THE EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES: KNOWLEDGE BROKERING FOR HEALTH SYSTEMS STRENGTHENING

By: Suszy Lessof, Josep Figueras and Willy Palm

Summary: The European Observatory on Health Systems and Policies (Observatory) is a partnership hosted by the WHO Regional Office for Europe. It emerged from the preparatory work for the Ljubljana Charter and in response to the focus on people centred, quality health systems shaped by values and evidence. Over the last 20 years it has generated and communicated evidence explicitly to inform policy makers, developing a range of innovative approaches to knowledge brokering. The key lessons for bringing evidence into the processes of health systems strengthening revolve around the understanding that knowledge brokering is a dynamic process with three phases: identifying what the evidence need is; pulling together the right evidence; and unpacking and sharing that evidence so that policy makers can use it.

Keywords: Observatory, Health Systems, Health Policy, Knowledge Brokering

The legacy of Ljubljana

The Ljubljana Charter, adopted 20 years ago, was a remarkable achievement. It was rooted in the belief that health cannot be separated from the wider society or economy and articulated a set of principles for health system reform, which understood that people’s experiences of health systems are central to improving them. It went on to inform the Tallinn Charter and the WHO Regional Office for Europe commitment on walking the talk on people centeredness.

The Observatory follows from the commitment that all the big decisions on health system development should be “based on evidence where available.” Its founding Partners recognized the lack of health systems evidence and, perhaps more importantly, the significant gap between what academic researchers were producing and what decision makers needed to shape policy. They designed the Observatory to bridge that gap, and to support evidence-based policy making through the rigorous analysis of the dynamics of health care systems.
A partnership to broker knowledge

The Observatory brings together different stakeholders – international organizations, governments, and academics (see Box 1) who insist that ‘generating evidence’ must be tied to policy relevance. They also place huge emphasis on disseminating the findings – that is, on packaging and sharing evidence so policy makers can use it. As advocates of evidence, they also draw on it so the Observatory uses research on knowledge transfer to enrich and improve the way it connects researchers and policy makers; builds trust; signals quality and credibility; and makes its outputs ‘interpretable’, ‘applicable’ and, above all, accessible.

The evidence interacts with health systems strengthening through the dynamic of knowledge brokering. The Observatory works with decision makers and key counterparts like the WHO Division of Health Systems and Public Health (DSP) to understand what policy makers need; assemble the right evidence; and share it in ways that are useful – with all phases feeding into each in an iterative cycle.

Evidence products and the lessons learned

A wide range of evidence products have evolved to reflect this experience and to bring decision makers and the evidence together in ways that work. These include published outputs (studies, policy briefs, Eurohealth); face to face work (policy dialogues, flagship courses, Summer School) and on-line platforms (see Box 2).

The way that these evidence products support policy in practice can best be explained through ‘real’ examples. WHO’s ‘walking the talk’ strategic priorities provides a framework for strengthening health systems. Table 1 (over the page) matches an example of the Observatory’s recent work with each heading and lists the knowledge brokering lessons. It demonstrates that knowledge brokering is not simply about explaining the evidence. It needs to tackle a much broader set of questions around who defines the ‘right’ question, where the evidence can be found, which country comparisons are illuminating, how national context is understood, and who is involved in taking a policy agenda forward.

Knowledge brokering for health systems strengthening: some conclusions

To support policy makers in strengthening their health systems means managing the dynamic inter-relationship between the three phases of knowledge brokering:

Identifying what the evidence need is: this means working with policy makers, their advisers, experts and academics to pin down what the real policy question is. This holds true whether a major study or a policy dialogue is being planned. There needs to be a ‘drilling down’ to understand the situation that prompts the question; to check that the way the question is described means the same things to everyone involved; and to ensure that the evidence the team plan to assemble will properly and directly speak to the question.

Pulling together the right evidence: this does not imply huge amounts of primary research; it requires knowledge of what has already been done and by whom so that existing work is not duplicated and existing expertise can be co-opted. It means working across boundaries, so health economists working with epidemiologists or Spanish specialists collaborating with Latvian ones. It also

---

Box 1: Observatory Partners at May 2016

<table>
<thead>
<tr>
<th>Governments</th>
<th>International organizations</th>
<th>Academic organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>WHO Regional Office for Europe (host and Partner)</td>
<td>London School of Economics and Political Science</td>
</tr>
<tr>
<td>Belgium</td>
<td>European Commission</td>
<td>London School of Hygiene and Tropical Medicine</td>
</tr>
<tr>
<td>Finland</td>
<td>World Bank</td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td>Union nationale des caisses d’assurance maladie (UNCAM), France</td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slovenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veneto Region</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Figure 1: Knowledge brokering as the dynamic between evidence and policy

Source: Authors’ own.
means transparent and explicit terms of reference, methods and review as well as a strong focus on context, comparability and trends over time.

