# Bridging the worlds of research and policy in European health systems





# Chapter 1 Introduction: knowledge brokering

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### European Observatory on Health Systems and Policies

The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health-care systems in Europe.

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# Introduction

BRIDGE (Scoping study of approaches to Brokering knowledge and Research Information to support the Development and Governance of health systems in Europe) was a two-year project that studied knowledge brokering for health policy-making during 2009–2011. Led by the European Observatory on Health Systems and Policies, the purpose of the study was to map current knowledgebrokering practices in Europe; describe them in the context of what we know and what we do not know about knowledge brokering; and disseminate the findings to different audiences through various events and publications. This book is one of those publications.

Three scenarios motivated the BRIDGE study and the writing of this book.

- Policy-makers are faced daily with making decisions and need access to good-quality health systems information. Stakeholders may seek to influence health policy as well as make decisions in their own spheres of responsibility. Both groups want information products that they can easily understand and that are clearly based on systematically conducted and transparently reported research. And researchers want to know how to communicate their findings effectively so that decision-makers can make use of the best available health systems information.
- 2. Policy-makers, stakeholders and knowledge brokers (including researchers) all have a great deal they can learn from one another. As noted in scenario 1, policy-makers need access to good-quality health systems information that they can apply to a local issue. And stakeholders may seek to influence health policy as well as make decisions in their own spheres of responsibility. Knowledge brokers need information about policy priorities and the policy context in order to produce, package and share health systems information that will be genuinely useful to decision-makers.
- 3. Knowledge-brokering organizations need to match form to function when designing organizational models that will best support well-informed health systems decision-making. Their functions can include a range of information-packaging mechanisms (such as policy briefs) and interactive knowledge-sharing mechanisms (such as policy dialogues), as well as activities that are not knowledge brokering per se (such as the collection and analysis of health systems information). Maintaining a good grasp of the relevant policy-making context and matching knowledge-brokering mechanisms to this context should be considered a key function for any knowledge-brokering organization.

Dramatic differences in the policy-making context within and across European countries complicated the BRIDGE study and the writing of this book. Context

can mean a range of elements in the national, regional (e.g. European) or subnational policy-making environment, including policy-making institutions and processes; stakeholder capacities and opportunities for engagement; and research institutions and their activities and outputs. Consider the same three scenarios again.

- 1. A skilled knowledge-brokering organization will recognize that it needs to use information products that fit its policy-making context. For example, a knowledge-brokering organization will likely have a much easier time writing in language understandable to policy-makers and stakeholders if there is centralized decision support within government; both high capacity for policy analysis within the civil service, and a low turnover rate within the civil service; and a high degree of coordination within stakeholder groups and a high capacity for policy analysis within stakeholder groups. In such circumstances, the knowledge-brokering organization is writing for a small, sophisticated readership. Alternatively, a knowledge-brokering organization will spend a great deal more time and resources to write in language understandable to policy-makers and stakeholders if those groups are very heterogeneous in terms of their understanding of the issues. This is because decision support is decentralized within government; stakeholders are poorly coordinated; capacity for policy analysis is low among both groups; and most of the civil servants are new to the domain.
- 2. A skilled knowledge-brokering organization will recognize that it needs to use interactive knowledge-sharing mechanisms that fit its policy-making context. For example, a knowledge-brokering organization will likely have a much easier time proactively identifying optimal participants for an interactive knowledge-sharing event if the organization is based in a unitary state with centralized decision-making authority and single-party government, and where stakeholders have a formal role in policy-making and a high degree of coordination within stakeholder groups. In such circumstances, the knowledge-brokering organization is dealing with a small number of easy-to-identify individuals. Alternatively, a knowledgebrokering organization will spend a great deal more time and resources to identify optimal participants if the policy-makers are spread across units of a federation, branches of government and political parties, and if stakeholders are poorly coordinated.
- 3. An organizational model that works well for one organization using a particular set of knowledge-brokering mechanisms in a particular policymaking context may not be appropriate for another organization using different mechanisms in a different context. For example, a knowledgebrokering organization will likely have a much easier time establishing

functional linkages with a policy-making organization if it is dealing with a unitary state with centralized decision-making authority, a single-party government, and centralized decision support from a high-capacity civil service with a low turnover rate. The organization can focus on linking with a small number of civil servants. Alternatively, a knowledge-brokering organization will spend a great deal more time and resources to develop and maintain functional linkages with the large number of politicians, political staffers and civil servants the organization will need to engage if it is dealing with a federal state with decentralized decision-making authority within each constituent unit of the federation, and a coalition government that brings together many political parties, who in turn drive decision support within government.

