TRANSFORMING HEALTH AND CARE SYSTEMS

Introduction to THCS project

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THCS
TRANSFORMING HEALTH AND CARE SYSTEMS

- One of the Partnerships under Horizon Europe (Pillar 2 - Global Challenges & European Industrial Competitiveness)
- Total budget of appr. € 305 million and an EC Contribution of € 91 million (30% of the total budget)

- **64 partners**
- **23 Member States and HE Associated Countries**
- **9 regions**

Start: January 2023
Duration: 7 years

THCS Partnership

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THCS Vision and Objectives

High-quality, fairly accessible, sustainable, efficient, resilient and inclusive health and care systems for all

- **Increase funding opportunities and strengthen the research and innovation community**
- **Fill the knowledge gap**
- **Increase the ability to implement innovation**
- **Intensify cooperation among countries and beyond healthcare**
- **Increase stakeholders' involvement**

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THCS **Approach**

Three main workstreams

- **Fill the knowledge gaps**
- **Implementation and Transfer**
- **Boosting Health and care systems**

Learn from practices

Problem and priorities definition

learning what, why and how

People-centred health and care systems

Implementation and Transfer

Boost health systems

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Pillars and Work Packages

PILLAR 1
Science & Innovation into Policy and Practice

- WP4 – Methodological and Assessment Framework
- WP5– Bridging evidence to policy

PILLAR 2
Research and Innovation funding

- WP6 – Calls texts definition of R&I topics
- WP7 – Joint Transnational Calls Secretariat
- WP8 – Project Monitoring and Assessment of Projects' results and impacts

PILLAR 3
Support transferability & strengthening ecosystems

- WP9 -Strengthening ecosystems
- WP10 –Knowledge hub to support the transferability of good practices

PILLAR 0
Programme management

- WP1 – Governance and Annual Work Plan
- WP2 – Coordination and Management
- WP3 – Strategic relationship and Impact maximisation

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For more information about THCS project

https://www.thcspartnership.eu/

The webinar recording and presentations can be accessed via THCS Knowledge Hub:
https://knowledgehub.thcspartnership.eu/login

TRANSFORMING HEALTH AND CARE SYSTEMS

Building Decision Makers' Capacity on Evidence-Based Policymaking

Leading partner : Ministry of health (FR MOH) (France)

Task 5.1 leader : Universitatea Babeș-Bolyai (UBB) (Romania)
Task 5.2 leader: FR MOH (France)
Contributors: All Partners

LEARNING WEEK

October 3rd, 2025

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Evidence

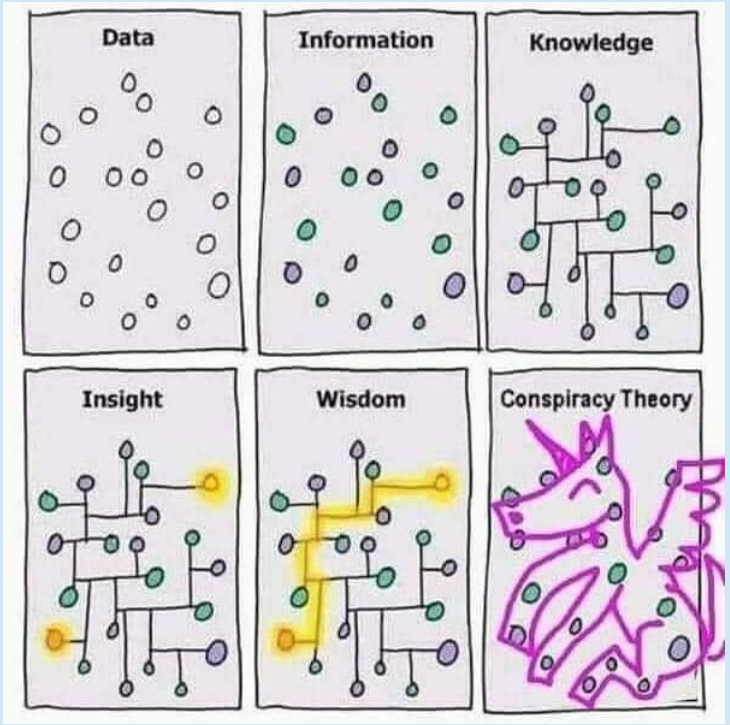
- can be defined as the set of facts, information, or data available that indicate whether a belief or proposition is true or valid. It encompasses the informational and analytical resources available to decision-makers.

