



POLICY SUMMARY 9 (BRIDGE SERIES)

# Matching form to function: Designing organizational models to support knowledge brokering in European health systems

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This policy brief is one of a new series to meet the needs of policy-makers and health system managers. The aim is to develop key messages to support evidence-informed policy-making and the editors will continue to strengthen the series by working with authors to improve the consideration given to policy options and implementation.

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**John N. Lavis, Nasreen Jessani, Govin Permanand,  
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## Key messages

### What's the problem?

- Most existing organizational models for knowledge brokering comprise a set of design features that reflect an evolving effort, typically by researchers and research organizations, to balance a variety of competing objectives such as independence and relevance. These design features are rarely selected to optimize the match between form, function (knowledge-brokering mechanisms used) and the policy-making context.

### What are the building blocks of organizational models for knowledge brokering?

- Credible, competent knowledge brokers in European health systems will ideally organize themselves so as to: inform policy-making using the best available health systems information; inform the production, packaging and sharing of health systems information based on current and emerging policy-making priorities; and employ (and continuously improve) information-packaging and interactive knowledge-sharing mechanisms that are based on a solid understanding of the policy-making context.
- The BRIDGE criteria can be used to assess an existing or planned organizational model.
  - **How it's governed:** Does it ensure that policy-makers, stakeholders and researchers have and exercise a governance role with transparency and with an objectivity that ensures values and interests do not pre-determine outcomes? Does it have and enforce rules that ensure independence and address conflicts of interest?
  - **How it's managed and staffed:** Does it grant to the director the authority needed to ensure accountability to its knowledge-brokering mandate? Does it ensure an appropriate size, mix and capacity of staff with knowledge-brokering responsibilities?
  - **How its resources are obtained and allocated:** Does it ensure an appropriate size of budget and mix of funding sources for knowledge brokering? Does it have an explicit approach to prioritizing activities and accepting commissions/requests from policy-makers and stakeholders?
  - **How it collaborates:** Is it located within another organization or network that supports its knowledge-brokering activities? Does it collaborate with other organizations in its activities? Does it establish functional linkages with policy-making and stakeholder organizations?

## What are five promising examples of organizational models?

- To encourage others to adopt or adapt design features and organizational models that match form to function and context, we provide examples from five organizations:
  - **Poliitikauuringute Keskus (PRAXIS)**: providing strategic counsel to health policy-makers and promoting public debate about health in Estonia
  - **Observatorio de Salud en Europa**: facilitating integration of European health policies and programmes in the Spanish province of Andalusia
  - **Nasjonalt Kunnskapscenter for Helsetjenesten**: supporting evidence-based quality-improvement initiatives in the Norwegian health system
  - **The King's Fund**: purveying health-care policy ideas and analysis in England
  - **European Observatory on Health Systems and Policies**: enhancing evidence-based policy-making in health systems across Europe
- We also highlight ZonMw, a Dutch organization that funds, steers and engages in knowledge brokering.

## What are the next steps for knowledge-brokering organizational models in Europe?

- Possible next steps include:
  - support for documentation of design features and how they are combined, as well as the lessons learned with different types of organizational model in different contexts;
  - support for networking and collaboration among knowledge-brokering organizations;
  - support for adoption/adaptation of existing design features and organizational models among knowledge-brokering organizations, including training of those engaged in knowledge brokering;
  - further innovation as defined by criteria in Box 5; and
  - ongoing evaluation to assess current and new design features and organizational models.
- Funders, knowledge brokers, policy-makers and stakeholders can all contribute to these next steps.

## Summary

Knowledge-brokering organizations need to match form to function when designing organizational models that will best support well-informed health systems decision-making. Their functions can include a range of information-packaging mechanisms (such as policy briefs) and interactive knowledge-sharing mechanisms (such as policy dialogues), as well as activities that are not knowledge brokering per se (such as the collection and analysis of health systems information). Maintaining a good grasp of the relevant policy-making context and matching knowledge-brokering mechanisms to this context should be considered a key function for any knowledge-brokering organization. Context can mean a range of elements in the national, regional (e.g., European) or sub-national policy-making environment, including policy-making institutions and processes, stakeholder capacities and opportunities for engagement, and research institutions and their activities and outputs.

An organizational model that works well for one organization using a particular set of knowledge-brokering mechanisms in a particular policy-making context may not be appropriate for another organization using different mechanisms in a different context. What is likely to be common across all contexts is that:

- policy-makers need timely access to good-quality health systems information;
- stakeholders may seek to influence health policy as well as make decisions in their sphere of responsibility, so they too need timely access to good-quality health systems information; and
- knowledge brokers (including researchers) need information about policy priorities and the policy context in order to produce, package and share health systems information that will be useful.

An organizational model should ensure that all of these needs are met.

The purpose of this BRIDGE summary is to encourage debate and innovation about the ways in which knowledge-brokering organizations organize themselves in order to increase the likelihood that health systems information will be understood and used by policy-makers and stakeholders. Current thinking about organizational models for knowledge brokering is largely driven by anecdotal information; this document presents real-world insights from research on organizational models, primarily from Europe but drawing on global experience as well.

This summary is intended not only for knowledge brokers whose work is dedicated to this role, but also for funders, researchers, policy-makers and stakeholders, all of whom can help to steer knowledge brokering by setting expectations for this work. While we strive to avoid jargon, a shared understanding of key terminology is important, so we define a number of key terms and concepts in Box 1.

**Box 1: Key concepts and definitions used in this BRIDGE summary**

**Health policy** – A formal statement or procedure within institutions (notably government) that defines priorities and the parameters for action in response to health needs, available resources and other political pressures. ([European Observatory on Health Systems and Policies](#))

**Policy-makers** – The government officials who will be directly involved in decision-making as part of a policy-making process, either as decision-makers themselves (notably politicians) or as advisers working in close proximity to these decision-makers (notably political staffers and civil servants). (BRIDGE)

**Stakeholders** – The individuals and groups who will be involved in or affected by (i.e., who have an interest in) a policy-making process, but not those government officials who will be directly involved in decision-making. The individuals and groups can be drawn from industry, professional associations and patient groups, among others. (Adapted from [European Observatory on Health Systems and Policies](#))

**Health systems information** – Data (on performance and outcomes, among other topics) and research evidence (about policy and programme options to improve performance or achieve better outcomes, among other topics). (BRIDGE)

**Data** – Facts and statistics collected together for reference or analysis. ([Oxford Dictionaries](#))

**Research evidence** – The results of a systematic study of materials and sources in order to establish facts and reach new conclusions. The results could take the form of conceptual frameworks, primary research studies and systematic reviews, among others. (Adapted from [Oxford Dictionaries](#); BRIDGE)

**Knowledge brokering** – Use of information-packaging mechanisms and/or interactive knowledge-sharing mechanisms to bridge policy-makers' and researchers' contexts. Knowledge brokering addresses the four possible explanations for the disjuncture between information and action (which are described in Box 3). (BRIDGE)

