

USING RESEARCH EVIDENCE FOR POLICY-MAKING

REPORT OF THE THIRD EVIPNET
EUROPE MULTICOUNTRY MEETING

10–12 June 2015
Trakai, Lithuania

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MEETING REPORT

10-12 JUNE 2015,
TRAKAI, LITHUANIA

MULTICOUNTRY
MEETING ON USING
RESEARCH EVIDENCE
FOR POLICY-MAKING

EVIPNet Europe Multicountry Meeting on using Research Evidence for Policy-making

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10-12 JUNE 2015, TRAKAI,
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MULTICOUNTRY MEETING ON USING RESEARCH EVIDENCE FOR POLICY-MAKING

ABSTRACT

This report describes EVIPNet Europe's third multicountry meeting. EVIPNet Europe represents a regional knowledge translation network supporting the implementation of the European policy framework Health 2020 as well as the European Health Information Initiative. The meeting took place in June 2015 and was attended by 25 national evidence-informed policy champions and 12 heads of WHO country offices. The outcomes of the meeting included an increased general understanding of the establishment and operationalization of country teams, so-called knowledge translation platforms, that plan and implement knowledge translation activities at the country level, and the advancement of communication and advocacy skills related to evidence-informed policy-making, and policy dialogue facilitation. These efforts contribute substantially towards the network's global aims to promote partnerships at all levels, aiming to engender better knowledge translation and evidence-informed policy-making to strengthen health systems and produce better health outcomes.

CONTENTS

EXECUTIVE SUMMARY	v
1. INTRODUCTION	1
1.1 Background and status quo of EVIPNet Europe	1
1.2 The third EVIPNet Europe multicountry meeting	1
2. SUMMARIES OF SESSIONS	2
2.1 Health 2020 entry points for EVIPNet Europe	2
2.2 KTPs: sustainable KT structures	4
2.3 EVIPNet Europe country team/KTP, M&E and OM	6
2.4 EIP in the European Region: piloting a survey on country capacity to generate, analyse and apply research evidence for decision-making	7
3. MAIN THEME: PD FACILITATION.....	8
4. MAIN THEME: COMMUNICATION AND ADVOCACY	9
5. CONCLUSIONS AND THE WAY FORWARD.....	11
REFERENCES.....	12
ANNEXES	14
Annex I: Agenda	14
Annex II: List of participants.....	16
Annex III: Terms of reference	18
Annex IV: Form and function of three different knowledge brokering organizations	19

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LIST OF ABBREVIATIONS

EBP	Evidence brief for policy
EIP	Evidence-informed policy-making
EVIPNet	Evidence-informed Policy Network
HCO	Head of country office
KTP	Knowledge translation
KTP	Knowledge translation platform
M&E	Monitoring and evaluation
OM	Outcome mapping
PD	Policy dialogue

EXECUTIVE SUMMARY

Substantial investment is made in health research. Nevertheless, there remains a significant gap between what is scientifically known and what is being used in policy and practice in health systems throughout Europe. The Evidence-informed Policy Network (EVIPNet) Europe works towards closing this research-to-policy gap – it is a key support mechanism for the implementation of Health 2020 and the European Health Information Initiative.

The third EVIPNet Europe multicountry meeting was part of an ongoing initiative towards building national capacity in evidence-informed policy-making (EIP). The meeting in June 2015 in Lithuania was opened by Ms Rimantė Šalaševičiūtė, the Minister of Health of Lithuania, and Dr Claudia Stein, Director of the Division of Information, Evidence, Research and Innovation. The meeting was attended by 25 participants from EVIPNet Europe member countries and 12 heads of country offices (HCOs). The meeting's objectives were to:

- facilitate an exchange of country experiences and lessons learned in implementing the EVIPNet Europe pilot phase;
- provide peer support for countries to revise their EIP roadmaps, with a focus on EVIPNet Europe and Health 2020 interfaces;
- enhance participants' skills in communicating and advocating for EIP and develop national engagement strategies;
- provide concrete steps and resources on how to operationalize a country team, a so-called knowledge translation platform (KTP), through developing strategies, work plans, and monitoring and evaluation (M&E) plans; and
- train participants to become facilitators for future EVIPNet Europe policy dialogues (PDs).

Day 1 provided the space for participants to exchange experiences and lessons learnt in implementing the EVIPNet Europe pilot phase. This was complemented by a high-level panel discussion providing insights into knowledge brokering as undertaken by three key European knowledge-broker organizations: the European Observatory for Health Systems and Policies (Belgium), the National Institute for Health and Welfare (Finland) and Semmelweis University (Hungary). *Day 2* included parallel sessions on strengthening skills in (i) communicating and advocating for EIP at the country level (for HCOs) and (ii) facilitating EVIPNet PDs (for EVIPNet Europe national champions). Finally, *Day 3* focused on supporting countries with concrete steps in establishing and operationalizing a country team/KTP, and included an introduction of “outcome mapping” (OM), a methodology to plan/monitor/evaluate activities at the country level.

The meeting also offered a platform to launch EVIPNet Europe's virtual forum, a request made by the participants at the second multicountry meeting, with the goal to help members to interact, share knowledge and experiences across the Region over and above the annual multicountry meetings. The unique opportunity for the HCOs, EVIPNet Europe champions and new members to meet face to face was vital – not only to increase capacity but also to further strengthen the network's ties.

