

## Case study

# THE EVIDENCE-INFORMED POLICY-MAKING CONTEXT IN SLOVENIA: GROUNDWORK FOR A KNOWLEDGE TRANSLATION PLATFORM

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## ABSTRACT

**Background:** In order to strengthen its efforts to use the best available evidence in health policy-making, Slovenia engaged in the regional Evidence-informed Policy Network (EVIPNet). The first task undertaken as a member of the network was to analyse the key characteristics of evidence-informed policy-making (EIP) in the country, as this will allow better tailoring of future activities to strengthen EIP. We present the main findings of this analysis.

**Methods:** Our analysis was based on a set of EVIPNet recommendations that provided a structured approach to identifying issues relevant to EIP. The investigation consisted of a document review and stakeholder consultations.

**Results:** We found that regulations supporting policy-making are not always fully respected. In the health sector, the responsibilities of various stakeholders involved in policy-making are not always clear. In public health research, although there are frequent interactions between

researchers and policy-makers, they are not sufficiently formalized. Despite these issues, there are several examples of good practice, where evidence is routinely synthesized and research presented for decision-making.

**Conclusion:** Institutionalizing successful approaches to EIP through a knowledge translation platform could foster systematic and transparent evidence use and stakeholder engagement in policy-making.

**Keywords:** DECISION-MAKING, EVIDENCE-INFORMED POLICY-MAKING, HEALTH POLICY, POLICY-MAKING, SITUATION ANALYSIS, SLOVENIA

## BACKGROUND

Linking health research to ethical, evidence-informed policy-making (EIP) to improve health systems is enshrined as a core function of World Health Organization (1). The need to bridge the research–policy divide has gained international attention since mid-2000s. Three high-level international resolutions have called upon researchers, policy-makers and other research users to join efforts to close the research–practice gap (2). In response, World Health Organization launched the Evidence-informed Policy Network (EVIPNet) in 2005 as “an innovative initiative to promote the systematic use of

health research evidence in policy-making. Focusing on low- and middle-income countries, EVIPNet promotes partnerships at the country level between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the best scientific evidence available” (3).

EVIPNet operates on three levels. At country level, the formation of knowledge translation platforms (KTPs) as network nodes is bringing together key national stakeholders (i.e. researchers, policy-makers and representatives of civil society) to plan and implement national activities, thus catalysing the systematic and

transparent use of evidence in policy-making. KTPs mainly develop evidence briefs for policies and policy dialogues. At the regional level, EVIPNet clusters together country teams with similar geographies to encourage networking, exchange experiences and provide peer support. At the global level, EVIPNet brings together experts and institutions from around the world to design new approaches to knowledge translation (KT) and determine best practice (2).

The World Health Organization Regional Office for Europe established its regional EVIPNet in October 2012 (2), operating under the umbrella of the European Health Information Initiative (4). Slovenia applied and was selected to be one of the four first-round pilot countries.

We present the main findings of the situation analysis performed in Slovenia. Our aim is to provide a snapshot of the EIP context in Slovenia and “identify the organizational and operational niche of the future EVIPNet knowledge translation platform” (5). This is one of the first attempts to analyse the EIP country context with EVIPNet Europe guidance. As EVIPNet Europe’s country membership expands, this case study might become a starting-point upon which to build other countries’ experiences to achieve a better understanding of the complexities of EIP in the World Health Organization European Region.

## METHODS

We undertook a situation analysis based on the recommendations of the *EVIPNet Europe situation analysis manual* (5). The manual guided the analysis by providing a series of questions structured around four areas (the national context, the health system, the public health research system and EIP) to help outline a clear picture of the national context for EIP. The manual suggested activities for gathering the information necessary to answer the proposed questions, such as reviewing documents and consulting stakeholders.

