



USING RESEARCH EVIDENCE FOR POLICY-MAKING

REPORT OF THE FIFTH
EVIPNET EUROPE
MULTICOUNTRY MEETING

14–16 JUNE 2017, BRATISLAVA, SLOVAKIA

The Evidence-informed Policy Network (EVIPNet) Europe



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KEYWORDS

Research
Translational Medical Research
Health Information Systems
Evidence-Based Practice
Policy Making
Health Policy

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ABSTRACT

The Evidence-informed Policy Network (EVIPNet) Europe is an initiative of the WHO Regional Office for Europe intended to strengthen health outcomes across the WHO European Region through building and institutionalizing knowledge translation capacity at national level. The fifth annual multicountry meeting of EVIPNet Europe took place in June 2017 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. Two parallel workshop tracks covered the development of evidence briefs for policy (EBP) and rapid response services (RRS). Participants were able either to further develop their EBP with external technical assistance or to develop RRS proposals for their countries with expert and peer support. The meeting also provided an opportunity for EVIPNet Europe members to take stock of the network's achievements, strengths, weaknesses, opportunities and threats, and through participatory methods provide the first input to developing the new EVIPNet Europe strategy for 2018 – 2022. EVIPNet Europe's next steps will be to (i) increase the support for evidence-informed policy-making, especially among high-level stakeholders; (ii) advance the work on RRS and EBPs across the region; (iii) develop a new strategy guiding the network's progress for the next five years; and (iv) prepare with the Cochrane trainers for the co-facilitation of future EVIPNet Europe workshops.



EVIPNet Europe in 2017 © WHO

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ACKNOWLEDGEMENTS

The WHO Regional Office for Europe wishes to express sincere thanks to the participants who contributed to the success of the fifth EVIPNet Europe multicountry meeting. Thanks to facilitators Fadi El-Jardali (American University Beirut, Lebanon and co-chair of global EVIPNet Steering Group) and Kaelan Moat (McMaster Health Forum, McMaster University, Canada), and to guest speaker Ondřej Májek (Institute of Health Information & Statistics of the Czech Republic) for their insights and contributions to the meeting. We also wish to thank national EVIPNet Europe champion Kristina Köhler (Ministry of Social Affairs, Estonia) for sharing her lessons learned. Sincere thanks are extended to Mark Leys (Vrije Universiteit Brussels, Belgium, and chair of the EVIPNet Europe Steering Group) for chairing the meeting. Thanks also go to Dayna Pender, WHO intern, Ramona Ludolph, Technical Officer, and Olivia Biermann, WHO consultant at the WHO Regional Office for Europe for acting as rapporteurs, and to Olivia Biermann and Tarang Sharma for writing the report. We thank the WHO Country Office in Slovakia for hosting the meeting and for providing administrative support. Finally, we would like to thank the State Secretary, Stanislav Špánik, for personally welcoming the meeting participants.

ABBREVIATIONS

AMR	antimicrobial resistance
CNCC PreSeD	Czech National Coordination Centre for Prevention of Serious Diseases
EBP	evidence brief for policy
EIP	evidence-informed policy-making
EVIPNet	Evidence-informed Policy Network
K2P Center	the Knowledge to Policy (K2P) Center (American University of Beirut)
KT	knowledge translation
KTP	knowledge translation platform
PD	policy dialogue
RRS	rapid response service
SA	situation analysis
SWOT	strengths–weaknesses–opportunities–threats (analysis)

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EXECUTIVE SUMMARY

Substantial investment is made in health research. Nevertheless, there remains a significant gap between what is scientifically known and what is being applied into policy and practice in health systems throughout Europe. The Evidence-informed Policy Network (EVIPNet) Europe works towards closing this research-to-policy gap for the WHO European Region. It acts as a key support mechanism for the implementation of Health 2020, the European Health Information Initiative and the Action plan to strengthen the use of evidence, information and research in policy-making in the WHO European Region. Additionally, EVIPNet Europe supports the realization of global policy frameworks such as the Sustainable Development Goals.

The fifth EVIPNet Europe multicountry meeting was part of an ongoing initiative towards building national capacity in evidence-informed policy-making (EIP) and supporting countries to produce outputs to enable this. The meeting in June 2017 in Bratislava, Slovakia, was opened by the State Secretary of the Ministry of Health Stanislav Špánik, the Director of the Division of Information, Evidence, Research and Innovation Claudia Stein and Mark Leys of Vrije Universiteit Brussels, Belgium. The meeting was attended by participants and observers from 19 countries, territories and areas, as well as by representatives of the Wellcome Trust and Cochrane.

The three day meeting had an ambitious agenda. Its primary objectives were to:

- support member countries in developing their evidence brief for policy (EBP);
- introduce the concept of developing rapid response services (RRS);
- initiate the development of the EVIPNet 2018–2022 strategy with input from participants; and
- conclude the train-the-trainers programme for the representatives from Cochrane.

The meeting outputs and outcomes comprised skills in developing EBPs and RRS (e.g. developing a complete set of EBP working documents, including a detailed work plan and protocol, or preparing an elaborated and expert-reviewed proposal to establish an RRS service); input for EVIPNet Europe 2018–2022 strategy development with active involvement by participants (e.g. through a strengths–weaknesses–opportunities–threats (SWOT) analysis); the training of new EVIPNet Europe facilitators (e.g. the Cochrane contributors, who are now ready to embark as co-facilitators at future EVIPNet Europe meetings); and interaction with a research funder (e.g. at the market place with the representative from the Wellcome Trust).

Furthermore, the meeting provided a real hub for sharing of ideas, knowledge, experiences and lessons learned, and for strengthening network

ties and relationships. Success stories were shared (e.g. through the insights into the development of Estonia's EBP and the development of a knowledge translation platform (KTP) in the Czech Republic). At the same time, participants openly expressed challenges, for example that the network needed more high-level involvement to catalyse support towards an EIP culture at country level and within the Region.

EVIPNet Europe's next steps are related to continuing the promotion of and collaboration among network members and to implement network activities, supported by the WHO country offices, the network's internal and external partners and the WHO Secretariat of EVIPNet Europe. This includes (i) increasing the support for EIP, especially among high-level stakeholders; (ii) advancing the work on RRS and EBPs in countries, areas and territories; (iii) developing a new strategy guiding the network's progress in the next five years; and (iv) preparing by the Cochrane trainers to co-facilitate future EVIPNet Europe workshops.

MEETING FACTSHEET

PEOPLE TRAINED

41

All participants and observers received training on developing EBPs or on developing an RRS in their countries

REGIONS COVERED

19

The participants and observers covered 19 countries, territories and areas and act as EVIPNet national champions

SECRETARIAT, FACILITATORS AND TRAINERS

7+4+3

The seven WHO Secretariat staff and the four facilitators gave technical input and support. The three Cochrane representatives concluded their training and are now equipped to become future trainers

STORIES

2

EVIPNet Estonia shared their experience on their successful EBP on reducing the consumption of sugar-sweetened beverages and their negative impact in Estonia, which resulted in a change in policy for the country

Czech Republic shared their experience in the development of a KTP in the country

EBP WORKSHOP

15

Participants worked on developing further their EBPs and those about to embark on developing an EBP honed their skills and furthered their progress through their pre-workshop tasks

RRS WORKSHOP

26

Participants were introduced to developing an RRS within their countries and worked on developing a proposal to take back to their countries to set up such services there

1. INTRODUCTION

1.1. BACKGROUND

Substantial investments are made into health research, with an annual increase reaching US\$ 240 billion in 2010 globally (1). However, due to the failure of translating research findings into policy and practice, limited gains are made for patients and public health (2). As a measure to minimize this research evidence-to-policy gap and in response to the World Health Assembly resolution WHA58.34 in 2005 to promote the systematic use of health research evidence in policy-making (EIP), WHO launched EVIPNet (3). EVIPNet is a global network with its base at the WHO headquarters. [EVIPNet Europe](#) was established in October 2012 under the umbrella of the [European Health Information Initiative](#), supporting the implementation of the European policy framework Health 2020 (4). EVIPNet Europe puts into practice the [Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region](#) (5) and is a means of working towards attaining the [Sustainable Development Goals](#) (6).

The main goal of EVIPNet Europe is to increase country capacity in promoting and institutionalizing EIP at country level. One of the key means of accomplishing this is through multicountry activities such as the annual multicountry meetings and webinars, as well as through facilitated discussions on the EVIPNet Europe virtual forum Yammer¹(7).

The following multicountry meetings have taken place to date:

- first in 2013 in Turkey (8);
- second in 2014 in Slovenia ([web article EVIPNet Europe train-the-trainers workshop](#));
- third in Lithuania in 2015 (9); and
- fourth in 2016 in the Republic of Moldova (10).

EVIPNet Europe also supports members in implementing country-specific activities through capacity-building in and support for developing knowledge translation (KT) tools, such as the EVIPNet evidence brief for policy (EBP) and policy dialogue (PD).

The WHO Regional Office for Europe serves as the secretariat of the network and provides training, technical support and guidance, as well as coordination and management of the network. In addition to building on tested tools employed by EVIPNet throughout the world, such as the [SURE guides](#) (11) and the [SUPPORT tools](#) (12), EVIPNet Europe developed

¹The [protected virtual forum for EVIPNet Europe](#) was requested by the network's members at the second EVIPNet Europe multicountry meeting in 2014 and was launched at the third multicountry meeting in 2015. The forum runs through Yammer and offers a moderated platform to virtually connect EVIPNet Europe members on country and regional levels. It adds an informal yet professional networking space to enhance communication and interactions among both new and established EVIPNet Europe members. The forum's aim is to foster peer support and interaction, while it is also used as a repository.

a set of new instruments, such as the Situation Analysis Manual (13), the Introduction to EVIPNet Europe: conceptual background and case studies (7), the Policy Dialogue Preparation and Facilitation Checklist (14) and the Communication and Advocacy Checklist (15) to provide context-specific guidance to WHO Member States in the Region.

1.2. THE FIFTH EVIPNET EUROPE MULTICOUNTRY MEETING



Dr. Claudia Stein © WHO

"EVIPNet Europe does not only give technical, but also moral support. We are a family"

Claudia Stein
Director of the Division of
Information, Evidence, Research
and Innovation

Promoting an environment favourable to the systematic use of EIP requires continuity and personnel able to plan, implement, promote and evaluate knowledge translation (KT) activities. The fifth multicountry meeting was held in Bratislava, Slovakia, on 14–16 June 2017. It was opened by the State Secretary of the Ministry of Health Stanislav Špánik, the Director of the Division of Information, Evidence, Research and Innovation Claudia Stein and Mark Leys of Vrije Universiteit Brussels, Belgium.

