

Towards an accelerated roadmap for strengthening evidence-informed policy-making in the European Region

Report of the First Technical Expert Meeting



**Develop awareness and create
commitment to improve EIP
culture and practice**



**Build national EIP capacities for
implementing Health 2020 and
related health agendas**



**Convene communities of practice,
share good EIP practices**



**Develop, use and evaluate EIP
tools and mechanisms**



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29–30 January 2015
Vilnius, Lithuania



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Hunter from Durham University, for developing background documentation in preparation for the meeting. We wish to particularly thank Mark Leys from the Vrije Universiteit Brussels for chairing the meeting and the Ministry of Health of the Republic of Lithuania for hosting the meeting in Vilnius through the presence of the Vice-minister for Health Mr Valentin Gavrilov.

Abbreviations

BRIDGE	Brokering Knowledge and Research Information to Support the Development and Governance of Health Systems in Europe
CoP	Community of practice
EACHR	European Advisory Committee on Health Research
EPHO	Essential public health operation
EIP	Evidence-informed policy-making
EVIPNet	Evidence-informed Policy Network
KT	Knowledge translation

Executive summary

The European Advisory Committee on Health Research (EACHR) established a subcommittee on evidence-informed policy-making (EIP) in 2014. The EACHR identified EIP as a key mechanism in support of actions across governments and societies for the implementation of the Health 2020 policy framework. The subcommittee wrote a concept note that was submitted to the Standing Committee of the Regional Committee suggesting four options on how the WHO Regional Office for Europe could promote EIP throughout the Region. Member States expressed strong support and requested the WHO Regional Office for Europe to consolidate its EIP actions and develop an accelerated roadmap to enhance EIP in the Region.

The first technical expert meeting to enhance EIP took place on 29 and 30 January 2015 in Vilnius, Lithuania. The meeting brought together institutions, subject matter experts, policy-makers and knowledge brokers to elaborate the science and practice of EIP, and to develop a joint framework of actions that would lay out a foundation for cohesion and collaboration of stakeholders with a vested interest in fostering EIP.

During the meeting, stakeholders reiterated the need for an accelerated roadmap on EIP. They agreed on the roadmap's strategic objectives and defined 12 concrete actions to take them forward.

Strategic objective 1: develop awareness and create commitment within the Region to improve the culture for and practice of EIP

Action 1: stakeholder mapping and analysis at country and regional levels

Action 2: develop communication, outreach and engagement strategies

Action 3: provide incentives for EIP and establish high-level commitment.

Strategic objective 2: build national EIP capacities for the implementation of Health 2020 and other national health agendas

Action 4: institutionalize platforms at national level on the use of evidence to inform policies

Action 5: provide locally adapted workshops and training for EIP

Action 6: assess country situation and monitor progress over time.

Strategic objective 3: convene regional communities of practice (CoPs) and share good practices in EIP

Action 7: make an inventory of existing networks and subject matter experts in knowledge translation (KT) and EIP

Action 8: share lessons and learn from country and institutional experiences

Action 9: convene and build networks and partners.

Strategic objective 4: develop, use and evaluate tools and mechanisms to support EIP

Action 10: map, adapt and develop existing EIP/ KT tools

Action 11: develop, pilot and use new tools for EIP/KT

Action 12: monitor and evaluate existing and new tools for EIP/KT.

1 Introduction

1.1 Purpose of the roadmap for EIP

Background

The formulation of evidence-informed policies to improve health systems is enshrined in the core functions of the WHO and supported by several resolutions. Resolution 58.34 of the World Health Assembly in 2005 called on WHO Member States to “establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies” (1). The resolution 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”.

EIP is a practice in which best available evidence is systematically and transparently used in the development of health policies to improve health systems and population health. While a wide variety of factors influence policy-making (2–5), KT is a mechanism to support reducing the gap between “what is known” and “what is currently done”. KT is a technical field providing an array of tools to decision-makers to enhance EIP. Some of these tools have been tested (e.g. as part of the study *Brokering Knowledge and Research Information to Support the Development and Governance of Health Systems in Europe (BRIDGE)* (6)) and increasingly research is available to understand how the political and institutional context influences the research–policy divide (7). KT as part of EIP is a key pillar in the implementation of the European Health 2020 policy framework (8) as well as the European Health Information Initiative (9). The WHO Regional Office for Europe is committed to fostering and increasing KT capacity in Member States.

The challenge

EIP initiatives in the WHO European Region are scattered and often stand-alone. The following challenges have been identified by EACHR:

- limited awareness and commitment for EIP practices within the Region, and a need to improve the culture for and practice of EIP;
- insufficient national EIP capacities for the implementation of Health 2020 and other national health agendas;
- lack of regional CoPs/platforms to share good EIP practices; and
- insufficient support for knowledge brokers and incentives to develop, use and evaluate tools and mechanisms to support EIP.

A solution

In 2014, the EACHR formed a subcommittee on EIP. The subcommittee members identified EIP as a key mechanism to “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality” (8).

