeholder mapping, assessing political agendas and strategies for mobilizing support, determining available resources, assessing programme timing and community readiness, and taking into account the local context.

See also*:* "Expert opinion"

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- Kothari A, Rudman D, Dobbins M, Rouse M, Sibbald S, Edwards N (2012). The use of tacit and explicit knowledge in public health: a qualitative study. Implement Sci. 7(20) (https://doi.org/10.1186/1748-5908-7-20, accessed 5 August 2024).

KNOWLEDGE BROKERING

Knowledge brokering is the process of connecting researchers, policymakers and other stakeholders to facilitate the use of evidence in decision-making. In the context of evidence-informed policy-making in health systems, knowledge brokers act as intermediaries who help identify relevant research, translate evidence into actionable insights and promote collaboration across sectors. Their role is essential in ensuring that policies and practices are grounded in the best available evidence, addressing barriers such as communication gaps, differing priorities, and limited capacity for evidence use.

See also: "Knowledge translation"

References:

- Dobbins M, Robeson P, Ciliska D, Hanna S, Cameron R, O'Mara L et al. (2009). A description of a knowledge broker role implemented as part of a randomized controlled trial evaluating three knowledge translation strategies. Implement Sci. 4(23) (https://doi.org/10.1186/1748-5908-4-23, accessed 19 January 2025).
- Yamanie N, Amanda NF, Felistia Y (2023). The impact of knowledge brokering in health sector and the challenges: A review of literature. J Public Health Res. 12(2) (https://doi.org/10.1177/22799036231167833, accessed 19 January 2025).

Knowledge broker

Subsidiary to Knowledge brokering

A knowledge broker is "an individual or organization that … develop[s] relationships and networks … between producers and users of evidence and knowledge in order to facilitate: a) [evidence/]knowledge exchange and co-development, b) the appropriate use of the best available evidence[/knowledge] in decision-making processes, and c) individual and organizational capacity to participate effectively in this evidence-informed decision making process" (National Collaborating Centre for Methods and Tools, 2024).

References:

- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: Health evidence (https://www.healthevidence.org/glossary.aspx#K, accessed 5 August 2024).

KNOWLEDGE MANAGEMENT

Knowledge management is a set of principles, activities and tools to optimize and integrate the processes of creating, sharing and using knowledge to improve decision-making and innovation and enhance organizational effectiveness.

Knowledge management in evidence-informed policy-making facilitates policy-makers' access to research and local sources of evidence.

See also: "Knowledge uptake**"**

References:

- Girard J, Girard J (2015). Defining knowledge management: toward an applied compendium. Online Journal of Applied Knowledge Management. 3(1):1-20 (https://www.researchgate.net/publication/353802781_Defining_knowledge_management_Toward_an_applied_compendium, accessed 5 August 2024).
- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: National Collaborating Centre for Methods and Tools (https://www.nccmt.ca/glossary, accessed 5 August 2024).
- World Health Organization (2004). World report on knowledge for better health: strengthening health systems. Geneva: World Health Organization (https://iris.who.int/handle/10665/43058, accessed 5 August 2024).

KNOWLEDGE PRODUCT

A knowledge product is a refined form of evidence synthesis and expert opinions developed in a systematic approach. Examples of knowledge products include policy briefs, guidelines and health technology assessment reports.

Additional information:

Knowledge products are regularly used in knowledge translation processes and are key for evidence-informed policy-making and evidence-based health care.

See also: "Evidence synthesis**"**

References:

- Regional Committee for the Eastern Mediterranean, 66th session, Tehran, 14–17 October 2019 (2019). Provisional agenda item 3(d): Developing national institutional capacity for evidence-informed policy-making for health. Technical paper. Cairo: WHO Regional Office for the Eastern Mediterranean (EM/RC66/6; https://applications.emro.who.int/docs/RC_Technical_Papers_2019_6_en.pdf, accessed 1 August 2024).
- World Health Organization (2021). Evidence, policy, impact. WHO guide for evidence-informed decision-making. Geneva: World Health Organization (https://iris.who.int/handle/10665/350994, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

KNOWLEDGE TRANSLATION

"Knowledge translation is a process of increasing the systematic and transparent use of research evidence in policy- and decision-making to improve health

outcomes" (EVIPNet Europe, 2017). It is "the exchange, synthesis, and effective communication of reliable and relevant research results. The focus is on promoting interaction among the producers and users of research, removing the barriers to research use, and tailoring information to different target audiences so that effective interventions are used more widely" (World Health Organization, 2004).

Additional information:

Knowledge translation is an umbrella term and includes related terms such as knowledge transfer, exchange, mobilization, dissemination, diffusion and implementation, as well as research translation. The common theme among these different terms is that of moving beyond the simple dissemination of knowledge into supporting actual use of knowledge.

Strategies for knowledge translation may also vary depending on the target audience (e.g. researchers, clinicians, policy-makers, the public) and the type of knowledge being translated (i.e. clinical, biomedical or policy-related). Knowledge translation usually involves the use of knowledge products (e.g. policy briefs, guidelines, health technology assessment reports) and processes such as policy dialogues.

See also: "Knowledge brokering;"; "Evidence-informed policy-making"

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 5 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- Straus SE, Tetroe J, Graham I (2009). Defining knowledge translation. CMAJ. 181(3–4):165-168 (https://doi.org/10.1503/cmaj.081229, accessed 5 August 2024).
- World Health Organization (2004). World report on knowledge for better health: strengthening health systems. Geneva: World Health Organization (https://iris.who.int/handle/10665/43058, accessed 5 August 2024).

Knowledge exchange

Subsidiary to Knowledge translation

"Knowledge exchange [(also known as knowledge transfer)] is collaborative problem-solving [and mutual learning] between researchers and decision-makers that happens through linkage and exchange. Effective knowledge exchange involves interaction between decision-makers and researchers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making" (Canadian Foundation for Healthcare Improvement, 2014, quoted in Canadian Institutes of Health Research, 2016).

References:

- Canadian Institutes of Health Research (2016). About us [website]. In: Canadian Institutes of Health Research (https://cihr-irsc.gc.ca/e/29418.html, accessed 5 August 2024).

Knowledge translation platform

Subsidiary to Knowledge translation

A knowledge translation platform "promotes and creates an environment that supports both research use in policy-making and policy needs in research design. It may be a formal organization, department or network, focusing on bringing actors together, synthesizing explicit and tacit knowledge, and leading networking in knowledge translation. A [knowledge translation platform] leads the development of evidence briefs and policy dialogue exercises, offers rapid response services, conducts priority-setting exercises and performs clearinghouse functions" (EVIPNet Europe, 2017).