The meeting was chaired by Mark Leys and used different interactive methods to increase collaboration and networking, including presentations and discussions in plenary, individual and group work. The meeting aimed to support member countries in further developing EBPs and to introduce the concept of developing a rapid response service (RRS); these sessions ran from Day 1 until the closing of the workshops on Day 3. Day 1 also provided the opportunity for the Secretariat and countries to share experiences and best practices, with an update of EVIPNet Europe activities, EVIPNet Estonia's account of their impactful EBP on reducing the consumption of sugar-sweetened beverages and the Czech Republic's experience of developing a KT platform (KTP). The first day ended with an interactive market place (see section 2.4), which gave a common space for the participants from both streams to collectively discuss different technical areas with content experts as facilitators. Day 2 began with a session dedicated to the development of EVIPNet Europe's new strategic plan 2018–2022 through a SWOT analysis, and a parallel session dedicated to equipping the representatives from [Cochrane](#) with tools for facilitating future EVIPNet Europe workshops.

The varied agenda plus the collaborative nature of the meeting significantly contributed to its high overall productivity (meeting agenda in Annex 1). Outputs and outcomes are given below for the plenary sessions (section 2) and the technical workshops on EBPs (section 3.1) and RRS (section 3.2).

2. SUMMARY OF SESSIONS

2.1. EVIPNET EUROPE: INTRODUCTION AND UPDATE

EVIPNet Europe and its activities were introduced by Tanja Kuchenmüller (Unit leader, i.a. officer, Knowledge Management Evidence and Research for Policy-Making, Division of Information Evidence, Research and Innovation, coordinating EVIPNet Europe). The objectives of this session were to introduce new members of the network to the work of EVIPNet Europe, its mandate, approaches and the resources and tools available to its members. The network's key achievements of the past year were also presented and provided an apt start to the three-day meeting.

Through its EIP capacity-building activities, EVIPNet Europe's promotes:

- a more transparent, participatory decision-making culture, which increases citizens' trust in government; and
- the development of policies that lead to better health outcomes for populations.

EVIPNet Europe aims to improve the public health of, and reduce inequities within, the Region by increasing the systematic use of the best available scientific evidence to guide health system policy development. It does this by applying two of the core Health 2020 principles – whole-of society and whole-of-government approaches – while functioning as an impartial knowledge broker between health policy-makers, researchers and civil society to promote cross-society, multistakeholder partnerships through the development of KTPs.

Since its launch, EVIPNet Europe has expanded rapidly under the guidance of WHO's leadership and experience in KT. Network members gain from the wealth of lessons learned from EVIPNet's global arm, as well as gaining access to its tested tools and methodologies. EVIPNet Europe now includes 19 member countries: Albania, Bulgaria, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, Republic of Moldova, Romania, Serbia, Slovakia, Slovenia, the Russian Federation, Tajikistan, the former Yugoslav Republic of Macedonia, Turkmenistan and Ukraine (Annex 2 lists the participants). The network continues to play an important role in the Region, with further expansion expected in the coming years in the light of growing interest from countries in the western and southern parts of Region, who are keen to participate.

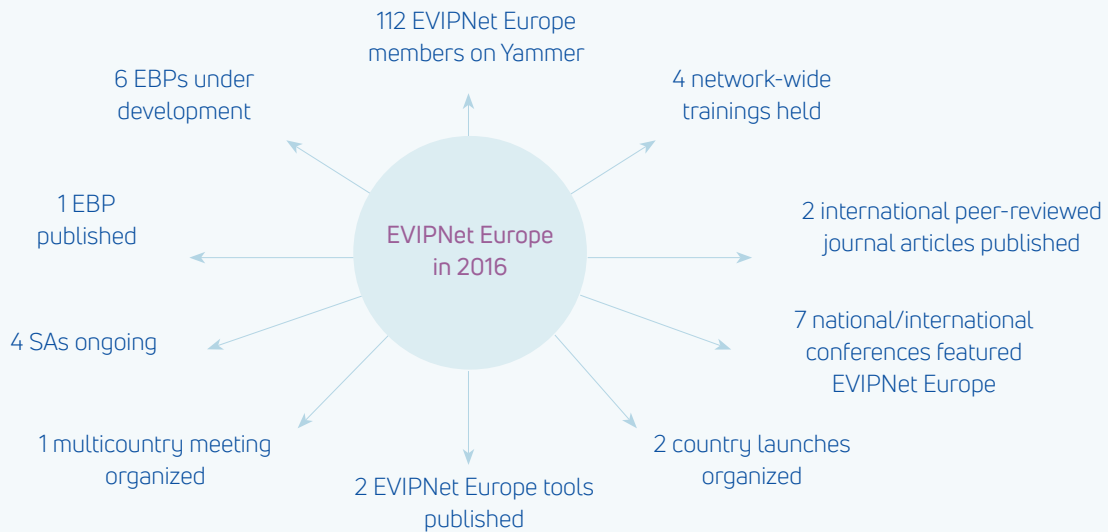


Ms Tanja Kuchenmüller © WHO

“EVIPNet Europe empowers countries and puts them into the driving seat when it comes to strengthening the use of evidence in health policy-making. The network aims to contribute to a Europe in which high-quality, context-sensitive evidence routinely informs health system decision-making. With the adoption of the action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region last year, all 53 Member States in the Region have committed to step up their efforts in producing, disseminating and using health information to improve health policy and practice.”

Tanja Kuchenmüller
Unit leader, i.a. officer, Knowledge Management Evidence and Research for Policy-Making, Division of Information, Evidence, Research and Innovation

FIG. 1. ACTIVITIES AND ACHIEVEMENTS OF EVIPNET EUROPE IN 2016



The network's achievements in 2016 (Fig. 1) included the publishing of the network's first EBP from EVIPNet Estonia on reducing the consumption of sugar-sweetened beverages, which resulted in a landmark policy change to introduce a tax on sugar-sweetened beverages (section 2.2). The network also increased its academic profile with the publication of two international peer-reviewed journal articles and its presence at seven national and international conferences. Further capacity-building activities included publishing two new EVIPNet Europe tools to support countries in implementing EIP, four network-wide training events and one multicountry meeting. Additionally, there are currently four situation analyses (SAs) and six EBPs in development across the network.

2.2. DEVELOPMENT OF ESTONIA'S EBP: AN INTERVIEW WITH KRISTINA KÖHLER

EVIPNet Europe uses EBPs (Box 1) as key KT tools, making them increasingly relevant for network members to promote EIP at national level. In 2016, EVIPNet Estonia published the network's first EBP on reducing the consumption of sugar-sweetened beverages and their negative impact in Estonia (18). The EBP served as catalyst for a tax on sugar-sweetened beverages to be introduced in the country ([Estonia tackles obesity with tax on sugar-sweetened beverages](#)). In addition, the work was recognized as the best act in 2016 in the field of health by the Ministry of Social Affairs. During this plenary session, Kristina Köhler, National EVIPNet Europe Champion from Estonia, participated in an "expert interview". The objective was to share insights and lessons learned related to the EBP development. The following provides a brief summary of the expert interview and the related discussions, and highlights key take-home messages.

Estonia is the first EVIPNet Europe country to publish an EBP. The topic of the EBP links to a priority topic on the national agenda.

The **EBP team** consisted of five members: one researcher from the University of Tartu, two staff members from the Ministry of Social Affairs, one representative of the National Institute for Health Development and an intern from the WHO Country Office in Estonia. High level of trust among the team members was particularly important as the team composition had not been formalized.

Support to the team was provided by the WHO Country Office in Estonia, the Division of Noncommunicable Diseases and Promoting Health through the Life-Course at the WHO Regional Office for Europe and the WHO Secretariat of EVIPNet Europe. Additionally, EVIPNet Chile assisted the team through



Ms Kristina Köhler © WHO

“The EBP has had an impact on policy... It was selected as the best act of the Ministry of Social Affairs in the field of health in 2016. It also brought government sectors and other stakeholders together. When you have the same goal, it is very motivating and inspiring and the process demonstrated that it is possible to achieve change.”

Kristina Köhler
National EVIPNet Europe Champion,
Estonia

BOX 1. EBPs

EBPs – also known as policy briefs – provide direct support to policy-making by packaging the research evidence in a way that it is accessible, relevant, easy to use and applicable at the local level (16). They start with the priority policy issue (not the research evidence). Thereafter, they use the best available evidence to clarify the problem and its causes, and identify and frame policy options to address the problem (17). They often feature issues related to governance, financing and delivery, along with important implementation considerations. The Introduction to EVIPNet Europe (7) provides more information about EBPs and how they fit into the “big picture” of EVIPNet Europe’s mandate, its activities and tools.

six virtual training sessions via WebEx, and by collecting and assessing the relevant research evidence. Additionally, EVIPNet Moldova and EVIPNet Uganda peer-reviewed the draft EBP.

Stakeholder engagement played a crucial role throughout the EBP development process. Discussions took place with high-level stakeholders within the Ministry of Social Affairs, as well as with the secretary generals of other ministries and the State Secretary. After the EBP had been published, the issue became a “hot topic” in the media, which not only increased the support from government representatives but also facilitated engagement with other stakeholders such as paediatricians, dieticians and dentists. Industry representatives organized a European conference in Estonia on food taxes to advocate against a tax on sugary drinks; however, their efforts were not successful.

The **communication** activities around the EBP were proactive and fruitful; the team published three blog posts² on the Ministry’s website, shared the



Mark Leys interviewing Kristina Köhler © WHO

² Blog posts about [obesity and its outcomes in Estonia](#), [sugar-sweetened beverages and policy options](#), and the [tax and its possible outcomes in Estonia](#) are available in Estonian language.

EBP among stakeholders and participated in interviews that were published in the media. Also, a debate involving industry representatives was featured on national TV. Throughout the debate about the introduction of a tax on sugar-sweetened beverages, the EBP could be used to counter industry claims. Key lessons learned in developing EBPs are summarized in Box 2.

BOX 2. KEY LESSONS LEARNED IN DEVELOPING EBPs

- Allocate sufficient time and be flexible in its use.
- Define clear roles and responsibilities within the team from the start, and appoint a team leader.
- Involve stakeholders early on, for example in defining the problem (instead of discussing the problem definition among the team only).
- Make sure to ask for help (e.g. from the WHO Secretariat of EVIPNet Europe) whenever the team lacks knowledge or time.

Presenting the process and impact of the EBP, EVIPNet Estonia inspired other network members currently developing EBPs and sparked great interest and lively discussions among the meeting participants.

In the near future, EVIPNet Estonia is planning to conduct an SA of the EIP context in the country. This will be an important step towards the institutionalization of EVIPNet Estonia's activities, and the routine production of EBPs on high-priority national health issues.

2.3. INSTITUTIONALIZING EFFORTS TO BRING RESEARCH INTO POLICY AND PRACTICE: THE CZECH NATIONAL COORDINATION CENTRE FOR PREVENTION OF SERIOUS DISEASES

EVIPNet Europe promotes the establishment of KTPs at country level (Box 3). These teams function as institutional knowledge brokers who plan and implement KT activities, bringing the worlds of research and policy together. Similarly, the Czech National Coordination Centre for Prevention of Serious Diseases (CNCC PreSeD) plans to institutionalize efforts to bridge the gap between research and policy and practice. During this session, Ondřej Májek, Head of Department of Foreign Affairs, [Institute of Health Information and Statistics of the Czech Republic](#) and member of the European Health Information Initiative, presented his experience in the planning early implementation of the KTP-like institution. The objective of this session was to share insights and lessons learned.



