MEETING REPORT

MULTI-COUNTRY WORKSHOP ON USING RESEARCH EVIDENCE FOR POLICY-MAKING

Evidence-Informed Policy Network Europe

MULTI-COUNTRY WORKSHOP ON USING RESEARCH EVIDENCE FOR POLICY-MAKING

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MULTI-COUNTRY WORKSHOP ON USING RESEARCH EVIDENCE FOR POLICY-MAKING

ABSTRACT

This report details and discusses the first multi-country workshop of EVIPNet Europe, which represents a new regional knowledge translation network supporting the implementation of the European policy framework Health 2020. The workshop, which took place in October 2013, was attended by heads of WHO country offices and national evidence-informed policy champions of 15 countries, and represented the beginning of the network's country-specific activities. The outcomes of the meeting included an increased general understanding of knowledge translation, its mechanisms and tools, as well as the driving factors for and challenges behind fostering evidence-informed policy-making. National evidence-informed policy-making roadmaps (for short- and medium-term activities) were also elaborated, to prepare the national territories for the implementation of knowledge translation platforms. These efforts contribute substantially towards the network's global aims to promote partnerships at all levels, aiming to engender better knowledge translation and evidence-informed policy-making in order to strengthen health systems and produce better outcomes.

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LIST OF ACRONYMS

BCA	Biennial Collaborative Agreement
CIS	Commonwealth of Independent States
EC	European Commission
EIP	evidence-informed policy-making
EFTA	European Free Trade Association
EU	European Union
EVIPNet	Evidence-Informed Policy Network
FP7	Seventh Framework Programme
GIZ	German Academy for International Cooperation
KT	knowledge translation
KTP	knowledge translation platform
KTPE	knowledge translation platform evaluation
LuxDev	Luxembourg Agency for Development Cooperation
M&E	monitoring and evaluation
NGO	nongovernmental organization
NORAD	Norwegian Agency for Development Cooperation
RIVM	National Institute for Public Health and Environment
STP	SUPPORT tools for evidence-informed health policymaking
SWOT	strengths, weaknesses, opportunities and threats

EXECUTIVE SUMMARY

Despite significant investment in health research, there remains a significant gap between what is scientifically known and what is being used in policy and practice in health systems throughout Europe. The adoption of the European policy framework Health 2020 by all 53 Member States of the WHO Regional Office for Europe stresses the importance of developing, implementing and monitoring Health 2020-based national and subnational health policies and strategies. To support the implementation of the Health 2020 framework, the WHO Regional Office for Europe – through its Division of Health Information, Evidence, Research and Innovation and its Evidence-Informed Policy Network (EVIPNet) – convened stakeholders involved in translating data and research evidence into policy from 15 of its Member States. In October 2013, present at the EVIPNet Europe multi-country workshop on using research evidence for policy-making were heads of WHO country offices, country staff members and national champions from Albania, Estonia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, Republic of Moldova, Romania, Slovenia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan and Ukraine. The overall goals of the workshop were to:

- increase general understanding of evidence-informed policy-making (EIP) and build on participants' knowledge of the country-specific EIP environment in the WHO European Region;
- raise awareness about and commitment to tools and resources available to support the use of research evidence in health policy-making, including EVIPNet; and
- identify what participants can do in their home countries to foster an environment favourable to knowledge translation (KT).

The three-day workshop had an ambitious agenda and marked the beginning of EVIPNet Europe's engagement at country level in the WHO European Region. As a network of networks, EVIPNet promotes partnerships at national, regional and global levels, aiming to engender better KT and EIP to strengthen health systems and produce better health outcomes. Participants in the EVIPNet workshop were first familiarized with the goals, processes and activities of EVIPNet worldwide and within the individual regions. They also worked in country teams (comprising

heads of WHO country offices and national champions) to assess the EIP context (the key driving forces and barriers) within their countries. In the same country teams, they developed initial ideas for establishing EVIPNet knowledge translation platforms (KTPs), the so-called country-level nodes of the network, which strengthen relationships between the research and policy communities to facilitate EIP. These workshop activities were supported by: (a) technical sessions on EIP, key EIP methods (on how to clarify problems, frame policy options, identify and select relevant data and/or research evidence) and tools (evidence briefs for policy and policy dialogues); and (b) sessions on organizational and capacity matters, such as fundraising, monitoring and evaluation, and communications and advocacy for EIP. The EVIPNet workshop resulted in national roadmaps of short- and medium-term EIP activities, the implementation of which the participants committed to supporting. These roadmaps will guide the implementation of EIP processes in the participant countries, ultimately aiming towards establishing EVIPNet teams. The links within and between the ad hoc country teams created at the workshop are instrumental in this process, as is the support of the WHO EVIPNet Europe Secretariat.

1.

INTRODUCTION

Ms Tanja Kuchenmüller, Technical Officer at the WHO Regional Office for Europe (coordinating the European arm of the Evidence-Informed Policy Network (EVIPNet)) opened the workshop, which took place on 9–11 October 2013 in Izmir, Turkey. The opening was a joint session of the EVIPNet Europe workshop (see Annex 1 for more details on the scope and purpose of the workshop) and the Autumn School on health information and evidence for policy-making (see Annex 2 for more details on the scope and purpose of the Autumn School), co-organized by the WHO Regional Office for Europe and the National Institute for Public Health and Environment (RIVM) of the Netherlands.

Dr Claudia Stein, Director of the Division of Health Information, Evidence, Research and Innovation at the WHO Regional Office for Europe officially welcomed the participants to the EVIPNet Europe workshop on behalf of the WHO Regional Director for Europe, Ms Zsuzsanna Jakab, who had expressed her strong support for the workshop and for EVIPNet as an essential tool for implementing Health 2020, the new European health policy framework.[1] Dr Stein saw the joint events as an opportunity to move health information and policy-making forward in the region, by ensuring that data and research evidence are not only collected, but also used in policy and practice.

Professor Hans van Oers from the RIVM in the Netherlands proceeded to highlight the uniqueness and innovative nature of the joint events: the EVIPNet workshop and the Autumn School – their scope including both health information and health research evidence – brought together "people making the evidence and people making use of the evidence".

[1] See the WHO Regional Office for Europe website for the official press release *(1)*.

1.1 BACKGROUND

In 2004, the Mexico Ministerial Summit on Health Research called for increased efforts in bridging the so-called know–do gap *(2)*. This gave an important political push to the process of translating data and research evidence into policy-making, also known as knowledge translation (KT). Originally, KT was rooted in the evidence-based medicine movement dating from the 1990s, which later expanded into health policy-making. As such, the term KT does not refer to a single event, but rather encompasses a continuum, a complex process aiming to change health decision-making and policy-making cultures *(3,4)*. By being the bridge between two systemically different processes – research and policy/action – the KT process is key in strengthening Europe's health systems.

In 2005, the 58th World Health Assembly called on WHO "to establish mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies" *(5)*. As a response, in June 2005, WHO launched the EVIPNet to assist Member States to promote KT mechanisms and activities dedicated to developing evidence-informed policies that address country-specific contexts and needs *(6)*. As a network of networks, EVIPNet promotes partnerships at national, regional and global levels, aiming to engender better KT and evidence-informed policy-making (EIP) for health systems strengthening and produce better health outcomes. Since its inception in 2005, EVIPNet has now expanded to provide technical support to EVIPNet country teams, also known as knowledge translation platforms (KTPs) across all WHO Regions: EVIPNet Asia (2005), EVIPNet Africa (2006), EVIPNet Americas (2007), EVIPNet Eastern Mediterranean Region (2009) and EVIPNet Europe (2012). Fig. 1.1 presents some of the network's accomplishments worldwide, at the core of which stand the KTPs. They are interdisciplinary networks that aim to strengthen the relationship between the research and policy communities, and to catalyse a culture of evidence-informed policy and policy-relevant research. The KTPs are linked within and supported by regional and global networks that in turn strengthen the EVIPNet teams' capacity and stewardship in catalysing EIP at country level. Key outputs of

The WHO defines KT as the "synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health" (3).

FIG. 1.1.
EVIPNET GLOBAL FACTSHEET

PEOPLE TRAINED

1113

Training was provided through 61 capacity-building workshops of policy-makers, researchers, programme managers, parliamentarians, librarians, and representatives of civil society.

EVIDENCE BRIEFS FOR POLICY

35

Evidence briefs for policy were developed after capacity-building workshops on 15 different health topics followed by national policy dialogue.

COUNTRY TEAMS

25

25 country teams are operational and 8 new country teams will be set up.

CAPACITY-BUILDING WORKSHOPS

35

EVIPNet values
- Equity
- Trust
- Empowerment
- Ethics
- Mutual respect

COUNTRY PRIORITY TOPICS

15

- Human resources for health
- Vaccine and immunization
- Health insurance coverage
- Skilled birth attendance
- Access to health services
- Quality of primary health care services
- Nutrition
- Malaria
- Patient safety
- Mental health
- Tobacco
- National Health Account
- Rare diseases
- Maternal and neonatal mortality
- Gender and health systems

REGIONAL NETWORKS

6

- EVIPNet Africa
- EVIPNet Americas
- EVIPNet South East Asia
- EVIPNet Western Pacific Asia
- EVIPNet Eastern Mediterranean
- EVIPNet Europe

Source: EVIPNet *(7).*

the KTPs' activities include the evidence briefs for policy that focus on locally identified health policy priority topics *(8)*.

1.2 WHAT IS EVIPNET EUROPE?

Launched in October 2012, EVIPNet Europe is the most recent regional network within EVIPNet. With a vision of a Europe in which high-quality, context-sensitive evidence routinely informs health policy-making processes, EVIPNet Europe will foster, expand and strengthen networks that support EIP throughout the WHO European Region.

EVIPNet Europe promotes KT and EIP cultures in the diverse contexts of Europe's low- and middle-income countries. The BRIDGE (Brokering knowledge and Research Information to support the Development and Governance of health systems in Europe) project[2] has already assessed the EIP capacity in the countries that are part of the European Union (EU) and European Free Trade Association (EFTA). Important gaps have been identified and relate to:

- insufficient use of health information systems to inform health policy-making;
- lack of consistent support for initiatives to broker knowledge;
- missed opportunities for the advancement of knowledge brokering; and
- limited capacity of current initiatives to advance knowledge brokering *(10)*.

Since, until now, the EIP environment in other parts of the WHO European Region (that is, the Commonwealth of Independent States (CIS) and the Balkan countries) has not been systematically assessed, EVIPNet Europe will analyse the EIP context and the capacity of its network members. The EVIPNet Europe workshop provides a first step in this assessment (see Chapter 2 for more details).