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 7 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

Knowledge uptake

Subsidiary to Knowledge translation

Knowledge uptake (also known as knowledge utilization and knowledge application) refers to the processes through which individuals and teams acquire, adapt, adopt and apply knowledge conceptually and in practice. In evidence-informed policy-making, this usually refers to research evidence utilization, which is a specific kind of knowledge utilization.

Knowledge uptake may happen along the full continuum of the policy-making process and include activities of knowledge translation and knowledge brokering.

See also: "Knowledge management"

References:

- Larsen JK (1980). Review essay: knowledge utilization: what is it? Knowledge. 1(3): 421-442 (https://doi.org/10.1177/107554708000100305, accessed 5 August 2024).
- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: National Collaborating Centre for Methods and Tools (https://www.nccmt.ca/glossary, accessed 5 August 2024).

Push and pull efforts

Subsidiary to Knowledge translation

Push and pull efforts are a way of characterizing knowledge translation efforts to support evidence-informed policy and practice. Push efforts refer to "tailoring and targeting of key messages from research evidence to make it more accessible and easier to use for policy-makers" (EVIPNet Europe, 2017) (e.g. in the form of user-friendly evidence synthesis products). Pull efforts refer to supporting policy-makers in their demand for policy-relevant evidence, including identifying their evidence needs and facilitating efficient access to high-quality research.

Integrating push and pull efforts – for example, through collaborative knowledge exchange and translation platforms and deliberative dialogues – can result in more effective policy and researcher engagement, more purposeful evidence and better support within real-life decision contexts.

References:

- Blessing V, Davé A, Varnai P (2017). Evidence on mechanisms and tools for use of health information for decision-making. Copenhagen: WHO Regional Office for Europe (Health Evidence Network synthesis report 54; https://iris.who.int/handle/10665/326289, accessed 2 August 2024).
- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 5 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

LIVING EVIDENCE

Living evidence refers to the continual updating of evidence syntheses as new evidence from research becomes available.

Additional information:

Living evidence is intended to reduce the lag time between research generation and research synthesis and use, and ensures that the most recent, relevant and reliable evidence can be used to inform guidelines, policy and practice.

References:

- Brooker J, Synnot A, McDonald S, Elliott J, Turner T (2019). Guidance for the production and publication of Cochrane living systematic reviews: Cochrane Reviews in living mode. Cochrane (https://community.cochrane.org/sites/default/files/uploads/inline-files/Transform/201912_LSR_Revised_Guidance.pdf, accessed 5 August 2024).
- Millard T, Synnot A, Elliott J, Green S, McDonald S, Turner T (2019). Feasibility and acceptability of living systematic reviews: results from a mixed-methods evaluation. Syst Rev. 8(1):325 (https://doi.org/10.1186/s13643-019-1248-5, accessed 5 August 2024).

Living guideline

Subsidiary to Living evidence

Refer to: "Living evidence".

Living health technology assessment

Subsidiary to Living evidence

Refer to: "Living evidence".

Living systematic review

Subsidiary to Living evidence

Refer to: "Living evidence".

META-ANALYSIS

Meta-analysis is a statistical method used to combine results from two or more separate studies.

See also: "Systematic review"

References:

- Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ et al., editors (2021). Cochrane handbook for systematic reviews of interventions, version 6.2 (updated February 2021). Cochrane (https://training.cochrane.org/handbook/archive/v6.2, accessed 5 August 2024).

MONITORING AND EVALUATION

Monitoring and evaluation is the process to record and assess what was done in a programme or intervention, to whom, with what resources and how, and with what short- and long-term outputs, outcomes and impact. Evaluation is also defined as "the systematic and objective assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a course of actions, in relation to objectives

and taking into account the resources and facilities that have been deployed" (World Health Organization, 2011). Monitoring is "the continuous oversight of an activity to assist in its supervision and to see that it proceeds according to plan" (World Health Organization, 2011).

See also: "Health outcome"

References:

- World Health Organization (2011). Health systems strengthening glossary. Geneva: World Health Organization (https://cdn.who.int/media/docs/default-source/documents/health-systems-strengthening-glossary.pdf, accessed 29 July 2024).

Formative evaluation

Subsidiary to Monitoring and evaluation

Formative evaluation is typically done during the implementation of a programme or intervention. It involves collecting and integrating different sources of data in real time to assess progress and adjust the programme or intervention or its associated implementation strategies to optimize outcomes. A formative evaluation can provide evidence of the feasibility, acceptability and appropriateness of a programme or intervention before it is fully rolled out.

References:

- Bauer MS, Kirchner J (2020). Implementation science: what is it and why should I care? Psychiatry Res. 283:112376 (https://doi.org/10.1016/j.psychres.2019.04.025, accessed 6 August 2024). Licence: CC BY-NC-ND 4.0.
- Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M (2004). A glossary for evidence based public health. J Epidemiol Community Health. 58(7):538-545 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732833/pdf/v058p00538.pdf, accessed 28 August 2024).
- Social Policy Evaluation and Research Unit (2018). Making sense of evidence: a guide to using evidence in policy. Wellington: Social Policy Evaluation and Research Unit (https://www.dpmc.govt.nz/sites/default/files/2022-05/Making-Sense-of-Evidence-handbook-FINAL_1.pdf, accessed 6 August 2024).

Impact evaluation

Subsidiary to Monitoring and evaluation

An impact evaluation of a policy, a programme, interventions or other activities is a rigorous and objective assessment of whether the initial objectives of the policy were achieved. Impact evaluation requires an in-depth investigation to measure or estimate the specific contribution of the policy interventions to changes in the intended outcomes. Impact is usually measured through a variety of methods

(quantitative and qualitative), with prespecified indicators to provide reliable ways to track and measure change and policy performance.

Additional information:

Impact evaluation focuses on assessing the primary objective of the policy (e.g. increased access to health care, or reduced morbidity and mortality) but can also measure intermediate outcomes and impacts, especially where true impact can only be determined over the long term. Impact evaluations may include an economic evaluation of cost–effectiveness (costs and resource use in relation to effects) as this is important for assessing the sustainability of policy interventions. Impact evaluation may also include a process evaluation to examine whether the policy was implemented as intended (fidelity, adequacy) and what contextual factors may have influenced impact, as well as the information needed to understand the reasons for policy impact and avenues to improve it.