All participants showed great commitment and clearly manifested a sense of community and identification with EVIPNet Europe, which has become a growing and maturing network, setting and promoting the EIP agenda in Europe.

1. Introduction

1.1 Background and status quo of EVIPNet Europe

It is important for health policies to be well informed by research evidence, otherwise interventions may fail to reach those populations and individuals most in need, and countries are unlikely to meet their health goals (1–5). In 2015, more than 10 years after the Mexico Ministerial Summit on Health Research (6,7), a strong foundation exists for EIP to achieve universal health coverage (8,9).

WHO launched EVIPNet as a response to the World Health Assembly resolution WHA58.34 in 2005 (10) to promote the systematic use of health research evidence in policy-making. EVIPNet is a global network with its base at the WHO headquarters. [EVIPNet Europe](#) was launched in October 2012 and supports the implementation of the European policy framework Health 2020 (11). The network will play a crucial role in the implementation of the WHO Regional Office for Europe roadmap to enhance EIP in the WHO European Region (12).

“EVIPNet is taking Europe by storm!” said Claudia Stein when opening the meeting together with the Minister of Health of Lithuania, Ms Rimantė Šalaševičiūtė, referring to EVIPNet Europe’s development in the Region in the past months.

In June 2015, the network included Albania, Estonia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, Republic of Moldova, Romania, Slovenia, Tajikistan and Ukraine. Additionally, Georgia, Slovakia and Turkmenistan showed their interest in joining the network and took part in the multicountry meeting. Recent updates from member countries can be found in the EVIPNet Europe newsletters/updates from May and October 2015.

1.2 The third EVIPNet Europe multicountry meeting

Promoting an environment favourable to the systematic use of evidence in policy-making requires continuity and human resources that are capable of undertaking knowledge translation (KT) activities. As a step towards developing such country capacity, EVIPNet Europe organizes annual multicountry meetings.

The first EVIPNet Europe multicountry meeting took place in 2013 in Turkey (*report available [here](#)*), and the second multicountry meeting (a Training-the-Trainer workshop) was held in 2014 in Slovenia (*web article available [here](#)*).

The meeting was attended by 25 participants from EVIPNet Europe member countries and HCOs from 12 Member States. A summary of the meeting agenda and the list of participants are available in Annexes I and II.

Day 1 provided the space for an update on EVIPNet Europe’s progress and for participants to exchange country experiences and lessons learned in implementing the EVIPNet Europe pilot phase activities.¹ It was facilitated by Mark Leys (Professor at Vrije

¹ Over the course of 2014–2015, EVIPNet Europe launched a pilot phase designed to test the feasibility of the EVIPNet methodology in the WHO European Region, adapting it as required to the

Universiteit Brussel, Belgium, and chair of the EVIPNet Europe Steering Group) and Tanja Kuchenmüller (coordinating EVIPNet Europe, WHO Regional Office for Europe). Marijan Ivanuša (HCO, Slovenia) presented on the interface between EVIPNet Europe and Health 2020. A high-level panel discussion provided insights into knowledge brokering as undertaken by three key European knowledge-broker organizations. The panelists were Josep Figueras (Director of the [European Observatory on Health Systems and Policies](#) and Head of the WHO European Centre on Health Policy in Brussels, Belgium), Ilmo Keskimäki (Professor and Head of Outcomes and Equity Research Group at the [National Institute for Health and Welfare in Finland](#)) and Miklos Szocska (Director of Health Services Management Training Centre at [Semmelweis University](#), Budapest, Hungary).

Day 2 was dedicated to participants' "learning by doing" and comprised two parallel tracks for national EVIPNet Europe champions and HCOs, respectively: The sessions for national EVIPNet Europe champions on PD facilitation were led by Dr Ulysses Panisset (Adjunct Professor at the Federal University of Minas Gerais, Belo Horizonte, Brazil, and former coordinator of EVIPNet global) and Ms Susan Kingston (adult learning facilitator). Joel Schaefer (communications officer, WHO headquarters) facilitated the sessions for HCOs on communication and advocacy.

Day 3 focused on supporting countries with concrete, practical steps on how to establish and operationalize a country team/KTP. It covered sessions on country team/KTP operationalization, M&E and OM and was facilitated by Ryoko Takahashi (technical officer at WHO Regional Office for Europe). In addition, Shelina Visram (lecturer at Durham University, United Kingdom) gave a presentation on piloting a survey on country capacity to generate, analyse and apply research evidence for decision-making.

In summary, the third EVIPNet Europe multicountry meeting addressed three broad new areas, all of which facilitated the exchange of country experiences and lessons learnt:

- sessions focusing on the planning, operationalization and evaluation of the EVIPNet Europe country work (summarized in section 2);
- sessions increasing participants' capacity in organizing and conducting PDs (introduced in section 3); and
- sessions on communication and advocacy (introduced in section 4).

2. Summaries of sessions

2.1 Health 2020 entry points for EVIPNet Europe

EVIPNet Europe contributes to reaching Health 2020's four priority areas for health by promoting EIP, and it supports the enhancement of health governance by mobilizing multisectoral stakeholders across the health system to collaborate for EIP and improve health outcomes. During this session, countries developed plans for their activities until 2017 – interlinking these with the country-specific Health 2020 goals and principles.

local context. This phase also included the identification and support of KT champions in the Region, who will lead and support country teams/KTPs and the expansion of the overall network.