**Knowledge broker** – An individual or organization that engages in knowledge brokering. We distinguish between dedicated knowledge brokers (whose work is focused on intermediating between health systems information producers and users) and researchers (who produce health systems information but also have a role in disseminating and supporting its use among various groups). (Adapted from [Canadian Foundation for Healthcare Improvement](#); BRIDGE)

**Organizational models for knowledge brokering** – Features of organizations that are focused at least in part on health systems information and that are intended to support policymaking. These features can relate to: the role of policymakers and stakeholders in governance; rules that ensure independence and address conflicts of interest; authority to ensure accountability to a knowledge-brokering mandate; size, mix and capacity of staff with knowledge-brokering responsibilities; size of budget and mix of funding sources for knowledge brokering; approach to prioritizing activities and accepting commissions/requests; location within another organization or network; collaboration with other organizations; and functional linkages with policymaking and stakeholder organizations. (BRIDGE)

A full glossary of key concepts and definitions used in the BRIDGE study is available in the full BRIDGE volume (Lavis & Catallo, 2013) and the BRIDGE [web pages](#) of the European Observatory on Health Systems and Policies web site.

Empirical research has identified that researchers and policy-makers operate in two different worlds with researchers often not understanding policy-maker needs and policy-makers often not able to readily find and use many sources of health systems information (Lomas, 2007). Knowledge-brokering organizations may be located more in the research world (e.g., a university research centre), more in the policy-making world (e.g., a government strategy unit) or at the interface between the two worlds (e.g., an independent think tank). Moreover, knowledge brokering may be a little or a lot of what an organization does.

Many organizational models for knowledge-brokering organizations appear to reflect an evolving effort by their leaders to respond to the opportunities and challenges they encountered in what they were trying to do and where they were trying to do it. As a result, organizations may not have selected and combined possible design features in a way that optimizes the match between form on the one hand and function and context on the other hand.

In this BRIDGE summary you will find practical lessons learned about design features that warrant consideration in developing or adapting an organizational model for knowledge brokering in European health systems. We highlight a number of contextual factors that may influence the choice or combination of design features in a model and note the advantages and disadvantages of having a diversity of organizational models within and across jurisdictions. We review possible reasons why knowledge-brokering organizations may not be organized in ways that optimize their knowledge brokering, and we present criteria for assessing models – criteria that can serve as a guide to better matching form to function and context. We also describe examples of different models being used across Europe that we hope will serve as a catalyst for you to reflect on the features of models that can optimally support knowledge brokering. Finally, we suggest potential next steps for developing or adapting organizational models for knowledge brokering in Europe.

This is one of three BRIDGE summaries; the other two are:

- BRIDGE Summary 1: Communicating Clearly, which examines information-packaging mechanisms (Lavis, Catallo, Permanand et al., 2013); and
- BRIDGE Summary 2: Learning From One Another, which examines interactive knowledge-sharing mechanisms (Lavis, Catallo, Jessani et al., 2013).

Given their closely linked subjects (e.g., some information products feed into interactive knowledge-sharing activities and both depend on effective organizational models), the summaries inevitably overlap and you will notice some common content.

Two related policy briefs complement the BRIDGE summaries. One policy brief examines how knowledge brokering can be advanced in a country's health

system (Lavis, Permanand, Catallo, BRIDGE study team, 2013). A second policy brief examines more broadly how knowledge brokering can be better supported across European health systems (Lavis, Permanand, Catallo et al., 2013). Both policy briefs present various options for addressing the problems identified in the BRIDGE study.

### ***About the BRIDGE study***

BRIDGE (which stands for Scoping Study of Approaches to **B**rokering Knowledge and **R**esearch **I**nformation to Support the **D**evelopment and **G**overnance of Health Systems in **E**urope) was a two-year project that studied knowledge brokering for health policy-making during 2009–2011. Led by the European Observatory on Health Systems and Policies, the purpose of the study was to map current knowledge-brokering practices in Europe, describe them in the context of what we know and what we don't know about knowledge brokering, and disseminate the findings to different audiences through various events and publications.

In preparing this BRIDGE summary we drew on a framework that we developed and modified over the life of the study, a systematic review of the research literature on what influences the use of health systems information in policy-making, a scoping review of knowledge-brokering mechanisms and models, an assessment of 398 potential knowledge-brokering organizations across 31 countries (the 27 European Union member states and 4 European Free Trade Association member states) and a web site review of 163 organizations deemed eligible (4 of which are global organizations and 17 European-focused), site visits for 28 organizations, and case studies in 4 countries. Our inclusion criteria for the web site review (and hence for the site visits and case studies) meant that we did not include knowledge-brokering organizations that focus primarily on taking political positions or solely on clinical or public health issues (e.g., health technology assessment agencies), or organizations that primarily collect and collate data or that target audiences other than policy-makers within Europe. We did not include organizations that do not put most of their products in the public domain. (Please see the Appendix for additional detail on our inclusion criteria.)

Our discussion of knowledge-brokering organizations and their products and activities reflects the information available during 2009–2010, when we were collecting data for the study. We acknowledge that the organizations have continued to evolve and we encourage readers to explore the web site links provided in this summary.

To learn more about the BRIDGE study, our methods and findings, and other BRIDGE products, please see the full BRIDGE volume (Lavis & Catallo, 2013) and the BRIDGE [web pages](#) of the European Observatory on Health Systems and Policies web site.

## Context

Policy-making within and about health systems occurs at European, national and sub-national levels. Decisions are being made every day across Europe about a range of issues, all of which can be informed by health systems information (European Commission, 2008). Such information reaches the policy-making arena through various means, including knowledge-brokering organizations.

Implicitly or explicitly, a knowledge-brokering organization inevitably develops a form that allows it to undertake its knowledge-brokering functions in a way that fits its policy-making context. A national policy-making context can be considered to be located at the intersection of:

- policy-making institutions and processes;
- stakeholder opportunities and capacities for engagement; and
- research institutions, activities and outputs.

In each of these domains, and more generally, there are particular features of the national policy-making context that can be important to knowledge brokering. These features are outlined in Box 2.

To simplify the presentation of these features, we treat each one in an 'either/or' way (a versus b). The reality, of course, is quite different. Policy-making processes may have elements of decision support driven by both the civil service and political parties. To highlight ways in which each of these features might help or hinder knowledge brokering, we present the either/or options such that the first option is likely to simplify the landscape for a knowledge brokering organization while the second one is likely to complicate it.

For example, a knowledge-brokering organization will probably have a much easier time establishing functional linkages with policy-making organization if it is dealing with a unitary state with centralized decision-making authority, a single-party government, and centralized decision support from a high-capacity civil service with a low turnover rate. The organization can focus on linking with a small number of civil servants. Alternatively, a knowledge-brokering organization will spend a great deal more time and resources to develop and maintain functional linkages with the large number of politicians, political staffers and civil servants the organization would need to engage if it is dealing with a federal state with decentralized decision-making authority within each constituent unit of the federation, and a coalition government that brings together many political parties, which in turn drive decision support within government.

