

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

EVIPNet Europe

Annual Report

2016

Abstract

This report provides an overview of the activities of the Evidence-informed Policy Network (EVIPNet) Europe during 2016. The network was launched in Serbia and Turkmenistan, increasing the amount of member countries to 19. Slovenia completed a situation analysis and published its results in international peer-reviewed journals. Further situation analyses are ongoing in Kazakhstan, Kyrgyzstan, Lithuania and Slovakia. The first evidence brief for policy, developed by Estonia, has been published, and Hungary, Kyrgyzstan, Lithuania, Poland, the Republic of Moldova and Slovenia are currently in the process of developing such policy-relevant evidence syntheses. A collaboration with Cochrane was established to train Cochrane contributors to deliver training for EVIPNet Europe. Two checklists were published to complement EVIPNet Europe's set of tools, one on communication and advocacy and one on policy dialogue preparation and facilitation. Key activities in 2017 will include the further development and evaluation of EVIPNet Europe's regional and country-specific activities.

Keywords

EVIDENCE-BASED PRACTICE
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HEALTH SERVICES RESEARCH
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Contents

List of abbreviations.....	iv
Foreword.....	v
Objective.....	v
Background.....	1
EVIPNet Europe’s activities in 2016 in numbers.....	2
Country-specific work.....	3
Multicountry-level activities.....	8
EVIPNet Europe at international conferences and symposia.....	9
Collaborations.....	10
Governance.....	11
Tools published in 2016.....	12
Conclusion and outlook.....	13
References.....	14

List of abbreviations

EBP	evidence brief for policy
EIP	evidence-informed policy-making
EVIPNet	Evidence-informed Policy Network
GP	general practitioner
KT	knowledge translation
KTP	knowledge translation platform
PD	policy dialogue
SA	situation analysis
SCHIN	Small Countries Health Information Network

Foreword

In 2016, the members of the Evidence-informed Policy Network (EVIPNet) in Europe have accomplished several milestones. The first evidence brief for policy (EBP), developed by Estonia, was published and served as a catalyst for an initiative to address obesity by reducing sugar consumption, including the introduction of a tax on sugar-sweetened beverages that is set to come into force in 2018. Further, several situation analyses (SAs) were initiated and completed, providing a sound overview of the country's context for evidence-informed policy-making (EIP) and guiding future activities. EVIPNet Europe was featured at national and international high level meetings and conferences, thus continuing to strengthen its positioning as a key stakeholder in EIP in the WHO European Region and beyond. In addition, the action plan and the resolution to strengthen the use of evidence, information and research for policy-making in the WHO European Region were adopted by the Regional Committee for Europe at its 66th session. Hence, all 53 Member States have expressed the need for and their commitment to implement the mandate of the network, making EVIPNet Europe membership a key indicator for countries' increased knowledge translation (KT) capacity. During the session, eight Member States took the floor in full support of the work, some explicitly highlighting their benefits from being part of EVIPNet Europe.

Four years after the launch of EVIPNet Europe, recent achievements show that the network has moved to producing concrete outcomes. These will increase in the upcoming years as the institutionalization of KT efforts in member countries will take effect. This progress was only possible through continuous efforts and teamwork. The WHO Secretariat of EVIPNet Europe would, therefore, like to thank all the member countries for the excellent collaboration, the members of the EVIPNet Global Steering Group and EVIPNet Europe 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 substantially supporting the network through financial contributions in 2016 and by funding a technical officer position through the junior professional officer programme to support the WHO Secretariat of EVIPNet Europe starting from 2017.

WHO Secretariat of EVIPNet Europe

Objective

This report's objective is to provide an overview of the activities of EVIPNet Europe undertaken from January to December 2016. It demonstrates EVIPNet Europe's progress during this period.

Background

The EVIPNet was established as a response to the World Health Assembly resolution WHA58.34 by WHO Member States in 2005 (1). EVIPNet envisions a world in which the best available and at the same time context-sensitive evidence is used to inform health policy-making. The network pursues this 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. Within the WHO European Region, EVIPNet Europe is in line with the [European Health Information Initiative](#) (2). 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).

