

ANNUAL REPORT 2017

EVIPNet Europe

Towards a world in which the best
available research evidence informs
policy-making



Evidence-
informed Policy
Network
(EVIPNet) Europe

Abstract

This report provides an overview of the activities of the Evidence-informed Policy Network (EVIPNet) Europe during 2017. Achievements include three policy dialogues; situation analyses, with seven currently being conducted and one published; evidence briefs for policy, with three finalized and six under development; and stakeholder meetings. A cohort of countries working on similar subject matters has been established, allowing for greater peer support and exchange of experiences. Capacity-building activities include the annual multicountry meeting, which included representatives of the Wellcome Trust and Cochrane, and 11 Network-wide training events. EVIPNet Europe's virtual forum on Yammer now has 134 members. Two new EVIPNet Europe publications support countries in implementing and institutionalizing evidence-informed policy-making. The academic profile has been increased with the publication of a peer-reviewed journal article (with three more in preparation) and with a presence at the European Public Health Conference and the Third Symposium on Antibiotics in Primary Care. Planned activities for 2018 include development and evaluation of regional and country-specific activities and establishing the Network's new strategy for 2018–2022.

Keywords

EVIDENCE-BASED PRACTICE
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Abbreviations

AMR	antimicrobial resistance
EBP	evidence brief for policy
EIP	evidence-informed policy-making
EHII	European Health Information Initiative
EVIPNet	Evidence-informed Policy Network
KT	knowledge translation
KTP	knowledge translation platform
PD	policy dialogue
RCHD	Republican Centre for Health Development (Kazakhstan)
SA	situation analysis

Foreword

In 2017, the Evidence-informed Policy Network (EVIPNet) in Europe has accomplished several milestones. The fifth annual multicountry meeting of EVIPNet Europe was held in Bratislava, Slovakia and was attended by participants and observers from 19 countries, territories and areas plus, for the first time, representatives of the Wellcome Trust and Cochrane. The meeting provided an opportunity for EVIPNet Europe members to take stock of the Network's achievements and to provide the first input to developing the new EVIPNet Europe strategy for 2018–2022. In this connection, EVIPNet Europe's next steps will be to (i) increase the support for evidence-informed policy-making (EIP), especially among high-level stakeholders; (ii) advance the work on rapid response services and evidence briefs for policy (EBPs) across the Region; (iii) develop a new strategy guiding the Network's progress for the next five years; and (iv) collaborate with the Cochrane trainers to prepare and co-facilitate future EVIPNet Europe workshops. In addition to the multicountry meeting, other capacity-building activities included 11 Network-wide training events.

EVIPNet Europe also increased its academic profile with its presence at the European Public Health Conference and the Third Symposium on Antibiotics in Primary Care. One peer-reviewed journal article has been published and three are in preparation. This continues to strengthen the position of EVIPNet Europe as a key stakeholder in EIP in the WHO European Region and beyond.

Filling existing methodological gaps, EVIPNet Europe developed two additional tools, which were published in 2017: The *Conceptual Background and Case Studies* is an introductory document to EVIPNet Europe that provides an overview of EIP and knowledge translation (KT) approaches and the work of EVIPNet Europe; the revised, more user-friendly version of the *EVIPNet Europe Situation Analysis Manual* supports Network member countries in planning and conducting a situation analysis (SA), through which the local EIP and KT context and institutionalize KT mechanisms can be assessed.

Across the Network, seven countries are currently conducting SAs, setting the baseline for future EIP activities: Albania, Estonia, Kazakhstan, Republic of Moldova, Slovakia and Serbia. Slovenia finalized and published an SA in October 2017, which forms the basis for establishing a national knowledge translation platform (KTP), which is expected to be implemented in 2018. In addition, three EBPs were finalized and six are under development. Kazakhstan organized a stakeholder meeting to validate the findings of their SA and Bulgaria convened a roundtable discussion. A new country cohort is likely to begin working on antimicrobial resistance (AMR)-related EBPs in 2018.

Adding to these successes, Poland, Hungary and the Republic of Moldova convened the first EVIPNet Europe policy dialogues (PDs) in 2017, following finalization of related EBPs. Having tapped into a policy window of opportunities, the Polish team and its evidence-informed policy work have already had some influence on policy with regard to the ongoing development of the National Primary Health Care Legal Act.

EVIPNet Europe's collaboration with Cochrane was also reinforced in 2017 and, looking ahead, the Network will focus on working with the trained Cochrane representatives as co-facilitators of workshops and training sessions for EVIPNet Europe. Other key activities in 2018 will include the development and implementation of a monitoring and evaluation framework for EVIPNet Europe's regional and country-specific activities, and developing the Network's new strategy for 2018–2022 with input from the members of the Network.

EVIPNet Europe has progressed from initiation to producing concrete outcomes. These will increase in the upcoming years as the institutionalization of KT efforts in member countries take effect. This progress has only been possible through continuous efforts and teamwork. The WHO Secretariat of EVIPNet Europe would, therefore, like to thank all the member countries for excellent collaboration, the members of the EVIPNet Global Steering Group and EVIPNet Europe External Steering Group for their commitment to EVIPNet's vision, the external partners who support EVIPNet Europe's growth through the exchange of experience and provision of invaluable expertise as well as funding, and our WHO colleagues across the world for their technical support and collaboration.

The Secretariat would like, in particular, to thank the Government of the Federal Republic of Germany for supporting the Network through substantial financial contributions in 2017. The Government also funds two staff positions: a technical officer position through the junior professional officer programme and a Carlo-Schmid-Fellow to support the WHO Secretariat of EVIPNet Europe. The Secretariat would also like to thank the Wellcome Trust for supporting EVIPNet Europe with a Secondment Fellowship position in 2017.

Objective

The objective of this report is to provide an overview of the activities that EVIPNet Europe has undertaken from January to December 2017 and to demonstrate EVIPNet Europe's progress during this period.

Background

EVIPNet was established as a response to resolution WHA58.34 at the World Health Assembly in 2005 (1) and as a means to minimize the research-to-policy gap. Within the WHO European Region, EVIPNet Europe was established in October 2012 under the umbrella of the WHO European Health Information Initiative's (EHII) to promote the systematic use of health research evidence in policy-making (EIP). EVIPNet envisions a world in which the best available and context-sensitive evidence is used to inform health policy-making. It, therefore, contributes to the aim of the WHO EHII of improving the health of the people of the European Region by enhancing the information on which policy is based (2).