While we focus here on national policy-making contexts, the same points hold true at European and sub-national levels when a knowledge-brokering organization is focused at one of those levels. For example, an organization

**Box 2: Attributes of the national policy-making context that can influence knowledge brokering**

Salient features of **policy-making institutions and processes** could include:

- unitary versus federal state
- centralized versus distributed authority for making decisions about priority problems, policy/programme options and implementation strategies
- single-party versus coalition government
- infrequent versus frequent turnover of the governing party/coalition and leaders in it
- civil service versus political party influence over decision support within government
- centralized versus decentralized decision support within government
- high versus low capacity for policy analysis within the civil service
- low versus high turnover rate within the civil service
- significant versus limited resources to commission support outside the civil service

Salient features of **stakeholder opportunities and capacities for engagement** could include:

- formal, significant versus informal, limited role of stakeholders in policy-making
- high versus low degree of coordination within stakeholder groups
- high versus low autonomy of stakeholder groups from government and from narrow interests within their own memberships
- high versus low capacity for policy analysis within stakeholder groups
- significant versus limited resources to commission support outside the groups

Salient features of **research institutions, activities and outputs** could include:

- small versus large numbers of strong research institutions involved in the production, packaging and sharing of health systems information
- large versus small scale of research institutions
- explicit versus implicit mandate for and resource commitment to knowledge-brokering (not just research) activities and outputs

In addition, **general features** of the national policy-making context could include:

- English (the language of most health systems information) is versus isn't spoken in addition to local languages
- small ('everyone knows each other') versus large size of the population
- high versus low rates of Internet use
- high versus low capacity of local news media for objective reporting

seeking to inform policy-making at the European Union (EU) level must consider the same features described in Box 2 but with a focus on EU policy-making institutions and processes and on stakeholders and research institutions operating at the EU level.

However, even knowledge-brokering organizations focused on national and sub-national levels need to respond to regional and global contexts. An organization's decision to adopt an organizational model tried elsewhere in the region is likely to be influenced by the degree of local support for the diffusion of innovations and policy transfer and by how cooperative or competitive relations are between countries. This decision may also be influenced by the presence or absence of global networks (such as exist with health technology assessment agencies) that promote and support cross-national learning.

From the perspective of a knowledge-brokering organization, the central challenge is to find ways to match its organizational model to its national policy-making context given the specifics of that context, the European policy-making atmosphere in which it operates, and the global milieu in which it is located. The choice of organizational model for knowledge brokering is likely to be very different in a policy-making context like the United Kingdom's – where turnover within the civil service is not linked to elections, many stakeholders actively seek to influence policy-making, a number of strong research institutions are engaged in knowledge brokering, and English is the dominant language – compared to policy-making contexts that share none of these features.

In Box 3 we outline four broad challenges associated with brokering health systems information to support policy-making. An organizational model needs to position the knowledge-brokering organization to address at least some, and possibly all, of these challenges. To foster discussion on the benefits of better knowledge brokering, we suggest in Box 4 what success might look like if new organizational models were developed or if existing organizational models were adapted across Europe to purposefully match form to their knowledge-brokering function and context.

**Box 3: Challenges for knowledge brokering**

Broadly speaking, knowledge brokering to support health systems policies faces four big challenges:

- Health systems information isn't communicated effectively (e.g., policy-makers and stakeholders hear 'noise' instead of 'music' coming from those producing health systems information) (i.e., wrong 'unit' of focus).
- Health systems information isn't available when policy-makers and stakeholders need it and in a form that they can use (i.e., wrong time and wrong packaging).
- Policy-makers and stakeholders lack the capacity to find and use health systems information efficiently and (in some countries) lack mechanisms to prompt them to use health systems information in policy-making.
- Policy-makers and stakeholders lack opportunities to discuss system challenges with researchers.

**Box 4: Success measures for knowledge brokering**

Measures of success in addressing these challenges could include:

- greater use of mechanisms that hold promise (i.e., process measures)
- greater (instrumental or conceptual) use of health systems information in policy-making processes and, arguably, fewer political uses of health systems information (i.e., intermediate outcome measures)
- better decisions within and about health systems
- improved health (although attribution challenges make this very difficult to assess; it may be impossible to prove that a given information-packaging or knowledge-sharing mechanism had an explicit impact on a given policy decision)

**Problem**

The overarching problem with most existing organizational models is that they comprise a set of design features that reflect an evolving effort, typically on the part of researchers and research organizations, to balance a variety of competing objectives, such as independence and relevance, and that are not selected and combined in a way that optimizes the match with the knowledge-brokering mechanisms used and the policy-making context in which health systems decisions are made.

Through the BRIDGE study we documented the various types of organizational model being used by knowledge-brokering organizations across Europe. Drawing on our framework and systematic review (both are presented in the BRIDGE volume, Lavis & Catalo, 2013), we were able to describe a number of challenges with existing models, and we offer some possible explanations for these challenges.

### ***Existing organizational forms are rarely designed for the job***

In the BRIDGE study we found that the most common forms for knowledge-brokering organizations in Europe included:

- university research centre;
- knowledge-brokering unit located within a large national research organization;
- independent think tank;
- research unit located within a policy-making or stakeholder organization; and
- government strategy unit.

While think tanks in some countries may be exceptions, most of these organizational forms are not designed for the purpose of informing health systems policy by mobilizing the best available health systems information. University research centres are typically, first and foremost, in the business of advancing scientific knowledge, not informing policy-making. A government strategy unit is typically skilled in bringing together many different sources of information to inform policy-making, not only or specifically the best available health systems information.

We recognize that these organizational forms can look very different depending on the functions that these organizations choose to employ and the context in which they operate. Indeed, the interplay among form, function and context is probably what has made it so daunting a task to ask questions about which organizational models are likely to work best for which types of organization and in which contexts.

### ***The various features of organizational models share a number of challenges***

Ideally, knowledge-brokering organizations are able to straddle the research and the policy-making arenas, but various aspects of organizational models can limit their ability to leverage this unique position. This can occur when organizations:

- are governed only by researchers and without the input of policy-makers and stakeholders (or without ensuring they all exercise their roles with transparency and with an objectivity that ensures that values and interests do not pre-determine outcomes);
- have a large budget for research and research outputs but a budget for knowledge-brokering activities that is relatively small, focused on information that the organization has produced itself, and drawn from

unstable and undiversified funding sources that may not be operating in an objective manner; and

- have few dedicated knowledge-brokering staff who come from only a few types of background (e.g., research, policy and journalism) and who haven't been provided with the opportunities to fully develop their capacity to fulfill their knowledge-brokering responsibilities, which would include an understanding of policy-making institutions, processes and priorities, stakeholder opportunities and capacities for engagement, and research institutions, activities and outputs, as well as specific skills in the packaging and sharing of health systems information.