References:

- Lavis JN, Wilson MG, Oxman AD, Lewin S, Fretheim A (2009). SUPPORT Tools for evidence-informed health Policymaking (STP) 4: Using research evidence to clarify a problem. Health Res Policy Sys. 7(Suppl 1):S4 (https://doi.org/10.1186/1478-4505-7-S1-S4, accessed 13 December 2024).
- Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M (2004). A glossary for evidence based public health. J Epidemiol Community Health. 58(7):538-545 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732833/pdf/v058p00538.pdf, accessed 28 August 2024).

Process evaluation

Subsidiary to Monitoring and evaluation

"Process evaluation is an assessment of the process of programme delivery" (Rychetnik et al., 2004). Process evaluation may involve different methods and sources of data. Process evaluation may include assessment of the programme context, resources available and used, roles and responsibilities, decision-making processes, implementation, barriers and problems encountered, interaction with external players and environment, sustainability of the programme, programme reach and attainment of objectives.

References:

- Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M (2004). A glossary for evidence based public health. J Epidemiol Community Health. 58(7):538-545 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732833/pdf/v058p00538.pdf, accessed 28 August 2024).

Summative evaluation

Subsidiary to Monitoring and evaluation

Summative evaluation usually refers to an overall evaluation of effects, conducted at an advanced or final stage of implementation. It describes and quantifies the range of intervention outcomes and determines the impact and overall effectiveness of the policy, programme or intervention goals using pre-specified indicators – for example, impact on effective coverage of services, quality of care, health status, equity and/or other indicators corresponding with the ultimate goals of the policy, programme or intervention.

References:

- De Savigny D, Adam T, editors (2019). Systems thinking for health systems strengthening. Geneva: Alliance for Health Policy and Systems Research, World Health Organization (https://iris.who.int/handle/10665/44204, accessed 6 August 2024).
- Kusek JZ, Rist RC (2004). A handbook for development practitioners: ten steps to a results-based monitoring and evaluation system. Washington, DC: World Bank Group (https://documents1.worldbank.org/curated/en/638011468766181874/pdf/296720PAPER0100steps.pdf, accessed 6 August 2024).

OPERATIONAL RESEARCH

Operational research (also known as operations research) is a type of research that generates the evidence needed to improve health programme operations and interventions.

Additional information:

In management sciences, this research often takes the form of mathematical and statistical modelling and computation.

References:

- Bradley BD, Jung T, Tandon-Verma A, Khoury B, Chan TCY, Cheng YL (2017). Operations research in global health: a scoping review with a focus on the themes of health equity and impact. Health Res Policy Syst. 15(1):32 (https://doi.org/10.1186/s12961-017-0187-7, accessed 5 August 2024).
- Remme JHF, Adam T, Becerra-Posada F, D'Arcangues C, Devlin M, Gardner C et al. (2010). Defining research to improve health systems. PLoS Med. 7(11):e1001000 (https://doi.org/10.1371/journal.pmed.1001000, accessed 5 August 2024).
- Utley M, Crowe S, Pagel C (2022). Operational research approaches. Cambridge: Cambridge University Press (https://doi.org/10.1017/9781009236980, accessed 5 August 2024). Licence: CC-BY-NC-ND 4.0.

See also: "Implementation science"

PARTICIPATORY RESEARCH

Participatory research is an approach that maximizes the participation of those whose life or work is the subject of the research in all stages of the research process, including the formulation of the research question and goal, the development of a research design, the selection of appropriate methods for data collection and analysis, the implementation of the research, the interpretation of the results and the dissemination of the findings.

See also: "Embedded research"; "Stakeholder involvement"

References:

- Bogart LM, Uyeda K (2009). Community-based participatory research: partnering with communities for effective and sustainable behavioral health interventions. Health Psychol. 28(4):391-393 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2854509/pdf/nihms188440.pdf, accessed 8 September 2024).
- Cargo M, Mercer SL (2008). The value and challenges of participatory research: strengthening its practice. Annu Rev Public Health. 29(1):325-350 (https://doi.org/10.1146/annurev.publhealth.29.091307.083824, accessed 15 April 2024).
- International Collaboration for Participatory Health Research (2013). Position paper 1: What is participatory health research? Version: May 2013. Berlin: International Collaboration for Participatory Health Research (https://www.icphr.org/uploads/2/0/3/9/20399575/ichpr_position_paper_1_defintion_-_version_may_2013.pdf, accessed 7 August 2024).

PATIENT PATHWAY

A patient pathway (also known as a clinical pathway) is a managerial organization/process with a graphical description of the patient management process within a facility or service. It usually applies to patients/clients with predictable care.

Additional information:

A patient pathway sets out a sequence of steps that the patient/client follows to facilitate the efficient delivery of services, and ideally should be developed based on the recommendations of evidence-based guidelines. The aim of a patient pathway is to enhance the quality of care across the continuum by improving patient outcomes, promoting patient safety, increasing patient satisfaction and optimizing the use of resources.

References:

- HTA Glossary (n.d.). Clinical pathway [website]. In: HTA Glossary (http://htaglossary.net/clinical-pathway, accessed 7 August 2024).

POLICY ACTOR

A policy actor (also known as a policy player or policy stakeholder) is a representative of a broad range of stakeholders participating in the policy process, who may influence decision-making but not have the power to make the final decisions.

The range of policy actors includes research and academic organizations, other government sectors, local, national and sometimes international bodies, and non-state actors (civil society, nongovernmental agencies, the private sector, the media and donor organizations).

See also: "Stakeholder mapping"; "Policy network"

References:

- Ademokun A, Dennis A, Hayter E, Richards C, Runceanu L-E (2016). Evidence-informed policy making toolkit. Oxford: International Network for Advancing Science and Policy (https://www.inasp.info/sites/default/files/2018-04/EIPM%20Toolkit-Ed2-FULL.pdf, accessed 7 August 2024). Licence: CC BY-SA 4.0.
- Buse K, Mays N, Walt G (2012). Making health policy, second edition. Maidenhead: McGraw-Hill Education.
- Knoepfel P, Larrue C, Varone F, Hill M (2011). Public policy analysis. Bristol: Policy Press.

Stakeholder involvement

Subsidiary to Policy actor

Stakeholder involvement (also known as stakeholder engagement) is usually defined as an "iterative process of actively soliciting the knowledge, experience, judgment and values of individuals [or groups representing] a broad range of direct interests in a particular issue, for the dual purposes of:

- Creating a shared understanding
- Making relevant, transparent and effective decisions" (Deverka et al., 2012).

It may also refer to situations where stakeholders proactively or reactively engage in crafting the policy process and agenda in order to ensure that their interests are considered or addressed.