Improving health and well-being are the goals of the [European policy framework Health 2020](#) (Fig. 1), which was adopted by the WHO Regional Committee for Europe in 2012. EVIPNet Europe is a key support mechanism for the implementation of Health 2020. To increase the interface and synergetic effects between Health 2020 and EVIPNet Europe, the objectives of this session were to:

- connect members' EVIPNet Europe work with the Health 2020 objectives;
- understand how the Health 2020 objectives can be incorporated into country EIP roadmaps; and
- develop EIP country roadmaps.

In line with Fig. 1, EVIPNet Europe is supporting Health 2020 in two ways. First, EVIPNet Europe contributes to the achievement of Health 2020's four priority areas for health (investing in health through a life-course approach and empower citizens; tackling Europe's major disease burdens of noncommunicable and communicable diseases; strengthening people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies; and creating supportive environments and resilient communities) by promoting the use of evidence in health policy and strategy development. Second, EVIPNet Europe supports the improvement of health governance by mobilizing multisectoral actors and stakeholders across an entire health system to collaborate for EIP and improve health outcomes (reflecting the Health 2020 "whole-of-governance" principle). EVIPNet Europe's democratic approach to policy-making promotes the representation of researchers, policy-makers and civil society in the decision-making process (reflecting the Health 2020 "whole-of-society" principle).

For example, in Slovenia (as presented by Marijan Ivanuša), country capacity in formulating EIP is enhancing through the country's involvement in EVIPNet Europe; two national champions were identified who took part in the EVIPNet Europe multicountry capacity-building workshops (including one Training-the-Trainer workshop). Enabling them to implement EVIPNet Europe methods moves the country towards bridging the research-to-policy gap, while future policies are likely to be more efficient in achieving Health 2020 priorities. An area where this will be particularly important is in fighting the country's high burden of noncommunicable diseases.

To further strengthen the interface between Health 2020 and EVIPNet Europe at country level, participants were requested to develop plans on (i) how to implement their EVIPNet Europe-related biennial collaborative agreement work plan for 2015 and (ii) the activities for the next biennium 2016–2017, while interlinking these with the country-specific Health 2020 goals and principles.

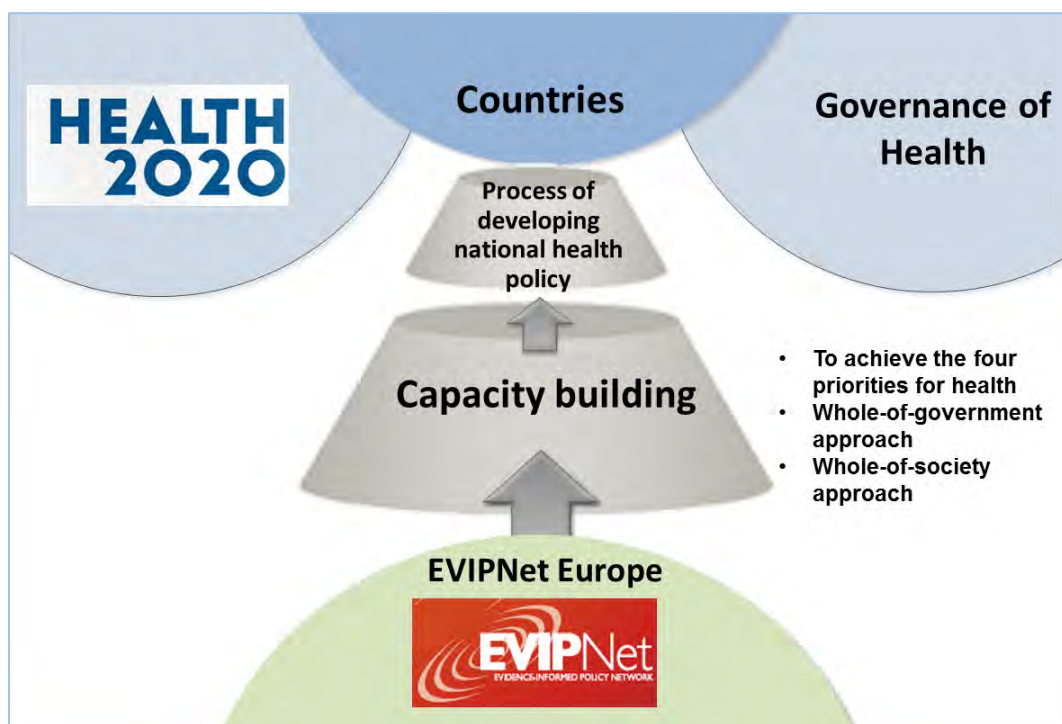


Fig. 1 EVIPNet Europe as a support mechanism to implement Health 2020

2.2 KTPs: sustainable KT structures

EVIPNet Europe aims to establish sustainable country teams/KTPs. While different KTP scenarios work in different contexts, a panel discussion emphasized common lessons learnt, including the importance of long-term professional development, communication, collaboration in different partnership models and having an able leader.

EVIPNet Europe’s members are working towards establishing country teams/KTPs (13). A KTP seeks to create a structure that supports both research use in policy-making and consideration of policy needs in research design by planning and implementing national KT agendas. It is based on a multidisciplinary partnership approach and may be a formal organization, department or network, bringing researchers, policy-makers and civil society together.