In addition, an organization's role as a credible, objective actor that bridges the research and policy worlds can be perceived as compromised when it:

- lacks (or fails to enforce) rules that ensure independence in how health systems information is produced, packaged and shared and that address conflicts of interest;
- does not give the director the authority needed to ensure the accountability of the entire organization to its knowledge-brokering mandate (as distinct from its research mandate); and
- relies heavily on a small number of individuals who are trusted advisers to senior policy-makers and stakeholders.

Moreover, an organization's ability to establish its niche and encourage innovation in knowledge brokering can be hampered when it:

- lacks an explicit approach to prioritizing knowledge-brokering activities in light of current and emerging policy-making priorities and to accepting commissions or requests from policy-makers and stakeholders;
- is located within another organization or network but not one that fully supports its knowledge-brokering activities;
- rarely collaborates with other knowledge-brokering organizations in its knowledge-brokering activities; and
- rarely establishes long-term, functional linkages with policy-making and stakeholder organizations (e.g., rapid-response functions, exchange programmes and other mechanisms to support responsive relations).

More generally, there is a lack of programmatic orientation to knowledge brokering in most organizations and a lack of structured reflection on what is going well and what could be improved.

### ***These challenges may share common roots***

There are a number of possible explanations for the challenges outlined above:

- Funding agencies may be creating the wrong incentives or requirements for organizations to design the model within which they'll work. They may set funding criteria that make university-based centres eligible but not centres located within government (i.e., the criteria implicitly emphasize independence over relevance), or funding criteria may allow support for research staff but not knowledge-brokering staff.
- Researchers may lack knowledge about other organizations that they can learn from or about promising models and design features that they can draw upon. They may also lack the capacity and support to develop and adapt such models.
- Knowledge brokers may be tasked with many roles (e.g., writer, graphic designer, web site programmer, listserv moderator, meeting planner, presenter, workshop facilitator, outreach worker and customer relations manager) and may not have time to reflect on promising models and design features. They may also lack the authority to introduce changes if the organization gives knowledge brokering a lower priority than research.
- Policy-makers and stakeholders may lack knowledge about promising models and design features and/or capacity to request that they be used. Additionally, the organizational culture in which they work may not support engaging in external discussions with knowledge-brokering organizations about potentially sensitive organizational issues.

More generally, there is a lack of monitoring and evaluation of knowledge-brokering organizations and of structured reflections about their strengths and opportunities for improvement. In some settings there may also be a lack of understanding about what constitutes knowledge brokering: producing and disseminating research outputs may be seen as necessities while packaging information specifically for decision-makers and interactive knowledge-sharing activities are seen as luxuries, or simply disseminating research products to policy-makers and key stakeholders may be seen to suffice as knowledge brokering.

In considering these challenges, it can be helpful to understand that policy-making and research are two domains with different goals and incentives, despite their common interest in improving health systems.

- Policy-makers (and health system managers) ideally use data generated by health systems to inform which problems they focus on, which options they choose to address key problems, and which implementation strategies they consider. The goals here may be related to processes

(e.g., more patients seen) or outcomes (e.g., improved health status), and incentives are more often tied to the former than the latter.

- Researchers may use the data generated by health systems or they may collect it themselves, and they do so in the context of research projects that generate the outputs that can be a source of information for health systems. The goals here may be process-related (e.g., more research reports written or more research grants received) or outcome-related (e.g., improved decision-making about health systems), and incentives are again more often tied to the former than the latter.

In thinking about how to improve organizational models for knowledge brokering to support health systems policy-making, a useful first step may be to consider whether existing goals and incentives in these two worlds are aligned with the goals and objectives of knowledge-brokering organizations (the focus of the next section).

### **Building blocks for organizational models**

Based on learnings from the BRIDGE study, we have identified possible design features of organizational models that could facilitate efforts by knowledge-brokering organizations to address the challenges described in the preceding section. These design features can be thought of as criteria to assess existing organizational models, as we did in the BRIDGE study, and as building blocks to create knowledge-brokering models with the potential to support policy-making with the best available health systems information.

This section summarizes our findings and suggests ways in which this thinking might be used. We do not consider these design features the definitive answer to the ideal organizational model; we offer them to promote reflection and spur discussion and debate.

### ***Consider the objectives of knowledge-brokering organizations***

If the goal of knowledge-brokering organizations is to serve as credible, competent and catalytic bridges between researchers and policy-makers, they need to organize themselves so as to:

- inform policy-making in an objective manner using the best health systems information that can be prepared and packaged given time and resource constraints;
- inform the production, packaging and sharing of health systems information in an objective manner and based on current and emerging policy-making priorities; and

- employ and continuously improve information-packaging and interactive knowledge-sharing mechanisms that are based on a solid understanding of all aspects of the national policy-making context, operate in an objective manner, and complement other national, European and global mechanisms.

Many existing organizational models are unlikely to achieve these objectives due to the challenges outlined above.

### ***Refer to the BRIDGE criteria to assess your current organizational model***

With these objectives in mind, we have identified nine criteria that can be used to assess organizational models for knowledge brokering. We group these criteria under four broad headings in Box 5.

Five of these criteria can be linked directly to five of the seven themes that emerged from a multi-method study of organizations that support the use of research evidence (Lavis et al., 2008):

- the second criterion links to the theme of being independent and managing conflicts of interest among those involved in the work;
- the fourth criterion links to the theme of building capacity among those working in the organization;
- the sixth criterion links to the theme of starting small, having a clear audience and scope and addressing important questions;
- the eighth criterion links to the theme of collaborating with other organizations; and
- the ninth criterion links to the theme of establishing strong links with policy-makers and involving stakeholders in the work.

The other two themes don't apply to organizational models per se:

- using good methods and being transparent in the work; and
- being attentive to implementation considerations even if implementation is not a remit.

Whatever your role in the development or adaptation of an organizational model, consider how the organization you work with would fare against these design features. Given the specific objectives of this organization, how would addressing each of these criteria affect the match between form, function and context? Keep in mind that different functions and contexts may warrant giving more weight to some design features than others. Also keep in mind that there are both advantages to having a diversity of organizational models within a given country (e.g., potential complementarities and dynamism) and disadvantages (potential duplication of effort and confusion among policy-makers and stakeholders).

## ***Compare how existing organizational features perform against these criteria***

In order to appreciate the extent to which certain combinations of design features could achieve the various objectives of knowledge-brokering organizations, we assessed the following five types of organizational model against the criteria outlined in Box 5:

1. university research centre;
2. knowledge-brokering unit located within a large national research organization;
3. independent think tank;
4. research unit located within a policy-making or stakeholder organization; and
5. government strategy unit.

