CASE STUDY AND LESSONS LEARNT

Evidence-informed Policy Network (EVIPNet) Europe: success stories in knowledge translation

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ABSTRACT

Introduction: Evidence-informed Policy Network (EVIPNet) Europe was launched in 2012 by the WHO Regional Office for Europe as a capacity-building mechanism for knowledge translation (KT). The study presented here focuses on five EVIPNet Europe member countries and their experiences with implementing EVIPNet Europe, and how EVIPNet membership and tools benefited them in their endeavour to improve and institutionalize evidence-informed health policy-making.

Methods: This descriptive study used an embedded multiple case study methodology, primarily drawing upon author observations and a document review. Five EVIPNet Europe member countries – Estonia, Hungary, Kazakhstan, Poland and the Republic of Moldova – were selected because each was at a different stage of the EVIPNet Europe implementation and institutionalization process.

Results: Some countries started the implementation process by conducting a situation analysis (SA) in order to scope the local policy context, demonstrate a need for KT, raise stakeholder awareness of evidence-informed policy-making, and plan their strategic next steps. Other countries took a different approach by first developing evidence briefs for policy (EBPs) combined with a policy dialogue (PD) to demonstrate to policy-makers a proof of concept for EVIPNet Europe and its tools. The varying experiences of the five countries illuminate how EVIPNet Europe membership increases KT capacity, helps to establish strong links and exchanges between stakeholders across the research-policy divide, and increases the use of high-quality, context-sensitive evidence in health policy-making.

Discussion: The experiences described here can thereby support the work of other EVIPNet member countries and foster reciprocal learning with non-member countries.

Keywords: KNOWLEDGE TRANSLATION, CAPACITY-BUILDING, EVIDENCE-INFORMED POLICY-MAKING, EVIDENCE-INFORMED POLICY NETWORK (EVIPNET), EUROPE

INTRODUCTION

Evidence-informed policy-making (EIP) has been receiving increased international attention *(1–3)*. As a key promoter of EIP, the World Health Organization (WHO) launched the global Evidence-informed Policy Network (EVIPNet) in 2005 to strengthen national knowledge translation (KT) efforts and support national policy-makers, researchers and members of civil society in order to systematically and transparently use high-quality evidence in policy-making to improve health systems and the health of populations *(4)*. Influenced by the successful implementation of EVIPNet in other regions, the WHO Regional Office for Europe established EVIPNet Europe in 2012 *(5)*.

Operating under the WHO European Health Information Initiative (EHII) *(6)*, EVIPNet Europe aims to increase and institutionalize capacity for KT; that is the exchange, synthesis and effective communication of reliable and relevant research results within countries and the Region *(5)*. These efforts enable countries to work towards implementing Health 2020, the European policy framework *(7)*, the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region *(8)*, and the global Sustainable Development Goals *(9)*.

Since 2012, EVIPNet Europe, which initially focused its activities in the eastern part of the Region, has assisted 21 member countries in Central and Eastern Europe as well as Central Asia. Typically, the network's EVIPNet Europe Secretariat convenes national and regional training sessions to build country capacity and provide national stakeholders with general knowledge on EIP, along with the skills needed to plan, implement and evaluate KT activities in their local context. Table 1 provides an overview of the full scope of EVIPNet Europe's key strategic activities.

As outlined in Fig. 1, EVIPNet Europe encourages countries, as a first step, to conduct a collaborative situation analysis (SA) to assess their national EIP context and establish an EIP baseline, including the institutional and human capacity necessary to conduct EIP in a continuing, sustainable manner *(5, 21)*. Based on the SA findings, countries then develop context-specific KT interventions and identify strategies to institutionalize EIP activities, including the creation of a multi-stakeholder country team, known as the KT platform (KTP), which leads all KT initiatives within the country. The platforms have proven to be a valuable mechanism for providing the infrastructure to link and sustain the interaction between the research-to-policy bridge in many countries *(10–12)*.

TABLE 1. KEY STRATEGIC ACTIVITIES OF EVIPNET EUROPE

Supports KT networks	Assists countries establishing KT platforms (KTPs) to strengthen innovative health partnerships and create sustainable structures facilitating interaction among researchers, policy-makers and civil society in their respective countries in order to enhance EIP.
Strengthens KT capacity	Provides technical assistance, mentorships and exchanges, plus routine capacity building workshops, to improve the skill base of its network members.
Supports KT innovations	Facilitates the development of KT strategies and tools tailored to the needs and priorities of countries in the Region.
Catalyses KT at regional and national levels	Promotes awareness and fosters a commitment to improve the culture and practice of KT and EIP.