See also: "Participatory research"

References:

- Deverka PA, Lavallee DC, Desai PJ, Esmail LC, Ramsey SD, Veenstra DL et al. (2012). Stakeholder participation in comparative effectiveness research: defining a framework for effective engagement. J Comp Eff Res. 1(2):181-194 (https://doi.org/10.2217/cer.12.7, accessed 7 August 2024).
- Oortwijn W, Jansen M, Baltussen R (2021). Evidence-informed deliberative processes: a practical guide for HTA bodies for legitimate benefit package design, version 2.0. Nijmegen: Radboud University Medical Center (https://www.radboudumc.nl/getmedia/17a96fdb-553b-4e68-81ab-4d8d9a7f9ff1/UMCRadboud_Guide_17x24_inside_DEF_WEB.aspx, accessed 7 August 2024).

Stakeholder mapping

Subsidiary to Policy actor

Stakeholder mapping is the process of identifying individuals and groups with an actual or potential interest and power, knowledge and engagement in a policy issue to promote their effective engagement in the policy-making process.

It allows for identifying relevant stakeholders, their policy and political preferences, and resources and relationships that can help policy-makers manage expectations and constructive engagement in the policy-making process. It also helps policy-makers to learn from the tacit knowledge of stakeholders, to create a sense of ownership among stakeholders and to increase the likelihood of adoption of the policy in future.

See also: "Policy actor"; *"Policy network"*

References:

- Buse K, Mays N, Walt G (2012). Making health policy, second edition. Maidenhead: McGraw-Hill Education.
- WHO Regional Office for Europe (2020). Evidence briefs for policy: using the integrated knowledge translation approach – guiding manual. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/337950, accessed 7 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

POLICY AGENDA SETTING

Policy agenda setting is the "list of issues to which an organization is giving serious attention … with a view to taking some sort of action" (Buse, Mays & Walt, 2012). Agenda setting is the process by which certain of these issues are prioritized to rise to the top of the policy-makers' agenda. Policy agenda setting is an early stage in the policy-making process that establishes the rationale for developing or changing a policy. It involves developing an awareness of the problem and potential solutions and identifying and prioritizing the most important issues to address in the policy.

See also: "Priority setting"

References:

- Buse K, Mays N, Walt G (2012). Making health policy, second edition. Maidenhead: McGraw-Hill Education.
- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

POLICY BRIEF

A policy brief is a short and concise document that summarizes the policy options based on the best available evidence on a policy issue, in a way that it is objective, accessible, relevant and easy for policy-makers to use. A policy brief usually outlines a problem and explains its importance, presents evidence-based solutions and policy options, and presents information about potential barriers and facilitators to implementing the options. It is underpinned by systematic and transparent methods for the way the evidence was identified, synthesized and applied to the policy question, to ensure the independence of the presented evidence and to promote confidence in the users of the evidence. Although policy briefs outline the pros and cons of policy options, they typically do not recommend a particular policy option.

Additional information:

A policy brief should include the following sections: title, justification and purpose, key policy options or messages, descriptions of policy options and their advantages and disadvantages, a description of how the policy brief was developed (methods used), conflicts of interest, sources of evidence and key references.

See also: "Knowledge product"; "Policy option"

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- Rushmer R, Ward V, Nguyen T, Kuchenmüller T (2019). Knowledge translation: key concepts, terms and activities. In: Verschuuren M, van Oers H, editors. Population health monitoring. Cham: Springer, Cham; 127-150 (https://link.springer.com/chapter/10.1007/978-3-319-76562-4_7, accessed 2 August 2024).
- WHO Regional Office for Europe (2015). EVIPNet Europe: strategic plan 2013–17. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370948, accessed 8 August 2024).

- WHO Regional Office for Europe (2020). Evidence briefs for policy: using the integrated knowledge translation approach – guiding manual. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/337950, accessed 7 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- WHO Regional Office for the Eastern Mediterranean (2024). Policy brief template: how to write an effective policy brief. Cairo: WHO Regional Office for the Eastern Mediterranean (https://iris.who.int/handle/10665/375770, accessed 8 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

Advocacy brief

Subsidiary to Policy brief

An advocacy brief (also known as an advocacy paper) is usually a concise document to support persuasive communication to encourage policy- or decision-makers to take ownership of and act on the ideas and policy advice provided.

Additional information:

Advocacy refers to social actions by interest groups, designed to gain political commitment, policy support, social acceptance and system support for a particular goal or programme. The advocacy process usually requires building momentum and support behind the proposed policy ideas, and the advocacy brief summarizes the key issues, evidence and rationale for those ideas.

References:

- World Health Organization (1998). Health promotion glossary. Geneva: World Health Organization (https://iris.who.int/handle/10665/64546, accessed 8 August 2024).
- Young E, Quinn L (2012). Making research evidence matter: a guide to policy advocacy in transition countries. Berlin: International Centre for Policy Advocacy (https://advocacyguide.icpolicyadvocacy.org/, accessed 8 August 2024).

POLICY DIALOGUE

Policy dialogue is a knowledge-sharing and knowledge translation mechanism that convenes researchers, policy-makers and other stakeholders to deliberate on the research evidence and support the contextualization of the evidence to local settings. Policy dialogue is a form of deliberative dialogue, to broaden stakeholder participation in policy decision-making. It enables the best available research evidence to be considered together with real-world factors and the tacit knowledge of local policy actors, with the aim of increasing policy uptake and effectiveness.

See also: "Deliberative dialogue"

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- WHO Regional Office for Europe (2020). Evidence briefs for policy: using the integrated knowledge translation approach – guiding manual. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/337950, accessed 8 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

POLICY ECOSYSTEM

The policy ecosystem is the context and environment in which policies are developed, revised and implemented. It includes the political environment, legal and legislative frameworks, institutional power and jurisdiction, historical experiences, stakeholder roles and dynamics, socioeconomic conditions, widely expressed opinions and values, and population demographics and epidemiology.

It describes the policy-making environment and affects the feasibility of influencing any specific policy.

See also: *"*Evidence ecosystem*"*

References:

- Milio N (2001). Glossary: Healthy public policy. J Epidemiol Community Health. 55(9):622-623 (https://doi.org/10.1136/jech.55.9.622, accessed 8 August 2024).
- Stewart R, Dayal H, Langer L (2017). Terminology and tensions within evidence-informed decision-making in South Africa over a 15-year period. Research for All. 1(2):252-264 (https://doi.org/10.18546/RFA.01.2.03, accessed 8 August 2024).

POLICY ENVIRONMENT

Refer to: "Policy ecosystem".

