

Evidence-informed Policy Network (EVIPNet) Europe

*Summary of results of a stakeholder consultation on the
situation analysis findings and future KTP scenarios for Poland
15 February 2019, Warsaw, Poland*

Introduction

EVIPNet Europe is a WHO Regional Office for Europe initiative. It aims to increase country capacity in developing health policies informed by the best available research evidence, in line with and in support of the European policy framework Health 2020 (1), the WHO European Health Information Initiative (a multi-member WHO network committed to improving health by improving the information that underpins policy) (2), and the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (3). EVIPNet Europe institutionalizes knowledge translation (KT) – the process of fostering research use in policy-making – by establishing national country teams (so-called knowledge translation platforms (KTPs)) (4). These teams plan and implement KT activities at country level.

EVIPNet Poland

Poland launched its EVIPNet Europe activities in 2015. Since then these activities have included the development of an evidence brief for policy, developed in 2016–2017, on optimizing the role of general practitioners to improve primary health care in Poland, and a related high-level policy dialogue carried out in early 2017 (5). To continue strengthening and institutionalizing its EIP activities, in 2018 Poland conducted a situation analysis - a systematically and transparently conducted approach to developing a deeper understanding of the EIP landscape in a country context and major factors that may facilitate or hinder the successful establishment of a KTP. The analysis was led by Jagiellonian University in Krakow, guided by the WHO Secretariat of EVIPNet Europe and in collaboration with the Ministry of Health and the National Institute of Public Health. In February 2019, a high-level stakeholder meeting took place in Warsaw to discuss the findings of the situation analysis, and to assess the future KTP scenario for the country.

The stakeholder consultation

The aim of the stakeholder consultation was to seek input from a range of stakeholders on the situation analysis findings and potential pathways to institutionalizing a KTP in Poland, as well as to encourage stakeholder interest and investment in the EVIPNet initiative to promote EIP in the country.

Policy-makers, researchers and other key stakeholders attended the event, including the Deputy Minister of Health, the Director of the Department of Analyses and Strategy (Ministry of Health), the Director of the National Institute of Public Health–National Institute of Hygiene, the Director of the National Centre for Health Information Systems (CSIOZ), and

representatives of leading medical universities and research centres.¹ Key findings from the situation analysis were presented, including the following:

1. *Current landscape of EIP and KT in Poland*

The importance of EIP is widely recognized in Poland, with positive examples to draw on. However, challenges persist related to institutions' overlapping competencies, data quality and management, and limited research capacity. The concept of KT and implementing a KTP is therefore generally acknowledged as important and needed.

2. *Proposed KTP model in Poland*

Taking the current landscape described above into consideration, the proposed optimal model of a future KTP in Poland is a network with a joint secretariat (administrative office) within the Ministry of Health. Such a network will provide the focal point and groundwork for cooperation between the main health system stakeholders responsible for providing data and evidence for health policy purposes (Agency for Health Technology Assessment and Tariff System (AOTMiT), National Health Fund (NFZ), and the CSIOZ), along with the research units, professionals specializing in knowledge brokering and KT, and policy-makers. The Medical Research Agency (ABM) launched in April 2019 could take a leading role in commissioning research needed for policy-making processes. The network's form should facilitate the use of the existing organizations' potential and competencies via information exchange and close cooperation. Various stakeholders should be involved in the conceptualization and implementation of the KTP in a participatory and inclusive manner.

Feedback provided by consultation participants on the situation analysis was positive. In general, there was agreement with the proposed KTP model. Three points were emphasized: (i) securing a stable source of financing will be necessary to operationalize the KTP; (ii) there is a

The way forward for EVIPNet in Poland

The stakeholder consultation represented an important milestone towards building a collaborative relationship among decision-makers, researchers and other EIP stakeholders, which will lay the groundwork for institutionalizing a KTP.

To achieve further progress the following next steps will be undertaken:

- The situation analysis report and its KTP scenario will be revised to take into account the discussions at the consultation, and then circulated for endorsement.
- The endorsed version of the situation analysis will be submitted to the Ministry of Health.
- The EVIPNet working group and WHO Country Office will then engage in further discussion with the Ministry about the establishment of the KTP team and its activities in Poland.



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¹ For a complete list of the participating institutions, see Annex 1.

need to ensure involvement of the “demand side” (of the KTP activities), for example by developing a formal legal framework for mandatory inclusion of the KTP into policy-making processes; and (iii) KT skills development should be strengthened among all potential KTP stakeholders.

References

1. Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2012 (EUR/RC62/9) (http://www.euro.who.int/__data/assets/pdf_file/0009/169803/RC62wd09-Eng.pdf?ua=1).
2. European Health Information Initiative [website]. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/data-and-evidence/european-health-information-initiative-ehii/european-health-information-initiative>).
3. Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/12) (http://www.euro.who.int/__data/assets/pdf_file/0006/314727/66wd12e_EIPActionPlan_160528.pdf?ua=1).
4. EVIPNet Europe Strategic Plan 2013–17. Copenhagen: WHO Regional Office for Europe; 2015 (http://www.euro.who.int/__data/assets/pdf_file/0009/291636/EVIPNet-Europe-strategic-plan-2013-17-en.pdf?ua=1).
5. Scarlett J, Köhler K, Reinap M, Ciobanu A, Tirdea M, Koikov V, et al. Case study and lessons learnt. Evidence-informed Policy Network (EVIPNet) Europe: knowledge translation success stories. *Public Health Panorama* 2018;4(2):161–169 (http://www.euro.who.int/__data/assets/pdf_file/0003/375078/EVIPNET.pdf?ua=1).
6. Situation analysis manual. EVIPNet Europe. Copenhagen: WHO Regional Office for Europe; 2017 (Licence: CC BY-NC-SA 3.0 IGO) (http://www.euro.who.int/__data/assets/pdf_file/0004/335551/EVIPNet-Europe-Situation-Analysis-Manual.pdf).

Annex 1

The stakeholder consultation brought together a wide range of participants from various institutions in Poland.

Participating institutions

- Ministry of Health
- National Health Fund (NFZ)
- National Centre for Health Information Systems (CSIOZ)
- National Institute of Public Health–National Institute of Hygiene (NIZP-PZH)
- National Cancer Registry (KRN)
- National Centre for Research and Development (NCBR)
- Cochrane Poland
- National Science Centre (NCN)
- Ministry of Science and Higher Education
- Institute of Public Health, Jagiellonian University Medical College
- Department of Public Health and Social Medicine Medical, University of Gdansk
- Centre of Postgraduate Medical Education (CMKP)
- Faculty of Health Sciences, Silesia Medical University