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# Linking Health Services Research and Policy in Europe

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## What do we know about use of research for policy?

- Research can be used very differently to influence policy-making
  - Instrumental use
  - Conceptual use
  - Symbolic / tactical use

Weiss, 1979



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## What else do we know?

- We know much about the problem, less about the remedies
- We know much about a few countries, but little about most countries in Europe
- Improving research use relies heavily on understanding the policy process



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## What works?

- “Research push” – e.g. active dissemination
- “Policy user pull” – e.g. incentives and reinforcement; organisational processes and culture; training of policy-makers in research appraisal
- Formal and informal interaction and social relationships

after Nutley et al., 2007



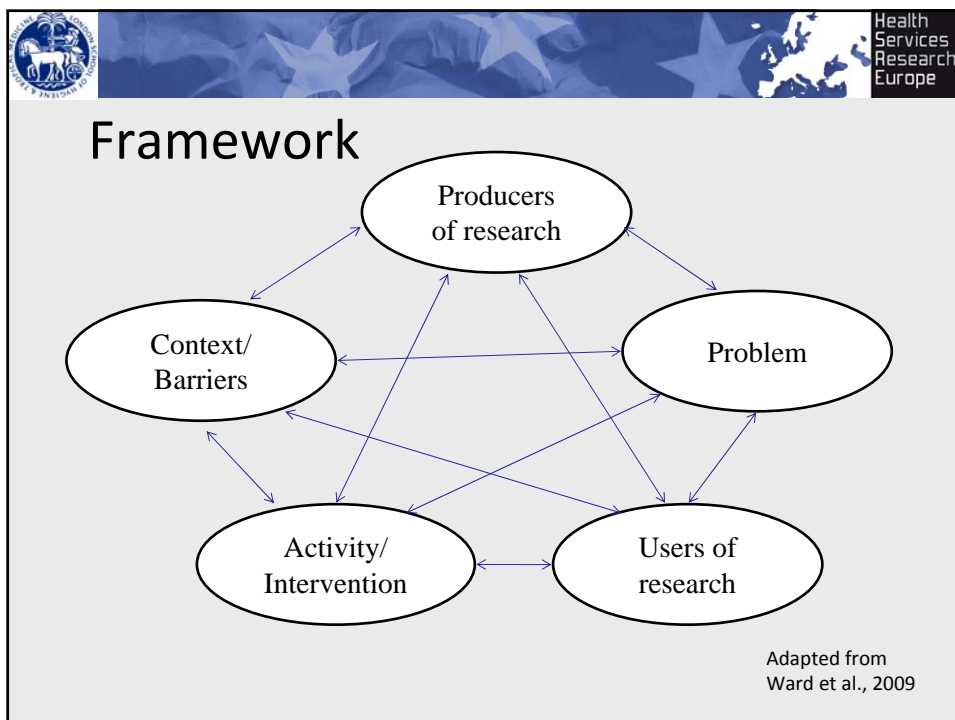
## Objectives and methods



### Objectives

- To map producers and potential users of HSR in European countries
- To describe the infrastructure and activities for linking HSR and policy at national level

### Methods

- Questionnaire to country experts in 33 countries, autumn 2009
- 24/33 response rate by 8 March 2010





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## Funding and priority-setting