The Network pursues its goal by promoting the implementation and institutionalization of KT activities in its member countries to strengthen EIP on a national level. The focus of the Network's strategy lies in capacity-building within the member countries; engaging in the WHO EHII's key areas of capacity-building and strengthening of health information networks.

Through its focus on strengthening EIP through capacity-building in KT, the Network further contributes to the implementation of the European policy framework Health 2020 (3) and the *Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region* (4). EVIPNet Europe is the key mechanism to operationalize the action related to increasing country capacities in evidence-informed policy-making and abides by the Action plan's guiding principles: evidence comes first, local knowledge for local decision-making, and intersectoral and multidisciplinary aspects. Supporting the implementation of the Action plan and its principles, EVIPNet Europe also contributes to the achievement of the Sustainable Development Goals (5).

Since its launch by the WHO Regional Office for Europe's Division of Information, Evidence, Research and Innovation in 2012, EVIPNet Europe has grown and in 2017 comprised of 19 member countries: Albania, Bulgaria, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Tajikistan, Turkmenistan, the former Yugoslav Republic of Macedonia and Ukraine. With the support of the WHO Secretariat, a strong regional capacity building network has been formed, fostering the exchange of knowledge, good practices and experiences, providing training and catalysing the provision of country peer-support and mentoring. Increasing numbers of countries are showing interest in joining EVIPNet Europe, including European Union (EU) 15 and European Free Trade Association (EFTA) countries.

EVIPNet Europe's activities in 2017 in numbers

- 9** EVIDENCE BRIEFS FOR POLICY finalized or under development
- 1+ 7** SITUATION ANALYSES: 1 published and 7 under development or finalized
- 5** POLICY DIALOGUES and stakeholder meetings convened
- 134** MEMBERS ON YAMMER: EVIPNet Europe's virtual forum
- 11** NETWORK-WIDE TRAINING SESSIONS held face-to-face or virtually
- 4** INTERNATIONAL PEER-REVIEWED JOURNAL ARTICLES presenting EVIPNet Europe-related activities developed or published
- 2** EVIPNET EUROPE TOOLS published
- 1** INTERNATIONAL CONFERENCE featured EVIPNet Europe
- 1** MULTICOUNTRY EVIPNET EUROPE MEETING with participants and observers from 19 countries, territories and areas plus representatives of the Wellcome Trust and Cochrane

EVIPNet Europe's activities in 2017

EVIPNet Europe applies a three-pronged approach to promote the institutionalization of KT in the member countries: (i) a preparation phase, (ii) country-specific activities, and (iii) multicountry activities. During the preparatory, or transitory, phase, a member country demonstrates commitment and initiates KT activities such as identifying National Champions or organizing awareness-raising events. The country-specific track aims at establishing a KTP, initially represented by country teams and later ideally being institutionalized as an organization with an official mandate to head national KT activities, such as the implementation of the EVIPNet Europe action cycle. The action cycle comprises activities such as developing an EBP and convening a PD. The multicountry track focuses on cross-regional capacity-building activities such as EVIPNet Europe's annual multicountry meetings or its newly established webinars. Throughout all phases, member countries benefit from support by the WHO Secretariat of EVIPNet Europe, exchange with peers and access to the expertise of professionals in the field of KT and EIP.

With EVIPNet Europe's current strategic plan (6) ending in 2017, the Network has begun to develop its new strategy for the upcoming five years. This is being done through a participatory approach including input from all key stakeholders. Within the next five to ten years, every EVIPNet Europe member country should ideally have a KTP with trained and dedicated personnel, promoting the systematic and transparent use of the best available evidence.

This report documents some highlights of the 2017 EVIPNet Europe achievements and illustrates the manifold contributions that have led to EVIPNet Europe's progress over the past year.

Country-specific work

Situation analyses

A SA sets the baseline for future EIP activities as they analyse a country's status quo in terms of (i) the national political context, (ii) the health system and health policy-making context, (iii) the health information system, (iv) the health research system, and (v) the EIP landscape, with related facilitating factors and barriers. SAs are further used to identify a possible venue for establishing and operationalizing the national KTP. In October 2017, Slovenia published its SA and plans to launch a KTP based on the SA's findings. Estonia has recently initiated work on a SA; and the Republic of Moldova is currently finalizing their SA and the results are expected to be published in 2018. Furthermore, SA development is currently ongoing in Albania, Kazakhstan, Slovakia and Serbia, which is summarised below.

Albania: identifying challenges and opportunities for the launch of an EVIPNet KTP

Experts from Albania's Institute of Public Health mapped the institutional, health information and research capacities in the country, and an analysis of the challenges and opportunities for adopting EVIPNet Europe methodology was conducted in May 2017. As an initial step towards conducting a full EVIPNet Europe SA, the EVIPNet team – together with key stakeholders responsible for monitoring and evaluation at the Ministry of Health – identified several factors that may enable or hinder the EIP process, such as scarce financial resources, political instability and insufficiently trained workers in health information systems. However, it was agreed that the institutionalization of EVIPNet was a key driver in making progress towards establishing a KTP in Albania.

Kazakhstan: stakeholder consultation in Astana – a further milestone for EVIPNet country team

Kazakhstan completed its SA on EIP in 2017. The main hurdles identified were related to (i) the national health system linked to the country's heritage of the *semashko*¹ system, (ii) the lack of a systematic approach in developing and implementing EIP, (iii) the low capacity of policy-makers and researchers for utilizing the best-available evidence, (iv) the absence of a unified database on health research, and (v) scarce financial resources. Political support, expressed in



Participants of the stakeholder consultation included (from left to right): Saltanat Yegeubayeva, Aigul Baisaykova, Tanja Kuchenmüller and Vitaliy Koikov
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¹ the health-care system from the former Soviet Union

the national long-term development programme Kazakhstan 2050, and the understanding of the need for EIP among stakeholders created a favourable environment for a future KTP. On 14 February 2017, high-level stakeholders convened in Astana to validate the findings of the SA and develop scenarios for the establishment of a KTP in Kazakhstan. During the consultation, the Republican Centre for Health Development (RCHD) subordinated to the Ministry of Health, a medical university or a consortium of both emerged as suitable hosts for a future KTP. At the same time, the number of developed EBPs was included in the RCHD strategic plan as a key performance indicator to assess the implementation of the EIP tools. It is planned to use indicators such as the number of organized PDs to assess the effectiveness of KTP activity.