The EACHR subcommittee drafted a concept note suggesting four options on how the WHO Regional Office for Europe could promote EIP throughout the Region. In December 2014, the concept note was submitted to the Standing Committee of the Regional Committee, which includes representatives of 12 Member States. Member States expressed strong support and requested the WHO Regional Office for Europe to consolidate its EIP actions and develop an accelerated roadmap to enhance EIP in the Region, including holding this technical expert meeting.

1.2 The first technical expert meeting

Meeting objective

The primary objective of the first technical expert meeting was to take stock of the science and practice of EIP and to develop a joint framework for action that would lay a foundation for cohesion and unity of stakeholders with a vested interest in strengthening EIP by bringing together KT experts, researchers and policy-makers in the European Region.

Specific objectives

The objectives were:

- to share experiences at the national, regional and global levels that are relevant to strengthening the links between research and policy;

- to contribute to the development of a regional EIP roadmap, with its vision, strategic objectives and activities;
- to establish a network of institutions, subject matter experts and knowledge brokers for EIP in the European region; and
- to establish a common understanding of how EIP will and can contribute to the formulation of more effective and efficient health policies.

This meeting brought together 21 subject matter experts who were engaged in coordinating EIP initiatives in the Region. The Annex includes a summary of participants' declarations of interest, the meeting agenda (Annex II) and the list of participants (Annex III).

2 Summary of sessions

The proceedings of the meeting can be divided into two main parts. The first part was setting the scene, including background information on the context, activities and attitudes towards EIP within the Region. The second part was dedicated to technical discussions and how to develop the accelerated roadmap. As part of the technical consultation, two sessions were prepared, including technical background documentation (see Annexes IV and V). Alexandra Ziemann and Helmut Brand from Maastricht University gave a presentation on the methodology and results of a scoping review that had been prepared to facilitate the discussion on criteria and a checklist for EIP targeting policy-makers (Annex IV). Shelina Visram and David Hunter from Durham University provided background material for a workshop to identify the purpose of a survey to assess country capacities to generate, analyse and apply research evidence for decision-making (Annex V).

2.1 Work of the WHO Regional Office for Europe in facilitating development of the accelerated EIP roadmap

The EIP roadmap will build on the Health 2020 policy framework and existing initiatives in the Region. Since 2004, a number of initiatives have been launched at the WHO Regional Office for Europe.

Health 2020

In 2012, the WHO Regional Committee for Europe approved Health 2020 as the overarching health policy framework for the Region (8). Health 2020 stresses that “there is an increasing need to apply evidence to policy and practice, observe ethical boundaries, expand transparency and strengthen accountability in such fields as privacy, risk assessment and health impact assessment”. In summary, major attention is being paid to the integration of different forms of evidence to address complex societal problems.

Health 2020 emphasizes the importance of whole-of-society and whole-of-government approaches to improve public health, in which not only ministries of health are held accountable for improving health and well-being but also ministries from other sectors. In fact, more than half of the framework’s indicators and targets are monitored by sectors other than the health sector. Health 2020 requires new evidence, as well as innovative measures beyond measuring disability, mortality and morbidity, such as measuring well-being, community resilience and citizen empowerment.

European Health Information Initiative

The European Health Information Initiative is the umbrella for WHO’s current approaches in EIP in the Region (9). This Initiative addresses the general need to support the integration and sharing of existing knowledge, expertise and best practices in the area of health information. It aims to work towards a single integrated system for European health information through (i) developing common indicators for health and well-being; (ii) enhancing dissemination of health information and developing a “WHO Portal of Information and Evidence” (an online resource bringing together relevant databases, projects and expert networks in the European Region); (iii) increasing capacity for collecting, analysing, reporting and using health information; (iv) strengthening health information networks; and (v) supporting the health information strategy development.

Evidence-informed Policy Network Europe

The Evidence-informed Policy Network (EVIPNet) builds capacity in countries to develop evidence briefs for policies and to help to establish mechanisms to translate evidence into policy (10). EVIPNet Europe focuses on countries of low or middle income to encourage the development of country-level teams comprising policy-makers, researchers and representatives of civil society.

These teams facilitate policy development and implementation through the use of the best global and local evidence available.

Health Evidence Network

The Health Evidence Network is an information service targeting policy-making by starting from policy concerns then compiling research evidence to address these. Recognizing that policy-makers in the areas of public health, health care and health systems need access to timely, independent and reliable health information for decision-making, this WHO Regional Office for Europe initiative produces a series of evidence synthesis reports to respond to policy concerns and questions by highlighting what is known and the key policy options (11).

The European Action Plan for Strengthening Public Health Services and Capacity

The European Action Plan for Strengthening Public Health Services and Capacity forms a key pillar of the overarching regional policy framework Health 2020 (12). It presents 10 essential public health operations (EPHOs) that countries can adapt and work on, with WHO technical leadership and support, to assess and plan for stronger public health services and capacity. EPHO 10 is dedicated towards advancing public health research to inform policy and practice.

