

# EVIPNET EUROPE STRATEGIC PLAN

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2013-17

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KEYWORDS

DELIVERY OF HEALTH CARE  
EVIDENCE-BASED MEDICINE  
KNOWLEDGE TRANSLATION  
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2013–17



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# ABBREVIATIONS

<b>EIP</b>	Evidence-informed policy-making
<b>EVIPNet</b>	Evidence-informed Policy Network
<b>KT</b>	Knowledge translation
<b>KTPs</b>	Knowledge translation platforms

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# GLOSSARY

Below are some of the common terms and concepts that appear throughout this Strategic Plan.

**Cross-sectoral approach.** This is often also called an integrated approach and refers to planning, programming and/or activities that promote efficiency and synergies which go beyond what one sector or system could achieve operating in isolation.

**Evaluative thinking.** This approach to evaluation is a routine everyday mentality often adopted by “learning organizations” that seek to constantly reflect upon achievements in order to improve performance. Evaluative thinking tools include After Action Reviews, Appreciative Inquiry and Most Significant Change.

**Evidence briefs for policy.** These identify a pressing policy issue and then systematically search for and appraise the global, regional

and local evidence to understand what is known about that policy issue. (Following this search and appraisal, the evidence is synthesized and contextualized for a particular audience.)

**EVIPNet Europe’s pilot project.** The pilot project will address the development and establishment of knowledge translation platforms (KTPs) in four of the countries that responded to EVIPNet Europe’s 2013 Expression of Interest. These countries will perform an in-depth situation analysis to understand the role of and place for a KTP in their specific setting.

**EVIPNet Europe’s Starter Kit.** This comprehensive resource will assist KTPs in their early establishment. Items within the starter kit include case studies; an overview of the knowledge translation (KT) field; KTP planning and management tools; technical tools; and a monitoring and evaluation package.



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**EVIPNet Europe’s vision.** This is for a Europe in which high-quality, context-sensitive evidence routinely informs health decision-making processes and ultimately serves to strengthen health outcomes across the region.

**Evidence-informed policy-making (EIP).** This is defined by WHO as “an approach to policy decisions that aims to ensure that decision making is well informed by the best available research evidence. It is characterized by the systematic and transparent access to, and appraisal of, evidence as an input to the policy-making process” (1).

**Evidence-informed Policy Network (EVIPNet).** Based in WHO Geneva, EVIPNet is a social network composed of and led by individuals and institutions from around the world (2).

**Health 2020.** This European policy framework supports action across governments and society for health and well-being (3).

**Know–do gap.** This term illustrates the difference between what a society knows (typically through research evidence) and what it does (typically through policy decisions): “the chasm between what is known and what is done” (4).

**Knowledge management.** This term describes the ways and means for making research findings available and accessible, including publications, databases, networking and

other physical and online sources. Knowledge management techniques usually focus on people, processes and technology.

**Knowledge translation (KT).** WHO defines KT as “the synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people’s health” (4). Box 1 has other definitions of KT.

**Knowledge translation frameworks.** There are many different conceptions of how KT works in practice (5). Various authors have proposed different frameworks to describe the full set of KT interactions. Notable among these are the Knowledge-to-Action framework (6) and the framework to assess national efforts connecting research and policy (7).

**Knowledge translation platforms (KTPs).** Taking various organizational forms, a KTP is a national or local organization dedicated to strengthening relationships among researchers and policy-makers, and leading the creation of KT strategies and tools. KTPs are the fundamental unit of EVIPNet globally and EVIPNet Europe in particular. Each Member State of the WHO European Region will develop its own KTP according to needs and available resources.

**Ministerial Summit on Health Research.** This 2004 meeting brought together the ministers of health from across the world to discuss

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and debate the role of health research (8). This meeting marked the first formal global agreement on the need for KT approaches and activities.

**Rapid response service.** Typically a national-level entity that encourages policy-makers to pose a question that research evidence might answer, then in a matter of hours or days the service provides a synthesis of the best-available research evidence (9).

**Research-to-action groups.** These were developed originally in Zambia and are subnetworks that focus KT activities on a specific issue. To date there are such groups on mental health, reproductive health and human resources for health.

**Social network analysis.** An evaluative approach that provides a set of tools and theories for studying individual, dyadic (paired) and network variables and outcomes (10–12).

**Theory of change.** This “defines all building blocks required to bring about a given long-term goal” (13) and describes “the types of interventions (a single program or a comprehensive community initiative)” (13) that bring about the desired outcomes. As each of these outcomes is connected to an intervention, a theory of change reveals “the often complex web of activity that is required to bring about change”.

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# EXECUTIVE SUMMARY

Despite significant investment in health research worldwide, there remains a considerable imbalance between what is scientifically known and what is done in health systems throughout the world. To close the gap between health system research and policy, EVIPNet Europe – a regional arm of the global Evidence-informed Policy Network (EVIPNet) – was launched in October 2012 by the WHO Regional Office for Europe.

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

EVIPNet Europe will:

- be a network of communities of practice, supporting evidence-informed policy-making (EIP) in the region;
- promote and apply two of the core Health 2020 principles: “whole-of society” and “whole-of-government”;
- increase country capacity to develop evidence-informed policies on health system priorities that are in line with the Health 2020 priorities;
- function as a cross-society, multistakeholder partnership between health policy-makers, researchers and civil society;
- enhance countries' abilities to develop a transparent and responsive public sector in order to be better prepared to respond to citizens holding their governments accountable for governmental decision-making;
- routinely draw upon the best practices and lessons learnt of other EVIPNet regional networks around the world; and
- work directly with funders of health research – and seek to influence them through its network of knowledge translation platforms (KTPs) – so that they might better respond to on-the-ground needs and realities.

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In the period 2013–17, EVIPNet Europe will strive to fulfil four strategic directions.

1. **Support KT networks.** EVIPNet Europe will assist in the establishment of KTPs, which are 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 KTPs will be complemented wherever required and made feasible by the establishment and/or strengthening of regional and subnational networks.
2. **Strengthen KT capacity.** Recognizing the limited capacity of KT in the region, EVIPNet Europe will provide technical assistance, mentorships and exchanges, plus routine capacity-building workshops to improve the skill base of its network members.
3. **Support KT innovations.** EVIPNet Europe facilitates the development of KT strategies and tools tailored to the priorities of the countries in the WHO European Region.
4. **Catalyse KT at regional and national levels.** EVIPNet Europe promotes awareness and creates a commitment to improve the culture and practice of KT and EIP. EVIPNet Europe recognizes that KTPs will be most successful and sustainable in regional and national environments that value the contribution of KT in health systems research and policy.

To accomplish these objectives, EVIPNet Europe will employ two cross-cutting approaches:

- sharing experiences and self-evaluation of KT models to ensure that EVIPNet Europe continually learns from its experience and innovates; and
- improving access to relevant national and international knowledge resources.

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Taken together, over the five years of this Strategic Plan, EVIPNet Europe anticipates the following results:

- a vibrant community of KTPs: institutions and individuals actively exchanging knowledge and experiences in their networked response to complex health systems research, policy and practice issues;
- effective issue-, stakeholder- or language-specific networks in KT;
- innovative KT methods and techniques adapted to the European context; and
- skilled KT practitioners and institutions.



EVIPNet Europe at the third multicountry meeting in Lithuania



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# 1. BACKGROUND

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## 1.1 THE EVIDENCE-POLICY GAP IN HEALTH SYSTEMS

EIP refers to the systematic and transparent use of the best available research evidence to strengthen health systems (14). Studies have shown that policies influenced by sound scientific evidence and best practices can significantly improve the achievement of positive public health outcomes (15). For example, up to 70% of deaths of young children worldwide could be avoided through enhanced research use in policy and practice (16). However, despite significant investment in health research worldwide, there remains a significant imbalance between what is scientifically known and what is done (17).

The need to bridge the research-policy divide has gained international policy attention. Three recent high-level international resolutions called on researchers, policy-makers and other research users to join together in efforts to close the research-practice gap in health systems through the process of KT: the Mexico Statement on Health Research of November 2004 (18), the Fifty-eighth World Health Assembly resolution of May 2005 (19) and the Bamako Call to Action on Research for Health of November 2008 (20). KT has been defined by WHO (4) as:

*The synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health.*

Essentially, KT is a complex, interactive social process underpinned by effective exchanges between the researchers who create knowledge and those who use it. Today, an integral part of KT is considered to be continuing the dialogue, interaction and partnership within and between different groups of knowledge creators and users for all stages of the research process, aiming to open up both the research and the policy spheres in order to accelerate the knowledge cycle culminating in research utilization (21). In summary, KT is a process leading to a cycle of:

- 
- policy-informed evidence, in which policy priorities are being taken into consideration; and
  - EIP, in which the best available evidence is incorporated into policy-making, which is, in turn, evaluated for further policy refinements and possible contributions to the research agenda (22).

KT involves important ethically challenging decisions, such as what principles and values should guide the decision as to which knowledge to promote or when it is safe to transfer new knowledge. Ethical analysis and evaluation should, therefore, be an integral component of KT, assessing the innovation's utility (i.e. to optimize benefits and to minimize potential negative outcomes that may affect third parties) and justice (i.e. to ensure the fair distribution of resources among potential beneficiaries). To ensure that solutions are based on widely held ethically based moral beliefs held by society, KT practitioners and bioethicists need to discuss the ethical implications of the KT process and involve representatives of civil society as the stakeholders at the receiving end of interventions (23–25).