Ondřej Májek sharing the experience of the Czech Republic in setting up a KTP © WHO

Using the European policy framework Health 2020 as a starting point, the Czech Republic developed a [National Strategy for Health Protection and Promotion and Disease Prevention](#). In addition, the country's national action plan for the development of medical screening programmes was adopted, including areas such as ensuring adequate governance and decision-making about cancer screening programmes, and safeguarding innovations of screening programmes according to the current scientific evidence.

The [Operational Programme Employment 2014–2020](#) (co-financed by the European Social Fund) with investment priority 2.2 (Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest) consequently represented an opportunity to obtain funding for the implementation of the above strategy and action plan. In turn, the CNCC PreSeD was set to become a KTP, ensuring a positive impact on the health of Czech citizens and ensuring high cost–effectiveness of early disease detection programmes. The specific aims of the projects for establishing the CNCC PreSeD include:

- to establish and operate the National Council for Implementation and Governance of Early Disease Detection Programmes and its working groups;
- to implement the life cycle of early detection programmes and create its methodological framework;
- to verify the methodology for planning a new programme and implement a series of early detection pilot projects;
- to foster communication and education; and
- to provide a data warehouse and analytical tools for early detection programmes.

The operation of the CNCC PreSeD will be steered by a board consisting of the Director of the Institute of Health Information and Statistics and the Executive Director and Scientific Director of the CNCC PreSeD. The CNCC PreSeD itself will consist of technical teams with expertise in KT and statistical data analysis; web development; database development and data collection; and project management of pilot projects.

Support from existing teams at the Institute of Health Information and Statistics will be provided in terms of management of public procurement, contracts, accounting and human resources; management of information technology infrastructure and the National Health Information System; and general data analysis. Fig. 2 outlines the structure of the CNCC PreSeD, which is expected to become operational during 2017.

The session outlined that the Czech KTP will require sustained high-level political support, multistakeholder involvement and acceptance (e.g. by

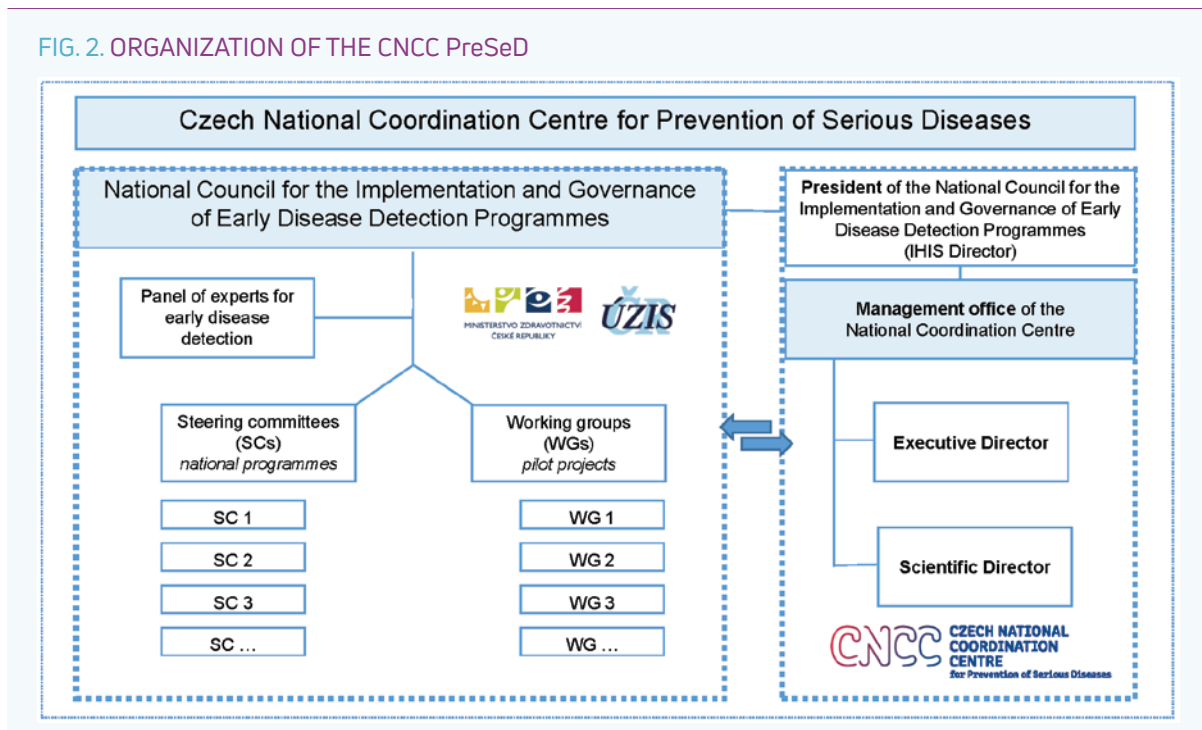
BOX 3. KTPs

A KTP promotes and creates an environment that supports both research use in policy-making and policy needs in research design (19). It may be a formal organization, department or network, focusing on bringing actors together, synthesizing explicit and tacit knowledge and leading networking in KT (20). A KTP leads the development of EBPs and PD exercises, offers an RRS, conducts priority-setting exercises and performs clearinghouse functions.

health insurance companies), high levels of interest from expert medical societies (e.g. for the implementation of early disease detection programmes) and availability of skilled personnel. On the one hand, the KTP could benefit from EVIPNet Europe’s capacity-building activities while learning how to apply KT tools such as EBPs and could use EVIPNet Europe as a sounding board in the further institutionalization process. On the other hand, EVIPNet Europe members could learn from the Czech team about windows of opportunities and the requirements to establish and operationalize a KTP, specifically in the area of early detection programmes, including their implementation, monitoring and evaluation. Three key lessons learned could be identified even at such an early stage of KTP establishment:

- the Czech Republic seized an opportunity by linking Health 2020 and applying for a project co-financed from structural funds with the establishment of a KTP, which is a good example for other network members;
- the location of the Czech Republic’s KTP at an “evidence institution” was noted as a potential advantage, although the need for cooperation with other sectors (e.g. the Ministry of Social Affairs or of Education) and for applying a whole-of-society approach was considered potentially more difficult; and
- the importance of not only reproducing existing structures but also complementing them with innovative elements that add value.

FIG. 2. ORGANIZATION OF THE CNCC PreSeD



Note: Adapted from the presentation by Dr Ondřej Májek

2.4. MARKET PLACE

The market place was an interactive session with the aim of allowing participants to have the opportunity to learn, exchange, receive/provide peer support and exchange experience related to different technical areas. Market stands were set up related to six different topics, with a facilitator available at each stand to discuss the topic with participants. Each market stand displayed topic-specific information material and a flipchart was available for notes.

The market place session gave participants the opportunity to learn and exchange experience related to six different technical areas. Collaborative learning (the grouping of people working together for joint learning) through a medium like a market place has been highly advocated as an effective tool for adult learning. Research has demonstrated that the active exchange of ideas within small groups increases the interest among participants as well as encourages critical thinking (21).

The six stands were

- EVIPNet Europe’s country work plan development (facilitated by Tanja Kuchenmüller, WHO Regional Office for Europe);
- SAs (facilitated by Mark Leys, Vrije Universiteit Brussels, Belgium);
- RRS (facilitated by Fadi El-Jardali, American University Beirut, Lebanon);
- EBP (facilitated by Kaelan Moat, McMaster Health Forum, McMaster University, Canada);
- virtual forum on Yammer (facilitated by Olivia Biermann, WHO Regional Office for Europe); and
- the [Wellcome Trust](#) (facilitated by Paul Woodgate, a representative from the research foundation).



Networking at the market place; Mark Leys discussing SAs and KTPs with participants © WHO

The informal setting of the market place promoted discussion and interaction, where the facilitators could mediate the interactions but still allow for flexibility of dialogue. The format provided participants with the opportunity to liaise directly with the representative from the Wellcome Trust to discuss the potential for future funding for EBP development and other KT activities in their countries (those that fall under low-middle income classification) through their [Small Grants in Humanities and Social Science mechanism](#).



Paul Woodgate providing insights into the work of the Wellcome Trust © WHO

2.5. TOWARDS EVIPNET EUROPE'S NEW STRATEGY

With EVIPNet Europe's current strategic plan (22) coming to an end in 2017, the network is starting to develop its strategy for the upcoming five years. This will be done through a participatory approach including input from all key stakeholders of the network. This multicountry meeting offered an opportunity to commence the strategy development process by gathering ideas on new strategic directions for EVIPNet Europe from national champions and country team members.

During a dedicated workshop session, participants engaged in a SWOT analysis regarding the implementation of EVIPNet Europe's current strategy and a guided brainstorming exercise about future strategic directions. Annex 3 outlines the results of the SWOT analysis.

The following summarizes the results from these discussions, which will feed into the strategy document, along with input from additional key players such as WHO heads of country offices and the EVIPNet Europe Steering Group.



Brainstorming about EVIPNet Europe's current and future strategic directions, with Mark Leys and Tanja Kuchenmüller facilitating discussions © WHO



Professor Mark Leys © WHO

“We need all participants from this meeting to become ambassadors for EVIPNet Europe in their countries”

Mark Leys
Professor, Vrije Universiteit Brussels,
Belgium, and chair of the EVIPNet
Europe Steering Group

2.5.1. CURRENT STRATEGIC DIRECTIONS

The four current strategic directions of EVIPNet Europe (22) are:

- supporting KT networks;
- strengthening KT capacity;
- supporting KT innovations; and
- catalysing KT at regional and national levels.

In summary, EVIPNet Europe’s strengths are said to be closely linked to its strategic directions (e.g. the focus on capacity-building and institutionalization) with opportunities to support the implementation of regional and global health agendas (e.g. Health 2020 or the Sustainable Development Goals). Key factors are the Action plan to strengthen the use of evidence, information and research in policy-making in the WHO European Region (5) and continuous support by the WHO Secretariat of EVIPNet Europe. Participants stressed the benefit of being able to rely on a strong and mature network and being able to share good practices in EIP (e.g. Estonia’s EBP (18)). The network’s main weaknesses seem to be connected to the need for further raising of awareness at high political levels and building more capacity and KT institutionalization in countries. The network’s activities might also be threatened by factors such as political instability or economic crises.

The network has achieved a lot under its first five year strategy (Fig. 3) and is now ready to embark on the next phase.

