World Health Organization
REGIONAL OFFICE FOR Europe

USING RESEARCH EVIDENCE FOR POLICY-MAKING

REPORT OF THE FOURTH EVIPNET EUROPE MULTICOUNTRY MEETING

15–16 JUNE 2016 CHIȘINĂU, REPUBLIC OF MOLDOVA

The Evidence-informed Policy Network (EVIPNet) Europe

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MEETING REPORT

15–16 JUNE 2016
CHIȘINĂU, REPUBLIC OF MOLDOVA

MULTICOUNTRY MEETING ON USING RESEARCH EVIDENCE FOR POLICY-MAKING

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

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ABSTRACT

This report describes the fourth multicountry meeting of the Evidence-informed Policy Network (EVIPNet) Europe, an initiative of the WHO Regional Office for Europe (WHO/Europe). EVIPNet Europe aims to increase country capacity in developing health policies informed by the best available research evidence, supporting the implementation of the European policy framework Health 2020, the European Health Information Initiative (a multimember WHO network committed to improving health by improving the information that underpins policy) and the "Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region". EVIPNet Europe institutionalizes knowledge translation – the process of fostering research use in policy-making – through the establishment of national country teams (so-called knowledge translation platforms) that plan and implement knowledge translation activities at country level. At multicountry level, the network organizes inter alia capacity-building activities such as this fourth annual multicountry meeting in June 2016, which was attended by network members from 19 countries. The meeting covered topics such as strengthening networkwide commitment, coordination and support; fostering good communication and collaboration; increasing awareness of operationalizing, communicating, monitoring and evaluating activities of country teams; and improving understanding of a range of tools that the network promotes, such as situation analyses, evidence briefs for policy and policy dialogues. As next steps, countries will turn their attention to national EVIPNet activities and to further strengthening the network. 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.

A growing network: 19 countries from the WHO European Region form EVIPNet Europe in 2016 © WHO

CONTENTS

ACKNOWLEDGEMENTS

LIST OF ABBREVIATIONS

EBP	evidence brief for policy
EIP	evidence-informed policy-making
EVIPNet	Evidence-informed Policy Network
KT	knowledge translation
KTP	knowledge translation platform
M&E	monitoring and evaluation
SA	situation analysis
PD	policy dialogue
WHO	World Health Organization
WHO/Europe	World Health Organization Regional Office for Europe

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. 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 fourth EVIPNet Europe multicountry meeting was part of an ongoing initiative towards building national capacity in evidence-informed policy-making (EIP). The meeting in June 2016 in the Republic of Moldova was opened by the Minister of Health, Ruxanda Glavan; Tim Nguyen, Unit Leader of Evidence and Information for Policy, Division of Information, Evidence, Research and Innovation; and Angela Ciobanu, National Professional Officer at the WHO Country Office in the Republic of Moldova. The meeting was attended by participants from 19 EVIPNet Europe member countries.

The primary objective of the fourth multicountry meeting was to bring together new and advanced EVIPNet Europe network members, build EIP capacity, strengthen networkwide communication and collaboration, and to exchange experience and lessons learned with regard to approaches and activities fostering research utilization at country level. New members had the opportunity to become familiarized with EVIPNet Europe, its approaches and tools.

A pre-workshop was offered with parallel sessions; new members had an introduction to EVIPNet, related concepts, tools and country-specific activities, while members from the pilot countries reflected on country-level progress and exchanged lessons learned. *Day 1* provided the space for participants to exchange experiences in implementing EVIPNet Europe – touching upon the different steps of the EVIPNet action cycle. A special focus was on conducting a situation analysis (SA) and collaboration for EIP (e.g. with like-minded institutions, donors and the public). *Day 2* was dedicated to preparing and facilitating policy dialogues (PDs) as many countries will embark on this when implementing the EVIPNet action cycle, following evidence brief for policy (EBP) development.

The meeting led to a rich exchange of real-life practices and lessons learned as seasoned EVIPNet Europe countries interacted with new members, experts in knowledge translation (KT) and members of EVIPNet both in Europe and globally.

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, continuing to set and promote the EIP agenda in Europe to strengthen research-to-policy interfaces.

1. Introduction

1.1. Background and status quo of EVIPNet Europe

WHO launched EVIPNet as a response to the World Health Assembly resolution WHA58.34 in 2005 to promote the systematic use of health research evidence in policy-making *(1)*. EVIPNet is a global network with its base at the WHO headquarters. EVIPNet Europe was launched in October 2012 under the umbrella of the European Health Information Initiative, supporting the implementation of the European policy framework Health 2020 *(2)* and the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region.