Various KT models and frameworks capturing the complexity of KT processes have emerged (e.g. the Knowledge-to-Action framework (6) and the KT framework describing national efforts to connect research and policy (7)). Fig. 1 summarizes the developed insights on KT, described as four types of effort:

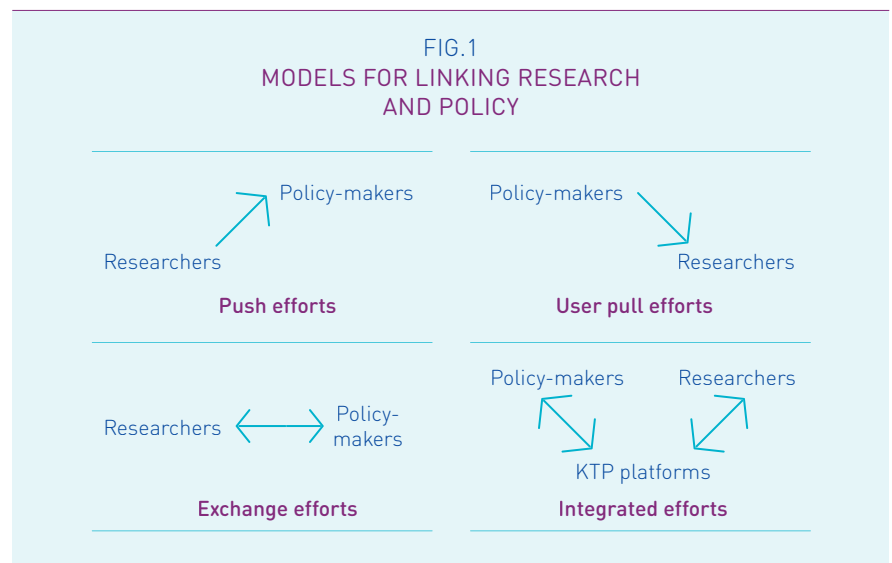
- **push efforts** see KT practitioners tailoring and targeting research evidence to policy-makers and other stakeholders;
- **user pull efforts** see policy-makers (and other research users) demanding knowledge from the research community, for example for a knowledge gap they need filled;
- **exchange efforts** see researchers, policy-makers and other research stakeholders (e.g. research funders, civil society and the media) developing partnerships, projects and shared understandings; and
- **integrated efforts** bring together and institutionalize the ideas



of push, pull and exchange, supported by “knowledge brokering mechanisms” of which a KTP is a typical example.

These two approaches emphasize that traditional linear, one-way approaches of knowledge transfer are insufficient because of both the dynamic, multifaceted nature of the policy-making process and the complex notion of relevant knowledge and evidence (Box 1). There is evidence that “passive” forms of information dissemination are generally ineffective at changing policy processes or health practices, in contrast to interactive and multifaceted practices. A growing body of evidence is being developed suggesting that an intermediate partner or mechanism with specific skills in KT can facilitate the interaction and uptake of scientific knowledge in the policy-making process. KT, therefore, has to be rooted in the idea of two-way processes and feedback loops incorporated in the concept of co-production: research producers and research users closely collaborating to influence both research and policy processes (26).

KT processes are most effective when, in addition to addressing policy-relevant issues, they also address socially relevant priority issues that interact with social movements. A civil society that



Source: modified from Lavis et al., 2006 (7).

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is actively and accurately informed can mobilize the required public support to influence political decision-making (27) and the agendas of research funders.

Despite its increased visibility and importance on the international health agenda, KT remains a relatively young field, with few practitioners and basic skill sets across the world. A promising response to this has been the rise of communities of practice or networks in which different stakeholders participate (28).

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## 1.2 WHO'S RESPONSE TO THE EVIDENCE-POLICY GAP: EVIPNET

WHO has been at the forefront of promoting KT through a social network approach. This mainly focuses on creating a community of practice based on the active participation of different stakeholders who reflect on and discuss ways to improve the uptake of evidence in policy-making processes and other implementation levels in health care. This underlying community idea builds on the logic

### BOX 1 SCIENTIFIC AND EXPERIENCE-BASED KNOWLEDGE IN POLICY-MAKING

In health systems and policy questions, the relationship between research evidence and policy is complex. The implementation of research findings is highly dependent on local context. This context includes, but is not limited to, epidemiological circumstances; social and economic resources; health care and health insurance traditions; regulations; and norms, values and preferences. Moreover, policy-making is much more than a "rational" or technical application of research recommendations. KT respects the fact that policy-making is inherently political and that many different inputs influence policy-making

processes – of which evidence is but one. However, there is consensus that policy-making can be strengthened by the uptake of scientific insights, rather than relying solely on opinions or political preferences.

In addition, many debates on the role of evidence have discovered/concluded that "knowledge" is in itself complex. First, the notion of research evidence is the subject of debate in different research traditions. Second, research evidence is not the only relevant source of knowledge in understanding a problem and finding a solution. Knowledge should, therefore,

not be conceptualized too narrowly in terms of "scientific evidence" in the exchange and interaction process of KT. The effectiveness of KT with regard to improving evidence-informed practices or policy-making is greater when a body of explicit knowledge – the best available research evidence, which has been tested and is replicable – is combined with tacit knowledge – what we know from unarticulated, personal, context-sensitive knowledge, experience and know-how. KT aims to improve the uptake of systematically collected knowledge and enhance the transparency of the sources used in policy-making (17).

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that engagement motivates and empowers all stake-holders involved and creates local ownership of KT processes. Within this interactive community of practice, formal research evidence, as well as less-formal knowledge, is shared and discussed, leading to the development of solutions adapted to the local context.

### EVIPNet as a KT capacity-building network

EVIPNet was formally launched in 2005 as a response to the World Health Assembly's call (19) for WHO Member States to "establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and healthcare delivery systems, and evidence-based health-related policies". It also called on WHO's Director-General to "assist in the development of more effective mechanisms to bridge the divide between ways in which knowledge is generated and ways in which it is used, including the transformation of health-research findings into policy and practice".

Focusing on countries with low or middle incomes, EVIPNet has supported a growing community of KT practitioners by enhancing KT competencies, sharing experiences and developing new methods for the ethically sound application of scientific explicit evidence and less-formal tacit knowledge (Box 2). These

#### BOX 2 WHAT IS EVIPNET?

EVIPNet is a social network composed of and led by individuals and institutions from around the world. The KTP is its fundamental unit. KTPs bring together major national actors, including health system policy-makers and managers, researchers and members of civil society, to work on a variety of activities and programmes (e.g. evidence briefs for policy). These KTPs all interact on a regional level, exchanging experiences

and processes, highlighting new evidence and developing and sharing innovative methodologies and approaches. Global networks harmonize and support the work of KTPs at regional levels. A Global Resource Group and a Global Steering Group ensure coordination and governance at this global level.

Taken together, each level of EVIPNet's networking adds essential components,

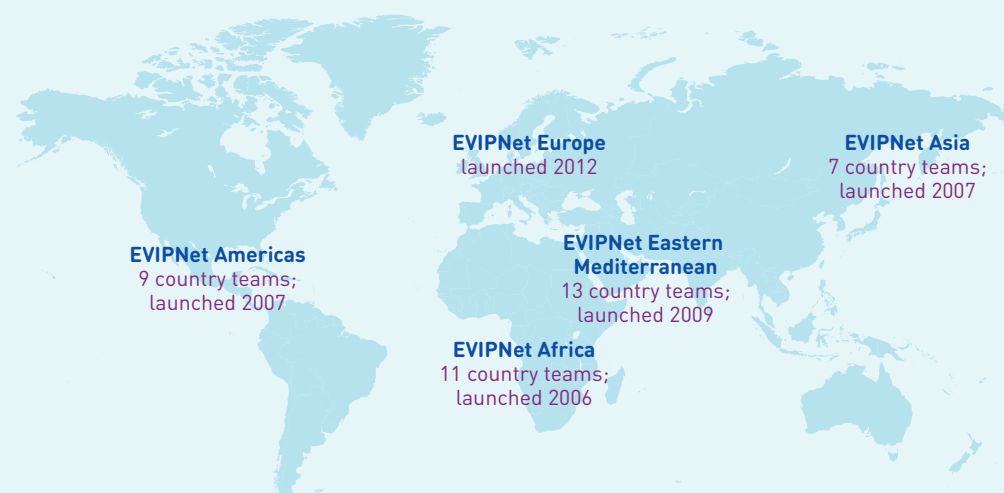
experience and expertise. The regional and global levels ensure each country is dynamically supported, and that each country and each region can build upon the successes, the learning and the experiences of others. These experiences and lessons are shared beyond the network borders with other countries with an interest in KT, allowing inverse learning: transfer of knowledge backwards and forwards.

community networks can support the uptake of research evidence in countries with fewer research resources and with policy-making and implementation traditions less acquainted with integrating scientific insights.

EVIPNet's position within WHO (with headquarters in Geneva) has conferred legitimacy and unique convening power to network members and partners nationally and internationally. As a WHO initiative, EVIPNet has a unique ability to bring in funders, policy-makers, researchers, KT experts and the general population/civil society to support KT programmes around the world and to enhance evidence-informed decision-making in health systems. Moreover, EVIPNet's link with WHO has allowed it to access the highest levels of decision-making within national ministries of health.

As a horizontal WHO programme, EVIPNet supports networks in more than 40 countries through the WHO regions (Fig. 2), which allows for mutual learning through cross-national and horizontal exchange of knowledge, expertise and best practice.

FIG. 2  
EVIPNET REGIONS



Throughout the years, EVIPNet has accumulated a wealth of experience, including some success stories on how to increase the impact of evidence on policy in practice, as shown in Box 3.

At the regional level, EVIPNet is coordinated by WHO regional offices and by small regional secretariats responsible for regional coordination (see section 2.5 on governance) (31).