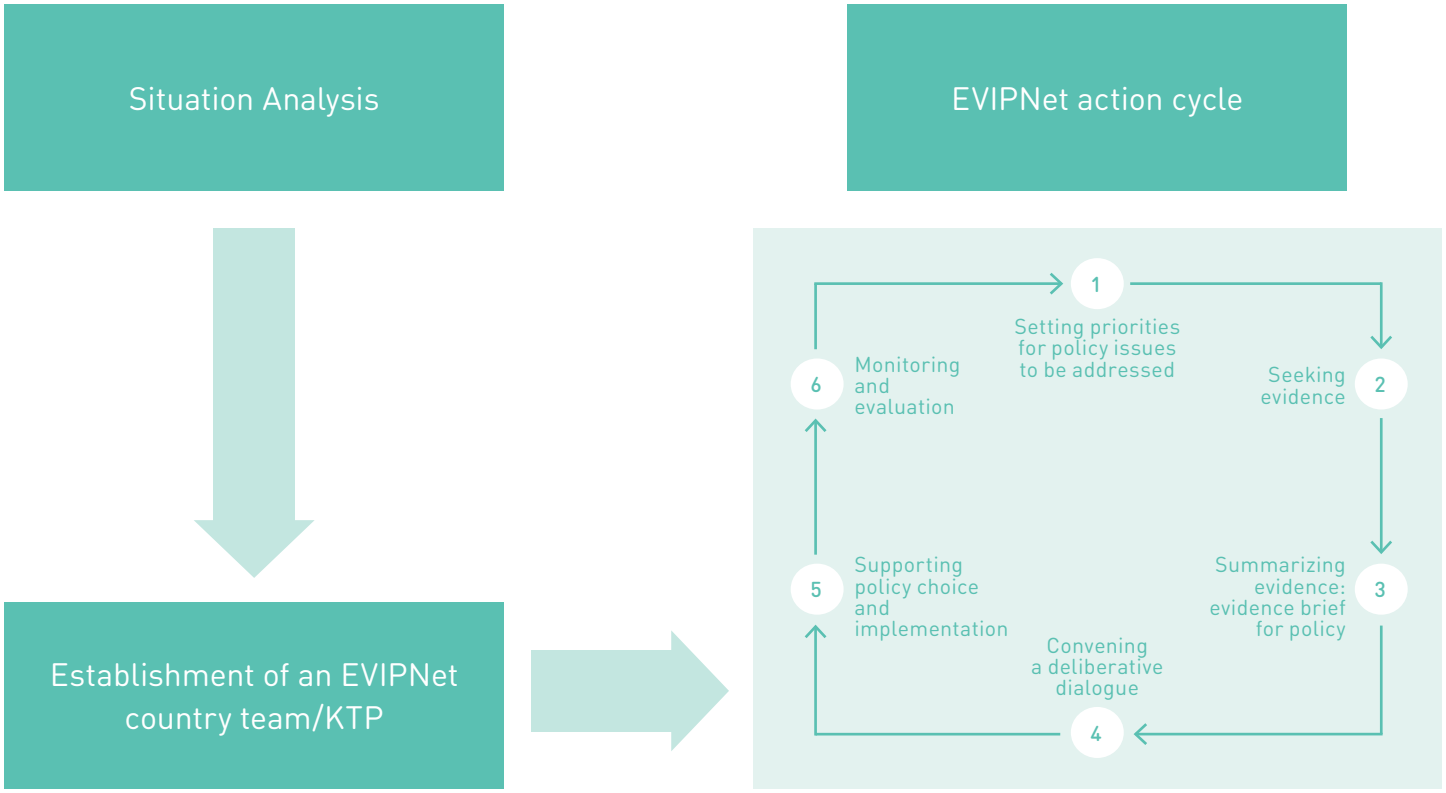
These EVIPNet country teams usually implement two specific KT activities to improve the policy-making process in a country: (i) the evidence brief for policy (EBP), an information-packaging mechanism that synthesizes the best available global and local evidence in a user-friendly format to address a priority policy issue; and (ii) deliberative policy dialogues (PDs), which bring key stakeholders together to discuss the evidence in relation to their experiences with the identified priority issue *(5, 13, 14)*.

Although this is the general implementation framework, EVIPNet Europe recommends that member countries adopt an individualized approach to encourage the ownership of KT activities. This study focuses on five countries which presented their experiences with implementing EVIPNet Europe at the 2017 European Public Health Conference in Stockholm, Sweden (*15*). To facilitate lesson-learning across countries, this study aims to highlight how EVIPNet membership and tools benefit member countries in their endeavour to improve health policy-making and contribute to improved health systems and outcomes.