EVIPNet Europe members work on a country-specific and a multicountry track *(3)*. On the one hand, the multicountry track involves capacity-building activities such as this fourth annual multicountry meeting as well as activities on the EVIPNet Europe virtual forum on *Yammer.*[1] These activities are in line with EVIPNet Europe's first and second strategic directions: network reinforcement and capacity-building. On the other hand, new EVIPNet Europe members commence their country-specific activities with drafting a short concept note on the need for and support to the country becoming an EVIPNet Europe member country and awareness-raising activities. Subsequently, they conduct a thorough SA, which comprises key characteristics of the country; the health system, its structure, actors and policy processes; the health research system and its capacity; and the research–policy interface. This analysis lays the foundations for establishing an EVIPNet country team, a so-called KT platform (KTP) to institutionalize research-to-policy efforts (section 3.1). Furthermore, country-specific activities span from priority setting for policy issues to be addressed through to seeking evidence, developing EBPs, convening PDs, supporting policy choice and implementation, and monitoring and evaluation (M&E) (Fig. 1).
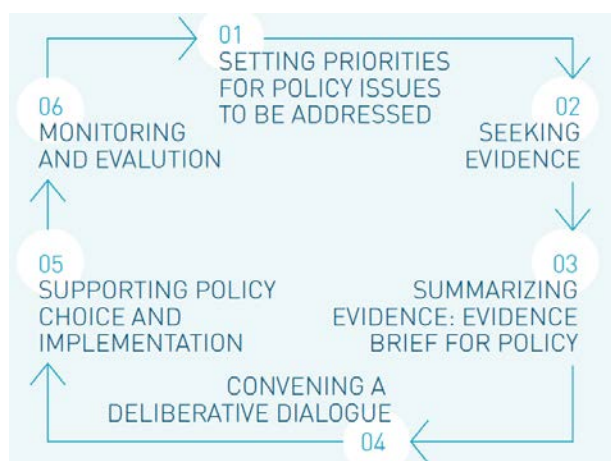
Fig. 1. EVIPNet action cycle

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[1] The protected virtual forum for EVIPNet Europe was requested by the network's members at the second EVIPNet Europe multicountry meeting in 2014 and wass launched at the third multicountry meeting in 2015. The forum runs through *Yammer* and offers a moderated platform to virtually connect EVIPNet Europe members on country and regional levels. It adds an informal yet professional networking space to enhance communication and interactions among both new and established EVIPNet Europe members. The forum's aim is to foster peer support and interaction, while it is also used as a repository.

The WHO Regional Office for Europe is the secretariat for the network and provides capacity-building, technical support and guidance, as well as coordination and management of the network. In addition to building on tested tools, such as the SURE Guides *(4)* and the SUPPORT tools *(5)*, EVIPNet Europe will have more tools becoming available in 2016, include the Situation Analysis Manual (SA Manual *(6)*), the Introduction to EVIPNet Europe: Conceptual Background and Case Studies *(3)*, the M&E Framework *(7)*, the Policy Dialogue Preparation and Facilitation Checklist *(8)* and the Communication and Advocacy Checklist *(9)*.

Since the launch, EVIPNet Europe has expanded to 19 member countries. Eight countries are EVIPNet Europe pilot countries (Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, Republic of Moldova, Slovenia and Tajikistan); five countries have focused their activities on multicountry-level activities so far (Albania, Estonia, Romania, the former Yugoslav Republic of Macedonia and Ukraine), while six are new member countries (Bulgaria, Georgia, the Russian Federation, Serbia, Slovakia and Turkmenistan).

Mircha Poldrugovac and Polonca Truden Dobrin from Slovenia engaging in the plenary discussion © WHO

1.2. The fourth EVIPNet Europe multicountry meeting

Promoting an environment favourable to the systematic use of EIP requires continuity and personnel capable of undertaking 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 *(10)*, the second multicounty meeting (a Training-the-Trainer workshop) was held in 2014 in Slovenia (web article available here) while the third multicountry meeting was in Lithuania in 2015 *(11)*.

The fourth multicountry meeting, as part of the ongoing work towards building national EIP capacity, was held in Chișinău, Republic of Moldova, on 15-16 June 2016. It was opened by the Minister of Health, Ruxanda Glavan (opening speech in Annex I).

For the first time, all 19 EVIPNet Europe member countries came together at this multicountry meeting. The meeting was chaired by Mark Leys (Professor at Vrije Universiteit Brussel, Belgium, and chair of the EVIPNet Europe Steering Group) and, in line with the aim of increasingly giving a voice to countries, various sessions were co-facilitated by national EVIPNet Europe champions. The national champions' direct involvement not only empowered them, but made the meeting content more tangible and

vivid. Finally, the meeting built on different interactive methods to increase interaction and networking, including group works and a "market place".[2]

A summary of the meeting agenda and the list of participants are available in Annexes II and III. The meeting's objectives were to:

- increase understanding of and commitment to EIP and EVIPNet Europe – particularly among the newly joined members;
- facilitate exchange of experiences, lessons learned and best practices on SAs, EBPs and PDs; and
- provide skill-building sessions on KTP operationalization, communication and M&E.

In summary, the fourth EVIPNet Europe multicountry meeting consisted of:

- parallel pre-workshop sessions for new members and pilot countries: while new members had an introduction to EVIPNet, related concepts, tools and country-specific activities, members from the pilot countries reflected on country-level progress and the exchange of lessons learned (section 2);
- a panel discussion during which national EVIPNet Europe champions exchanged experience in conducting SAs (section 3.1);
- an inspirational presentation on EIP from the perspective of a translational researcher (section 3.2);
- lessons related to collaboration for EIP with like-minded institutions, donors and the public (section 3.3); and
- sessions dedicated to preparing and facilitating PDs – a key element of the EVIPNet action cycle and important KT tool (section 4).

Ingrida Zurlytė (WHO/Lithuania) and Plamen Dimitrov (Bulgaria) following the plenary presentation © WHO

2. Pre-workshops

Acknowledging the range of starting points of participants in EVIPNet Europe, the pre-workshop sessions were tailored to the different needs of experienced and new members.

Pre-workshop 1 for new members
The pre-workshop was facilitated by a team consisting of Olivia Biermann from the WHO Secretariat to provide a broad overview of EVIPNet Europe from the Secretariat's perspective and an experienced national EVIPNet Europe champion (Mircha Poldrugovac, Slovenia) to provide real-life examples and insights from a member country's point of view.