# Purpose and organization of the book

The purpose of this book, and the accompanying BRIDGE summaries and policy briefs, is to spark innovation and encourage debate about the ways in which:

- information is prepared and packaged for policy-makers and stakeholders as one component of a broader knowledge-brokering approach (we call this **information-packaging mechanisms**);
- policy-makers, stakeholders and knowledge brokers can, by working together, engage with health systems information so as to increase the likelihood that it will be understood and used (we call this **interactive knowledge-sharing mechanisms**); and
- knowledge-brokering organizations organize themselves in order to increase the likelihood that health systems information will be understood and used by policy-makers and stakeholders (we call this **organizational models for knowledge brokering**).

Current thinking about knowledge brokering is largely driven by anecdotal information; this document presents real-world insights from research on knowledge brokering, primarily from Europe but drawing on global experience as well.

The book and accompanying products are intended not only for knowledge brokers whose work is dedicated to this role, but also funders, researchers, policy-makers and stakeholders, all of whom can help to steer knowledge brokering by helping to set expectations for this work. While we strive to avoid jargon, a shared understanding of key terminology is important so we define a number of key terms and concepts in Appendix A. We return to these definitions as needed throughout the book. In Part I of the book we describe knowledge brokering from different vantage points.

- Chapter 2 describes a way to approach knowledge brokering and presents what we have come to call the BRIDGE framework and three sets of criteria – for information-packaging mechanisms, for interactive knowledge-sharing mechanisms, and for organizational models for knowledge brokering.
- Chapter 3 describes what past research tells us about knowledge brokering. We present a systematic review of the factors that influence the use of health systems information in policy-making, as well as a scoping review of the research literature on information-packaging mechanisms, interactive knowledge-sharing mechanisms, and organizational models for knowledge brokering.
- Chapter 4 describes the knowledge-brokering mechanisms and models currently being used in Europe. We present the results of website reviews of 404 organizations that we considered and in-depth website reviews of 163 knowledge-brokering organizations that met our eligibility criteria in the 31 countries of the European Union (EU) and the European Free Trade Association (EFTA).
- Chapter 5 describes experiences with matching knowledge brokering to national and regional contexts, and presents the results of site visits with 28 knowledge-brokering organizations.

Each of the chapters in Part I of the book is preceded by a list of key messages and follows a common format, which includes:

- a brief description of the methods we used
- the key findings
- the strengths and weaknesses of our approach
- lessons learned.

In Part II of the book we describe knowledge brokering in action. We present multi-method case studies of how knowledge-brokering mechanisms and models intersect with national policy-making processes in each of four countries:

- Belgium, where a distinguishing feature is its collaborative policy-making process (Chapter 6);
- England, where the knowledge-brokering landscape is remarkably crowded and distinguished by short policy cycles (Chapter 7);
- Norway, where knowledge-brokering organizations are bringing rigour and transparency to policy inputs (Chapter 8); and

• Spain, where knowledge-brokering organizations have been doing an interesting job of matching brokering mechanisms to policy processes (Chapter 9).

Each of the chapters in Part II of the book is also preceded by a list of key messages and follows a common format:

- a brief description of the national context for knowledge brokering, drawing on the BRIDGE framework described in Chapter 2;
- a brief description of knowledge-brokering mechanisms and models in use in the country, drawing on the BRIDGE framework and criteria as well as the website reviews described in Chapter 4;
- a profile of selected knowledge-brokering organizations in the country, again drawing on the BRIDGE framework and criteria as well as the site visits described in Chapter 5;
- case studies of the intersections of knowledge-brokering mechanisms and models with two or three national policy-making processes, again drawing on the BRIDGE framework and criteria as well as documentary analyses and elite interviews (interviews with the individuals most familiar with the knowledge-brokering mechanisms and models and with the policy-makers, stakeholders and researchers involved in the policy-making processes); and
- lessons learned.

We conclude the book with reflections about next steps for knowledge brokering in Europe, which echo issues taken up in the companion products described below.

#### **Companion products**

To accompany the book, we have prepared five companion products. Three of these products are policy summaries.

- 1. Policy Summary 7 Communicating clearly: enhancing informationpackaging mechanisms to support knowledge brokering in European health systems (Lavis, Catallo, Permanand et al., 2013) examines informationpackaging mechanisms, the focus of scenario 1 above.
- Policy Summary 8 Learning from one another: enriching interactive knowledge-sharing mechanisms to support knowledge brokering in European health systems (Lavis, Catallo, Jessani et al., 2013) examines interactive knowledge-sharing mechanisms, the focus of scenario 2 above.
- 3. Policy Summary 9 Matching form to function: designing organizational models to support knowledge brokering in European health systems (Lavis, Jessani

et al., 2013) examines organizational models for knowledge brokering, the focus of scenario 3 above.