2.5.2. FUTURE STRATEGIC DIRECTIONS

Meeting participants envisioned that within the next five to ten years, every EVIPNet Europe member country ought to have a KTP with trained and dedicated personnel, promoting the systematic and transparent use of the best available evidence. Overall, EVIPNet Europe is seen as a knowledge hub and a knot connecting KT actors in the countries, the Region and beyond.

Based on the input provided, EVIPNet Europe should maintain its current strategic directions complemented by new directions that would allow the network to better adapt to a changing environment and network needs (Table 1).

Developing the new strategy in a participatory manner will prove invaluable in EVIPNet Europe’s further development; it will ensure relevance for the countries in the Region as well as the feasibility and acceptability of related activities.

FIG. 3. EVIPNET EUROPE NETWORK ACTIVITIES AND ACHIEVEMENTS UNDER THE FIRST FIVE-YEAR STRATEGIC PLAN

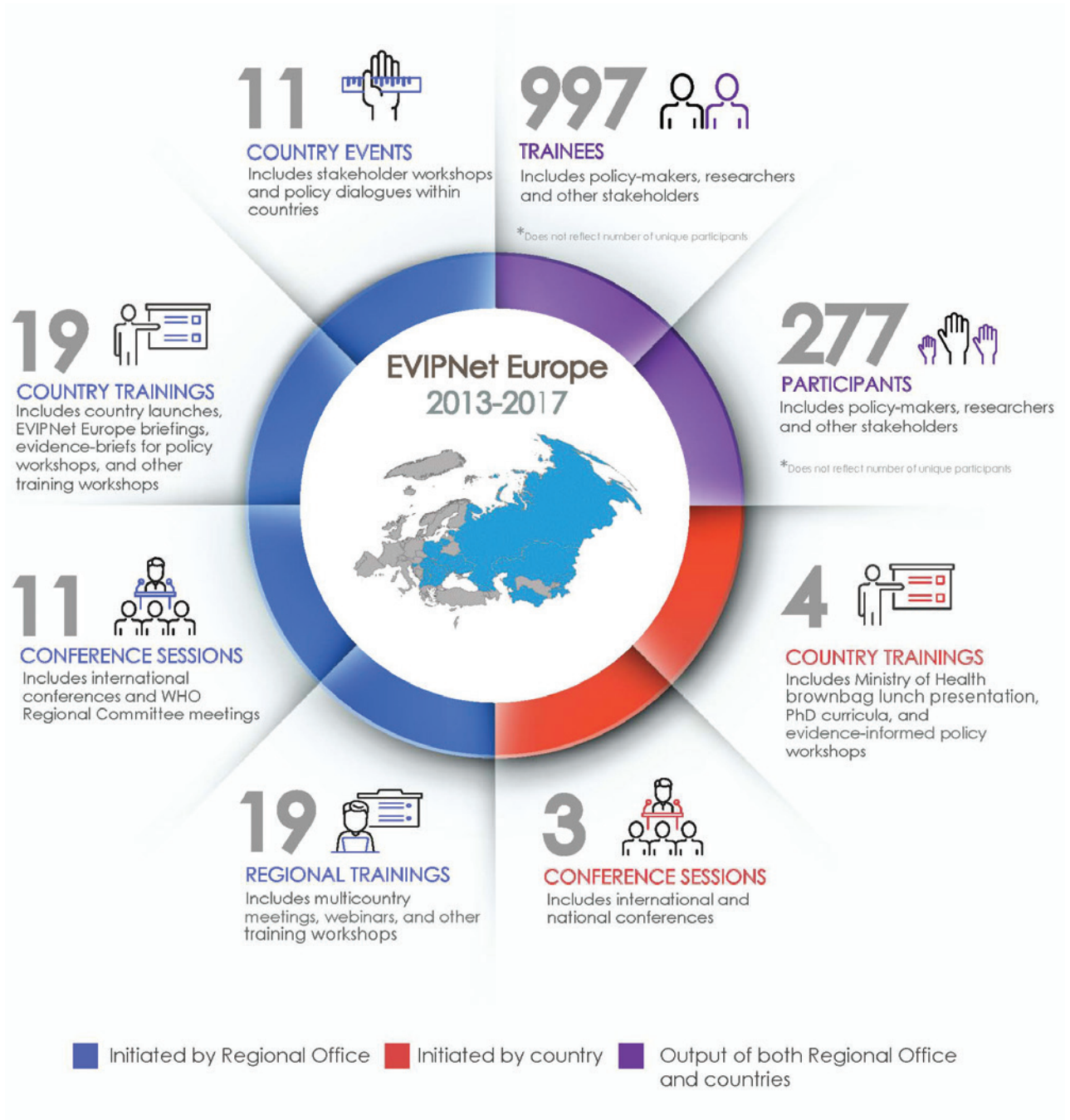


TABLE 1. EVIPNET EUROPE'S CURRENT AND NEW STRATEGIC DIRECTIONS

STRATEGIC PRIORITIES	ACTIVITIES
Supporting KT networks	<ul style="list-style-type: none"> ❖ EVIPNet Europe will continue to assist in the establishment of country teams (national networks dedicated to strengthening innovative health partnerships among researchers, policy-makers and civil society in their respective countries) in order to enhance EIP ❖ These country-level teams will continue to be complemented wherever required and made feasible by the establishment and/or strengthening of regional and subnational networks ❖ NEW: participants emphasized that EVIPNet Europe should move from being a network of people to a network of KTPs and focal points (i.e. institutionalizing KT efforts to make them sustainable)
Strengthening KT capacity	<ul style="list-style-type: none"> ❖ Recognizing the limited capacity of KT in the region, EVIPNet Europe will continue to provide technical assistance, mentorships and exchanges, plus routine capacity-building workshops to improve the skill base of its network members
Supporting KT innovations	<ul style="list-style-type: none"> ❖ EVIPNet Europe will continue to facilitate the development of KT strategies and tools tailored to the priorities of the countries in the WHO European Region
Catalysing KT at regional and national levels	<ul style="list-style-type: none"> ❖ EVIPNet Europe will continue to promote awareness and creates a commitment to improve the culture and practice of KT and EIP ❖ EVIPNet Europe recognizes that country teams will be most successful and sustainable in regional and national environments that value the contribution of KT in health systems research and policy
NEW: expanding EVIPNet Europe	<ul style="list-style-type: none"> ❖ EVIPNet Europe will engage and create synergies with diverse stakeholders and sectors ❖ The network will include all 53 Member States of the WHO European Region, fostering reverse learning between eastern and western countries, as well as between new and experienced members
NEW: increasing commitment	<ul style="list-style-type: none"> ❖ EVIPNet Europe will enhance its visibility and awareness, particularly among high-level policy-makers and in the media; the network will use tools to engage the different target groups more actively
NEW: being at the forefront of research	<ul style="list-style-type: none"> ❖ EVIPNet Europe will contribute to developing a research agenda to enhance KT and EIP in the Region ❖ The research will span fields such as public health, health systems and policy, as well as implementation research, and it will focus on regional health and policy priorities

3. MAIN THEMES: EBP AND RRS

3.1. DEVELOPING EBPs

Many EVIPNet Europe member countries are going to develop EBPs in the near future. Six countries will produce EBPs related to antimicrobial resistance (AMR) (Lithuania, Kazakhstan, Montenegro, Slovakia, Slovenia and the former Yugoslav Republic of Macedonia) with the possibility of other countries joining soon. The objective of this workshop track was to further train participants in developing EBPs (and for Cochrane representatives to train as trainers). The session was facilitated by Kaelan Moat.

The workshop was preceded by four webinars and pre-workshop tasks. It consisted of an introductory presentation on AMR, as well as interactive sessions with the central theme of developing EBPs, the review of an EBP, skills-building in providing EBP training and the definition of the concrete next steps. The following provides insights into the sessions.



Saskia Nahrgang setting the scene for the AMR EBPs © WHO



Dr Saskia Nahrgang © WHO

“Infections caused by multidrug-resistant pathogens pose an imminent threat to the achievements of modern medicine. We can’t remain inactive. We need good policies, rooted in evidence, applied in a whole-society, whole-government approach in order to reverse the trend of spreading antimicrobial drug resistance. The EBPs on AMR provide the perfect opportunity to engage in a dialogue across sectors and investigate policy options that work in a specific setting.”

Saskia Nahrgang
Technical Officer, Programme
Control of Antimicrobial Resistance
at the WHO Regional Office
for Europe

3.1.1. AMR AFFECTS SUSTAINABLE DEVELOPMENT

According to recent estimates, AMR is leading to approximately 700 000 deaths per year worldwide: 10 million deaths per year and cumulative global cost of US\$ 100 trillion being projected for 2050. The Antimicrobial resistance: global report on surveillance 2014 (23) describes very high rates of resistance observed in all WHO regions, many gaps in information on pathogens of major public health importance and a lack of key tools to tackle AMR (e.g. surveillance systems). AMR is creating a “quiet crisis”, endangering both human and animal health because modern health and agriculture systems depend on effective antimicrobial drugs and many people and animals are at higher risk for infections. Continued overuse and misuse of antimicrobials in human and animal sectors hamper progress. Strategies to tackle AMR include awareness raising, the development of national plans, capacity-building and policy development. Additionally, sustained development of and access to critically needed new antibiotic classes and technologies is vital.

To successfully develop EBPs related to AMR, the importance of unpacking AMR-related problems together with the EBP team and steering committee was emphasized; the group also discussed together which specific parts of the problem to focus on in the EBP.

3.1.2. FIRST STEPS IN PREPARING AND DEVELOPING AN EBP

The face-to-face meeting was an opportunity for participants to further hone their skills for the main activities in EBP development, which include distilling the policy problem and searching for, appraising and synthesizing the evidence. These activities were first encountered during the virtual training through four webinars prior to the multicountry meeting. The first webinar introduced EBPs to the participants and helped them to clarify the policy problem into research questions. The second webinar focused on framing the policy options available using best available systematic review and cost-effectiveness evidence, and the third webinar looked into how best to implement those policy options based on evidence. The fourth webinar detailed the practical aspects of preparing EBPs with a case study example that the participants could use while working on their own EBP. The recordings of the webinars are available on Yammer and

Fig. 4 outlines the key questions that need answering through the EBP process as deliberated in the webinars. As a preparation to the multicountry

FIG. 4. KEY QUESTIONS TO BE ANSWERED THROUGH THE EBP



- What is the problem (and its causes)?
- How did the problem come to attention and has this process influenced the prospect of it being addressed?
- What indicators can be used to establish the magnitude of the problem?
- What comparisons of indicators can establish the magnitude of the problem (over time and/or across settings)?
- How can the problem be framed (or described) to get traction among key stakeholders?

- What is an appropriate set of options for addressing the problem and its causes?
- What benefits are likely to be achieved with each option?
- What harms are likely to arise with each option?
- What are the local costs and cost-effectiveness of each option?
- What adaptations might be made to any given option and might they alter its benefits, harms and costs?
- Which stakeholders' views and experiences might influence the acceptability of each option?