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 now contains 19 member countries: Albania, Bulgaria, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, the Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Tajikistan, Turkmenistan, the former Yugoslav Republic of Macedonia and Ukraine. 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 KT platform (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 EBPs and convening policy dialogues (PDs). The multicountry track focuses on cross-regional capacity-building activities such as EVIPNet Europe's annual multicountry meeting or its newly established webinars. Throughout all phases, member countries benefit from support by the WHO Secretariat of EVIPNet Europe, exchange with peers and the expertise of professionals in the field of KT and EIP.

In 2016, EVIPNet celebrated its 10th anniversary globally with a publication featuring 10 EVIPNet success stories from around the world (5). EVIPNet Europe was represented with an example from the Republic of Moldova describing how an EBP and a related PD helped to systematically address the issue of alcohol consumption on a policy level. Over the past year, more success stories of EVIPNet Europe have emerged, among them the publication of the first EBP (6) and the completion of SAs. This report documents some highlights of these achievements and illustrates the manifold contributions that have led to EVIPNet Europe's progress over the past year.

EVIPNet Europe's activities in 2016 in numbers

1 EBP was published

6 EBPs are under development

2 country launches took place

4 countries are conducting an SA

2 new EVIPNet Europe tools were published

7 national and international conferences featured EVIPNet Europe

2 international peer-reviewed journal articles presenting EVIPNet Europe-related activities were published

4 network-wide face-to-face and virtual training sessions were held

1 multicountry EVIPNet Europe meeting was organized

112 members are part of EVIPNet Europe's virtual forum Yammer



EVIPNet Europe in 2016 © WHO

Country-specific work

Launch of EVIPNet Europe

Serbia

EVIPNet Europe briefing

The WHO Country Office Serbia, in coordination with the WHO Regional Office for Europe, organized a briefing in Belgrade on 12 December 2016 aiming to raise awareness and commitment of stakeholders with regards to EVIPNet Europe. The participants had an opportunity to learn from the experience of Hungary – one of the network’s pilot member countries – of conducting an SA providing an understanding of the national actors, processes, structures and institutions influencing EIP. The meeting was attended by representatives of various stakeholder institutions such as Serbian public health researchers from the network of the Institutes of Public Health as well as from the Medical Faculties, health practitioners and other local health experts.

During the meeting, Serbian public health researchers and policy-makers revealed a range of already existing national mechanisms that foster the use of health information and research evidence in policy formulation (including the upcoming start of implementation of the new Law on Health Records as of 1 January 2017). Nonetheless, participants stressed the need for improving the currently applied methods and approaches to ensure a systematic and sustainable use of the best available evidence in policy. The briefing was supported by the WHO Country Office in Serbia and included attendance of Assistant Health Minister Dr Zoran Mihajlovic and State Secretary Dr MehoMahmutovic.

Turkmenistan

On 3 November 2016, EVIPNet Europe was launched in Turkmenistan as the 19th member. Over 40 participants representing the Ministry of Health, Turkmen Medical University, research clinical centres and civil societies, including Youth Union, gathered to gain insights about how EVIPNet Europe contributes to national policy-making and to jointly identify enablers, barriers and key stakeholders towards EIP. Turkmenistan plans to start with an SA in 2017 and move on to implement the EVIPNet Europe-related KT activities.

Members of the Division of Information, Evidence, Research and Innovation who organized the 4th EVIPNet Europe multicountry meeting

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Situation analysis

SAs set 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.¹ Currently, SAs are ongoing in Kazakhstan, Kyrgyzstan, Lithuania and Slovakia, and the results are expected to be published in 2017.

Kazakhstan

SA to inform stakeholder consultation

The Kazakh EVIPNet team conducting the SA made substantial progress over the last months. The SA team comprised of national consultants Azel Ramazanova Germano and Kalissa Dosbayeva, and national champion Vitaliy Koikov is about to finalize the report in close collaboration with Melita Vujnovic, WHO Representative and Head of Country Office to Kazakhstan,² and the WHO Secretariat of EVIPNet Europe. The main findings of the SA were summarized and linked to the Health2020 framework in an [article](#) co-authored by Azel Ramazanova Germano, Tanja Kuchenmüller (WHO Regional Office for Europe), Melita Vujnovic and Vitaliy Koikov that will be published in the peer-reviewed journal *Medicine* early 2017. Moreover, the SA will be the basis for the stakeholder consultation taking place in February 2017. During the stakeholder consultation, the SA's findings will be discussed with national high-level stakeholders to identify gaps, validate its findings and elaborate on the establishment of the future KTP.