Serbia: EVIPNet working group investigates advantages and challenges in implementing EIP

Following a decision by the Ministry of Health in May 2017, a working group was established to conduct an SA of Serbia's context for EIP and to investigate the specific advantages and challenges related to implementing EIP in the field of public health. The subsequent SA covers five areas: the national context, the characteristics of the health care system, the health information system, health research and the EIP landscape. The four-member working group (the EVIPNet Europe National Champion and three expert members) used a systematic and transparent approach to develop the SA and were supported by the WHO Regional Office for Europe and WHO Country Office in Serbia, as well as by colleagues from neighbouring countries (Slovenia and Hungary) with extensive experience in developing SAs.

Slovenia: taking EIP head-on with an SA forming the basis for launching first EVIPNet Europe KTP

To catalyse the process of institutionalizing EIP in Slovenia, the country team conducted a SA, which was published in October 2017. The aim was to map and assess the context in which EIP takes shape, and to reflect on opportunities to institutionalize a KTP in the country. Based on the findings of the SA, a national platform for EIP is expected to be established in 2018. This unit will ensure that the worlds of research and policy grow closer together and interact to support responses to policy priorities and to develop up-to-date, rigorous and unbiased evidence on key health issues. Country representatives are working to further position the national platform, which would be contextualized to local circumstances and facilitate decision-makers' day-to-day work.



EVIPNet Slovenia Situation Analysis on Evidence-informed Policy-making
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Policy dialogues

A PD convenes researchers, policy-makers and other stakeholders typically in a meeting or workshop format. A PD is intended to contribute to informing, developing or implementing a policy change on a particular subject by allowing the best available research evidence to be considered in the context of real-world factors. A PD is often informed by a prepared EBP that can be considered alongside tacit knowledge of local health policy-makers and stakeholders to inform policy decisions.

Hungary: participants in the Hungarian PD formulate policy-making goals for AMR

On 11 December 2017, a PD was held to discuss the findings of Hungary's EBP: *Promoting the Appropriate Use of Antibiotics to Contain Antibiotic Resistance in Human Medicine in Hungary*. The event, which assembled 30 experts and policy-makers from public administration, academia and various clinical fields, was organized jointly by the Professional Advisory Board for Health Management, Health Economics and Informatics and the WHO Country Office for Hungary, and was a key part of the country's EVIPNet Europe activities. Participants in the PD acknowledged the high quality and overall value of the EBP and discussed concrete means of implementation, such as improved coordination between microbiologists, clinical pharmacologists, infectious disease specialists and other clinicians.



Participants of Hungary's PD included (from left to right): Zoltán Huszti, Szabolcs Szigeti, Péter Gaál, Péter Vajer, Ledia Lazéri, Péter Mihalicza, Gyula Prinz, Andás Süle, Tanja Kuchenmüller, Andrea Kurcz, Katalin Kristóf, Ákos Tóth, Hajnalka Szabadka, Ágnes Hajdu, Ferenc Fekete, Emese Szilágyi, István Barcs, Éve Székely, Ilona Borbás, and Balázs Babarczy.

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Poland: first EVIPNet Europe PD on primary health care

On 27 April 2017, the Polish Minister of Health Dr Konstanty Radziwiłł opened the first EVIPNet Poland PD, underlining that “the aim of EVIPNet is to make decisions based on evidence”. The open expert dialogue discussed the findings of the EBP on the role of general practitioners in the Polish primary health care system. The document presented the best available global and local research evidence to address the lack of a system-wide consistent approach to promote primary health care quality in Poland. The PD created a platform for exchanging views and complemented the EBP's findings with the tacit knowledge of key stakeholders from the



EVIPNet Poland EBP on primary health care
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health care system. During this deliberative dialogue, several topics were discussed, such as funding; human resources; the importance of information systems, social education and training; and the role of evaluation components and the selection of assessment indicators. The Health Minister stated that “it is worth transferring the rules of EBM [evidence-based medicine] to health policy. The solutions presented in the policy dialogue are supporting the ongoing development of the primary health care legal act”. For further information, including the Health Minister's statement, see [here](#).

Republic of Moldova: EBP and PD on the harmful use of alcohol informs national legislation, a success story for the national EVIPNet team

In 2017, the national EVIPNet team finalized the EBP informing amendments to the alcohol control legislation intended to reduce harmful use of alcohol in the Republic of Moldova. The EBP was developed with close mentorship and coaching by the Knowledge to Policy (K2P) Center in Beirut, Lebanon. The WHO Secretariat of EVIPNet Europe and the WHO Country Office of the Republic of Moldova also played active roles in the development of the EBP, providing guidance and technical support.

Following the finalization of the EBP, the Ministry of Health, Labour and Social Protection convened a PD in August 2017. The PD aimed to identify additional local sources of evidence and deliberated the next steps for different constituents on strengthening alcohol control policies in the Republic of Moldova.

As a result of these discussions and the wide distribution of the EBP results, the Parliament of the Republic of Moldova introduced changes in the alcohol control legislation in September 2017: while beer was previously categorized as food, it became legally recognized as an alcohol product.

Evidence briefs for policy

EBPs are an essential tool in supporting policy-makers in taking well-informed decisions based on the best available evidence on a high-priority health policy problem and tailored to their country's context. The development of EBPs requires advanced skills in domains such as problem framing, research appraisal and synthesis and the identification of options and implementation considerations to ensure the provision of policy-relevant, reliable and valid information. Six countries are producing EBPs related to AMR: Kazakhstan, Lithuania, Montenegro, Slovakia, Slovenia and the former Yugoslav Republic of Macedonia. For the first time, a cohort of countries working on a similar subject has been established, allowing for greater peer support and exchange of lessons learned and experiences among network members. The cohort is supported by the WHO Secretariat of EVIPNet Europe, the Knowledge to Policy (K2P) Center and the Control of AMR Programme at the WHO Regional Office for Europe. Hungary, which has already developed a peer- and merit-reviewed EBP on AMR, has served as a model country for this cohort. Based on the successes of this fruitful collaboration, a new country cohort working on AMR-related EBPs will be launched in 2018.