### **Box 5: Criteria to assess an organizational model for knowledge brokering**

#### **How it's governed**

1. gives policy-makers, stakeholders and researchers an explicit role in its governance and ensures they exercise their role with transparency and objectivity
2. has and enforces rules that ensure independence in how health systems information is produced, packaged and shared and that address conflicts of interest

#### **How it's managed and staffed**

3. grants the director the authority needed to ensure the accountability of the entire organization to its knowledge-brokering mandate
4. ensures an appropriate size, mix and capacity of staff with knowledge-brokering responsibilities

#### **How its resources are obtained and allocated**

5. ensures an appropriate size of budget and an appropriate mix of funding sources for knowledge-brokering activities (e.g., contributions from regional and national policy-making authorities, competitively tendered awards and an endowment)
6. has an explicit approach to prioritizing knowledge-brokering activities and accepting commissions or requests from policy-makers and stakeholders

#### **How it collaborates**

7. is located within another organization or network that supports its knowledge-brokering activities
8. collaborates with other knowledge-brokering organizations in its knowledge-brokering activities
9. establishes functional linkages with policy-making and stakeholder organizations (e.g., rapid-response functions, exchange programmes and other mechanisms to support responsive relations)

Note that the official status of an organization, such as whether it is a private not-for-profit or quasi-NGO (not a for-profit or public organization), could also be germane. However, the impacts of this status are likely to be felt through the other criteria, so we have not included it as a BRIDGE criterion.

Table 1 summarizes what we found, with an X indicating that most examples we examined for a given model (1–5) met the criterion. Only two models met more than two of the nine criteria, namely independent think tanks and government strategy units.

**Table 1: An assessment of organizational models against the BRIDGE criteria**

Criteria	Organizational models				
	1	2	3	4	5
How it's governed					
1. gives policy-makers and stakeholders a transparent, objective governance role		X			
2. has and enforces rules about independence and conflicts of interest	X		X		
How it's managed and staffed					
3. grants authority to director to ensure accountability to brokering mandate		X	X		X
4. ensures appropriate size, mix and capacity of knowledge-brokering staff			X		X
How its resources are allocated					
5. ensures an appropriate budget for knowledge brokering			X		
6. has an explicit approach to prioritizing knowledge-brokering activities			X		X
How it collaborates					
7. is located within an organization that supports its brokering activities				X	X
8. collaborates with other knowledge-brokering organizations					X
9. establishes functional linkages with policy-making and stakeholder organizations				X	X

Our assessments are based on many real-world examples of each type of organizational model from across Europe (see Box 6 for more on our methods). In some cases, we found innovative organizations that met the criteria in creative ways and embodied different combinations of features. In the next section, we profile five promising examples and, based on the BRIDGE research, describe their strengths and suggest ways they could be further improved.

#### **Box 6: How did we assess BRIDGE data against these criteria?**

- Data for 163 eligible knowledge-brokering organizations in 31 countries were collected through a web site review followed by an in-depth site visit for a sample of 28 organizations.
- Criteria to assess the eligibility of the organization for the BRIDGE study are found in the Appendix.
- To assess innovativeness in organizational models for knowledge brokering, each model was reviewed against the criteria in Box 5. The review was conducted by one BRIDGE study team member for all 163 organizations and by two BRIDGE study team members for the 28 organizations that were the focus of site visits. Differences between the two assessors were resolved through discussion. A third BRIDGE team member was consulted for a final decision when the two assessors could not obtain agreement.

## Five promising examples that others could adopt or adapt

We have identified five organizational models that meet many of the BRIDGE criteria outlined in Box 5. One model is drawn from each of four sub-regions within Europe and the fifth is focused on Europe as a whole. Each is a unique model that has evolved as a result of the constraints and opportunities of its specific context. For each type of model, we provide:

- a description of the context in which the knowledge-brokering organization operates;
- a description of the type of model the organization has adopted and the mechanisms it uses for knowledge-brokering functions, with links so the organization can be explored;
- an assessment of the strengths of the model's features, based on how well they meet the criteria in Box 5; and
- an assessment of how the model might be improved so that it meets more of the applicable criteria.

We also briefly describe one special case: an organization that funds, steers and engages in knowledge brokering.

Our aim here is not to say that these are unquestionably the best models or examples of models. It is far too early in the generation of evidence about organizational models of knowledge brokering to make such a bold statement. Instead we hope to encourage others to adopt or adapt these models and rigorously evaluate them because we believe that they meet at least some of the criteria we consider to be important in an organizational model for knowledge brokering. Our aim is also to spark the creation of new organizational models that meet some of the same or even different criteria.

It is important to note that the profiled organizations emphasize their knowledge-brokering function and therefore embody a diversity of elements that are addressed in all three BRIDGE summaries. Here we focus on their organizational model; however, readers interested in their specific approaches to knowledge brokering may find an innovative example of their information-packaging and interactive knowledge-sharing mechanisms described in detail in BRIDGE Summary 1 and BRIDGE Summary 2, respectively.

### ***1) Poliitikauuringute Keskus (PRAXIS): providing strategic counsel to health policy-makers and promoting public debate about health in Estonia***

Estonia, ruled by a coalition government, is one of the 27 member states that comprise the European Union (EU). Estonian is the predominant language, with up to 30% of the population also speaking Russian. Interviews during the

PRAXIS site visit suggested that Estonian policy-makers prefer to receive their health systems information by way of reports and through in-person discussions with experts. It was also reported that the consensus-building nature of national politics lends itself to encouraging greater civic engagement. As the public voice becomes an increasingly important part of Estonian politics, the emergence of institutions such as think tanks has the potential to play an important role. In the context of knowledge brokering they can serve as an autonomous platform for linking research and policy.

One such organization is [Poliitikauringute Keskus \(PRAXIS\)/Centre for Policy Studies \(PRAXIS\)](#), a not-for-profit think tank whose mandate is to enhance policy-making in Estonia through the use of health systems information and by facilitating the active participation of those who may be affected by such policies. PRAXIS creates a variety of information products (e.g., policy briefs, podcasts), and we describe their policy dialogue report series in BRIDGE Summary 1. The organization also uses a variety of interactive knowledge-sharing mechanisms (e.g., blogs, ad hoc seminars and workshops for politicians and senior civil servants, and policy dialogue-like events with youth); we feature the PRAXIS blog as an example of an online discussion forum in BRIDGE Summary 2.

PRAXIS, like many other think tanks, demonstrates a number of key strengths:

- has and enforces rules about independence and conflicts of interest (with one feature of this being that it publishes everything in the public domain);
- grants authority to the director to ensure accountability to its knowledge-brokering mandate;
- has an explicit approach to prioritizing knowledge-brokering activities;
- is located within networks (if not within another organization) that supports its knowledge-brokering activities, including the Health Policy Monitor group, which maintains a one-stop shop of lessons learned from health-care reforms in participating high-income countries; and
- establishes functional linkages with target audiences (and its web site lists its partners and target audiences and both describes and offers opportunities for their engagement).