Slovenia

Disseminating Slovenian SA experience to an international audience

Mircha Poldrugovac, national EVIPNet Europe champion, is lead author of two peer-reviewed, international journal articles published in 2016, written during a three-month assignment that he had with the WHO Secretariat of EVIPNet Europe. In an article in *Eurohealth*, Mircha and his co-authors write about "[Evidence-informed policy-making in Slovenia](#)" based on their experience with the SA and the development of an EBP on provider payments in primary care. The EBP was developed by a team of local experts and complemented the work of the health systems analysis that was predominantly conducted externally by the WHO Regional Office for Europe and the European Observatory on Health Systems and Policies. The [second article](#) was published in the WHO Regional Office for Europe's [Public Health Panorama](#) and describes the findings of the SA (i.e. the Slovenian EIP context), including perspectives on how to institutionalize future EIP efforts.

Interactive session at the multicountry meeting:
Slovene delegation

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¹A KTP is a national or local organization dedicated to bridge the gap between researchers and policy-makers by strengthening their relationships and leading the development of KT strategies and tools.

²Melita Vujnovic was been appointed WHO Representative and Head of Country Office to the Russian Federation in March 2017.

Evidence brief 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 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. In 2016, the first EBP developed by one of the network's member countries, namely Estonia (7), was published. Six more EBPs are currently in process in Hungary, Kyrgyzstan, Lithuania, Poland, the Republic of Moldova and Slovenia.

Estonia

This is history in the making: tax on sugar-sweetened beverages in Estonia

Estonia has unveiled plans for a tax on sugar-sweetened beverages that will come into force in 2018. The catalyst for this innovative step was the EBP, a compelling body of global and local evidence prepared by Estonian policy-makers, governmental organizations and academic institutions. The development of the EBP was supported by the WHO Regional Office for Europe, especially through a strong collaboration between technical experts from its Division of Noncommunicable Diseases and Promoting Health through the Life-course and the WHO Secretariat of EVIPNet Europe, and the WHO Country Office in Estonia. The EBP entitled [“Reducing the consumption of sugar-sweetened beverages and their negative impact in Estonia”](#) was the result of EVIPNet Europe's capacity-building efforts. It asserted that the consumption of sugar-sweetened beverages is more associated with increased energy intake, weight gain, overweight and obesity than that of any other food or beverage; it is also linked to the development of several noncommunicable diseases and poor oral health.

Kyrgyzstan

EBP on prevention of neural tube defects among children in order to reduce perinatal and infant mortality in Kyrgyzstan is advancing nicely

The number of children born with neural tube defects in Kyrgyzstan is increasing. To provide policy-makers with comprehensive and context-specific information on how to address this issue, an EBP is currently being finalized. The EBP team consisting of Dr Meder Ismailov, Head of Reform Implementation Department, Akbar Suvanbekov, Health Reform Coordinator, and Zuura Dolonbaeva, Health Policy Analysis Unit Chief, at the Ministry of Health and supported by Tursun Mamyrbayeva, nutrition expert, Alina Altymysheva, Chief, OPD Therapy Center, and Bermet Baryktabasova, evidence-based medicine expert, has identified two cost-effective options to prevent neural tube defects among children in Kyrgyzstan: (i) folic acid supplementation for women of reproductive age and (ii) fortification of baking flour with folic acid.

In order to catalyse and further systematize the process of EBP development, the local team has benefited from distant mentoring and technical support of their Latin American peers Tomás Pantoja and Cristián Mansilla from EVIPNet Chile.

Lithuania

EBP on suicide prevention: what can gatekeepers do?