- Different types of evidence can thus form the basis of political decision-making:

Research Evidence

- Any fact, information, or data provided by a research study using a recognized and robust research methodology, including:
  - Primary Research
  - Secondary Research

Decision-making is the result of a complex interaction of facts, personal experiences, values, beliefs, practical reasoning, contextual elements, and different types of knowledge



Ref: 13 Belgian Presidency of the Council of the European Union, 2024, Background note: Non-paper on Evidence Informed Education

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Evidence-Based Medicine

Evidence-based medicine is often described as the 'template' for evidence-based policymaking.

EBM movement

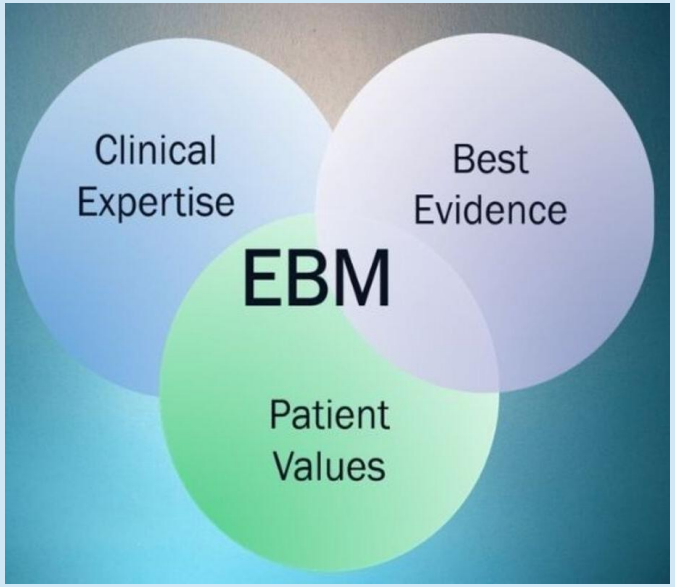
use high-quality research evidence to select only effective interventions, → to hone in on effectiveness and efficiency

The Three Pillars of EBM

- **Scientific Evidence**: Data derived from clinical research.
- **Clinical Expertise**: Interpretation and adaptation of evidence by the practitioner.
- **Patient Preferences**: Integration of the patient's needs and wishes into the decision-making process.

Decision-Making Process in EBM

- **Formulate the clinical problem** as a personalized question.
- **Search for the best available sources of information.**
- **Critically evaluate the data**: validity, impact, usefulness.
- **Apply Clinical Judgment**



https://www.cognibrain.com/importance-of-evidence-based-medicine-on-research-and-practice/

How does this apply to policy makers?

Ref: 1. Oliver, K., Pearce, W. Three lessons from evidence-based medicine and policy: increase transparency, balance inputs and understand power. *Palgrave Commun* **3**, 43 (2017)
2. Saúl Pérez-González, Evidence of mechanisms in evidence-based policy, Studies in History and Philosophy of Science, Vol. 103, 2024, pgs.95-104, ISSN 0039-3681

