

POLICY DIALOGUE PREPARATION AND FACILITATION CHECKLIST

EVIPNet Europe

Preparation

Implementation

Follow-up actions

Trouble-shooting

Lessons learnt

Improving facilitation

Policy dialogue preparation and facilitation checklist

EVIPNet Europe

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Table of Contents

Acknowledgements.....	iv
Abbreviations	iv
1. Introduction.....	1
1.1. PDs	2
1.2. Facilitators.....	2
2. The aim of this document and its structure	3
3. Preparation.....	4
3.1. Set clear objectives	4
3.2. Set date and agenda	5
3.3. Identify and know key stakeholders.....	5
3.4. Make practical arrangements	6
3.5. Engage and prepare participants	7
3.6. Ensure relevant knowledge and skills of the facilitator	8
3.7. Facilitator preparation.....	9
4. On the day.....	10
4.1. Facilitation.....	10
4.2. Interacting with participants.....	10
4.3. Practical arrangements	12
5. Follow-up activities	13
6. Trouble-shooting as a facilitator	14
7. Lessons learnt by facilitators.....	17
8. Becoming a good or better facilitator	18
References.....	19

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ABBREVIATIONS

EBP	evidence brief for policy
EIP	evidence-informed policy-making
EVIPNet	Evidence-informed Policy Network
KT	knowledge translation
PD	policy dialogue

1. INTRODUCTION

WHO launched the Evidence-informed Policy Network (EVIPNet) as a response to the World Health Assembly resolution WHA58.34 in 2005 to build knowledge translation (KT) capacity of Member States. [EVIPNet Europe](#) was launched in October 2012 under the umbrella of the [European Health Information Initiative](#), supporting the implementation of the European policy framework [Health 2020 and the Action Plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region 2016–2020](#). EVIPNet has been implementing policy dialogues (PDs) as key KT instruments for evidence-informed policy-making (EIP). These PDs are typically informed by an evidence brief for policy (EBP) (1).¹ EBPs and PDs are examples of tools used to improve the contextualization and utilization of evidence within policy-making (5).

Evidence briefs for policy (also known as policy briefs) provide direct support to policy-making by packaging the research evidence in a way that it is accessible, relevant, easy to use and applicable at the local level. They start with the priority policy issue (not the research evidence). Thereafter, they use the best available evidence to clarify the problem and its causes, and identify and frame policy options to address the problem. They often feature issues related to governance, financing and delivery, along with important implementation considerations.

EVIPNet Europe, 2016 (6)

¹ Examples of EBPs can be found on WHO's website (2). The SURE Guides (3) and the SUPPORT tools (4) are among the resources that provide guidance (e.g. in developing EBPs and PD reports).

1.1. PDs

A PD is a tool to guide policy development, which is typically informed by an EBP. As their key features, PDs:

- ✓ enable interactions between stakeholders (e.g. researchers, policy-makers, civil society health professionals and the media);
- ✓ integrate explicit knowledge with tacit knowledge² to guide policy development, one of the factors related to EIP (1,5,7–9); and
- ✓ are characterized by participatory and consultative processes; having clear objectives, being inclusive and transparent, providing an opportunity to reflect on the applicability of scientific evidence in different contexts, challenging science, promoting dialogue among different types of stakeholder and directly impacting on the decision itself (10).

For you (as the facilitator) to be able to say you're successful is if you can tap into what tacit knowledge stakeholders have because what these people have is not written anywhere.

Key-informant, 2015

The impacts of PDs have been described from short-, medium- and longer-term perspectives (11): In the short term (on individual level), impact could be related to increased capacity, through improved awareness and knowledge to address policy issues, enhanced communication skills or strengthened relationships.

In the medium term (on community/organization level), impact could mean empowerment among a community of stakeholders through strengthened personal capacities of individuals, which, in turn, can fuel efforts to influence government groups.

Although the intended effects of PDs on individuals and communities/organizations are crucial, the ultimate aim of a PD is the use of knowledge to improve health (system-level effects), which could mean influencing a politician's agenda; this, in turn, could lead to positive policy change.

1.2. FACILITATORS

Facilitators play a key role for the success of a PD (9,11–14). A video by the SURE Project³ provides further insights into the importance of the facilitator.

A PD facilitator

- ✓ is skilled, knowledgeable and neutral; and
- ✓ enables a structured process while encouraging mutual understanding and innovative thinking within the group.