Lithuania has the highest suicide rate in Europe (31.7 per 100 000 in 2014), and one of the highest in the world. To address this issue, an EBP on suicide prevention, which is currently being piloted, was developed by Ausra Zelviene (Institute of Hygiene), Marius Sricka (State Mental Health Centre) and Vincentas Liuima (Institute of Hygiene) with support of Daiva Dudutienė (Ministry of Health). The EBP has identified two options to counter the problem: (i) enabling general practitioners (GPs) to identify depression and suicidal ideation and direct individuals to proper health care services, and (ii) ensuring follow-up after-care for patients with suicidal behaviour.

Poland

Optimizing the role of GPs to strengthen primary health care in Poland: development of a new EBP

GPs play a key role in providing primary health care services in Poland. Poland's EBP proposes three options to improve their effectiveness: (i) establish a representative committee of stakeholders to develop a list of appropriate indicators for measuring primary health care effectiveness in Poland, including the role of GPs; (ii) improve criteria on how GPs are remunerated in Poland; and (iii) develop and implement new context-specific prevention, promotion and treatment guidelines for primary health care and establish systems for monitoring their uptake. The EBP development team includes Tomasz Holecki, Medical University of Silesia in Katowice; Monika Raulinajtys-Grzybek, Chair of Managerial Accounting, Warsaw School of Economics, and Andrzej Tolarczyk, Department of Analyses and Strategy, Ministry of Health.

In November 2016, a comprehensive two-day expert consultation took place to deliberate and validate the EBP's content with representatives from the Ministry of Health and to prepare the design of the related PD with invited experts. The first PD in Poland under the umbrella of EVIPNet Europe is planned for the end of April 2017. Roman Topór-Mądry, Institute of Public Health at Jagiellonian University, and Jakub Gierczyński, National Institute of Public Health–National Institute of Hygiene, will act as facilitators of the PD.

Republic of Moldova

Justification of the draft laws/regulations/practices to be promoted and adopted on policies to control alcohol consumption in the Republic of Moldova

Developing, promoting and approving laws and regulations on alcohol control is a challenge in the Republic of Moldova because of the role of the alcohol industry in the national economy and also national traditions.

The EBP team has identified four options to address this problem: (i) increase prices (excise duty) on alcoholic beverages, (ii) ban advertising on alcohol beverages, (iii) give beer the status of alcohol beverage, and (iv) introduce brief alcohol interventions in primary health care.

The team includes Marcela Țirdea, Head, Division of Policies Analysis, Monitoring and Evaluation and national EVIPNet champion, Ana Bucur, Consultant, Daniela Demişcan, Senior Consultant, and Luminița Avornic, Deputy Head, Primary Healthcare Department at the Ministry of Health; plus Rita Seicaș, Program Coordinator at the Moldovan Center for Health Policies and Studies, and Silvia Ciubrei, Deputy Head, Medical Scientific Library, State University of Medicine and Pharmacy "Nicolae Testemițanu".

"EVIPNet is extremely important in the context of difficult changes to be made. If a decision is uneasy to implement or unpopular, it is important to rely on sound evidence, explain the rationale of decision-making, and be accountable for related investments. Here EVIPNet with its tools – such as the evidence brief for policy and the policy dialogue – comes into play, allowing policy-makers to formulate policies based on the best available evidence." Barbara Więckowska, Director of the Department of Analysis and Strategy, Ministry of Health, Poland

Communication and advocacy

Hungary

Spreading the word about EVIPNet Hungary

Balázs Babarzcy, national EVIPNet Europe champion from Hungary, raised the EVIPNet Europe flag at the National Conference on Pharmacoconomics and Health Management in Târgu-Mureş, Romania, on 7 October 2016. During his presentation on “Health system performance assessment in the context of supporting EIP”, Balázs, together with Ágnes Hajdu (expert of the national EBP team), took the opportunity to inform the hospital managers and health policy-makers present about EVIPNet Europe and the related activities in the country. Furthermore, at the Fifth National Conference and Professional Course on Infection Control, held on 19 October 2016 in Budapest, Hungary, Balázs gave a presentation entitled “Supporting EIP in the field of antimicrobial use” to experts and policy-makers in epidemiology and infectious diseases (including experts involved in the development of the EBP). He gave a brief description of EVIPNet Europe and emphasized the value of EBPs and PDs for EIP.