- What are the potential barriers to and facilitators of the policy or programmatic option?
- What strategies should be considered to facilitate necessary behavioural changes among patients/citizens and among health workers?
- What strategies should be considered to facilitate the necessary organizational or system changes?

- What are the key practical considerations?
- What should the EBP team set-up look like?
- Who should be considered for inclusion in the stakeholder map or steering group?
- What key issues should be included in the protocol or EBP terms of reference?
- How should one engage in a PD?
- What processes should be put in place for appropriate dissemination of the EBP?

Note: Adapted from the presentation by Dr Kaelan Moat

meeting, participants had undertaken the following tasks, building the foundation for developing EBPs for the country teams:

- drafting a stakeholder map
- defining an EBP team constellation
- establishing members of a steering committee
- developing a draft work plan
- creating a draft terms of reference for an EBP.

The tasks allowed participants to seize the opportunity of working productively with peers and the facilitators at the workshop to improve on their work collectively.

In learning about **mapping stakeholders**, participants became familiarized with different methods of mapping and analysing stakeholders, including the different skill-mix needed for EBP development. The **EBP team** should coordinate, conduct, monitor and evaluate development of the EBP and, ideally, the team should contain people with expertise in the subject matter and in evidence reviews who have the ability to interpret and synthesize research findings; at least one member should have been exposed to the EBP webinar training, participated in face-to-face training or have previously developed a brief. The representative from Hungary said that the following experts were involved in their EBP development on AMR: two epidemiologists, two pharmacologists, one infectologist and three policy and support staff. The role of the **steering committee** (which should consist of representatives from partner organizations) is to support in the development and review of the project plan, timeline, budget and the final EBP.



Kaelan Moat (McMaster Health Forum),
Liliya Ziganshina (Cochrane Russia) and
Raimonda Janoniene (National EVIPNet
Europe Champion, Lithuania) discussing
EBPs © WHO

Group work with the technical support of the facilitator, the WHO Secretariat and the Cochrane trainers concentrated on the two important documents for the EBP: **the work plan** (outlines timelines, responsibilities, budget and gives an overview of the administrative procedures involved) and the **terms of reference** (all essential information of the EBP including the related problem tree³ and a map of the policy context). As a result of these sessions, the pre-workshop tasks were refined and EVIPNet Europe member countries have a clear roadmap for the full EBP.

The main lessons that arose among participants when discussing the pre-workshop tasks are included in Box 4.

The participants were also informed of the concepts that need to be aligned before, during and after the development of an EBP. EBP development is often preceded by a **prioritization process** of national health issues. These priorities can arise in one of two ways or a combination of these:

- the national EVIPNet teams are approached by government policy-makers and/or stakeholders with a priority issue to develop an EBP; or
- the national EVIPNet team (whose mandate is to prepare EBPs) identifies a key health issue to address.

While the first requires continued refining of the scope, the second calls for the identification of an issue, through ongoing interactions with policy-makers and other stakeholders.

A **PD** should be planned alongside the EBP development and is vital to the success of any EBP. Those invited to the PD should be able to articulate a particular constituency's views and experiences on the pressing policy issue addressed by the EBP; engage with others constructively (i.e. those known to be solutions-oriented and who are in a position to affect change); and have an interest in implementing and advancing actions related to the EBP and coming out of the PD. Detailed information can be found in the WHO Regional Office for Europe's Policy Dialogue Preparation and Facilitation Checklist (7).

Once the EBP is developed, the EBP team needs to undertake the key tasks of **monitoring and evaluation** and **outreach and dissemination**. Evaluations could be formative (e.g. process assessment) or summative (e.g. outcomes assessment), and a combination of both process and results was considered most beneficial. The monitoring and evaluation tool developed by McMaster Health Forum provides guidance on how to conduct this (24–27).

The development of a formal dissemination and outreach plan (which could include emailing colleagues, posting on a website, publishing a press release

³ The problem tree is a valuable tool to visualize and clarify the problem and its causes, facilitating discussions and finding an agreement among EBP team members and beyond.

or using social media) was emphasized as a valuable method to ensure the involvement of those known to be in a position to affect change and to have an interest in implementing and advancing actions related to the EBP. Helpful examples are available through the the [K2P Center](#).

BOX 4. KEY LESSONS LEARNED IN DEVELOPING EBPs

EBP PROBLEM STATEMENT

- Know where the problem came from and how it evolved in the country/region, which is important to ensure that the framing of the issue is approached in the most appropriate way, mainly as a way to secure traction within the policy process.
- Frame the problem, which is an iterative process, and engage stakeholders to ensure that the problem is not approached in a biased way.
- Unpack the problem as comprehensively as possible (e.g. is the problem related to risk factors or disease conditions, to programs or services, or to health system arrangements, or to implementation challenges).

TYPES OF EVIDENCE

- Local evidence is used to frame the context section, while options are based on global evidence (e.g. from systematic reviews). Usually local evidence is not used to frame options but can be used to complement global evidence (when available) for contextualization.

TEAM AND STAKEHOLDER INVOLVED

- The mix and composition (policy-makers, researchers and other stakeholders) of the team is more important than numbers.
- In some settings, there are overlaps of roles (e.g. steering committee members are also key-informants and PD participants). Merit reviewers should be kept separate.

DRAFTING PROCESS

- The first EBP draft should be based on the structure of the terms of reference; the content is revised in subsequent drafts through multiple iterations (and ongoing feedback if still conducting key-informant interviews).
- The EBP template and the tables included are used to keep the document as succinct as possible.
- Successful examples of others (i.e. EVIPNet, the McMaster Health Forum and the Caribbean Public Health Agency) should be followed.
- There is no need to reinvent the wheel in developing the EBP, although tailoring for context is necessary.

3.1.3. REVIEWING AN EBP

Quality control is an important part of any EBP development process; consequently, the objectives of this session were threefold: for participants to learn how to review their own EBPs prior to finalization; for participants to learn how to review other EBPs (as part of merit/peer review processes); and for Balázs Babarczy (National EVIPNet Europe Champion from Hungary) and his team to be provided with concrete suggestions for improving the EBP.

As part of a merit review, the EBP is ideally shared with researchers (to ensure scientific rigour of the document), policy-makers (to ensure policy and system relevance), other health system stakeholders such as the director of a professional association (to ensure the balanced assessment of policy and systems relevance) and with the WHO Secretariat of EVIPNet Europe and other EVIPNet member countries for feedback and peer review. Guidance for the merit review is available through the SURE guide (11) and SUPPORT tools (12).

Using EVIPNet Hungary’s draft EBP on Promoting the appropriate use of antibiotics to contain antibiotic resistance in human medicine in Hungary, the participants were equipped with a list of questions and peer reviewed the EBP. Hungary welcomed the opportunity to receive constructive comments from the facilitators and participants on the overall scope of the EBP, its different sections as well as the datasets described, which will guide the documents finalization. The Hungarian EBP – although still in draft version – served as a concrete example, impressing both the participants and the facilitators.



Mr Balázs Babarczy © WHO

“The meeting was an excellent opportunity to learn skills from the outstanding facilitators, but also from the experience of one another, and from the common reflection on the difficulties and opportunities of designing a knowledge translation service – or elaborating on evidence briefs for policy.”

Balázs Babarczy
National EVIPNet Europe Champion,
Hungary

3.1.4. SUPPORTING OTHERS IN DEVELOPING EBPs

As part of the Training-the-Trainer workshop, the three Cochrane trainers (identified through a call for expression of interest), Livia Puljak, Tarang Sharma and Liliya Ziganshina, together with Kaelan Moat discussed their lessons learned and trouble-shooting strategies to support countries in developing EBPs.

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



Ms Tarang Sharma © WHO

“Participating in the fifth multicountry meeting in Bratislava was a great opportunity to meet the users of Cochrane reviews and learn first-hand how its evidence is being translated to support the development of health policies across the European Region, with the support of the WHO Secretariat. It was also an opportunity for us three Cochrane trainers to share our experiences and learnings throughout the whole process.”

Tarang Sharma
Research Fellow, Nordic Cochrane
Centre

Europe meetings. Adult learning is characterized by a learner-centred approach, taking into consideration adults’ specific learning requirements; consequently it needs to be more self-directed and goal and relevancy oriented, highlighting practicality and encouraging collaboration.

A discussion on the strategies to facilitate adult learning (summarized in Fig. 5) provided guidance for the Cochrane trainers and equipped them for co-facilitating EVIPNet workshops in the future.

3.1.5. NEXT STEPS IN EBP DEVELOPMENT

Based on the EBP pre-workshop tasks (revised at the meeting) and related discussions, selected EVIPNet Europe member countries will embark on developing EBPs on AMR. Being part of a cohort will offer a joint learning opportunity for the teams: they will collaborate and share approaches; build off of work done by colleagues; help to improve each other’s work by providing opportunities for peer review; and provide moral support, especially given the challenges that may be encountered as all teams commence a novel process.

A key tool for peer support and exchange will be EVIPNet Europe’s online forum Yammer, where participants and facilitators can share resources and drafts for discussion. The virtual forum can thus help to strengthen the network ties and structure.

The Cochrane trainers will act as future champions for EVIPNet Europe in the Region and will, on the one hand, increase the visibility of the newly established collaboration by officially reporting back to their organization at their annual meeting in September 2017 and, on the other hand, serve as co-facilitators at future EVIPNet Europe trainings and workshops.

FIG. 5. STRATEGIES WHEN SUPPORTING OTHERS IN DEVELOPING EBPs

PRIOR TO THE WORKSHOP		
Be aware of the contextual (including cultural) background of participants and adapt the content and methods accordingly (consult the WHO country office regarding this when preparing your workshop)	Give a feasible amount of pre-workshop tasks to participants for them to be well-prepared for the workshop	Organize a meeting/conference jointly with WHO if possible to secure stakeholders' commitment and participation
DURING THE WORKSHOP		
Get agreement on the agenda, objectives and outcomes as well as ground rules	Find out the group's expectations	Give participants the chance to introduce themselves
If appropriate, create an informal (yet professional) atmosphere without strong hierarchical structures	Get group consensus on how to proceed to avoid/overcome awkward group dynamics	Use humour to lighten the mood and create a good atmosphere
Listen carefully and show participants that you do (e.g. check if you understood their idea correctly)	Value the sharing of participants' experiences	Work with an example EBP to inspire discussions and to better guide participants
Do not be defensive	Ally with "power players" (e.g. acknowledge them in the beginning of the workshop, try to give them roles during the meeting such as for "sounding board" during breaks)	Refer back to the agenda and the ground rules when needed
Use appropriate body language (e.g. move close to conversers, make eye contact)		Take a break when needed by participants or yourself

Note: Adapted from the presentation by Dr Kaelan Moat

3.2. ESTABLISHING AN RRS

An RRS (Box 5) is a KT tool implemented in countries outside the WHO European Region (e.g. in Brazil, Canada, Lebanon and Uganda). In order to expand the tools available to EVIPNet Europe member countries, this parallel workshop track was organized with the objective of introducing participants to the methods of RRS, and related opportunities and challenges. RRS complements EVIPNet Europe's current portfolio of KT tools, being designed to meet policy-makers' urgent needs for research evidence to resolve policy problems. The workshop track was facilitated by Professor Fadi El-Jardali (member of global EVIPNet Steering Group), and supported by Racha Fadlallah, both affiliated to the K2P Center.