EVIPNet Europe builds on and complements Health 2020, WHO Regional Office for Europe's policy framework that supports action across government and society for health and well-being in

[2] See the BRIDGE knowledge for health website for more details *(9)*.

the WHO European Region *(11)*. To address the increasing health inequalities within Europe, the framework has two main strategic objectives: (a) reducing health inequalities by tackling social determinants of health; and (b) improving governance for health. EVIPNet Europe focuses on advancing research evidence as an input to policy-making and promotes the values of health equity, trust and transparency, empowerment at country level, as well as ethics and mutual respect. As such, EVIPNet Europe supports the achievement of the Health 2020 objectives and, moreover, fosters partnerships – a key factor for the success of Health 2020 *(11)*.

1.3 MEETING OBJECTIVES

This first EVIPNet Europe multi-country workshop on using research evidence for policy-making was convened one year after the formal launch of EVIPNet Europe.[3] As an initial step in strengthening EVIPNet as a network of networks in the WHO European Region, the objectives of the workshop were to:

- increase general understanding of EIP and build on participants' knowledge of the country-specific EIP environment in the WHO European Region;
- raise awareness about and commitment to tools and resources available to support the use of research evidence in health policy-making, including EVIPNet; and
- identify what participants can do in their home countries to foster an environment favourable for KT in their countries.

1.4 WORKSHOP DESIGN AND IMPLEMENTATION

Prior to arriving at the workshop, participants were asked to:

- individually assess their own countries' capacity for EIP by using the strengths, weaknesses, opportunities and threats (SWOT) analysis method;

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[3] See a 2013 WHO Regional Office for Europe news item on EVIPNet Europe's activities for more details *(12)*.

- reflect on a priority health system problem and briefly describe the problem, options for addressing it, and implementation considerations.

During the workshop, these individual pre-workshop tasks formed the basis for work within country groups, aiming to:

- assess the national driving forces and barriers to improving the EIP climate;
- develop national action plans for EVIPNet.

Introductory presentations, case studies and group and plenary discussions complemented the country group work. Professor John Lavis, Dr Fadi El-Jardali and Dr Ulysses Panisset (members of the EVIPNet Global Steering Group) co-facilitated the workshop, together with Ms Tanja Kuchenmüller, coordinator of EVIPNet Europe. Technical sessions on EIP and on key EIP methods and tools enriched participants' knowledge, while also familiarizing them with the vision, mission, processes and activities of EVIPNet, including the processes that the WHO EVIPNet Europe Secretariat facilitates for the establishment of EVIPNet teams. Sessions on organizational and capacity matters – such as fundraising opportunities for EIP, the importance of monitoring and evaluation (M&E), and communications and advocacy for EIP activities – offered further guidance and support for the establishment of KTPs (see Annex 3 for the workshop programme).

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1.5 PARTICIPANTS

Present at the workshop were heads of WHO country offices, country staff members and KT (or national) champions from 15 WHO Member States: Albania, Estonia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, Republic of Moldova, Romania, Slovenia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan and Ukraine (see Annex 4 for the list of participants).

The national champions (selected based on their influence, trusted professional reputation and capacity for taking on a new task/profile) were policy-makers or researchers who were already an EIP driving force in their countries or were in a position to become such a driving force. These KT champions are able to ensure ownership and continuity of EIP processes in specific contexts by raising awareness of the importance of EIP and by acting as brokers between the research and policy worlds, both globally and locally *(13)*. The heads of WHO country offices added their own valuable experience of the EIP country context, as well as offering support to the national champions as representatives of WHO.

The two categories of participants complemented each other in developing the analysis of the EIP national climates and tailored

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country action plans for EVIPNet. Participants saw the work in country teams as a key strength of the workshop, both by integrating diverse experiences and knowledge of the country political context, and by creating a link between the heads of WHO country offices and the national champions. According to some of the participants, this link had the potential to identify opportunities for EVIPNet teams to act as a focal point in strengthening and systematizing EIP processes in each of the participating countries.

Given their health policy-making expertise, participants had clear expectations for the workshop and for EVIPNet (see Box 1.1). These were met by an ambitious agenda and the interactive methods outlined in section 1.4.

The interactive nature of the workshop significantly contributed to meeting participants' expectations and to its overall productivity, as can be seen from its varied outputs, presented in chapters 2–4.

BOX 1.1.
PARTICIPANTS' EXPECTATIONS

- Understand the EIP process promoted by EVIPNet.
- Learn about existing EIP and EVIPNet tools and their potential for contextual adaptation.
- Understand how the already existing structures for evidence generation could be consistently used in health policy and planning.
- Learn about existing user-friendly formats for presenting data and research evidence to policy-makers (who are often reluctant to use research evidence).
- Take home lessons learned about EIP from other countries.
- Share own experiences in EIP.
- Network with other participants as a foundation for further collaboration between the countries they represent.
- Develop an institutionalized model of EIP.

2.

CLIMATE FOR EIP IN THE WHO EUROPEAN REGION: HARNESSING PARTICIPANTS' KNOWLEDGE

Research evidence that is used as an input in policy-making must be considered in national health systems and policy contexts. Within national health systems, aspects ranging from financial arrangements to the organization of health service delivery will influence how a certain policy problem is addressed. In terms of political context, different institutions, interest groups or wider economic changes will be similarly important and need to be taken into account in planning for EIP at national level *(14)*. Specific EIP tools promoted by EVIPNet, such as the policy dialogue, take this into account and focus on expressing stakeholders' tacit knowledge, views and experiences, including those relating to the unseen political dynamics that might influence a specific policy *(13)*.

The wider health system and political contexts stood at the core of the deliberations of the EVIPNet Europe multi-country workshop on using research evidence for policy-making. Based on the SWOT analysis that participants had undertaken individually, prior to the workshop, country teams developed country-specific force field analyses, providing a snapshot of the EIP context in each of the 15 countries represented at the meeting. Fig. 2.1 presents an aggregate of the core regional driving forces and barriers to changes in the policy-making culture towards EIP in the WHO European Region. This assessment was an important preparatory step for participants to develop short- and medium-term EIP action plans towards the end of the workshop (see Chapter 4 for more details).

Furthermore, while working in country groups, participants had a chance to reflect on their complementary roles in promoting an EIP culture in their countries. Fig. 2.2 presents the main roles of the heads of WHO country offices and those of the national champions, as well

as some examples of activities that can be undertaken to improve the national EIP climate. It is apparent that the heads of WHO country offices and the national champions could complement each other in identifying and strengthening the capacity of other potential EIP champions, thus creating synergistic effects. For example, heads of WHO country offices could convene EIP stakeholders, while national champions could identify opportunities for the utilization of EIP tools and processes (see Fig. 2.2).

The heads of WHO country offices and the national champions could also make use of the distinct resources available to them, in their collaborative efforts for the improvement of the national EIP climate: while heads of WHO country offices are instrumental in linking with other countries and establishing a regional EIP network, the national champions could promote collective leadership in a national network of champions and work towards ensuring the sustainability of EIP and

"I would like to make sure that the process of EVIPNet comes, like a magnifying glass, to Ukraine so we can do the same for the Ukrainian region and the ministers so they can feel the same [about EVIPNet] as we feel here."
Dr Dorit Nitzan, Head of WHO Country Office, Ukraine

FIG. 2.1.
FORCE FIELD ANALYSIS OF THE CLIMATE FOR EIP IN 15 MEMBER STATES OF THE WHO EUROPEAN REGION

CLIMATE FOR EIP

DRIVING FORCES
- Existing legislation on EIP
- Existing organizational structures/platforms/processes/tools supporting EIP, as well as links and communication between them
- Contacts between researchers and policy-makers, promoted at institutional level
- Existing demand for data and/or research evidence
- Existing interest in EIP
- Top policy-makers supporting EIP
- Some use of research evidence for policy-making, although not systematic
- Integration of health information systems
- Government support for research capacity development

BARRIERS
- No independent governmental research body
- No established reporting structures within public institutions
- Lack of collaboration between public institutions
- Lack of capacity in the Ministry of Health to coordinate and monitor health information systems
- Lack of public funding for health policy research and EIP, with limited donor presence
- Low level of understanding of the need for evidence at the wider political level, given the variety of channels through which policy-makers are informed (e.g. biased media)
- Weak coordination between research projects and health systems or policy priorities
- Resistance from medical professionals when implementing policy changes
- Insufficient human resources: physicians', researchers', policy-makers' inadequate capacity for EIP
- Lack of international standards on EIP

EVIPNet. As seen in Fig. 2.2, both the heads of WHO country offices and the national champions frequently emphasized the need for advocacy and brokerage for EIP in the participating countries, as well as the importance of assessing and/or building on existing expertise.

Understanding the EIP context as well as the roles and responsibilities of all key actors is crucial for the planning and implementation of EIP activities. In addition, technical skills are required, including knowledge of specific EIP tools and processes and their application, as addressed in Chapter 3.