The situation analysis manual required the answer to each question to be supported by a document. For this purpose, we reviewed publicly available policy documents and regulatory documents, papers and reports, including unpublished documents. One

or more guiding tables, containing questions to be answered and a table cell for the reference (included in the manual), were filled out for each of the four areas. Each of the four areas was then summarized according to guidelines provided in the manual, with emphasis on the relevance of the findings to EIP in the country, and incorporated into the final situation analysis report. We also incorporated the conclusions of three workshops organized for EVIPNet Europe in Slovenia. The first workshop took place at the launch of the initiative in March 2014 and included an in-depth discussion about stakeholders. A list of stakeholders obtained from this workshop was used to prepare the situation analysis and construct a list of people to be invited to the third workshop. The second workshop in December 2014 included a more specific series of questions about the research–policy gap and provided an opportunity for professionals at the National Institute of Public Health to discuss EIP. The third workshop in February 2015 was a broad stakeholder consultation, and also presented the draft situation analysis. Additional input from participants was integrated into the final situation analysis.

## RESULTS AND DISCUSSION

We present the key findings of the situation analysis, structured according to the following four major themes: (i) the formal policy-making context in Slovenia; (ii) the health system and its stakeholders; (iii) research into public health; and (iv) a synthesis of findings on the interactions between stakeholders in policy-making. We conclude by exploring ways to improve the national EIP situation through establishing a KTP supported by EVIPNet Europe.

### FORMAL POLICY-MAKING CONTEXT IN SLOVENIA

An understanding of the policy context and policy-making processes is important to improve EIP activities.

In Slovenia, a number of documents adopted by parliament and government prescribe national policy processes. A prominent example is the *Resolution on legislative regulation*, which indicates the need to perform a proper assessment of all policies and regulatory proposals before they are submitted for adoption (6). The Resolution also stresses the

importance of stakeholder involvement in new policy or regulatory initiatives.

These and other documents support EIP, although their application is often limited. In 2010, a policy mix peer review of Slovenia found that although national programmes are formally binding, they are treated as non-binding and do not include an assessment of the implementation costs or indicators of success (7). This finding was echoed in the 2012 Organization for Economic Cooperation and Development public governance review of Slovenia (8). Frequent political turnover was likely to be one of the reasons that long-term strategies are often not considered in daily decision-making.

Similarly, although formally required (6), stakeholder participation in policy-making was perceived as ad hoc and having limited impact, partly because – as indicated in the 2011 CIVICUS civil society index – “the government refuses to recognize civil society as a relevant actor and partner” (9).

The most surprising finding was the large amount of documents produced by important stakeholders that openly and directly indicate weaknesses in the policy-making process.

## THE HEALTH SYSTEM AND ITS STAKEHOLDERS

Stakeholders may be more or less relevant to decision-making processes in the health system, depending on the extent to which they interact with each other and work together to develop common goals and achieve them. Their relevance also depends on the role that the various stakeholders are given in policy-making, which might be formally determined in rules and regulations or the consequence of established practices in the country.

As the central policy-maker, the Ministry of Health is responsible for developing health policies and establishing related processes. It regularly commissions and cofinances research projects to support policy formulation and implementation, and is advised by a range of expert bodies such

as the General Expert Collegiums and the Health Council<sup>1</sup>. The National Institute for Public Health, responsible for the health information infrastructure, is an additional institution mandated to provide independent scientific advice to the Ministry of Health. Despite frequent interactions between the Ministry of Health and these scientific institutions, evidence is not used systematically in health policy-making. A notable example is the proposed Act Amending the Health Services Act, which includes only short explanations for the changes to each article, with no reference to scientific papers (10). In sharp contrast, the proposed Pharmacies Act includes extensive analysis of the broader context and the reasons for changing the Act, including several references to scientific literature (11).

The central policy role and processes of the Ministry of Health are compounded by blurred lines of responsibility and accountability among the Slovene policy actors. The Medical Chamber of Slovenia (and other professional organizations) considers itself responsible for contributing to health policy-making; in 2014, it published a new strategic vision of a national health policy in the *Strategic framework for Slovene health care's way out of the crisis* (12). On the other hand, the Health Insurance Institute of Slovenia published the *Strategic development programme for the period 2014/2019* (13), from which it can be inferred that health financing is a core component of health policy.

## RESEARCH IN PUBLIC HEALTH

High quality, relevant research findings are essential to foster EIP. In general, the autonomy of the research community in Slovenia is valued by society and the research it generates is perceived as credible and methodologically sound. (The autonomy of public higher education institutions, for instance, is determined in Article 58 of the Slovene Constitution.) However, possibly due to their high level of independence, health science researchers often respond to public calls for proposals with applications that fail to adhere fully to the specific purpose of the call. In such cases, proposals that best match the objectives of the call are prioritized in the selection process (14).