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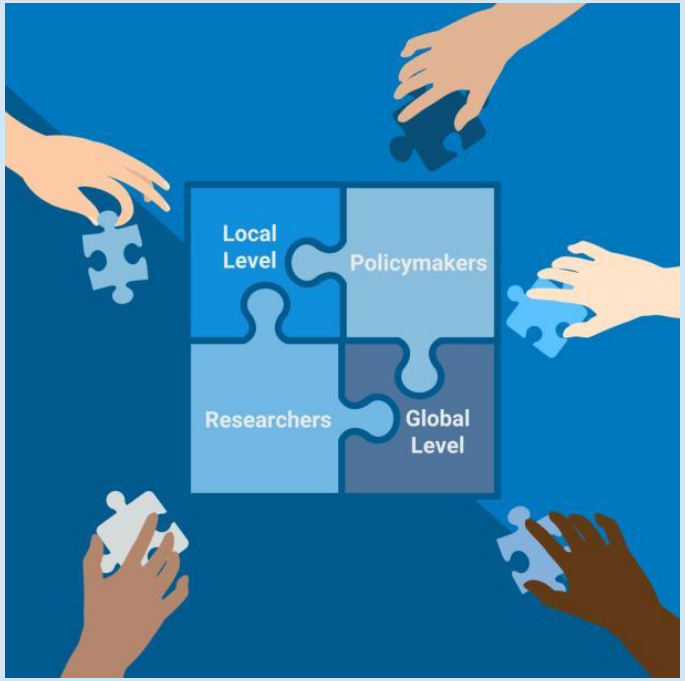
Evidence-Based Policy

- Evidence-based policy (EBP) movement emerged in the late 1990s
  - Central idea: policy-making should be guided by the best available evidence.
  - Promote those interventions/approaches that are known to work.
  - Following the evidence → best strategy to ensure that what is done is worthwhile and well-implemented.
  - Aims to avoid biases, flawed reasoning, and misplaced goodwill
  - Leads to agile and responsive governments well equipped to address complex policy challenges



https://www.unesco.org/sdg4education2030/en/evidence-and-policy| Education2030

Ref: 1. Oliver, K., Pearce, W. Three lessons from evidence-based medicine and policy: increase transparency, balance inputs and understand power. *Palgrave Commun* **3**, 43 (2017).
2. Saúl Pérez-González, Evidence of mechanisms in evidence-based policy, Studies in History and Philosophy of Science, Vol. 103, 2024, pgs.95-104, ISSN 0039-3681
3. Lin V (2003) Competing rationalities: evidence-based health policy? in: Lin V, Gibson B (eds) Evidence-based health policy: Problems & Possibilities. Oxford University Press, Oxford, p 3–17
4. Dobrow MJ, Goel V, Upshur REG (2004) Evidence-based health policy: context and utilisation. Soc Sci Med 58(1):207–217
5. Oliver K, de Vocht F (2017) Defining 'evidence' in public health: a survey of policymakers' uses and preferences. Eur J Public Health ckv082. 27(2): 112–117
6. Oliver K, Lorenc T (2014) New directions in evidence-based policy research: a critical analysis of the literature. Health Res Policy Syst 12(14):34

Role in Trust building

- Evidence should support democratic debate, without being perceived as absolute truths.
- Three key objectives:
  - Address societal challenges.
  - Ensure data impartiality (transparency, quality control, representativeness).
  - Preserve the role of research in public debate.
- Citizens must be reassured about the independence of research and its complementary role to decision-makers.
  Transparency and citizen inclusion are essential to build lasting trust.

https://www.shrm.org/topics-tools/news/managing-smart/building-trust-manager

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Main issues addressed

Actions to maximize the impact of funded projects' results in policy

- According to OECD, if institutions do not **enable the effective use of evidence**, their initiatives are unlikely to succeed.
- Analyze capacity gaps
  - Identify the right kind of skills that are needed
- Organizations can then focus on the **most suitable interventions**.
- **To enable change, organizations first need to** gather information on:
  - current capacities,
  - the desire for change,
  - **existing barriers and facilitators** of evidence use within the system.

Evidence – How to find it and use it

- Capacity-building initiatives need to address the full range of skills that influence the use of evidence. These are skills for:
  - **Understanding** evidence
  - **Obtaining** evidence
  - **Interrogating** and **assessing** evidence
  - **Using** and **applying** evidence
  - **Engaging** with stakeholders
  - **Evaluating** success

Institutional processes to ensure evidence informed policymaking

- OECD recommands that **capacity-building initiatives consider the local political and institutional context** of **research use**.
- That means:
  - Understand the **reality of how actual policy-making occurs**
  - Understand how and when to **seize the opportunities** for evidence to play a role.