PRAXIS itself has identified a number of improvements it would like to make to its organizational model which reflect the BRIDGE criteria:

- giving policy-makers and stakeholders a transparent, objective governance role;
- ensuring an appropriate size, mix and capacity of staff with knowledge-brokering responsibilities (most staff are researchers who also perform some knowledge-brokering activities);

- ensuring an appropriate budget for knowledge brokering (as with most think tanks that operate without an endowment, both its research and its knowledge-brokering functions are dependent on a series of one-off grants that are more likely to emphasize research over knowledge brokering); and
- collaborating with other knowledge-brokering organizations (although as a member of several EU project teams, its contact with other organizations is more focused around research).

These areas can also be considered by other think tanks and organizations with a similar organizational model.

Another interesting organizational model being used in another newer EU member state is [Egészségügyi Menedzserképző Központ, Semmelweis Egyetem/Health Services Management Training Centre, Semmelweis University](#) in Hungary. This organization has well-established functional linkages with its target audiences (many of whom are graduates of its training programme), ensures an appropriate budget for knowledge brokering (most of which is focused on training) through tuition fees and a variety of grants, is located with a university that supports its training, and collaborates with other knowledge-brokering organizations in the Czech Republic and Republic of Slovakia, among others.

## ***2) Observatorio de Salud en Europa: facilitating integration of European health policies and programmes in the Spanish province of Andalusia***

Spain is governed under federal rule with a high degree of decentralization and civil-service turnover every four years when the government changes. Decentralization means that many important decisions about health systems are made by provincial government. Interviews during the site visit suggested that civil-service turnover means that institutional memory and linkages to regional and international organizations are easily lost to a knowledge-brokering organization located within government. Spanish is the dominant language, although several regional languages (such as Basque and Catalan) are officially recognized nationally and serve as the official language provincially.

The [Observatorio de Salud en Europa \(OSE\)](#)/Observatory of Health, which is located within the [Escuela Andaluza de Salud Pública \(EASP\)](#)/Andalusian School of Public Health, is responsible for obtaining and disseminating information on EU policies, programmes and decisions that may affect the province of Andalusia's public health system and for developing strategies and activities in response, particularly to facilitate their integration with provincial policies and programmes. Its focus has been more on learning from European-level health

systems information what needs to be done in the Andalusian context, and less on sharing local health systems information at the regional level.

The Observatorio de Salud en Europa:

- gives policy-makers and stakeholders an objective governance role (which is particularly interesting given that the organization is located within an academic institution, where this kind of external contribution is not the norm);
- has and enforces rules about independence and conflicts of interest;
- grants authority to the director to ensure accountability to its knowledge-brokering mandate;
- is located within another organization or network that supports its knowledge-brokering activities (in this case, the Escuela Andaluza de Salud Pública (EASP)/Andalusian School of Public Health);
- collaborates with other knowledge-brokering organizations, such as those located within other regional health authorities (either directly or through EASP), national organizations (e.g., Sociedad Española de Salud Pública y Administración Sanitaria (SESPAS)/Spanish Society of Public Health and Health Administration and the national health ministry), and regional organizations (e.g., European Observatory on Health Systems and Policies); and
- establishes functional linkages with policy-making and stakeholder organizations.

The organization does not fully meet three of the BRIDGE criteria:

- does not ensure an appropriate size, mix and capacity of knowledge-brokering staff (it functions with only one staff member and one part-time administrative staff member, which makes it vulnerable to these individuals leaving);
- does not ensure an appropriate budget for knowledge brokering (funding is diversified in coming from the Andalusian health authority, a local health research fund, and MSD Pharma; however, the funding from MSD Pharma has the potential to introduce complications when OSE addresses pharmaceutical issues); and
- does not have an explicit approach to prioritizing knowledge brokering (and its priorities are subject to change at the discretion of the EASP director).

However, the organization's staff indicated during our site visit that they do not necessarily see these as limitations.

Another service-oriented Spanish institute located within a university structure is the [Instituto Universitario Avedis Donabedian/Avedis Donabedian University Institute](#). It is an independent not-for-profit organization engaged in both the production and dissemination of knowledge and in supporting its use, with a particular focus on three domains: 1) effectiveness of quality improvement methods; 2) quality improvement in long-term care, mental health care and social care; and 3) patient safety.

### **3) *Nasjonalt Kunnskapscenter for Helsetjenesten: supporting evidence-based quality-improvement initiatives in the Norwegian health system***

Norway embodies the principles of consultative political processes and encourages civic engagement. Site visit interviews indicated that the general culture of transparency and flat (non-hierarchical) structures, where discussion and debate are considered healthy, is mirrored by a scientific culture which places a high value on rigour and transparency. Norwegian is the predominant language; however, there is a high level of English literacy.

In 2004, in response to a perceived need to strengthen the knowledge base for professional decision-making in health services in Norway, three entities merged to create the [Nasjonalt Kunnskapscenter for Helsetjenesten/Norwegian Knowledge Centre for the Health Services \(NOKC\)](#). (The organizations that merged included the health technology assessment agency, the health services research foundation and the former division of knowledge management in the Directorate of Health and Social Affairs, a semi-independent unit that provides analytical support to both the Ministry of Health and Care Services and the Ministry of Labour and Social Affairs.)

NOKC has remained quite focused on clinical issues but it has begun to address health system concerns. For example, the organization has begun a series of policy briefs, one of the innovative types of information-packaging mechanism highlighted in BRIDGE Summary 1, and it conducts training workshops on evidence-based policy-making, one of the innovative types of interactive knowledge-sharing mechanism featured in BRIDGE Summary 2.

NOKC is a scientifically, politically and administratively independent body that:

- gives policy-makers and stakeholders a transparent, objective governance role, although this is complicated by having the Directorate as its official client (i.e., who it reports to) but the broader Ministry of Health and Care Services as its true client (i.e., who it really serves) for its policy-oriented work;
- has and enforces rules about independence and conflicts of interest;
- grants authority to the director to ensure accountability to its knowledge-brokering mandate;

- is actively involved in (and in some cases hosts the secretariats of) networks that support its knowledge-brokering activities, including the Campbell Collaboration, the Cochrane Collaboration, Guidelines International Network, and Health Technology Assessment International, among others;
- collaborates with other knowledge-brokering organizations, both within the country and outside it; and
- establishes functional linkages with policy-making and stakeholder organizations.

On the other hand, NOKC:

- does not ensure an appropriate size, mix and capacity of knowledge-brokering staff relative to its scale (with the majority of staff being researchers and clinicians, a smaller number serving as administrators, and very few dedicated knowledge brokers);
- does not ensure an appropriately diversified budget for knowledge brokering, with near-complete budgetary dependence on the Norwegian government; and
- does not have an explicit approach to prioritizing knowledge brokering.