<sup>1</sup> General Expert Collegiums are advisory bodies to the Ministry of Health composed of esteemed professionals. Separate General Expert Collegiums have been established for different areas of medicine and health sciences. The Health Council is another advisory body to the Ministry of Health, also composed of respected professionals. It differs from General Expert Collegiums in that there is only one Health Council, which includes physicians from different specialty areas and experts in other health sciences. Its area of interest is the entire health system of the country.

Although no specific research strategy for health or health systems exists in Slovenia, research priorities are set through three key mechanisms related to the issuing of public research grants:

1. a general resolution of the National Research and Development Programme 2011/2020 (15), which among other things aims to establish an effective system for governing the research and innovation area by including all stakeholders;
2. consultative processes between the Slovene Research Agency and the Ministry of Health on specific themes and questions in relation to applied research grants (16); and
3. informal enquiries by the Ministry of Health on the research objectives and capacities of key research institutions to explore how policy needs can best be met (14).

A recent example of the third mechanism is the establishment of a public health grant based on a consultative process between the Ministry of Health, the funder and researchers – the Norway grants support programme (2009/2014) – in the area of “civil society, human and social development”, including the subarea of public health (17).

Nonetheless, interactions between research and policy require further strengthening, particularly with regard to health policy and health research priority-setting. To achieve this, stakeholders have expressed the need for more transparent, open and regular discussions in Slovenia (18).

## HOW STAKEHOLDERS INTERACT IN POLICY-MAKING

In Slovenia, well-synthesized evidence is routinely presented for decision-making in many areas. For instance, the National Institute of Public Health published policy briefs in the area of health-related youth behaviour (19), alcohol consumption (20) and tobacco control (21). These publications seem to fulfil most of the so-called BRIDGE criteria (the acronym refers to the European Union cofunded project, Brokering knowledge and Research Information to support the Development and Governance of health systems in Europe) to assess KT mechanisms (22). High quality, locally generated evidence can also influence regulations and policies, as exemplified by the development of a national strategy on food and nutrition (14) and policies for treating drug addiction (23). Although no routine mechanisms for EIP are yet in place, these individual cases provide insight

on the ways to influence policy and an opportunity for learning.

Despite the existing KT mechanisms, we identified a range of barriers to EIP. For example, participants at the second EVIPNet Europe workshop felt that the unpredictability of policy-making reduces the level of trust between stakeholders and policy-makers. For example, the introduction in 2002 of the National Programme for the Prevention of Cardiovascular Diseases required general practitioners to make additional patient visits; however, no additional funds were provided to compensate them for the extra activities (24), contrary to the expectations of general practitioners. This lack of consideration negatively affected the relationship between general practitioners and policy-makers.

Experts invited to participate in policy-making processes often have a dual role as independent scientists as well as representatives of their institutions or professions, leading to potential conflicts of interests. They may also be exposed to pressure from interest groups, which conflicts with the ethical principles of objectivity. To increase their credibility, it is essential that these experts provide the best available scientific evidence in a systematic and transparent manner instead of simply providing informed opinions (18).

Policy-makers may have similar challenges of withstanding partial interests. To ensure that the interests of all stakeholders are considered and to minimize the possibility of interest groups influencing decision-making behind closed doors, transparent and public deliberations of stakeholders' needs and interests seems to be the best approach (18).

## HOW CAN A KTP HELP?

While Slovenia has examples of good practice, institutional efforts and KT capacity, the situation analysis highlighted a need to strengthen procedures to ensure coherent, inclusive and comprehensive policy-making. Numerous stakeholders who participated in consultations for preparing the situation analysis considered establishing a KTP with a specific mandate to promote national efforts in EIP and foster systematic, transparent approaches to health policy-making a promising strategy for addressing this issue (Table 1) (18).