Action points

- Identify entry points to tackle collaboration and to ensure that all health policies will be evidence-informed in line with Health 2020.
- Develop tools for ministries of health to facilitate intergovernmental actions for health and well-being.
- Ensure integration and linkage of existing WHO resolutions, frameworks and EIP initiatives into an accelerated roadmap.

2.2 Current snapshot of initiatives and networks related to EIP in the European Region

An overview of current EIP methodologies (Dr Shelina Visram, Durham University)

Selected methodologies and approaches that may be used in EIP were classified and presented according to six key steps in KT (production of research, push efforts, facilitating user-pull, user-pull efforts, exchange efforts and evaluation). Methodologies such as health impact assessment and health equity audit are concerned with the production or collation of a wide variety of evidence to inform decisions on investment, service planning and delivery. While health equity audit examines how health determinants, access to services and outcomes are distributed across a population, health impact assessment aims to predict the likely consequences of policies and projects for different population groups. A range of decision-support tools also exist to support priority-setting and inform estimates of return on investment for use by local decision-makers. Participatory research designs and knowledge brokerage are concerned with facilitating user-pull and exchange efforts by working in collaboration with user communities, groups or organizations. These approaches involve a solid understanding of the practice or policy-making context.

Fuse (the United Kingdom Clinical Research Collaboration's Centre for Translational Research in Public Health) is one example of a knowledge brokerage organization that employs various interactive KT mechanisms, as well as employing a full-time knowledge broker. Other examples of knowledge brokerage institutions from the United Kingdom include the National Institute for Health and Care Excellence, Public Health England, the Academic Health Science Networks and Collaborations for Leadership in Applied Health Research and Care.

Finally, health technology assessment is the systematic evaluation of the properties, effects and/or impacts of a health technology. It focuses on questions of clinical effectiveness and cost-effectiveness. The presentation ended with a number of questions for discussion, including how these methodologies are used in practice, under what circumstances they are used and what questions should be asked to gather information on their application and impact.

The Belgian Health Care Knowledge Centre (Professor Mark Leys, Vrije Universiteit Brussels)

The Belgian Health Care Knowledge Centre in Brussels was established in 2003 to advise policy-makers on decisions related to health care and health insurance on the basis of scientific analysis and research.. Key elements for the successful establishment and running of the Centre are:

- leadership (support by the then Minister of Health, particularly in the Centre's initiation phase);
- trust (being an autonomous institution independent of any ministries);
- financial resources (much of which was used for subcontracting);
- continuity (availability of dedicated staff); and
- evaluation (after five years, an impact measurement showed that 55% of the reports produced had been used in decision-making, and qualitative monitoring suggested that decision-makers took the Centre's recommendations into account).

The Belgian Health Care Knowledge Centre is an example of a promising organizational model that can be adapted to different contexts.

EIP initiatives at the European Commission (Dr Guy Dargent, Consumers, Health, Agriculture and Food Executive Agency, and Dr Stefaan Van der Borgh, Directorate-General of Research and Innovation)

The Consumers, Health, Agriculture and Food Executive Agency was created in 2005 to manage the health programme on behalf of the European Commission Directorate-General for Health and

Food Safety (DG Santé). The Agency has a particular interest in EIP, as reflected in numerous activities it funds, such as the project on innovating care for people with multiple chronic conditions in Europe (13). The increased understanding of models of integrated health and social care for people with multiple chronic conditions has guided policy-makers and stakeholders in their planning, decision-making and advocacy activities. In addition, the Consumers, Health, Agriculture and Food Executive Agency has launched various initiatives studying the determinants of KT,¹ with the underlying aim of improving the transfer of research evidence into health decision-making processes.

Strong commitment for EIP was also shown by the funding provided through the Directorate-General for Research and Innovation. In Horizon 2020, advisory groups identified areas of progress related to EIP (i.e. data exchange, dissemination strategies and demand for research evidence) (14). To further foster EIP, Horizon 2020 stressed that there was a need to (i) identify implementation research topics, (ii) learn from the best available evidence and bring it into practice, (iii) break down decision-making processes, (iv) clarify the factors influencing policy-making in complex systems, and (v) include decision-makers in research processes as part of an iterative process. The importance of focusing on grounded strategies on how to bring research into dialogue in a timely manner and turn health systems and services into learning organizations was highlighted.

¹ A workshop was organized in Luxembourg in 2010 on "How knowledge generated by a project can be used to influence the policy-making process at local, regional, national, international or European Union (EU) level". In 2013, the Consumers, Health, Agriculture and Food Executive Agency organized a workshop during the European Public Health Association conference, with the title "Evidence generation and successful knowledge translation in public health".