### EVIPNet's core innovations

EVIPNet's social network approach has facilitated the development of a range of KT methods and tools for the KTPs to implement. These tools and methods are grounded in an

#### BOX 3 EVIPNET SUCCESS STORIES FROM LATIN AMERICAN COUNTRIES

##### EVIPNet PAHO

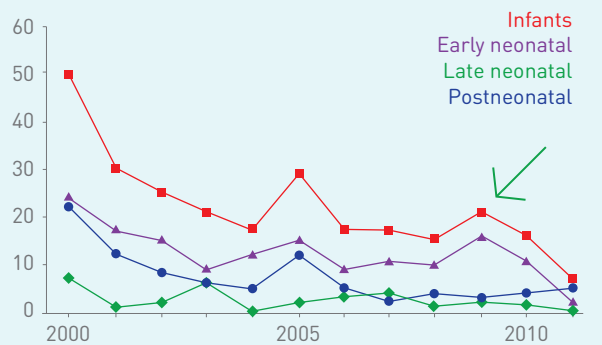
An example of successful KT facilitated by EVIPNet is linked to the policy brief "Water and Sanitation: Evidences for Public Policies Focused on Human Rights and Public Health Results" developed by EVIPNet Secretariat together with the Sustainable Development Environment Department of the Pan American Health Organization (PAHO) (29). This policy brief gathered evidence related to human rights, equity and public health and was launched on World Water Day to bring the issue to attention at the highest possible level. It had two major effects: (i) resulting in water and sanitation being defined as a health determinant at the 2011 Meeting on the Social Determinants of Health in Rio de Janeiro, and (ii) contributing to the creation of the coalition to eliminate cholera by improving water and sanitation on the island of Hispaniola in June 2012.

##### EVIPNet, Brazil

Brazil has decentralized EVIPNet teams under national EVIPNet coordination. In the municipality of Piripiri in Brazil, the work of the local EVIPNet KTP led to a change in municipal policy and practice. According to the evidence identified by the KTP, the high perinatal mortality rates in Piripiri were mainly attributed to poor childbirth care and low capacity of human resources: failing to follow protocols, use care guidelines, and so on. Based on the policy options presented in the EVIPNet policy brief and discussed with key stakeholders at policy dialogues, the municipality decided to implement a strategy to increase human

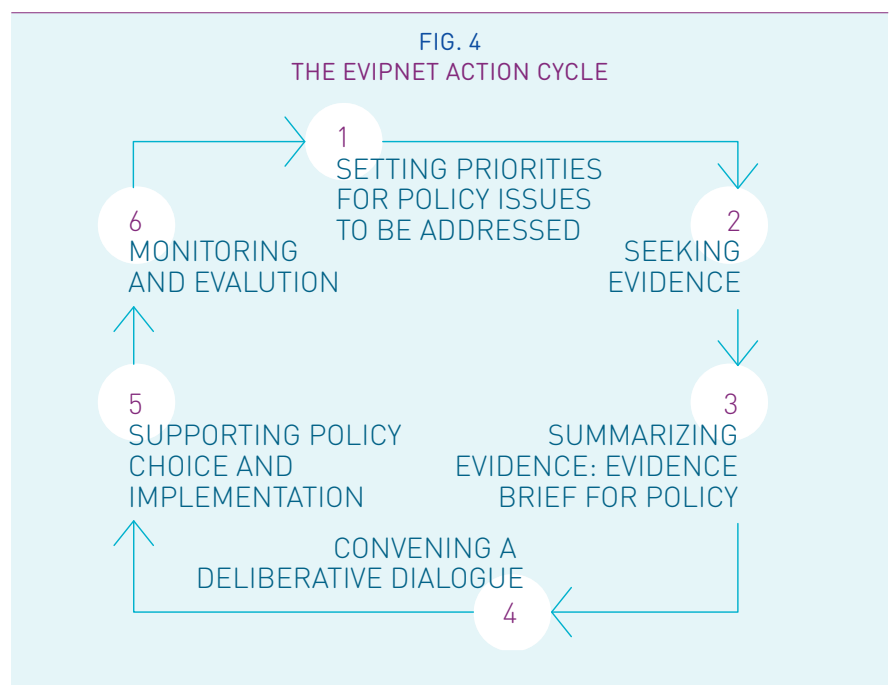
resources capacity through in-service training with an emphasis on nursing care for neonatal resuscitation. Since introduction of the new intervention, perinatal mortality rates declined rapidly (Fig. 3) (30). As a next step, the municipality (while continuing to implement the first policy option) will gradually implement the other two policy options that were presented in the EVIPNet policy brief and discussed at related policy dialogues.

FIG. 3  
INFANT DEATHS IN PIRIPIRI, BRAZIL, 2000-11.



Time at which the options were incorporated (green arrow).  
The numbers of child deaths (red line) are absolute quantities.  
Data from the Municipality of Piripiri, Brazil (30).

analytical framework of the policy-making cycle focusing on the question of how research knowledge can be used (Fig. 4). The precise work of EVIPNet at country level, however, may depend on the specific country context, needs, abilities and opportunities, as well as on the various internal and external factors influencing national policy-making in health systems. Policy-making in health is an inherently variable and highly complex process with high unpredictability and often unclear beginnings and ends. It involves various different actors pushing for often contrasting interests and is influenced by multiple factors: from “internal” factors such governmental structures, capacity and attitudes through to the political context of the country and the wider “external” influence of international politics. Evidence is but one of the factors that may impact policy-making, which is as much concerned with power and politics as it is with rational debate and problem solving (32). Therefore, the EVIPNet action cycle may need to be customized to fit these requirements and the specific policy-making processes.



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The EVIPNet action cycle comprises the following six steps.

**Step 1: setting priorities for policy issues to be addressed.**

The country team/KTP periodically organizes priority-setting processes to identify and frame public health policy and/or health systems' priority issues that they anticipate facing in the next 6–18 months and over longer periods. These issues will be converted into topics for evidence briefs for policy, systematic reviews and/or new primary research.

**Step 2: seeking the best available evidence.** Once a health priority issue is identified, the country team/KTP develops a searchable research question and a search strategy. Next, it finds, retrieves and maps relevant evidence, and appraises the quality of the evidence available. Finally, it examines the findings in terms of local applicability (assesses related citizens' values and beliefs, power dynamics among stakeholders, institutional constraints and donors' funding flows) while taking related benefits, damage, costs and equity into consideration.

**Step 3: summarizing evidence – evidence brief for policy.** The country team/KTP summarizes and packages the relevant information in a user-friendly format, for example an evidence brief for policy that frames the policy priority issue, outlines the evidence relevant to a policy issue and includes the important governance, delivery and financial considerations for viable policy options and key implementation considerations.

**Step 4: convening a deliberative dialogue.** Key national stakeholders are brought together at a deliberative dialogue concerned with the priority policy issue addressed in the evidence brief for policy to:

- discuss the numerous factors that will influence decision-making about the issue;
- capture the tacit knowledge, views and experiences of those who will be involved in or affected by decision-making about

- 
- the policy issue presented in the evidence brief for policy; and
  - identify key next steps for different constituencies.

**Step 5: supporting policy choice and implementation.** The country team/KTP fosters the integration of the findings into policy formulation and the implementation of actions.

**Step 6: monitoring and evaluation.** Country teams/KTP will regularly monitor and evaluate their processes and results, and assess whether observed changes can be attributed to the interventions of the teams/KTPs. The monitoring and evaluation findings should inform the country teams/KTPs whether to continue, change or cancel existing activities.

EVIPNet' experience has shown that two prominent tools or mechanisms have emerged as practical support to policy-makers: the evidence brief for policy and the rapid response service. These mechanisms are easily customized to fit the context of any country or region in the world.

**Evidence briefs for policy.** When preparing evidence briefs for policy, knowledge gaps may appear that can be addressed either by different forms of research (e.g. qualitative, ethnographic rapid assessments or the use of focus groups) or by more longer-term research projects. If despite a public demand for EIP on a particular subject matter, little or no evidence is available, then EVIPNet generally relies on the results of the policy dialogue, which harnesses in a systematic manner the tacit knowledge of stakeholders (i.e. the experience of participants) and discusses success and failures. Evidence briefs for policy synthesize the best available research evidence to answer a specific policy problem in a concise way (Box 4). They are written in non-expert language adapted to selected stakeholder groups. This summarized evidence is used and discussed among key actors in a deliberative dialogue, effectively blending explicit (scientific) and tacit (experience-based) knowledge into a responsive policy input.<sup>1</sup>

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<sup>1</sup> One successful example of this process saw eight African teams develop policy options – and then convene deliberative dialogues – on scaling up the use of artemisinin-based combination therapies to treat uncomplicated malaria. To date, a number of countries (e.g. Burkina Faso and Cameroon) have changed their malaria treatment policies as a direct result (33).



Group work of heads of country offices and national EVIPNet Europe champions on evidence briefs for policy at the second multicountry meeting in Slovenia



#### BOX 4 EVIDENCE BRIEFS FOR POLICY

Evidence briefs for policy identify a pressing policy issue (e.g. to reduce mortality and morbidity from tobacco consumption).

Evidence briefs are based on a systematic search and appraisal of the global, regional and local evidence to understand what is known about that policy issue (e.g. “to decrease the number of adult smokers, a body of evidence shows the following measures to be effective...”).

Following this search and appraisal, the best available evidence is synthesized and contextualized for a particular audience (e.g. ministry of health officials responsible for tobacco control).

Briefs typically provide four major types of consideration for every policy option that addresses the issue. For each option, the policy brief addresses four specific health system arrangements.

**Delivery arrangements.** These detail how health care is delivered within a health care system. This includes how care is designed to meet patients’ needs, by whom care is provided and with what supporting mechanisms care is provided.