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Objectives of the THCS Partnership

Supporting coordinated research and innovation programs to transform health and care systems in Europe, making them more people-centered and equally accessible, sustainable, efficient, resilient, inclusive, innovative and of high quality .
Contribute to the transition of the HC systems by **helping to accelerate the translation of research and innovation into evidence-based strategies and policies**.

Specific objectives

1. Increase funding opportunities and strengthen the research and innovation community
2. Filling knowledge gaps
3. Increase capacity to implement innovation
4. Intensifying cooperation between countries and beyond health care
5. Increasing stakeholder participation and capacity building

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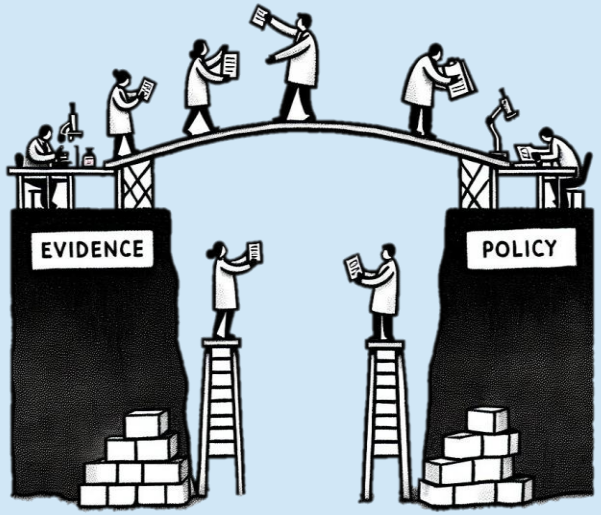
Bridging evidence to policy

Objectives of WP5

Strengthen the **capacity of decision-makers** to base their decisions on evidence and the experience of actors in the field :

- Organize policy dialogue activities
- Build and highlight tools facilitating policy-makers access and comprehension of evidence
- Participate in European and international efforts to build an effective connection between the supply and the demand for evidence in the policy-making process.
- Create dialogue on how government and the public sector can support senior officials, experts and advisors working at the political/administrative interface and in the policy-making process.
- Engage mid-level decision-makers who can facilitate connections with researchers



Target Audience

Policy makers and representatives of political authorities, as well as stakeholders in the evidence processing chain

Strategic Focus

Focusing on the demand for evidence by policymakers rather than the supply by researchers

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Involved Partners & Participating Stakeholders

Invites / Experts

BIOSISTEMAK

NIVEL
Research for better care

Inserm
La science pour la santé
From science to health

Public Health
Babeș-Bolyai University

NHS
National Services Scotland

MINISTÈRE DE LA SANTÉ ET DE L'ACCÈS AUX SOINS
Liberté
Égalité
Fraternité

Finnish institute for health and welfare

iacs
INSTITUTO ARAGONÉS DE CIENCIAS DE LA SALUD

ProMIS
PROGRAMMA MATTONE INTERNAZIONALE SALUTE

NIJZ
National Institute of Public Health

ZDRAVNIŠKA ZBORNICA SLOVENIJE

Swiss TPH
Swiss Tropical and Public Health Institute

UNI FREIBURG

CEReSS
Aix Marseille Université

Santé publique France

VU VRIJE UNIVERSITEIT AMSTERDAM

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Evidence processing chain

to support evidence informed policy decisions

KNOWLEDGE PRODUCERS

Produce scientific knowledge

KNOWLEDGE SYNTHESIS

- Produce reviews
- Transform scientific data into an understandable format → resource for policymakers
- Integrate the contributions of all the disciplines concerned

KNOWLEDGE BROKERS

- Aligns Political needs ←→ Evidence
- Provides transdisciplinary Synthesis and minimizes bias
- Finds expert input
- Helps policy advisers understand implications