***EIP initiatives at the Cochrane Branch in Russia
(Professor Vasily Vlassov, President of the
Society for Evidence Based Medicine, Moscow)***

The creation of the Cochrane Collaboration 20 years ago initiated mass production of systematic reviews; many are available now for decision-makers. The development of the Cochrane Collaboration helped to increase researchers' qualifications and preparedness for international collaboration in Russia. Recent experience has shown the need to improve guideline development, technology assessment and policy formulation within the Cochrane Collaboration. The importance of encouraging scientists from eastern Europe and central Asia to collaborate internationally – and with the Cochrane Collaboration specifically – was emphasized.

***EVIPNet Europe in the Republic of Moldova
(Marcela Țîrdea, Division of Policy Analysis,
Monitoring and Evaluation at the Moldovan
Ministry of Health)***

EVIPNet Europe was launched in the Republic of Moldova in 2014. Ms Țîrdea outlined how being part of EVIPNet Europe had a positive impact on EIP in the country through jointly organized capacity-building workshops and the availability of new methods and tools. The collaboration led to (i) addressing health issues comprehensively, (ii) identifying cost-effective and feasible solutions supported by the best available research evidence, (iii) better understanding of the role of each stakeholder in EIP, (iv) open and effective

communication and interaction between stakeholders, and (v) strengthening the health system in producing good policies to improve people's health.

2.3 EIP from the perspectives of policy-makers and researchers

EIP is the result of an iterative process involving both researchers and policy-makers. The process requires loyalty and trust and the institutionalization of interactions, among many other requirements. Experts identified and discussed different strategies related to increasing the use of research in policy, while contrasting opportunities and challenges for researchers and policy-makers in implementing these strategies. A detailed analysis of the perspectives of researchers and policy-makers is shown in Annex I, which is in agreement with results of several studies (15–17):

- making research findings more accessible and understandable to policy-makers;
- creating opportunities for formal and informal interaction and exchange between policy-makers and researchers;
- identifying structural barriers to policy-makers' understanding of research, and researchers' understanding of policy-making; and
- creating research partnerships to improve the relevance of research and, therefore, its transformation into policy.

3 Actions for an accelerated roadmap to enhance EIP in the European Region

Technical experts identified key priority actions for each strategic objective of the accelerated roadmap. The actions intended to build on existing EIP initiatives, on the one hand scaling up successful initiatives and, on the other hand, proposing new tools and assessments to address gaps. The actions are categorized under four strategic objectives to enhance the use of evidence into policy-making. They represent a menu of options that can be taken up by various stakeholders either individually or jointly to move forward EIP in the European Region.

3.1 Develop awareness and create commitment within the Region to improve the culture for and practice of EIP (strategic objective 1)

Rationale: Member States commit to EIP as a critical component of developing health programmes and policies conforming to the vision of Health 2020. They undertake in-country initiatives and engage in international platforms to raise awareness among the local policy and research communities on the content and relevance of both EIP and KT. The following topics were identified to raise awareness and create more commitment for EIP: (i) demonstrating the societal and political impact of EIP; (ii) assuring citizen involvement in the policy-making process; (iii) showcasing successes and best practices in various settings; (iv) stressing the need to use different kinds of evidence, including tacit knowledge, and when to use each type; and (v) addressing “burning issues” (e.g. health needs).

Action 1: stakeholder mapping and analysis at country and regional levels

- Conduct a mapping exercise of EIP stakeholders, including identification of stakeholder activities, networks, needs and how stakeholders contribute to an enabling EIP environment.
- Convene forums at national or regional levels based on the relevant stakeholders identified during the mapping exercise to understand the incentives and barriers to EIP – setting the scene for networking and communication.

Action 2: develop communication, outreach and engagement strategies

- Adapt communication materials to multiple target audiences (i.e. policy-makers, researchers and funders) and for their specific needs and perception of EIP.
- Develop explicit mission statements or declarations in support of EIP at institutional and ministerial levels.
- Establish continuous engagement with policy-making and research communities through policy dialogues and meetings.

Action 3: provide incentives for EIP and establish high-level commitment

- Establish a legal framework to support the use of evidence as a requirement for policy development.
- Present case studies, good practice and comparisons to show how EIP has been institutionalized and has brought change to policy-making processes.

3.2 Build national EIP capacities for the implementation of Health 2020 and other national health agendas EIP (strategic objective 2)

Rationale: The 53 Member States of the WHO European Region have committed to develop national health policies in accordance with the principles of the Health 2020 framework. These policies will be informed by the best available evidence. The WHO Regional Office for Europe and the research community are committed to support Member States and provide global and regional evidence for local decision-making. All stakeholders will support activities that engage in reducing the barriers to the use of evidence in public health and health system decision-making at the individual, organizational and institutional levels. Activities are geared towards building national capacities for EIP. This can be achieved through Actions 4–6.

Action 4: institutionalize platforms at national level on the use of evidence to inform policies

- Establish national and regional platforms of knowledge sharing and transferability of research (clarify what this platform will be based on, e.g. network model, formal organization, etc.) and ensure its sustainability.
- Identify existing EIP modules and integrate new EIP modules into university curricula (e.g. in public health, medical or nurse programmes).