Kyrgyzstan

EVIPNet Kyrgyzstan in the limelight at WHO meeting

EVIPNet Kyrgyzstan was in the limelight at the launch of the new WHO report “Good maternal nutrition. The best start in life,” under the auspices of the Minister of Health of Latvia, during a consultation on maternal nutrition in Riga, 27–28 June 2016. Tursun Mamyrbayeva, nutrition expert and member of the EBP team in Kyrgyzstan, presented EVIPNet Europe’s activities in Kyrgyzstan and shared results of the draft EBP on prevention of neural tube defects among children in order to reduce perinatal and infant mortality in Kyrgyzstan. Her presentation sparked participants’ interest in EVIPNet.

Romania

Romanian Minister of Health shows commitment to EIP

The Romanian news agency Agerpress issued a press release on 17 June 2016 entitled “Minister of Health Vlad Voiculescu: We need policies based on evidence, not on momentary interests”; this was referred to by the national and local journals *Adevarul* and *Ziarrm* and was featured on national TV. According to the news, the Ministry of Health showed strong commitment to EIP, with the health workforce being a priority area to tackle. This is good news for EVIPNet Europe, soon embarking on the national country launch and conducting the SA.

Slovenia

Further reach-out on EIP matters in Slovenia

At the Sixth Congress of Preventive Medicine, held 20–22 October 2016 in Ljubljana, Slovenia, EVIPNet Europe’s Steering Group Chairperson Mark Leys presented in the plenary session and led a workshop entitled “How to build trust between policy-makers and researchers”. The workshop was attended by an interdisciplinary group of participants ranging from clinicians to public health experts, to nongovernmental organization activists, and from junior researchers to university professors. The Congress is organized every four years by the Slovenian Preventive Medicine Society.

Also in Ljubljana, Mircha Poldrugovac advocated for EIP and EVIPNet Europe during a presentation at the Strategic Conference on Value for Innovation, organized by the Forum of International Research & Development Pharmaceutical Companies on 11 October 2016. Mircha stressed the importance of promoting dialogue among stakeholders in the policy-making process – instead of debate.

Multicountry activities

Learning how to develop EBPs: insights from a workshop in Hungary

EVIPNet uses EBPs as innovative KT tools to strengthen EIP. The workshop consisted of two preparatory webinars and a three-day face-to-face meeting including theoretical insights into EBP development and hands-on exercises. The Deputy State Secretary of Healthcare, Director of the National Healthcare Service Center and the President of the Professional Advisory Board on Health Management and Health System formed a high-level panel to open the workshop, which was attended by participants from Hungary, Lithuania and the former Yugoslav Republic of Macedonia, and facilitated by Rhona Mijumbi-Deve (Makerere University, Uganda) and Tanja Kuchenmüller. Mircha Poldrugovac shared valuable experiences as Slovenia is already in an advanced phase of its EBP preparation.

During the workshop, country teams identified and further refined the following problems and their causes: musculoskeletal disorders of the working-age population (Lithuania); child abuse and its consequences for children's physical and mental health (former Yugoslav Republic of Macedonia); and antimicrobial misuse and resistance (Hungary). More information on the workshop can be found in the [two-page summary](#).

Virtual guidance: EVIPNet Europe webinars offer opportunities for network members to convene

To increase mutual learning and peer support within the network, the WHO Secretariat of EVIPNet Europe has launched a series of monthly online seminars (webinars). The series started in October 2016 and will serve as preparation for the network's fifth multicountry meeting in June 2017. Dr Kaelan Moat, Scientific Lead, Health Systems Evidence and Learning, McMaster Health Forum, Canada, leads the sessions – supported by the WHO Secretariat of EVIPNet Europe and national champions. In addition to EVIPNet Europe members and staff of the WHO country offices, Cochrane collaborators who will become future EVIPNet Europe trainers are embarking on this journey with us. All presentations and recordings are available in the [webinars group on Yammer](#).