ADVICE

Prepares decisions

Work on policy options

- Administrative advice
- Scientific advice

POLICY DECISIONS

POLICY PROGRAMS

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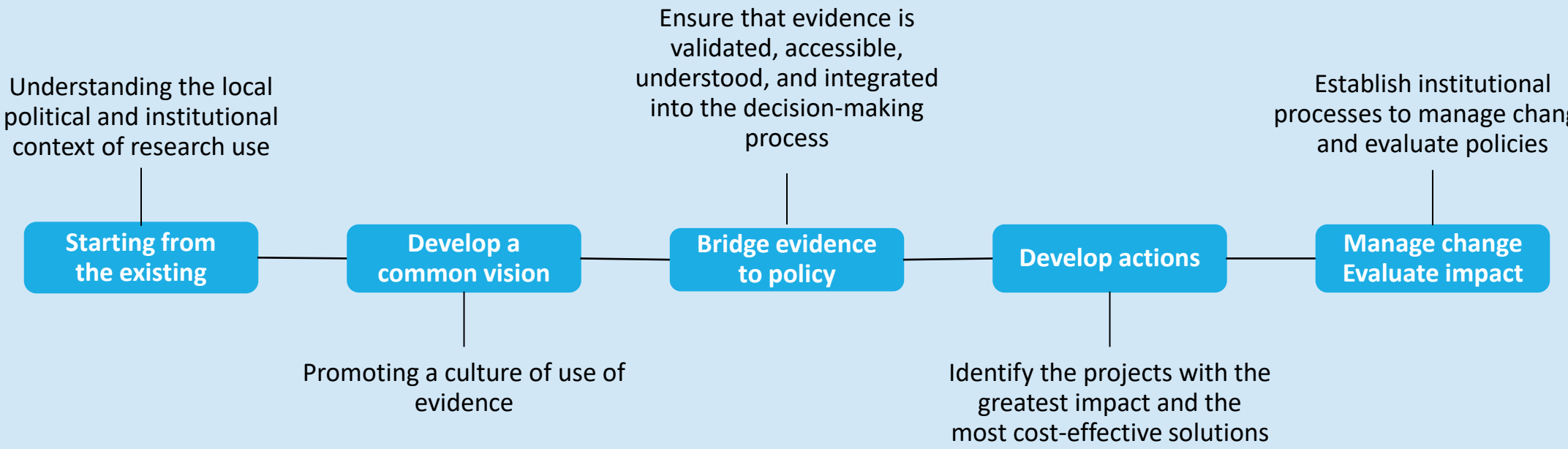
Key steps in dialogue with policymakers



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Our activities

2024 Survey

All accross Europe

700+ respondents

2024-2025 Workshops

With partners

With stakeholders (GPs)

2025-2026 Typology of funded projects

Working on how promote funded projects in the PD activities.

2025 Round of interviews

8 countries involved

Results' interpretation in progress

Scientific publication expected

2026 Master class on Primary care

Capacity building program for policymakers

2026-2029 Toolbox Development

Working on 3 components

Aiming to support the use of evidence in policymaking

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Implemented actions and results

01	Survey (UBB)
02	Interviews (FR MOH)
03	Toolbox (UBB)
04	Workshops (FR MOH)
05	Presentation of our future capacity building activity: Master class (FR MOH)

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2024 Survey: Key Findings

273 respondents -

Researcher	96 (35.1%)
Health or social care professional	73 (26.7%)
Policymaker	35 (12.8%)
Manager in a health or social care organisation	25 (9.1%)
Citizen / member of the general public	7 (2.5%)
Representative of a research funding organisation	5 (1.8%)
Health insurer / financer of care	4 (1.5%)
Representative of an organisation of patients / carers / citizens	4 (1.5%)

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2024 Survey: Key Findings

- It was perceived by the respondents that **policy makers face significant challenges** in understanding, assessing and applying research evidence;
- Lack of time, usable formats of research, and institutional mechanisms are **major barriers** across different stages of the policy cycle;
- More time/resources (22%) and communities of practice (20%) were identified as **key facilitators** for integrating research into policy;
- Multiple **incentives** for policy makers to use research in the decision-making process were mentioned, including funding access, public credibility, regulatory requirements, electoral benefits, risk management, and international alignment;
- More than half of respondents reported that they are not involved in **formal collaborations** between policy makers and research organizations;
- In different countries some of the collaborations between policy makers and researchers occur informally, lacking structured mechanisms for **researcher-policymaker engagement**.