During the last multicountry meeting, participants had requested to learn from Western European knowledge-brokering organizations. Hence, a high-level panel discussion was organized to include three key Western European knowledge-brokering organizations: the [European Observatory on Health Systems and Policies](#), based in Belgium, [the National Institute for Health and Welfare in Finland](#) and [the Health Services Management Training Centre, Semmelweis University](#) in Hungary

This section provides a short overview of how EVIPNet KTPs are established. The EVIPNet Europe Starter Kit (currently being finalized) gives detailed information on the establishment and operationalization of a KTP. This section also includes important points raised during the panel discussion – the objective of which was to provide participants with different perspectives, lessons learnt and best practices in establishing and operating knowledge-brokerage institutions with the intent of guiding them in establishing their own.

The sustainable development of an EVIPNet Europe KTP (Fig. 2) is based on (i) a situation analysis that explores the national EIP context and outlines scenarios for KTP establishment (guided by the EVIPNet Europe Situation Analysis Manual, which is currently being finalized), and (ii) a subsequent stakeholder consultation during which the situation analysis and the KTP scenarios are being discussed. The actual establishment of the KTP is then followed by a planning workshop of KT activities and the implementation of the latter.



Fig. 2 Core activities to be implemented in EVIPNet Europe member countries

Different KTP scenarios work in different countries and contexts. Essential to the issues of KTP scenarios are the principles that it should uphold and pursue: credibility, innovation, learning and networking.

The high-level panel discussion provided valuable insights into the form and function of the panelists' knowledge-brokering institutions (Annex IV) and contributed to the knowledge on a KTP's activities, team members and network (14–17).

- The KTP needs to develop, train and share competencies to bridge the research–policy gap, with a focus on long-term professional development and sustainability.
- Communication is key for the successful establishment and the operationalization of the KTP to mobilize support, within the team as well as in the collaboration with partners (as one panelist stated: “One needs to touch the Ministry of Health’s heart – not only the brain.”)
- The KTP’s leader needs to monitor windows of opportunity and manage change to foster EIP.
- Instead of creating an isolated knowledge-brokering organization, it is essential to collaborate with other institutions in various partnership models, and to develop strong links with key players both in topic-specific areas and more generally those with political importance within the local policy context.
- An "arm-length approach" between the team members, and between the team and its partners is needed to secure independence, sustainability and collaboration.

The HCOs and national EVIPNet Europe champions' tasks are closely interlinked with the above in terms of their roles related to, among others, communication and advocacy, networking and collaboration, and management and leadership (Annex III outlines their terms of reference).

EVIPNet Europe will continue its efforts in establishing and, soon, operationalizing KTPs – learning from the lessons generated by the knowledge brokers.

2.3 EVIPNet Europe country team/KTP, M&E and OM

EVIPNet Europe countries developed their own, country-specific OM (an M&E approach). OM has potential in guiding the process of developing a strategy, a work plan and M&E plan towards the operationalization of a country team/KTP. Additional skill-building sessions will follow on M&E of progress and performance.

Building on and continuing the discussions on establishing and operationalizing a country team/KTP, OM was introduced and applied during this session (18, 19). The session was geared to the perspectives of those implementing EVIPNet Europe at country level and focused on planning and assessing the changes that the network should bring about.

The objectives of the session were to:

- introduce OM and its concepts and tools to develop country team/KTP strategies, work plans and M&E; and
- apply OM to develop country teams'/KTP's
 - mission and vision
 - progressive markers
 - stakeholders and beneficiaries
 - engagement and implementation strategies
 - M&E.

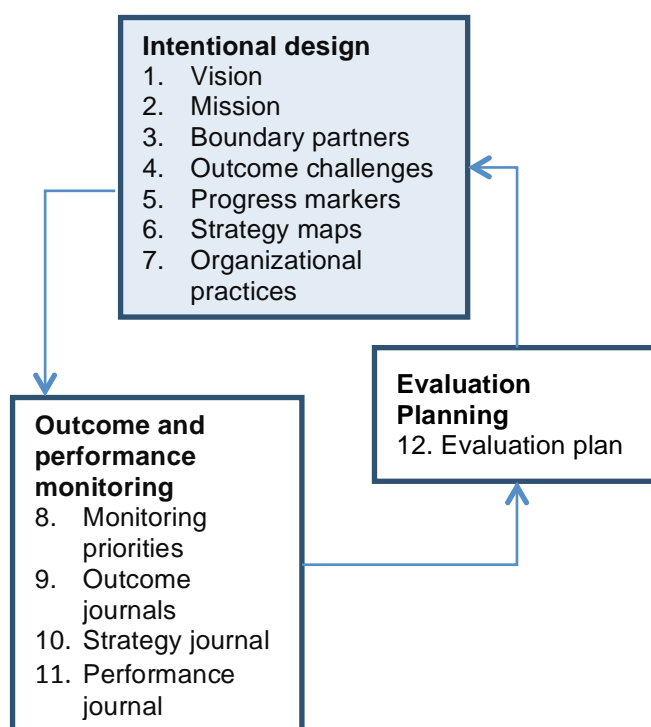


Fig. 3 The three stages and 12 steps of OM (adapted from Kasonde et al., 2012 (16)).

OM is an M&E approach that is specified in the EVIPNet global strategy (20). As capacity building is one of EVIPNet Europe's focus areas, OM – with its focus on behaviour change – was found a suitable approach.