² Tacit knowledge refers to knowledge comprising expertise, opinions, tradition and belief that compliment explicit knowledge. It is particularly critical where the evidence is inconclusive, lacking or non-existent. It is also referred to as "colloquial evidence".

³ Supporting the use of research evidence for policy in African health systems (<https://www.youtube.com/watch?v=vugs8ODNBQw>); the research leading to the results demonstrated in this video received funding from the European Commission's Seventh Framework Programme (FP7/2007-2013).

2. THE AIM OF THIS DOCUMENT AND ITS STRUCTURE

The aim of this document is to guide PD facilitators and their teams (including the WHO country office and the EBP team) in leading a PD process that will effectively and strategically input into policy-making.

The document can be used for preparation for an individual or a team and for implementation and follow-up of a PD. It can serve as a “refresher” of PD-related concepts, tools and “things to do”, or it can be used as a handy reference in providing individual/group training.

The document draws on tested tools (e.g. the SURE guides (3), the SUPPORT tools (4), the McMaster Health Forum online toolkit (15) and the National Association of State Directors of Special Education’s facilitator handbook (16)) and available literature (12,17–19). It is recommended that PD facilitators and their teams should explore these tools and literature to gain in-depth knowledge related to PDs.

In addition, this document comprises first-hand insights and empirical examples from EVIPNet members from all over the world who have experience in facilitating or observing PDs.⁴

The roles and responsibilities during the PD-related preparation, implementation and follow-up activities need to be assigned as a first step in PD organization, next to the development of timelines and a budget.

The document provides checklists for the different preparatory steps of a PD (section 3), the implementation – the day – of the PD (section 4), as well as follow-up activities (section 5). Furthermore, the document outlines 13 case studies of challenges that PD facilitators have faced and successfully handled (section 6), lessons learned in facilitating PDs (section 7) and a list of suggestions of how to become a good/better facilitator (section 8).

All facilitation-related activities are outlined in detail to allow the best possible preparation for the facilitation itself, which is a key factor for a achieving a successful PD.

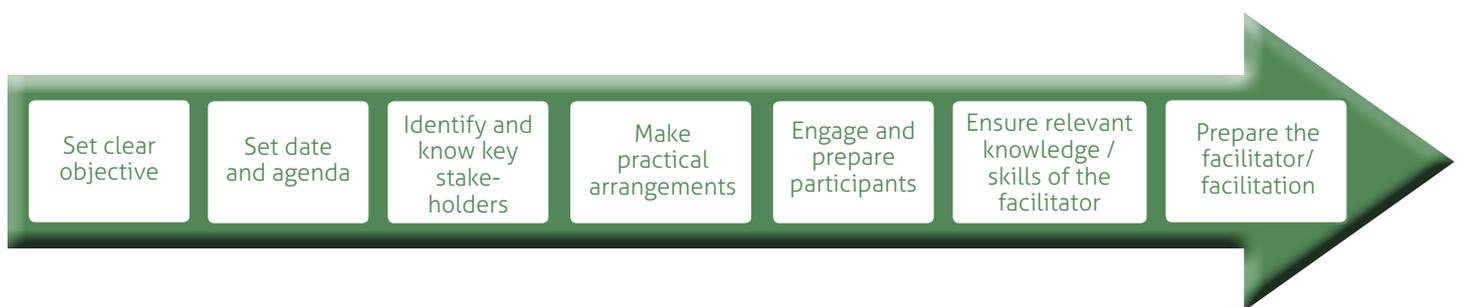
Notes

⁴These insights are based on a study led by the EVIPNet Europe Secretariat, which will be published in 2016.

3. PREPARATION

Preparation is a substantial component of a PD to ensure that organizers, facilitators and participants are working towards the same objectives, laying the foundation for a PD's success. The following outlines some of the key areas for consideration in preparing for a PD. For further information see the SURE guide (3) and the McMaster Health Forum online toolkit (15). The latter provides tools (from a procedures manual to templates for an evaluation or a covering letter).