Estonia: paving the way to a sugar-sweetened beverage tax

Estonia's EBP, *Reducing the Consumption of Sugar-sweetened Beverages and their Negative Health Impact in Estonia*, which was published in 2016, outlined four options that immediately began to influence Estonian policy processes. For example, the EBP and a modelling study both contributed to a parliamentary proposal in 2017 to introduce a tax on non-alcoholic, sugar-sweetened beverages, which is currently under discussion. Two other policy options from the EBP (regulation of advertising and beverage labelling/raising awareness) were included in a governmental policy paper on nutrition and physical activity, and a school-based intervention (i.e. bans on the sale of products high in saturated fats, *trans*-fats, free sugars and salt) was integrated into the country's Public Health Act, which was sent for consultation to other ministries in June 2017. Estonia's success story was also featured in the fourth issue of Public Health Panorama; the article can be found [here](#).



Evidence brief for policy.
Reducing the consumption of
sugar-sweetened beverages
and their negative health
impact in Estonia (2016)
© WHO

Hungary: pioneering the development of an EBP addressing AMR

In 2017, Hungary successfully finalized the EBP entitled *Promoting the Appropriate Use of Antibiotics to Contain Antibiotic Resistance in Human Medicine in Hungary*. The EBP is the product of joint work by the country's EVIPNet core team and a group of six outstanding experts and was technically supported by the WHO Secretariat of EVIPNet Europe and the Control of AMR Programme at the WHO Regional Office for Europe. National and international peer and merit review took place twice during the development process, with a total of 11 reviewers. The EBP proposes three options to address the high-priority problem of antibiotic misuse: stewardship and guideline development, changes in medical education, and awareness-raising in the population through communication programmes. After a successful PD in December 2017, the EBP is now on its way to being published by WHO in English, Russian and Hungarian.



Evidence brief for policy.
Promoting the appropriate use
of antibiotics to contain
antibiotic resistance in human
medicine in Hungary
© WHO

Poland: EBP and PD inform the Primary Health Care Act

The Polish Parliament passed the Primary Health Care Act in October 2017. This important legislative document was informed by the country's EBP and by a PD, both developed under the umbrella of EVIPNet Europe. The EBP, entitled *Optimizing the Role of General Practitioners to Improve Primary Health Care in Poland*, sets out three options to address the issue outlined in its opening problem statement. In accordance with this statement, the new Act notes that, among other things, Poland lacks a sustained, system-wide approach to support quality improvement in primary health care. To address this, the bill requires primary health care providers to monitor the quality of care more carefully, including its effectiveness in relation to health outcomes. The Act also provides Poland's Ministry of Health with a legal basis for creating ordinances that specify assessment criteria, in line with the first option presented in the EBP. After a pilot phase, the new bill will provide general practitioners with the opportunity to receive additional remuneration for preventive health care in the form of a fee for service. The Act introduces elements of a pay-for-performance scheme as suggested by the EBP's second option and in alignment with the stakeholder deliberations that took place during the PD. These discussions also reinforced the importance of establishing a specialized institute to focus on primary health care; this topic will be addressed in future legal acts.

Cohort of six EVIPNet Europe countries working on related EBPs: providing evidence to tackle the high-priority issue of AMR

Continued over- and misuse of antimicrobial drugs in human and animal sectors has led to AMR being a major threat to public health worldwide. Kazakhstan, Lithuania, Slovakia, Slovenia, Montenegro and the former Yugoslav Republic of Macedonia are tackling this "quiet crisis" by developing EBPs addressing AMR-related policy issues. The EBPs will support policy-makers' efforts to fight AMR in the WHO European Region by presenting the best available evidence alongside implementation considerations. This first topic-specific EBP cohort expands the Network's multicountry activities. Country teams will be technically and methodologically supported by the WHO Secretariat of EVIPNet Europe and the Control of AMR Programme at the WHO Regional Office for Europe to finalize their EBPs on AMR-related issues by the end of 2017. Cohort members further prepared a dissemination and outreach strategy with the aim of publishing draft guidance during the World Antibiotic Awareness Week in November 2017.

After a successful initial workshop at the fifth EVIPNet Europe multicountry meeting, which led to the establishment of a work plan, protocol and steering group for EBPs, another technical face-to-face meeting took place in Hungary in late October 2017. Being part of a cohort will offer a learning opportunity for the teams collectively to focus their efforts, to collaborate and to share approaches, building from work done by colleagues, especially where there is similarity and overlap of problems. There are opportunities for peer review and moral support as all teams embark on this novel process together.

This cohort of countries can further draw upon the experiences and peer support from the Hungarian EVIPNet team, which has already developed a peer- and expert-reviewed draft EBP on AMR.

Other country-specific work

Bulgaria: roundtable discussion in Sofia presents EVIPNet and WHO EHII

Following the country launch of EVIPNet Bulgaria in 2016, the EVIPNet country team organized a workshop on 8 December 2017 that highlighted EVIPNet's work in the country and the importance of EIP. Hosted by the National Center of Public Health and Analyses, the workshop brought together diverse stakeholders in the field of health information and policy-making and had two main aspects. The first was to introduce the WHO EHII and, in particular, its key areas of capacity-building and establishing and strengthening health information networks. The second aspect was to present the work of EVIPNet Bulgaria and its participation in the network's multicountry EIP capacity-building activities, in particular its annual multicountry meetings. As a result, workshop participants recommended for Bulgaria to join WHO EHII to further their commitment to evidence and information for health policy-making. The workshop was also an opportunity to exchange fruitful ideas on how to further strengthen EIP in Bulgaria and what concrete activities to undertake.

Hungary: opportunities for mutual learning when an EVIPNet champion spent a period supporting the WHO Secretariat of EVIPNet Europe

Following the example of Mircha Poldrugovac from Slovenia in 2016, another EVIPNet Europe champion, Balázs Babarczy from Hungary, supported the WHO Secretariat of EVIPNet Europe in Copenhagen, Denmark, from June to August 2017. His assignment with the WHO Regional Office for Europe had two main areas. The first was a learning opportunity for Balázs to strengthen his technical capacity by working on projects related to strategy development and monitoring and evaluation.

The second was his provision of support for country teams from the EVIPNet Europe cohort focusing on AMR-related EBPs, based on his previous experience with this type of KT exercise. The members of the WHO Secretariat of EVIPNet Europe were delighted to welcome Balázs and learn from his insights into the implementation of national KT activities.