While the full OM process involves three stages of thinking (Fig. 3), the meeting focused on the “intentional design” stage, building the basis for M&E as subsequent steps. The session interactively involved participants in small group exercises during which they followed through the seven steps and developed their own OM in the given country context: each step being important for the development of a country team/KTP, including its strategy, and to build the basis for the team's operationalization. Two countries were paired up in this exercise to facilitate exchange and sharing of experiences.

Mission is to enhance culture of evidence based decision making. This network will support dec. makers by good quality evidence which response to country needs. All actors/stakeholders will be involved into EIP process.

Practical application of OM in different country contexts

OM provides tools to foster holistic and strategic thinking about how EVIPNet Europe can achieve results on country level.

Participants developed their **vision and mission** for EVIPNet in their respective countries. The green “sticky note” contains an example of a team’s mission.

In the discussions about **boundary partners**, including allies/strategic partners and beneficiaries (e.g. nongovernmental organizations, ministries, national institutes of public health, researchers and WHO collaborating centres), participants identified how to ally partners strategically (e.g. whom to involve in a PD) in a clearing house or the virtual forum.

Boundary partners should be included from the beginning for their input on the relevance, activities and direction of EVIPNet Europe-related work. Focusing the M&E on boundary partners allows the country team/KTP to obtain useful feedback that can help to advance performance and to take credit for the partners’ contributions to outcomes rather than for the outcomes themselves (17).

Outcome challenges (e.g. collecting evidence on needs and evaluating it; engaging stakeholders in a dialogue) and **progress markers** (e.g. setting priorities for PDs by organizing them regularly; improving knowledge on PDs and agreement on the involvement of stakeholders) were furthermore addressed during the small group discussions. The progression markers are – unlike traditional indicators – a progressive, incremental set of statements about change.

Deliberations clarified that, depending on the stage of the country team’s/KTP’s implementation, the **strategy map** would be different to that of other teams. Participants suggested that the strategic map could be updated regularly together with the annual/biannual plan.

Participants recognized the potential of OM as a “full package”, an encompassing tool guiding the process of developing a strategy, a work plan and M&E plan towards the operationalization of a country team/KTP. The meeting participants will be expected to share the newly acquired knowledge and lead the OM development process when a new KTP is formed in their country. While this workshop focused on the intentional design stage, additional skill-building sessions will follow covering M&E of progress and performance.

2.4 EIP in the European Region: piloting a survey on country capacity to generate, analyse and apply research evidence for decision-making

A survey – once revised and adapted to the target population – will enable each country in the WHO European Region to take part in a needs assessment to establish a baseline level of EIP in support of EVIPNet Europe.

To support the work of EVIPNet Europe, a survey is being developed in collaboration with Durham University to gather intelligence on EIP across the Region, to identify gaps and highlight areas in need of capacity building.

As a first step, a rapid review of published and grey literature was conducted to develop a draft questionnaire, with input from the EVIPNet Europe Secretariat and participants in the [first technical expert meeting to enhance EIP in the WHO European Region](#). As a second step, the draft questionnaire was presented at the 3rd EVIPNet Europe multicountry meeting to pilot the survey and receive feedback from KT practitioners.

Topics incorporated into the draft questionnaire included individual, organizational, contextual and evidence factors, as well as drivers, barriers and strategies. Feedback provided by the meeting participants highlighted that the intended survey population would determine the most appropriate format and content for the survey, and vice versa. Potential issues relating to language, the length of the survey and the amount of qualitative questions included were identified, which will be considered in refining the survey.

The final survey will enable each country in the WHO European Region to take part in a needs assessment to establish a baseline level of EIP in support of EVIPNet Europe.

3. Main theme: PD facilitation

Building on the development of evidence briefs for policy (EBPs), EVIPNet PDs become increasingly relevant for network members. Presentations and hands-on exercises – particularly PD simulations – provided insights and training. A technical document on PD facilitation is under development.

More and more countries in EVIPNet Europe are starting to plan and implement PDs, one of the key tools of EVIPNet Europe next to the EBP (21). Consequently, the skill-building session for national champions focused on PD facilitation. The session included interactive, hands-on exercises such as role plays to practise facilitation.

In summary, the session's objectives were to:

- understand the importance of PDs and what constitutes their wide success;
- visualize opportunities and challenges of a PD, and the facilitator's role;
- become acquainted with PDs, their different objectives/forms, their organization and follow-up;
- develop an enhanced understanding of PD facilitation through experiential learning;
- obtain hands-on experience in implementing PDs;
- understand how a facilitator can contribute to the success of a PD;



National EVIPNet Europe champions simulating the facilitation of a PD. © WHO

- gain insight into challenges, successful practices and lessons learned for PD facilitation; and
- gain and strengthen skills in trouble-shooting as a PD facilitator.

Different institutions organize PDs in various ways, for example PDs arranged by the European Observatory for Health Systems and Policies diverge from EVIPNet PDs in terms of their model, focus and participants (22).

As part of the EVIPNet action cycle (13), EVIPNet PDs build on and follow the development of EBPs to complement the research evidence synthesized in the EBP with the views, values, beliefs, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue, supplementing available research evidence. PDs enable interactions between policy-makers, researchers and other stakeholders – one of the mechanisms associated with increasing the use of research evidence in policy-making. In particular, the [SUPPORT tools](#) (23) and [SURE guides](#) (21) stand out as useful resources on the topic and EIP in general.