Fig. 1. Steps in preparing a PD (in accordance with the subsequent sections)



3.1. SET CLEAR OBJECTIVES

- ✓ Clarify the objectives of the PD, for example to support the full deliberation of relevant considerations (including research evidence) about a high-priority issue to inform action. Keep in mind:
 - ❑ timing of the PD in relation to when a decision has to be taken;
 - ❑ the extent to which the aim of the PD is to reach a consensus; and
 - ❑ the ways in which the PD is intended to feed into the policy development and implementation process.
- ✓ Ensure that the objectives are shared with all stakeholders (e.g. by being mentioned in the invitation letter).
- ✓ Define markers of success according to the objectives (e.g. coherent recommendations to policy-makers).
- ✓ Make sure to address two basic equity matters: (i) whether policy options and implementation strategies proposed in the EBP bear the risk of increasing inequities in vulnerable groups affected by the specific policy; and (ii) whether vulnerable groups, or their representatives, participate either in consultations to prepare a PD, or at the PD itself, or at other stages of the policy process.⁵

⁵ For example, EquiPP (Equity and Inclusion in Policy Processes) uses EquiFrame (a policy analysis framework) to verify if an equitable and inclusive policy process takes place both in the discussion of proposed policy options (i.e. in a PD) and in their implementation (20,21).

3.2. SET DATE AND AGENDA

- ✓ Set the date strategically, adapted to policy processes and ensuring participants can attend, for example:
 - ❑ have public holidays in mind and enquire about any other events/key meetings participants may need to prioritize; and
 - ❑ look for windows of opportunity such as an ongoing reform process that the evidence will feed into (keep timelines for data analysis and reporting in mind, too).
- ✓ Plan the agenda early:
 - ❑ consider an appropriate length for the PD (depending on the context it could range from 2 hours to a full day).

Nice to have

- ✓ If the issue being addressed is complex and involves multiple stakeholders, consider establishing a steering committee with key stakeholders (e.g. member(s) of the EBP team, WHO country office staff, representative(s) from the ministry in charge of health) to plan or to seek feedback on the agenda, and to ensure the PD will be meaningful. For example, the steering committee might help to ensure representativeness of participants. Be sure to clearly elaborate on the group's members, tasks, activities and role in the process.

Notes

3.3. IDENTIFY AND KNOW KEY STAKEHOLDERS

- ✓ Identify stakeholders who represent a range of interests, expertise and perspectives and can inform on the political, economic and on-the-ground realities of implementing the policy. This may include, for example, policy-makers, political staff, service providers, consumer representatives, researchers, professional organizations who can speak on behalf of a given stakeholder/organization (around 20 participants, but this depends on the context; in some countries, all stakeholders need to be present while in other countries, some stakeholders from the same institution could be represented by one person).
- ✓ Include policy implementers (e.g. providers and managerial staff). They can help to identify enablers or barriers to implementation and you potentially gain their early buy-in for any policy change.
- ✓ Explore to understand the power and interest of stakeholders, including their values, perceptions and abilities to influence the direction of the policy, and anticipate behaviours/dynamics during the PD.
- ✓ Ensure that there is fair and balanced representation among stakeholders.
- ✓ Identify any risk or implication of excluding certain stakeholders (thus limiting information or reducing credibility of the PD).

Nice to have

- ✓ Draw a power/interest matrix⁶ (guidance may be required).
- ✓ Create an overview table that includes information on participants' backgrounds, biography, achievements, interests, social attachments and affiliations and so on. This may be helpful to avoid attempts to manipulate discussions towards certain, preformulated conclusions.
- ✓ Seek input from the steering committee (if existing).

3.4. MAKE PRACTICAL ARRANGEMENTS

- ✓ Invite participants early (depending on the country context, 6–8 weeks prior to the PD may be appropriate).
- ✓ Follow-up invitees to ensure concerns and questions are being met and answered (e.g. 4 weeks prior to the PD).
- ✓ Keep track of invitees (for negative replies, consult a standby waiting list to invite another person instead).
- ✓ Choose and book a suitable, neutral and attractive meeting venue (e.g. a hotel) that is characterized by as many of the following features as possible:
 - ❑ easily reachable venue and meeting room;

⁶ Mendelow's matrix is a frequently used method in stakeholder mapping to draw a power/interest grid (22).

- ❑ standard that gives “aura” for high-level discussions (e.g. a venue that has been used for meaningful events);
- ❑ seating arrangement that allows participants to see each other well (e.g. a U-shaped table setup);
- ❑ furniture that is comfortable for a meeting (yet not so comfortable to lose concentration, e.g. a sofa seat) and that offers sufficient space to write and to store bags and water bottles;
- ❑ natural, even lighting;
- ❑ good ventilation and comfortable, adjustable temperature; and
- ❑ easily reachable bathrooms (if far, people might waste time or get distracted on their way).
- ✓ Make sure travel arrangements are made to ensure that all participants arrive on time and do not leave before the conclusion of the PD, as this would disrupt the meeting.
- ✓ Ensure that arrangements for high-quality interpretation are made.
- ✓ Brief rapporteurs, interpreters and the chairperson (if applicable) regarding their roles and responsibilities during the meeting, their contact person in case of problems, and of the agenda and related PD processes.