**TABLE 1: BENEFITS AND CHALLENGES OF A KTP IN SLOVENIA**

Benefits of a KTP
Supports the process of preparing policy proposals in line with the Resolution on legislative regulation, ensuring that proposed policies and regulations are properly assessed before adoption
Provides a forum for a direct and open exchange of views among all stakeholders
Improves cooperation between researchers, policy-makers and other stakeholders
Increases support for a reform agenda by using the tools and abiding by the core values of the KTP (use of evidence, inclusion of stakeholders)
Challenges for a future KTP
Assuring enforcement of adopted regulatory and strategic documents
Clarifying accountability of stakeholders in the health system to support EIP

## CONCLUSIONS

The situation analysis identified several publicly available documents criticizing Slovene policy-making practices, although many examples of good practice of EIP were also found. These findings indicate a high level of awareness of EIP within Slovenia. This was confirmed by high-level policy documents that explicitly prescribe evidence use in policy formulation and the need for participatory approaches. Establishing an EVIPNet KTP within this favourable environment would be a timely action to further coordinate, catalyse and sustain efforts to promote the systematic use of evidence in health policy-making. Such approaches are needed to improve health governance and support national reform and strategy development processes.

Other countries in the World Health Organization European Region may face different challenges because they are governed by different laws and regulations, and have different health care system and different traditions. The Slovene example may nonetheless provide insight into where to find documentary evidence on the strengths and weaknesses of policy-making processes, what types of concrete experiences can provide examples of this

process and, in some cases, the types of issues that need to be tackled for strengthening EIP.

As EIP rises in the health policy agenda of the World Health Organization European Region, it is becoming increasingly important to envisage the state of EIP in the whole region. In this context, the situation analysis of Slovenia contributes one of the first pieces of the picture.

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## REFERENCES

- Engaging for health: eleventh general programme of work, 2006–2015. A global health agenda. Geneva: World Health Organization; 2006 (<http://www.who.int/about/role/en/index.html>, accessed 12 April 2016).
- EVIPNet Europe strategic plan 2013–2017. Copenhagen: World Health Organization Regional Office for Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/291636/EVIPNet-Europe-strategic-plan-2013-17-en.pdf](http://www.euro.who.int/__data/assets/pdf_file/0009/291636/EVIPNet-Europe-strategic-plan-2013-17-en.pdf), accessed 30 June 2016).
- Evidence-Informed Policy Network. For better decision-making. Geneva: World Health Organization (<http://www.who.int/rpc/publications/EVIPNet%20Brochure%20with%20key%20articles.pdf>, accessed 12 April 2016).
- European Health Information Initiative. Copenhagen: World Health Organization Regional Office for Europe; 2016 (<http://www.euro.who.int/en/data-and-evidence/european-health-information-initiative-ehii>, accessed 30 June 2016).
- EVIPNet Europe situation analysis manual. Copenhagen: World Health Organization Regional Office for Europe (in press).
- Resolucija o normativni dejavnosti [Resolution on legislative regulation]. Official Gazette of the Republic of Slovenia. No. 95/09 (<http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5516>, accessed 12 April 2016).