However, the organization's staff indicated during our site visit that they do not necessarily see the lack of a diversified budget as a limitation but rather as a strength because it ensures government 'buy in'. At the same time, NOKC's rules about independence and conflicts of interest ensure that the government cannot interfere politically in its work.

Another interesting organizational model in the Nordic sub-region, and also born as a result of a merger, is the [Terveystieteiden tutkimuskeskus \(THL\)/ National Institute for Health and Welfare](#). This very large Finnish institute is formally a governmental organization, subordinate to the Ministry of Social Affairs and Health. Although it is located within government, THL's independence is assured through its own legislation and regulations. It has no power to make or direct policy and instead uses its influence to inform decision-making across a broad range of domains, only one of which is the health system. The organization's personalized briefings on health policy issues are described in BRIDGE Summary 2 as an example of an innovative type of knowledge-sharing mechanism.

#### **4) *The King's Fund: purveying health-care policy ideas and analysis in England***

Decision-making within and about the health system in England is quite centralized, making the role of the government critical to health policy developments. The language of communication is exclusively English and the

health sector functions in an environment dominated by the public provision of services through the National Health Service (NHS). Our site visits indicated that England has an active civil society comprising numerous professional organizations, research institutions and foundations that seek to influence policy.

[The King's Fund](#) is an example of a foundation that, independently of government, serves as a resource to parliamentarians and provides impartial analysis on health and social developments. One of this organization's many activities, its online briefing series, is described as an example of one type of innovative interactive knowledge-sharing mechanism in BRIDGE Summary 2. By virtue of its charter (first established in 1907 and renewed in 2009), The King's Fund focuses on local issues rather than international concerns. Its large financial endowment gives it the flexibility to set its own agenda.

The King's Fund:

- has and enforces rules about independence and conflicts of interest;
- grants authority to the director (in this case, the chief executive) to ensure accountability to its knowledge-brokering mandate;
- ensures an appropriate size, mix and capacity of knowledge-brokering staff (albeit one that emphasizes journalism backgrounds over other skills and experience that are potentially equally relevant);
- ensures an appropriate budget for knowledge brokering;
- has an explicit approach to prioritizing knowledge brokering; and
- establishes functional linkages with policy-making and stakeholder organizations (such as through its summits and breakfast events).

On the other hand, The King's Fund:

- does not give policy-makers and stakeholders a governance role (although its trustees include individuals with past experience working as policy-makers or stakeholders);
- is not located within another organization or network that supports its knowledge-brokering activities (as, for example, the [Service Delivery and Organisation Network](#), a component of England's National Institute for Health Research (NIHR) Service Delivery and Organisation programme, was located within the NHS Confederation, giving the network the ability to leverage the NHS Confederation's very close connections to National Health Service managers in England); and
- does not typically collaborate in a systematic way with other knowledge-brokering organizations although it does work with other organizations on select issues.

Staff of The King's Fund indicated during the site visit that these design features may make sense for an organization with its own real estate, a generous endowment and a charter that precludes actions that might be seen to affect its objectivity in any way.

The [Federaal Kenniscentrum voor de Gezondheidszorg \(KCE\)/Centre fédéral d'expertise des soins de santé \(KCE\)/Belgian Health Care Knowledge Centre \(KCE\)](#) is another interesting organization working in western Europe. KCE gives policy-makers and stakeholders a governance role and has developed a clear separation between the scientific aspects of its reports and the recommendations that reflect the contributions of the diverse members of its governing board. KCE's executive summaries of its reports are featured in BRIDGE Summary 1 as an example of an innovative type of information-packaging mechanism.

### ***5) European Observatory on Health Systems and Policies: enhancing evidence-based policy-making in health systems across Europe***

The EU comprises 27 countries whereas the World Health Organization defines the European region as comprising 53 countries. In either grouping, European countries vary dramatically in terms of their national policy-making context. Moreover, some countries enjoy strong inter-country relations that foster collaboration, while others are engaged in more competitive relationships. The EU's overarching governance structure gives rise to the need for a regional body to meet the demands of regional health systems information and policy-making. The standard-setting and technical-cooperation functions of the World Health Organization give rise to similar needs but for more than twice the number of countries.

The [European Observatory on Health Systems and Policies](#) (the Observatory) has evolved to fulfill this need. It is a partnership between the World Health Organization Regional Office for Europe and the governments of Belgium, Finland, Ireland, the Netherlands, Norway, Slovenia, Spain, Sweden, the Veneto Region of Italy, the European Commission, the European Investment Bank, the World Bank, UNCAM (French National Union of Health Insurance Funds), the London School of Economics and Political Science (LSE), and the London School of Hygiene & Tropical Medicine (LSHTM). The Observatory's secretariat is based in Brussels and has offices in London and Berlin. We describe the policy briefs co-produced by the Observatory and the Health Evidence Network (HEN), European Regional Office, World Health Organization in BRIDGE Summary 1 as an example of an innovative type of information product. We also describe the Observatory's policy dialogue series in BRIDGE Summary 2 as an example of an innovative type of interactive knowledge-sharing mechanism.

The Observatory:

- gives policy-makers and stakeholders an objective governance role;
- has and enforces rules about independence and conflicts of interest;
- grants authority to the director to ensure accountability to its knowledge-brokering mandate;
- ensures an appropriate budget for knowledge brokering, with the sources ranging from contributions from partners and competitively awarded grants to negotiated agreements for particular information products and knowledge-sharing activities;
- is located within (or, more accurately, hosted by) another organization that supports its knowledge-brokering activities, namely the World Health Organization Regional Office for Europe;
- collaborates with other knowledge-brokering organizations across Europe; and
- establishes functional linkages with policy-making and stakeholder organizations (including through the members of its partnership).

On the other hand, the Observatory:

- does not appear to ensure an appropriate size, mix and capacity of knowledge-brokering staff (there is only one staff member dedicated to its interactive knowledge-sharing mechanisms; however, its director and many researchers involved with the Observatory are engaged in this function as well); and
- does not have an explicit approach to prioritizing knowledge brokering.

### ***A special case – ZonMw: funding, steering and engaging in Dutch knowledge-brokering activities***

Knowledge-brokering activities require appropriate budgets. These can come from various sources but, as mentioned earlier, may not be earmarked for knowledge-brokering activities. [Organisatie voor gezondheidsonderzoek en zorginnovatie \(ZonMw\)/Organization for Health Research and Development \(ZonMw\)](#) is a unique example of a funder that not only steers knowledge-brokering organizations through its funding allocations but also acts as a knowledge broker itself (although the organization uses the term 'implementation' rather than 'knowledge brokering').

