

Summary report on the

Expert consultation on developing a health knowledge management portal for evidence-informed health policy in the Eastern Mediterranean Region

WHO-EM/LKS/001/E

Cairo, Egypt
19–20 February 2020



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

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1. Introduction

The adoption of the Sustainable Development Goals (SDGs) requires a new model for knowledge management and support for countries to access integrated knowledge resources to meet the health challenges in the WHO Eastern Mediterranean Region. In particular, the adoption of universal health coverage as part of the SDGs and as a strategy for health in many countries has created a need for local knowledge resources and evidence, based on research and experiences within countries. Moreover, the multiple, mainly human-made, crises in the countries of the Region require global access to reliable and well-documented technical and financial information on the health impact and the cost of these crises, while fast changes in the health situation in countries, including in human resources, require changes in national health policies that are evidence-based and can respond to the changing conditions. In addition, improvements in telecommunication infrastructure and access to information have enabled better collaboration among professionals in the Region, requiring active engagement by WHO and user-friendly platforms.

Against this background, an expert consultation meeting on developing a health knowledge management portal (HKMP) for evidence-informed health policy in the Eastern Mediterranean Region took place on 19–20 February 2020 at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt. The two-day meeting was attended by 20 regional and international experts in knowledge management, library and information sciences, and health information systems, as well as WHO staff.

The specific objectives of the meeting were to:

- enhance the efficiency of using supportive informatics and knowledge bases for policy formulation by decision-makers and mid-level managers in the Eastern Mediterranean Region;

- elaborate on positive opportunities for knowledge-sharing in the Region by increasing the discoverability/visibility of regional and country-specific evidence produced in countries of the Region;
- build consensus on ways forward to support knowledge management and sharing in the Region; and
- assess the accessibility, utilization and input of the [Index Medicus for the Eastern Mediterranean Region](#) (IMEMR) as a unique knowledge base for health information in the Region.

The meeting was inaugurated by Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, who emphasized the importance of using evidence to develop health policies at regional and national levels, and noted that the work on the portal would be enhanced through its use and feedback.

2. Summary of discussions

During the consultation, the presentations and discussions focused on utilizing knowledge management methodologies and technologies to improve evidence-based decision-making for health. The WHO global library and digital information networks strategy (2020–2025) was presented as a guiding tool to support WHO's work in this area, and the experience of the WHO Region of the Americas in information resources and knowledge-sharing was explored. The status of knowledge management for health in countries of the Region was discussed, including the underutilization of knowledge for policy-making, low rate of knowledge production (research), weak collaboration between institutions, and a vulnerable medical library sector. WHO staff expressed the need for knowledge resources in their areas of work to enable them to make decisions based on evidence and give proper advice to countries.

Participants were divided into two working groups to draft strategic directions for developing the HKMP and IMEMR based on a set of questions and the need to merge global evidence with local health knowledge. The strategic directions proposed by the working groups were then integrated into an outline of a regional strategy for knowledge management in health.

HKMP

Participants tested the portal using the set of pre-determined questions. Their feedback is described below under the different areas of interest.

- *Purpose of the HKMP.* The purpose was felt to be clearly stated as being to present evidence for health policy development and actionable advice. It aims to bridge the gap between decision-makers, who may use the media to get information, and scientific researchers, who use journals to publish their evidence, in order to ensure that research leads to policy and action.
- *Governance.* There was a proposal to establish an oversight mechanism for the HKMP so that strategic decisions related to its development and maintenance are made within a governance framework.
- *Interface.* There was agreement that the interface uses up-to-date technology that is easy to use and navigate.
- *Search engine.* The groups noted that the search engine is intuitive to use. It is simple and straightforward, using an artificial intelligence tool to collect data from end-users to generate alerts or searches based on the user's previous actions.
- *Source of materials.* This area received significant comments from the groups, including on the different types of source that should be provided to meet diverse user needs. It was clear from the outset that the HKMP is not meant to replace other resources as it is designed to drive people to the sources of information rather than to provide the

information; copyright, licensing and access issues are therefore avoided.

- *Topics covered.* The list of topics is predetermined and customizable, based on current issues affecting the regional health situation. There is a need to be able to add emerging issues within the Region, COVID-19 being a good example of this. Including new resources on emerging issues should therefore be made possible.

IMEMR

It was noted that, in addition to the work done to enrich the database, the development and enhancement of the IMEMR had made full use of the comments made by Cochrane Library staff. The IMEMR was demonstrated to the participants who have extensive experience in database search and utilization of technology for this purpose.