Two related policy briefs complement the policy summaries.

- 1. Policy Brief 16 *How can knowledge brokering be better supported across European health systems?* (Lavis, Permanand et al., 2013a) which addresses the lack of support for knowledge brokering in European health systems.
- Policy Brief 17 How can knowledge brokering be advanced in a country's health system? (Lavis, Permanand et al., 2013b) addresses the lack of attention given to what to do next to advance knowledge brokering in the health systems of many European countries.

Both of these policy briefs present various options for addressing the problems identified in the BRIDGE study and are designed to inform policy dialogues at either the national level or the European level.

Given their closely linked subjects, the BRIDGE summaries and policy briefs inevitably overlap with one another and with the book, and readers will notice some common content. For example, some information products feed into interactive knowledge-sharing activities and both depend on effective organizational models.

# **Bridging research and policy**

We hope that this book and its companion products will help to optimize the delivery of health care to European citizens by giving health system policymakers, stakeholders and researchers a better understanding of knowledge brokering and its implications for the organization and management of health information systems. BRIDGE focused on approaches to brokering knowledge to support the development and governance of European health systems. We hope that it will support improvements to existing practice by:

- encouraging those involved in knowledge brokering, both in Europe and in other regions, to describe and assess their mechanisms and organizational models for knowledge brokering; and
- encouraging researchers to undertake further comparative research in this area.

BRIDGE's contribution requires a European (rather than a national or local) approach because supporting further comparative research on knowledge brokering will enable Member States of the EU and EFTA to learn from one another about the ways in which new and existing knowledge can be transferred into policy. It was only by looking across all European countries and beyond

that BRIDGE could gain the necessary comparative leverage to examine both nationally focused and European-focused organizational models for knowledge brokering. Such efforts would be in keeping with initiatives taken at the EU level to share best practices in various fields. They would also be consistent with the open method of coordination, which was declared applicable to the field of health in 2001 and which calls for mutual support of national health policy-making across Europe through the sharing of knowledge and experience, and through benchmarking.

To learn more about the BRIDGE study and other BRIDGE products, please see the BRIDGE webpages on the website of the European Observatory on Health Systems and Policies.

# References

Lavis JN, Catallo C, Jessani N, Permanand G, Zierler A, BRIDGE Study Team (2013). Learning from one another: enriching interactive knowledge-sharing mechanisms to support knowledge brokering in European health systems. Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies (Policy Summary 8, BRIDGE Series; http://www.euro.who.int/\_\_data/assets/pdf\_file/0006/195234/Obs-Policy-Summary-8,-Learning-from-one-another.pdf, accessed 19 March 2014).

Lavis JN, Catallo C, Permanand G, Zierler A, BRIDGE Study Team (2013). Communicating clearly: enhancing information-packaging mechanisms to support knowledge brokering in European health systems. Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies (Policy Summary 7, BRIDGE Series; http://www. euro.who.int/\_\_data/assets/pdf\_file/0005/195233/Obs-Policy-Summary-7,-Communicating-clearly.pdf, accessed 19 March 2014).

Lavis JN, Jessani N, Permanand G, Catallo C, Zierler A, BRIDGE Study Team (2013). Matching form to function: designing organizational models to support knowledge brokering in European health systems. Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies (Policy Summary 9, BRIDGE Series; http://www. euro.who.int/\_\_data/assets/pdf\_file/0007/195235/Obs-Policy-Summary-9,-Matching-form-to-function.pdf, accessed 19 March 2014).

Lavis JN, Permanand G, Catallo C, BRIDGE Study Team (2013a). How can knowledge brokering be better supported across European health systems? Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies (Policy Brief No 16, BRIDGE Series; http://www.euro.who.int/\_\_data/assets/pdf\_file/0004/195232/Obs-Policy-Brief-17,-How-can-knowledge-brokering-be-advanced-in-a-countrys-health-system.pdf, accessed 19 March 2014).

Lavis JN, Permanand G, Catallo C, BRIDGE Study Team (2013b). How can knowledge brokering be advanced in a country's health system? Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies (Policy Brief No 17, BRIDGE Series; http:// www.euro.who.int/\_\_data/assets/pdf\_file/0004/195232/Obs-Policy-Brief-17,-How-can-knowledge-brokering-be-advanced-in-a-countrys-health-system.pdf, accessed 19 March 2014).