Balázs Babarczy, visibly enjoying his stay at the WHO Regional Office for Europe
© WHO

Lithuania: creating synergies between EVIPNet Europe and national efforts to develop evidence-informed management and public administration tools

In May 2017, the Ministry of Health of Lithuania partnered with the Institute of Hygiene to implement the state project Improvement of effectiveness and capacities of health-related public administration institutions by implementation of evidence-informed management tools. This was funded by the European Social Fund and state budget of the Republic of Lithuania. The project is based on the work of EVIPNet Europe and applies its methodology. It aims to promote EIP in the health care sector by (i) developing health knowledge integration and transfer processes and (ii) implementing KT within the policy cycle. With the support of EVIPNet Europe, the project will continue its work on developing EBPs and other KT tools and finalize the country's SA, which focuses on establishing a KTP in Lithuania.

Romania: EVIPNet team produces rapid response report on seasonal flu vaccination coverage among at-risk groups

During 2012–2017, seasonal influenza vaccination coverage among at-risk groups in Romania was alarmingly low. To address this issue, the Ministry of Health requested the National Institute of Public Health to produce a rapid response evidence synthesis on the question, What interventions can be used to increase seasonal-flu vaccination coverage among risk groups in Romania? Based on the findings, which were drawn from systematic reviews, single research studies and summaries of national data and research evidence, an EVIPNet country team from the National Institute started to develop a rapid response report. The evidence synthesis is currently undergoing merit review and is expected to be published in 2018.

Multicountry-level activities

Multifaceted introduction to the development of evidence briefs for policy: successful closure of the first EVIPNet Europe webinar series on evidence briefs for policy

In November 2016, EVIPNet Europe launched its first webinar series on EBPs. The series aimed at introducing EVIPNet Europe National Champions, interested WHO country office staff and Cochrane collaborators intending to co-facilitate future EVIPNet Europe workshops to all aspects surrounding EBP development. The series started with four webinars focusing on the why and how to prepare EBPs, led by Dr Kaelan Moat (Scientific Lead, Health Systems Evidence and Learning, McMaster Health Forum, Canada). This training was complemented by two webinars in early 2017 presenting recommendations and lessons learned shared by Marge Reinap, Head of WHO Country Office Estonia, and Balázs Babarczy, EVIPNet Europe National Champion from Hungary. The series finished with a practical session on how to search for evidence, facilitated by Tomas Allen, librarian at WHO headquarters. All webinar recordings are available on [Yammer](#).

Exchanging experiences and increasing capacity in knowledge translation at the Fifth EVIPNet Europe Multicountry Meeting

The [Fifth EVIPNet Europe Multicountry Meeting](#), in Bratislava, Slovakia, was attended by participants and observers from 19 countries, territories and areas as well as by representatives of the [Wellcome Trust](#) and the [Cochrane Collaboration](#). The event, which was held 14–16 June 2017, offered two parallel workshop tracks for attendees focusing on either (i) the development of EBPs related to AMR, or (ii) the establishment of rapid response services producing research syntheses on a timescale of hours to weeks. Three Cochrane contributors completed their EVIPNet training in supporting countries for EBP development and are now ready to co-facilitate EVIPNet Europe workshops at the national level. Panel sessions (e.g. an interview with Kristina Köhler about the development of the [Estonian EBP](#) and its impact on policy) and brainstorming sessions on the Network's future strategic directions provided meeting participants with the opportunity to actively exchange success stories and lessons learned from activities promoting EIP.



Mark Leys interviewing national EVIPNet Europe champion Kristina Köhler about the Estonian EBP
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First EVIPNet Europe six-country cohort meeting

Representatives from the EVIPNet country teams in Kazakhstan, Lithuania, Montenegro, Slovakia, Slovenia and the former Yugoslav Republic of Macedonia attended a two-day workshop in Budapest, Hungary, to promote their country-specific EBPs on AMR. The meeting, organized by the WHO Secretariat of EVIPNet Europe and the AMR Programme at the WHO Regional Office for Europe, and facilitated by Dr Rhona Mijumbi from Makerere University, Uganda, took place in Budapest, Hungary, on 30–31 October 2017. Its objectives were to advance the countries' work on each section of the EBPs and to provide hands-on technical support. Participants also learned about developing communication plans and took part in a mock PD session. The face-to-face workshop allowed the cohort to capitalize on the experiences of other participants and to benefit from their interactions with peers from EVIPNet Hungary, which was the first team in the Region to develop an EBP on AMR. The cohort's next steps will be to finalize their EBPs on AMR by the end of 2017 and then to organize deliberative dialogues in early 2018, with the aim of influencing policy at the national level and reducing AMR.



EVIPNet country team from the former Yugoslav Republic of Macedonia drafting the policy options for combating AMR at the EVIPNet Europe multicountry workshop in Budapest, Hungary
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McMaster Health Forum features EVIPNet Europe in its Top Ten Webinars series

In October 2017, EVIPNet Europe National Champion Balázs Babarczy gave a virtual presentation on EVIPNet [Hungary's Top Ten Insights into Developing an EBP Addressing AMR](#). The webinar was part of the McMaster Health Forum's online series Top Ten Webinars and highlighted lessons learned related to team composition, process organization and content aspects. The invitation to spread the word about EVIPNet Europe's activities among an international audience followed a close collaboration between EVIPNet Hungary and Kaelan Moat, Managing Director of the McMaster Health Forum, who technically supported the EBP development. Based on the positive feedback, the McMaster Health Forum is planning to feature EVIPNet Estonia in one of the upcoming Top Ten Webinars in 2018, to learn about the country's experiences related to the development of an EBP on the topic of obesity.

EVIPNet Europe at international and national conferences and symposia

Advocating for knowledge translation at the advanced course on health information and evidence for policy-making

As a follow-up of the [Autumn School](#) on Health Information and Evidence for Policy-making, organized each year by the Division of Information, Evidence, Research and Innovation, this year's [advanced course](#), 27 June to 1 July 2017 in Sarajevo, Bosnia and Herzegovina, featured a one-day workshop on KT. The session was co-facilitated by members of the WHO Secretariat of EVIPNet Europe and introduced attendees to the development of issue briefs based on health information and research. Unlike other tools bridging the know-do gap, such as EBPs, issue briefs can also serve the purpose of research advocacy. Issue briefs aim at raising awareness for a policy issue, and of its potential solutions, supported by research evidence. The workshop featured hands-on exercises on conducting a systematic search for evidence and drafting issue briefs. The course was also attended by EVIPNet Europe National Champions Kristina Köhler from Estonia and Peter Atanasov from Bulgaria, who shared their considerable KT experience. Participants' feedback illustrated the importance of ensuring that health information experts were sensitive to KT issues, thus ensuring that this work has impact through effectively targeting high-level decision-makers.