METHODS

A retrospective, descriptive study using an embedded multiple case study methodology *(16)* was conducted to learn about EVIPNet Europe based on the experiences of five EVIPNet Europe member countries – Estonia, Hungary, Kazakhstan, Poland and the Republic of Moldova – as the units of analysis. Such a methodology is typically used to examine a given phenomenon under real-world conditions *(16)*. All of the selected countries were part of the network since its 2012 launch and are therefore more advanced in implementing and institutionalizing KT activities than other more recent network members. Each

FIG. 1. PATHWAY OF EVIPNET EUROPE COUNTRY ACTIONS



Source: EvipNet 2012-2015 strategic plan: towards a world in which the best available research evidence informs health policy-making. Geneva: World Health Organization; 2012.

country case study highlights a different stage and/or aspect of implementing the EVIPNet Europe action pathway. Each is also representative of the network and its geographical and socio-political diversity; hence, their experiences highlight different insights and lessons learned for other EVIPNet countries within, and likely beyond, the Region.

This case study approach generates new understandings of the benefits gained from EVIPNet Europe membership across the EIP process. Each participating country was assessed by the country representatives, that is, national champions and/or WHO Country Office staff, who were directly involved in implementing EVIPNet Europe, based on a set of guiding questions. The knowledge these representatives acquired through first-hand experience puts them in a unique position to provide reflections based on their observations, which were used as the main data source for this study. The results are strengthened by the rich and otherwise hidden details that only those directly involved in the process can provide *(17–18)*. Project-related documentation, including personal notes, official correspondence, meeting minutes and relevant KT products – such as SAs, EBPs and PDs – was also reviewed by the country representatives for each of their case studies.

RESULTS

Each country's experiences are presented below according to the progression of actions they undertook in relation to implementing the EVIPNet Europe action pathway. The first country case study, for the Republic of Moldova, provides general insights into the capacity-building opportunities offered by EVIPNet Europe. This is followed by two case studies in which countries have commenced the implementation of the action pathway by conducting – as recommended by the Regional Office – an SA: Kazakhstan reports on the findings of the assessment and how this study catalysed country commitment to institutionalize KT; and Hungary highlights how the SA can mobilize stakeholders to form stronger interdisciplinary national partnerships between researchers, policy-makers and other stakeholders, which is one of the key predictors of research uptake. The last two case studies focus on Estonia and Poland which, contrary to Kazakhstan and Hungary, immediately embarked on developing an EBP to provide, as a first step, a proof of concept to solicit country-wide commitment in view of establishing sustainable EIP structures.

REPUBLIC OF MOLDOVA

To build a strong foundation for implementing EVIPNet Europe, the Republic of Moldova first conducted an SA to assess

its national EIP context, actors, institutions and EIP procedures. Although the inclusion of research evidence was considered a valuable input and several EIP success stories were identified, the SA suggested a need to further strengthen systematic processes and build EIP capacity among stakeholders.

The process began with the Ministry of Health appointing its national EVIPNet Europe focal point to coordinate KT activities within the country. Under this leadership, an intersectoral working group was established to prepare an EBP on reducing alcohol consumption, one of the country's most pressing health issues. The EVIPNet Europe Secretariat provided multicountry and country-specific capacity-building opportunities, which increased the working group's ability to access, synthesize and apply evidence.

A first draft EBP was presented to key stakeholders at a deliberative consultation; they recommended that the EBP should redirect its focus to specifically amending alcohol control legislation. When developing this draft EBP, the working group encountered a range of systemic challenges, such as the weak EIP capacity of institutions, limited reliable local evidence, a lack of cooperation between policy-makers and the research community, and slow coordination between ministries. The EVIPNet Europe Secretariat then provided additional support in the form of close mentorship and coaching from the Knowledge to Policy (K2P) Center in Lebanon. This led to a revised EBP, which was discussed and fully supported by high-level stakeholders at a subsequent PD. As a result, the Parliament changed its alcohol control legislation: beer, which was previously categorized as food, is now legally recognized as an alcohol product. In addition, a unique policy window opened: the Prime Minister prioritized alcohol control activities and requested that the Ministry of Health, Labour and Social Protection and the Ministry of Interior prepare an action plan with immediate interventions directed towards reducing drunk-driving accidents. As a next step, the published EBP and PD report will be presented to Parliament so that all EBP policy options can be taken into consideration for possible legislative implementation. This example demonstrates how EVIPNet Europe membership helped the Republic of Moldova build capacity and increase awareness among key stakeholders of the overall importance of and need to strengthen EIP related to alcohol consumption in the country. The published EBP is now being used to support policy-makers in their endeavours to further strengthen alcohol control policies.