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[2] The market place was an interactive session with the aim of allowing participants to have the opportunity to learn, exchange, receive/provide peer support and exchange experience related to different technical areas. "Market stands" were set up related to the different topics as mentioned. The stands were available throughout the entire meeting, with a dedicated session during Day 1, where a facilitator was available at each stand to discuss the topic with participants. Each market stand displayed topic-specific information material and a flipchart was available to take notes.

The facilitators familiarized new members with EIP, KT and EVIPNet Europe; provided an overview of EVIPNet's progress globally and in the European Region; introduced tools and mechanisms; and gave an introduction to EVIPNet Europe's country-level activities using the example of Slovenia.

The discussions focused on the concept notes (a preparatory exercise before conducting an SA) that participants had been asked to prepare as a pre-workshop task to stimulate thinking about their current EIP situation, and how EIP and a KTP may be developed. Similarities among countries emerged from the concept notes: research-to-policy efforts often exist but in neither in a transparent nor a systematic way; fragmentation of research is common and its dissemination limited to the research community; and human and financial resources for EIP are often lacking, as is capacity. Countries' engagement in EVIPNet is aimed at tackling these challenges.

After reviewing their concepts notes critically together with the WHO country offices, participants will submit the documents to the Secretariat, along with their work plans for 2016–2017, which they started to develop during the pre-workshop.

Pre-workshop 2 for pilot countries
Tanja Kuchenmüller and Ryoko Takahashi from the WHO Secretariat led the parallel pre-workshop for experienced network members (pilot countries Hungary, Kyrgyzstan, Republic of Moldova, Romania and Slovenia). The objective of this session was to reflect on and share (i) successes and achievements observed in the country; (ii) challenges experienced and approaches used to address them; and (iii) expected

Tanja Kuchenmüller (coordinating EVIPNet Europe at WHO/Europe), and participants discussing successes and challenges related to EIP observed in the countries © WHO

and planned changes and targets for the next four years, 2016–2020. The discussion was informed by a pre-workshop task documenting the most significant changes, a technique that is designed to capture a series of stories and unexpected changes in a narrative format *(12)*.

Each pilot country is at a different stage in implementing EVIPNet activities (e.g. conducting SAs, developing EBPs or organizing PDs) and, consequently, participants shared a diverse range of experiences, observations, successes and challenges. The discussion enabled participants to find themselves in similar and relatable situations and provide one another with advice and support. During the discussions, participants described positive changes as being the establishment of EVIPNet teams, conducting SAs, raising awareness among politicians and building personal EIP capacity. One national champion had become the "go to" person for EIP in her institution. The value of working with the WHO country offices as respected authorities at national level that promote and support EIP processes was highlighted.

Apart from the above, key lessons outlined in the discussions from countries included:

- picking "easy wins" as first EBP topics (i.e. avoid complex subject matters with tight timeframes) to allow for the development of a high-quality EBP providing proof of concept;
- broadening country-level EIP capacity and institutionalizing EIP processes by targeting and training more junior and technical staff in EIP, thus freeing up senior staff to act as advisors, advocates and reviewers; some countries are already taking steps to arrange EIP capacity-building activities within their countries;
- designing the future KTP to act as a secretariat, reaching out to subject matter experts to commission and guide the development of EBPs; and
- including EVIPNet-related activities into the job description for EVIPNet champions so that their time to work on EVIPNet activities is protected, thus avoiding other priorities taking over.

In addition, advanced EVIPNet Europe members were familiarized with the EVIPNet Europe's M&E approaches, which were developed to ensure networkwide efficiency and effectiveness in measuring, sharing and using implementation and performance data for operational and strategic planning. Based on the new EVIPNet Europe M&E Framework *(7)*, the EVIPNet Europe members further developed their work plans and drafted M&E plans for the next two bienniums (2016–2020). They defined expected changes and milestones into a series of incrementally transforming behavioural changes in one of the four strategic areas: (i) KT skill-building; (ii) network development; (iii) learning and improvement; and (iv) cultural shift in KT.

The group will finalize both the work plans and the M&E plans shortly after the meeting. The respective templates and individual guidance were provided by the Secretariat.

Balázs Babarczy (Hungary) and Andrzej Tolarczyk (Poland) exchanging experience © WHO

Claudia Dima (Romania) sharing lessons learned with the Network © WHO

3. Summary of sessions

Interaction between researchers, policy-makers and other key stakeholders is the biggest contributor to EIP while lack of interaction can transform into the most significant EIP inhibitor *(13)*. Interaction is the red thread that all meeting sessions followed – be it for successfully conducting the SA and preparing the establishment of a national KTP,

"blending" evidence, or collaborating with like-minded institutions, donors or the public for EIP. EVIPNet Europe promotes and institutionalizes interaction for EIP. The following subsections provide summaries of the different meeting sessions on Day 1.

