

EVIPNet Europe: to bridge the research–policy gap

- The "know–do" gap

To sustainably improve health and reduce inequities worldwide, well-performing health systems offering effective and efficient medical services informed by the best-available evidence are required. Despite investments in health research, an imbalance remains between what is scientifically known and what is done.

Since the early 1990s, the need to bridge the research–policy divide has increasingly gained international attention – in particular in resource-poor settings.

Pioneering the evidence-informed policy (EIP) agenda, the World Health Organization (WHO), in response to the 58th World Health Assembly resolution in 2005, launched the Evidence-informed Policy Network (EVIPNet), a new initiative to promote the systematic use of health research evidence in policy-making.

- WHO's response: EVIPNet Europe

With a focus on low- and middle-income countries, EVIPNet has been operational across Africa, the Americas, Asia and the eastern Mediterranean for several years. Recognizing the need to improve evidence-informed policy-making also in the WHO European Region, EVIPNet Europe was launched in October 2012.

EVIPNet Europe currently comprises the following **13 eastern European and central Asian countries**: Albania, Estonia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, Republic of Moldova, Romania, Slovenia, Tajikistan, the former Yugoslav Republic of Macedonia and Ukraine.

- EVIPNet Europe's vision

With a vision of a Europe in which **high-quality, context-sensitive evidence routinely informs health system decision-making**, EVIPNet Europe supports governments to implement WHO's new European policy framework – Health 2020 – and its goals: reducing health inequalities and improving health for all by fostering and promoting a knowledge translation (KT) culture.

- EVIPNet Europe's key objectives

Over the period 2013–17, the Secretariat of EVIPNet Europe, hosted by the WHO Regional Office for Europe, and its partners strives to:

1. **Build, manage and support a network of communities of practice in evidence-informed health system policy-making and South–South cooperation.**

EVIPNet Europe establishes national advisory boards – called knowledge translation platforms (KTPs) – at country level between policy-makers, researchers and other stakeholders in order to facilitate both health system policy development and policy implementation through the use of the best scientific evidence available. These advisory boards operate as the nodes of the network, which proactively exchange ideas, expertise, best practices and insights into new methods with other network members, allowing for intra- and inter-regional learning, mentoring and peer support.

2. **Strengthen human organizational and institutional capacity in KT, and promote sustainable changes in society.**

Recognizing the limited capacity of KT in the region, EVIPNet Europe will empower local stakeholders through bottom-up approaches that strengthen country capacity and stewardship in EIP. In fostering interactive approaches, EVIPNet Europe promotes a more participatory decision-making culture leading to the development of more effective, evidence-informed health system policies that respond to citizens' needs.



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3. Foster KT innovations and support countries in developing strategies and tools tailored to the local context.

To ensure that EVIPNet Europe responds to country-specific needs and circumstances:

- the EVIPNet methodology is to be pilot tested in the WHO European Region and will be, where needed, adapted to local health system and research requirements;
- situation analyses will be conducted prior to establishing and operationalizing KTPs at country levels to assess the national health system and health research system, as well as their interfaces; and
- the EVIPNet Europe activities will be regularly monitored and evaluated to ensure continuous learning and high-quality work.

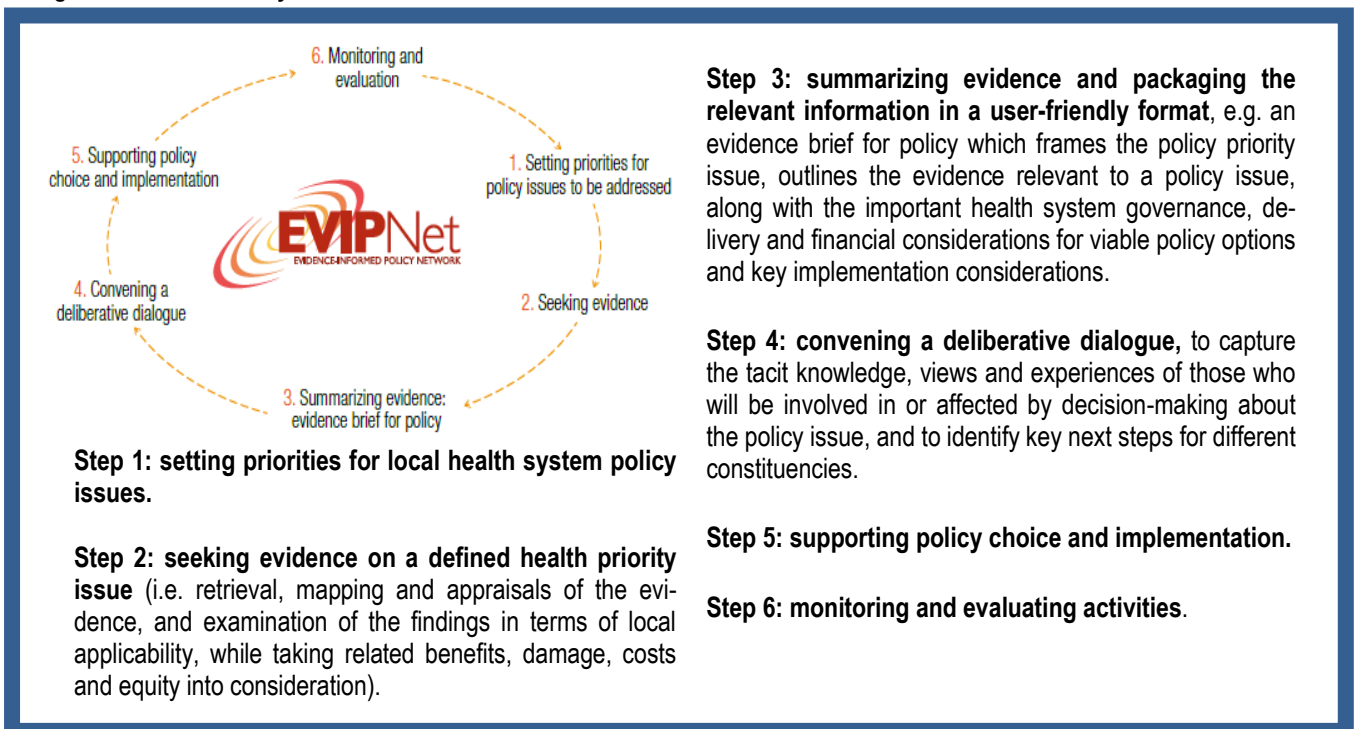
▪ Two phases in establishing and operationalizing EVIPNet Europe

1. Pilot phase (2014–15): for the pilot testing of the EVIPNet methodology in the WHO European Region, eight EVIPNet Europe countries were selected. The pilot phase consists of (a) the establishment of a country KTP and (b) the planning and implementation of one full EVIPNet action cycle and other KT interventions adapted to the local context (Fig. 1).

2. Scaling-up phase (from 2016 onwards): dependent on the success of the pilot phase, the aim is for EVIPNet Europe to expand and additional countries join the network.

In parallel to the country-specific activities of the EVIPNet Europe pilot phase, **multicountry activities** (e.g. capacity building workshops) will be made available to all 13 EVIPNet Europe member countries by the EVIPNet Europe Secretariat.

Fig. 1 EVIPNet action cycle



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