Participants at the advanced course on health information and evidence for policy-making
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Knowledge translation featured prominently at the Autumn School on Health Information and Evidence for Policy-making

The five-day Autumn School, held in Tbilisi, Georgia, on 23–27 October 2017 and organized by the WHO Regional Office for Europe's Division of Information, Evidence, Research and Innovation, is an important capacity-building activity of the European Health Information Initiative and a key implementation tool for Health 2020 in the Region. Tanja Kuchenmüller, Unit Leader a.i., Knowledge Management, Evidence and Research for Policy-making, WHO Regional Office for Europe, with David Hunter, Professor of Health Policy and Management at the Institute of Health & Society, Newcastle University, United Kingdom,



Participants discussing knowledge translation during group work at the Autumn School 2017
© WHO/Damir Begović

facilitated a range of sessions that introduced participants to KT. In addition to presenting EVIPNet Europe, its mandate, tools and activities, these sessions focused on helping participants to become more familiar with generic theoretical concepts about KT, as well as practical tools and hands-on approaches. “I learned about tools and good practice that can be used to bring health information and evidence closer to policy-making,” said Nevenka Pavlović, Assistant Director of the Institute of Public Health of Belgrade and an EVIPNet Europe National Champion of Serbia, highlighting the added value of EVIPNet Europe members participating in such events. For more information, see [here](#). A video is also available [here](#).

6th National Congress of Psychiatry in Romania: evidence-informed policy-making tools for addressing mental health of local communities

Depression has been identified as an important public health problem in Romania. On 14 October 2017, at the 6th National Congress of Psychiatry entitled Romanian psychiatry and the needs of contemporary society, EVIPNet Europe National Champion Claudia Dima, Senior Public Health and Management MD at the National Institute of Public Health, emphasized the need for EIP for mental health of local communities. Congress participants were informed about three tools that provide direct support to policy-making: SURE Guides, EBPs and the *WHO Mental Health Policy and Service Guidance Package*. In addition, on 7 April 2017 during the conference in a paper entitled Depression: let’s talk, Dr Dima described and promoted the EVIPNet action cycle as a possible platform for the development of future depression-related policies in Romania.

How to achieve policy impact: five EVIPNet Europe member countries present their activities at the 10th European Public Health Conference

More than 2000 public health professionals gathered at the 10th Annual European Public Health Conference in Stockholm, Sweden, on 1–4 November 2017, to learn about the latest evidence and trends in research and practice. Together with representatives from the European Public Health Association’s sections on health services research and public health practices and policy, the WHO Secretariat of EVIPNet Europe organized a workshop that featured National Champions from Estonia, Hungary, Kazakhstan, Poland and the Republic of Moldova, who presented information about their KT activities at the country



(From left to right): Marcela Țirdea (Republic of Moldova), Vitaliy Koikov (Kazakhstan) and Balázs Babarczy (Hungary) presenting their knowledge translation activities under the umbrella of EVIPNet Europe
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level. The presenters emphasized that being part of a multicountry network and receiving support from their peers within that network are crucial to creating windows of opportunity that bridge the research–policy gap at the national level and thereby improve health policies. In addition to the KT products realized with EVIPNet Europe’s support, the workshop demonstrated how member countries can achieve policy impacts through their KT activities. Lively discussions with the audience further highlighted the importance of close collaboration between policy-makers and institutions that produce research in order to foster sustainable KT.

[Combating antimicrobial resistance in hospitals: EVIPNet country team presents evidence brief for policy findings at the 3rd Symposium on Antibiotics in Primary Care](#)

To mark World Antibiotic Awareness Week, the EVIPNet country team from the former Yugoslav Republic of Macedonia organized a satellite workshop on Rational Use of Antibiotics: Interventions to Promote the Reduction of Antibiotic Consumption at Hospital Level at the 3rd Symposium on Antibiotics in Primary Care in Skopje, former Yugoslav Republic of Macedonia, on 17 November 2017. The workshop was based on a country-specific EBP that addressed the issue of AMR at the hospital level. The EBP is being finalized by the EVIPNet country team, supported by the WHO Secretariat of EVIPNet Europe and the Control of AMR Programme at the WHO Regional Office for Europe. Dr Neda Milevska Kostova, EVIPNet Europe National Champion and Executive Director of CRPRC Studiorum, presented the draft EBP on reducing antibiotic use in hospital settings; she also discussed how evidence could be used to inform policies that address the public health threat of AMR. Dr Katarina Stavrikj, Director of University Clinic for Children Diseases, and Dr Golubinka Boshevska, from the Institute of Public Health and National AMR Coordinator, moderated the ensuing discussions between over 40 workshop participants, including practitioners, policy-makers, academics and civil servants. The participants collectively emphasized the importance of addressing AMR as a high-priority issue and examined the feasibility of tackling it through the options and interventions proposed in the draft EBP.

Collaborations

Collaboration with Cochrane

In 2017, EVIPNet Europe continued to develop its collaboration with Cochrane which is a global independent network of researchers, professionals, patients, practitioners and people interested in health; its focus is to gather and summarize the best available evidence from research to support health decisions. In particular, this collaboration aims to create a pool of regional trainers to support EVIPNet Europe member countries in developing national capacity for EIP. At the fifth Multicountry Meeting, held 14–16 June 2017, in Bratislava, Slovakia, representatives from Cochrane participated in a workshop that concluded the train-the-trainers programme; this was preceded by four webinars and pre-workshop tasks. As part of the Training-the-Trainer workshop, three of the Cochrane trainers discussed their lessons learned and trouble-shooting strategies to support countries in developing EBPs. Together with a facilitator from McMaster Health Forum, the group deliberated different instructional methods of adult learning, and their respective advantages and disadvantages. These included methods such as lectures, panels, debates, presentations, films, group discussions, brainstorming, reading, role play, simulations, case studies and demonstrations; many of these have been used in previous EVIPNet Europe meetings. By developing a network of Cochrane trainers, they will be able to act as future champions for EVIPNet Europe in the Region, and serve as co-facilitators at future EVIPNet Europe training sessions and workshops.