Action 5: provide locally adapted workshops and training for EIP

- Conduct EIP/KT workshops and training (e.g. on methods, concepts and terms; tool boxes; multidisciplinary approaches to policy problems, health policy and health systems, and to prognosis/projections; rapid response mechanisms; and monitoring and evaluation of EIP interventions).
- Facilitate the access and use of e-learning modules on EIP.
- Make existing evidence and tools available in local languages.

Action 6: assess country situation and monitor progress over time

- Map country capacity for generating, synthesizing and using evidence. This will support the identification of required skills, organizational structures and processes to establish EIP mechanisms and platforms.
- Monitor capacity building efforts at country level over time.

3.3 Convene regional CoPs and share good practices in EIP (strategic objective 3)

Rationale: the WHO Regional Office for Europe will use its mandate to convene regional stakeholders to share good EIP practices. A vast pool of knowledge and experience exists in the Region; however it is scattered and of varied quality (18). This body of knowledge and research needs to be consolidated in and made available through a CoP.

Action 7: make an inventory of existing networks and subject matter experts in KT and EIP

- Establish an inventory of networks within the EIP community (institutions, organizations, individuals, initiatives, projects on KT and sources of evidence).
- Make use of a mapping exercise to identify potential members of a CoP (make connection with existing networks, such as EVIPNet Europe, European Public Health Association, etc.).

Action 8: share lessons and learn from country and institutional experiences

- Assess and compare EIP practices across countries.
- Share experiences through EVIPNet Europe, and share good practices and lessons learnt.
- Establish and support a virtual forum for sharing lessons learnt and best practices in several languages including reciprocal learning.
- Convene a European EIP conference with policy and research representations for peer-learning and exchanges and link with existing conferences such as the European Forum Bad

Gastein and those of the European Public Health Association and the European Health Management Association.

- Link with non-health sectors to exchange experiences and tools on EIP/KT.
- Disseminate best practices and successes in different languages (e.g. Disseminate best practices and successes in different languages (e.g. by publishing in Public Health Panorama, the new WHO bilingual journal).

Action 9: convene and build networks and partners

- Create (international) EIP fellowships for policy-makers and researchers (e.g. tandem between policy-makers and researchers).
- Establish new and link with existing WHO collaborating centres working on KT/EIP to implement roadmap actions.
- Establish a network of trainers for KT/EIP.
- Create national CoPs and seek funding to launch an infrastructure enabling the creation and maintenance of a CoP. Announce an open call for collaboration to engage in a CoP (individuals and institutions) and offer a convening platform for a key community of 20–50 people engaged in the EIP field. Cautiously monitor the development of the CoP and who accesses it (risk of selectiveness).

3.4 Develop, use and evaluate tools and mechanisms to support EIP (strategic objective 4)

Rationale: To put EIP into practice, stakeholders need an array of tools and mechanisms that have been tested, used and evaluated. There have been noteworthy additional developments in the past decade through the work of the EIPNet initiative led by WHO and supported by the European Commission, through the SURE project and BRIDGE

studies and through the research led by the Canadian Institutes of Health Research and McMaster University. However, these tools are not yet used widely and stakeholders need to familiarize and learn the benefit of applying them. In addition, more research and development, including evaluation of new and existing tools, must continue (19).

Action 10: map and develop or adapt existing EIP/KT tools

- Create an inventory and maps of EIP tools and methodologies by conducting systematic reviews of tools, including funded research, and tools/mechanisms developed in other sectors.
- Tailor as required EIP tools to the national contexts.
- Learn from existing methodologies to develop new tools (e.g. equity auditing, health systems performance assessment for impact).
- Establish knowledge chambers, liaison personnel (and decision-makers) or knowledge brokers to navigate through evidence and research results.
- Develop criteria/a checklist to assess when a health policy is evidence-informed (Annex IV).

Action 11: develop, pilot and use new tools for EIP/KT

- Introduce a new methodology that addresses the system approach/complexity.
- Pilot and evaluate innovative interventions including scale-up and dissemination of initiatives that work.

Action 12: monitor and evaluate existing and new tools for EIP/KT

- Evaluate effectiveness of EIP projects and tools and intervention.
- Assess the usability and uptake of EIP tools.

4 Conclusions

During the meeting, participants expressed the need for an accelerated roadmap on EIP as a joint framework for action to lay out a foundation for cohesion and collaboration of stakeholders with a vested interest in promoting EIP. They discussed and agreed upon the roadmap's strategic objectives and defined 12 concrete actions to take these forward (see section 3).

The technical experts and the WHO Regional Office for Europe jointly defined the following steps to take the accelerated roadmap on EIP in the European Region forward:

- summarize the proceedings of this meeting in a report;
 - finalize and review the accelerated roadmap and strengthen the rationale around the strategic objectives;
 - brief the WHO Regional Director on the progress of the accelerated roadmap on EIP;
 - present the accelerated roadmap to the EACHR;
 - provide feedback to the Standing Committee of the Regional Committee and organize a technical briefing during the WHO Regional Committee meeting in September 2015; and
 - indicate participants' interests and discuss options on taking forward actions from the roadmap.
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Annexes

Annex I: Researchers' and policy-makers' perspectives

This detailed analysis of the perspectives of researchers and policy-makers is a result of the discussions as described in section 2.3, and is in agreement with results of several studies (15–17).