FIG. 2.2.
COUNTRY OFFICES' AND NATIONAL CHAMPIONS' ROLES
AND POTENTIAL ACTIVITIES FOR EIP
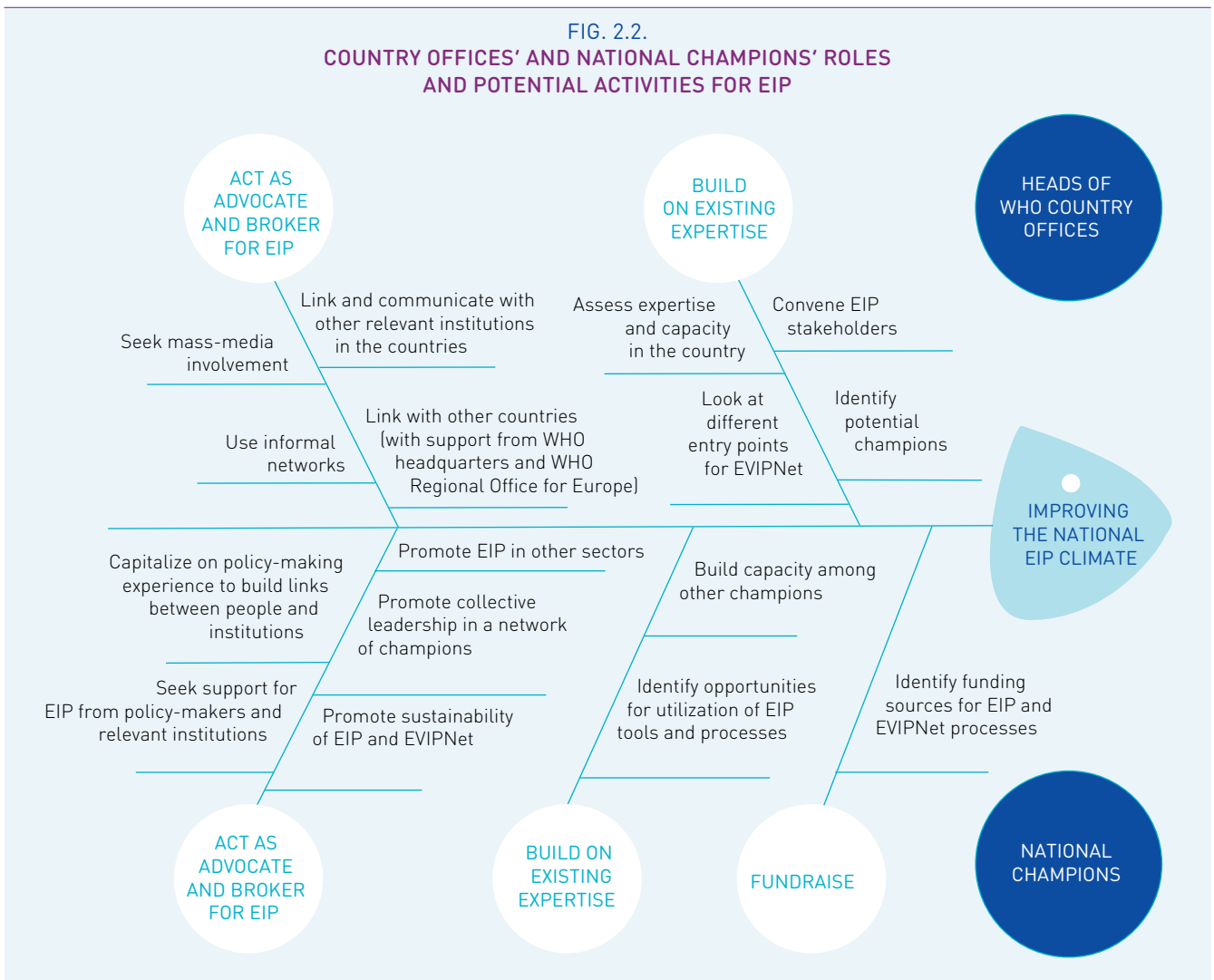
3.

GLOBAL TOOLS FOR LOCAL REALITIES: BUILDING ON PARTICIPANTS' KNOWLEDGE

The EVIPNet Europe multi-country workshop on using research evidence for policy-making aimed to build on participants' knowledge of local EIP contexts with state-of-the-art global approaches to foster EIP. The systematic EIP process promoted by EVIPNet helped to organize participants' rich knowledge on EIP and guide their short- and medium-term plans for EIP action. The following subsections detail these EIP tools and processes, including the EVIPNet methodology.

"The presentation of EIP was done in a very systematic way. (…) They showed me how I can do my job better"
Dr Liis Rooväli, Ministry of Social Affairs, Estonia

3.1 EIP: WHY, WHAT, HOW?

Professor John Lavis gave an introductory presentation and facilitated a plenary discussion designed for participants: (a) to become acquainted with EIP, the rationale for using it (see Box 3.1) and key approaches; (b) to raise their awareness of the unique roles for data (health information) and research evidence in the stages of the policy process; and (c) to highlight how decision-making in policy environments differs from decision-making in clinical practice. This served as key background to any efforts to support EIP.

EIP builds on the legacy of evidence-**based** policy-making, but emphasizes the fact that research evidence cannot and will not be the

EIP involves using the best available data and research evidence in the time available for policy agenda-setting, policy development and policy implementation.

BOX 3.1.
RATIONALE FOR USING RESEARCH EVIDENCE IN POLICY-MAKING

Policy-makers' use of evidence can be instrumental (solving a particular problem on the policy agenda), conceptual (understanding and clarifying a specific policy problem) or political (justifying a decision already made). Systematically using evidence in the policy-making process can help policy-makers to tackle common policy-making problems, such as (a) the lack of organizational arrangements to support EIP and/or priority-setting processes for research evidence; (b) undefined needs for research evidence; (c) non-systematic use of research evidence; and (d) insufficient stakeholder engagement and decisions that are not well informed by research evidence.

Sources: Lavis JN et al. *(15)*; Oxman AD et al. (16).

only type of input to influence health policy-making processes; other significant factors include lobbyists and pressure groups, political judgements, values and traditions, and available resources *(16)*.

Evidence is commonly defined as concerning "facts (actual or asserted) intended for use in support of a conclusion" *(17)* and is used at all stages of a policy process: clarifying a policy problem, framing options to address that problem, policy implementation, and M&E. The role of data – as another type of input for health policy-making – is complementary to that of research evidence. Defined as any output of a sensing system that, when useful for achieving a meaningful objective, becomes information *(18)*, data can be applied at two stages of the policy process: for clarifying a problem, as well as for monitoring implementation and evaluating (as shown in Table 3.1).

Key approaches to supporting EIP are organized around four major types of KT efforts: push, pull, exchange and integration (see Fig. 3.1). These efforts aim to: (a) package, disseminate and facilitate access to evidence sources (push efforts); (b) develop capacity for the use of research evidence (pull efforts); (c) facilitate connections between researchers and research users (exchange efforts); and (d) institutionalize EIP and integrate all types of efforts in platforms such as the one promoted by EVIPNet, globally as well as in Europe.

TABLE 3.1.
THE ROLES OF DATA AND RESEARCH EVIDENCE IN THE POLICY-MAKING PROCESS

STAGE OF THE POLICY CYCLE	ROLE OF DATA	ROLE OF RESEARCH EVIDENCE
Clarifying a problem	**Yes** for indicators	**Yes** for comparisons and framing
Framing options	**No**	**Yes** for benefits, harms and costs
Bringing about change	**No**	**Yes** for the barriers to change and for the benefits, harms, costs (and so on) of implementation strategies that address these barriers
M&E	**Yes** for monitoring	**Yes** for evaluating impact

The key approaches to supporting EIP relate to efforts to (among others):

- improve the general climate for using research evidence (e.g. by highlighting past successes and shortcomings);
- ensure that the production of research meets policy-makers' and stakeholders' needs (for example, by setting priorities for research evidence that can be developed or synthesized in different time frames); and make research evidence easier to use (19).

In terms of making research evidence easier to use, KT efforts can include communicating research more effectively (for example, through mechanisms such as the EVIPNet evidence briefs); making research available when policy-makers need it and in a form that they can use (for example, through one-stop shops such as the Health Systems Evidence[4] database and through rapid-response services); introducing prompts to use research in policy-making; and
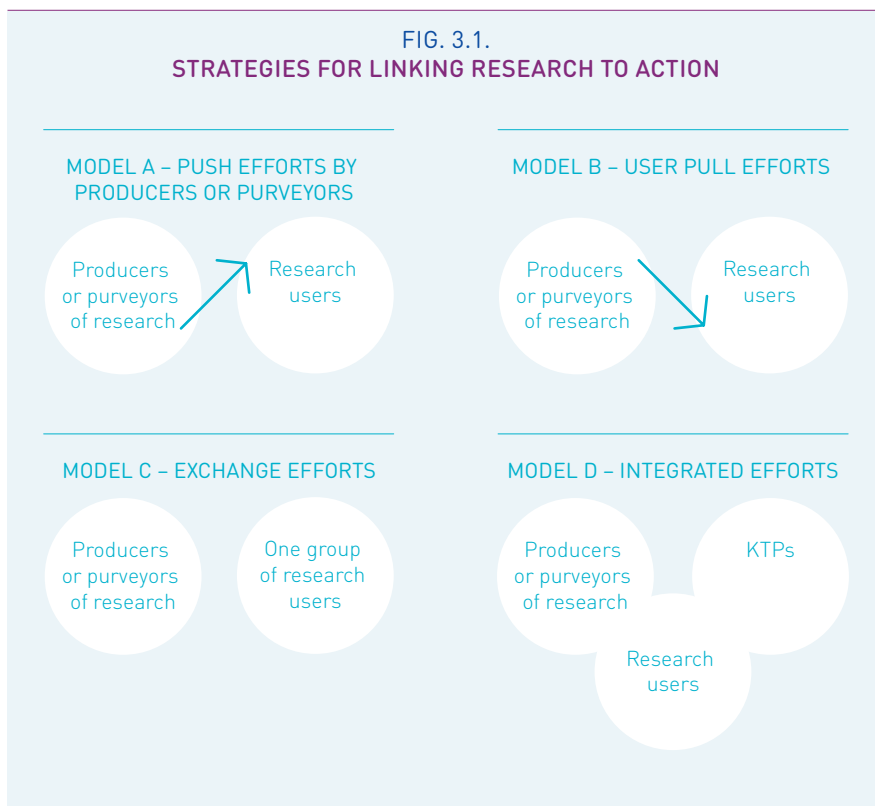
FIG. 3.1.
STRATEGIES FOR LINKING RESEARCH TO ACTION

MODEL A – PUSH EFFORTS BY PRODUCERS OR PURVEYORS

Producers or purveyors of research → Research users

MODEL B – USER PULL EFFORTS

Producers or purveyors of research → Research users

MODEL C – EXCHANGE EFFORTS

Producers or purveyors of research   One group of research users

MODEL D – INTEGRATED EFFORTS

Producers or purveyors of research   KTPs

Research users

Source: Lavis et al. *(19).*

organizing forums (for example, EVIPNet policy dialogues) whereby policy challenges can be discussed with key stakeholders.

Specific EIP tools and their use within EVIPNet are detailed in section 3.2.

3.2 EVIPNET AND ITS METHODOLOGY

Dr Fadi El-Jardali and Dr Ulysses Panisset briefed the participants on EVIPNet, its activities and successes globally and in specific regions, discussing in particular:

- the WHO mandate for fostering EIP;
- the establishment of EVIPNet teams or KTPs; and
- the EIP activities undertaken within EVIPNet.

EVIPNet is instrumental in WHO's implementation of its core mandate – to promote EIP, as required by the Member States *(5)*. EVIPNet methodologies, mechanisms and experience help to strengthen national health systems by establishing KTPs, which then plan for and drive national KT activities. As part of EVIPNet, the KTPs are empowered with increased capacity in KT and tools to support the development, implementation and monitoring of evidence-informed policies.