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2024 Survey: Key Findings

❓ Open-ended Survey Questions	(1) How is evidence used in the development of policies? (2) What mechanisms or platforms support ongoing engagement between researchers and policymakers? (3) What role should researchers play in the policymaking process? (4) What are the main incentives or rewards that motivate policymakers to integrate evidence into their decision-making?
(1) Use of Evidence in Public Policy	Evidence-based policies do exist, particularly in public health (Latvian National Health Plan, Standardized Packaging of Tobacco in Ireland). Obstacles remain, such as the practice still of ''cherry picking evidence'' and due to the fact that ''most of the evidence from health research is too fundamental to use in policy making''.
(2) Mechanisms for Collaboration Between Researchers and Policymakers	Engagement is often limited and **informal mechanisms** are present, hindered by power dynamics or lack of mutual interest. However, some countries have **formal structures** for collaboration in place, such as knowledge brokering, commissioned research, research networks, round tables, advisory councils and policy briefs.
(3) Perceived Roles of Researchers in the Decision-Making Process	Advisors: Provide expertise without direct involvement. Evidence Providers: Produce reliable and relevant data. Translators & Communicators of Evidence: Simplify and contextualize findings to make them accessible. Collaborators/Partners: Collaborate throughout the entire policy cycle.
(4) Incentives for Policymakers to Use Research	Strategic Advantages: Alignment with international agendas. Electoral benefits: Increased satisfaction among voters, alongside credibility and public support. Mandatory use of evidence for policy development. Access to Funding and Resources: Evidence-based policies attract more resources.

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2025 Cross-Country Interview Insights

Methodology

- Attempt to capture more qualitative information from policymakers' experience
- Protocol written with partners|Ethics committee
- Final results expected for end of 2025 in scientific publication

Countries Involved

Finland, France, Israel, Italy, Romania, Scotland, Slovenia, Spain (Basque country & Aragon)

General Trends Across Countries

- Systematic but fragmented use of evidence
- Cultural and structural barriers
- Consensus and stakeholder engagement matter
- Evaluation is under-developed

Insights revealed:

- Country-Specific Highlights
- Main Barriers Identified
- Facilitators and Good Practices

Implications for THCS & Policy

- Need for centralized, open-access knowledge platforms at EU and national levels.
- Bridging functions (knowledge brokers, joint research-policy units) are crucial to translate evidence.
- Promote evaluation culture with systematic, real-time feedback loops.
- Develop training and capacity building for policymakers in evidence appraisal and use.
- Foster European-level dissemination of funded research to ensure visibility and impact.

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Toolbox to support the uptake of the research results into policy

Methodology

- Triangulate evidence – Use literature reviews, data collection and analysis (both qualitative – interview findings and quantitative – survey results).
- Developed tools validated among the partnerships' consortium.
- Informed sessions with policymakers to test tools in their working environment before roll-out.

Implications for THCS & Policy

- The toolbox makes it easier for decision-makers to see how research connects to real-world health and care challenges.
- This helps shift the culture surrounding evidence-informed policies, so that using evidence becomes the norm, not the exception in policy development.
- By supporting co-implementation, it promotes trust and stronger partnerships across sectors.

COMPONENT 1 — Develop the toolbox general framework

COMPONENT 2 — Catalyze collaboration between evidence-generating entities and health policy-making institutions

COMPONENT 3 — Enhance utilization of research findings to improve policy-making in primary and community care and sustain HS transformation

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Introducing WP5: A Joint Presence at Romania's Family Medicine Conference

Methodology

- WP5 contributed with two significant activities: a panel discussion and an interactive workshop, both aimed at bridging the gap between research evidence and policy making.