EVIPNet-Europe's fourth multicountry meeting brings rich exchange of real-life practices

Ruxanda Glavan, Minister of Health of the Republic of Moldova, opened the meeting in Chişinău on 15 June 2016. She emphasized the importance of initiatives such as EVIPNet Europe in reaching the Health 2020 targets and the Sustainable Development Goals. The meeting involved participants from 19 EVIPNet Europe member countries and built on EVIPNet Europe's ongoing work towards developing national capacity in EIP. The meeting led to a rich exchange of lessons learned as seasoned EVIPNet Europe members interacted with new members as well as KT experts in theory and practice. The [meeting report](#) and [web article](#) contain further details.



Ruxanda Glavan (Minister of Health, Republic of Moldova) welcomes participants to the 4th multicountry meeting, together with Angela Ciobanu (WHO Country Office, Republic of Moldova) and Tim Nguyen and Tanja Kuchenmüller (WHO Regional Office for Europe)

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EVIPNet Europe at international conferences and symposia

Fuse International Conference on Knowledge Exchange in Public Health: “Evidence to impact in public health”

Held in the United Kingdom on 27–28 April 2016, the Fuse conference explored the debate surrounding what counts as "evidence" and whether impact can be created in relation to public health and well-being. The conference was cosponsored by the WHO Regional Office for Europe. Dr Claudia Stein, Director for the Division of Information, Evidence, Research and Innovation, gave a keynote presentation focusing on the Regional Office's work in EIP, in particular the European Health Information Initiative and related initiatives, including EVIPNet Europe as one of its capacity-building pillars. In addition, Tanja Kuchenmüller, coordinating EVIPNet Europe, presented on the network's mandate, activities and achievements in the WHO European Region.

Focus on KT at the summer school on intersectoral action for health equity and well-being

In collaboration with several partners, the Centre for Health and Development Murska Sobota, a WHO collaborating centre, organized in July 2016 their [fifth international summer school](#), with a focus on advocacy and KT. The three main objectives were to ensure knowledge exchange on effective advocacy, discuss the role of various stakeholders in the advocacy process and provide opportunities for the exchange of "know-how", good practices and innovative approaches. EVIPNet Europe was featured in a session on EIP, during which Tanja Kuchenmüller and national champions Marcela Țîrdea from the Republic of Moldova and Mircha Poldrugovac from Slovenia gave presentations on the network's work at regional and national levels. The related [report](#) can be found online.

Mark Leys, chair of the EVIPNet Europe Steering Group, explaining the purpose of the situation analysis© WHO



Meeting of the focal points of the Small Countries Health Information Network

On 12 October 2016, the second meeting of the focal points of the [Small Countries](#) Health Information Network (SCHIN) took place in Monaco. Key objective of the meeting was to create synergetic effects between the networks that are part of the European Health Information Initiative. Tanja Kuchenmüller informed the SCHIN focal points about the scope and purpose of EVIPNet Europe and agreed on how SCHIN could best engage with the network. Participants identified a potential benefit for small countries through the adaptation of global evidence to local circumstances, the definition of research gaps and the use of existing tools and systematic approaches. Malta indicated interest in conducting an EVIPNet pilot after 2017.

Insights from the Ninth European Public Health Conference, 9–12 November 2016

A pre-conference event entitled “Enhancing evidence-informed decision-making to support resilient and sustainable health systems in Europe” was co-organized by the WHO Regional Office for Europe and the Consumers, Health, Agriculture and Food Executive Agency (European Commission), with the support of the Directorate-General for Health and Food Safety (European Commission), Health Services Research Europe, the European Public Health Association Section on Health Services Research and Section on Public Health Practice and Policy, and the European Observatory on Health Systems and Policies. The aim of the event was threefold: (i) to identify ways to promote EIP for key challenges faced by all European health systems; (ii) to discuss how collaboration on specific topics can support countries in addressing these challenges; and (iii) to explore how to leverage European Union-funding programmes as change agents to support countries in tackling these challenges. Claudia Stein presented during the plenary session and highlighted EVIPNet Europe as the key initiative to implement action 3 on KT of the [Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region](#).