The work of the KTPs is supported by the regional and global structures of the network. At regional level, EVIPNet promotes exchanges of experience and innovative EIP practice, with regional steering groups and regional resource groups regularly providing technical input, facilitating advocacy and fundraising, as well as coordinating contributions to the global EVIPNet strategy and events. At the global level, a global resource group and a global steering group focus on coordinating regional initiatives and ensuring good governance, as well as being a source of technical and organizational support for the regional networks. The role of the WHO EVIPNet Europe Secretariat is supportive and guiding: it assists countries in adapting and developing EIP methods and tools, and identifying their

own strategic roadmaps to foster EIP at the national level.[5] A similar governance structure – fostering ownership by countries – will be developed and applied by EVIPNet Europe.

The diverse experiences of the already established KTPs are integrated in an action cycle for EVIPNet, as presented in Fig. 3.2. As a first step, the country team periodically organizes priority-setting processes to identify and frame or outline public health policy and/or health system priority issues. Having identified a health priority issue, the KTP develops a search strategy, identifies, retrieves and maps relevant evidence, appraises the quality of the evidence and takes related benefits, harms and costs into consideration.

As the next step, the country team summarizes and packages the relevant information in a user-friendly format; that is, an evidence brief for policy. Subsequently, a deliberative dialogue convenes key national stakeholders concerned with the priority policy issue addressed in the evidence brief for policy. The next challenge the country team faces is

FIG. 3.2.
EVIPNET ACTION CYCLE

01
SETTING PRIORITIES
FOR POLICY ISSUES
TO BE ADDRESSED

06
MONITORING
AND EVALUTION

02
SEEKING
EVIDENCE

05
SUPPORTING POLICY
CHOICE AND
IMPLEMENTATION

03
SUMMARIZING
EVIDENCE: EVIDENCE
BRIEF FOR POLICY

CONVENING A
DELIBERATIVE DIALOGUE
04
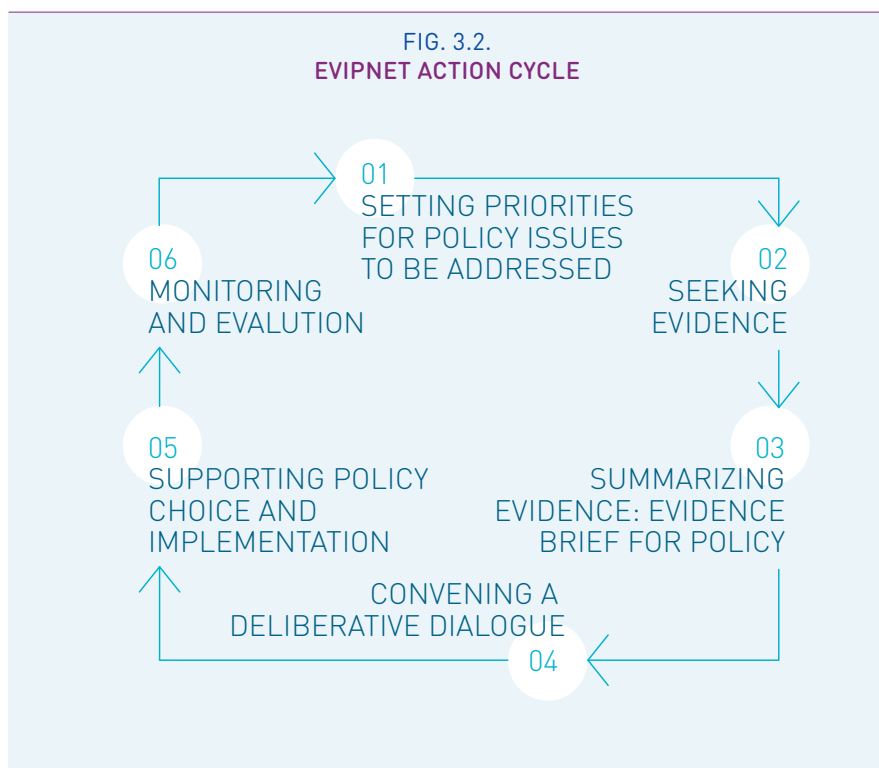
Source: Panisset, Campbell & Lavis *(21).*

[5] For more details see the EVIPNet strategic plan for the period 2012– 2015 *(21).*

to foster the integration of the findings into policy formulation and the implementation of actions. In order to assess whether the KTP's work has been implemented according to the country work plan, EVIPNet teams regularly monitor and evaluate their processes and results, trace whether and how evidence was used in policy, and assess whether observed changes can be attributed to the interventions of the KTP. The M&E findings should inform the EVIPNet country teams as to whether to continue, change or stop the current activities under way (EVIPNET Europe (overview document), unpublished data, 2013).

The following subsections provide further detail on the workshop deliberations relating to certain steps of the EVIPNet action cycle.

3.2.1 Finding research evidence to clarify a problem and frame options

The SUPPORT tools for evidence-informed health policymaking (STP)[6] – which EVIPNet country teams helped to develop – offer step-by-step guidance for the EIP process. One of the most important contributions of the STP relates to the process of finding and using relevant research evidence to clarify a health policy and/or health system problem and frame options for addressing that problem (equivalent to steps 1 and 2 in the EVIPNet action cycle shown in Fig. 3.2). During the workshop, Professor John Lavis gave a detailed presentation and facilitated a plenary discussion, through which participants became familiarized with two lists of questions to consider:

- one for use when clarifying a problem, and
- another for use when identifying an appropriate set of options to address the problem (see Box 3.2 for these questions).

Drawing on the descriptions of problems and options that participants submitted before the workshop helped to exemplify the process of clarifying a problem and its importance (see Table 3.2 for a demonstration on how the first step of clarifying a problem – working through the problem, its causes and consequences – can be done). Similarly, the first step of outlining or framing options – identifying an appropriate set of options – needs to align with the understanding of the problem and its causes.

BOX 3.2.
QUESTIONS TO CONSIDER WHEN CLARIFYING A PROBLEM AND FRAMING OPTIONS TO ADDRESS IT

CLARIFYING A PROBLEM	FRAMING OPTIONS TO ADDRESS A PROBLEM
1. What is the problem?	1. Has an appropriate set of options been identified to address the problem?
2. How did the problem come to attention and has this process influenced the prospect of it being addressed?	2. What benefits are important to those who will be affected and which benefits are likely to be achieved with each option?
3. What indicators can be used, or collected, to establish the magnitude of the problem and to measure progress in addressing it?	3. What harms are important to those who will be affected and which harms are likely to arise with each option?
4. What comparisons can be made to establish the magnitude of the problem and to measure progress in addressing it?	4. What are the local costs of each option and is there local evidence about their cost–effectiveness?
5. How can a problem be framed (or described) in a way that will motivate different groups?	5. What adaptations might be made to any given option and might they alter its benefits, harms and costs?
	6. Which stakeholders' views and experiences might influence the acceptability of an option and its benefits, harms and costs?

TABLE 3.2.
EXAMPLE OF A PROBLEM IDENTIFIED BY PARTICIPANTS AND COMMON DIFFICULTIES WHEN CLARIFYING SUCH A PROBLEM

THE PROBLEM IDENTIFIED BEFORE THE WORKSHOP	External causes of death can be a priority issue, reducing the life expectancy of a country's population. For example; the standardized mortality rate from external causes for 100 000 inhabitants can be much higher than in EU15 and EU12 countries,* especially in the group aged 15–59 years. Prevention of external causes of death would therefore be one priority of the national health programme and subsequent implementation plan. There would also be a need to establish and strengthen emergency health services and trauma centres and to develop and implement a mental health strategy implementation plan, including suicide prevention activities.	
WHAT IS THE PROBLEM?	**A risk factor, disease or condition**	High mortality from injury and suicide
	A program, service or drug currently being used	Lack of evidence-based mental health programmes and services
	Current health system arrangements within which programmes, services and drugs are provided	Weak delivery systems (e.g. trauma centres and emergency services)
	Current degree of implementation of a course of action already agreed upon	Insufficient implementation of national health programmes
COMMON DIFFICULTIES IN CLARIFYING THE PROBLEM	**Too many unrelated problems.** **The problem is defined as the lack of a preferred solution.**	

* EU15: countries belonging to the EU prior to 1 May 2004. EU12: countries joining the EU since May 2004.

The different answers to each of the questions presented in Box 3.2 can have important implications for the types of data and research evidence sought (as well as for whether individuals and groups choose to address the problem and which option they choose to address it). A review of the appropriate databases to use when searching for data and for research evidence about a problem and options to address it enabled participants to be systematic and transparent when searching for research evidence. Participants were familiarized with a key tool for finding and using research evidence (23), summarizing not only what questions to ask when clarifying a problem, framing options or implementing an option, but also specific databases in which one can look for relevant research evidence in order to answer each of these questions (see also Annex 5). Thus, practical demonstrations of how existing tools can be used to find easily data and research evidence supported the deliberations on clarifying problems and framing options.

A first demonstration showed how to search the PubMed (24) and Health Systems Evidence (20) databases to identify the two types of research evidence needed to clarify a problem; namely:

1. administrative database studies or community surveys that make comparisons across countries; and
2. qualitative research that addresses the meanings that individuals or groups attach to the problem, indicators or comparisons.

This was followed by a demonstration of methods for searching:

- the Cochrane Library (25) and PubMed for options that involve clinical programmes and services, or drugs;
- the Health Evidence service (26) and PubMed for options that involve public health programmes and services; and
- Health Systems Evidence (20) for options that involve governance, financial and delivery arrangements in health systems or implementation strategies.

Among the above-mentioned databases, Health Systems Evidence is available in seven languages, five of which are widely spoken in the WHO European Region (English, French, Portuguese, Russian and Spanish).

The most common challenges facing EIP and translating research into policy and practice relate to:

- research not being valued as information input in policy-making
- research not being considered relevant
- research being difficult to use (16).

Participants confirmed such challenges and raised several questions about using research evidence to clarify a problem and frame options to address it. These issues are presented in the list that follows, together with the solutions that the facilitators suggested, based on the EVIPNet experience and as reflected in the STP.

- The time frame is usually too short.

EIP involves doing the best that can be achieved in the time available; this means using the tools available at the level allowed within the relevant time considerations (16).

- There is often a degree of uncertainty in research evidence.

Supplementing data and research evidence with stakeholder engagement (for example, through policy dialogues) and strict M&E are ways of dealing with uncertainty (27).

- Priority-setting can be influenced by lobby groups, for example, not only by data and research evidence.

Involvement of stakeholders is an essential part of the policy-making process and the advantage of policy dialogues is that they give voice to all stakeholders and not just those who can afford to lobby governments (28).

- Availability of local research evidence is limited.

One solution is to look for evidence from other countries that have experienced a similar problem. If unavailable, expert opinion needs to be sought (29).

- It is difficult to choose between evidence-informed decision-making and so-called eminence-informed decision-making (that is, seeking expert opinion).

