

Advancing Evidence Synthesis for Evidence-Informed Decision Making in Nepal

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Nepal has made remarkable progress on health research governance.¹ The number of research proposals submitted for ethical approval as well as the number of Institutional Review Committee (IRCs) accredited by Nepal Health Research Council (NHRC) have increased significantly over the years.¹ As a result, number of peer reviewed journals as well as the peer reviewed publications in national and international journals have increased considerably.² Funding on health research has also increased in the country but still very low compared to international commitments.³ The funding on health research mostly comes from taxpayers' money will be properly utilized if the findings of research are utilized to improve population health. Individual research of small scale provides useful information, but it challenges policy makers to use decision making as such findings are often scattered and have mixed findings with diverse conclusions and recommendations. Hence, it is right time for promoting culture of evidence synthesis for both evidence based and evidence informed decision making in Nepal, as there is increasing trend of research publications and demand of evidence for policy and planning in Nepal.

The gap and challenges of research findings communication mechanism between researchers and policy makers is reported in previous studies.^{4,5} To address this, national summit of health and population scientists provides common platform for interaction between researchers, policy makers and development partners which has been organized annually since 2015 regularly. Similarly, Ministry of Health & Food Safety and Nepal Health Research Council initiated Knowledge Café during COVID-19 pandemic time for discussion on research findings and policy options but the continuity of such forums has been challenging and currently not functional. Key challenges include availability of trained and skillful human resources and lack of dedicated funds to operate such forums.

The need to promote evidence synthesis has been realized and advocated for many years, yet progress continues at a slow pace. NHRC and other organizations have conducted training on systematic review and meta-analysis for many years, but total number of training courses conducted and participants trained are still very limited in number. The urgent need to establish the National Evidence Synthesis Centre was proposed after COVID-19 pandemic.⁶ In order to enhance individual and institutional capacity on evidence synthesis, a British Academy Funded collaborative project led by the University of Huddersfield and University of Chester in the UK, in consortium with the Nepal Health Research Council, Kathmandu University School of Medical Sciences, Green Tara Nepal and several UK universities aims to enhance capacity in evidence synthesis.⁷ This unique 12 months Fellowship programme enrolled 29 fellows who were selected through a competitive process, and each are mentored by two mentors (national and international) worked in priority areas of evidence gaps in Nepal. Evidence Synthesis Centre was established at Kathmandu University School of Medical Sciences. Beside academic institutions, such evidence synthesis national center should be established under national bodies such as Nepal Health Research Council with sustained funding and dedicated and skillful technical expertise in place so that there will be balance of demand and supply of evidence in most important and urgent areas for evidence informed decision making. Both availability of skilled expertise in evidence synthesis and the allocation of dedicated funds are essential to sustain Nepal's evidence ecosystem.

Globally, evidence-informed decision-making has become a major foundation of effective health policy, planning and service delivery. Evidence synthesis techniques such as systematic reviews and meta-analysis provide decisionmakers with rigorous, contextualized summaries of available evidence, for improving the efficiency of resource allocation.⁸ The World Health Organization

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(WHO) has given high emphasis since long time that evidence synthesis is central to translating research into policy, planning and practice, particularly in low- and middle-income countries like Nepal where research capacity and resources are limited.⁹ Furthermore, evidence mapping and synthesis techniques such as systematic review and meta-analysis, scoping reviews, rapid reviews and evidence maps, are increasingly recognized internationally as vital tools for bridging the gap between fragmented research findings and coherent policy action.^{10,11} However, most evidence synthesis initiatives in Nepal are often reported donor-driven and project-based,^{4,5} highlighting the need for strong national leadership, political commitment, sustainable financing, continuous capacity building and national ownership with integration into routine decision-making processes. Hence, to make maximum utilization of limited resources, there should be focus on use of routine data and national driven evidence synthesis center for promoting evidence informed decision making in Nepal.

To advance evidence synthesis for evidence informed decision making in Nepal, we proposed following four priorities.

First, institutionalise evidence synthesis capacity within national research institution (NHRC), policy and academic institutions (Policy Research Institute and Universities in Nepal), supported by trained multidisciplinary teams and sustainable infrastructure.

Second, establish formal mechanisms linking evidence producers with policymakers so that synthesis questions are driven by national, provincial and local policy priorities and findings are translated into timely, accessible policy products.

Third, develop a sustainable national workforce for evidence synthesis by integrating systematic reviews, rapid reviews, evidence mapping and evidence-informed decision-making within university curricula, professional development and policymaker training

Finally, establish and ensure sustainable financing, institutional mandates and clear accountability mechanisms so that evidence synthesis becomes part of routine decision-making rather than remaining dependent on short-term donor-funded projects.

Nepal has an important opportunity to strengthen the use of research evidence in health policy and practice. While research production has increased considerably, greater attention is now needed to bring together

trained human resources on evidence synthesis, develop synergies among expertise, promote existing evidence and make it accessible and useful to policymakers. Building on recent initiatives and growing national capacity, evidence synthesis should become a routine part of health policy and decision-making in Nepal rather than relying mainly on short-term projects. This will require stronger collaboration between researchers and policymakers, continued investment in capacity building, and sustainable institutional and financial support. Ultimately, the value of health research will depend not only on how much research is produced, but also on how effectively the available evidence is used to improve policies, health services and population health.

CONFLICT OF INTEREST

The authors declare no competing interest.

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