Nice to have

- ✓ Consider a seating plan to ensure that participants are effectively positioned in the room (e.g. keep participants in their organizational groups). Alternatively, break groups up to encourage a diverse and robust discussion (beware that this may be a challenging process in terms of logistics).

3.5. ENGAGE AND PREPARE PARTICIPANTS

- ✓ Circulate the EBP to the participants (suggestion: 1 week prior to the PD; however, it might be wise to send it out even earlier depending on the issue and the desired feedback).
- ✓ Give participants the chance to review the EBP and ask the EBP team/the facilitator questions beforehand (to avoid explaining the evidence during the PD).
- ✓ Manage expectations. Participants should be aware of what will happen with the information they provide (e.g. whether the information will be integrated to further develop policy options for consideration by the minister in charge of health).
- ✓ Pre-empt any issues and areas for discussion by asking for specific feedback (e.g. of barriers or enablers for implementing the potential policy solutions).

Nice to have

- ✓ To verify the quality of the EBP, conduct key-informant interviews with the focus on the EBP and involve key players on the issue to verify the quality of the EBP.
- ✓ Prepare for and openly address any major concerns prior to/early on in the meeting so the PD can progress.

3.6. ENSURE RELEVANT KNOWLEDGE AND SKILLS OF THE FACILITATOR

- ✓ Facilitation (e.g. guiding discussions, ensuring a participatory process).
- ✓ Local health system (e.g. general understanding of major governance, financing, delivery and implementation arrangements related to the topic to be discussed) and decision-making processes (e.g. which are the major institutions in health policy-making).
- ✓ Topic of discussion/EBP.
- ✓ PD as a tool that is a component of a KT process (see key references, e.g. Lavis et al., 2009 (1) and Moat et al., 2014 (5)).
- ✓ Stakeholders (see section 3.3).
- ✓ Local politics (e.g. analyse the probability of political flare-ups and be able manage them if they arise).
- ✓ Pedagogic methods (e.g. presentation, discussion and collaboration).

Personal attributes

Consider if and how the following attributes might play a role in the context in which the PD is facilitated and how one can prepare based on that:

- ✓ credibility/experience;
- ✓ age (participants may not respect a facilitator who is much younger than themselves);
- ✓ gender (female/male facilitators may not be accepted in particular contexts or discussing certain health/policy issues);
- ✓ professionalism;
- ✓ status/reputation;
- ✓ rank (ideally equal to PD participants);
- ✓ transparency;
- ✓ self-confidence;
- ✓ trustworthiness;
- ✓ appearance (including attire);
- ✓ assertiveness;
- ✓ structure; and
- ✓ formality.

As a facilitator you need lots of knowledge, but not so you can tell people what you know, but to use it to guide the discussion.

Key-informant, 2015

Attributes do not limit but they are factors for you to think about as you prepare for your setting.

Key-informant, 2015

Notes

3.7. FACILITATOR PREPARATION

- ✓ Read and re-read the EBP. Be conversant with:
 - ❑ topic (consider perusing the media for the common rhetoric about it and check the political climate related it);
 - ❑ content (specific to the EBP);
 - ❑ language (technical terms); and
 - ❑ layout (know which content is on which page in order to be able to easily reference particular information).
- ✓ Prepare discussion prompts for the participants in consultation with the EBP team and based on the PD's objective.
- ✓ Take notes (interspersed in the EBP) to have pointed discussion items that might get lost if you did not have the prompts.
- ✓ Consider whether it would be beneficial to include a co-facilitator who complements you (e.g. with in-depth local knowledge or particular skills/expertise).
- ✓ Consider whether it would be useful to have a team member with a social science background who is familiar with focus group discussions or experienced in working with participatory processes to give advice.
- ✓ Clarify if a chairperson is necessary (e.g. to open and close the PD).

As a preparation of the day, I re-read the EBP in the morning and take notes (interspersed in the brief) so that I have some pointed discussion items that might get lost if you did not have the prompts.