Even in one hour, one can do one's best to find and use research evidence *(16)*.

3.2.2 Evidence briefs for policy and policy dialogues

EVIPNet focuses on strengthening capacity for using state-of-the-art EIP methods and tools throughout the network and beyond. Dr Ulysses Panisset and Dr Fadi El-Jardali facilitated group discussions on two of EVIPNet's key methods: the evidence brief for policy and the policy dialogue. These methods relate to steps 3 and 4 in the EVIPNet action cycle (shown in Fig. 3.2).

Participants familiarized themselves with the key elements of the evidence brief for policy and the policy dialogue, and compared the specific EVIPNet methodologies with their own experience. First, they discussed the evidence briefs for policy (formerly known as policy briefs), which present research evidence to policy-makers in a user-friendly format that includes research evidence about a problem, options for addressing it, and implementation considerations *(30)*. Table 3.3 presents the distinguishing characteristics of an EVIPNet

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evidence brief for policy by comparison with participants' previous experience.

EVIPNet offers guidance on evidence briefs for policy through actions such as:

- organizing periodical agenda-setting processes in order to identify priority topics for the briefs;
- organizing workshops to strengthen capacity in preparing evidence briefs for policy;
- disseminating evidence briefs for policy (though the EVIPNet Virtual Health Library).

By itself, while a useful tool, an evidence brief for policy provides just one input to policy development. In addition, EVIPNet promotes policy dialogues, which allow for the research evidence to be combined with the views, experiences and tacit knowledge of individuals involved in

TABLE 3.3. UNIQUE CHARACTERISTICS OF THE EVIPNET EVIDENCE BRIEFS FOR POLICY	
PARTICIPANTS' EXPERIENCE OF POLICY BRIEFS	**WHAT DISTINGUISHES EVIPNET EVIDENCE BRIEFS FOR POLICY?**
Ad hoc development process	A systematic development process that contributes to clarifying and outlining the problem and framing options to address it
Targeted towards top policy-makers, used internally	Targeted towards top policy-makers and to key stakeholders, freely available
Objectives: advocacy (conflicts of interests are not addressed)	Objectives: informed decision-making (conflicts of interest are addressed through a systematic development process)
Length (example): 5-page summary, 50-page report	Length: 1-3-25 format (take-home message, executive summary, full report)*
Includes recommendations	Includes policy options, but no recommendations
Structure is unspecified	Structure: the problem, the options, implementation considerations for each option

* See the Canadian Health Services Research Foundation communication notes for more details *(31)*.

or affected by decisions on the policy issue. Table 3.4 presents the specificity of the EVIPNet policy dialogues.

The aim of an EVIPNet policy dialogues is not necessarily to reach consensus; this is not always feasible, since participants might be reluctant to commit to one course of action after only one policy dialogue. However, the policy dialogue is instrumental in increasing sense of ownership and ensuring that considerations raised in both the evidence brief for policy and during the policy dialogue are used to guide the policy-making process (13).

Policy-makers and stakeholders have rated policy dialogues highly in advancing the discussion of complex health systems problems. Although participants agreed with this, they raised the issue that follow-up to policy dialogues is important. This is an area where failure often occurs in terms of developing and implementing evidence-informed policies. EVIPNet offers guidance for follow-up of policy dialogues, through actions such as:

- preparing and disseminating a summary of the policy dialogue
- disseminating the evidence brief for policy
- carrying out further consultation with stakeholders
- ensuring post-dialogue follow-up
- carrying out M&E of the use of evidence in policy.

TABLE 3.4. UNIQUE CHARACTERISTICS OF THE EVIPNET POLICY DIALOGUES	
OTHER POLICY DIALOGUES	**WHAT DISTINGUISHES THE EVIPNET POLICY DIALOGUES?**
Use of research evidence can be unsystematic and lacking in transparency	Informed by a pre-circulated evidence brief for policy
Include deliberations on implementation considerations	Include deliberations on the problem, options to address it and implementation considerations
Often characterized by arbitrary or biased selection of participants	Seek a fair representation of stakeholders, based on mapping the range of stakeholders and expertise relevant for the issue being considered
Usually aim for consensus	Do not aim for consensus

In addition to the these technical sessions presenting EIP tools and methods, the workshop included deliberations on organizational and capacity issues, such as fundraising opportunities, M&E, and communications and advocacy for EIP activities. The following subsections present the outputs of these deliberations.

3.2.3 Fundraising for EIP

Lack of funding for EIP activities is an important barrier *(32)* faced by EVIPNet in its quest to change policy-making cultures towards a systematic and transparent use of evidence. As a response to this challenge, several sessions during the EVIPNet Europe multi-country workshop on using research evidence for policy-making aimed to:

- provide participants with ideas about fundraising opportunities and activities to support fundraising; and
- motivate them to engage in fundraising, potentially as a joint, regional or subregional effort.

Dr Ulysses Panisset shared experiences and lessons learned about which donors fund EIP and have been successfully approached by EVIPNet in the past. Among these donors are development agencies, such as the Canadian International Development Agency and the International Development Research Centre, Canada; the Department for International Development, United Kingdom; the German Academy for International Cooperation (GIZ), Germany; the Luxembourg Development Cooperation (LuxDev) and the U.S. Agency for International Development, as well as nongovernmental organizations (NGOs) such as the Bill & Melinda Gates Foundation or the Rockefeller Foundation in the United States. Despite a general tendency on the part of donors to fund individual studies (instead of the development of research synthesis) and the dissemination of research results (instead of interactive, collaborative approaches between research producers and users), awareness of and interest in EIP is rising. The main lessons learned through the EVIPNet experience relate to:

- the importance of persistence and of repeated applications;
- the need to seek multiple sources of funding;

EVIPNet policy dialogues have often been described as being "where the rubber hits the road" in terms of their efforts to support the use of research evidence in health systems policy-making, allowing the best available research evidence to be actively considered among the real-world factors influencing the policy-making process
**John Lavis,
EVIPNet Global Steering Group**

- the beneficial effect of cooperation, instead of competition (as most large donors prefer economies of scale);
- the importance of showing outputs (such as evidence briefs for policy and summaries of policy dialogues); and
- the recommendation to use both thematic and generic entry points for funding applications.

Formally engaging with the various ministries of health – as a first step in the institutionalization of EIP – has proven to be key in ensuring financial allocations (and thus sustainability) of the teams and their functioning. This continuity has contributed to building trust and assurance that evidence-informed policies would make a difference. Participants agreed with these potential benefits of the institutionalization of the EVIPNet country teams and kept the issue at the forefront of discussion throughout the deliberations.

The European Commission (EC) is a special partner that has provided important funding to EVIPNet in the past, through the Seventh Framework Programme (FP7).[7] Dr Stefaan Van der Borght – representing the EC Directorate-General for Research and Innovation – provided participants with ideas about future funding opportunities, explaining why KT is of interest to the EC and other donors and why this interest is increasing. In particular, he addressed Horizon 2020[8] as a core part of the Europe 2020 initiative and its three priorities – excellent science, industrial leadership and societal changes – as being particularly relevant for EVIPNet Europe. Dr Van der Borght highlighted that EVIPNet Europe is key for bridging the existing gaps throughout the WHO European Region in:

- strengthening research capacity;
- ensuring effective KT; and
- aligning research activities at national and regional levels, while increasing their impact on policy.

[7] See the FP7 webpage for more details *(33)*.
[8] See the Horizon 2020 webpage for more details *(34)*.

As an activity creating credibility for fundraising, carefully planned M&E is essential for the functioning of EVIPNet. Dr Fadi El-Jardali facilitated a session aiming to highlight the importance of M&E for fundraising activities. This session discussed the value and importance of M&E and how providing evidence about the value of KT and its

success is critical in order to build trust and attract funding support. Thus, EVIPNet teams should start their M&E work from the beginning of their planned activities and allocate sufficient resources to it. A research protocol (knowledge translation platform evaluation (KTPE)) – showing "evidence on the use of evidence" – has been carrying out M&E activities surrounding the work of the EVIPNet teams since 2009. Its preliminary results were due to be completed in the first half of 2014. M&E tools developed by the KTPE team at McMaster University[9] will be useful to EVIPNet Europe KTPs, once established.

Based on this rich information, participants deliberated on fundraising opportunities for both heads of WHO country offices and national

[9] See the KTPE website for more details *(35)*.

BOX 3.3.	
FUNDRAISING OPPORTUNITIES FOR EVIPNET EUROPE	
NATIONAL CHAMPIONS' ROLES	**ROLES OF HEADS OF WHO COUNTRY OFFICES**
Identify potential funding sources within governmental institutions (entry point for EVIPNet institutionalization)	Provide support for donor mapping
	Access United Nations' multi-donor trust funds
Pursue potential funding opportunities with the following key actors/programmes:	Provide expertise to national institutions collaborating with donors such as the EU
• Ministry of Health research funds	Advocate for EIP at WHO regional and global assemblies (especially representatives of emerging donor countries)
• World Bank	
• EU-supported national funding sources	Collaborate on funding proposals, but rarely as full partners, owing to internal WHO regulations
• Horizon 2020	
• The Norwegian Agency for Development Cooperation (NORAD) transparency	Capitalize on support from the WHO Regional Office for Europe

COLLABORATIVE THEME: WRITE A PROPOSAL TOGETHER IMMEDIATELY AFTER THE WORKSHOP
Use research funds designed for M&E in order to support EIP
Make links between participating countries that are emerging donors (EU countries) and those which receive donor funding (CIS and Balkan countries)
Leverage national health strategies to advocate and seek funds for EIP and EVIPNet
Seek national funds in order to ensure sustainability of EIP processes
Act fast when health is a funding priority for international and national actors
Support countries that have the capacity to apply for funding soon
Attract EIP funding in collaborative projects
Mobilize resources (people, funding) within the EVIPNet European network

champions. Box 3.3 summarizes these deliberations and shows participants' interest in continuing work within the ad hoc country groups created during the workshop.

3.2.4 Communications and advocacy

As a key part of any effort to bridge research evidence and policy/action, communication can determine the success or failure of any EIP process. Effectively communicating research evidence and emphasizing its importance to policy-makers or to civil society and other stakeholders depends not only on its sources but also the way in which information is packaged and the context in which these stakeholders function *(4)*. Ultimately, any communication strategy must aim to convince stakeholders that the EIP process has the potential to result in better health policies and improved health outcomes.