**Financial arrangements.** These describe how funding and resources are generated, spent and distributed within the health care system. This includes how revenue is generated to support health care programmes, how health care organizations are funded, how workers in the health care system

are remunerated, how products and services are purchased and whether incentives are provided to patients.

**Governance arrangements.** These represent the organizational structure of a health care system. They describe which participants have the autonomy to make policy decisions, run health care organizations, sell or dispense drugs and medical equipment or provide professional services, and whether and how patients and stakeholders are involved in decision-making about the system.

**Implementation arrangements.** These describe some of the key barriers likely to arise in the implementation of the options under consideration and the strategies that could be used to overcome them.

**The rapid response service** is a team of researchers who respond in a set time period (e.g. between 72 hours and 2 weeks) with a tailored summary of the best available evidence to questions submitted by policy-makers (Box 5).

#### BOX 5 THE RAPID RESPONSE SERVICE

The rapid response service is typically a national-level entity composed of researchers. It encourages policy-makers to pose a question that research evidence might answer and then, in a matter of hours or days, provides a response: a synthesis of the best available research evidence (33). These responses address key questions related to arrangements for organizing, financing and governing health systems, and strategies for implementing change. The evidence used depends upon the original policy-maker request. Systematic reviews are the preferred evidential basis for any response, with priority also given to local research evidence.

Upon receiving a request, the rapid response service clarifies the problem at hand, then accesses, appraises and contextualizes the evidence before writing up a response for peer review. It then disseminates the final response back to policy-makers. Given the similarity of disease burden and health system capabilities

in many developing countries, a future EVIPNet database of these responses could create a global pool that all rapid response services will be able to draw upon.

Responses have a variety of uses. Their speed and comprehensiveness make them useful as background documents informing government retreats or strategy sessions; as the basis for press releases or other responses to the media; and as support for any ongoing decision or policy process. They can assist policy-makers in understanding the possible impacts of any decision and the general climate (local, national or global) for any policy decision. They can also assist researchers themselves in becoming better acquainted with the policy process, with the role that research evidence can (and cannot) play and how research evidence can be optimally tailored. See Lavis et al. (34,35) and the SURE guides (36) for more on the policy brief and dialogue methodology.



Group work during the first multicountry evidence brief for policy workshop in Central Asia

## 2. EVIPNET EUROPE

*“EVIPNet makes all efforts in the area of health meaningful. Only evidence-informed policies can be effective and efficient. One can have extreme luck and produce an effective and efficient policy without using evidence, but I do not think we have sufficient resources to act as a blind chicken finding a grain. If we are smart, we utilize existing evidence, and EVIPNet is here to assist us.”*

Marijan Ivanuša, WHO Head of Country Office, Slovenia”

EVIPNet Europe is the latest region to join the EVIPNet network. EVIPNet Europe will promote and support KT capacity development by assisting and strengthening KT in the WHO European Region. EVIPNet Europe will operate in support of Health 2020 to facilitate national capacity-building in EIP and to foster inclusive, transparent policy processes. The underlying working practices reflect the Health 2020 “whole-of-governance” and “whole-of-society” principles and foster the Health 2020 “leadership” and “participatory governance for health” strategic objectives (3).

EVIPNet Europe will identify pressing issues in line with Health 2020 priorities, collaborate on shared interests, suggest or lead the development of networks linked to KT and will continue the development and refinement of core KT tools and approaches.

EVIPNet Europe will function as a network of networks: a central unit will support and share experiences of subnational/national communities of practice in the form of a KTP (Box 6). Since there is no single approach to cover all needs, each Member State of the WHO European Region will develop its own KTP practices according to needs and available resources.

### BOX 6 KTPs

A KTP is a dedicated national- or subnational-level unit bringing researchers, policy-makers and civil society together, showing leadership to strengthen cross-sectoral partnerships and collaboration. It is the fundamental unit of EVIPNet. This unit may take on many different forms:

- a stand-alone organization rooted in civil society, developed within a ministry of health or autonomous public agency (parastatal) or attached to a leading university; or
- a network of individuals or institutions.

It may function as a formal institution or through dedicated staff time (e.g. at a ministry).

Whatever its organizational form, a KTP is dedicated to strengthening relationships among researchers, policy-makers and stakeholders, and to creating KT strategies and tools.

At root, a KTP designs and leads different KT strategies and is an active broker (by providing a neutral space for different stakeholders to convene and engage in deliberative dialogues); it engages in synthesis development (tailoring and targeting demand-driven documents) and strengthens capacities (of researchers and other stakeholders) in KT. Usually, a KTP either hosts or has access to a strong local evidence base; has links with like-minded organizations in the country, region and across the world; and maintains strong visibility (e.g. through routine communications efforts) (22).

### BOX 7 RESEARCH-TO-ACTION GROUPS IN ZAMBIA

The Zambia Forum for Health Research is one of the world's first KTPs, having launched in 2005 (22). It has been a leading member of EVIPNet. Among its innovations include the development of research-to-action groups: subnetworks that focus KT activities on a specific issue. To date there are subnetworks on mental health, reproductive health and human resources for health. They each have a decentralized leadership and work to identify all the relevant stakeholders and dynamics within their particular issue of focus. "Critically, they serve to identify the up-and-coming individuals within the issue domain, be they policy-makers or researchers, with the leadership then serving to mentor them as need be. RAGs [research-to-action groups] have also led policy briefs and dialogues, and were instrumental in identifying KT Fellows. These Fellows have become a leading resource on issue-specific topics and in KT more generally. This has seen them offer training, lead the development of the RAGs, identify young researchers for mentoring, and may well see them participate in overseas training" (22).

In addition to national KTPs, EVIPNet Europe may support the development of other networks depending on needs, opportunities and resources (e.g. Box 7 describes research-to-action subgroups developed by the Zambian KTP). These networks may be issue specific (e.g. bringing together various stakeholders on a common issue such as tobacco control), stakeholder centred (e.g. bringing together journalists and media representatives to foster their research literacy and encourage them to report on research findings to the public), linguistic (e.g. bringing together stakeholders who share the same language and work on similar issues) or event specific (e.g. bringing together stakeholders working towards a specific end-point such as a World Health Assembly). All of these inclusive efforts highlight EVIPNet Europe's participatory approach to EIP.

EVIPNet Europe will be supported by a Secretariat, which will assist, where requested and required, in the initial design and eventual operations of the KTPs. Additionally it will connect each KTP with the broader network of KTPs both in Europe and beyond. The Secretariat will also support the development of other KT-relevant networks within EVIPNet Europe.

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## 2.1 VISION, MISSION AND VALUES

### Vision

EVIPNet Europe envisions a Europe in which high-quality, context-sensitive evidence routinely informs health decision-making processes that ultimately serve to strengthen health outcomes across the region. EVIPNet Europe will realize this vision in collaboration with its partners and like-minded organizations across the region, collectively and through multisectoral action. It will be a facilitator, broker, a steward and catalyst working to build and support KT networks, to deepen KT capacities and develop and apply innovative KT techniques in solving collective problems.

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## Mission and objectives

EVIPNet Europe's mission is to foster, expand and strengthen networks supporting EIP. These networks of health policy-makers, managers, researchers, members of civil society, practitioners and international actors (among others) will operate on multiple levels. Collectively these networks will advance EIP, regularly accessing and applying context-sensitive research evidence.

To fulfil its mission, EVIPNet Europe will focus on three primary objectives, which are prominently reflected in the strategic directions (section 2.2):

- developing and supporting country-level KTPs, while actively connecting these in a vibrant KT network;
- strengthening the capacity of individuals, institutions and Member States in KT; and
- supporting the development and iterative use of KT techniques and approaches.

## Values

A number of values underpin the work of EVIPNet Europe and its partners.

**Equity.** EVIPNet Europe believes in the strengthening of pro-poor, pro-equity health systems able to offer accessible, high-quality services to all.

**Trust and mutual respect.** EVIPNet Europe promotes sustainable partnerships based on trust, commitment, routine communication and open access to information. Moreover, EVIPNet Europe promotes a culture of reciprocity in which members' contributions, insights, motivations and concerns are recognized and respected.

**Empowerment.** EVIPNet Europe respects and promotes the sovereignty, priorities and needs of individuals, institutions,

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national governments and regions, empowering its members to work together to develop their full potential in pursuit of EIP.

**Partnerships.** In line with European Health 2020 policy, EVIPNet Europe is committed to fostering dynamic partnerships between governments, nongovernmental and community organizations, civil society, science and academe, the private sector and health professionals to amplify and prioritize the perspectives of its Member States. EVIPNet Europe believes in developing, supporting and empowering country leadership and stewardship.

**Sustainability.** EVIPNet Europe believes that the changes it seeks to bring must be sustainable in the long term.

While each Member State will develop a KTP that accords to their needs and realities, all KTPs supported by or through EVIPNet Europe must adhere to – or deepen – these values.

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## 2.2 THE STRATEGIC DIRECTIONS 2013–17

Over the five years of this Strategic Plan, EVIPNet Europe intends to provide leadership throughout WHO and facilitate an incremental change in the WHO European Region's KT culture. The overall aim is to promote decision-making processes that routinely demand research evidence as an input to social change. To accomplish this, EVIPNet Europe will pursue four strategic directions.

- 1. Support KT networks.** EVIPNet Europe will assist in the establishment of KTPs, which are 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 KTPs will be complemented wherever required and made feasible by the establishment and/or strengthening of regional and subnational networks.

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2. **Strengthen KT capacity.** Recognizing the limited capacity of KT in the region, EVIPNet Europe will provide technical assistance, mentorships and exchanges, plus routine capacity-building workshops to improve the skill base of its network members.
  3. **Support KT innovations.** EVIPNet Europe facilitates the development of KT strategies and tools tailored to the priorities of the countries in the WHO European Region.
  4. **Catalyse KT at regional and national levels.** EVIPNet Europe promotes awareness and creates a commitment to improve the culture and practice of KT and EIP. EVIPNet Europe recognizes that KTPs will be most successful and sustainable in regional and national environments that value the contribution of KT in health systems research and policy.