Sharing the evidence so that policy makers can use it: this requires clear, timely, and understandable messages that are demonstrably trustworthy and backed by high quality evidence and expertise. It means tailoring messages to the issue and the specific audience, and, when possible, tapping into an entry point – a key moment when there is the will to take evidence on board. It also means engaging policy makers and ensuring that they feel ownership, creating the momentum for them to follow through.

Factors that confer success

The Observatory tries to combine these elements and tools to bring policy makers the right evidence at the right point in the decision making cycle, so that they can make informed choices. It could not begin to do so without the extraordinary network of academics, policy makers and practitioners who contribute to its work; its staff team who combine academic rigour with a commitment to evidence for policy; its colleagues in DSP; and its Partners who know what it is like to try to put evidence into practice.

Box 2: Observatory evidence products

- **HiTs** (Health Systems in Transition series): a set of reviews that describe how each country’s health system works, using the same structure and terms to support comparison.
- **HSPM** (Health Systems and Policy Monitor): an on-line platform and network whose members provide health systems news and updates and reflections on policy developments.
- **Case studies**: tailored reviews of how a particular issue is being addressed in different countries using a standard questionnaire and a network of national experts.
- **Analytic studies**: detailed explorations of an issue that bring together existing primary research and different disciplines to develop a rounded understanding of current policy challenges.
- **Performance studies**: looking at a particular domain and how the indicators available can be used (and misused) in addressing health system performance.
- **HFCM** (Health and Financial Crisis Monitor): a web platform and twitter feed that provides updates on emerging evidence on the health system impacts of the financial crisis.
- **Policy briefs**: concise reviews of evidence around a clearly (and narrowly) defined policy question with a format that emphasizes key messages and demonstrates the strength of the evidence underpinning them.
- **Eurohealth**: a quarterly journal aimed at both the scientific and the policy-making communities which shares syntheses of evidence, news, and debate.
- **Health Reform Monitor**: an open access series of articles in the journal Health Policy that draws on the HSPM network to discuss reform issues across Europe.
- **Policy dialogues**: carefully facilitated meetings that allow small groups of senior policy makers to discuss a specific, current policy decision in a confidential environment with key evidence and expert inputs.
- **Presentations**: at conferences, meetings and seminars which ensure the Observatory’s evidence contributes to the wider European public health and health policy debate.
- **Summer School**: an intensive one-week course for policy makers, planners and practitioners which this year addresses primary care innovation and integration.

References

- Slovenia Health System Review Reports. 2015. Available at: http://www.mz.gov.si/si/pogoste_vsebine_zav javnost/analiza_zdravstvenega_sistema/
### Table 1: Evidence products and knowledge brokering lessons

<table>
<thead>
<tr>
<th>Observatory evidence product</th>
<th>Knowledge brokering lessons</th>
</tr>
</thead>
</table>
| **Walking the talk: strategic priority 1: Transforming health services**  
**Slovenia – health system review**: a comprehensive review in conjunction with WHO Europe’s DSP, assessing expenditure, funding, purchasing, payment and service delivery including long term care. Experiences and evidence from other European health systems illuminated possible choices for Slovenia.  
The Review delivered a set of interlinked reports that were welcomed by the Minister and discussed in Parliament. DSP will work with Slovenia to use the evidence and the ownership created to improve health system performance. | • **Link with national experts**: working closely with the Slovenian Institute of Public Health, Health Insurance Institute, academics, managers and other stakeholders was central to understanding what was really happening and building trust.  
• **Work across silos**: bringing different experts together who could connect hospitals payment to referral patterns to multi-morbidity turned the analysis from an abstract exercise into something practical.  
• **Tap into political will**: it was a Slovenian decision to explore the evidence and to use it. Without (senior) engagement evidence has little power. |
| **Walking the talk: strategic priority 2: Moving towards universal health coverage**  
**Financial crisis case studies**: these case studies (a response to the pressures of the economic crisis on health systems), were carried out in close collaboration with DSP and its Barcelona team. They reviewed in detail policy responses in the areas of public funding, health coverage and health service planning, purchasing and delivery in nine countries. The studies provided the evidence for policy dialogues in member states, demonstrating that securing universal coverage was an appropriate response in the face of the crisis. They also fed into an overview volume analysing the policy responses in 47 countries. | • **Cultivate extensive academic networks**: the case studies were only possible because they drew on the knowledge and insights of dozens of experts across the Region.  
• **Make methods and review transparent**: the significant investment in developing a country questionnaire paid dividends in demonstrating validity and building trust.  
• **Release results early**: timeliness is crucial for policy makers and although the case studies took time to publish they were circulated and used in policy dialogues, and by DSP, to support practitioners and implementation, as soon as they were quality controlled. |
| **Walking the talk: foundation 1: Enhancing the health workforce**  
**Health workforce policy briefs**: Developed to support the Belgian European Union Presidency, the briefs addressed very specific themes (workforce needs, skills, audit for quality and work environment) reviewing the evidence and generating evidence-informed policy options. | • **Write explicit terms of reference**: these policy briefs had to fit closely into a wider agenda – they worked because a lot of thought was given to the commissioning process and to ensuring that the evidence collected would address the policy need.  
• **Highlight key messages**: the policy briefs are structured in the understanding that decision makers have little time. They offer one page of easy access key messages and a brief summary (all underpinned by a fuller iteration of the evidence).  
• **Use entry points**: in this case the Belgian government used the EU Presidency to push forward thinking on workforce issues. Having an opening when policy makers are willing to address an issue makes a real difference to evidence uptake. |
| **Walking the talk: foundation 2: Ensuring equitable access to medicines and technologies**  
**Central European Policy Dialogue**: A policy dialogue in Bratislava on pricing and reimbursing pharmaceuticals in Central-Europe, bringing together Bulgaria, Croatia, Czech Republic, Hungary, Poland, Romania, Slovakia and Slovenia, and key experts to consider the challenges and options.  
**Summer School**: the 2014 OBS Venice Summer School was on rethinking pharmaceutical policy and looked at pricing, procurement and innovation. Summer Schools are not policy dialogues but many of the same lessons apply to their design and delivery. See: [http://theobservatorysummerschool.org/](http://theobservatorysummerschool.org/) | • **Define the question**: policy dialogues bring evidence together for a particular group to meet a particular need. Therefore, getting the question right is imperative. A lot of work went into understanding the central Europe context and what would be useful.  
• **Bring the right experts together**: this policy dialogue involved two leading academics and experts from WHO, the European Commission and the OECD. The Observatory facilitator helped line up their different strengths and perspectives to provide the right evidence for the participants.  
• **Create a safe space for discussion**: the dialogue worked because participants could try out different ideas and ask any questions in a secure and confidential setting. |
Observatory evidence product