POLICY-MAKER

A policy-maker is a government or public official who is given responsibility for leading health policies and who has authority and decision-making power over the policy-making process.

Additional information:

"Policymakers are a diverse group that includes cabinet members (e.g. ministers of Health or Finance), elected officials (e.g. chairs of legislative committees), senior civil servants (e.g. directors of primary healthcare programmes), and high-level

political appointees (e.g. heads of government agencies). Policymakers may differ significantly on the basis of their authority or role in different political systems but what all have in common is the authority to make or influence decisions directly" (Oxman, Lavis, Lewin & Fretheim, 2009).

See also: "Decision-maker"

References:

- Buse K, Mays N, Walt G (2012). Making health policy, second edition. Maidenhead: McGraw-Hill Education.
- Oxman AD, Lavis JN, Lewin S, Fretheim A (2009). SUPPORT tools for evidence-informed health policymaking (STP). Health Res Policy Sys. 7(Suppl 1):I1 (https://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-7-S1-I1, accessed 8 September 2024).

POLICY-MAKING PROCESS

The policy-making process is "the way[s] in which policies are initiated, formulated, [retained, adapted, updated,] … negotiated, communicated, implemented and evaluated" (Buse K, Mays N, Walt, 2012).

Additional information:

Effective policy-making relies on the best available evidence, stakeholder engagement, and consideration of social, economic and political factors.

See also: "Evidence-informed policy-making"; "Decision-making"

References:

- Buse K, Mays N, Walt G (2012). Making health policy, second edition. Maidenhead: McGraw-Hill Education.

POLICY NETWORK

A policy network is a group of individuals, organizations and agencies that come together around a shared interest in an area of policy to allow diverse stakeholders to contribute to policy decision-making. This group can include researchers, think tanks, interest and advocacy groups, and politicians, who form a network of engagement, share information and bargain to various degrees to attain their specific goals.

See also: "Policy actor"; "Stakeholder mapping"

References:

- Buse K, Mays N, Walt G (2012). Making health policy, second edition. Maidenhead: McGraw-Hill Education.
- World Health Organization (1998). Health promotion glossary. Geneva: World Health Organization (https://iris.who.int/handle/10665/64546, accessed 7 August 2024).

POLICY OPTION

A policy option is one or more interventions that could potentially produce the desired change intended by the policy. The process of selecting the policy options to be presented in a policy brief is usually informed by the description of the problem, the analysis of the underlying causes of the problem and the best available evidence on potential solutions.

Policy options should outline the potential benefits and harms of the various options and may include the costs and cost–effectiveness of options. Policy options need to be clear, actionable and appropriate for the local context.

See also: "Policy brief"

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- The SURE Collaboration (2011). SURE guides for preparing and using evidence-based policy briefs, version 2.1 [updated November 2011]. The SURE Collaboration (https://epoc.cochrane.org/sites/epoc.cochrane.org/files/public/uploads/SURE-Guides-v2.1/Collectedfiles/sure_guides.html, accessed 8 August 2024).
- WHO Regional Office for Europe (2020). Evidence briefs for policy: using the integrated knowledge translation approach – guiding manual. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/337950, accessed 8 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- WHO Regional Office for the Eastern Mediterranean (2024). Policy brief template: how to write an effective policy brief. Cairo: WHO Regional Office for the Eastern Mediterranean (https://iris.who.int/handle/10665/375770, accessed 8 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

POLICY PROBLEM

A policy problem is a written statement of how a problem is framed (understood, defined, categorized) by policy-makers. The statement usually contains a concise description of the key problem that the policy is trying to address, including describing its importance, the size of the problem, the underlying drivers of the problem and the main consequences. The policy problem is identified and analysed in detail during the

policy agenda-setting phase. The framing of the policy problem has important implications for what policy goals are set, what research and local evidence are sought, the policy solutions explored and the policy outcomes prioritized.

References:

- Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M (2004). A glossary for evidence based public health. J Epidemiol Community Health. 58(7):538-545 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732833/pdf/v058p00538.pdf, accessed 28 August 2024).
- WHO Regional Office for Europe (2020). Evidence briefs for policy: using the integrated knowledge translation approach – guiding manual. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/337950, accessed 8 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- WHO Regional Office for the Eastern Mediterranean (2024). Policy brief template: how to write an effective policy brief. Cairo: WHO Regional Office for the Eastern Mediterranean (https://iris.who.int/handle/10665/375770, accessed 8 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

POLICY SUMMARY

Refer to: "Policy brief".

PRIORITY SETTING

Priority setting in evidence-informed policy-making is a process for determining the most important health problems to address in health policy. It involves the identification, balancing and ranking of priorities by stakeholders, in a transparent way, based on explicit or implicit criteria. Tackling high-priority problems is important to maximize impact and resource use, and to increase buy-in by stakeholders.

See also: "Policy agenda setting"

References:

- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- WHO Regional Office for Europe (2020). Evidence briefs for policy: using the integrated knowledge translation approach – guiding manual. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/337950, accessed 8 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- World Health Organization (2011). Health systems strengthening glossary. Geneva: World Health Organization (https://cdn.who.int/media/docs/default-source/documents/health-systems-strengthening-glossary.pdf, accessed 6 August 2024).

PUBLIC HEALTH GUIDELINE

Public health guidelines are documents including one or more systematically developed evidence-based recommendations to assist decision-makers and the public make decisions about "activities, policies and strategies that can help prevent disease[s]" (National Collaborating Centre for Methods and Tools, 2024), promote well-being and improve health outcomes at the population level.

These guidelines may cover a wide range of topics and settings such as health promotion and disease prevention and health care services, as well as health-related policy in other sectors (e.g. environmental health, nutrition, education and housing).

See also: "Guideline recommendation"

References:

- Cumpston MS, McKenzie JE, Welch VA, Brennan SE (2022). Strengthening systematic reviews in public health: guidance in the *Cochrane Handbook for Systematic Reviews of Interventions*, 2nd edition. J Public Health (Oxf). 44(4):e588-e592 (https://doi.org/10.1093/pubmed/fdac036, accessed 16 December 2024).
- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: Health evidence (https://www.healthevidence.org/glossary.aspx, accessed 6 August 2024).

QUALITY APPRAISAL

"Quality appraisal [(also known as critical appraisal)] is essential for users to know how much confidence they can place in the policy options suggested. This is an important step towards assessing the quality of evidence, that is, whether the evidence taken as a whole is strong enough to support a particular course of action. … Judgements about the quality of evidence require consideration of study design, [selection of study population, sample size,] study quality, consistency and directness of the evidence, reporting biases, strength of associations, the balance between benefits and harms of an intervention and translation of the evidence into specific circumstances/contexts" (Eklund Karlsson & Takahashi, 2017).