The Fourth Global Symposium on Health Systems Research

The Fourth Global Symposium on Health Systems Research on 14–18 November 2016 in Vancouver, Canada, convened over 2000 researchers and policy-makers from more than 100 countries. Under the theme of resilient and responsive health systems for a changing world, EVIPNet was in the spotlight in a session that focused on how we can achieve responsive health systems using responsive supports for EIP. Tanja Kuchenmüller was on the expert panel. EVIPNet was well represented, with members from Cameroon (Pierre Ongolo-Zogo), Chile (Cristián Herrera and Cristián Mansilla), Nigeria (Henry Uro-Chukwu) and Uganda (Rhona Mijumbi-Deve and Ekwaro Obuku).

Collaborations

Cochrane Collaboration

EVIPNet Europe has started to partner with the Cochrane Collaboration and to train Cochrane contributors to deliver EVIPNet training. The Cochrane Collaboration is a global independent network of researchers, professionals, patients, practitioners and people interested in health that gathers and summarizes the best available evidence from research to support health decisions. This collaboration will create a pool of regional trainers to support EVIPNet Europe member countries in developing national capacity for EIP. Future EVIPNet Europe workshops focusing on EBP development are expected to be co-facilitated by a Cochrane and a national EVIPNet Europe champion.

Governance

EVIPNet Global Steering Group

The WHO Secretariat of EVIPNet Europe is located in the Division of Information, Evidence, Research and Innovation and is actively engaging 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), Amanda Hammill (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 originate 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. 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

Member's 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
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Tools published in 2016

Communication and advocacy checklist

The communication and advocacy checklist serves EVIPNet Europe country teams and WHO country offices as a resource for communication considerations associated with communicating about and advocating for EVIPNet Europe. It covers various topics ranging from the identification of the target audience and tailoring the message, how to approach the media and making sensible use of social media. It further provides examples of benefits from being part of EVIPNet Europe, success stories and an overview of how to plan communication activities surrounding EVIPNet Europe-related events. The checklist is available [online](#).



EVIPNet Europe
Communication and
advocacy checklist

Policy dialogue preparation and facilitation checklist

This checklist provides detailed information on how to prepare, implement and follow-up a PD. It combines key insights from tested tools and scientific literature with real-life examples from EVIPNet members. In addition to checklists on all stages of PD facilitation, 13 examples of challenges, lessons learned and suggestions on how to organize a successful PD are outlined. The document is available [online](#).



EVIPNet Europe Policy
dialogue preparation and
facilitation checklist



Conclusion and outlook

In 2016, EVIPNet Europe has achieved several milestones. Country launches took place in Turkmenistan and Serbia. SAs are ongoing in Kazakhstan, Kyrgyzstan, Lithuania and Slovakia. Estonia has successfully completed and published the first EBP; the first impacts of this on decision-making can be seen already. Hungary, Kyrgyzstan, Lithuania, Poland, the Republic of Moldova and Slovenia are currently developing further EBPs. 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 fourth multicountry meeting in June 2016, and at the numerous workshops and other activities at country level.

The work and vision of EVIPNet Europe has been spread through contributions to scientific publications. In addition, the network's ideas and work have been promoted through two new EVIPNet Europe publications and participation in various conferences and external workshops, involving national EVIPNet Europe champions as facilitators. Important external and internal collaborations have been strengthened and/or newly established in 2016, one of them being a technical collaboration with the WHO Regional Office for Europe's Division of Health Emergencies and Communicable Diseases to develop EBPs on antimicrobial resistance in EVIPNet Europe member countries. 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 that are working towards its implementation.

Based on the successful activities in 2016, key activities in 2017 will be to:

- further develop, monitor and commence evaluating the implementation of the EVIPNet Europe communication and advocacy strategy;
- start a series of case studies on the EBP development process, beginning with an analysis of the Estonian EBP; and
- introduce new KT tools such as rapid response services to EVIPNet Europe's portfolio.

Furthermore, a new team member will join the WHO Secretariat of EVIPNet Europe as a technical officer under the junior professional officer programme in the beginning of 2017.

Encouraged by the network's progress in 2016, EVIPNet Europe will continue to strive to develop networks, build capacity and support innovations, thus catalysing KT at national and regional levels to create a more favourable environment for EIP in the WHO European Region.

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