Introduction

EVIPNet Europe is a WHO Regional Office for Europe initiative that aims to increase country capacity in developing health policies informed by the best available research evidence – in line with and in support of Health 2020 implementation (1). EVIPNet Europe institutionalizes knowledge translation – the process of fostering research use in policy-making – through the establishment of national country teams to plan and implement knowledge translation at country level. This summary describes a stakeholder consultation organized to consider findings from a situation analysis (SA) conducted in Slovenia to assess the national knowledge translation context and identify possible options for establishing a future country team.

The stakeholder consultation: Slovenia as a pioneer

As a pioneer member of EVIPNet Europe, Slovenia conducted a high-level stakeholder meeting and a related technical workshop to familiarize key stakeholders with EVIPNet, validate and endorse the findings of the SA and discuss the establishment of the future country team. While the stakeholder meeting comprised a wide group of high-level individuals ranging from stakeholders from the National Institute of Public Health, the University of Ljubljana, the Faculty of Health Care Jesenice, the Health Insurance Institute and the Ministry of Health, the technical workshop consisted of a small group of key stakeholders. Presentations provided the participants with the relevant conceptual background information to understand EVIPNet, its mandate and Slovenia’s involvement in the network. Moreover, the Belgian Health Care Knowledge Centre and the BRIDGE study (2) were presented.

What is the EVIPNet Europe’s SA?

With the SA, EVIPNet aims to (i) support countries in identifying the organizational and operational niche of the future country team, and (ii) provide additional information on the national evidence-informed policy-making (EIP) context (guided by the EVIPNet Europe SA Manual). The EVIPNet Europe National Champions Mircha Poldrugovac and Polonca Truden Dobrin from the National Institute of Public Health conducted the analysis in collaboration with the WHO Secretariat of EVIPNet Europe.

Findings of the SA

Slovenia has had successes in closing the research-to-policy gap (e.g. research projects on food and nutrition used to draft national strategy). These efforts are, however, fragmented and communication between stakeholders is often ineffective and leadership lacking. Opportunities through the future country team include (i) increasing support for the country’s health reform agenda by making use of the tools and abiding to the values central to the country team, (ii) improving the integration of policy-making activities and a systemic approach to stakeholder involvement, and (iii) providing a platform to discuss innovations and evidence-informed solutions in public health. Assuring sufficient human and financial resources for the country team in an austerity-driven environment evolved as one of the main challenges in the SA.
The future country team as a network of partners hosted at an existing organization

Based on the findings of the SA, three options related to the future form and function of the country team were identified: (i) the country team as a network, (ii) hosting the country team in an independent public agency, or (iii) embedding the country team in an existing organization. None of the three options were considered fully feasible for several reasons, such as the financial, political or overall sustainability issues that could hinder the country team establishment. The discussions led to a new, fourth option to fully utilize the future country team’s potential: to establish the country team as a network of multidisciplinary partners hosted at an existing organization.

There were several advantages of this new option, including building on the expertise of an alliance of existing organizations, sharing responsibility, ensuring coordinated action, reaching synergetic effects, being located at an independent organization with dedicated staff and a leader and involving stakeholders directly in the governance of the country team. Disadvantages included the hosting organization’s fear of an additional administrative burden, demands from lack of human resources and legal challenges. Stakeholders outside the hosting organization might lack trust towards the host, fearing hierarchical relationships between stakeholders involved and the potential for political influence on the team by the hosting organization.

Outputs of the stakeholder consultation

The findings of the SA were validated and endorsed, and remaining gaps identified. The SA demonstrated the need to identify and implement innovative processes to enhance EIP in Slovenia. A country team was seen as an indispensable player to provide relevant and reliable evidence, particularly in view of the current health system reform process. The country team will likely be launched in autumn 2015, and will likely become a network of multidisciplinary partners hosted at an existing organization in Slovenia.

The way forward for the country team in Slovenia

- The SA will be revised, and an option paper further developed that will be circulated to participants for discussion and endorsement before submission to the Ministry of Health.
- Local stakeholders will determine their future involvement and contribution to the country team.
- A call for interest will be published to identify further country team partners (a short-term alliance could then be built, which would need to prove itself quickly to show an added value).
- Funding proposals for the future financing of the country team will be developed.

References