The terms quality appraisal and critical appraisal are often used interchangeably. In systematic review studies the terms refer to both assessing the quality of individual included studies and assessing the quality and certainty of each of the synthesized findings produced by the review. Quality appraisal is also used to refer to the peer-review quality assurance process required prior to the publishing of academic research.

Additional information:

Critical and quality appraisal approaches and tools may differ depending on the study design or intended use of the evidence (e.g. for guideline development) but

usually assess the appropriateness of the study design; methodological rigour; accuracy, consistency, directness and relevance of the evidence; risk of bias; and completeness of study reporting.

References:

- Eklund Karlsson L, Takahashi R (2017). A resource for developing an evidence synthesis report for policy-making. Copenhagen: WHO Regional Office for Europe (Health Evidence Network synthesis report, No 50; https://www.ncbi.nlm.nih.gov/books/NBK453541/, accessed 2 August 2024).

Risk of bias

Subsidiary to Quality appraisal

Risk of bias is a judgment of the likelihood of systematic errors affecting the study findings from primary studies or systematic reviews. Assessment of the risk of bias is a step in the process of determining the level of confidence to place in the evidence. Biases are usually caused by inadequacies, weaknesses and/or errors in the study design and conduct, or in the analysis, interpretation and reporting of findings.

References:

- American Speech-Language-Hearing Association (2024). Evidence-based practice glossary [website]. In: American Speech-Language-Hearing Association (https://www.asha.org/research/ebp/evidence-based-practice-glossary/, accessed 8 August 2024).
- DECIDE, Informed Healthcare Choices, Testing Treatments interactive (n.d.). GET-IT glossary [website]. DECIDE, Informed Healthcare Choices, Testing Treatments interactive (https://getitglossary.org/listing/r, accessed 8 August 2024). Licence: CC BY-SA 4.0.
- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: Health evidence (https://www.healthevidence.org/glossary.aspx, accessed 6 August 2024).
- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: National Collaborating Centre for Methods and Tools (https://www.nccmt.ca/glossary, accessed 6 August 2024).
- World Health Organization (2014). WHO handbook for guideline development, second edition. Geneva: World Health Organization (https://iris.who.int/handle/10665/145714, accessed 8 August 2024).

RAPID EVIDENCE RESPONSE

A rapid evidence response process is a set of processes that results in the provision of the best available evidence for decision-making, with a fast turnaround time.

See also: "Rapid systematic review"

References:

- WHO Regional Office for Europe (2021). Rapid response: knowledge translation mechanisms to translate evidence into public health policy in emergencies. Copenhagen: WHO Regional Office for Europe (https://apps.who.int/iris/handle/10665/341972, accessed 8 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

RAPID EVIDENCE SYNTHESIS

Refer to: "Rapid systematic review" and "Rapid evidence response".

RESEARCH

Research is the process of generating new scientific knowledge in a systematic manner. It aims at generating research evidence that deepens understanding by asking research questions and using scientifically sound methods to answer the questions in an objective and unbiased way.

Additional information:

Research should follow ethical standards and be published after peer-review processes. There are internationally accepted processes, standards and tools for appraising the quality of research conduct, aimed at reducing the risk of bias and determining if the methodology and findings are trustworthy and meaningful. Different types of research methodologies are used to address different types of research questions.

See also: "Research evidence"

References:

- Banta HD (2003). Considerations in defining evidence in public health. Int J Technol Assess Health Care. 19(3):559-572 (https://www.cambridge.org/core/journals/international-journal-of-technology-assessment-in-health-care/article/abs/considerations-in-defining-evidence-for-public-health/82EEDFC1218FEA8E99C9201083966E61, accessed 12 December 2024).
- DECIDE, Informed Healthcare Choices, Testing Treatments interactive (n.d.). GET-IT glossary [website]. DECIDE, Informed Healthcare Choices, Testing Treatments interactive (https://getitglossary.org/listing/r, accessed 8 August 2024). Licence: CC BY-SA 4.0.
- NIHR Imperial Clinical Research Facility Patient and Public Involvement (PPI) Panel (n.d.). Glossary of research terms. Imperial College London (https://www.imperial.ac.uk/media/imperial-college/medicine/imperial-crf/CRF-Glossary-of-research-terms.pdf, accessed 8 August 2024).

Mixed methods research

Subsidiary to Research

Mixed methods research "combines data collection and analysis approaches, sometimes both qualitative and quantitative, into the study methodology[.] … Some mixed method studies combine study designs, whereas others may have a single overarching research design, but use mixed methods for data collection [and analysis]" (National Collaborating Centre for Methods and Tools, 2024).

References:

- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: National Collaborating Centre for Methods and Tools (https://www.nccmt.ca/glossary, accessed 8 August 2024).

Primary research

Subsidiary to Research

Primary research refers to studies where the researchers have collected or generated the research data they are using.

References:

- Fitchburg State University (2023). Primary research vs. secondary research: Why does it matter? How do I tell which one I'm looking at? [website]. In: Fitchburg State University Amelia V. Gallucci-Cirio Library (https://fitchburgstate.libguides.com/c.php?g=839397&p=5996314, accessed 8 August 2024).
- World Health Organization (2021). Evidence, policy, impact. WHO guide for evidence-informed decision-making. Geneva: World Health Organization (https://iris.who.int/handle/10665/350994, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

Qualitative research

Subsidiary to Research

Qualitative research "aims to generate an understanding of … phenomena" (National Collaborating Centre for Methods and Tools, 2024) of interest, centred on social or personal experience, understandings, relationships, systems and practices, including the values and perceptions of individuals and groups, and how they experience and engage in the world around them. "It asks question[s] such as 'who?', 'which?', 'what?', 'when?', 'where?', ['how?'] and 'why?'" (Ademokun, Dennis, Hayter, Richards & Runceanu, 2016). Sources of data in qualitative research may include a range of qualitative observations, documents, discourse, interviews and discussions. There are several internationally recognized

methodologies and philosophical approaches that are used in qualitative studies (e.g. participatory action research, anthropology, ethnography, phenomenology).