The road to EVIPNet Europe's phased implementation approach weaves through these four strategic directions, complemented by three cross-cutting approaches/themes (section 2.3). Strategic Directions 1 and 2 are seen as necessary to achieve Strategic Directions 3 and 4.

### Strategic Direction 1: supporting KT networks and KT structures

EVIPNet Europe will support the development of KT networks and KT structures – with the primary aim of deepening the culture of EIP at the subnational, national and regional levels. This strategic direction aligns with Health 2020's ambition to bring together innovative health partnerships and achieve broad, cross-sectoral collaborative efforts.

EVIPNet Europe will emphasize (i) the development of KTPs, bringing together different sources of authority in health (policy-makers, researchers and civil society) and (ii) the network linking them together at the regional level. Over time,

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additional subnetworks (such as issue-based and stakeholder-centric networks) may arise as need, opportunity and/or resources allow (section 2.5 covers networks in more detail).

**Goal of Strategic Direction 1.** *A group of strong cross-sectoral, multistakeholder KTPs networked together, sharing innovations and experiences to support the implementation of the Health 2020 “whole-of-government” and “whole-of-society” approaches.*

**Activities.** In pursuing this strategic direction, EVIPNet Europe will support:

- the identification of key individuals, institutions and/or agencies that could either develop or support the development of a KTP within the local context;
- inclusive and collaborative strategic-planning processes to prepare the ground for the KTPs’ creation and their future work across sectoral boundaries;
- the establishment, operationalization and sustainability of KTPs;
- country teams building on the extensive research done and the existing resources in the field (e.g. the SURE project (36) and the BRIDGE project (37), both funded by the European Union’s Seventh Framework Programme);
- ways in which KTPs can deepen relationships with national and international health research funders; and
- the development of KTP work plans on key health system priority topics in line with the Health 2020 strategy objectives and policy priorities.

To further support these local KTPs, EVIPNet Europe will develop a regional KT network that:

- ensures horizontal and vertical networking by
  - connecting intra- and inter-regional KTPs to effectively and efficiently exchange best practices, lessons and experiences, and promote mutual learning beyond the regional boundaries (horizontal networking); and



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*“I feel that EVIPNet Europe is really a network within which I have met people who deal with same problems regarding evidence-informed policy-making, and these people communicate with each other and offer their support.”*

Marcela Tirdea,  
EVIPNet Europe champion,  
Republic of Moldova

- communicating and exchanging between the KTPs and EVIPNet’s global structures allowing for a global outreach (vertical networking);
- brings KTPs and other key stakeholders together (both virtually and in person) to meetings, forums and other events to discuss and exchange KT techniques and innovations and to network; and
- adds value through creating partnerships that extend networking beyond WHO.

## Strategic Direction 2: strengthening KT capacities

A primary commitment of EVIPNet Europe is to strengthen national and subnational KT capacities. KT capacity enhances both the increased integration of policy needs and concerns throughout the research process (from creation to synthesis to dissemination to application) and EIP in health systems. Ultimately, this strategic direction will enable EVIPNet platforms to have a multiplier effect, passing on KT skills and creating a positive climate for, and a deeper culture of, KT in support of Health 2020.

**Goal of Strategic Direction 2.** *A network of empowered individuals and institutions with KT skills capable of initiating and supporting EIP and fostering the health system policy development mandate of Health 2020.*

**Activities.** In supporting capacity-building efforts, EVIPNet Europe will:

- periodically convene multicountry skill development workshops to deepen KT capacities at the individual and organizational levels;
- support KTPs in organizing and offering capacity-building workshops, including the training of trainers able to work across the region;

- 
- offer an interactive, virtual platform to discuss specific issues among the KTPs, with a virtual “help desk” function responding to capacity needs and questions from network members;
  - develop a strategy for peer support/mentoring and encourage the KTPs to proactively share ideas, expertise and information with their peers;
  - organize (or support others to offer) webinars and other at-a-distance, cost-effective training methods;
  - continue to build upon the extensive analytical/research work ongoing in the field; and
  - organize regional meetings for the KTPs to explore and debate practices in relation to EIP.

### Strategic Direction 3: supporting KT innovations

Integrally related to the first two strategic directions, Strategic Direction 3 demonstrates EVIPNet Europe’s ongoing support for the development, refinement and implementation of core KT processes, tools and interventions.

A first point of attention will be to explore innovative ways, adapted to the local context, to give different audiences access to relevant knowledge and enable them to use that available knowledge as part of an adequate KT strategy. Part of this focus will be on leveraging and refining existing resources and structures that may be applied to EIP.

A second point of attention will focus on (i) searching for innovative methods to take account of the particularities of local contexts and integrating these into the processes of KT, and (ii) investigating what models and interventions are efficient and effective.

Supporting KT innovations also includes the development and use of tools to harness the tacit knowledge of all stakeholders, including citizens, giving them a voice on their experience, views

and needs in the policy-making process. Facilitating citizen empowerment is a key element for improving health outcomes, health system performance and satisfaction with health care.

Lastly, in countries with institutionalized health technology assessment mechanisms, the KTP may assist countries to offer the right mix of cost-effective technologies to strengthen health systems.

**Goal of Strategic Direction 3.** *A set of KT mechanisms tailored to the European context.*

**Activities.** In supporting the development and refinement of KT innovations, EVIPNet Europe will:

- broker and support forums that are dedicated to discussing and exchanging experiences in KT, such as virtual platforms or online communities of practice;
- support the planning and implementation of the many activities captured in the EVIPNet Action Cycle (Fig. 4);
- support the refinement of KT mechanisms such as evidence briefs for policy, policy dialogues, rapid response services, priority setting and the packaging and dissemination of

#### BOX 8

##### EVIPNET EUROPE STARTER KIT

EVIPNet Europe has developed a starter kit that provides a comprehensive resource for KTPs in their early establishment. Items included are:

- a range of case studies emphasizing the ways and means by which KTPs from across the world (e.g. in Asia, Latin America and Africa) have achieved success, faced challenges and responded to unique opportunities;
- an overview of the field of KT, from

theoretical to practical explorations, including a package of peer-reviewed and grey literature focusing on KTP development and KT interventions;

- KTP planning and management tools;
- technical KT tools (e.g. the SUPPORT tools or SURE guides, explaining core elements such as how to clarify a problem, whether consensus in a policy dialogue is required, and so on); and
- a monitoring and evaluation package allowing KTPs to record

their performance against a set of customized indicators, identify and package best practices and evaluate policy changes as a direct consequence of their work.

The EVIPNet Europe Starter Kit uses as much existing material as possible (e.g. resources developed in EVIPNet's other networks) and is available in both hard and soft copy.

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- research evidence, lessons, evaluations, and descriptions of research/policy/practice processes (one example for such a tailored tool is the EVIPNet Europe Starter Kit, Box 8);
- support the evaluation of in-country policy changes to create new evidence that might be translated into policy refinement or additional policies;
  - assist in the development of clearing houses that collect peer-reviewed or grey literature relevant to KT processes and experiences, providing a wide range of accessible user-friendly syntheses of research evidence; and
  - contribute to KT research through the evaluation of existing interventions to determine what works, with the intention of refining existing tools and developing new KT innovations.

#### Strategic Direction 4: catalysing KT at regional and national levels

EVIPNet Europe strives to act as a catalyst for KT and to spread the culture and systematic use of EIP across the European Region. This last strategic direction recognizes that, in order for KTPs to become institutionalized entities, there must be widespread awareness about their positive contributions to health systems research and policies. Further, in order for already established KTPs to thrive in a sustainable manner, there must be a supportive culture for KT and EIP at the regional and national levels. To this end, EVIPNet Europe strives to catalyse this awareness and appreciation for EIP.

**Goal of Strategic Direction 4.** *A strong culture and appreciation for KT and EIP throughout the European Region.*

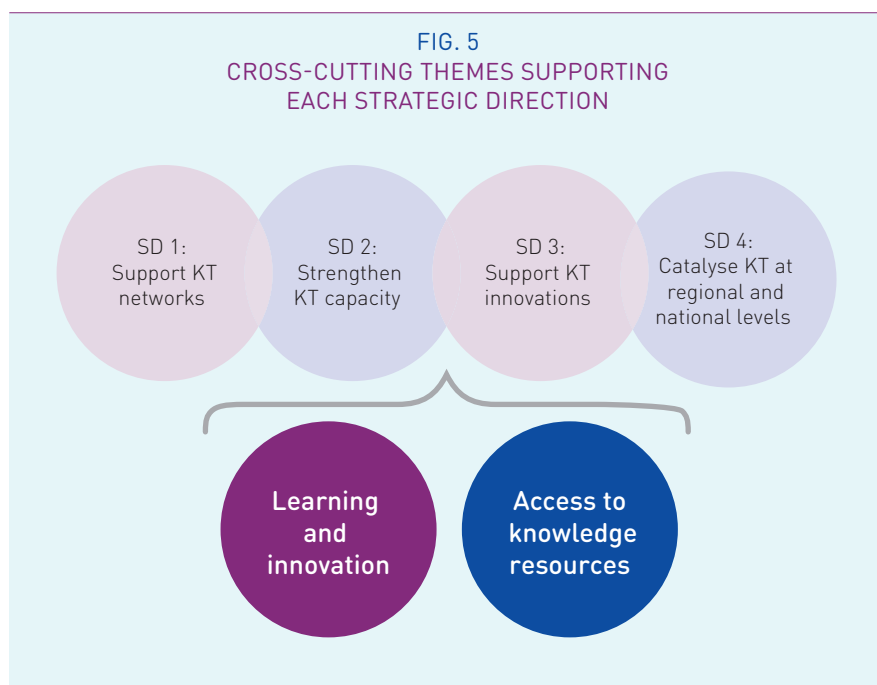
**Activities.** In assuming the role of KT catalyst, EVIPNet Europe will:

- expand awareness and general knowledge of the value KT can add to research and policy processes in the WHO European Region;

- engage with national and regional stakeholders to encourage KT activities;
- identify, package and disseminate best practices from its own experiences, from its supported KTPs and from its wider network to mobilize broad-based political and cultural support for EIP;
- support Member States to connect local initiatives with the international community of EIP in health; and
- identify and raise resources to improve the use of EIP mechanisms and proven organizational models.