Governance

EVIPNet Global Steering Group

The WHO Secretariat of EVIPNet Europe is located in the Knowledge Management, Evidence and Research for Policy-Making Unit, Division of Information, Evidence, Research and Innovation. The Secretariat is actively engaged in the EVIPNet Global Steering Group to represent EVIPNet Europe members and promote the collaboration of all EVIPNet partners across regions. The EVIPNet Global Steering Group is co-chaired by John Lavis (McMaster University), and Taghreed Adam (WHO, EVIPNet) and consists of representatives from the global and regional EVIPNet focal points as well as partners from WHO collaborating centres. The EVIPNet Global Steering Group's work currently revolves around four priority areas that originated from a survey of all EVIPNet regions, including EVIPNet Europe's National Champions: (i) building on/engaging new partnerships, coalitions and collaborators; (ii) identifying different paths to the institutionalization of EVIPNet and related initiatives; (iii) supporting the preparation of proposals to fund country, regional and global initiatives; and (iv) publishing.

EVIPNet Europe Steering Group

On a regional level, the WHO Secretariat of EVIPNet Europe is also supported by the EVIPNet Europe Steering Group, comprising international experts from the fields of KT, EIP and public health research (Table 1). The EVIPNet Europe Steering Group includes three subgroups that focus on specific topic areas such as SA, monitoring and evaluation and – newly established – communication and advocacy.

Table 1. Members of the EVIPNet Europe Steering Group

Name	Institutional affiliation
Guy Dargent (observer)	European Commission, Consumers, Health, Agriculture and Food Executive Agency
Gemma Derrick	Lancaster University, United Kingdom
John Lavis	McMaster University, Canada
Mark Leys	Vrije Universiteit Brussel, Belgium
Laura Rosen	Tel Aviv University, Israel
Göran Tomson	Karolinska Institutet, Sweden
Vasiliy Vlassov	Society for Evidence Based Medicine, Russian Federation
Mirosław Wysocki	National Institute of Public Health, Poland

Publications in 2017

Knowledge translation tools in a pocket format: new Health Evidence Network synthesis report

WHO Regional Committee for Europe resolution [EUR/RC66/R12 on an Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region](#) (4) adopted in 2016 addresses the concept of evidence in a comprehensive manner, highlighting both health research and health information. While published research is increasingly available on how to translate health research into policy, literature on the use of health information for decision-making is still scarce. EVIPNet Europe, therefore, commissioned a Health Evidence Network synthesis report to summarize the existing mechanisms and tools which allow effective uptake of health information by public health and health system decision-makers. The report, authored by members of the Technopolis Group, provides an overview of various (i) packaging, (ii) application, (iii) dissemination and communication and (iv) linkage and exchange tools, covering every angle of efforts to strengthen KT (7). As such, it is an ideal repository of tools and mechanisms for anyone interested in KT – from beginners to champions. The report is available [here](#).



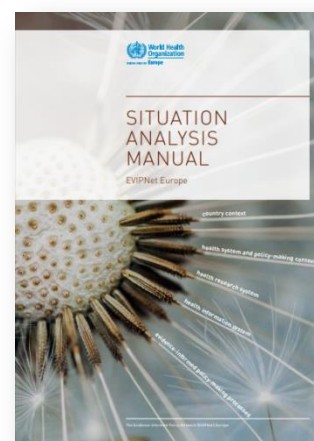
The new HEN report, Evidence on mechanisms and tools for use of health information for decision-making © WHO

EVIPNet Europe Situation Analysis Manual

Global WHO EVIPNet has supported Member States in designing, implementing and institutionalizing efforts to support EIP. This experience has shown the importance of systematically and comprehensively identifying important contextual factors that can either support or hinder countries in identifying the organizational and operational niche of future EVIPNet KTPs at the country level. The *Situation Analysis Manual* guides the analysis of such contextual factors (8).

The main purpose of the Manual is to assist Member States in planning and conducting an SA to understand the local context with regard to EIP/KTP, and to provide general principles, approaches and tools that can be applied to conduct and present the findings from an SA. The primary audience for this Manual are SA teams responsible for planning and supporting the establishment of KTPs.

While several tools and approaches are meant to assist users in tackling the SA, the Manual is not a rigid protocol. The data collection methods should be adapted as required to the local

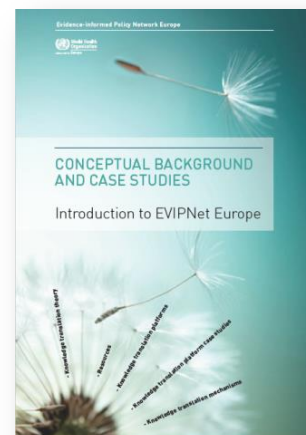


The EVIPNet Europe Situation Analysis Manual © WHO

context. An SA aims to gather background information that supports a systematic and comprehensive reflection on the most important local factors that will either support or act as barriers to the establishment and operationalization of future KTPs.

Conceptual background and case studies: introduction to EVIPNet Europe

The starter kit, entitled *Conceptual Background and Case Studies: Introduction to EVIPNet Europe (9)*, aims to provide an overview of EIP, KT and EVIPNet. It presents lessons learned and experiences gained from the many groups around the world undertaking activities to support the use of research evidence in the policy process. The starter kit gives readers an understanding of the underlying concepts and the mechanisms and approaches available to support the use of research evidence in the policy-making process. This allows them to respond more appropriately to specific needs in their own contexts. The resources and information in this kit provide concrete ideas on creating and launching a KTP that can bring together policy-makers, stakeholders and researchers at the country level to support EIP and policy implementation and improve the health of populations. The starter kit is available [online](#).



The EVIPNet Europe starter kit, Conceptual background and case studies: introduction to EVIPNet Europe © WHO

Synergia “Health – 2020”, “Health” and EVIPNet: new possibilities for problems solving of Kazakhstan healthcare system

The health system in Kazakhstan is confronted with both global and country-specific challenges. The European health policy framework Health 2020 and the current Kazakhstan national strategic programme Densaulyk are the means to strengthen the health system and tackle these challenges. Successful implementation of these programmes requires the use of evidence in health policies in a systematic way. This peer-reviewed article details the work of EVIPNet Europe, which was launched in Kazakhstan in 2015. With the support of the WHO EVIPNet Europe Secretariat, the country conducted an SA providing a snapshot of the national policy-making context and informing the establishment of a KTP. The analysis demonstrated that the use of evidence in policy-making was fragmented in the country (10). Joining EVIPNet and strengthening the national efforts in EIP will be instrumental for the effective implementation of Health 2020 and Densaulyk in Kazakhstan. The article is available [here](#).