**Walking the talk: foundation 3: Improving health information**

**HiTs:** give a clear, analytic description of how a country’s health system is organized and paid for and what it delivers. They detail reform and policy initiatives and capture the challenges, which helps countries to assess what is happening in their own system and explain it to others. See: [http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits](http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits)

**The Health Systems and Policy Monitor:** puts HiTs on-line and updates them using a network of leading national experts to capture news and policy developments. See: [http://www.hspm.org/mainpage.aspx](http://www.hspm.org/mainpage.aspx)

**The Health Reform Monitor:** a series of open access articles in Health Policy written by network members. See: [http://www.hspm.org/hpj.aspx](http://www.hspm.org/hpj.aspx)

---

Knowledge brokering lessons

- **Build in comparability:** policy makers want to be able to set their national system in a European context and to learn from other countries’ experiences. HiTs use the same template to ensure ‘read-across’ from one to another.
- **Address trends over time:** a snapshot of what is happening is useful, but a sense of how a picture is evolving over time tells policy makers much more about the underlying issues and allows them to understand performance evaluations in context.
- **Update regularly:** HSPM network members are an invaluable source of in-depth knowledge and are able to bring a sense of the changes taking place in real time and with real insight.

---

**Walking the talk: governance: managing change and innovation**

**Governance study:** This Observatory study develops a framework for understanding governance and explores how it works in different situations and countries. It concludes that transparency, accountability, participation, integrity and capacity are the crucial aspects of health governance.

---

**Offer practical tools:** not all analysis leads directly to something ‘applicable’ but the governance study was able to extract from the literature and practice a five-point framework that will allow policy makers to ‘check’ the health of their system’s governance and focus efforts to implement change.

**Identify champions to take ideas forward:** the Observatory generates evidence for policy makers but does not support policy development or implementation. The WHO Regional Office for Europe’s Policy and Governance for Health and Well-being programme will make the study’s evidence operational and use it with countries.

**Unpack the evidence:** the study is rich in detail so the research team are extracting key messages and making them available to different audiences in appropriate formats. They have launched the book, will present at conferences and publish articles to facilitate access.

---

**Israel: Health System Review**

**By:** Bruce Rosen, Ruth Waitzberg, Sherry Merkur

**Copenhagen:** World Health Organization 2015 (on behalf of the Observatory)

**Pages:** xxv + 212; ISSN 1817-6127

**Freely available for download at:** [http://tinyurl.com/IsraelHiT2015](http://tinyurl.com/IsraelHiT2015)

The Israeli health system is considered quite efficient. At the same time reform initiatives are being taken to tackle certain problems: the benefit package is further expanded to include mental health care and dental care for children; health inequalities are reduced through a multipronged effort; national projects are set up to measure and improve the quality of hospital care and reduce surgical waiting times, along with greater public dissemination of comparative performance data. Due to the growing reliance on private financing with potentially deleterious effects for equity and efficiency, action is taken to expand public financing, improve the efficiency of the public system and constrain the growth of the private sector. Finally, major steps are being taken to address projected shortages of physicians and nurses.