KAZAKHSTAN

The recent prioritization to have an effective health system in national legislation *(19, 20)* provided an opportunity to implement EVIPNet Europe in Kazakhstan. The country team began this process by conducting an SA in close collaboration with both the WHO Country Office in Kazakhstan and the WHO EVIPNet Europe Secretariat. The SA was conducted according to the EVIPNet Europe SA manual (*21*) and included: official publications, such as programme and strategic documents, reports, and data from the official websites of state authorities; results of a survey of key stakeholders; and semi-structured interviews with national EIP actors. The SA found that select mechanisms, such as a health technology assessment, national health information system and a national drug form, are being used to foster the use of evidence within the health system. Examples of EIP approaches currently being implemented in the country include: PDs between health researchers and policy-makers; the preparation of policy briefs; and workshops and round tables for researchers and public health workers aimed at emphasizing the importance of positively impacting health policy. Political support and commitment exist, and capable actors can be included in the KTP operation. The SA also found that EIP is not sufficiently embedded in the Kazakh national health system, and that many promising KT tools have not yet been implemented.

Here, the EVIPNet Europe Secretariat supported the country team in identifying its local needs, which helped it to develop a comprehensive roadmap for strengthening and institutionalizing EIP and soliciting the required political commitment and support. EVIPNet membership and tools, such as the EVIPNet Europe SA manual (*21*), benefited Kazakhstan with regards to identifying the policy context needed to institutionalize EIP. As a result, the country team can work to strategically develop and further institutionalize EVIPNet Europe by creating the KTP and scaling-up KT capacity-building efforts throughout the country. Key planned activities include appointing national team leaders to support and promote national KT efforts, and building relevant KT structures by establishing a multisectoral and multidisciplinary KTP, hosted by a consortium comprised of the Republican Center for Health Development and medical universities.

HUNGARY

To assess the EIP context and gain support for implementing EVIPNet Europe, Hungary also started by conducting an SA on its current use of EIP *(22)*. Developing the SA was a collaborative process that involved a variety of stakeholders, such as researchers, policy-makers, mid-level managers and policy analysts. With the support of the EVIPNet Europe Secretariat,

the country team used the findings from the SA to identify two options for creating context-specific EIP structures. These involved creating a KTP either as:

1. an independent policy research unit hosted by an existing government agency overseen by the State Secretariat for Health Care; or as
2. a broader platform to facilitate the existing network of professional advisory boards of the State Secretariat for Health Care, currently operating in 60 clinical and one health policy fields supported by a KTP office placed in an existing government agency.

As recommended by EVIPNet Europe, the SA was shared with high-level health experts and managers with a view to identifying policy priorities, validating the SA findings and obtaining consensus on the organizational structure of the KTP.

The main outputs were: (i) identifying antimicrobial resistance (AMR) as a priority issue for KT; and (ii) testing option 2 – creating a KTP strategically located in, and for use by, the professional advisory boards and operationally backed by the National Healthcare Service Centre, a government agency. This option enabled the EVIPNet Europe country team to continue working on KT as an operative branch of the KTP: for example, by preparing an EBP on AMR and organizing a PD to discuss the EBP recommendations (*23*). Creating the KTP within an existing, well-functioning institution was beneficial for maximizing KT capacity and sustainability, and for enabling stakeholders to consult policy-makers and health professionals at the central and local levels.

The Hungarian experience demonstrates the importance of collaborative and partnership opportunities, one of the key predictors of overcoming the research–policy divide. Hungary's example shows how EVIPNet Europe membership and tools helped the country team to raise awareness, solicit buy-in from key stakeholders and establish strong links and exchanges between the researchers and policy-makers.

ESTONIA

Rather than first conducting an SA, Estonia chose to begin implementing EVIPNet Europe by developing an EBP *(24)*. With their understanding of the local context, the country team determined that a technical product would more effectively demonstrate the need for EVIPNet Europe and thereby garner assistance from the Secretariat to build EIP structures *(25)*. Based on the identified local needs, the team decided to focus on the consumption of sugar-sweetened beverages. A multi-stakeholder team of researchers and policy-makers was then convened to develop the EBP. Technical assistance and distance coaching were provided by: a peer EVIPNet team from Chile with substantial expertise in EBP development; the WHO Country Office; the EVIPNet Europe Secretariat; as well as staff from the Nutrition, Physical Activity and Obesity Programme at the WHO Regional Office for Europe.