Synergia “Health – 2020”, “Health” And EVIPNet: New possibilities for problems solving of Kazakhstan healthcare system

Conclusion and outlook

In 2017, EVIPNet Europe has achieved several milestones. SAs are ongoing in Albania, Estonia, Kirgizstan, Slovakia and Serbia. Kazakhstan and the Republic of Moldova have finalized their SAs, which are presently at the publishing stage. Slovenia is planning to establish the first EVIPNet Europe KTP based on the findings of the SA, which was published in October 2017. Hungary, Poland and the Republic of Moldova convened the first EVIPNet Europe PDs and further stakeholder meetings took place in Bulgaria and Kazakhstan. Following the example of Hungary, which finalized an EBP in 2017, a cohort of six countries are developing EBPs on AMR and a new cohort is expected to follow suit in 2018. Moreover, an opportunity for reciprocal learning is likely to arise between Portugal, which plans to join EVIPNet Europe in 2018, and EVIPNet Brazil, which has operated successfully since 2008.

Heads of WHO offices in countries, territories and areas and national champions in EIP have shown great commitment to, and advocated for, the work of EVIPNet Europe, as demonstrated at the Fifth Multicountry Meeting in June 2017, and at the numerous workshops and other activities at country level.

The work and vision of EVIPNet Europe have been promoted through two new EVIPNet Europe publications and the participation in the European Public Health Conference. Important external and internal collaborations have been strengthened and/or newly established in 2017. For example, the WHO Regional Office for Europe's Division of Health Emergencies and Communicable Diseases technically supports EVIPNet Europe member countries in the development of EBPs on AMR. Moreover, the adoption of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region illustrated the importance of promoting KT and EIP in all Member States. The Action Plan is unique in its kind and provides political support for mechanisms such as EVIPNet Europe, working to increase country capacity for the development of EIP.

Based on the successful activities in 2013–2017 (see figure 1), key activities in 2018 will be to:

- further develop, and monitor and evaluate EVIPNet Europe's regional and country-specific activities;
- introduce new KT tools such as rapid response services to EVIPNet Europe's portfolio; and
- develop a new strategy guiding the network's progress for 2018–2022.

Encouraged by the network's progress in 2017, EVIPNet Europe will continue to strive to develop networks, build capacity and support innovations, thus catalysing and institutionalizing KT at national and regional levels to create – under the auspices of the WHO EHII - a more favourable environment for EIP in the WHO European Region.

Achievements of EVIPNet Europe 2013-2017

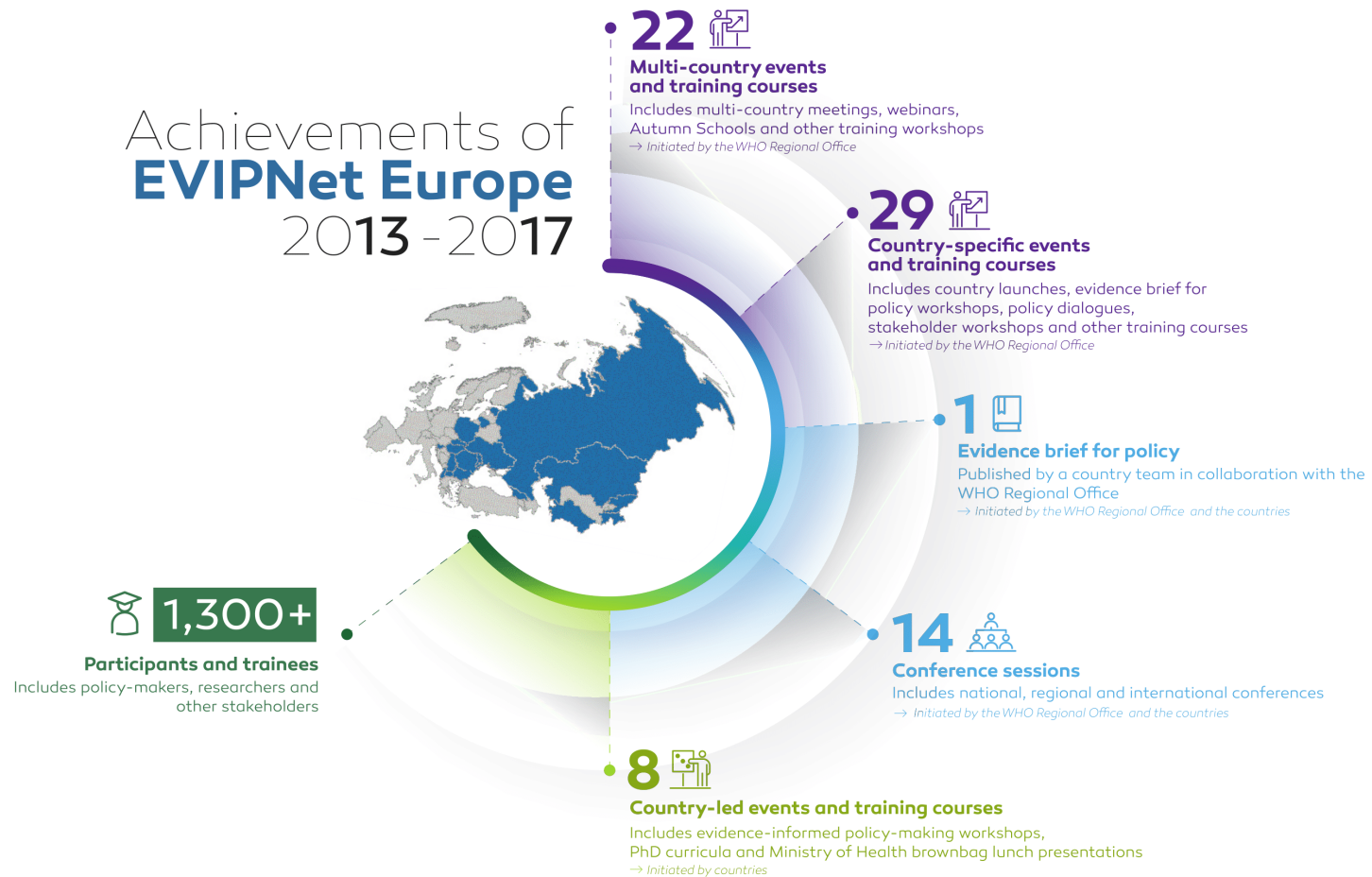


Figure 1: Achievements of EVIPNet Europe 2013-2017

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