Box 5. RRS

An RRS responds to a question or issue arising from a policy-maker, producing a synthesis of research evidence on a timescale of hours to days to weeks (28).

The workshop consisted of an introductory presentation on RRS, explained using a case study through a simulation exercise; a practical session related to undertaking research evidence searches and conducting evidence syntheses; and an interactive session dedicated to supporting the participants to develop an elaborated and expert-reviewed proposal to establish an RRS service.



Participants during the RRS session © WHO

3.2.1. INTRODUCTION TO RRS

Evidence syntheses (such as EBPs and RRS) and their value for policy-making compared with literature reviews were presented. Evidence syntheses are more robust as their search methods build on clear and systematic methods (e.g. eligibility criteria for inclusion/exclusion of studies are distinct; data abstraction methods are specified; their process is transparent; and their design reproducible). Furthermore, evidence syntheses prioritize systematic reviews and take the quality of evidence into consideration. Finally, they also attempt to engage stakeholders in clarifying question and scope and provide contextual background to the issue. In a nutshell, evidence syntheses are more reliable and hence policy-makers place more confidence in them than in literature reviews.

An RRS is considered as a means to address factors consistently reported to hinder the use of research evidence in policy decisions, such as timeliness, relevance and availability of research evidence. An RRS provides access to a well-packaged, relevant and updated synthesis of the best-available evidence on priority topics in a short period of time. Consequently, an RRS appears as a useful tool for policy-makers (28), complementing the KT toolbox.

Compared with an RRS, an EBP tends to be more comprehensive in presenting the problem, options and implementation considerations, and it is more contextualized. In addition, an EBP typically feeds into a PD (Table 2).

RRS products may vary depending on the given timelines; therefore, managing the expectations of policy-makers accordingly is key, just as is being transparent about what a RRS product might or might not cover. For example, an RRS product developed within three business days (compared with one developed within 30 business days) would neither build in a detailed summary of the available research evidence nor experience from other countries. It would have neither gone through merit review. Table 3 lists more details about the turnaround products for 3–10–30 days.

Examples of RRS can be found at the [McMaster Health Forum Rapid Response Programme](#), [SURE Rapid Response Service – Uganda](#) and the [K2P Center](#) in collaboration with the [Center for Systematic Reviews of Health Policy and Systems Research](#).

TABLE 2. COMPARING AN RRS AND EBP

	RRS	EBP
TIMELINE	3 to 30 working days	2 to 3 months
ORIENTATION	<ul style="list-style-type: none"> • Question-oriented • No litmus testing 	<ul style="list-style-type: none"> • Problem-oriented • Litmus testing
CONTEXTUALIZATION	<ul style="list-style-type: none"> • Relatively less contextualization (overview of current situation) 	<ul style="list-style-type: none"> • Highly contextualized (overview of problem, size of problem and underlying causes in a given context)
STRUCTURE	Varies depending on timeline: <ul style="list-style-type: none"> • current situations • synthesis of the research evidence • what other countries are doing (for 30-day product) 	Standardized: <ul style="list-style-type: none"> • problem • underlying causes • options/elements to address the problem • implementation consideration
MERIT REVIEW	<ul style="list-style-type: none"> • Done for 10- and 30-day products 	<ul style="list-style-type: none"> • Internal and external merit review
DISSEMINATION	<ul style="list-style-type: none"> • Depends on topic and timeline (includes personal exchange and debriefings, but could entail PDs) 	<ul style="list-style-type: none"> • Typically feeds into a PD

Note: Adapted from the presentation by Professor Fadi El-Jardali

TABLE 3. A SUMMARY OF FINDINGS TABLE OVER THE 3–10–30 BUSINESS DAYS PERIOD

3 BUSINESS DAYS	10 BUSINESS DAYS	30 BUSINESS DAYS
INCLUDED		
<ul style="list-style-type: none"> • Key messages • A summary of findings table: <ul style="list-style-type: none"> • Key findings from systematic reviews • Quality appraisals (only if already available) • Countries in which included studies are conducted (only if available) 	<ul style="list-style-type: none"> • Key messages • Brief summary of findings from systematic reviews and primary studies • A summary of findings table: <ul style="list-style-type: none"> • Key findings from systematic reviews and relevant primary studies • Quality appraisals (only if already available) 	<ul style="list-style-type: none"> • Key messages • Brief summary of findings from systematic reviews and primary studies • A summary of findings table: <ul style="list-style-type: none"> • Key findings from systematic reviews and relevant primary studies • quality appraisals (only if already available) • Detailed summary of the available research evidence • What other countries are doing • Internal and external merit review
NOT INCLUDED		
<ul style="list-style-type: none"> • Identification of primary research studies or grey literature • Quality appraisal of systematic reviews not appraised in Health Systems Evidence • Detailed summary of key findings • What other countries are doing • Internal and external merit review 	<ul style="list-style-type: none"> • Grey literature • Quality appraisal of systematic reviews not appraised in Health Systems Evidence • A detailed summary of key findings • What other countries are doing • External merit review 	<ul style="list-style-type: none"> • Conducting a full systematic review

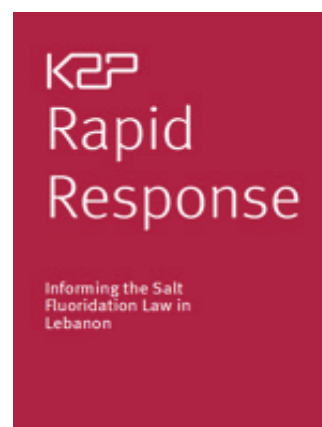
Note: Adapted from McMaster Health Forum

3.2.2. HOW AN RRS HALTED A LAW IN LEBANON: SIMULATION EXERCISE

A RRS case study was presented as a simulation exercise, conducted by the facilitators. This roleplay between a RRS team member responding to a request by the Ministry of Public Health allowed participants to witness how such an interaction would take place and what the practical aspects of handling it entailed. The case focused on timely provision of evidence on the effects of salt fluoridation on dental caries and other health outcomes, that the K2P Center received in December 2014 (Box 6).

Discussion ensued on the following aspects of setting up a RRS:

- an RRS is often **reactive**, working upon requests, but **agenda setting** is also feasible, depending on the context and where the service is located, especially in terms of its proximity to the ministry;
- the **scope** of RRS is a policy problem needing an answer within the next month and **clarification** of the scope is often needed to ensure that both parties are in agreement; for longer timelines other products (such as an EBP) are more relevant; and
- finalizing a **timeline** is important and RRS teams are advised not to commit at once but rather take a day to undertake a quick scoping review to determine the quantity of literature available on the topic and then negotiate with requestor the type of RRS product to deliver (3, 10 or 30 days).



Cover page of the rapid response product on salt fluoridation © K2P Center

BOX 6. INFORMING THE SALT FLUORIDATION LAW IN LEBANON (CASE STUDY/SIMULATION EXERCISE)

In August 2011, salt fluoridation law no. 178 was approved by the Lebanese Parliament, mandating all table and kitchen salts in Lebanon to be fluoridated. The Law was set to come into effect in December 2014, stirring up controversy among the Lebanese population. Proponents of the law stated that salt fluoridation can significantly help to reduce tooth decay, which is prevalent among children in Lebanon. Opponents of the law argued that fluoride is toxic and its addition to salt can lead to various adverse health effects, thus questioning whether the assumed dental benefits outweigh the risks. With mounting pressure from both sides, the Ministry of Public Health in Lebanon requested timely evidence on salt fluoridation in an attempt to settle the debate and reach a decision. At the same time, health advocates and environmental researchers were calling for increased evidence on the issue. The RRS team at the K2P Center was requested to provide evidence for the problem. The team assessed whether the request fit within the scope of the RRS and ran a quick search of the literature, which revealed a range of interventions to reduce dental caries, as well as a range of health-related and non-health outcomes linked to these interventions. They clarified the scope and its characteristics with the Ministry and agreed on a 30-day product with the title, Is mandatory salt fluoridation that has recently been proposed by Law no. 178 in Lebanon the most viable option for reducing dental caries in the country? The team proceeded by identifying, selecting, appraising and synthesizing relevant research evidence (using appropriate checklists) and finalized the draft, which concisely presented the research evidence. Subsequently, the product was sent for merit review, revised and translated into the local language. The product was then submitted to the Ministry (via both email and hard copy). The product was also disseminated to a wider audience, and finally the salt fluoridation law was halted based upon thorough assessment.



Professor Fadi El-Jardali © WHO

“Depending on the policy issue at hand, the government sometimes can look at us [the RRS team] as problem creators rather than problem solvers. It is important to remain objective and neutral. Sometimes it takes a long time to influence a decision, sometimes it goes very fast. It all depends on the right moment in the political and policy contexts.”

Fadi El-Jardali
K2P Center; Member, EVIPNet
Global Steering Group

3.2.3. EVIDENCE SEARCHES AND SYNTHESSES

The exercise comprised the following three steps.

1. A **search strategy** was developed (Annex 4) that allowed participants to understand the concept of identifying search terms from key words of the question and how to use Boolean operators to connect these terms appropriately to identify relevant systematic reviews.
2. The various relevant **repositories** and **databases** where such systematic review evidence could be found were introduced (both in English and Russian).
3. Critical appraisal and assessment of the **quality** of such reviews using the [AMSTAR](#) checklist was explained, which allows evidence to be rated based on its assessed quality.

None of the participants had undertaken an evidence synthesis previously so this was a valuable guided session for them. One of the key points that emerged from the discussion was the opportunity to map gaps in the literature while conducting a systematic review. Areas where there is no current or relevant information are often encountered while undertaking an evidence synthesis. So this method also allows one to be explicit about what areas the evidence landscape covers and what it does not.

3.2.4. FIRST STEPS IN DEVELOPING AN RRS ON COUNTRY LEVEL

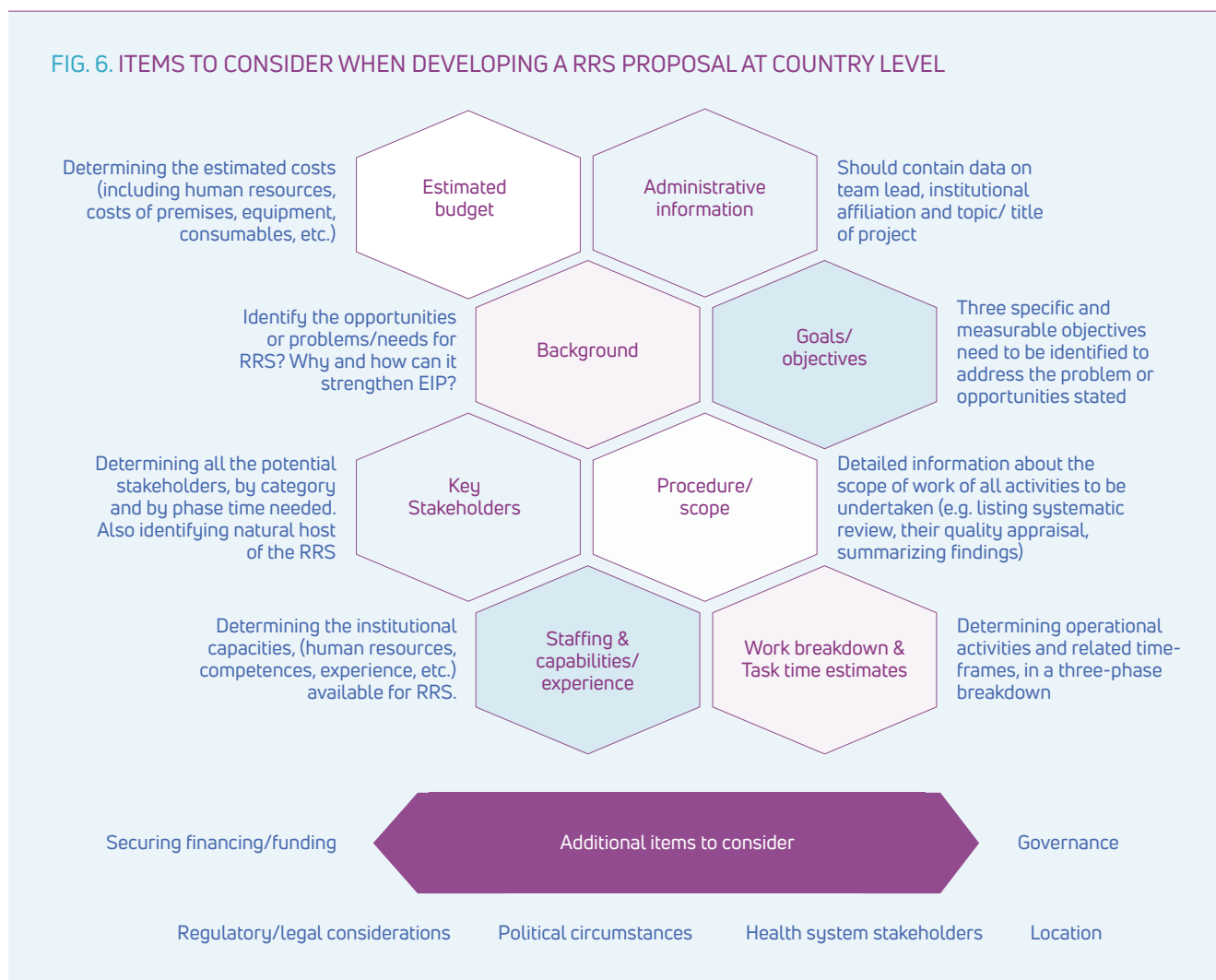
In order to suggest the establishment of an RRS at country level, a formal proposal can build the basis for first discussions with decision-makers. When preparing such a proposal, it is important to consider the climate for EIP, relationships with policy-makers and other stakeholders, the location of the RRS and required skills, as well as infrastructure and technical requirements (Fig. 6). The country teams worked in groups to put this guidance into practice and work on developing proposals for such services. Additional reflections and lessons learned shared with the participants are summarized in Box 7.

Determining the political context and **climate** before establishing RRS is key to its success. Assessing the climate for EIP means determining whether and how health policy agendas and health system actors value the use of research evidence to inform policy-making. Indicators encompass the existence of policies and guidelines mandating use of research evidence as an input

in decision-making, or the allocation of financial resources for evidence production and use.

For an RRS to work, **relationships** with policy-makers and other stakeholders are of great importance: it is vital to have open communication between stakeholders and RRS team, shared commitment to the policy goal and mutual trust. At the same time, systems are needed that enable policy-makers to know about the existence of the RRS and allow them to make an input and use the products. To **create demand**, the RRS team should demonstrate the value of the RRS, for example through strategic communication, demonstrating high responsiveness to needs and remaining objective and politically neutral.

FIG. 6. ITEMS TO CONSIDER WHEN DEVELOPING A RRS PROPOSAL AT COUNTRY LEVEL



Note: Adapted from the presentation by Professor Fadi El-Jardali

The **location** of an RRS impacts its operation as well as its receptiveness by the end-users.⁴ Table 4 provides examples of locations for an RRS, and the related advantages and disadvantages. Since no blueprint approach exists, each country needs to find its own context-specific solution. In the case of EVIPNet Europe, the institutionalization process of KTPs is preceded by an SA (13) to better understand the national landscape for EIP, and to identify the institutional niche for the KTP.

The required skill set needed by members of an **RRS team** include content expertise, methodological expertise in systematic reviewing, understanding of policy environments, the ability to write for a policy audience and project management skills. Additionally, continued training in RRS methods, getting involved in the different steps of the RRS process and seizing mentorship opportunities are valuable.

BOX 7. REFLECTIONS AND LESSONS LEARNED IN ESTABLISHING AND OPERATIONALIZING AN RRS

Policy-makers often request evidence for broad topics that necessitate additional clarification and refinement by team members to generate answerable questions.

- RRS should only be used when the time is very pressing (e.g. when a response is needed within less than one month), otherwise other tools like EBPs should be preferred.
- It is important to manage expectations (e.g. to be transparent about what is feasible to produce within a given timeframe).
- Translation of rapid response products to local language is critical to enhance receptiveness by end users.
- Policy-makers and stakeholders rely strongly on the key messages, thus efforts should be put into their preparation (e.g. avoid jargon, use measures of effect that can be understood easily, use plain language).
- Provision of an RRS should be complemented by KT activities (e.g. tracking impact) to promote the uptake of evidence in decision-making.
- The role of communication (e.g. engaging media) is important to influence policy decisions and to ensure that they are made based on the evidence identified by presenting the research findings to a wider audience.

⁴EVIPNet Europe member countries analyse similar features through the SA (i.e. country context, health system and policy-making context, health research system, health information system and EIP processes) (12), which serves as a basis for the KTP establishment.

There are **useful tools** provided by McMaster Health Forum that have established minimum training standards for staff contributing to an RRS. These comprise standard operating procedures for RRS; standardized templates for RRS products; internet access and speed; access to relevant databases; access to a health information specialist; good systems for managing RRS products; and policies on issues around contracting, intellectual property and publication. A summary of the discussion on developing an RRS is presented in Box 8.

3.2.5. NEXT STEPS IN THE RRS DEVELOPMENT

This workshop laid a foundation for EVIPNet Europe’s work in developing an RRS and transferred valuable knowledge and skills to participants on how to rapidly access and synthesize evidence when requested. These newly acquired skills and knowledge will support the day-to-day professional life of participants in situations where evidence is needed to be rapidly retrieved and synthesized. In addition, a range of draft country RRS proposals are available to be shared with key stakeholders on a national level.

TABLE 4. LOCATION OF AN RRS AND THE RELATED ADVANTAGES AND DISADVANTAGES

LOCATION	ADVANTAGES	DISADVANTAGES
Government	<ul style="list-style-type: none"> • Products address priority needs of government • Closer and more permanent relationships with government • Integration with government structure and function strengthens sustainability 	<ul style="list-style-type: none"> • Challenges in managing political pressures in the work of the RRS • Restricted network of researchers • Access to research may be limited • Difficulty in engaging other policy-makers and leaders
University	<ul style="list-style-type: none"> • Minimal political influence and more independence of RRS • Strong network and support from other researchers • Easy access to research through institutional subscriptions 	<ul style="list-style-type: none"> • May be perceived with suspicion by some end-users (policy-makers) • RRS members not permanently available for RRS work • Difficulty in sustaining RRS through funding issues and lack of institutionalization
Nongovernmental/private institutions	<ul style="list-style-type: none"> • Minimal political influence and more independence of RRS 	<ul style="list-style-type: none"> • If profit-making, it may be prone to bias • Access to research may be limited by how much organization is willing to invest in resources • Support from researchers may be limited by level of networking

Note: Adapted from the presentation by Professor Fadi El-Jardali

BOX 8. DISCUSSION POINTS FOR DEVELOPING AN RRS

Time and human resource constraints

- Prioritize work (and KT) tasks and consider available resources before embedding RRS.
-

Supply and demand

- Create demand (and trust) before delivering an RRS product. This could be achieved through strategic communication, demonstrating high responsiveness to needs and remaining objective and politically neutral. While creating demand, ensure to manage expectations.
 - Low demand: start with one RRS product per year and show value added.
 - High demand: consider that, once established, an RRS team would be expected to deliver responses and that it would be challenging to turn down requests – especially if funding is being provided. Limit work to two to three RRS products per year. Establish clear criteria and scope for the type of questions that could be addressed by the RRS. This could help to manage expectations as well as ensure that the introduction of RRS does not lead to a decreasing demand for other KT tools.
-

Topics

- Especially in the beginning, choose a “low-hanging fruit”: a topic for which evidence can be provided rather easily.
-

Which tools for which questions

- Be aware (and make sure others are) that not every question can be answered with an RRS. At the K2P Center, a question is considered beyond the scope of the service if it does not have to be answered within the next month or if it is clinically oriented.
 - Complex health and policy issues often require an EBP and a PD. Emphasize the value of offering a mix of tools as EVIPNet Europe does.
-

Institutionalization

- Consider how an RRS could best be integrated in your country’s context.
 - Ensure high-level support and financing to ensure sustainability of the RRS.
-

4. CONCLUSIONS AND NEXT STEPS

As in previous years, the EVIPNet Europe multicountry meeting was empowering, informative and provided important opportunities for networking to EVIPNet Europe’s members. The meeting covered topics such as (i) increasing knowledge and skills related to EBP development; (ii) introducing the notion of an RRS and the steps needed for establishing such a service at a country level; (iii) setting up the foundation for the EVIPNet Europe’s new strategy through input from participants; and (iv) completing the training of the Cochrane representatives to become future co-facilitators for the network.

The meeting outputs and outcomes encompassed:

- participants left the meeting with new knowledge, hands-on skills and fully fledged key working documents for embarking on their EBPs on AMR;
- participants obtained an in-depth understanding of the concept of RRS and what setting up such services in their countries would entail, with many participants leaving with draft proposals to bring back to stakeholders to initiate discussions regarding setting up such KTPs at a country level;
- the first draft of EVIPNet Europe’s strategy for 2018–2022 was developed guided by the active input from participants, who undertook a SWOT analysis to identify the direction they felt the network should take in the next five years; and
- the training of Cochrane representatives was concluded and they are now ready to act as co-facilitators for EVIPNet Europe workshops, adding also to the growing number of champions for the network across the Region.