3.1. Analysing local context for sustainable EIP action: the SA and following KTP establishment

EVIPNet Europe aims to establish sustainable KT structures at country level: country teams/KTPs. The form and function of a KTP depends on the national EIP context, which is assessed through the EVIPNet Europe SA. The latter is one of the first activities countries undertake as network members and was the focus of the Secretariat's introductory presentation and a subsequent panel discussion. The panelists emphasized lessons learned including the importance of ongoing interaction with stakeholders to further raise awareness for the importance of EIP and EVIPNet, and thorough and realistic planning of the conduct of the analysis.
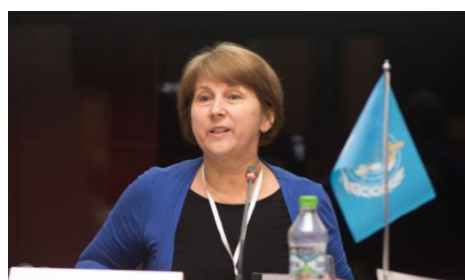
> *You need to understand your context – how policy-making is undertaken, who the research community is and how they work together.*
> Mark Leys (Professor, Vrije Universiteit Brussels, Belgium, and chair of the EVIPNet Europe Steering Group)

The objective of the first technical session was to become familiar with the SA, its implementation and related challenges; to exchange knowledge of SA with peers; and to become familiar with KTPs, their establishment and operationalization. The following provides a brief overview of the EVIPNet Europe SA, succeeded by key discussion points and experiences shared by panelists.

A KTP promotes and creates an environment that supports both research use in policy-making and policy needs in research design. It may be a formal organization, department or network, focusing on bringing actors together, synthesizing explicit and tacit knowledge and leading networking in KT. A KTP leads the development of EBPs and PDs, offers rapid response services, conducts priority-setting exercises and performs clearinghouse functions *(3)*. In preparation for establishing a KTP, the SA facilitates understanding of the national context, the health system and health research system and any existing EIP processes. In addition, the SA provides information on opportunities and barriers in organizing and establishing a KTP *(4)*. The

Panelist Ilona Borbás sharing her experience in conducting the situation analysis in Hungary © WHO

EVIPNet Europe SA Manual *(6)* gives detailed information on how an SA can be developed. It provides guidance, without imposing a blueprint approach.

During the last multicountry meeting, a panel of Western European knowledge-brokering organizations introduced themselves and shared their experiences as KTPs *(11)*. This year, national EVIPNet Europe champions Mircha Poldrugovac (Slovenia) and Ilona Borbás (Hungary), who were involved in the SA development in their countries, participated in a panel discussion. Both countries developed their SA using the draft SA Manual but building on different approaches described in the Manual; Slovenia's approach included creating a small team consisting of two staff members from the National Institute of Public Health to undertake a desk search on EIP in the country. The small team was

considered easy to coordinate and to communicate with, although it also took longer than expected to finish the SA (two and a half months instead of one month). Hungary, by comparison, collected information from over 77 people through interviews and focus groups to garner a range of views on EIP at national level. The team included three staff members from the National Health Care Service Centre. Both countries worked closely together with their WHO county office.

Key lessons related to conducting a SA were summarized as:

- the complexity of the SA calls for an expert team of at least two or three to be established to conduct the analysis (including a leader who can establish links to the WHO country office and the Secretariat);
- a work plan with a feasible timeframe and milestones should be created and discussed with the Secretariat prior to commencing work;
- time should be allowed for familiarization with the SA Manual by the team *(6)*;
- approaches from the Manual should be identified that suit the country's context best and these should be adapted as necessary;

> *A situation analysis is not an end in itself. It's a starting point to reflect on situation and how it can evolve.*
> Ilona Borbás (National EVIPNet Europe champion, Hungary)

- engagement with stakeholders from a wide range of fields and positions on an ongoing basis ensures that all relevant documentation and information is captures in the SA;
- attention should also be given to "grey literature", such as reports by nongovernment organizations, peer review groups, and the Organisation for Economic Co-operation and Development;
- the SA should be an analytical synthesis rather than a sole description of information;
- the purpose of the analysis, to inform establishment and operationalization of a KTP, should be kept in mind to avoid getting caught up in too much detail;
- peer support among the network members who have already gone through this exercise should be sought (e.g. by posting questions on the virtual forum); and
- the guidance and technical support the EVIPNet Europe Secretariat can provide should be utilized fully.

Alexandru Buga (Republic of Moldova), Mederbek Ismailov and Akbar Suvanbekov (Kyrgyzstan) reflecting on EVIPNet Europe activities in their countries © WHO

Mark Leys, chair of EVIPNet Europe's Steering Group, and participants discussing the implementation of the situation analysis © WHO

3.2. One (very big) myth, several metaphors and some conceptual challenges for translational research in public health

What can make EIP challenging is the nature of public health issues, the way evidence is produced, the metaphors that are used to show how evidence is shared, and the ontological differences between research (knowing) and policy-making (doing). By myth-busting, clarifying and discussing, this session helped to shed light on interactions in the complex system that makes up health policy-makings.

The objective of this session was to get an overview of EIP and related challenges from a translational researcher's perspective *(14)*.[3]

Rosemary Rushmer from Teesside University shedding light on interactions in policy-making © WHO

A technical rational approach will not work alone in complex policy setting.
Rosemary Rushmer (Professor, Teesside University, United Kingdom)

During this session, Rosemary Rushmer, Professor at Teesside University, United Kingdom, compared the health policy-making environment with a complex ecosystem that consists of evidence producers (e.g. universities); evidence "pumps" dealing with the targeting and flow of evidence (e.g. royal colleges in the United Kingdom); evidence synthesizers, the "oil" that makes the process go smoothly by mixing and blending the "raw ingredients" (e.g. practice guidelines); and consumers (e.g. policy-makers). At the same time, key roles in the policy-making "ecosystem" are held by funders (e.g. government), "storage spaces" of evidence (e.g. journals) and, finally, intermediaries (e.g. knowledge brokers). This system can only function well and flow through a range of inputs (evidence) if multiple players (e.g. the media) and issues (e.g. politics) are considered. The inputs into this system go far beyond randomized control trials – arguing the converse would be a (very big) myth. The importance of both research evidence and tacit evidence from key stakeholders to support policy-making was outlined. It became clear that EIP is a not a linear process that always comes from rational logic. The multiple players and issues will have impact, while both sense and sensibility of all stakeholders need to be taken into consideration.