- The panel and workshop provided a unique forum to not only share THCS's ongoing research and initiatives but also actively listen to the challenges and perspectives of those at the heart of primary care, family doctors and patients.

- The panel session explored how evidence from research can be practically and sustainably translated into policy, particularly in the realm of primary care.

Insights revealed:

- Through group discussions, participants identified several key barriers, including poor coordination between levels of care, inadequate digital infrastructure, and a lack of patient-centered approaches in policy development.
- These challenges were closely tied to the participants' own experiences within the healthcare system, highlighting real and pressing needs from the field. The discussion naturally transitioned into the presentation of case studies where policies were implemented without consultation of primary care professionals, leading to multiple barriers in implementation.

Implications for THCS & Policy

- The Bucharest Family Doctors Conference provided a platform for WP5 to operationalize its mission: connecting the dots between evidence, practice, and policy.
- The conference acted as a national-level platform to engage more directly with family doctor organizations in Romania.
- We are currently deepening these connections, by create channels for ongoing dialogue and collaboration that would lead to a stronger connection of the toolbox with current challenges in the field.

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Naples World Café Workshop

Ice Breaker: Who are you on the Evidence Processing Chain?

3 Tables with Different Prompts:

EX: I work at a health research funding agency…..
My director wants me to:

- Clarify why research results are not readily available or applicable for policymakers.
- Propose actions within my organization's strategic plan to enhance the policy impact of funded research.
- Explore potential partnerships – but with whom?

COMMON IDEAS ACROSS ALL GROUPS

1. **Gaps in Communication and Access**
   - Policymakers feel **overwhelmed** by volume/complexity of research.
   - **Different mindsets** exist between policymakers and researchers
   - **Cultural, institutional, and linguistic** barriers
2. **Need for Knowledge Brokers – to facilitate research translation from the outset of research projects.**
3. **Budget for Dissemination**
   - A **portion of research budgets** should be dedicated to communication.
   - Dissemination efforts should reach **both policymakers and the public**.
4. **Partnerships and Co-Creation**
   - Involving stakeholders **early in research design** is crucial.
   - Co-creation enhances **relevance and usability**.
   - **Examples of concrete institutional mechanisms:**
     - **Finland:** Policy Brief required by funding agency
     - **Tuscany**: Information day at the project call launch

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June 2-3 Partner's Days Workshops

Typology Feedback

- **Missing Elements**: Level of evidence, expected impact, and project results should be included.
- **Clarification Needed**: Terms like "tools," "transferability," and "research areas" require clearer definitions.
- **Social Care Gap**: The framework should integrate social care.
- **Dual Purpose**: Typology can help researchers express implementation needs to policymakers.

Master Class Framework Feedback

- Clarify and hone in on the target audience
- Concerns: Sustainability and funding for participation
- The project needs clearer articulation of its unique value and purpose → Policy Experimentation
- Hybrid sessions were said to be the best option → 1-week in-person session & webinars

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Master Class on Evidence-Based Policy in Primary Care

June 29 to July 3 - 2026

Program is currently being created:

- In a working group with partners
- Ensures inclusion of varied perspectives, case studies, experts
- Finland, Italy, Romania, Scotland, Slovenia, Spain (Basque country)

Our Innovative Approach: bringing different methods of **policy experimentation** and **policy-prescribed research into the discussion.**

Objectives:

- Capacity building on evidence-based policy tools
  - From EU Observatory, WHO, UBB, INSERM,
- Mutual learning with policy makers who will present Case Studies from their countries on evidenced based policy
- Showcase THCS research projects to policy makers
- Knowledge sharing on:
  - Understanding Context and Reforms in Primary Care and their Challenges / Research and Evidence in Primary Care
  - Getting Evidence into Practice
  - Mobilizing Research, Experimenting and Implementing
  - Transformation and Ecosystems

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Thank you for your attention

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