References:

- Ademokun A, Dennis A, Hayter E, Richards C, Runceanu L-E (2016). Evidence-informed policy making toolkit. Oxford: International Network for Advancing Science and Policy (https://www.inasp.info/sites/default/files/2018-04/EIPM%20Toolkit-Ed2-FULL.pdf, accessed 8 August 2024). Licence: CC BY-SA 4.0.
- Lavis JN, Wilson MG, Oxman AD, Lewin S, Fretheim A (2009). SUPPORT tools for evidence-informed health policymaking (STP) 4: using research evidence to clarify a problem. Health Res Policy Sys.7(Suppl 1):S4 (https://doi.org/10.1186/1478-4505-7-S1-S4, accessed 13 December 2024).
- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: National Collaborating Centre for Methods and Tools (https://www.nccmt.ca/glossary, accessed 8 August 2024).

Quantitative research

Subsidiary to Research

Quantitative research is "the investigation of phenomena that lend themselves to test well-specified hypotheses through precise measurement and quantification of pre-determined variables that yield numbers sustainable for statistical analysis" (National Collaborating Centre for Methods and Tools, 2024). Quantitative research "asks questions such as 'how many?', 'to what extent?' or 'how much'" (Ademokun, Dennis, Hayter, Richards & Runceanu, 2016) .

Examples include experimental studies (e.g. randomized controlled trials), quasi-experimental studies (e.g. controlled before-and-after studies) and observational studies (e.g. cohort studies, case-control studies, surveys).

References:

- Ademokun A, Dennis A, Hayter E, Richards C, Runceanu L-E (2016). Evidence-informed policy making toolkit. Oxford: International Network for Advancing Science and Policy (https://www.inasp.info/sites/default/files/2018-04/EIPM%20Toolkit-Ed2-FULL.pdf, accessed 8 August 2024). Licence: CC BY-SA 4.0.
- National Collaborating Centre for Methods and Tools (2024). Glossary [website]. In: National Collaborating Centre for Methods and Tools (https://www.nccmt.ca/glossary, accessed 8 August 2024).

Secondary research

Subsidiary to Research

Refer to: "Systematic review" and "Meta-analysis".

RESEARCH EVIDENCE

Research evidence is any fact, information or data provided by a research study. The evidence may be generated from any type of research study utilizing any type of research methodology. Research evidence may come from individual research studies (primary research) or from reviews that combine and analyse the evidence from more than one study on the same topic (systematic reviews).

See also: "Best available evidence"; "Research"; "Evidence"

References:

- California Evidence-Based Clearinghouse for Child Welfare (2024). Glossary [website]. In: CEBC: The California Evidence-Based Clearinghouse for Child Welfare (https://www.cebc4cw.org/resources-new/glossary/, accessed 8 August 2024).
- DECIDE, Informed Healthcare Choices, Testing Treatments interactive (n.d.). GET-IT glossary [website]. DECIDE, Informed Healthcare Choices, Testing Treatments interactive (https://getitglossary.org/listing/r, accessed 8 August 2024). Licence: CC BY-SA 4.0.
- Lavis JN, Wilson MG, Oxman AD, Lewin S, Fretheim A (2009). SUPPORT tools for evidence-informed health policymaking (STP) 4: using research evidence to clarify a problem. Health Res Policy Sys. 7(Suppl 1):S4 (https://doi.org/10.1186/1478-4505-7-S1-S4, accessed 13 December 2024).

SYSTEMATIC REVIEW

A systematic review addresses a clearly formulated research question on a topic of interest and synthesizes the research findings from multiple studies on that topic. The aim is to clarify what is known about the topic, what the gaps are in knowledge and to reflect on the policy, practice and research implications of the findings. It uses systematic, explicit and transparent methods to identify, select, critically appraise and synthesize the relevant research on the topic. The method reduces the risk of biased conclusions and increases the chances of producing accurate and reliable synthesized evidence. Good-quality systematic reviews are reliable and efficient knowledge products for policy-makers to use in evidence-informed policy-making because they provide a comprehensive and reliable overview of research on a topic.

Additional information:

There are different types of systematic review depending on the research/policy question – for example, effectiveness, cost–effectiveness, feasibility, perceptions, experiences and acceptability, contextual and implementation factors. Systematic reviews also differ in terms of the underlying research methodology that is appropriate for answering the question – for example, quantitative, qualitative and mixed method reviews.

See also: "Meta-analysis"; "Evidence synthesis"

References:

- Eklund Karlsson L, Takahashi R (2017). A resource for developing an evidence synthesis report for policy-making. Copenhagen: WHO Regional Office for Europe (Health Evidence Network synthesis report, No 50; https://www.ncbi.nlm.nih.gov/books/NBK453541/, accessed 2 August 2024).
- EVIPNet Europe (2017). Introduction to EVIPNet Europe: Conceptual background and case studies. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/370500, accessed 2 August 2024). Licence: CC BY-NC-SA 3.0 IGO.
- Rychetnik L, Hawe P, Waters E, Barratt A, Frommer M (2004). A glossary for evidence based public health. J Epidemiol Community Health. 58(7):538-545 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732833/pdf/v058p00538.pdf, accessed 28 August 2024).

Mixed method systematic review

Subsidiary to Systematic review

Mixed method systematic review is a systematic synthesis of findings from across qualitative, quantitative and/or mixed methods studies into a single review to answer questions that cannot be answered by one type of evidence alone. Findings are usually presented in a descriptive, narrative format that combines both quantitative and qualitative information.

References:

- Stern C, Lizarondo L, Carrier J, Godfrey C, Rieger K, Salmond S et al. (2021). Methodological guidance for the conduct of mixed methods systematic reviews. JBI Evid Implement. 19(2)120-129 (https://doi.org/10.1097/XEB.0000000000000282, accessed 5 October 2024).

Narrative review

Subsidiary to Systematic review

A narrative review (also known as literature review or traditional literature review) is a summary (in words, rather than numbers) of evidence. It differs from a narrative systematic review in that it is not required to follow systematic methods for synthesizing evidence (e.g. search strategy, inclusion criteria) or identify all relevant primary studies, and therefore may be more vulnerable to various forms of bias or error.

References:

- Jahan N, Naveed S, Zeshan M, Tahir MA (2016). How to conduct a systematic review: a narrative literature review. Cureus. 8(11):e864 (https://doi.org/10.7759/cureus.864, accessed 8 August 2024).
- Lavis JN, Oxman AD, Grimshaw J, Johansen M, Boyko JA, Lewin S et al. (2009). SUPPORT tools for evidence-informed health policymaking (STP) 7: finding systematic reviews. Health Res Policy Sys. 7(Suppl 1):S7 (https://doi.org/10.1186/1478-4505-7-S1-S7, accessed 8 September 2024).