All of the above contributes to the challenge for translational researchers to understand how evidence is "blended" (Fig. 2).

Fig. 2. Blending evidence *(15)*

Rosemary Rushmer described new opportunities to better understand and capitalize on "the blend", for example through co-creation of research or embedding research (i.e. doing
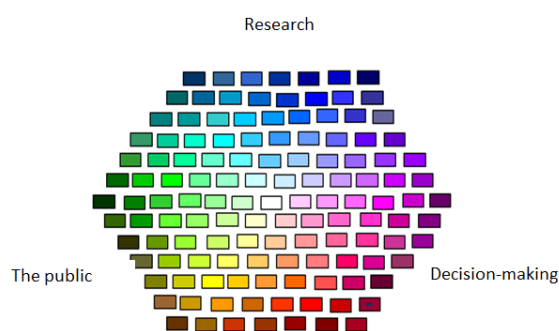
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[3] Translational research fosters the multidirectional and multidisciplinary integration of basic research, patient-oriented research and population-based research, with the long-term aim of improving the health of the public *(14)*.

research *with* end-users, not *on* them). Furthermore, she described the need to explore why policies work in some contexts, what the enablers are and if and how they can be applied in other contexts. Reaping the benefits of such new opportunities for EIP requires a more active role from intermediaries, such as translational researchers and knowledge brokers, explicitly looking into the complexity instead of "controlling it out". This necessitates incentives at the system level, for example for donors to fund such different types of research.

3.3. Collaboration for EIP: like-minded institutions, donors and the public

Collaboration between stakeholders is the cornerstone for EIP and has many facets. This session showed how collaboration and being part of EVIPNet Europe can help to increase learning from like-minded institutions, improve chances of writing a successful funding application and involve the public to contribute to an environment more favourable for EIP.

National EVIPNet Europe champions Daiva Dudutienė (Lithuania) and Mircha Poldrugovac (Slovenia), and Sile Lane (Director of Campaigns and Policy, Sense about Sciences[4]), presented during this session, which had the objectives of gaining insights into how collaboration benefits countries in fostering EIP, and examining lessons learned and potential new ways of working together.

From visits to like-minded institutions

Inspired by the third EVIPNet Europe multicountry meeting, Daiva Dudutienė of Lithuania organized three study trips together with a team from the Ministry of Health in November 2015 in order to gain first-hand insights and learn from experienced knowledge-brokering institutions about their EIP activities in order to support the development of an SA and then a KTP for Lithuania. Being part of EVIPNet Europe helped her open doors at the Finnish National Institute for Health and Welfare (the North Karelia Project is a very successful long-running community-based intervention for noncommunicable disease prevention), the Swedish Public Health Agency (with knowledge of using population health survey methodology and questionnaires) and the Belgian Health Care Knowledge Centre.

Liisi Panov and Kristina Köhler from Estonia brainstorming with Ryoko Takahashi (WHO/Europe) © WHO

The Belgian Health Care Knowledge Centre shared with the Lithuanian team the lessons it had learned about the importance of positive relationships between researchers and policy-makers: the Centre's researchers and Belgian health policy-makers acting together while setting health technology assessment priorities for the future.

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[4] Sense about Science is an independent campaigning charity that challenges the misrepresentation of science and evidence in public life.

Involving policy-makers in the research process is a strong predictor for EIP *(16)*. In Lithuania, health technology assessment bodies and the Ministry of Health are working together in a similar fashion when setting joint goals. However, the Lithuanian team emphasized that, even beyond the area of health technology assessment, researchers and policy-makers will jointly define relevant research priorities, for example during board and council meetings, and train staff with regard to research-to-policy activities, methods and tools.

From a funding application

In May 2015, five partner organizations submitted an application for a "twinning" project related to EIP. The call, published by the European Commission within Horizon 2020, the European Union Framework Programme for Research and Innovation, was identified by

Paulina Karwowska (WHO/Poland) listening to the plenary presentations © WHO

the WHO Secretariat of EVIPNet Europe and circulated among its member countries. The National Institute of Public Health in Slovenia – with Mircha Poldrugovac in as the main person – acted as the coordinating partner. The funding call was in line with EVIPNet Europe's activities, focusing on capacity-building applicable to EIP. Slovenia was in an advantageous position to apply, being able to demonstrate strong commitment to EIP as one of the network's pilot countries and having already conducted relevant EIP-related activities. Although the proposal was not finally successful, Mircha Poldrugovac shared with the network members his experiences to support those who may be developing funding applications in the near future:

- keep watching for funding opportunities (N.B. the EVIPNet Europe Secretariat sometimes shares open call on *Yammer*)*;*
- involve local institutions to ensure ownership and to increase the quality and feasibility of the proposal;
- avoid "a state of constant panic" (as described by Mircha Poldrugovac who wrote the application within one month); developing a funding application can take up to several month of preparation (e.g. to agree on the content, the draft proposal and its details, the budget and resource allocation); and
- work with partners who have previous experience in preparing proposals – this can make the process considerably easier.