As a first step, the country team searched for systematic literature reviews, as recommended by the peer EVIPNet team. The reviews were assessed for quality and their key findings were extracted and synthesized; data from the reviews were complemented with local studies. This resulted in the identification of four context-specific EIP options: (i) regulation of food advertising; (ii) labelling of sugar-sweetened beverages and raising awareness about their detrimental effects on health; (iii) school interventions and nutrition policies; and (iv) taxing sugar-sweetened beverages, subsidizing other food groups and/or substituting alternative beverages.

All four EBP options have since influenced Estonian policy processes. For example, the Parliament proposed legislation in 2017 to introduce a tax on non-alcoholic, sweetened beverages, but the President did not announce it. Two other EBP policy options – the regulation of advertising and beverage labelling/raising awareness – were also included in a governmental policy paper on nutrition and physical activity, and which should be adopted by the government in 2018 *(26)*. Finally, school-based intervention is expected to be integrated into the country's Public Health Act.

The Estonian approach to implementing EVIPNet Europe, with assistance from the EVIPNet Europe Secretariat and its partners, demonstrates that KT mechanisms – namely, the EBP and PD – help to strengthen the capacities of policy-makers to demand, appraise and use research evidence, while developing the researchers' knowledge about policy realities and their ability to provide timely, appropriate support. Furthermore, providing policy-makers with a synthesis of the best available research evidence – namely, the EBP – supports decision-making and participatory policy processes. In the Estonian example, a proof of concept increased stakeholder interest and enabled a commitment to maintaining and institutionalizing KT mechanisms. By starting to implement EVIPNet Europe through the development of an EBP rather than conducting an SA, Estonia's approach ultimately helped cement the perceived need among key stakeholders to establish sustainable policy-support structures that deliver the best available evidence in a user-friendly format for decision-making.

POLAND

As reported by the country team, Poland lacks a consistent, system-wide approach to primary health care. The Polish government's development of new legislation in 2016 to improve primary health care presented an opportunity to demonstrate to policy-makers the value of EVIPNet Europe and its KT tools for EIP. Similar to Estonia, Poland chose to begin implementing EVIPNet Europe by developing an EBP and related PD rather than conducting an SA. With guidance from the EVIPNet Europe Secretariat and the former coordinator of EVIPNet Global, a multidisciplinary team was created to develop an EBP on improving primary health care. As proposed in the EBP, the three policy options for improving primary health care were to:

1. develop a list of indicators for measuring the effectiveness of general practitioners;
2. modify how general practitioners are remunerated to include target-based incentives; or
3. promote the use of primary health care guidelines for disease prevention, health promotion, health education and disease treatment.

Poland's EBP presented the best available research evidence to promote quality in primary health care. The EBP was discussed at a deliberative PD that included all relevant national stakeholders, including decision-makers, practitioners and researchers. By creating a forum for exchanging views, the PD complemented the EBP's findings about the tacit knowledge of key stakeholders. Stakeholders were informed that the solutions identified in the PD would be used to support the ongoing development of Poland's Primary Health Care Legal Act, which was passed by the Polish Parliament in October 2017 *(27)*.

For Poland, being a member of EVIPNet Europe and utilizing its KT mechanisms allowed the country team to demonstrate research validity through the EBP's high quality of academic work, which ultimately catalysed decision-making. The EBP

DISCUSSION

This case study reports the experiences of five countries in implementing EVIPNet Europe at different stages of the EVIPNet Europe action pathway, and highlights how EVIPNet membership helps to strengthen national policy-making overall. As described by representatives from each country, the benefits of EVIPNet Europe membership included opportunities for knowledge-sharing and networking, capacity-building via skills training, supporting the establishment of multi-sectoral collaborations and partnerships, and encouraging autonomy in the implementation process. The specific approaches adopted by each of the countries arose from their individual policy contexts and varying support from local policy-makers.

While the EVIPNet Europe Secretariat had outlined a clear pathway for change and actions to be implemented by each EVIPNet Europe member, some countries took a different approach. Hungary, Kazakhstan and the Republic of Moldova conducted, as a first step, an SA of their national EIP context with an aim to institutionalize EIP structures, focused on capacity-building, identifying needs, and collaborating across the research-policy divide. Estonia and Poland took a more technical approach by first applying EBPs and PDs to garner support for EIP, and a prerequisite in these countries was to first demonstrate a proof of concept before conducting an SA and institutionalizing EIP efforts. As the WHO European Region is diverse in terms of cultures, history and development, there is a need to consider local factors and capabilities, rather than imposing blueprint approaches, when rolling out an initiative such as EVIPNet Europe.

This case study shows that EVIPNet Europe membership improved national policy-making processes in all five countries. In particular, EVIPNet Europe tools enabled the development of more participatory and inclusive policy processes that use whole-of-society/whole-of-government approaches, which in