PLENARY SESSION 2: EAHC (Executive Agency for Health and Consumers) Debate - Translating evidence into practice: policies and funding to improve public health in Europe

Thursday 8th November 2012, 13:15-14:20

Content of the session:

The aim of this plenary session is to shed light on how the generation, dissemination and application of evidence can contribute to change public health at the EU level.

Evidence-based policy and impact: a "seamless" theoretical context

The generation of knowledge moves in cycles: knowledge is generated, tested, validated (evidenced) and implemented through "evidence based" policies and public health interventions. Results from the implementation will then feed back into the process of knowledge generation and the cycle will recommence until policy action and public health interventions in a given field are optimized. The cycle also follows specific modalities, from basic, translational and applied research, through to dissemination and reproduction of validated application practices.

This so-called "Research – Demonstration – Implementation" (RDI) cycle ideally establishes a cause – effect relationship between knowledge production on one hand and changes with a societal dimension on the other hand. In the area of public health, such change would, for example, lead to improved health outcomes. The key word here is "ideally", because reality is far from ideal: ensuring the cause-to-effect relationship between evidence-based policy and actual impact has proved elusive.

Evidence-based policy and impact: an elusive reality

Rarely has so much evidence been available for public health authorities, together with other players and/ or stakeholders to actually use it for building policies or interventions. Still, there is widespread evidence of failure to implement policies and health interventions that have been demonstrated to be cost-effective by high-quality research. Several factors have been put forward to explain this apparent contradiction:

- The lack of institutions and mechanisms that can, in a systematic manner, promote interactions between researchers, policy-makers and other stakeholders who can influence the uptake of research findings;

- The need to further "translate" research findings, even when systematic reviews are available, into guidelines or messages that are understandable by the target groups, whether they be citizens or health professionals;

- The fact that engagement with the research community requires a public that is both informed and active.

Fora and platforms bringing together policy-makers, stakeholders and researchers have multiplied, while public consultations are now the norm for research programme development. So-called "knowledge brokers" have developed various tools, to make research findings accessible: briefings, policy dialogues, tool-kits and cook books abound. Yet, it is unclear to which degree these actions have improved the degree of uptake. What seems to have attracted less attention is the key interaction between a given policy or intervention and the specific environment in which it takes place.

Evidence-based policy and impact: the challenge and added-value of EU-wide change

There is an implicit understanding that, when moving (across the RDI cycle) towards large scale implementation of validated practices, we can maximize societal change and, in our case, public health impact. But this will greatly depend on the specific «external
environment» where the knowledge is supposed to be used and the complexity of interactions.

This is already the case at the national, regional and local level. But the level of complexity increases significantly if we take as field of our policies or actions Europe as a whole, both because of the significant differences between Member states, but also because EU action in the area of public health conforms to the principle of subsidiarity.

Of course, there are clear cut cases, such as addressing cross-border health threats, where an EU-wide approach is by definition more efficient and more effective, or areas with existing or forthcoming EU legislation. But these constitute only a small part of the public health agenda.

Still, the EU has a role to play also in other areas. What may provide a significant EU added value are not so much the interventions themselves; indeed, evidence on these is "available for use" by national, regional or even local health authorities. What is of additional value is the collective knowledge acquired by collaborating and exchanging experiences from implementing the existing evidence in so many different settings.

To put it simply, each member state may wish to implement a given intervention proven, for example, to reduce childhood obesity or smoking rates. However, there is an additional value for the member states to gain collective insight and understanding on the "why" and "how" of successes and failures in addressing such important public health issues, even if they remain firmly within their national remit.

The Lisbon treaty, by specifying both areas for coordinated action, as well as specific modalities for such action, recognizes the value of such an approach. It further entrusts the European Commission with an important role as a key transmission mechanism of validated good practices and evidence on which it can work, together with the member states to improve public health in Europe. But it also increases its responsibility to work towards meaningful and visible impact.

**Structure of the session:**

The session will be introduced by Deputy Director General for Health of DG Health and Consumer Protection, Mr. Martin Seychell, who will also be the chair and moderator of the debate.