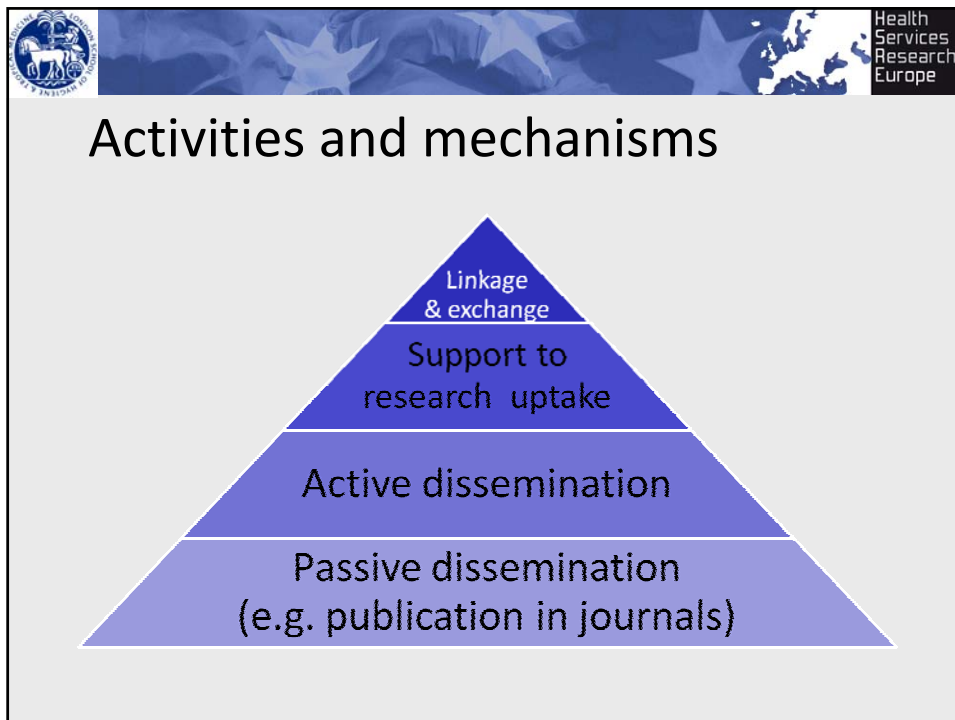
- Very little data, often concealed under other headings; however, indication of huge variation between countries
- Few countries have developed a strategic approach to priority-setting in HSR
- But recognised as a crucial part of the process of linking HSR to policy
- If there are priorities, these tend to relate to HTA

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## Producer infrastructure

Country	Training		Associations		Journals		Conferences	
	HSR	Other	HSR	Other	HSR	Other	HSR	Other
Bulgaria	No	Yes	No	Yes	No	Yes	No	Yes
Czech Republic	No	Yes	No	Yes	No	Yes	No	Yes
England	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Finland	No	Yes	No	Yes	No	Yes	Yes	Yes
France	No	Yes	No	Yes	No	Yes	Yes	Yes
Germany	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lithuania	No	Yes	No	Yes	No	Yes	No	Yes
Netherlands	Yes	Yes	No	Yes	Yes	Yes	No	Yes
Slovenia	No	Yes	No	Yes	No	Yes	No	Yes





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## Activities and mechanisms

### 'Linkage and exchange'

- Defined as “the process of ongoing interaction, collaboration, and exchange of ideas between the researcher and decision-making communities” (CHSRF)
- The few examples include
  - Multi-professional networks (again largely HTA)
  - Secondments and exchanges
  - Intermediaries



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## Intermediaries

### Organisations

- Government-related research institutes/agencies
- Health sector-related research institutes/agencies
- International/European organisations
- Private non-profit bodies (e.g. foundations)

### Individuals

- Research liaison staff in policy organisations



## Barriers to HSR use in policy

### Barriers related to the production of research

- Limited capacity, funding and workforce
- Relative slowness; poor presentation
- Mismatch of research and policy questions
- Lack of incentives for researchers to apply findings

### Barriers related to the policy process

- Fragmented decision-making process
- Unsupportive political or organisational culture
- Absence of formal requirements and incentives
- Lack of co-ordination of funding



## Conclusions

- Infrastructure of HSR varies very widely across Europe
- Degree of attention given to enabling use of HSR in national policy is generally even more limited (and extremely variable)
- Much to be done if one believes that HSR is worthwhile to improve health system
- Information on HSR and linkages to policy is very limited



## Questions for discussion

Are there opportunities to make HSR more relevant to policy and policy more amenable to HSR?

- Are there any “best practice” examples, which could be transferable to other countries?
- How could international collaboration support the use of HSR?
- How can the EC encourage the use of HSR?
- What activities can be taken to support countries with little capacity and funding for HSR?