The presentations and hands-on exercises were found very worthwhile by participants. In particular, the PD simulations gave those individuals who would soon facilitate a PD the chance to practise their facilitation skills – while others learnt by taking minor roles during the simulation and acting as observers. The simulations led to fruitful, instructive discussions in the plenary session and were also filmed and posted on the EVIPNet Europe virtual forum operated by *Yammer*.

As an output of the session and based on an ongoing study (“Success factors for policy dialogues: facilitators’ perceived role and influence”), the EVIPNet Europe Secretariat is developing a technical document on PD facilitation (currently being finalized).

4. Main theme: communication and advocacy

Communication about and advocacy for EVIPNet Europe is related to different challenges. To overcome those challenges in the future, participants worked on communication objectives and talking points. A technical document is currently under development.

Communication about and advocacy for EVIPNet Europe and EIP in general is one of the HCO’s main roles, which is why a dedicated skill-building session was offered to HCOs during the meeting.

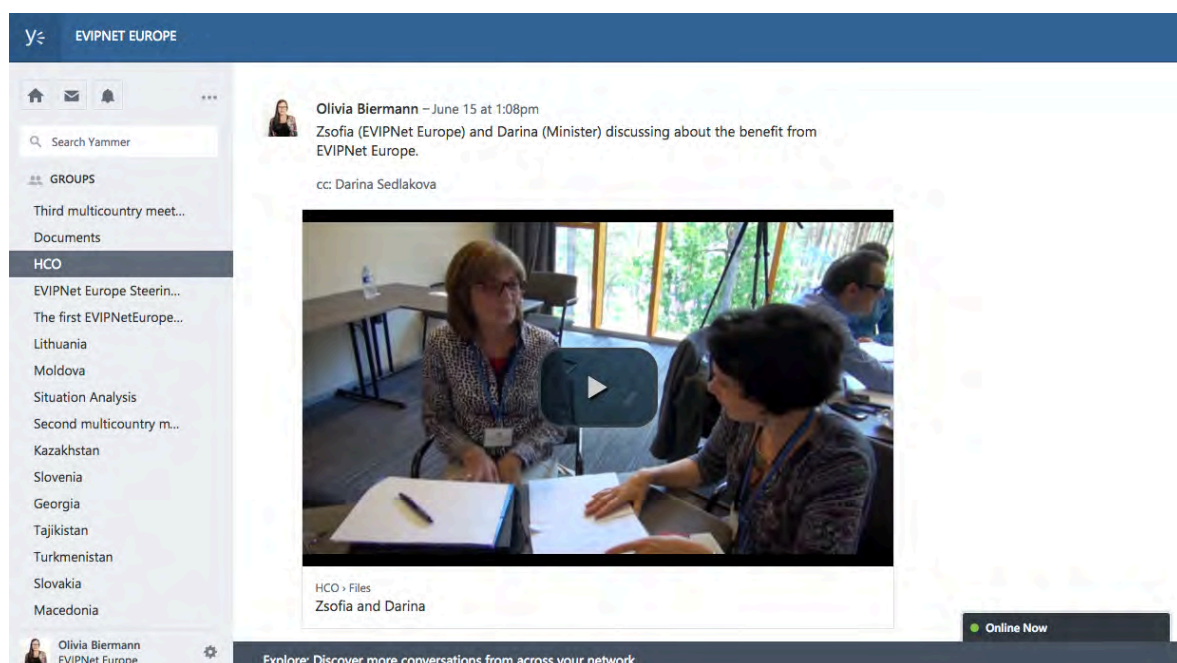
The objectives of the session were to:

- support HCOs in fulfilling their role in advocating for EIP and EVIPNet Europe;
- provide existing tools and resources for HCOs to market EIP/EVIPNet;
- give HCOs the opportunity to exchange successful communication and advocacy activities (incl. impactful messages); and
- jointly develop a communication and advocacy toolkit for specific EVIPNet Europe events, including checklists for related communication and advocacy activities and powerful messages.

Current challenges in communicating about and advocating for EVIPNet Europe are related to the notion that EIP and KT are rather abstract topics. While in general, people

intuitively support the idea of EIP, the benefit are less tangible and not necessarily self-evident : it is difficult to draw the line between policies and health outcomes (vaccination policies might be among the exceptions). In communicating EVIPNet, HCOs mentioned difficulties related to having access to key decision-makers and creating short and clear messages. This calls for the documentation of EVIPNet success and production of impact stories, which could be a powerful communication tool (a project related to the latter is currently ongoing under the leadership of the EVIPNet global Secretariat). It also necessitates confident and passionate, well-prepared communicators.

Being assigned to different target audiences (e.g. journalists or the Minister of Health), the session focused on the definition of every participant's "single overriding communication objective" and the development of talking points to help to guide communication in the future. An objective could be, for example, to convince the Minister of Finance to dedicate funding to KT or to persuade a journalist to publish an EVIPNet success story in the local newspaper.



HCOs during a mock TV interview on the benefit from EVIPNet Europe – posted on the EVIPNet Europe virtual forum on *Yammer*. © WHO

Participants found this a truly useful exercise for their future work. They practised their chosen "single overriding communication objective" during mock television interviews, which were filmed and shared on the HCO's private group on the virtual forum (see picture). This exercise helped participants to reflect their colleagues' performance as well as their own.