From involving the public

The third (virtual) presentation focused on partnering for public and policy impact. Collaborating with the public can make it easier for policy-makers to put an issue on the policy agenda: when the public is being involved in or informed about policy-making

> *Policy-makers are working for public and the public is interested in the evidence – and they are informed.*
> Síle Lane (Director of Policy and Campaigns, Sense about Science, United Kingdom)

processes (e.g. by participating in discussions on a health policy issue organized for the public, similar to PDs, or by receiving information material such as those prepared by

Sense about Science), it is more likely that people will take up and show interest in a topic, and demand for related decisions to be made based on the best available research evidence.

Síle Lane started off with a presentation of Sense about Science's work by using the example of their leaflet for the public, "I don't know what to believe", which is an example of how an individual can question the scientific information he or she may be confronted with. Individuals want to understand the science behind the decisions that influence their lives. Nowadays, citizens are becoming informed, critical consumers and key stakeholders in health policy decisions. Working for an informed public postulates the transparent use of research by policy-makers. Key lessons to involve the public were:

- find out about the public interest in science and evidence (e.g. What is the important message for people? Why would the public care about this? Are there new, useful insights you can share?);
- find the voices who can deliver insights or messages (e.g. researchers, patients and/or companies);
- identify new voices that have not been heard before (e.g. patients talking about clinical trial transparency – a discussion previously held among academics only); and
- be responsive (e.g. be able to answer people's questions and concerns and to continually take opportunities to put evidence back on the agenda for the media and politicians).

Entela Buzali (Albania) and Olivia Biermann (WHO/Europe consultant) entering EVIPNet Europe's virtual world on *Yammer* © WHO

Collaboration directly with the public has to date been marginal For EVIPNet; however, it is considered an important next step to increase accountability and transparency of health policy-making and to include the knowledge, experience, views and values of the public into policies.

4. Main theme: PDs

4.2.   Preparing a successful PD
EVIPNet Europe uses PDs as key KT tools: building on EBPs, PDs become increasingly relevant for network members. Presentations, first-hand experiences from countries and group discussions raised awareness and provided training. Participants pilot-tested the new Policy Dialogue Preparation and Facilitation Checklist (8) and gave it an excellent evaluation*.

> *It is important to be well-prepared for a PD. The process is as important as the dialogue itself.*
> Fadi El-Jardali (Associate Professor, American University Beirut, Lebanon, and co-chair of global EVIPNet Steering Group)

PDs allow for the best available research evidence to be considered among the real-world factors influencing the policy-making process. They are informed by an EBP,

which is subsequently considered alongside tacit knowledge of local health policy-makers and stakeholders to inform future policy decisions *(3)*. The SURE guides *(4)* and the SUPPORT tools *(5)* stand out as useful resources on the topic and EIP in general.

Building on the PD-related sessions during the 2015 multicountry meeting *(11)*, the session's objectives were to become familiar with how to organize a PD, and to pilot-test and evaluate the usefulness of the Policy Dialogue Preparation and Facilitation Checklist *(8)*. The latter was based on the results of a study conducted by the WHO Secretariat on "Success factors for PDs: facilitators' perceived role and influence" (to be finalized in 2016).

Initially, Fadi El-Jardali and national EVIPNet Europe champion Marcela Ţîrdea (Republic of Moldova) shared first-hand experiences in PD facilitation. Fadi El-Jardali has long-standing experience in preparing and facilitating PDs at [the Knowledge to Policy (K2P) Center](#) at the Faculty of Health Sciences, American University of Beirut, Lebanon. Marcela Ţîrdea is a pioneer in EVIPNet Europe, the Republic of Moldova being the first country to hold a PD in the Region; this focused on the reduction of

Fadi El-Jardali, co-chair of EVIPNet's Global Steering Group, and participants deliberating about the importance of an EBP as a basis for a PD © WHO

alcohol consumption in the Republic of Moldova *(17)*. From the facilitators' lessons, participants learned that excellent preparation is key for the success of a PD: from clarifying the objectives of the PD; setting the date of the PD strategically, adapted to policy processes and ensuring participants can attend; identifying stakeholders who represent a range of interests, expertise and perspectives; and choosing a suitable and neutral meeting venue.

Seven core steps of the PD preparation were presented, as described in detail in the Policy Dialogue Preparation and Facilitation Checklist *(8)*.

1. Set clear objectives
2. Set date and agenda
3. Identify and know key stakeholders
4. Make practical arrangements
5. Engage and prepare participants
6. Ensure relevant knowledge and skills of the facilitator
7. Facilitator preparation

The evaluation of the Secretariat's Checklist indicated that the participants found the

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Box 1. Examples of challenges facilitators have faced and solved during a PD*(8)*

- The deputy minister – a key stakeholder – cancels his participation in the PD last-minute. → Organize a follow-up meeting with him to share the EBP and to brief him on the PD and its outcomes.
- A participant's contribution is irrelevant. → Interject as needed. To avoid offending him/her by cutting the contribution off, refer to the rules of the PD, which had already been mentioned, and ask to return to the topic, arguing that the PD time is limited.
- During a PD, it turns out that the real health/policy problem is different from what the EBP outlined, which drastically changes the discussions. → Know what options are feasible from a policy perspective and in the given context so that when the PD deviates from what is stated in the EBP, you are able to let the PD go in a different direction.

content of each chapter very useful and user friendly, and would apply it in the future for (i) preparation of a PD by an individual or a team; (ii) implementation and follow-up of a PD; (iii) as a "refresher" of PD-related concepts, tools and things to do; and/or (iv) as a reference for providing individual/group training.