7. Policy mix peer review: country report – Slovenia. Luxembourg: European Union Scientific and Technical Research Committee; 2010 ([http://ec.europa.eu/research/innovation-union/pdf/erac/si\\_\\_peer\\_review\\_report\\_2010.pdf](http://ec.europa.eu/research/innovation-union/pdf/erac/si__peer_review_report_2010.pdf), accessed 10 March 2016).
8. Slovenia: towards a strategic and efficient state. OECD public governance reviews. Paris: OECD Publishing; 2012.
9. Rakar T, Vrbica S, Deželan T, Kolarič Z, Črnak Meglič A, Nagode M, et al. CIVICUS Civil society index Slovenia: analytical country report 2010. Ljubljana: Social Protection Institute of the Republic of Slovenia; 2011.
10. Predlog predpisa Zakon o spremembah in dopolnitvah Zakona o zdravstveni dejavnosti [Proposed Act Amending the Health Services Act]. Ljubljana: Ministry of Health of the Republic of Slovenia; 2016 (<https://e-uprava.gov.si/drzava-in-druzba/e-demokracija/predlogi-predpisov/predlog-predpisa.html?id=6593>, accessed 30 June 2016).
11. Predlog predpisa Zakon o lekarniški dejavnosti [Proposed Pharmacies Act]. Ljubljana: Ministry of Health of the Republic of Slovenia; 2016 (<https://e-uprava.gov.si/drzava-in-druzba/e-demokracija/predlogi-predpisov/predlog-predpisa.html?id=7082>, accessed 30 June 2016).
12. Sporočilo za javnost – Zdravniške organizacije predstavile Strateške usmeritve slovenskega zdravstva za izhod iz krize [Press release – Medical organizations introduce the strategic framework for Slovene health care's way out of the crisis]. Ljubljana: Medical Chamber of Slovenia; 2014 (<http://www.zdravniskazbornica.si/nw/364/1/2163/zdravniske-organizacije-predstavile-strateske-usmeritve-slovenskega-zdravstva-za-izhod-iz-krize>, accessed 10 November 2015).
13. Health Insurance Institute of Slovenia. Strateški razvojni program Zavoda za zdravstveno zavarovanje Slovenije za obdobje 2014 do 2019 [Strategic development programme of the Health Insurance Institute of Slovenia for the period from 2014 to 2019]. Ljubljana: Health Insurance Institute of Slovenia; 2014.
14. Poldrugovac M, Kraigher A, Albreht T, Zupančič A. PHIRE country report Slovenia ([http://www.eupha.org/repository/projects/PHIRE\\_Country\\_Reports/Slovenia\\_PHIRE\\_Country\\_Report\\_30nov12.pdf](http://www.eupha.org/repository/projects/PHIRE_Country_Reports/Slovenia_PHIRE_Country_Report_30nov12.pdf), accessed 10 March 2016).
15. Resolucija o raziskovalni in inovacijski strategiji Slovenije 2011–2020 [Resolution on the National Research and Development Programme 2011–2020]. Official Gazette of the Republic of Slovenia. No. 43/11 (<https://www.uradni-list.si/1/content?id=103975>, accessed 10 March 2016).
16. Raziskovalne naloge in študije: sofinanciranje na Ministrstvu za zdravje Povzetek dejavnosti v obdobju od 2001 do 2012 in predlogi za načrtovanje [Research projects and analysis: cofinancing by the Ministry of Health. Summary of activities in the period from 2001 to 2012 and suggestions for planning research projects and analysis.]. Ljubljana: Ministry of Health of the Republic of Slovenia (unpublished).
17. Government Office for Development and European Cohesion Policy. Norwegian financial mechanism programme 2009–2014 (<http://norwaygrants.si/about-the-programs/a/?lang=en>, accessed 12 April 2016).
18. Poldrugovac M, Truden Dobrin P, Ivanuša M. Ključni povzetki Delavnice na temo z dokazi podprto oblikovanje politik [Summary findings of the workshop on evidence-informed policy-making]. Ljubljana: National Institute of Public Health (unpublished).
19. Koprivnikar H, Drev A, Jeriček Klanšček H, Bajt M. Policy brief. Health-related youth behaviour in Slovenia – challenges and answers. Ljubljana: National Institute of Public Health; 2014.
20. National Institute of Public Health. Alkoholna politika v Sloveniji – Priložnost za zmanjševanje škode in stroškov [Alcohol policy in Slovenia – an opportunity to reduce harm and costs]. Ljubljana: National Institute of Public Health; 2015.
21. Slovenija brez tobaka – kdaj? [Tobacco-free Slovenia – when?]. Ljubljana: National Institute of Public Health; 2015.
22. Lavis J, Catallo C, Permanand G, Zierler A, BRIDGE study team. Policy summary 7 (BRIDGE series). Communicating clearly: enhancing information-packaging mechanisms to support knowledge brokering in European health systems. Copenhagen: World Health Organization Regional Office for Europe; 2013.
23. Nolimal D, Nolimal SI. The responsibility for linking research, policy and practice in public health: the case study on drug addiction treatment (<http://www.irdo.si/irdo-2014/referati/d-nolimal-nolimal.pdf>, accessed 29 August 2016).
24. National Institute of Public Health. "Za boljše zdravje in zmanjšanje neenakosti v zdravju v Sloveniji" projekt. Poročilo o oceni potreb [Towards better health and reducing inequalities in health project. Needs assessment report]. Ljubljana: National Institute of Public Health (unpublished).