1. Making research findings more accessible

Researchers	Policy-makers
<ul style="list-style-type: none">• Develop strategies for communicating research findings to policy-makers• Identify policy or practice implications of research findings• Go beyond peer-reviewed publications and conference papers as the standard methods of dissemination – instead develop initiatives such as explicit policy recommendations, summaries, reports or papers for policy-makers• Make research results more accessible by using the 1:3:25 format (19)	<ul style="list-style-type: none">• Improve competencies in translating research results into policy

2. Creating opportunities for interaction and exchange between policy-makers and researchers to promote the use of research evidence in policy

Researchers	Policy-makers
<ul style="list-style-type: none">• Get involved in policy development activities, e.g. join a policy development committee• Encourage policy-makers to become involved in research• Involve policy-makers in conceptualizing, designing and implementing research• Present research findings at conferences or forums where relevant policy-makers are likely to be present	<ul style="list-style-type: none">• Get involved in research activities, such as taking up an advisory role in research, participating in the development of research questions or assisting with the dissemination of research results• Invite researchers to participate in the policy-making process• Attend forums to hear about research findings• Fund researchers to conduct research and research reviews
<ul style="list-style-type: none">• Identify opportunities to meet informally• Identify individuals relevant to one's own work (research or policy-making)• Collaborate on a competitive research grant	

3. Structural barriers to increasing the use of research in policy

Researchers	Policy-makers
<ul style="list-style-type: none">• Structural barriers for engagement of researchers with policy agencies (e.g. concerns about intellectual property, independence and the right to publish)• Researchers' incentives (e.g. publication in peer-reviewed journals as opposed to broader KT activities) are not motivating interactions with policy-makers (general lack of administrative and monetary support for translation-oriented work)	<ul style="list-style-type: none">• Lack of incentives for considering research in policy-making• Improve organizational reinforcement for EIP• Increase one's own receptivity to research (i) by using tools to assess organizational capacity to acquire and apply research evidence and (ii) continuing education programmes
<ul style="list-style-type: none">• Enhance policy-makers' understanding of research, and researchers' understanding of policy-making• Develop a measure of the impact of research on policy	

4. Perceived lack of relevant research that could inform policy

Researchers	Policy-makers
<ul style="list-style-type: none">• Increase understanding of the policy context to improve relevance of research by focusing on more useful questions• Ask policy-makers for questions that need to be answered and problems that they are facing that need to be solved• Improve the description of research results and their implications• Conduct landmark studies to explore key questions for future policy: whether, how, when, why, in which way and for whom EIP works• Future research to involve questions of implementation, evaluation of capacity-building components and evaluation of the time needed to develop skills for new practice• Analysis of whether and how researchers are involved in the different stages of policy-making, and the relationship between context, mechanisms and possible effects• Consider – from the beginning – if planned research will be relevant in the future in order to conduct timely research for urgent policy questions• Demonstrate the utility of research results	<ul style="list-style-type: none">• Clearly identify and communicate gaps in knowledge and policy priorities for research to researchers• Identify short-, mid- and long-term policy strategies and identify points where evidence is missing and can contribute
<ul style="list-style-type: none">• Create research partnerships to improve the relevance of research and, therefore, its translation to policy; for example establish a committee including researchers and policy-makers to develop and/or approve government- or donor-funded research that is relevant to policy and will be used by policy-makers	

Annex II: Administrative matters

Declarations of interest

In accordance with WHO policy, all participants were requested to provide a written declaration of interest prior to the meeting. The Director of the Division of Information, Evidence Research and Innovation reviewed these declarations and concluded that no interests were disclosed that could give rise to a potential or reasonably perceived conflict of interest related to the subjects discussed in the meeting.

Agenda

Day 1 Thursday, 29 January

Morning

Opening, welcome and introduction (Valentin Gavrilov, Ministry of Health of Lithuania; Ingrida Zurlyte, WHO Lithuania; Claudia Stein, WHO Regional Office for Europe)

Session 1: Evidence-informed Policy-making (EIP) as an integral pillar of the Health 2020 framework (Tim Nguyen)

Session 2: WHO Europe's current approaches to EIP (Tanja Kuchenmüller)

- European Advisory Committee on Health and Research (EACHR)
- Evidence-informed Policy Network (EVIPNet) Europe
- Health Evidence Network (HEN)
- The mapping of EIP projects and products in the WHO Regional Office for Europe

Session 3: EIP from the perspectives of the policy-makers and researchers (Moderator: Claudia Stein)