As an output of the session, the EVIPNet Europe Secretariat is developing a technical document on communication and advocacy (currently being finalized). This technical document will serve as a "toolbox" including a matrix about which communication tools to use in which situation including a few ready-made messages and checklists that can facilitate the HCOs' communication and advocacy related to EVIPNet Europe.

5. Conclusions and the way forward

The meeting was well received by participants as being empowering, informative and providing important opportunities for networking. Participants exchanged country experiences and lessons learnt in implementing the EVIPNet Europe pilot phase; they revised their EIP roadmaps to plan for remaining activities in 2015, as well as to plan actions for the next biennium. Furthermore, participants gained valuable knowledge and skills in (i) communication and advocacy, (ii) PD facilitation, (iii) KTP establishment and operationalization, and (iv) OM. The meeting offered an excellent platform to launch the EVIPNet Europe's virtual forum, which will help members to share knowledge and experiences across the Region.

Panelists, facilitators and participants emphasized the need for innovative strategies for future KTPs, outlining pathways to impact that must include plans for communication and advocacy, M&E, collaboration and partnerships, and fundraising and capacity building. Having concrete strategies seems particularly important as EVIPNet Europe KTPs are a new type of organization, which external stakeholders might not (yet) be aware of. New skills in OM will be used for guiding the processes from developing a strategy to creating work plans and M&E plans towards the operationalization of a country team/KTP. Finally, the Secretariat of EVIPNet Europe highly recommended participants to make use of the new technical documents on communication and advocacy, and on PD facilitation once these are available to further strengthen their skills and to successfully implement their work.

Next steps for EVIPNet Europe

- Pilot countries will embark on organizing PDs.
- WHO HCOs will apply new communication and advocacy skills to promote EIP in their countries.
- The WHO Secretariat of EVIPNet Europe will develop new technical instruments for (i) PD facilitation and (ii) communication and advocacy – jointly with the sessions' facilitators.
- The WHO Secretariat of EVIPNet Europe will revise the HCO's and national EVIPNet Europe champions' terms of references based on their comments.
- Network members will engage in EVIPNet Europe's virtual forum on *Yammer*.
- EVIPNet Europe will expand its network and deepen existing collaborations with and between countries.
- National champions will share the newly acquired knowledge and lead the OM development process when a new KTP is formed in their country.
- Network members will develop plans on (i) how to implement their EVIPNet Europe-related Biennial Collaborative Agreement work plans for 2015 and (ii) the activities for the next biennium (2016–2017), while interlinking these plans with the country-specific Health 2020 goals.

The unique opportunity for the 12 HCOs, 25 EVIPNet Europe champions and new members to meet face to face was vital – not only to increase capacity but also to further strengthen the network's ties. All participants showed great commitment and clearly manifested a sense of community and identification with EVIPNet Europe, which has become a growing and maturing network, setting and promoting the EIP agenda in Europe.

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Annexes

Annex I: Agenda

Day 1: Wednesday, 10 June 2015

Morning

Registration

Session 1: Welcome and introduction to the meeting (Rimantė Šalaševičiūtė, Claudia Stein, Ingrida Zurlytė, Tanja Kuchenmüller, Mark Leys)

Session 2: EVIPNet Europe member countries' updates and successes (Tanja Kuchenmüller, Mark Leys, Ryoko Takahashi, Olivia Biermann): Update by Secretariat, "Tour de table" including brief introduction and updates by member countries

Session 3: Experienced knowledge brokers' perspectives on the establishment of knowledge brokering institutions (Mark Leys): Panel discussion with Josep Figueras, Ilmo Keskimäki and Miklós Szócska

Session 4: Challenges and solutions in evidence-informed health policy-making (Josep Figueras, Ilmo Keskimäki, Ulysses Panisset, Joel Schaefer, Miklós Szócska, Tanja Kuchenmüller, Mark Leys): "Market place"

Afternoon

Session 5: Terms of Reference (ToR) development (Tanja Kuchenmüller, Mark Leys): Group work

Session 6: The interface between EVIPNet Europe and Health 2020: final plans for this biennium and EIP country roadmap development for the next biennium (Marijan Ivanuša, Tanja Kuchenmüller, Mark Leys): Presentation, discussion and group work

Session 7: Painting the picture for 2017 (Tanja Kuchenmüller, Mark Leys): Interactive session

Day 2: Thursday, 11 June 2015

Morning

Session 8: Wrap-up of Day 1 and outlook on Day 2 (Tanja Kuchenmüller, Mark Leys)

Session 9: Demonstration of a successful policy dialogue (PD) facilitation

(Susan Kingston, Ulysses Panisset): Role play, presentation and discussion

Session 10: EVIPNet's PDs to foster evidence-informed policy-making

(Ulysses Panisset): Presentation and discussion

Session 11: Different forms of PDs (Josep Figueras): Presentation and discussion

Session 12a: The role and influence of a PD facilitator: lessons learned for a successful PD (Olivia Biermann, Susan Kingston): Presentation and discussion

Session 12b: Sharing best practices and gaps (Joel Schaefer): Presentation and discussion

Afternoon

Session 13a: PD facilitation strategies (Susan Kingston, Ulysses Panisset): Group work and role plays

Session 13b: Crafting a message (Joel Schaefer): Group work

Session 14a: Trouble-shooting as a PD facilitator (Susan Kingston, Ulysses Panisset): Group work, role plays and debriefings

Session 14b: Fine-tuning your message (Joel Schaefer): Role plays, debriefings and discussion