4.2. Trouble-shooting during a PD

While many "troubles" can be prevented through preparation (section 4.1), trouble-shooting is an art to be mastered by a PD facilitator. A presentation filled with first-hand experiences combined with interactive group work provided insights and hands-on capacity-building.

Since many participants will undertake PDs in the near future, the session on trouble-shooting complemented the knowledge and skills that participants had gained in the previous session on organizing PDs (Box 1).

In his presentation on PD challenges and trouble-shooting, Fadi El-Jardali included many examples from his own experience (e.g. the first example in Box 1). Additional examples of challenges that experienced facilitators have faced and handled are described in the Policy Dialogue Preparation and Facilitation Checklist *(8)*.

The presentation was followed by a group exercise during which participants discussed potential ways of dealing with challenges during a PD. The Checklist *(8)* served participants as a useful reference point during this exercise. Participants understood that many of the challenges that a facilitator could potentially face during a PD could be prevented by diligent preparation – in particular with regard to identifying stakeholders. Other challenges may not be preventable but must be resolved in the best possible way to control the damage (e.g. the last-minute cancellation by a high-level stakeholder).

5. Conclusions and next steps

The meeting was well received by participants as being empowering, informative and providing important opportunities for networking. The meeting covered topics such as:

- strengthening networkwide commitment;
- fostering good communication and collaboration;
- increasing knowledge of the operationalizing, communicating, monitoring and evaluating activities of KTPs (country teams); and
- improving understanding of SAs, EBPs and PDs.

Tanja Kuchenmüller (WHO/Europe) summarizing conclusions and next steps © WHO

First, the value of and need for interaction to foster EIP was emphasized: interaction between researchers, policy-makers and other key stakeholders is needed for successfully conducting an SA and preparing the establishment of a national KTP, "blending" evidence, as well as collaborating with like-minded institutions, donors or the public for EIP. The multicountry meeting also led to a rich interaction and exchange of real-life practices and lessons

learned as seasoned EVIPNet Europe countries interacted with new members, experts in KT in theory and practice and members of EVIPNet both in Europe and globally. Participants particularly appreciated the mentoring and co-facilitation by national EVIPNet Europe champions, as well as the use of interactive methods throughout the meeting (e.g. group works and the "market place").

Second, the importance of context was highlighted: EVIPNet Europe is using different tools to respond to the challenges of contextualizing the full range of research evidence with close attention to political considerations. The tools themselves (e.g. the SA Manual) are, at the same time, guides that offer a variety of methods that can be chosen based on the local context rather than prescribing specific models.

Participants were highly engaged throughout the meeting, interacting with the facilitators, contributing their own experiences and connecting with other network members.

> *During the meeting, national champions of EVIPNet Europe pilot countries co-facilitated workshop sessions, which helped to give new EVIPNet members more confidence and insight, for example into how to conduct a country situation analysis on evidence into policy. I also appreciated the fact that this meeting built on the topics presented and discussed during the previous meetings.*
>
> Marcela Ţîrdea (National EVIPNet Europe Champion, Republic of Moldova)

Next steps are about implementing EVIPNet Europe's activities on country levels, with the support of the WHO country offices, the EVIPNet Europe Secretariat and, most importantly, other countries within the network.

- New members will finalize their concept notes, organize country launches of EVIPNet and soon initiate the conduct of their SA.
- Countries that are in the process of conducting an SA will finalize it and organize the subsequent stakeholder consultation to present and verify its results.
- Experienced members will embark on developing/finalizing EBPs, and organize PDs.
- The EVIPNet Europe Secretariat will revise the Policy Dialogue Preparation and Facilitation Checklist *(8)* based on participants' evaluation.
- The EVIPNet Europe Secretariat will publish the following technical documents, which will help in further strengthening network members' skills and successfully implementing their work: SA Manual *(6)*, Introduction to EVIPNet Europe: Conceptual Background and Case Studies *(3)*, M&E Framework *(7)*, Policy Dialogue Preparation and Facilitation Checklist *(8)*, and Communication and Advocacy Checklist *(9)*.
- Network members will engage via EVIPNet Europe's virtual forum on *Yammer*.
- EVIPNet Europe will deepen collaborations with and between countries.
- Network members will finalize their work plans for 2016–2017.
- Experienced countries will finalize their M&E plans for 2016–2010.

Daiva Dudutienė and Ausra Zelviene from Lithuania sharing their views about next steps with Network members © WHO

The unique opportunity for the EVIPNet Europe members from 19 countries 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, continuing to set and promote the EIP agenda in Europe.

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Annexes

Annex I: Opening speech by Ruxanda Glavan, Minister of Health, Republic of Moldova

Dear participants of the 4th EVIPNet Reunion,
Dear representatives of the WHO Regional Office for Europe,
Honourable audience,
Ladies and Gentlemen

Please allow me, first of all, to congratulate the EVIPNet Europe Secretariat and WHO Regional Office for Europe with the results achieved in promoting the systemic use of scientific evidence in policy development. The extension of the EVIPNet network from 12 Member States in 2012 to 19 States in 2016; the development of the Action plan for enhancing the use of evidence, information and scientific research in policy development in the WHO European Region for 2016–2020, a document to be discussed during the 66th session of WHO Regional Committee and which will be supported by the Republic of Moldova; together with today's event, the 4th reunion of EVIPNet in Chișinău are clear indicators reflecting all these results.