- Experiences and attitudes towards EIP among policy-makers (Miroslaw Wysocki)
- Experiences and attitudes towards EIP among researchers (Simon Innvær)

Session 4: Current landscape of EIP initiatives and networks of excellence in the European Region

- Overview presentation (Shelina Visram)
- EIP initiatives at the European Commission (Stefaan Van der Borght, Guy Dargent)
- Country experience: Belgian Health Care Knowledge Centre (Mark Leys)
- EIP initiative at the Cochrane Centre in Russia (Vasily Vlassov)
- Country experience: EVIPNet in Moldova (Marcela Țîrdea)

Session 5: Introduction to the accelerated roadmap (Mark Leys)

Afternoon

Breakout session 6: Actions for an accelerated EIP roadmap

Facilitator: Vasiliy Vlassov

Rapporteurs: Tanja Kuchenmüller, Ryoko Takahashi

- To provide feedback on the proposed list of strategic objectives
- To identify any gaps

Breakout session 7: Actions for an accelerated EIP roadmap

Facilitator: Vasiliy Vlassov

Rapporteurs: Tanja Kuchenmüller, Ryoko Takahashi

- To provide feedback on the proposed list of strategic objectives
- To identify any gaps

Day 2 Friday, 30 January

Morning

Plenary Session 8: Bringing it all together - the accelerated roadmap (Tanja Kuchenmüller, Mark Leys, Ryoko Takahashi)

Session 9: When is a national health policy evidence-informed? Criteria and checklist to support Member States (Alexandra Ziemann)

Afternoon

Session 10: Developing a Member State survey to establish a baseline of country capacity to generate, analyze and apply research evidence for decision-making (David Hunter, Shelina Visram)

Session 11: The way forward

Open discussion on outstanding items

Wrap up and closing remarks

Annex III: List of participants

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Annex IV: Criteria and checklist to assess when a health policy is evidence informed

The presentation briefly touched upon the methodology and results of a scoping review that had been prepared to facilitate the discussion on criteria and a checklist for EIP targeting policy-makers. The scientific and grey literature analysed in the scoping review was selected by searching the databases PubMed, Web of Science and Google; the archives of the journal *Implementation Science*; and by screening references of selected full texts. Only English language publications from the last 10 years were included. Further, only reviews or guidance documents that covered multiple forms of guidance were included. This gave 73 full-text publications for content analysis. Prominent guidance documents identified in the scoping review were the SUPPORT tools (19) and the GRADE and SURE guidelines. The following criteria for EIP to be included in a checklist could be derived from 10 publications:

- capacity of policy-makers;
- supportive context for EIP;
- appraisal of evidence in all steps of policy-making;
- use of appropriate evidence and avoidance of misuse;
- use of different kinds of evidence;
- application of a systematic, transparent and rigorous process of appraising evidence; and
- exchange of information between policy-makers, scientists and stakeholders.

The discussion that followed centred on the development of a checklist to assess when a health policy is evidence informed.

Contents of a checklist

Processes

- Were appropriate stakeholders involved in the development of the policy?
 - » If so, who were the stakeholders and how were the stakeholders involved?
 - » If not, who should have been involved?

- Was an evidence base developed systematically?
 - » Was evidence appraised in all steps of the policy-making process?
 - » Was there a systematic, transparent and rigorous process of appraising and locating the evidence applied?
 - » Have different kinds of evidence (explicit/tacit, global/local) been used?
- Was the policy-making process transparent and reproducible?
- Was the policy-making process well-organized?

Subject matter

- Are the recommendations consistent with the literature?
- Are the recommendations politically sound?
- Are the recommendations appropriate for the intended populations (score from 1 to 7)?
- Are the recommendations easy to find?
- How complete was the information to inform policy-making?
- Are there any conflicts of interests to be declared?

Purpose of a checklist

- To stimulate countries to implement EIP processes
- To be able to demonstrate EIP practice through documentation
- *Not* to assess policy-makers behaviours/performance related to EIP

Requirements

- Clarification of a checklist's focus (health policy decisions)
- Definition of target audiences and adaptation of a checklist accordingly (need for different checklists)
- Short, simple, clear structure
- Process-oriented steps
- Appraisal of the evidence related to the items on a checklist
- Inclusion of indicators on what comprises EIP

Questions raised

- Is the process of developing a checklist appropriate?
- Are we reinventing the wheel?
- Should a checklist be used as a prospective or a retrospective tool?
- Who would use a checklist? Who would check the answers?
- Must/should/could categories include prioritization?

Suggestions

- Criteria could possibly be stated as questions to increase user-friendliness
- Instead of “checklist”, it could be called “conditions/enabling factors for EIP” or “guiding principles for EIP”
- Create a broad list, as well as a detailed list, for the assessment

Possible next steps

Short term

- To convene experts at a workshop to discuss methods
- To create inventory of existing tools

Long term

- To apply a more rigorous process to develop a checklist
- To conduct an in-depth study
- To seek technical guidance from Appraisal of Guidelines Research & Evaluation (AGREE) instrument

Annex V: Developing a survey to establish a baseline of country capacity to generate, analyse and apply research evidence for decision-making

Professor David Hunter and Dr Shelina Visram from Durham University provided background material for a workshop to identify and agree on the purpose of a WHO Europe Member State survey. Professor Hunter outlined his previous work in relation to the European Action Plan for the Strengthening of Public Health Capacities and Services, which is the main implementation pillar of Health 2020. The European Action Plan sets out 10 EPHOs, including one on advancing public health research to inform policy and practice.