Ms Rania Baroud facilitated the session entitled "Communication to Advocacy (C2A)", which aimed to raise awareness and ensure a shared understanding of the importance of using communication and advocacy methods to improve EIP culture throughout the WHO European Region. During the session, methods to advocate for incorporating evidence into policy processes were discussed, including how to create effective messages and what communication channels and tools to use. In order to increase participants' skills in communication and advocacy through hands-on experience, a country group exercise asked participants to:

• define a cause or focus for their EIP advocacy strategy;
• identify one target stakeholder;
• design two key messages; and
• choose the means of communication for the delivery of these messages.

Box 3.4 presents an example of two key messages designed by one participating country team.

The technical sessions on EIP tools and methods, as well as the sessions focusing on organizational and capacity matters for KTP establishment laid the foundations for participants' systematic

understanding of how EVIPNet Europe will grow to become a
network of networks, promoting EIP as well as what will be their own
role in this process. Section 3.3 presents the next phases in EVIPNet
Europe's development.

3.3 HOW WILL EVIPNET EUROPE WORK?

Ms Tanja Kuchenmüller facilitated the session discussing the steps
planned in order for EVIPNet Europe to accomplish its mission of
becoming a network of networks that promotes EIP throughout the
WHO European Region. As seen in Fig. 3.3, these steps include:

- assisting the countries that have included EVIPNet in their WHO
  Biennial Collaborative Agreements (BCAs) to foster EIP activities at
  country level, through multi-country capacity-building efforts and
  technical support (multi-country track), among other activities; and
- a pilot project including four countries selected among those who
  have responded to EVIPNet Europe's 2013 expression of interest
  (country-specific track).

In this latter track, EVIPNet Europe's efforts to improve European
health system policies begin with a situation analysis. This is an

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BOX 3.4.
EXAMPLE OF AN ADVOCACY STRATEGY FOR EVIPNET AT COUNTRY LEVEL

One of the country teams (comprising a national champion and
a Head of WHO Country Office) reflected on how best to target
their advocacy efforts for EIP after the workshop. They reached a
common decision to join forces in order to convince their country's
Minister of Health about the importance of EIP and EVIPNet.
They chose this particular stakeholder not only because of its
role in policy-making at the highest level, but also because of its
links with both the research and the policy worlds. As such, the
Minister had the potential to become a powerful champion for
EIP nationally. Furthermore, their involvement at regional and
global level in the WHO governing bodies was seen as a key point
in favour of EIP advocacy efforts. Once having decided on a key
stakeholder for their advocacy efforts, the team made a short-term

plan for scheduling joint meetings with the Minster of Health.
They planned for these meetings to take place before the Minister's
participation in an international forum that would discuss priority
issues relevant for EIP. The key points of the team's advocacy plan
are summarized here.

Goal: enhancing EIP at country level

Stakeholder: Minister of Health

Key messages: (a) "You will be the pioneer of EIP in the WHO
European Region"
(b) "Your involvement will be recognized by
WHO"

Means of communication: personal communication

essential step in order to understand the national EIP environment and determine where and how best to establish a KTP. The situation analysis is to be followed by a consultation with key stakeholders to validate the findings of the study and to recommend how to establish the KTP and its mandate. This will provide the foundations for establishing the KTP and for a first workshop to determine its workplan and strategy, which will include the planning for and implementation of an EVIPNet action cycle (as shown in Fig. 3.2).

Through the brokerage of the WHO EVIPNet Europe Secretariat, non-pilot countries will fully benefit from the network's multi-country activities and vice versa. This will include the organization of capacity-building workshops and assistance for the implementation of national action plans to foster EIP (discussed in further detail in Chapter 4). Moreover, the pilot countries will function as regional hubs and mentors for future network members, so that current and future activities organized in and through the pilot countries will increase the capacity of all EVIPNet Europe members.

FIG. 3.3.
NEXT STEPS IN THE DEVELOPMENT OF
EVIPNET EUROPE AS A NETWORK OF NETWORKS

OCTOBER 2013

1st MULTI-COUNTRY
CAPACITY-BUILDING
WORKSHOP

MULTI-COUNTRY TRACK

• 13 BCA COUNTRIES

COUNTRY-SPECIFIC TRACK

• 4 FOCUS COUNTRIES

NETWORK ESTABLISHMENT

• STRATEGIC ROADMAP   • GOVERNANCE
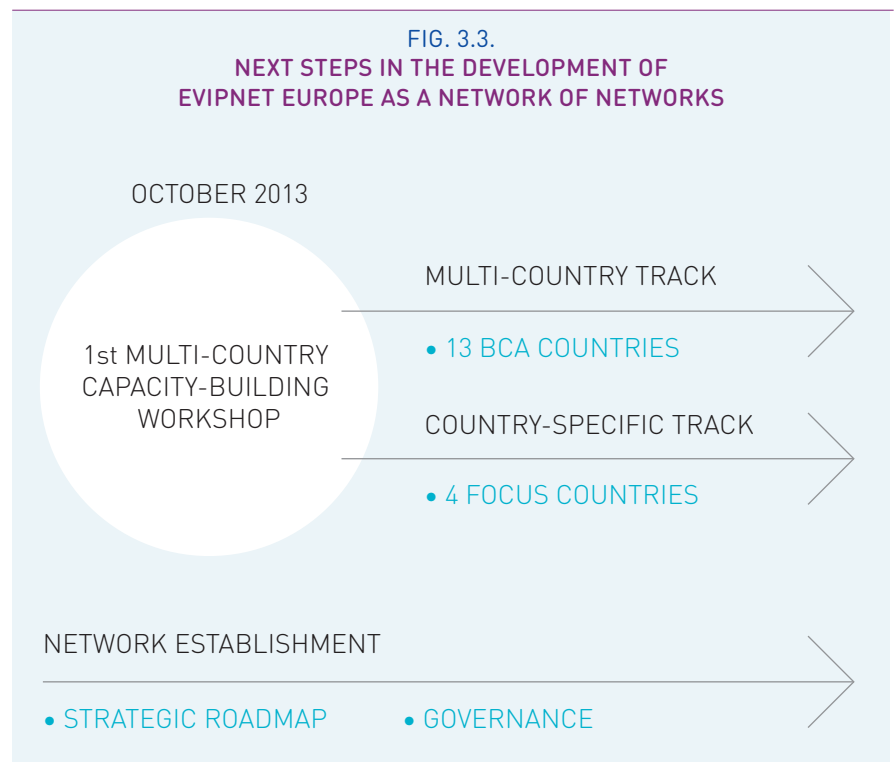
The establishment of KTPs – the ultimate medium-term goal of EVIPNet Europe – will be context sensitive. Future KTPs will have to adapt to each country's EIP context. However, learning from the existing EVIPNet networks' extensive experience will be promoted. As a first step in learning from KTPs already established, Dr Akjemal Magtymova (EVIPNet Maldives) and Dr Bocar Kouyaté (EVIPNet Burkina Faso) presented two case studies on establishing a KTP, while Dr Fadi El-Jardali shared experiences from the establishment of the EVIPNet Eastern Mediterranean network. Facilitators and barriers were discussed, including the lessons learned that should be considered in order to promote the establishment of KTPs in Europe. Some of these key lessons are presented here.

- Important driving forces are leadership commitment, shared ownership at country level, strong governance of KTPs and effective guidance and technical support at regional level.
- Planning to secure funding is essential and is supported by ongoing M&E.
- As the demand for the KTPs' services might not be met by sufficient capacity within the KTPs, it is important to invest in capacity development.
- Supply-side interventions (e.g. evidence briefs for policy) must be supplemented with deliberative methods (e.g. policy dialogues).
- Working with problems that are actionable and prioritized at policy level is recommended, along with disseminating success stories.

Participants' understanding of how EVIPNet Europe can grow to become a network of networks promoting a systematic EIP process – as well as what their own role in this process should be – guided the development of short- and medium-term roadmaps for EIP action in the respective countries. These roadmaps are presented in Chapter 4.

"Having EVIPNet in the Biennial Collaborative Agreement brings basic resources that can be utilized in the country to start work (...) to improve evidence-based policies, so it is extremely important for increasing capacity, which is actually a major starting point for ultimately improving policies."
Dr Marijan Ivanusa, Head of WHO Country Office, Slovenia

4.

ACTION PLANS FOR EIP IN THE WHO EUROPEAN REGION

Participants used the tools and the systematic understanding of EIP that the EVIPNet Europe multi-country workshop on using research evidence for policy-making offered in order to create action plans for EVIPNet in their respective countries. These action plans included activities related to:

• applying EIP tools;
• applying advocacy tools; and
• fundraising for EVIPNet and EIP (see Table 4.1 for a brief summary of the main elements included in the countries' actions plans).

Each country's action plan detailed the specific roles of the heads of WHO country offices and the national champions, leadership for each activity, expected deliverables, as well as clear timelines and resource requirements. Participants identified the links with the Health 2020 policy framework as related to the policy's strategic objective of strengthening leadership and participatory governance for health, as well as its priorities of strengthening people-centred health systems and creating supportive environments and resilient communities *(10)*. The opportunity to develop these country-specific action plans was seen as a key strength of the workshop.

In order for these action plans to be implemented, participants deliberated on their need for support from the WHO EVIPNet Europe Secretariat, in order to create the KTPs and establish and develop the EVIPNet Europe network. Box 4.1 lists these needs.

TABLE 4.1.
ROADMAP FOR EIP ACTION IN PARTICIPATING COUNTRIES (SHORT AND MEDIUM TERM, 2013–2014)

STRATEGIC PRIORITIES	ACTIVITIES
EIP climate	**Assess EIP capacity** • Agree on assessment framework • Identify national priorities • Identify existing resources • Map stakeholders • Draft recommendations • Develop an action plan for 2014–2015 **Use/Pilot EVIPNet methodology** • Assess and improve access to scientific databases • Pilot the evidence brief for policy/policy dialogue methodology in selected health system priority areas • Use EVIPNet methods to improve the quality of policy dialogues already being organized in the country • Organize capacity-building workshops on EIP for civil servants **Set foundations for EVIPNet country teams (KTPs)** • Establish an EIP champions' group • Meet with key stakeholders • Establish a taskforce for EIP at the Ministry of Health • Develop a roadmap for institutionalization **Establish regional network** • Participate in workshops organized by other participating countries • Organize a meeting of the EVIPNet Europe network • Contribute to the creation of a network of rapid response units within the WHO European Region
Advocacy	• Create a platform for collaboration between researchers and policy-makers • Promote EIP and EVIPNet among policy-makers and other stakeholders (universities, research institutes, NGOs, media) • Present EVIPNet at high-level meetings within the country • Prepare a press release about the EVIPNet Europe multi-country workshop on using research evidence for policy-making • Include research as a topic on the national Ministry of Health website • Use policy dialogues as an opportunity for advocacy • Publish an editorial on EIP in the national public health journal • Work with the media
Fundraising	• Define leading and partner institutions • Examine current projects for possible funding opportunities • Map possible funders (e.g. World Bank, EU, WHO BCAs, NORAD)

"[The workshop enabled us] to have open and constructive discussions with the national champion, come up with a clear roadmap based on the gaps and situational analysis that created an understanding of what needed to be improved and what needed to be addressed."