Based in the Netherlands, ZonMw is financed by the Ministry of Health, Welfare and Sport and the Ministry of Education and interacts with a health

system that is privately funded and privately delivered. In its own knowledge-brokering work, ZonMw employs a broad mix of information-packaging mechanisms and interactive knowledge-sharing mechanisms that are designed to support policy-making. (In BRIDGE Summary 1, we feature its ‘quickscan’ series, a thematically focused compendium of summaries, as an example of an innovative information product.) It also requires those who receive funding from the organization to engage in a variety of knowledge-brokering activities and it funds them for this work. As it looks to the future, ZonMw continues to undertake a coordination role and explore new knowledge-brokering innovations.

ZonMw:

- gives stakeholders (in this case, health-care providers and researchers), but not policy-makers, an objective governance role (although the director of ZonMw does report to the Ministry of Health, Welfare and Sport);
- has and enforces rules about independence and conflicts of interest;
- grants authority to the director to ensure accountability to its knowledge-brokering mandate;
- ensures an appropriate size, mix and capacity of knowledge-brokering staff;
- has an explicit (and dynamic) approach to prioritizing knowledge brokering;
- is effectively located within another organization that supports its knowledge-brokering activities, namely the Ministry of Health, Welfare and Sport, given its funding and reporting relationship, although as an independent agency it is housed in a separate building;
- collaborates closely with other knowledge-brokering organizations throughout the country; and
- establishes functional linkages with policy-making and stakeholder organizations.

The organization has an appropriate size of budget for knowledge-brokering activities (indeed, it would be the envy of many countries), although the budget is not diversified in that it comes entirely from the Dutch government. As with NOKC, the organization’s staff appreciate the government ‘buy in’ that this arrangement provides while also feeling confident that its rules about independence and conflicts of interest ensure that the government cannot interfere politically in its work.

## Next steps within Europe

Possible next steps to support continuous improvements in the design or redesign of organizational models for knowledge brokering include:

- support for documentation of design features and how they are combined, as well as the lessons learned with different types of organizational model in different contexts;
- support for networking and collaboration among knowledge-brokering organizations (sub-regional, European), which could begin with conferences that bring together a nascent community of knowledge brokers who can showcase their own organizational innovations and learn from one another;
- support for adoption/adaptation of existing design features and organizational models among knowledge-brokering organizations, including training of those engaged in knowledge brokering;
- further innovation as defined by the criteria in Box 5; and
- ongoing evaluation to assess current and new design features and organizational models.

Funders, knowledge brokers, policy-makers and stakeholders can all contribute to these next steps.

- Funders can fund or directly undertake the documentation of design features and lessons learned, fund or create learning/sharing opportunities for knowledge-brokering organizations (e.g., conferences), innovate in the development and adaptation of their own organizational models, and fund both formative and summative evaluations.
- Knowledge-brokering organizations can contribute to the documentation of design features and lessons learned, participate in learning/sharing opportunities, innovate in their own organizational models, and participate in evaluations of their organizational models.
- Researchers could assist these knowledge-brokering organizations by participating in discussions about tensions between a research mandate and a knowledge-brokering mandate and how these tensions can be addressed. A subset of researchers with particular interests in knowledge brokering could lead evaluations of organizational models.
- Policy-makers can learn about what expectations to set for knowledge-brokering organizations through learning/sharing opportunities, communicate their expectations about these organizations, and participate in evaluations.

In addition to national action on these next steps, the clearest opportunities to add value through European action are in support for documentation and for evaluation, as well as in funding learning/sharing conferences and networks that bring together a nascent community of European knowledge brokers who can discuss their organizational models and how they respond to their functional needs and local contexts, as well as learn from others. While many organizational models are appropriately designed within a particular national context, there are economies of scale that could accrue from a Europe-wide focus on learning/sharing across national borders and on evaluation of a range of knowledge-brokering models from across Europe but using a common evaluation framework. At the same time, some knowledge-brokering organizations are appropriately targeted at the European level where only a Europe-wide focus would make sense.

Additional thoughts about possible next steps can be found in the two BRIDGE policy briefs. While the first policy brief focuses on how knowledge brokering can be advanced in a country's health system (Lavis, Permanand, Catalo, BRIDGE study team, 2013), action at the European level could include supporting the types of activity described in the policy brief. The second policy brief examines more directly how knowledge brokering can be better supported across European health systems (Lavis, Permanand, Catalo et al., 2013).

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## Appendix

### Inclusion criteria for knowledge-brokering organizations in the BRIDGE study

*This is a copy-edited version of this study instrument, but no substantive changes have been made.*

Knowledge-brokering organizations included in the BRIDGE study should have the following characteristics:

- fund, conduct or disseminate research;
  - Exclude lobby groups and think tanks that support political activities but do not employ systematic methods and do not report their methods and findings transparently.
- focus at least in part on governance, financial and delivery arrangements within health systems;
  - Exclude units that focus solely on *clinical* programmes, services or drugs (and other technologies) or on *public health* programmes and services, and not on how clinical or public health programmes and services are governed, financed/funded and delivered.
  - Note that this means guideline-producing organizations and health technology assessment agencies, which are routinely studied, are not covered.
- identify policy-makers as being among the target audiences for their research;
  - Exclude units that focus solely on supporting the use of decision aids by patients, increasing the consumption of particular prescription drugs by patients, supporting the uptake of practice guidelines by clinicians, and improving the prescribing of particular drugs by clinicians.
- function as a semi-autonomous or autonomous organization;
  - Exclude university departments that do not have some independence, but include, for example, an institute with an external advisory council.
- put all (or almost all) of their products in the public domain (whether or not there is a small charge) in order to advance the public interest;
  - Exclude consulting firms that produce reports for clients in order to advance the clients' commercial interests but do not make the report publicly available.
  - Also exclude government strategy units that advance the public interest but do not make their reports publicly available.
- add value beyond the simple collection and collation of data; and
  - Exclude statistical agencies that do not have a semi-autonomous unit that produces analytical reports based on the data collected or collated by the agency.

- target member states of the European Union or European Free Trade Association, groupings of these states, or constituent units of these states above the level of municipality (e.g., provinces, counties).
  - Exclude units serving only the needs of city councils (with the exception of Finland, where health care is a municipal responsibility).

**BRIDGE** (Scoping Study of Approaches to Brokering Knowledge and Research Information to Support the Development and Governance of Health Systems in Europe) was a two-year study that studied knowledge brokering for health policymaking during 2009 – 2011. Led by the European Observatory on Health Systems and Policies, the purpose of the study was to map current knowledge-brokering practices in Europe (across the 27 European Union member states and four European Free Trade Area countries), describe them in the context of what we know and what we don't know about knowledge brokering, and disseminate the findings to different audiences through various events and publications.

The **European Observatory on Health Systems and Policies** is a partnership that supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of health systems in the European Region. It brings together a wide range of policy-makers, academics and practitioners to analyse trends in health reform, drawing on experience from across Europe to illuminate policy issues. The Observatory's products are available on its web site.

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