Narrative synthesis

Subsidiary to Systematic review

Narrative synthesis is an approach to the synthesis of data from primary studies included in a systematic review of evidence "that relies primarily on the use of words and text to summarise and explain the findings of the synthesis" (Popay et al., 2006). It is used "where statistical or other formal methods of pooling of data [are] not possible or appropriate" (Lisy & Porritt, 2016).

Additional information:

"Narrative synthesis goes beyond the act of simply describing and summarizing the main features of included studies. It enables investigation of similarities and differences between studies, exploration of relationships within the data and assessment of the strength of the evidence, and results in a summary of knowledge related to a specific review question that may be used to inform practice or policy" (Lisy & Porritt, 2016).

See also: "Evidence synthesis"; "Narrative systematic review"

References:

- Lisy K, Porritt K (2016). Narrative synthesis: considerations and challenges. Int J Evid Based Healthc. 14(4):201 (https://doi.org/10.1097/01.XEB.0000511348.97198.8c, accessed 8 August 2024).
- Popay J, Roberts H, Sowden A, Petticrew M, Arai L, Rodgers M et al. (2006). Guidance on the conduct of narrative synthesis in systematic reviews: a product from the ESRC Methods Programme, version 1 (https://doi.org/10.13140/2.1.1018.4643, accessed 8 August 2024).

Narrative systematic review

Subsidiary to Systematic review

A systematic review that primarily uses "narrative synthesis" as the analytical approach.

See also: "Narrative synthesis"

References:

- Lisy K, Porritt K (2016). Narrative synthesis: considerations and challenges. Int J Evid Based Healthc. 14(4):201 (https://doi.org/10.1097/01.XEB.0000511348.97198.8c, accessed 8 August 2024).

Qualitative systematic review

Subsidiary to Systematic review

Qualitative systematic review (also known as qualitative evidence synthesis) "is an umbrella term [for several] types of systematic reviews of qualitative evidence; [these are systematic reviews] where primary qualitative studies are identified, critically appraised and synthesized in a systematic manner" (WHO Regional Office for Europe, 2021). "[Qualitative evidence synthesis] can offer evidence related to questions about programme acceptability, feasibility and implementation" (WHO Regional Office for Europe, 2021), and equity consequences, including exploring people's perspectives on a particular topic (e.g. their health and health care).

References:

- Lavis JN, Wilson MG, Oxman AD, Lewin S, Fretheim A (2009). SUPPORT tools for evidence-informed health policymaking (STP) 4: using research evidence to clarify a problem. Health Res Policy Sys. 7(Suppl 1):S4 (https://doi.org/10.1186/1478-4505-7-S1-S4, accessed 13 December 2024).
- WHO Regional Office for Europe (2021). Guide to qualitative evidence synthesis: evidence-informed policy-making using research in the EVIPNET framework. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/340807, accessed 8 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

Quantitative systematic review

Subsidiary to Systematic review

A quantitative systematic review identifies, appraises and synthesizes primary quantitative studies in a systematic manner to answer quantitative questions – for example, on the effectiveness of interventions (e.g. of medicines and clinical and public health interventions). It focuses on experimental studies (e.g. randomized

controlled trials), quasi-experimental studies (e.g. controlled before-and-after studies) and non-experimental/observational studies (e.g. cross-sectional design).

References:

- Schick-Makaroff K, MacDonald M, Plummer M, Burgess J, Neander W (2016). What synthesis methodology should I use? A review and analysis of approaches to research synthesis. AIMS Public Health. 3(1):172–215 (https://doi.org/10.3934/publichealth.2016.1.172, accessed 14 January 2025).
- Smith EA, Cooper NJ, Sutton AJ, Abrams KR, Hubbard SJ (2021). A review of the quantitative effectiveness evidence synthesis methods used in public health intervention guidelines. BMC Public Health. 21(278) (https://doi.org/10.1186/s12889-021-10162-8, accessed 14 January 2025).

Rapid systematic review

Subsidiary to Systematic review

Rapid systematic review is a form of evidence synthesis (systematic review) "that accelerates the process of conducting a traditional systematic review through streamlining or omitting specific methods to produce evidence for stakeholders in a resource-efficient manner" (Garritty et al., 2020), with the increased risk of bias and error associated with limiting aspects of the systematic review methodology, which should be made explicit.

Additional information:

Rapid systematic review is often conducted in response to policy-maker or clinical decision-maker request. A rapid systematic review follows the key aspects of a systematic review methodology but makes concessions on the breadth and depth of the process. Examples may include limiting the time span or the number of databases searched, limiting the number of appraisers or reducing the span of data extracted from identified studies.

See also: "Rapid evidence response"

References:

- Garritty C, Gartlehner G, Kamel C, King VJ, Nussbaumer-Streit B, Stevens A et al. (2020). Cochrane rapid reviews. interim guidance from the Cochrane Rapid Reviews Methods Group. Cochrane (https://methods.cochrane.org/sites/methods.cochrane.org.rapidreviews/files/uploads/cochrane_rr_-_guidance-23mar2020-final.pdf, accessed 8 August 2024).
- World Health Organization (2021). Evidence, policy, impact. WHO guide for evidence-informed decision-making. Geneva: World Health Organization (https://iris.who.int/handle/10665/350994, accessed 6 August 2024). Licence: CC BY-NC-SA 3.0 IGO.

Review of systematic reviews

Subsidiary to Systematic review

A review of systematic reviews (also known as an umbrella review) is an overarching review that synthesizes findings from several systematic reviews that address the same topic. It can be conducted on quantitative, qualitative and mixed method reviews.

References:

- Eklund Karlsson L, Takahashi R (2017). A resource for developing an evidence synthesis report for policy-making. Copenhagen: WHO Regional Office for Europe (Health Evidence Network synthesis report, No 50; https://www.ncbi.nlm.nih.gov/books/NBK453541/, accessed 2 August 2024).

Scoping review

Subsidiary to Systematic review

Scoping review "refers to a mapping process [that summarizes] a range of evidence to convey the breadth and depth of [research in] a field" (Eklund Karlsson & Takahashi, 2017), rather than focusing on research findings. Unlike systematic reviews, "typically [scoping reviews] do not assess the quality of the included studies" (Eklund Karlsson & Takahashi, 2017).

References:

- Eklund Karlsson L, Takahashi R (2017). A resource for developing an evidence synthesis report for policy-making. Copenhagen: WHO Regional Office for Europe (Health Evidence Network synthesis report, No 50; https://www.ncbi.nlm.nih.gov/books/NBK453541/, accessed 8 August 2024).

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