I would also like to express my gratitude to the entire team of the WHO Regional Office for Europe, EVIPNet Europe Secretariat and WHO Country Office for their work and dedication in provision of permanent support and assistance for tackling the public health problems specific for the Republic of Moldova and the support provided to the country for building capacities in developing evidence-based policies and establishing structures for transfer of knowledge.

The commitments of the WHO Europe Member Countries assumed in Health 2020 have imposed the Member States to identify new operational mechanisms which would ensure the development and application of the practices to developed evidence-based policies and which aim at improving population health and reducing health inequalities.

The Sustainable Development 2030 Agenda adopted at the UN General Assembly on September 25, 2015, reconfirms the commitments established in the European Strategy Health 2020 and imposes the setting of some concrete targets for those 17 Sustainable Development Goals, in which health improvement is a precondition for such targets' achievement and outcomes' fulfilment.

The results obtained by the Republic of Moldova in the implementation of the Millennium Development Goals have proved that, in spite of the efforts allocated for achieving them, maternal mortality and infectious disease control represent lagging behind areas, which should be tackled in the 2030 Sustainable Development Agenda through new tools and innovative practices.

Hence, the methodologies, practices and tools developed and promoted by EVIPNet fit perfectly the intention of the Republic of Moldova Government to apply innovative approaches in solving health problems. The EVIPNet tools are already used by the

Ministry of Health of the Republic of Moldova in developing alcohol control policies, and some of their elements were used in developing the National Cancer Control Programme.

The national experience clearly indicates that this can be fulfilled by ensuring access to the best scientific evidence at the national and international levels, as well as through an open communication with all stakeholders: police developers, scientific researchers, practitioners and representatives of the civil society.

In this context, the establishment of the National Platform for Knowledge Transfer, which would ensure the generalization, exchange and application of the best available evidence, and which should encompass health policy developer, scientific researchers, representatives of the academia and civil society, is an objective to be achieved by the Republic of Moldova in the next period of time. Together with all the support tools provided by EVIPNet Secretariat, this platform would be applied so as to get a health system to be able to respond to challenges and to fulfil the commitments assumed at the regional and international levels and in front of the citizens of the country, for no person to remain outside the health and social systems.

In conclusion, I would like to wish success to the participants of the Reunion. I am absolutely convinced that all the representatives of the 19 EVIPNet Member States have results which would be shared with others and each one of us will have something to learn from our colleagues, for the health policies of all the countries to be informed from the best available evidence and leading to improving population health and reducing inequalities in health.

Wish you big success during the reunions and the activity you fulfil.

Annex II: Agenda

Pre-workshop

Session a: Welcome and introduction Tanja Kuchenmüller

Session b1: Introduction to EVIPNet – related concepts, tools and insights from Slovenia	**Session b2: Reflection on country level progress – exchanging lessons learned**
Olivia Biermann, Mircha Poldrugovac • Presentation and discussion in plenary	Tanja Kuchenmüller, Ryoko Takahashi • Discussion in plenary
Session c1: EVIPNet Europe's country-level track – first steps Olivia Biermann, Mircha Poldrugovac • Presentation and discussion in plenary	**Session c2: Developing plans for activities, monitoring and evaluation** Tanja Kuchenmüller, Ryoko Takahashi • Presentation and discussion in plenary

Day 1

Morning

Session 1: Welcome and opening
Ruxanda Glavan, Angela Ciobanu, Tim Nguyen

Session 2: Introduction to the meeting
  Tanja Kuchenmüller, Mark Leys, Olivia Biermann

Session 3: Analysing local context for sustainable evidence-informed policy-making action (situation analysis and knowledge translation platform establishment)
  Tanja Kuchenmüller, Mark Leys, Mircha Poldrugovac, Ilona Borbás

• Presentations, panel discussion, discussion in plenary

Session 4: One (very big) myth, several metaphors, and some conceptual challenges for translational research in public health

Rosemary Rushmer
• Presentation and discussion in plenary

Afternoon

Session 5: Collaboration for evidence-informed policy-making – like-minded institutions, donors and the public
Daiva Dudutienė, Mircha Poldrugovac, Síle Lane

• Presentations and discussion in plenary

Session 6: EVIPNet Europe's action cycle – focus on priority setting, evidence briefs for policy, policy dialogues and M&E

Fadi El-Jardali, Ryoko Takahashi
• Presentation and discussion in plenary

Session 7: Market place
Rosemary Rushmer, Mark Leys, Ryoko Takahashi, Tanja Kuchenmüller, Fadi El-Jardali, Olivia Biermann

• Market stands focusing on evidence-informed policy-making and related concepts, situation analyses, evidence briefs for policy, the EVIPNet Europe's virtual forum on *Yammer* and M&E

Session 8: Lessons of the day
Mark Leys

• Plenary discussion

Day 2

Morning

Session 9: Setting the scene
  Mark Leys

Session 10: Preparing a successful policy dialogue
  Fadi El-Jardali, Marcela Ţîrdea

- Presentation, group works, plenary discussion

Session 11: Facilitating a policy dialogue – trouble-shooting
Fadi El-Jardali

- Group works and discussions, policy dialogue simulations in small groups

Session 11: Wrap up including next steps
Fadi El-Jardali, Tanja Kuchenmüller, Mark Leys

- Plenary discussion

Annex III: List of participants

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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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