Dr Visram then gave an overview of previous surveys in relation to EIP. The Council on Health Research for Development mapped national health research systems in the eastern Mediterranean Region in 2004, 2007 and 2010. Each country conducted their own assessment using the mapping questionnaire developed by the Council, providing a baseline assessment for use by national decision-makers to strengthen their health research management and governance systems. This exercise identified that collaboration is key to facilitate national improvements and regional collaboration, and to increase funding for health research.

The questionnaire was used more recently by a team from the WHO Europe Regional Office, the European Public Health Association and the London School of Hygiene & Tropical Medicine as part of a project conducted to map national health research systems in 17 countries in the centre and east of the Region. This work was undertaken as part of the activities promoted by the EACHR to support the implementation of Health 2020.

In addition to the survey of national health research system capacity, a bibliometric assessment was conducted to provide insight into the public health-related research output of each country. However, standard bibliometric

databases do not fully cover foreign language and limited circulation publications, and political and other barriers prevented full assessment in some countries.

Dr Visram and Professor Hunter conducted their own mapping exercise, with information gathered using the pilot self-assessment tool structured around the EHPOs and designed to be completed online by all WHO Europe Member States. Analysis of 20 country self-assessments identified that growing enthusiasm for and commitment to public health research was not felt to be matched by available resources or capacity. Reported barriers to EIP included evidence that lacks practical applicability and a lack of data-sharing.

As with the previous surveys, the self-assessments were primarily conducted by the southern and eastern countries and many were published pre-2010 (18). Therefore, a need had been identified for a more up to date analysis of country capacity for EIP. The presentation ended with a series of questions to be taken forward in the roundtable discussions on the types of information that a future survey should seek to gather concerning the research base in countries to improve health decision-making.

The discussion that followed centred on developing a country survey to establish a baseline of country capacity to generate, analyse and apply research evidence for decision-making.

Suggested survey questions

Research generation

- Does your government have a public health/health services/clinical research strategy at national or subnational level?
 - » What is this strategy?
 - » How is this strategy coordinated?
 - » Do you have policy documents requiring policies to be evidence informed?
 - » Does your government fund that strategy?
- How is your research funded?
- What types of information category should we seek to gather concerning the research base in countries to improve decision-making?

- Does your government support a public health institute? If not, what other research capacity and capabilities exist?

Use and synthesis of research

- How would a survey seek to capture information about the application of evidence to inform decision-making?
- Are there mechanisms to ensure the transfer of evidence into decision-making? What are these mechanisms?
- Could you give us an example of a recent policy reform/health policy where evidence was used? Who were the stakeholders?
- Should the survey aim to include views about facilitators and/or barriers to using evidence in policy and practice?
- What (human) resources does your government have for the application of evidence?
- What facilitators/barriers can you identify?
- Do you on a regular basis have contact with researchers?

Research uptake

- Does your government monitor research uptake?
- When do you rely on researchers' advice? How often? What examples can you give?
- Do you make use of international resources (literature or technical expertise)?
- What types of research evidence are most suitable for your use?
- How do you engage/collaborate with other countries to tackle joint challenges?
- What are your enlightenments/inspirations with regard to research uptake?

Other questions

- Which types/categories of information would you suggest the survey should cover?
- Which technical inputs on the target audience are required?
- What are the means to capture information?

Requirements

- Clear scope and purpose
 - » What kind of questions will be included?

- » Who will answer the questions (e.g. all Members States, universities, EVIPNet Europe countries, etc.)?
- » Who will use the findings?
- Stepwise, strategic approach
- Instructions on who should fill in the self-assessment questionnaire and how
- Collaboration with focal points/counterparts (including ministries)

Challenges

- Generating funding
- Disentangling the survey (targeting different audiences – policy-makers, researchers and knowledge brokers)
- Mobilizing audiences to respond to the survey
- Simplifying and shortening the survey questionnaire while generating useful survey results

Possible next steps

- Pilot study using mixed methods (e.g. for comparative case study using qualitative and quantitative methods) and a participatory approach to reflect on proposed questions (need for guidance)
- Research project embedded in ongoing activities to gain a better understanding of the situation (potential time frame: two years) (need for shared responsibility and good supervision)

Action points

- To seek funding
- To map internal mapping exercises (by EVIPNet, the Special Programme for Research and Training in Tropical Diseases, etc.) as well as external mapping exercises to optimize use of resources
- To determine the objectives and the target group for the survey, and how to take it forward

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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