Key-informant, 2015

Nice to have

- ✓ Prepare stories, references and examples to be used during the PD to illustrate or strengthen facts.



Exchanging lessons learned on EBPs and PDs at the fourth EVIPNet Europe multicountry meeting. © WHO

4. ON THE DAY

During the PD, you can take along the following list (a “cheat sheet”), which can help you to remember and capitalize on key points in facilitation, interaction with participants and practical arrangements.

4.1. FACILITATION

- ✓ Introduce participants or have them introduce themselves briefly.
- ✓ Provide a clear introduction to the topic (based on the EBP) – this is a crucial element to set the scene and to ensure people’s engagement.
- ✓ Be clear about the objectives and expectations of the PD.
- ✓ Clarify rules at the beginning (e.g. “Chatham House rule”⁷, equal freedom to contribute).
- ✓ Remember that the PD is not necessarily about reaching consensus and making a decision. Most policy-makers may not commit themselves to one approach/idea/option after only a single dialogue, or without the opportunity to confer with policy-makers in other parts of government or with other stakeholders. Similarly, some stakeholders will need to return to their institutions to decide what actions to take. Although seeking consensus and reaching a decision may not be an appropriate goal in most contexts, consensus should be embraced and valued if it emerges spontaneously.

4.2. INTERACTING WITH PARTICIPANTS

Contribute to a courteous, friendly atmosphere

- ✓ Be motivated and motivating, friendly and polite.
- ✓ Demonstrate neutrality to assist participants in expressing and developing their ideas. Allow them to create and innovate. Do not influence the discussion. Counter-example: if you as the facilitator agree with someone, it could prevent someone else from disagreeing.

Engage participants

- ✓ Make eye contact with everybody.
- ✓ Call out of people to make sure everyone is heard.
- ✓ Draw from individuals who are not able to articulate themselves well enough.
- ✓ Make participants comfortable and confident and encourage them to contribute to the discussions.
- ✓ Give people a sense of importance.

⁷ The Chatham House rule prohibits the attribution of particular comments to create a safe environment to deliberate about potentially contentious issues.

Listen

- ✓ Listen and keep track of the conversation.
- ✓ Think upon your feet quickly and move fast – even if there is “an elephant in the room” – an important and obvious topic that everyone is aware of, but which is not discussed as this would be considered uncomfortable

Intervene

- ✓ Ask for clarification or examples.
- ✓ Elucidate differences of opinion:
 - ❑ try rephrasing ambiguous statements and ask for elaboration as needed;
 - ❑ elaborate ways in which a policy issue could be framed and addressed; and
 - ❑ extract as much information about peoples’ views as possible and identify when views are convergent/divergent.
- ✓ Encourage participants to use jargon-free, plain and person-first vocabulary.
- ✓ Push towards and clarify where the group reaches in terms of informed judgement.
- ✓ Push towards tangible formulation of next steps (i.e. action oriented) while reminding participants to be honest about what they can and cannot do:
 - ❑ you could ask participants, “What do you think others should do to push this issue? What can you do to push this issue?”

The facilitator is on the hook all day long and, at any point, all it would take is one person to undermine the process. It is that one thing that lurks at the back of your head all the time. It’s a very low possibility; you just have to react instantly. So, my colleague often says ‘don’t get nervous’ ... you need to live in the moment and in this moment nobody is giving me a rough time, in the next moment nobody’s giving me a rough time. In the third moment somebody is giving me a rough time, but I don’t get nervous, I just have to react. So there is no point. It’s just this nagging concern in the background, but you can’t let it bother you.

Key-informant, 2015

Notes

4.3. PRACTICAL ARRANGEMENTS

- ✓ Ensure the PD is sufficiently documented to later inform the report and to be accountable to all participants and stakeholders, for example by scribes, photographs, feedback drawings by an artist, and/or video recordings (NB video recordings could potentially disturb and disrupt discussions).
- ✓ Use name tags with first names in big letters to establish an informal environment (if appropriate in your context).
- ✓ Use name plates that participants can put up vertically once they would like to speak (this also plays into facilitation as it flags issues that many people want to react to).
- ✓ Make participation as convenient as possible (e.g. arrange taxis, print boarding passes, take calls from participants' assistants, provide refreshments and transportation allowance). In exchange, the facilitator can ask for the participants' undivided attention for the time of the PD (ideally restricting the use of mobile phones, tablets and laptops).
- ✓ Make sure you have a good rapporteur (or two) who can clearly capture participants' contributions.⁸ Additionally, ensure there are sufficient scribes to take detailed minutes and notes of the discussion and that they are fully briefed on who is participating and speaking.
- ✓ Set up the laptop including PowerPoint presentation(s) and test the projector, if applicable. Ensure the availability of extension cords, printers, instructions to access the wireless Internet, refreshments and so on are available if needed.

Notes

⁸ Reporting is a collective process that involves detailed recording of the discussions, abstracting action points, engaging with speakers as well as scribes to obtain necessary information, and, finally, preparing a detailed report.

5. FOLLOW-UP ACTIVITIES

A successful PD process does not end with the PD itself. The below points outline a range of follow-up activities for the facilitator and/or the team to take on. The SURE Guides (3) are a good reference, detailing the development and dissemination of EBPs and PD reports.

EBP-related

- ✓ Debrief the EBP team in terms of the tacit knowledge that was gained during the PD and its meaning in finalizing the EBP.
- ✓ Disseminate the final EBP (after identifying the audience and communication channels (23)).
 - ❑ pay attention to user friendliness including writing style, design and structure (going from basic to more details); style has to be adapted to the local context (e.g. in Africa and Latin America, people tend to like colourful documents, whereas in Canada, colourfulness would not be preferred); and
 - ❑ consider dissemination activities, including engaging the media.

PD report

- ✓ Prepare and disseminate the PD report including next steps based on the outcomes of the meeting to participants as soon as possible after the PD (suggestion: 5–7 days after the PD). The report should include key views, opinions and insights relevant to the topic area. It should also be readable and understandable to readers who did not participate in the PD.
- ✓ Ensure that a feedback loop is in place for participants should follow-up be required. Participants should know that they have been listened to and their input is valuable, not least so that they will participate in further PDs. Policy-makers may also have to explain why certain views were not taken into account for (i) transparency and (ii) to maintain reasonable relationships with stakeholders involved in certain policy issues.

Overall

- ✓ Follow up on action items/tangible next steps that participants committed to.
- ✓ Plan further consultations, if applicable.
- ✓ Evaluate the PD: ask what went well, what did not go so well and what can be done better next time. This should be done with a template⁹ that is used right after the PD, before participants disperse.
- ✓ Share your lessons with future facilitators.

⁹ A possible evaluation template is the one developed by the McMaster Health Forum, WHO Collaborating Centre for Evidence-Informed Policy (24).

6. TROUBLE-SHOOTING AS A FACILITATOR

The following empirical examples are challenges that facilitators have faced when facilitating or observing a PD. These could help you to prepare for similar situations..

1. Participants are not available to attend:

- ✓ prevent this by planning properly and well in advance (see section 3.2);
 - ✓ if possible, identify a suitable alternative date.
-

2. Participants are not equally represented:

- ✓ prevent this by identifying and knowing your stakeholders well (see section 3.3);
 - ✓ organize follow-up conversations (“mini-PDs”) with the underrepresented stakeholders.
-

3. A high-level participant (e.g. the deputy minister) declines his/her participation last-minute:

- ✓ organize a follow-up meeting with the participant to share the EBP and to brief him/her on the PD and its outcomes.
-

4. The organizing team does not send out the full EBP, but only the executive summary:

- ✓ during the PD, spend more time (than usual) on explaining the evidence; clarify briefly and apologize for the mistake.
-

5. You have the “wrong people” in the room:

- ✓ prevent this at the preparation phase; identify a potentially difficult participant (e.g. someone who has come late and unprepared to a similar event in the past) and try to pinpoint an alternative participant from the same organization and with a similar role (see section 3.3);
 - ✓ see examples 6–11 for concrete strategies.
-

6. Some participants dominate the deliberations:

- ✓ make sure to outline the rules for participants in the beginning the PD (e.g. listening to each other and having equal right to speak);
- ✓ repeat the rules during the PD;
- ✓ if a participant keeps on interrupting others, give him/her 2 minutes to express himself/herself but then emphasize that the same time will be given to all other participants who wish to contribute on the topic;

- ✓ watch the clock to keep track of how long participants have been talking and cut them off as needed to balance their contributions; to avoid offending participants by interrupting them, refer back to the rules of the PD, which will have been mentioned already.
-

7. A participant's contribution is irrelevant:

- ✓ interrupt the participant as needed, to avoid offending him/her by cutting him/her off refer to the rules of the PD, which will have been mentioned already, and ask to return to the topic, arguing that the PD time is limited.
-

8. An individual insults you and stirs up trouble by saying, "These policy options do not make sense" and "this PD is a waste of time":

- ✓ ask the participant to reflect (briefly) on why he/she thinks like this;
 - ✓ refer to the EBP and emphasize that, in preparation for the PD, high-level individuals (including the "trouble-maker" himself/herself and his/her superior) had the chance to comment on the policy options outlined in the EBP and that no doubts had been mentioned then.
-

9. A participant makes unconstructive, self-serving comments:

- ✓ put the individual back into his/her position by showing his/her comment as what it was, e.g. a self-serving comment ("I can see how you would find this to be a helpful way forward because clearly it would bring resources to your research group, however..."); all participants can then see that the comment was a resource grab;
 - ✓ use other participants and your own power of observation to get back to the agenda (i.e. ask one or two other people in the room where they think the PD has got to, which can immediately be contrasted with what the "unconstructive voice" stated)
-

10. Participants get emotional (e.g. aggressive or sentimental) during the PD, which then gets out of control:

- ✓ to calm people down, speak nicely to them; remind them that this group has not convened the PD to be antagonistic but to work together;
 - ✓ do not engage in discussions that are getting out of control and do not get aggressive yourself; instead get back to the objectives of the PD and give clarifications in case participants are confused.
-

11. Participants are angry with you. You get emotional (e.g. irritated):

- ✓ be conscious that you are getting emotional so that you can take control; control your emotions by doing breathing exercises.

12. A PD has two leaders, a chair and a facilitator. The chair sometimes takes over the facilitator's role, interrupts the facilitator or proposes different ideas.

- ✓ the facilitator is the leader and no other leader should be brought in to facilitate the deliberations; the facilitator has to take charge and do what he/she thinks is important without interference from anybody else;
- ✓ clarify roles from the start; in the moment, keep cool and control your emotions.

13. During a PD, it turns out that the real health/policy problem is different from what the EBP outlined, which drastically changes the discussions:

- ✓ know what options are feasible from a policy perspective and in the given context so that when the PD deviates from what is stated in the EBP, you are able to let the PD go in a different direction.

Notes

7. LESSONS LEARNT BY FACILITATORS

Experienced EVIPNet facilitators or observers of PDs have described the following lessons learned.

- ✓ You as the facilitator can make or break a PD.
- ✓ You have to understand your context including the participants, the role of the media, etc.
- ✓ Respect the PD process including its preparation phase.
- ✓ Be well-prepared (80% of the effort is made prior to PD).
- ✓ A varied set of skills is important, e.g. skills in conflict resolution and in managing politics behind the PD.
- ✓ Try to be concrete about tangible next steps.
- ✓ Conducting a PD is not enough for bringing research into policy: there is a need for follow-up activities (e.g. getting EBP and PD report to policy-makers) and advocacy.
- ✓ Know how you can take advantage of your strengths and capitalize on them.
- ✓ The media can be important and powerful in disseminating information.

Notes

8. BECOMING A GOOD OR BETTER FACILITATOR

There are many ways of becoming a good or better facilitator – preparation and hands-on practice being key.

- ✓ Participate in PDs, e.g. in preparing, observing, discussing, reflecting, taking over small roles, etc.

- ✓ Take part in capacity-building workshops and practice facilitation (in simulations, and actual PDs; the more and the more diverse the PDs, the better), e.g. based on the SUPPORT tools (4).

- ✓ Get background knowledge on PD processes, e.g. by using the literature, websites and tools referenced in this document or by getting in contact with an experienced person in the field.

- ✓ Read (more) relevant literature, e.g. about facilitation, emotional intelligence, chairing meetings, etc.

- ✓ Reflect on PD evaluation (including facilitation) and participant feedback. Make a plan of what to improve during the next PD.

- ✓ Exchange lessons – not only in facilitating, but also in preparing and follow-up PDs – with network members as well as with experienced PD facilitators. Identify facilitators of EVIPNet-related policy dialogues online or through the EVIPNet Europe Secretariat.

- ✓ Work with a mentor who can provide feedback and reassure you.



National EVIPNet Europe champions simulating the facilitation of a PD at the third EVIPNet Europe multicountry meeting. © WHO

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THE WHO REGIONAL OFFICE FOR EUROPE

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health.

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