## 2.3 CROSS-CUTTING APPROACHES

To support the achievement of these four interconnected strategic directions, EVIPNet Europe will employ two cross-cutting approaches/themes (Fig. 5). These themes highlight the spirit with which EVIPNet Europe and its partners work.



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*“I would highlight two very simple benefits: One is the improved access to systematized tools and methods for using more evidence in policy-making and knowledge translation and the other is the excellent platform for networking with and learning from other experts involved in evidence-informed policy-making.”*

Marge Reinap,  
WHO Head of Country Office,  
Estonia

**1. Support KT networks.** EVIPNet Europe will assist in the establishment of KTPs, which are 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 KTPs will be complemented wherever required and made feasible by the establishment and/or strengthening of regional and subnational networks.

**2. Strengthen KT capacity.** Recognizing the limited capacity of KT in the region, EVIPNet Europe will provide technical assistance, mentorships and exchanges, plus routine capacity-building workshops to improve the skill base of its network members.

**3. Support KT innovations.** EVIPNet Europe facilitates the development of KT strategies and tools tailored to the priorities of the countries in the WHO European Region.

**4. Catalyse KT at regional and national levels.** EVIPNet Europe promotes awareness and creates a commitment to improve the culture and practice of KT and EIP. EVIPNet Europe recognizes that KTPs will be most successful and sustainable in regional and national environments that value the contribution of KT in health systems research and policy.

### Cross-cutting theme 1: learning and innovation

EVIPNet Europe embraces the principle of creating a learning health system for Europe to ensure aggregate learning among its members. EVIPNet Europe intends to continuously review its experience and the knowledge that it creates, learn from its experiences and those of its partners at global, national and regional levels in order to adjust and improve its performance over time. The concept of a learning organization is strongly seen as the key to optimization. EVIPNet Europe will encourage critical evaluative thinking and sharing of lessons learnt among network members through a strong network

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of relationships, peer support and mentoring. In this spirit, a phased implementation strategy is planned. EVIPNet Europe, focusing in its initial phase on countries with low and middle incomes, will, moreover, foster mutual learning to ensure that the experiences and lessons learnt in eastern/central European and central Asian countries also reaches new members from high-income countries in the European Union and the European Free Trade Association. These internal learning processes will be complemented by external learning opportunities as outlined in Strategic Direction 2: to strengthen KT capacity by creating a learning health system to ensure aggregate learning among the European members.

### Cross-cutting theme 2: access to knowledge resources

Managing information processes, technology and people is a core task of EVIPNet Europe's strategic directions. EVIPNet Europe will promote and support knowledge management by means of organizing and archiving (or supporting others to archive) much of the knowledge created and exchanged among network members. One component of this theme is to organize and promote the efficient use of the knowledge and resources that are currently available in the field.

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## 2.4 ROADMAP FOR IMPLEMENTATION

EVIPNet Europe will begin its operations in central Asia and central and eastern Europe. The network will at first follow the trajectory of the global EVIPNet network, which to date has worked primarily in low- and middle-income countries. However, following an initial period needed to establish its operations and refine its methods, it is predicted that EVIPNet Europe will expand to high-income countries, facilitate mutual learning through eventually adapting the network approach and the tools/mechanisms used to these countries when needed. In this way, EVIPNet Europe will follow a phased implementation strategy.

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The strategy's roadmap primarily focuses on the first 18 months of the network's operation. In this initial period, the network will operate on two main tracks concurrently: multicountry and country specific. On the multicountry track, the EVIPNet Europe WHO Secretariat will work with priority countries on KT activities such as capacity-building through the use of training workshops. On the country-specific track, EVIPNet Europe will focus on four countries (chosen by a thorough selection process), which will participate in the network's pilot phase.

The network's pilot phase aims to test the feasibility of the EVIPNet methodology in the WHO European Region with the intention of potentially adapting it, where necessary, to the European context (see below). Pending a successful evaluation of the pilot phase, EVIPNet Europe is poised to be rolled out to other countries in the WHO European Region from the end of 2014.

Following the assessment of the network's pilot phase, the network's roadmap will be updated on an annual basis. The activities of EVIPNet Europe can be allocated at two levels, namely the EVIPNet Europe Secretariat at the regional level facilitating and supporting (technically and managerially) the network activities, and the KTPs operating at the national level (section 2.5).

### Multicountry track

On the multicountry track, the WHO Secretariat of EVIPNet Europe will continually work with priority countries on KT activities such as capacity-building through training workshops. For example, EVIPNet capacity-building sessions will be organized at the annually occurring Autumn School on Health Information and Evidence for Policy-making, a joint venture between WHO Regional Office for Europe and the National Institute for Public Health and the Environment of the Netherlands, to which all EVIPNet Europe Member States will be invited. The autumn schools are intended to regularly increase knowledge and skills and provide hands-on training, as well as to provide a platform



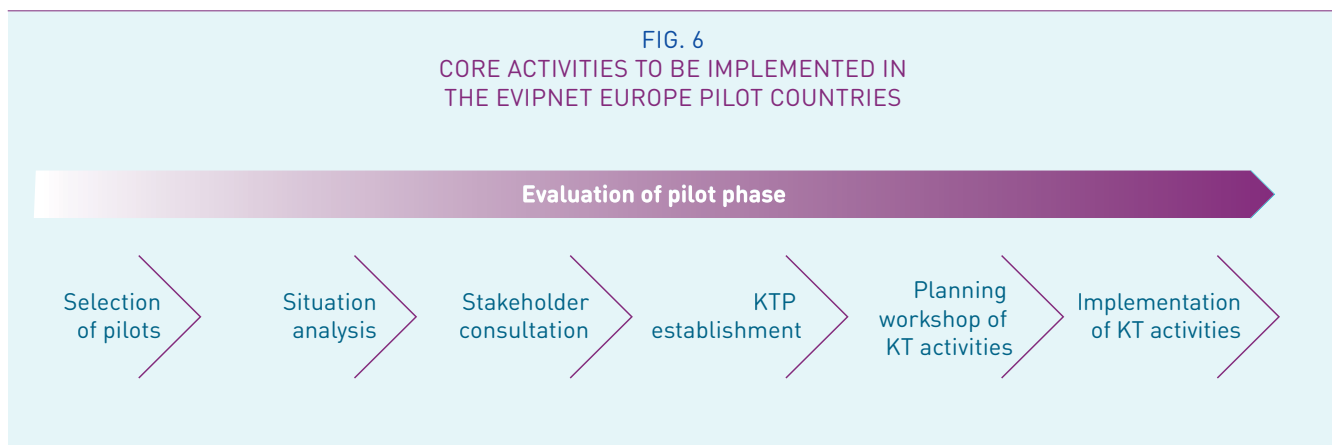
for the exchange of experience and lessons learnt. In addition, a consistent exchange of information between the WHO Secretariat of EVIPNet Europe and the countries will be facilitated through tele- or videoconferences. The conferences will be conducted according to demand and need. This will ensure an active follow-up on the network's activities and events at country level, as well as the sharing of experiences and best practices among participating countries.

### Country-specific track

One of EVIPNet Europe's first activities will be a pilot project (Fig. 6) to address the development and establishment of KTPs in four of the countries that responded to EVIPNet Europe's 2013 *Expression of Interest*.

Initially, the four countries will perform an in-depth situation analysis to understand the role of and place for a KTP in their particular settings. What are the dominant evidence and policy dynamics in the country? Which issues are top priorities? What are some of the stakeholder dynamics and policy processes? What is the state of the country's evidence base and how are policy-makers using evidence? Who is doing what, where and funded by whom? What kinds of capacity-building effort might best strengthen the culture of EIP?

FIG. 6  
CORE ACTIVITIES TO BE IMPLEMENTED IN  
THE EVIPNET EUROPE PILOT COUNTRIES



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Following this assessment stage and a stakeholder consultation to validate the findings, EVIPNet Europe will assist the pilot countries in setting up a KTP of relevant stakeholders and designing (or enhancing) the organizational structure of their KTP, using, where required, the EVIPNet Europe Starter Kit (Box 8).

KTPs will, as a first step, develop work plans, find support for activities across the EVIPNet Europe network, raise funds for those activities and launch an initial suite of KT activities over a period of 18 months. The intended activities include (but are not limited to) the setting of priorities, launching a policy brief and dialogue exercise, and developing a clearing house (section 1.2). EVIPNet Europe will assist the KTPs in evaluating their experience from organizational to project/intervention levels, and in packaging those lessons to inform the development of future KTPs.