Participants had been requested to test the system before the meeting and were provided with a set of questions to consider when discussing the IMEMR in the working groups. Their feedback is described below under the different areas of interest.

- *Previous experience in using the IMEMR to locate health information published in countries of the Region.* Most participants were familiar with the IMEMR as users of the database. The database was used by them to search and request articles from the WHO Regional Office, and for comparing the data obtained with that from other databases.
- *Overall experience of the IMEMR.* Those who had used the system confirmed an overall positive experience. They had noticed an improvement in the system in both content and format. The issues highlighted included the following:
 - marketing, communication and promotion of the IMEMR is critical to ensuring that it becomes more popular and is used by researchers;

- evaluation and the use of metrics are essential for keeping the system up-to-date and in line with the needs of researchers;
 - there is extensive use of the Index by researchers in the Region;
 - providing feedback, including statistics, to countries and publishers on the availability of their journals will strengthen transparency and encourage them to provide copies of the journals for indexing.
- *Indexing policies.* Participants were pleased that the indexing of articles in the IMEMR is performed by health scientists using the Medical Subject Headings (MeSH) list. Points raised included the following:
 - the use by the IMEMR of similar methodologies and indexing standards to both MEDLINE and PubMed is welcomed;
 - training for indexers is of prime importance;
 - specific regional terminology needs to be added to MeSH for use by indexers of regional journals;
 - there is a need to reduce the time lag between receiving a journal and its indexing and listing in the IMEMR.

3. Outcomes and recommendations

Strategic directions for both the HKMP and IMEMR were proposed to the WHO Regional Office for the Eastern Mediterranean as follows.

HKMP

1. *Vision:* The sharing of reliable, evidence-based publications for use in policy development in the Eastern Mediterranean Region.
2. *Mission:* To provide a modern computer-based system that responds to the needs of policy-makers in the Region for the sharing of relevant national, regional and global evidence.
3. *Objectives:*
 - Develop and maintain a user-friendly, simple, institutive and robust web-based interface (December 2020);

- Provide a gateway to reliable content based on the needs of policy-makers in the Region (December 2020);
 - Ensure continuous learning for updating and improvement of the format and content, based on feedback from users (December 2021); and
 - Respond to emerging health policy needs in the Region (December 2020).
4. The concept, content and technology of the HKMP are welcomed, and the WHO Regional Office is urged to sustain, build and enhance it through testing, feedback and expansion (December 2021).
 5. Training and awareness campaigns should be planned and implemented before the formal launch of the HKMP (December 2021).

IMEMR

The IMEMR is an integral part of the Virtual Health Sciences Library and a major source of information for policy-makers on emerging health evidence from the Eastern Mediterranean Region. It has therefore been sustained over the last three decades and is expected to grow in content and format to meet its objectives. The following strategic directions were identified for the IMEMR:

1. *Content.* The uniqueness of the content of the IMEMR needs to be strengthened and adequately marketed. This requires that:
 - the WHO Regional Office should reach out to all countries in the Region to enable maximum coverage and access to all health sciences journals published in the Region (December 2021); and
 - bibliometric analysis should be conducted to measure trends in health sciences publishing, access to journals and articles, topics searched, and emerging trends as represented in the current content of the IMEMR (December 2021).

2. *Organization.* Interoperability and standardization of the IMEMR contribute to its sustainability and cost reduction. Following international standards is the basis for its strategic positioning as a global system. This can be achieved by:
 - using standard terminology for indexing, such as MeSH (December 2021);
 - using a standard format for data exchange and export (December 2021);
 - creating other language versions of MeSH, such as Arabic and Farsi (December 2021);
 - making full use of the terminology and technique used by PubMed (December 2021); and
 - enriching MeSH by adding regional terminology such as local health issues and place names (December 2021).
3. *Presentation.* Having an appealing, easy to use, intuitive and diversified data presentation makes the system more acceptable to users (December 2020).
4. *Searching and finding information.* Ensure the full use of Boolean operators and use of natural language in different fields (December 2020).
5. *Notifications.* Provide a current awareness service based on the profile of registered users (December 2021).
6. *Training, help, and marketing.* For the IMEMR to achieve its potential, the Regional Office should:
 - provide extensive training to indexers on proper use of the tools based on continuous learning and improvement (December 2020);
 - make help messages available on the interface (December 2021); and
 - develop a leaflet describing the IMEMR's content, search functions, and so on, in multiple languages, that can be used for both marketing and awareness purposes (December 2021).



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