Dr Marge Reinap,
Head of WHO Country Office, Estonia

> ### BOX 4.1.
> #### COUNTRIES' NEEDS IN TERMS OF SUPPORT FROM THE WHO EVIPNET EUROPE SECRETARIAT
>
> - Provide EIP self-assessment tools for (pilot) country teams (also translated into Russian)
> - Provide support for non-pilot countries
> - Facilitate the maintenance of the EVIPNet Europe network, the foundations of which were established at the workshop
> - Broker collaboration with the global EVIPNet network
> - Use its credibility to reinforce EIP among the country stakeholders
> - Provide further support for the establishment of KTPs
> - Support capacity-building for EIP within the country
> - Ensure access to key databases of research evidence
> - Within the pilot counties, support the use of existing EIP institutions/processes in order to develop rapid response units using EIP methods
> - Be proactive in providing intensive support in the next 12 months, which will be key in establishing KTPs and for participants to become active promoters of EIP

5.

CONCLUSIONS

The EVIPNet Europe multi-country workshop on using research evidence for policy-making had an ambitious agenda that focused on enhancing participants' understanding of KT and EIP; raising awareness and facilitating commitment to EVIPNet and related EIP methods and tools; and strategizing country context-specific environments and actions for KT.

The workshop successfully brought together researchers and policy-makers with trusted and renowned expertise in driving KT. Having these national champions together with the heads of WHO country offices facilitated the process of identifying rich and contexualized national climates and tailored action plans for EIP. The workshop marked a turning point for the development of EVIPNet Europe as a network of networks, since it:

- increased participants' knowledge and skills, both technically (EIP methods and tools) and operationally/organizationally (fundraising, M&E and communication and advocacy for EIP);
- profited from participants' rich experience to provide an understanding of the EIP context in the participating countries, and;
- offered participants an opportunity to develop national EIP roadmaps based on their pre-identified conditions and needs.

5.1 Building awareness, buy-in and EIP-specific skills

The workshop facilitated increased knowledge, understanding and support of EVIPNet through the capacity-building modules and related plenary and working group discussions. In addition, participants (heads of WHO country offices, national champions and the WHO EVIPNet Europe Secretariat) benefited from each other's shared experiences and lessons learned. Table 5.1 lists the key take-home messages identified at the workshop that will guide the implementation of EIP processes in the participants' countries.

5.2 Country context-specific EIP roadmaps

A key objective and output of the EVIPNet Europe multi-country workshop on using research evidence for policy-making was to build on participants' knowledge of the EIP context in the WHO European Region. Participants had extensive experience with the policy-making environments in their respective countries, on which they drew to contextualize the development of country-specific EIP roadmaps. The key EVIPNet EIP activities – captured in an action cycle developed and tested through EVIPNet's experience worldwide – was confirmed as valuable in structuring the complex processes for promoting the use of evidence in health system policy-making.

The EIP roadmaps were developed with considerations to:

- integrate country-specific information into EIP methods and tools promoted by EVIPNet;
- build on organizational capacity in communication, fundraising

TABLE 5.1. TAKE-HOME MESSAGES	
National champions:	• are key potential advocates and brokers for EIP among their peers; • can support mapping and harnessing of the existing capacity for EIP; • are instrumental in identifying possible funding sources; • could become an entry point for the establishment and institutionalization of KTPs.
Heads of WHO country offices:	• are key potential advocates and brokers for EIP, especially given their credibility as WHO representatives; • can provide valuable support and partnership for funding applications; • have a central role to play in capacity strengthening for EIP.
WHO EVIPNet Europe Secretariat:	• is key in providing technical support for pilot and non-pilot countries; • can facilitate links with the EVIPNet global network for capacity strengthening in the participating countries; • needs to be proactive in providing intensive support in the following 12 months in order to support the development of the network.

and advocacy, and the expected support by the WHO EVIPNet Europe Secretariat for the development of the EVIPNet Europe network; and

- identify the key driving forces and barriers for EIP in each participating country.

5.3 Achieving Health 2020 strategic objectives through EVIPNet

Achieving the strategic objectives of Health 2020 through EVIPNet and the utilization of health information guided the deliberations of the EVIPNet Europe multi-country workshop on using research evidence for policy-making, as well as the development of its main output: the national EIP action plans. Participants re-emphasized these links in the joint session (with the Autumn School on health information and evidence for policy-making), which signalled the starting point for the implementation of their EIP action plans, aiming "to improve the health and well-being of populations, reduce health inequities, and ensure sustainable people-centred health systems" *(11)*.

5.4 Moving forward

The ad hoc country teams created at the workshop will lead the implementation and advocacy of the action plans, which will in turn be supported and strengthened by the WHO EVIPNet Europe Secretariat. Box 5.1 presents the main post-workshop action points to be implemented by the EVIPNet Europe countries and the WHO EVIPNet Europe Secretariat.

Participants' feedback on the outcomes of the EVIPNet Europe multi-country workshop on using research evidence for policy-making suggests that the workshop provided a unique and rewarding opportunity for the heads of WHO country offices and national EIP champions for capacity-building, exchange, and partnerships.

Going forward, it has been decided that the EVIPNet Europe multi-country workshop on using research evidence for policy-making will be held on an annual basis. The next EVIPNet Europe multi-

country workshop will be held in 2015 to help gauge implementation, performance and results based on each country-specific EIP agenda.

<div>

BOX 5.1.

NEXT STEPS FOR THE DEVELOPMENT OF THE EVIPNET EUROPE NETWORK

ACTION POINTS FOR THE ESTABLISHMENT OF EVIPNET EUROPE COUNTRY TEAMS, 2014

Country teams will work on the implementation of their 2014 action plans (including EIP, advocacy and fundraising activities). The four EVIPNet Europe pilot countries – to be selected by the end of 2013 – will implement the following activities:

- a national launch, preceded by a situational analysis
- a stakeholder consultation
- establishment of KTPs and development of a strategic direction
- a workshop on policy brief development
- a workshop on policy dialogue
- evaluation of the pilot project.

WHO EVIPNet Europe Secretariat will:

- provide technical expertise for the implementation of the roadmaps;
- work to ensure access within participating countries to key research databases and EIP tools;
- advocate for EIP among other national stakeholders;
- broker collaboration with the EVIPNet global network.

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6.

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7.
ANNEXES

7.1 ANNEX 1. SCOPE AND PURPOSE OF THE EVIPNET EUROPE MULTI-COUNTRY WORKSHOP ON USING RESEARCH EVIDENCE FOR POLICY-MAKING

Multi-country workshop on using research
evidence for policy-making
Izmir, Turkey
9–11 October 2013

13 September 2013
Original: English

Scope and purpose

Background

Over the last few years, increased international attention has been attributed to bridging the gap between health research and policy-making. In 2005, WHO launched the Evidence-Informed Policy Network (EVIPNet) with the aim to strengthen and empower country policy-makers, researchers and civil society to use evidence in policy-making. Influenced by successful implementation in other regions, in October 2012 WHO Regional Office for Europe launched its regional network, EVIPNet Europe, which will, in particular, support the implementation of the new European policy Health 2020.

Objectives

The overall objective of the workshop was to increase the capacity of participants in and raise commitment to evidence-informed policy-making (EIP) in health, including EVIPNet Europe as a support tool.

Specific objectives of the workshop were to:

- increase participants' general understanding of EIP and raise their awareness about tools and resources available to support the use of research evidence in health policy-making;
- enhance participants' skills in supporting evidence-informed health policy-making, including hands-

on training in (i) acquiring/assessing/adapting/applying research evidence and (ii) preparing an evidence brief and a policy dialogue;

- identify what action participants' own units/departments/organizations can undertake to better support the use of research evidence in health policy-making in their country and foster an environment favourable to knowledge translation (KT);
- introduce countries to EVIPNet Europe.

Expected outputs of the workshop

The workshop consisted of presentations coupled with facilitated, interactive sessions during which participants were invited to work in small groups to share knowledge and experience, familiarize themselves in a hands-on capacity with key KT approaches and develop concrete, context-specific activities to foster EIP within their countries.

It was expected that by the end of the three-day workshop participants would have:

- acquired a greater understanding of and exposure to EIP in general, and EVIPNet's objectives, structure, functions and tools in particular;
- enhanced their skills in KT;
- provided a strengths, weaknesses, opportunities and threats (SWOT) analysis of EIP within both their units/departments/organizations and their countries;
- developed a list of short- and long-term country-specific activities aiming to increase public health research utilization within their countries.

7.2 ANNEX 2. SCOPE AND PURPOSE OF THE AUTUMN SCHOOL ON HEALTH INFORMATION AND EVIDENCE FOR POLICY-MAKING

Autumn School on health information and
evidence for policy-making

14 August 2013
Original: English

Izmir, Turkey
7–11 October 2013

Scope and purpose

Health information is required to assess country health situations and needs, develop national health plans and programmes and monitor and evaluate progress towards goals and objectives. This makes health information an essential resource to inform policy. However, health information availability alone is not sufficient to guarantee its usefulness, and optimum quality becomes just as important. Improving quality information and transforming it into evidence requires an understanding of common issues affecting quality, comparability and appropriate analytical approaches for reporting.

A large number of national and international organizations, networks and projects on public health information, monitoring and reporting are active in the WHO European Region. However, the expertise in this field is heavily fragmented and largely undisclosed in the international scientific literature. Central collection, integration and dissemination of existing health information knowledge, tools, methods, evidence and good practice examples are essential, but nonetheless lacking for the most part.

Therefore, the WHO Regional Office for Europe – through its Division of Health Information, Evidence, Research and Innovation and jointly with the National Institute for Public Health and the Environment (RIVM) of the Netherlands – is organizing an Autumn School on health information and evidence for policy-making in order to improve national capacity and to use relevant health information for generating the evidence base required to address country-specific questions and issues.

To this end, a five-day hands-on course addressing the full cycle of public health monitoring and reporting has been developed. The course – designed to help participants working at the interface of research and/or knowledge integration and policy – took place on 7–11 October 2013 in Izmir, Turkey. The learning methods of the course included a mixture of lectures, exercises and group work. The exercises were based as much as

possible on national (or regional/local) data, as well as problems and questions brought in by the participants from their personal work environment.