Session 15: Exchange of results from sessions 12–14 (Susan Kingston, Ulysses Panisset, Joel Schaefer): Presentations from both groups

Day 3: Friday, 12 June 2015

Morning

Outlook on Day 3 (Tanja Kuchenmüller)

Session 16: Operationalizing knowledge translation platforms (KTPs) after launch (Ryoko Takahashi): Presentation and discussion

Session 17: Outcome Mapping for operationalizing KTPs (Ryoko Takahashi): Presentation and group work

Session 18: EVIPNet Europe M&E framework (Ryoko Takahashi): Presentation and discussion

Session 19: Piloting a survey on country capacity to generate, analyse and apply research evidence for decision making (Shelina Visram): Presentation and discussion

Session 20: Wrap-up and closure of Day 3 (Tanja Kuchenmüller, Ryoko Takahashi)

Annex II: List of participants

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Annex III: Terms of reference

The HCOs and national EVIPNet Europe champions discussed their respective terms of reference in relation to EVIPNet activities during the meeting.

HCO

- Communication and advocacy
 - Provide initial information on EVIPNet Europe to the Ministry of Health
 - Promote EIP and EVIPNet Europe among key actors in the health sector and beyond and being the ambassador for the country team/KTP at high-level fora
 - Communicate strategically (e.g. with the media and other stakeholders)
- Networking and collaboration
 - Liaise with and regularly report to the Secretariat of EVIPNet Europe
 - Support the establishment of networks and partnerships for EVIPNet Europe at country level
 - Support the engagement of stakeholders in EVIPNet processes and manage their expectations
 - Share experience with other HCOs and mentor new colleagues who have joined EVIPNet Europe
- Management and leadership
 - Support and monitor the planning and implementation of national KT processes (e.g. related to the transitory phase of becoming an EVIPNet Europe member, establishing and operationalizing the EVIPNet Europe country team/KTP)
 - Support the implementation of activities of the EVIPNet Europe Secretariat at country level (e.g. the conducting of workshops or stakeholder consultations)
 - Motivate and empower the EVIPNet Europe country team/KTP
 - Identify, monitor and communicate to the Secretariat of EVIPNet Europe potential risks jeopardizing the success of EVIPNet Europe in the country
 - Support the evaluation of national EVIPNet Europe processes
- Technical work
 - Review, as required, documents, in particular to ensure that the local context is being reflected
- Other
 - Identify/mobilize funding sources for EIP and EVIPNet processes

National champions

- Technical work
 - Plan and implement KT activities, using EIP tools and processes (e.g. EBP, PD or the identification of policy priorities)
 - Provide technical support (e.g. review and appraise the Situation Analysis Manual to support local consultant conducting the situation analysis)
 - Organize, support and (once trained as trainer) facilitate training workshops
 - Analyse stakeholders and the policy context to identify pathways of influence
- Communication and advocacy
 - Promote EIP (e.g. among key actors) in the health sector and beyond
- Networking and collaboration
 - Establish networks and partnerships
 - Engage stakeholders in EVIPNet processes and manage their expectations
- Management and (technical) leadership
 - Building a national situation analysis team (comprising various institutions and persons good in networking and communication)
 - Manage the situation analysis team including internal communication and distribution of responsibilities and tasks among team members
 - Support the organization of national workshops
- Other
 - Identify funding sources for EIP and EVIPNet processes

Annex IV: Form and function of three different knowledge brokering organizations

	<i>European Observatory on Health Systems and Policies</i>	<i>National Institute for Health and Welfare, Finland</i>	<i>Health Services Management Training Centre, Semmelweis University</i>
Represented by	Josep Figueras (Director)	Ilmo Keskimäki (Professor, Research Director)	Miklós Szócska (Director)
Established	1998	2009	1995
Staff members	31 (5 directors/co-directors; 17 technical, 6 administration, 1 information technology, 2 communications staff)	Director, deputy director; communications, technical, information services, administration and development staff	56 (1 dean, 4 directors; 15 technical, 3 administration, 2 information technology, 6 finance, 1 library, 4 support staff)
Mandate	To support and promote EIP through comprehensive and	To serve the broader society in addition to the scientific	To assist in the development of health services in Hungary

MULTICOUNTRY MEETING ON USING RESEARCH EVIDENCE FOR POLICY-MAKING

	rigorous analysis of the dynamics of health systems in Europe and by engaging directly with policy-makers	community, actors in the field and decision-makers in central government and municipalities; to promote health and welfare in Finland	and on international level by generating better management knowledge and practice
Organizational function/activities	<p>Health systems monitoring and analysis</p> <p>Analysis (comparative studies)</p> <p>Health systems performance assessment</p> <p>Knowledge brokering</p>	<p>Research and monitoring</p> <p>Development and support</p> <p>Maintaining data sources and steering through information</p> <p>International cooperation</p>	<p>Education</p> <p>Research</p> <p>Consultancy</p> <p>Networking</p>

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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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Belarus	Hungary	Poland	The former
Belgium	Iceland	Portugal	Yugoslav
Bosnia and Herzegovina	Ireland	Republic of Moldova	Republic of Macedonia
Bulgaria	Israel	Romania	Turkey
Croatia	Kazakhstan	Russian Federation	Turkmenistan
Cyprus	Kyrgyzstan	San Marino	Ukraine
Czech Republic	Latvia	Serbia	United Kingdom
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