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## 2.5 GOVERNANCE

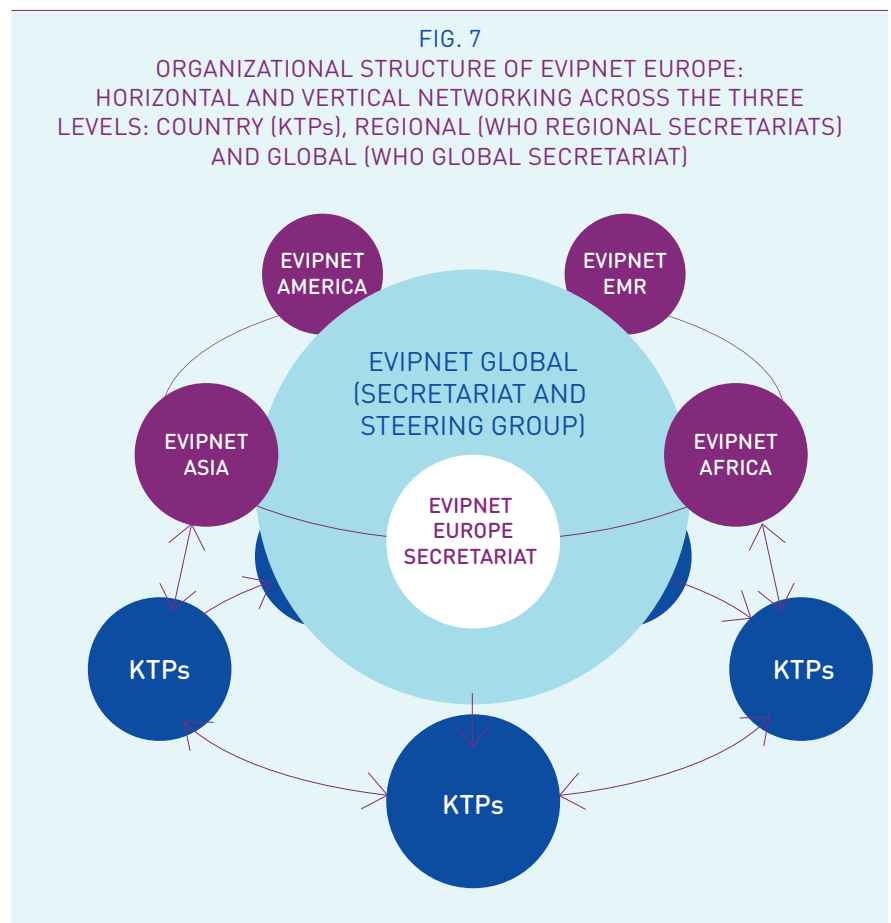
EVIPNet Europe will have a networked governance structure bringing together three sets of regional actors: the EVIPNet Europe Secretariat, the EVIPNet Europe Internal and External Regional Steering Groups, and virtual EVIPNet Europe subnetworks. EVIPNet Europe is interconnected with the global network structure (Fig. 7).

The WHO Secretariat – led by the WHO Regional Office for Europe’s Division of Information, Evidence, Research and Innovation – will act as a catalyst, facilitating and supporting the network, while empowering KTPs in their role as KT brokers. Within the Regional Office, the Secretariat will be supported by the network’s Internal Regional Steering Group, which will (i) oversee the cross-divisional implications of the network (including its support for the implementation of Health 2020, the new European health policy framework, and for other divisions of the Regional Office requesting technical assistance in KT to support countries in formulating evidence-informed policies) and

(ii) facilitate network collaboration and management as well as internal information flows.

The Internal Regional Steering Group is chaired and managed by the WHO Secretariat of EVIPNet Europe and is composed of KT focal points (directors or staff members nominated by the division's director) from each of the divisions of the WHO Regional Office for Europe.

The EVIPNet Europe External Regional Steering Group will function as a consultative body, advising the WHO Secretariat on the overall strategy and direction for EVIPNet Europe. It will be embedded as a specific group with the European



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Advisory Committee on Health Research. The External Steering Group will consist of:

- an internationally renowned chairperson with extensive experience in KT and EIP;
- a co-chairperson who is a member of one of the EVIPNet KTPs and was nominated by the EVIPNet KTPs to represent them on the External Regional Steering Group; and
- two to four outstanding experts in the field of KT/EIP, health system analysis, health policy analysis and networks management.

EVIPNet Europe virtual subnetworks will be more technical than strategic. They will provide technical support to the WHO Secretariat and the country-level KTPs in the areas of:

- KT methods and capacity-building;
- monitoring and evaluation; and
- communication and fundraising.

EVIPNet Europe's activities are in line with EVIPNet's global strategic directions (31). EVIPNet Europe is connected to the global network and its subnetworks in the other five WHO regions through the WHO EVIPNet Global Secretariat, which provides the overall coordinating function for the network, and the Global Steering Group, of which EVIPNet Europe is a member. EVIPNet's Global Steering Group is composed of KT experts, including representatives from low- and middle-income countries. This group is both a catalyst for and a key supporter of EVIPNet. It meets regularly by teleconference to discuss and coordinate global-level activities, including fundraising efforts; to review methodological advancements and regional implementation plans; to support the development of the EVIPNet Virtual Health Library and other advocacy and dissemination instruments; to coordinate the participation of EVIPNet representatives in international events; to oversee EVIPNet's overall strategies; and to discuss such issues as the expansion of the network into new countries.

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EVIPNet Europe values and operationalizes continuous quality improvement of its network strategy, implementation and management. It is committed to monitoring and evaluation in order to continuously assess progress, identify best practices and lessons learnt, measure effectiveness and demonstrate and share results with its stakeholders and the EVIPNet global, regional and national networks.

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## 2.6 MONITORING AND EVALUATION

The primary objectives of EVIPNet Europe's monitoring and evaluation are to:

- ensure transparency and accountability for all stakeholders;
- measure progress and effectiveness of its strategy and activity implementation;
- facilitate real-time identification and management of implementation challenges; and
- contribute to KT research in creating evidence about which strategies are effective to inform future work and scaling-up.



The WHO Secretariat: strategizing and preparing for the next high-level meeting in support of EVIPNet Europe

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The overall monitoring and evaluation approach will be summarized and elaborated in a comprehensive framework that will provide a conceptual and practical basis for conducting monitoring and evaluation. The framework will focus on the relationship between the inputs, activities, outputs and outcomes at three major levels of the EVIPNet Europe's structure: (i) the EVIPNet Europe Secretariat, (ii) KTPs at the national or subnational level, and (iii) the network of KTPs in the European Region.

### Monitoring

On an ongoing basis, all stakeholders at these three levels will document and generate evidence of outputs produced. On an annual basis, a report will be produced by the Secretariat and shared with the EVIPNet Europe Regional and Global Steering Groups as well as the KTP network. The findings will inform the EVIPNet Europe Secretariat for the allocation of necessary resources and technical assistance to the KTPs in order to resolve any problems that have arisen during the reporting period.

### Evaluation

Outcomes at all three levels will be systematically and comprehensively evaluated every five years. The evaluation will focus on the processes, outputs and outcomes at the three levels by assessing EVIPNet Europe KTPs; structural and contextual factors in the countries' EIP culture; and behavioural change leading to increased sustainable interaction between researchers, policy-makers and the civil society. In line with the global EVIPNet's evaluation strategy, EVIPNet Europe inter alia integrates an outcome mapping approach according to which outcomes are measured against a ladder of change or progressive markers.

In addition, EVIPNet Europe will evaluate its pilot phase in 2014–15 focusing on the process of KTP establishment and the feasibility and applicability of the EVIPNet action cycle and its

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*“Now I have a better understanding and skills for talking with politicians – using their language and framing problems accordingly. Having access to EVIPNet resources and tools makes me feel more equipped for effectively promoting evidence-informed policy-making.”*

Bahtygul Karrieva,

WHO Head of Country Office,  
Turkmenistan

tools in the European context; this evaluation will be shared for learning and advocacy for the existing and future EVIPNet network members.

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## 2.7 COMMUNICATIONS AND RESOURCE MOBILIZATION

EVIPNet Europe will use digital and other communications to achieve several prominent objectives.

**Promotion of the network’s KT approaches.** This type of advocacy is designed to convince funders and national governments of the utility of KT as a tool to connect researchers, policy-makers and other stakeholders. This can be achieved, for example, through regular forums, face-to-face meetings, peer-reviewed publications, press releases or brochures. EVIPNet Europe may also circulate policy briefs and other core documents, such as an annual formal report, to funders and policy-makers to show them concrete examples of its activities and achievements.

**Dissemination of lessons and processes.** The major lessons and processes undertaken by the EVIPNet Europe Secretariat and by network members can be disseminated through peer-reviewed publications, online discussion forums, webinars, training workshops and so on. The Secretariat will also encourage many types of initiative within the network aiming to foster informal communication among groups of professionals sharing common interests, in order to improve knowledge dissemination to the relevant stakeholders. These “communities of practice” (38) should be both a great target and a valuable resource for evidence dissemination within the network.

**Best practice capture, tailoring and dissemination.** Any of the evaluative methods described in section 2.6 may create material that could be synthesized and disseminated within the network to share experiences. The above-mentioned communities of practice may also be a reliable vector of best practice dissemination.

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**Capacity building.** EVIPNet Europe will use the full range of information technology (from Twitter to webinars) to ensure its members have access to materials that will improve their skills in KT.

EVIPNet Europe is a WHO programme that benefits from WHO's corporate funds. Nonetheless, in order to fully implement its three strategic directions, additional fundraising opportunities need to be identified to fund KT activities at the Secretariat and country level. EVIPNet Europe will develop a fundraising strategy that will help (i) to gain an overview of external funding opportunities, (ii) to foster a time- and cost-effective resource allocation, and (iii) to identify donors' opportunities to assist in achieving EVIPNet's strategic objectives. The strategy will target the mobilization of

- financial resources, including research and health grants, funds, donations; and
- in-kind contributions, such as payments in kind, expertise, training and workshops, operating infrastructure and supplies, funding of travel and logistical expenses.