Overall aims

The broad aims of the course were to:

- inform participants about the full cycle of public health monitoring and reporting; that is, from selecting data and indicators to compiling data and other evidence into composite information, to transferring this information into the policy-making process;
- enhance participants' skills to enable them to successfully complete this cycle in their own working environment.

The Autumn School catered for two types of participants: those working in health information and analysis and those involved in the translation of evidence into policy. The latter group used the Evidence-Informed Policy Network (EVIPNet) approach, which was launched by the WHO Regional Office for Europe in 2012. The two groups worked in parallel but had two joint half days (days 3 and 5) to build good linkages between the key fields and to establish a good dialogue between the various professionals.

Specific achievements

It was expected that by the end of the course participants would have:

- learned about the need for, and purposes and usefulness of population monitoring and reporting, and how it links to policy-making;

- learned about the uses and limitations of different types of data sources (for example, vital statistics, interview surveys, examination surveys, specific disease registries, administrative sources), while gaining insight into the differences between national (regional/local) health information systems (including an integrated health information system for Europe) and the background and consequences of these differences;

- learned about tools to assess their national (regional/local) data sources, acquired skills to apply them and subsequently formulated priorities and strategies for improving the quality and availability of relevant data;

- been informed about the major international public health data sources, including their political context and their usability, and acquired skills to use the major international databases;

- been informed about the major public health indicator sets currently in use by international organizations as well as by national authorities, along with their usability, and gained knowledge of the criteria that can be applied for selecting indicator sets for public health monitoring and reporting, as well as the necessary skills for applying these criteria;

- learned about conceptual approaches towards public health monitoring and reporting, including quality criteria for public health reporting, both for paper reports and web-based communications;

- acquired skills to write and present texts for (web-based) reports aimed primarily at policy-makers, including short policy messages;

- learned about the opportunities and pitfalls of the interface of research/monitoring and policy-making, and acquired skills useful for stakeholder and network analyses;

- learned about methods to narrow the gap between research/monitoring and policy-making (for example, policy briefs and policy dialogues), and acquired skills to apply these methods;

- been presented with good practice examples whereby public health monitoring and reporting have been given a formal role in the public health policy cycle, and compared these examples with their own national (regional/local) situations in order to identify possibilities for improvement;

- acquired skills to successfully report on the Health 2020 monitoring framework.

7.3 ANNEX 3. PROGRAMME OF THE EVIPNET EUROPE MULTI-COUNTRY WORKSHOP ON USING RESEARCH EVIDENCE FOR POLICY-MAKING

Multi-country workshop on using research
evidence for policy-making
Izmir, Turkey
9–11 October 2013

/4
4 October 2013
Original: English

Provisional programme

DAY 1	WEDNESDAY, 9 OCTOBER 2013

08:45–09:15   Registration

Joint session with participants of the Autumn School on health information and evidence for policy-making

09:15–09:45   **Welcome**
Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe

Professor Hans van Oers, Chief Science Officer, National Institute for Public Health and the Environment (RIVM), Netherlands

09:45–10:15   **Evidence-informed policy-making (EIP) – why, what, how?**
Professor John Lavis, Co-Chair of EVIPNet, McMaster University, Canada

10:15–10:45   *Coffee break*

10:45–11:30   **WHO's Evidence-Informed Policy Network (EVIPNet)**
Dr Ulysses Panisset, Coordinator, EVIPNet Global Secretariat, WHO
Dr Fadi El-Jardali, POSITION, American University of Beirut, Lebanon

11:30–11:50   **Translating knowledge into policy within the WHO European Region – EVIPNet Europe**
Ms Tanja Kuchenmüller, EVIPNet Europe Secretariat, WHO Regional Office for Europe

11:50–12:00	EVIPNet video
12:00–13:15	*Lunch*

EVIPNet Europe specific sessions

13:15–14:05	**Opening of the EVIPNet Europe workshop** Ms Tanja Kuchenmüller
14:05–14:55	**Evidence-informed policy climate in the WHO European Region** Situation analysis of EIP in eastern European and central Asian countries (*group work*)
14:55–15:15	*Coffee break*
15:15–17:45	**Evidence-informed policy methods** Session 1: Clarifying a policy problem, framing policy options and finding research evidence (*Professor John Lavis – presentation followed by group work*) Session 2: EVIPNet evidence briefs for policy and policy dialogues (*group work*)
17:45–17:55	Wrap-up

DAY 2	THURSDAY, 10 OCTOBER 2013

09:00–09:10	Briefing on the day
09:10–10:40	**Establishing EVIPNet platforms** Session 1: EVIPNet Europe's support to network members (*Ms Tanja Kuchenmüller*) Session 2: Case study – EVIPNet Maldives (*Dr Akjemal Magtymova, WHO Representative, Maldives*) Session 3: Case study – EVIPNet Burkina Faso (*Dr Bocar Kouyaté, EVIPNet Burkina Faso Coordinator, Ministry of Health of Burkina Faso*) Session 4: Establishing EVIPNet platforms and country-level knowledge translation activities in light of Health 2020 (*plenary discussions followed by group work*)
10:40–11:00	*Coffee break*

11:00–11:45	Session 4 (continued)

11:45–12:20	**Resources for EIP**
	Session 1: EVIPNet's fundraising efforts – WHO's perspective and experience
	    (Dr Ulysses Panisset)
	Session 2: Monitoring and evaluation in the context of fundraising *(Professor John Lavis)*
	Session 3: Presentation on funding for EIP – the donor's perspective and experience
	    (Dr Stefaan Van der Borght, Policy Officer, European Commission Directorate-General for Research and Innovation, Brussels, Belgium)

12:20–13:30	*Lunch*
13:30–15:00	Session 4: Fundraising and evidence-informed policy interventions in light of Health 2020 *(group work)*
15:00–15:20	*Coffee break*
15:20–16:50	**Communication and advocacy for knowledge translation champions** Rania Baroud, Head of Journalism and Communication department, Antonine University, Lebanon *(presentations followed by group work)*
16:50–17:00	Wrap-up

DAY 3	FRIDAY, 11 OCTOBER 2013
09:00–09:10	Briefing on the day
09:10–10:45	*Developing national evidence-informed policy action plans* (group work)
10:45–11:15	*Coffee break*
11:15–12:00	Preparation of presentations by participants for the joint sessions with the Autumn School participants *(group work)*
12:00–12:30	*Evaluation of the workshop*

12:30–14:00   *Lunch*

Joint session with participants of the Autumn School on health information and evidence for policy-making

14:00–14:25   **Plenary feedback on the EVIPNet Europe workshop and the Autumn School on health information**
Representatives of the EVIPNet Europe multi-country workshop and of the Autumn School on health information

14:25–14:55   **Country working groups on strengthening health information and evidence in policy-making** *(group work)*

14:55–15:10   **Plenary feedback**

15:10–15:30   *Coffee break*

15:30–17:00   **Panel discussion and closure of workshop**

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Dr Elizana Zaimi
Head of Statistic Service
Faculty of Public Health
University of Medicine
Tirana

Estonia

Dr Liis Rooväli
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7.5 ANNEX 5. FINDING AND USING RESEARCH EVIDENCE

			ABOUT HEALTH SYSTEM ISSUES	ABOUT CLINICAL & PUBLIC HEALTH ISSUES
CLARIFYING A PROBLEM	1	What is the problem?		
	2	How did the problem come to attention and has this process influenced the prospect of it being addressed?	• e.g., for Canada www.cihi.ca (for national health and health care utilization databases) • e.g., for all countries www.lexisnexis.com/hottopics/lnacademic/ (for media coverage of health issues)	
	3	What indicators can be used, or collected, to establish the magnitude of the problem and to measure progress in addressing it?		
	4	What comparisons can be made to establish the magnitude of the problem and to measure progress in addressing it?	Health Systems Evidence for health system arrangements www.healthsystemsevidence.org	PubMed HSR Queries www.nlm.nih.gov/nichsr/hedges/search.html • Process assessment • Outcomes assessment
	5	How can a problem be framed (or described) in a way that will motivate different groups?		PubMed HSR Queries www.nlm.nih.gov/nichsr/hedges/search.html • Qualitative research
IDENTIFYING IMPLEMENTATION CONSIDERATIONS	1	Has an appropriate set of options been identified to address the problem (within one or more of the areas where problems were identified)? • Introducing, changing or discontinuing a programme, service or drug. • Introducing, changing or discontinuing a health system arrangement that contributes to whether the right mix of programmes, services and drugs get to those who need them. • Implementing an agreed course of action.		
	2	What benefits are important to those who will be affected and which benefits are likely to be achieved with each option?	Health Systems Evidence for health system arrangements www.healthsystemsevidence.org	Cochrane Library for clinical programmes, services and drugs www.cochranelibrary.com Health Evidence for public health programmes and services www.healthevidence.org
	3	What harms are important to those who will be affected and which harms are likely to arise with each option?		
	4	What are the local costs of each option and is there local evidence about their cost–effectiveness?		Cochrane Library for economic evaluations of any option www.cochranelibrary.com
	5	What adaptations might be made to any given option and might they alter its benefits, harms and costs?		PubMed HSR Queries www.nlm.nih.gov/nichsr/hedges/search.html
	6	Which stakeholders' views and experiences might influence the acceptability of an option and its benefits, harms and costs?		

FRAMING OPTIONS			ABOUT HEALTH SYSTEM ISSUES	ABOUT CLINICAL & PUBLIC HEALTH ISSUES
	1	What are the potential barriers to the successful implementation of the policy?	Health Systems Evidence for implementation strategies www.healthsystemsevidence.org Rx for Change for descriptions of implementation strategies and summaries of their effectiveness (however all reviews in Rx for Change are captured in Health Systems Evidence) www.rxforchange.ca	
	2	What strategies should be considered in order to facilitate the necessary behavioural changes among patients/citizens?		
	3	What strategies should be considered in order to facilitate the necessary behavioural changes among health workers?		
	4	What strategies should be considered in order to facilitate the necessary organizational changes?		
	5	What strategies should be considered in order to facilitate the necessary system changes?		
	For systematic reviews: 1. what's the quality (AMSTAR) score? 2. how locally applicable are the key messages?			• "user fees" ≠ user fees • (doctor AND nurse) OR pharmacist ≠ doctor AND (nurse OR pharmacist) • nurs* = nurse OR nurses OR nursing
	SUPPORT tools available at www.healthsystemsevidence.org			

THE WHO REGIONAL OFFICE FOR EUROPE

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health.

The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Serbia
Slovakia

Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former
   Yugoslav
   Republic of
   Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan