20 YEARS OF EVIDENCE INTO PRACTICE: REFLECTIONS ON THE OBSERVATORY IN 10 (KEY) LESSONS

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Summary: The Observatory has spent the last twenty years generating evidence and communicating it to policy makers so that they can take better informed health system decisions. Ten key lessons are that:

1. Evidence makes a difference
2. The academic approach has huge strengths
3. Academic analysis needs to be ‘mined’ and ‘refined’ to bring out the policy relevance
4. If you don’t communicate findings clearly no one can use them
5. Personally mediated knowledge brokering has the greatest impact
6. Entry points are key
7. Policy makers want to know (and learn from) what others have done
8. Not everyone understands the same thing
9. Partnership works
10. Knowledge brokering is a cycle that turns evidence into ‘evidence for policy’.

Keywords: Observatory, Knowledge Brokering, Evidence Informed Policy, Policy Learning

A bridge for knowledge transfer

In 1998 a mix of organisations, all committed to better health systems, founded the Observatory. Its mission was to support evidence informed decision making and to be a ‘bridge’ between policy makers and research. Over the last twenty years it has worked with governments across Europe on a variety of health systems challenges, such as paying for health care; managing the effects of the financial crisis; or ensuring the right health workforce. The Observatory has contributed to WHO’s thinking on Health-in-all-policies, health and wealth, and governance. It has supported European Commission efforts on issues ranging from responding to patient and professional mobility, comparing countries’ health system performance, to the savings associated with physical exercise and improved diets. Over the years the group of Partners has grown, as have their expectations. They have shaped
and reshaped the Observatory’s work to strengthen the way it monitors countries; to keep its analysis rigorous and relevant; and above all to ensure that knowledge brokering informs everything it does. So what lessons have been learned?

Evidence allows policy makers to assess if proposals are likely to achieve their stated aims

1. Evidence makes a difference

Health systems are complex. They are the product of long, often contested histories and are embedded in the societies they serve; expressing preferences and possibilities, past and present; providing care and cure, employment and identity. There is rarely a single ‘best’ way of doing things, but evidence uncovers better and worse ways of dealing with health systems issues in different contexts. In-depth and systematic review of how systems fit together; analysis of the links between money flows and services, incentives and outputs, training and behaviour; and mapping of the consequences of change, all generate insights and understandings that make for better system design. Evidence allows policy makers to assess if proposals really are likely to achieve their stated aims; to think through unintended outcomes, and outputs, training and behaviour; and mapping of the consequences of change, all generate insights and understandings that make for better system design.

Evidence informed policy is only worth pursuing if the evidence is robust. This means working with a set of academic imperatives around consistency, replicability and detail. ‘Pure’ research may not always apply obviously and directly to policy and it rarely gives instant answers to ‘real’ questions, but commissioning only overtly policy relevant research would hugely weaken the evidence scene. Work predicated on challenges that are already ‘on the radar’ does not prompt blue skies thinking or encourage experts to develop new themes. It will tend to mean there is no stream of analysis waiting to be exploited when issues first emerge. There are of course limitations to a purely academic treatment of evidence for policy and many analysts are still interested in methods and results but not the application of their findings. However, the Observatory has been privileged to work with academics who care about policy, are generous in sharing their primary research, and who network and think across disciplinary boundaries. It has learned how important they are and, hopefully, how to support their work, not least with focused terms of reference, with recognition and in dialogue. It has also developed and systematised secondary research strategies to ensure that policy relevance is captured.

3. Academic analysis needs to be ‘mined’ and ‘refined’ to bring out the policy relevance

Extracting the policy relevant from the evidence scene. Work predicated on challenges that are already ‘on the radar’ does not prompt blue skies thinking or encourage experts to develop new themes. It will tend to mean there is no stream of analysis waiting to be exploited when issues first emerge. There are of course limitations to a purely academic treatment of evidence for policy and many analysts are still interested in methods and results but not the application of their findings. However, the Observatory has been privileged to work with academics who care about policy, are generous in sharing their primary research, and who network and think across disciplinary boundaries. It has learned how important they are and, hopefully, how to support their work, not least with focused terms of reference, with recognition and in dialogue. It has also developed and systematised secondary research strategies to ensure that policy relevance is captured.

4. If you don’t communicate findings clearly no one can use them

There is a difference between communicating analytic findings and working directly with policy makers to understand and apply evidence.

Box 1: Research can be shaped to be policy relevant when …

- A structured approach is used
- Policy makers and academics are involved in framing (and reviewing) the work
- The policy challenge is made explicit
- Existing research is systematically captured (and the organisations involved engaged)
- Proposals define how what is ‘known’ intersects with the policy issue and are explicit about what needs to be extracted, reshaped or amplified to serve policy makers better
- Detailed terms of reference guide contributors
- Researchers, experts and stakeholders are given a chance to share their thinking with each other so that they can respond to other perspectives
- There is an iterative process of testing, reviewing and revising.
The Observatory is best known for the latter, but making the evidence ‘generally’ available is important. It gives those responsible for drafting, scrutinising and implementing policy, access to expert analysis, even if impact is muted by a ‘generic’ presentation. It also signposts where, if circumstances allow, they might seek further help. Thirdly it means that findings can contribute to the wider debate, not least in the academic health policy community, moving thinking forward.

Bringing together actual policy makers means that priority setting reflects the realities of key stakeholders

5. Personally mediated knowledge brokering has the greatest impact

Evidence, and the part it plays in policy formulation, is mediated through a mix of cognitive, environmental and political filters. These vary across Europe with some systems being more ideologically driven, others giving greater weight to technocratic inputs and all dealing with varying degrees of path dependence and resource constraint. There is also huge diversity in the staging of decision making, the types of consultation involved and the role of different levels of government and stakeholders. Presenting evidence, ‘in person’ makes a real difference in all contexts. Explaining the data and analysis directly to decision makers; giving them a chance to interrogate the experts; and creating opportunities for them to talk to each other around an ‘objective’, evidence driven agenda, all increase the uptake and impact of that evidence. This is, in part because of the convening power of a briefing or policy dialogue which brings the right people together and makes them focus on a single issue at a specific time. It trades too on the fact that when (suitably skilled) experts explain the evidence they can compress complex information into the available ‘attention span’, tackle questions immediately and generally ‘short circuit’ the process of assimilation. It is also about trust. A discussion that is well prepared and, above all, well facilitated creates a safe space that fosters a sense of ownership, advantages the rational, and encourages appropriate reconciliation between competing demands.

6. Entry points are key

Defining the policy making model as rational or politically (policy) driven or path dependent gives insights into how decisions may be reached but real decisions in real time are always based on a complex combination of circumstances. Windows of opportunity open and close depending on the interaction of contextual factors and what is feasible changes. Bringing evidence into the policy cycle effectively – and so that it helps policy makers reach a better informed decision – depends on having access to the right people (i.e. the ones that will influence the decision) at the right moment (i.e. both when they are receptive to evidence inputs and when there is real scope to adjust or improve a policy in the making). Getting a chance to put the evidence ‘on the table’ and to access the right mix of stakeholders is not an easy matter. It can require opportunism – seizing on the slightest opening and reacting quickly; or networks – colleagues, contacts and peers who can leverage access; or trust – the decision makers already knowing and valuing the evidence providers. These are often connected. Certainly the academic credibility of experts and the ‘real’ experience of practitioners create trust and once a track record – of providing useful inputs – has been established then trust is reinforced and the next entry point is easier to secure.

7. Policy makers want to know (and learn from) what others have done

A very clear lesson of the last twenty years is the power of hearing someone else’s experience. Comparative analysis and evidence highlight the different ways of approaching a policy issue and have been found useful over and over again but there is also value in the anecdotal. Policy makers consistently find it helpful to hear from their peers on the challenges they faced and the practical aspects of implementation. This reflects somewhat on the trust dimension of knowledge brokering. Policy makers have faith in ‘peers’ who like themselves are in the position of seeking to introduce a system change and who are judged on whether reform works in practice and not just on whether a policy ‘stands up’ in theory. They do not distrust sound academic analysis but they are looking for the additional insights that come from having steered a proposal through the political and cultural complexities of agreement. It is also about the reality and the politics of implementation. Context is of course hugely important and no policy makers imagine that another country’s experience, however similar the challenge, gives a blueprint for reform in their own specific setting. They do though want to know a model which makes sense actually panned out in a many-layered, non-linear environment.

8. Not everyone understands the same thing

Two decades of knowledge brokering have made clear how easy it is to have conversations at cross purposes. This reflects the complexity of translating policy concepts across a host of European languages, the term ‘policy’ itself is a case in point, with markedly different connotations in different languages. It is also because terms are understood differently and practice has evolved differently. The assumption tends to be that ‘we all mean the same thing’ by a DRGs but it can mask a diverse set of systems and understandings. At the risk of seeming patronising, it is important to define terms carefully. By the same token, it is crucial in assembling the evidence response to a policy question to define what that question actually is. It is surprisingly difficult to define the ‘actual’ question well. A perceived problem around bed numbers may obscure a more profound challenge about how and where to provide social care. If policy makers
knew exactly what the question was they might not need as much help to answer it. The Observatory has learned to work iteratively and carefully with them to reach a clear understanding of where the policy question comes from and what the real evidence need is (and to think through from there who the stakeholders are, what the right expertise is and which country examples will have most resonance).

9. Partnership works
The Observatory itself has always depended on partnership. At the most basic level it was set up by a group of countries, international agencies and universities. Bringing together actual policy makers like the European Commission and countries with international agencies and academic institutions means that priority setting reflects the realities of key stakeholders. But partnership as a key ‘lesson’ extends beyond the structure of the Observatory itself. When evidence generators and policy makers work together collaboratively, and as genuine partners, evidence uptake increases. By the same token policy makers sharing experience openly with each other makes evidence not just more accessible but easier to act on.

10. Knowledge brokering is a cycle that turns evidence into ‘evidence for policy’
The Observatory was set up to be a bridge between the academics ‘with the evidence’ and the policy makers seen to be in need of it. It has learned over the last twenty years that the notion of a bridge is far too static and the idea of one-way traffic is simply wrong. Getting evidence into practice is complex and context dependent and very much a dynamic process. There has to be an active feedback loop shaping research and the way it is communicated and then learning from the interaction with policy makers how to better frame the next round of research. The Observatory uses policy makers to identify priorities and as a key audience to test work and to understand if the messages speak to practitioners. It uses academics to set rigorous standards and deliver work of quality and worth. As the knowledge broker it tries to link both groups and to bridge the gaps between them not as a simple, one or even two directional exercise but as part of an active set of relationships.

References
Colleagues and friends of the European Observatory express their good wishes and reflect on memorable events.

Paul Belcher
@RCPLondon

Happy 20th anniversary @OBShealth | Proud to be associated with your ‘Eurohealth’ journal throughout this time.

Yves Charpak
@YesWeKnow

Enjoy the anniversary and be prepared for the next 20 years, unknown future in Europe!

Dale Huntington
@Former Director of Asia-Pacific Observatory

High quality, timely analyses produced by well known academics.

Jacqueline Bowman
@Third-i

You give the baseline evidence to allow informed policy-making. It would also be nice in the future to include not only a government perspective, but to actively engage users of the health systems and other actors who impact on how policies are implemented in reality.

Josef Probst
Director-General, Main Association of Austrian Social Security Institutions

Happy Birthday to the young institution with dynamic people and senior knowledge. Thank you for providing objective advice and generating indispensable know-how. Health systems can definitely benefit from the possibility of dialogue and networking between science and policy at European level.

Maaike Droogers
@EUPHA

EUPHA congratulates OBS for the important and very often innovative and creative work that was done in the past 20 years on shedding light on our health systems and the complex dynamics of these systems. Spreading the word about OBS findings contributes to its impact. EUPHA wishes the Observatory another successful 20 years and is looking forward to continuing and intensifying our collaboration.

Natasha Azzopardi M
@EUPHA @uniofmalta

Proud to represent @uniofmalta within @OBShealth – Happy Birthday! We look forward to the Malta meeting in October 2019. @ValettaCampus @umhealthscience

Liisa-Maria Voipio-Pulkki
Director General, Finnish Ministry of Social Affairs and Health

I am so glad and honoured to be a member of this absolutely great team. Congratulations! In Finnish: Lämpimät onnistelut, Observatorio!

Petronille Bogaert
@Sciensano.be

Congrats. You help to make health information easy to use and understandable. Clear recommendable outcomes. Strengthen the use of health information in use with policy makers.
Hans Kluge
Director of the Division of Health Systems and Public Health, WHO/Europe

The twin-relation between WHO and the Observatory is a winner for countries. You provide us with state of the art evidence, which we can then use to formulate policy recommendations to countries and follow up with technical assistance. Warm congrats for the 20th anniversary!

Rifat Atun
@RifatAtun (Harvard University)

Congratulations to the Observatory family for the outstanding work — a remarkable achievement by a super group of public health leaders. We need the Observatory more than ever in a fast changing Europe.

Francis Arickx
@riziv.fgov.be

Congratulations for your ‘courage’... Messages are not always simple...

Boris Azais
@borisazais

Best public health crew in Brussels! You help preventing ideology to get in the way of smart policy making.

Stefan Eichwalder
Deputy Head of Unit, Austrian Federal Ministry of Labour, Social Affairs, Health and Consumer Protection

I wish you a very happy birthday.

Thank you for the input and assistance you provide in a timely and reliable way, that contributes in making better (informed) health policy.

Thank you for establishing a trusted platform for discussion and exchange (also among us partners of the Observatory).

EU_Health
@EU_Health

Happy celebration, to many more to come!
**SELECTED HIGHLIGHTS FROM THE FIRST 20 YEARS**

### 1998
- The founding partners sign the agreement creating the “European Observatory on Health Care Systems”

### 1999
- The official launch of the Observatory takes place in London at the international meeting ‘Evidence into Action’ hosted by the London School of Hygiene and Tropical Medicine
- *Critical challenges for health care reform in Europe* wins the prestigious EHMA Baxter Award
- The first Summer School takes place in Dubrovnik (1999 – 2002)

### 2000
- Since the launch already 23 country HiT profiles are published.

### 2001
- The OBS provides evidence support to the Belgian EU Presidency exploring the impact of EU law on health systems.

### 2002
- OBS becomes the new editing partner for *Eurohealth*
- *Funding health care: options for Europe*, wins the EHMA Baxter Award

### 2003
- The name changes to the *European Observatory on Health Systems and Policies*; the Secretariat moves from Copenhagen to Brussels
- A range of meetings engaging with senior policy advisors develop into the “Policy Dialogues” program, a particular brand of knowledge transfer

### 2004
- The study *Health Policy and EU Enlargement* is published to coincide and support the accession of the 10 new Member States of the EU
- The first annual Baltic Policy Dialogue takes place in Lithuania

### 2005
- Two major new studies are published – *Social health insurance systems in Western Europe and Purchasing to improve health systems performance*

### 2006
- OBS provides health evidence support to the Finnish EU Presidency on Health in All Policies

### 2007
- A series expert panels on cross-border health care are organised to support the European Commission to develop a new Community framework
- The annual Summer School is re-started, taking place every year on the island of San Servolo, Venice
- A third OBS book, *Mental health policy and practice across Europe*, wins the Baxter Award

### 2008
- OBS celebrates its 10th anniversary. It receives the World Bank prize for its contribution to knowledge and learning
- With the Health Evidence Network, OBS produces nine policy briefs for the WHO Ministerial Conference on Health Systems for Health and Wealth in Tallinn
OBS supports the Slovenian EU Presidency on its health priority of cancer policies

2009
- OBS leads the EC (FP7) BRIDGE research project to map current knowledge brokering practices for health policy-making in Europe
- OBS supports the Czech and Swedish EU Presidencies with evidence on their health priorities respectively of financial sustainability and antibiotic research
- A new programme of work on health system performance assessment (HSPA) is launched

2010
- The network of National Lead Institutions (NLIs) is founded, later to become the Health Systems and Policy Monitor (HSPM) network
- OBS supports the Belgian EU Presidency with four policy briefs on the health workforce

2011
- The results of the Health Professionals mobility in the EU (PROMeTHEUS) study are presented under the Hungarian EU Presidency
- *Eurohealth* and *EuroObserver* merge to become the OBS’s quarterly journal

2012
- OBS staff provide inputs to the EC’s Expert Panel on Effective Ways of Investing in Health

2013
- The results of the cross-country review of health system responses to the economic crisis are presented at the WHO High-Level Meeting in Norway
- *The Health Systems and Policies Monitor (HSPM) and Health & Financial Crisis Monitor (HFCM)* web platforms are launched

2014
- The open-access Health Reform Monitor series starts in the journal *Health Policy*
- OBS provides evidence support to the Austrian EU Presidency on access to medicines

2015
- OBS supports the European Commission with implementation of the European Reference Networks (ERNs)
- OBS and WHO conduct a comprehensive review of the Slovenian health system to support national reforms

2016
- With WHO, OBS assesses the performance of the Portuguese health system in the post-crisis recovery period
- OBS leads an international expert panel to pre-review proposed health and social care reforms in Finland

2017
- OBS supports the Maltese EU Presidency with two policy briefs on voluntary cross border collaboration
- OBS collaborates on the TO-REACH consortium for the development of a joint European health systems and services research programme
- OBS and OECD jointly produce the European Commission’s *State of Health in the EU country profiles*

2018
- OBS celebrates its 20th Anniversary
- OBS collaborates with WHO/EURO on the High-level meeting on Health Systems for Prosperity and Solidarity – Leaving no-one behind

For a more detailed historical overview on OBS activities and publications, read our brochure: Celebrating the 20th anniversary of the European Observatory on Health Systems and Policies (2018) or watch our video Making sense of the evidence (2018).

www.healthobservatory.eu

Current OBS Partners
(with date of joining)
WHO / Europe (1998)
World Bank (1998)
Government of Norway (1998)
The London School of Economics and Political Science (1998)
The London School of Hygiene & Tropical Medicine (1998)
Government of Belgium (2003)
Government of Finland (2004)
Veneto Region of Italy (2004)
Government of Ireland (2009)
European Commission (2009)
French National Union of Health Insurance Funds (UNCAM) (2009)
Government of Austria (2013)
Government of the United Kingdom (2013)
Government of Switzerland (2016)