EVIPNet Europe champions from all over the Region sharing their thoughts during the third multicountry meeting in Lithuania





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# REFERENCES

1. WHO. Evidence-informed policy-making. Geneva: World Health Organization; 2015 (<http://www.who.int/evidence/about/en/>, accessed 22 July 2015).
2. WHO. EVIPNet. Geneva: World Health Organization; 2015 (<http://global.evipnet.org/>, accessed 22 July 2015).
3. WHO Regional Office for Europe. Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/publications/abstracts/health-2020-a-european-policy-framework-and-strategy-for-the-21st-century>, accessed 22 July 2015).
4. WHO. Bridging the “know-do” gap. Meeting on knowledge translation in global health. Geneva: World Health Organization; 2005.
5. Campbell S. Knowledge translation curriculum. Ottawa: Canadian Coalition for Global Health Research; 2012.
6. Graham ID, Jo Logan RD, Harrison MB, Straus SE, Tetroe J, Caswell W et al. Lost in knowledge translation: time for a map? *Journal of Continuing Education in Health Professions*. 2006;26: 26:13–24.
7. Lavis JN, Lomas J, Hamid M, Sewankambo NK. Assessing country-level efforts to link research to action. *Bulletin of the World Health Organization*. 2006; 84:620–8.
8. WHO. Ministerial Summit on Health Research. Geneva: World Health Organization; 2004 (<http://www.who.int/rpc/summit/en/>, accessed 22 July 2015).
9. Ganann R, Ciliska D, Thomas H. Expediting systematic reviews: methods and implications of rapid reviews. *Implementation Science*. 2010;5:56.

- 
10. Provan KG, Fish A, Sydow J. Interorganizational networks at the network level: a review of the empirical literature on whole networks. *Journal of Management*. 2007;33:479–516.
  11. Merrill J, Caldwell M, Rockoff ML, Gebbie K, Carley KM, Bakken S. Findings from an organizational network analysis to support local public health management. *Journal of Urban Health*. 2008;85:572–84.
  12. Wholey DR, Gregg W, Moscovice I. Public health systems: a social network perspective. *Health Services Research*. 2009;44:1842–62.
  13. Center for Theory of Change. What is theory of change?. New York: Center for Theory of Change; 2013 (<http://www.theoryofchange.org/what-is-theory-of-change/>, accessed 22 July 2015).
  14. Oxman AD, Lavis JN, Lewin S, Fretheim A. SUPPORT tools for evidence-informed health policymaking (STP) 1. What is evidence-informed policymaking? *Health Research Policy and Systems*. 2009;7(Suppl 1):S1 (<http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-s1.pdf>, accessed 22 July 2015).
  15. Lavis JN, Becerra Posada F, Haines A, Osei E. Use of research to inform public policymaking. *Lancet*. 2004;364:1615–21.
  16. Jones G, Steketee RW, Black RE, for the Bellagio Child Survival Study. How many child deaths can we prevent this year? *Lancet*. 2003;362:65–71.
  17. Strauss S, Tetroe J, Graham ID. Defining knowledge translation. *Canadian Medical Association Journal*. 2009;181:165–8.

- 
18. WHO. The Mexico statement on health research: knowledge for better health: strengthening health systems. Geneva: World Health Organization; 2004 (Ministerial summit on health research, Mexico City) ([http://www.who.int/rpc/summit/agenda/Mexico\\_Statement-English.pdf](http://www.who.int/rpc/summit/agenda/Mexico_Statement-English.pdf), accessed 22 July 2015).
  19. WHO. Ministerial summit on health research. Geneva: World Health Organization; 2005 (WHA58.34) ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA58-REC1/english/Resolutions.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/Resolutions.pdf), accessed 22 July 2015).
  20. WHO. The Bamako call to action on research for health: strengthening research for health, development, and equity. Geneva: World Health Organization; 2008 (Global Ministerial Forum on Research for Health, Bamako) (<http://www.who.int/rpc/news/BAMAKOCALLTOACTIONFinalNov24.pdf>, accessed 22 July 2015).
  21. Canadian Institutes of Health Research. More about knowledge translation at CIHR. Ottawa: Canadian Institutes of Health Research; 2013 (<http://www.cihr-irsc.gc.ca/e/39033.html>, accessed 22 July 2015).
  22. Kasonde J, Campbell S. Creating a Knowledge Translation Platform: Nine Lessons from the Zambia Forum for Health Research. *Health Research Policy and Systems*. 2012;10:31.
  23. Daniels N. Toward ethical review of health system transformations. *American Journal of Public Health*. 2006;96:447–51.
  24. Panisset U, Koehlmoos TP, Alkhatib AH, Pantoja T, Singh P, Kengey-Kayondo J et al. Implementation research evidence uptake and use for policy-making. *Health Research Policy Systems*. 2012; 10:20 (<http://www.health-policy-systems.com/content/10/1/20>, accessed 22 July 2015).

- 
25. Trevor-Deutsch B, Allen K, Ravitsky V. Appendix 3: ethics in knowledge. In: Straus ES, Tetroe J, Graham ID. Knowledge translation in health care: moving from evidence to practice. London: Blackwell; 2009 (<http://onlinelibrary.wiley.com/doi/10.1002/9781444311747.app3/pdf>, accessed 22 July 2015).
  26. Tetroe J. Knowledge translation at the Canadian Institutes of Health Research: a primer. Austin, TX: National Center for the Dissemination of Disability Research; 2007.
  27. Wasi P. Triangle that moves the mountain and health systems reform movement in Thailand. Nonthaburi: Health System Research Institute; 2000.
  28. Kothari AR, Bickford JJ, Edwards N, Dobbins MJ, Meyer M. Uncovering tacit knowledge: a pilot study to broaden the concept of knowledge in knowledge translation. *BMC Health Services Research*. 2011;11:198.
  29. PAHO. Water and sanitation: evidences for public policies focused on human rights and public health results. Washington, DC: Pan American Health Organization; 2011 ([http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=5172&Itemid=3757](http://www.paho.org/hq/index.php?option=com_content&view=article&id=5172&Itemid=3757), accessed 22 July 2015).
  30. Chapman E. Report: evaluation of the Evidence-informed Policy Network (EVIPNet) Americas. Washington, DC: Pan American Health Organization; 2013.
  31. WHO. 2012–2015 Strategic plan. EVIPNet. Towards a world in which the best available research evidence informs health policy-making. Geneva: World Health Organization; 2012 (<http://www.who.int/evidence/OMSEVIPNetStratPlan.pdf>, accessed 22 July 2015).

- 
32. Sutcliffe S, Court J. A toolkit for progressive policymakers in developing countries. London: Overseas Development Institute; 2005 (<http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/190.pdf>, accessed 22 July 2015).
  33. Lavis JN, Panisset U. EVIPNet Africa's first series of policy briefs to support evidence-informed policy-making. *International Journal of Technology Assessment in Health Care*. 2010;26:2.
  34. Lavis JN, Permanand G, Oxman AD, Lewin S, Fretheim A. SUPPORT tools for evidence-informed health policymaking (STP) 13. Preparing and using policy briefs to support evidence-informed policymaking. *Health Research Policy and Systems*. 2009;7(Suppl 1):S13 ([http://www.sandy-campbell.com/sc/KTC\\_Module\\_1\\_files/KTC%20Module%201%20-%204.3a%20-%20Lavis%20et%20al%202009.pdf](http://www.sandy-campbell.com/sc/KTC_Module_1_files/KTC%20Module%201%20-%204.3a%20-%20Lavis%20et%20al%202009.pdf), accessed 22 July 2015).
  35. Lavis JN, Boyko JA, Oxman AD, Lewin S, Fretheim A. SUPPORT tools for evidence-informed health policymaking (STP) 14. Organising and using policy dialogues to support evidence-informed policymaking. *Health Research Policy and Systems*. 2009;7(Suppl 1):S14 ([http://www.sandy-campbell.com/sc/KTC\\_Module\\_1\\_files/KTC%20Module%201%20-%204.3b%20-%20Lavis%20et%20al%202009b.pdf](http://www.sandy-campbell.com/sc/KTC_Module_1_files/KTC%20Module%201%20-%204.3b%20-%20Lavis%20et%20al%202009b.pdf), accessed 22 July 2015).
  36. SURE Collaboration. The SURE Guides for preparing and using evidence-based policy briefs. Version 2.0. The SURE Collaboration; 2011 ([http://www.sandy-campbell.com/sc/KTC\\_Module\\_1\\_files/KTP%20Module%201%20-%204.3c%20-%20SURE%20Guides%20-%202005%20identifying%20and%20addressing%20barriers%20to%20implementing%20the%20policy%20options.pdf](http://www.sandy-campbell.com/sc/KTC_Module_1_files/KTP%20Module%201%20-%204.3c%20-%20SURE%20Guides%20-%202005%20identifying%20and%20addressing%20barriers%20to%20implementing%20the%20policy%20options.pdf), accessed 22 July 2015).

- 
37. Lavis JN, Permanand G, Catallo C, BRIDGE Study Team (2013) How can knowledge brokering be advanced in a country's health system? Copenhagen: World Health Organization; 2013 (Policy Brief 17, Bridge Series) ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/195232/Obs-Policy-Brief-17,-How-can-knowledge-brokering-be-advanced-in-a-countrys-health-system.pdf](http://www.euro.who.int/__data/assets/pdf_file/0004/195232/Obs-Policy-Brief-17,-How-can-knowledge-brokering-be-advanced-in-a-countrys-health-system.pdf), accessed 22 July 2015).
  38. Hovland I. Successful communication: a toolkit for researchers and civil society organisations. London: Overseas Development Institute; 2005.

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## 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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