Additionally, the multicountry meeting also allowed for lessons and experiences to be shared. The groundbreaking first EBP from the Region from EVIPNet Estonia is testament to the hard work of the country team, the peer and Secretariat support and the influence good-quality evidence can make at a policy level. The establishment of a KTP in the Czech Republic was an excellent example of how one can seize an opportunity when agendas are aligned to set up infrastructures to institutionalize KT and initiate the move towards EIP in a country. Moreover, representatives networked with each other, with the EVIPNet Europe Secretariat, the Cochrane trainers and with a representative from the Wellcome Trust in the interactive market place. The informal discussions led to the innovative idea of countries that fall within the low-middle-income grouping to consider the potential of funding



Dr Neda Milevska-Kostova © WHO

“The multicountry meeting was an excellently organized meeting, with a thrillingly enthusiastic team and participants! It was a really exquisite learning and sharing experience – looking forward to staying in touch and to share experiences, thoughts, difficulties and also successes!”

Neda Milevska-Kostova
Executive Director, CRPRC
“Studiorum”, the former Yugoslav
Republic of Macedonia

their future EBP development and other KT activities through the Wellcome Trusts' Small Grants in Humanities and Social Science mechanism.

The next steps for implementing EVIPNet Europe's activities in countries, areas and territories, with the support of the WHO country offices, the WHO Secretariat of EVIPNet Europe and, most importantly, other countries within the network and beyond include:

- supporting countries to either develop EBPs or to explore the opportunities of setting up RRS in their countries;
- working with the trained Cochrane representatives as co-facilitators of future workshops;
- continuing to raise awareness for the importance of EIP and EVIPNet Europe (in particular among high-level policy-makers);
- continuing to use Yammer for exchange and networking as a learning community;
- deepening collaboration within and between countries; and
- planning activities for 2018–2019 in line with the new strategy.

The unique opportunity for participants and observers from 19 countries, territories and areas, as well as representatives from the Wellcome Trust and Cochrane, to meet face to face was vital not only to increase capacity but also to further strengthen the network's ties and deliver meaningful outputs as a collective. All participants demonstrated that EVIPNet Europe has matured, and trust among network members has developed, highlighting the need for high-level involvement in the coming years.

EVIPNet Europe's focus on investing in people and peer support permits sustainability as it continues to grow, setting and promoting the EIP agenda in Europe to strengthen research-to-policy interfaces.



Ondřej Májek, Maja Subelj and Polonca Truden Dobrin in anticipation for EVIPNet Europe's next steps © WHO

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ANNEXES

ANNEX 1. MEETING PROGRAMME

DAY 1: WEDNESDAY 14 JUNE 2017

Registration

Session 1: Welcome and opening
[Stanislav Spanik](#), [Claudia Stein](#), [Mark Leys](#)

Session 2: EVIPNet Europe introduction and updates
[Tanja Kuchenmüller](#), [Olivia Biermann](#)

Coffee/tea break and group picture

Session 3: Development of Estonia's EBP – an interview with Kristina Köhler
[Kristina Köhler](#), [Mark Leys](#)

Session 4: Institutionalizing efforts to bring research into policy and practice: the National Coordination Centre for Early Disease Detection, Czech Republic
[Ondřej Májek](#), [Mark Leys](#)

Session 5: Outlook on the afternoon sessions
[Tanja Kuchenmüller](#)

Lunch break

Session 6a: What are RRS?
[Fadi El-Jardali](#)

Session 6b: Recap from webinars and discussion
[Kaelan Moat](#)

Coffee/tea break

Session 7a: RRS case study exercise
[Fadi El-Jardali](#)

Session 7b: Recap from webinars and discussion
[Kaelan Moat](#)

Session 8a: Wrap-up
[Mark Leys](#)

Session 8b: Wrap-up
[Tanja Kuchenmüller](#)

Social event (voluntary)

DAY 2: THURSDAY, 15 JUNE 2017

Session 9a: Outlook on Day 2
Mark Leys

Session 9b: Outlook on Day 2
Kaelan Moat

Session 10a: EVIPNet Europe strategy 2017 onwards
Tanja Kuchenmüller

Session 10b: Lessons learned and trouble-shooting
in developing EBPs
Kaelan Moat

Coffee/tea break

Session 11a: RRS case study exercise (continued)
Fadi El-Jardali

Session 11b: Practical considerations and tasks/
EBP work camp
Kaelan Moat

Lunch break

Session 12a: Evidence searches and syntheses
Fadi El-Jardali

Session 12b: EBP case study exercise
Kaelan Moat

Coffee/tea break

Session 13: Market place
with market stands about the Wellcome Trust, EBPs, situation analyses and knowledge translation platforms, RRS,
work plan development and basic information on EVIPNet Europe

Session 14: Wrap-up and closing: end of TTT
Mark Leys, Tanja Kuchenmüller

Session 15a: RRS work camp (voluntary)
Fadi El-Jardali

Session 15b: EBP work camp (voluntary)
Kaelan Moat, Tanja Kuchenmüller

DAY 3: FRIDAY, 16 JUNE 2017

Session 16a: RRS work camp, presentation of progress,
individual feedback
Fadi El-Jardali

Session 16b: EBP work camp, presentation of
progress, individual feedback
Kaelan Moat

Session 17a: Next steps in RRS development
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Session 17b: Next steps in EBP development
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Session 18: Wrap-up and closing
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ANNEX 3. SWOT ANALYSIS RELATED TO THE IMPLEMENTATION OF EVIPNET EUROPE'S CURRENT STRATEGIC PLAN

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Clear vision and mission • Being a network (peer support and mutual learning) • Availability of tools (e.g. technical guidance; virtual forum) • Capacity-building related to KT (e.g. workshops; webinars) • Institutionalization of KT through KTPs • Communication and advocacy at regional level (e.g. using EVIPNet branding; publications in journals) • Mentoring and support by the Secretariat (e.g. in using tools) 	<ul style="list-style-type: none"> • Governance/government: low levels of interest in and commitment for KT among high-level policy-makers; low prioritization of KT • Individuals: lack of motivation and support for EVIPNet; limited KT capacity; lack of professionalism/inappropriate professional background; insufficient/uncommitted human resources • KT/EIP: expert knowledge of state authorities weighs more than the best-available research evidence; lack of communication between stakeholders; lack of institutionalization of KT (e.g. through country focal points) • Tools: contextualization of EVIPNet Europe's tools needed; lack of tools for activities targeted to policy-makers at decision-making level; tools for policy-makers needed • Communication: lack of advocacy at decision-making level • Divide between eastern and western areas in the Region
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Governance/government: awareness of EVIPNet at political level (e.g. organize ministerial meeting on KT); embedding EVIPNet in national planning • Action plan to strengthen the use of evidence, information and research in policy-making in the WHO European Region (link) as a testimony to EVIPNet Europe's importance in the Region • EVIPNet can support the implementation of the Sustainable Development Goals • e-Health • Opening EVIPNet to other communities (e.g. nongovernmental organizations) • Funding (e.g. from the European Commission) • Project financing over longer period (e.g. three years) with defined products as outputs • Integration of KT into university curricula 	<ul style="list-style-type: none"> • Governance/government: political instability; high levels of turnover in government; resistance to change; lack of coordination of intersectoral communication; weak institutions • KT/EIP: lack of institutionalization (sustainability) • Low quality of and lack of funding for research • Economic, political, financial crises • Lobbying of interest groups (e.g. pharmaceutical companies) • Availability of funding

ANNEX 4. EXERCISE ON EVIDENCE SEARCHES AND SYNTHESSES

This session consisted of two parts: a demonstration and exercise on how to search for evidence and an exercise and related discussion on how evidence synthesis products differ from literature reviews. The following is based on Fadi El-Jardali’s presentation during the workshop.

SEARCHING FOR EVIDENCE

The first step in searching for evidence is to develop a **search strategy**, which involves splitting the question into two or three “concepts”, generating search terms for each concept, as well as combining concepts and searching terms within each concept using Boolean operators (AND/OR).

Systematic reviews and overviews of systematic reviews addressing the question of interest should be prioritized.

A systematic review is a high-level overview of primary research on a particular research question that tries to identify, select, synthesize and appraise all research evidence relevant to a question. It is the basis for producing concise, transparent and relevant summaries to help to inform decision-making. The methodological quality of systematic reviews can be assessed using the [AMSTAR](#) checklist, which includes a rating against a set of criteria.

Systematic reviews constitute a more appropriate source of research evidence than individual studies:

- probability of being misled by research evidence is lower with a systematic review;
- confidence in an intervention’s effectiveness is higher with a systematic review;
- systematic reviews provide a summary of the best quality studies, so drawing on an existing systematic review constitutes an efficient use of time;
- systematic reviews produce evidence that is more generalizable to a wider range of populations and settings; and
- systematic reviews provide policy-makers, stakeholders and professionals with the most reliable evidence to inform their decisions and practices.

The Concept of a Systematic Review



The following **databases** are commended when searching for evidence in English:

- Health Systems Evidence (www.healthsystemsevidence.org): systematic reviews addressing health system arrangements and implementation strategies;
- Health Evidence (www.healthevidence.org): systematic reviews evaluating the effectiveness of public health interventions;
- Cochrane (www.cochrane.org): systematic reviews addressing clinical programmes and services or drugs;
- Rx for Change (www.cadth.ca/rx-change): intervention strategies used to alter behaviours of prescribing, practice and use;
- PubMed (www.ncbi.nlm.nih.gov/pubmed): quantitative and qualitative studies addressing clinical and public health programmes and services; and
- Medline (www.ncbi.nlm.nih.gov/pubmed): both primary studies and systematic reviews addressing any type of question in biomedicine and health (cannot be accessed for free).

For databases in Russian, the following are recommendable:

- E-library (elibrary.ru/defaultx.asp): largest Russian information portal in the fields of research, technologies, medicine and education;
- East View (www.eastview.com): articles in the field of social sciences;
- PubMed (www.ncbi.nlm.nih.gov/pmc): quantitative and qualitative studies addressing clinical and public health programmes and services;
- Cyberleninka (<https://cyberleninka.ru/>): open science repository for scientific literature in Russian, incorporates articles from RSCI, Scopus PubMed and Chemical Abstracts Service
- Scientific archive of the Russian Federation (<http://www.научныйархив.рф/>): more than 2 million scientific publications, articles, dissertations in various fields of social and life sciences, including medicine and public health;
- Database of scientific publications (<http://www.scholar.ru/>): scientific publications, articles, dissertations in various fields of social and life sciences, including medicine and public health;
- Bielefeld Academic Search Engine (<https://www.base-search.net/>): one of the world's most voluminous search engines for academic web resources, including journal articles, institutional repositories, digital collections in various fields of social and life sciences, including medicine and public health; and
- Nauka-rastudent (<http://nauka-rastudent.ru/>): articles primarily in the field of social sciences.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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