He will be followed by three speakers, each one providing a position on the key question of how to bridge the gap between evidence and practice in an EU-wide perspective. The abstracts of their interventions are:

**Valorisation**

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University of Amsterdam  
CV: [http://english.uva.nl/research/university-professors.cfm/18C34D70-7100-4A75-A9EF0C8CF4F8C0A6](http://english.uva.nl/research/university-professors.cfm/18C34D70-7100-4A75-A9EF0C8CF4F8C0A6)

The European Union and Member States invest a lot of public money in research, not only because we prize knowledge but also because we are convinced that Europe will need innovation as a prime driver of our economic growth in the future. That is why the EU also addresses the issue of valorisation of research results. Most often we mean patents and spin off companies as a way of using new knowledge to generate economic activities. Of course we all applaud such use of research results, but we tend to forget that research is not only valued for its contribution to economic growth in the private sector. Research has more to offer that is of value to society. In the case of Public Health research, results often necessitate public policy decisions or public health programmes to implement research and EUPHA has grappled with how to
speed up such valorisation in the public sector. In medicine, the results of research are often implemented by summarising and translating them into clinical guidelines. The Cochrane Collaboration has been instrumental in speeding this process up. Nevertheless we know that it still often takes years before new knowledge is common knowledge and applied in daily practice.

For Public Health many Member States have Science Advisory Councils that play a role in the translation from research into practice. These advisory councils (for instance the Institute of Medicine in the US or the Health Council in the Netherlands) are asked to advise the government on vaccination or screening programmes, on the exposure levels in occupational or environmental health or on the necessary network or emergency health services. They often bring together all the available scientific evidence and use expert committees to draw conclusions about the best options for policy.

The methodology for science advise, the independence of the committee, the summary of the research findings and the weighing of costs and benefits have recently been formalised in a publication by EuSANH (European Science Advisory Network in Health) as an outcome of an EU project. This helps Member States to set the step from funding research to using the results for evidence based policy making in Public Health.

We have a responsibility to recognise and foster this form of valorisation; otherwise research aimed at public innovation is not seen to be of value to society. If we use the word valorisation, let us apply it equally to the private and the public sector.

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Why Can’t We Get from the Evidence to the Policy? Perspectives from North America  
Laura Morlock  
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Professor, Health Policy and Management  
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The United States has invested substantial resources in both basic and clinical research. Many believe, however, that the process of translating this knowledge into policy and practice to improve the public’s health has been at best inefficient, and at worst ineffective. In recognition of these gaps in the health sector among research evidence, policy and practice, many public and private organizations are devoting resources to developing a better understanding of the science of knowledge translation and implementation. In the U.S. these organizations include the Institute of Medicine, National Institutes of Health, Centers for Disease Control and Prevention, and the Agency for Healthcare Research and Quality, among others. The Canadian Institutes for Health Research utilizes a “knowledge to action” cycle, which like many frameworks used in the U.S., addresses both knowledge creation (research) and action within the context of the translation process.

There is an increasing awareness within the health policy community of the many similarities across the clinical knowledge translation, dissemination and diffusion of innovations, and health policy translation literatures regarding the complex set of factors that influence the utilization of new evidence in policy and practice settings. This awareness has generated increasing interest in various approaches to “implementation science,” defined as the study of methods to improve the uptake, implementation, and translation of research findings into routine and common practices—thus addressing the “know-do” or “evidence-to-program” gap. This presentation discusses several examples of recent and on-going efforts to utilize the implementation science framework for improving policy and practice.
The panel discussion that will follow these interventions will aim to provide answers to some key questions such as:

(a) What do policy makers look for in "evidence"?

(b) What do researchers think that they can provide policy makers with? And how can they make it "politically" attractive?

(c) How can one bridge the research – policy "timeframe lag"

(d) What means of structural dialogue and exchange can be put forward for researchers and policy makers to find common ground and mutual understanding

(e) How to deal with the multiplication of knowledge and possible contradictions between research findings

(f) How to turn the complexity/ heterogeneity of the context of application from a handicap to an asset