UNIVERSITAS FRIBURGENSIS
DOMAINE SOCIOLOGIE, POLITIQUES SOCIALES ET TRAVAIL SOCIAL

EXECUTIVE SUMMARY

LESSONS LEARNED FROM 25 YEARS OF EVALUATION AT THE FEDERAL OFFICE OF PUBLIC HEALTH

Marc-Henry Soulet, Kerralie Oeuvray

With the collaboration of

Sarah Urfer Nguyen and Anja Meili

Commissioned by the Federal Office of Public Health

April 2011

Publisher's Imprint

Contract number:	10.001856/ 704.0001 / -424
Contract period:	Start : 10.05.2010 End: 30.06.2011
FOPH Evaluation project manager:	Sophie Vrtacic, Evaluation and Research Unit (E+F)
Available through:	Evaluation and Research Unit (E+F), Federal Office of Public Health, 3003 Berne evaluation@bag.admin.ch www.health-evaluation.admin.ch
Translation:	From original language (French) by the Translation Services of the FOPH

Contact Address:	Marc-Henry SOULET Domaine Travail social et politiques sociales Université de Fribourg Rte des Bonnesfontaines 11 CH-1700 Fribourg marc-henry.soulet@unifr.ch
	Kerralie OEUVRAY Domaine Travail social et politiques sociales Université de Fribourg Rte des Bonnesfontaines 11 CH-1700 Fribourg Kerralie.oeuvray@unifr.ch

Abstract

After 25 years of evaluative activity, the Federal Office of Public Health used the occasion to obtain an overall picture of what has been achieved so far. A review of the lessons highlighted in the evaluation reports was therefore commissioned. An interpretive approach was applied to study the reports and draw out the key lessons in relation to a diversity of health policy areas. A desk-based analysis was used meaning that the findings could not be validated with the evaluators themselves, nor could the study attempt to understand how these lessons were ultimately received or acted upon by the various stakeholders. The approach focussed on implementation processes. Through classifying the different types of lessons, we identified five dimensions. Together they cover the technical, theoretical and contextual expertise that the various stakeholders use to determine priorities and adjust actions. This provides a substantial knowledge base on “good and less good” practices. But successive evaluations also show that some lessons appear time and time again, which suggests that some knowledge is not adequately shared between the different policy areas or activity sectors. There is a clear need for devising a better knowledge management system, capable of assembling and classifying the lessons highlighted by evaluators in their reports. Such a system should then be accessible to the various public health actors; the staff of the Federal Office of Public Health as well as the relevant stakeholders, politicians, interested groups, and the public at large.

Key words: evaluation, evaluators, lessons, meta-study, implementation, public health policy

1. INTRODUCTION: THE AIMS AND ADDED VALUE OF THIS RESEARCH

After almost 25 years of evaluation experience, the Federal Office of Public Health (FOPH), and particularly its Evaluation and Research Unit (E+F) wanted to take stock of the successes and challenges that have been documented over the past years.

This meta-study was therefore commissioned to *synthesise the findings highlighted by the evaluators in their reports, and then to draw out the key lessons. The intended added value* therefore, is to have available a document that collates, synthesises and classifies all the key lessons identified over the past two decades, and which points out, in particular, the key messages that surface time and time again. The initiative is also part of a broader plan to *systematise the classification of the lessons that have been learned* so that they can be *made available to political and social bodies, new FOPH employees, stakeholders and relevant members of the public.*

The main research questions are:

- Given the complexity of the programmes and the wide variety of dimensions taken into consideration over a 25-year period, what types of knowledge emerge from the evaluation studies conducted?
- Based on their *findings, conclusions and recommendations*, what kinds of lessons and key messages can be drawn from the various evaluation reports?
- What sorts of generalisations can be made?

2. METHOD AND PROCEDURE

Our research data was based on a total of 120 documents covering the period from 1986 to 2010. These consisted of 6 paper reports (mostly evaluation syntheses), 112 reports published on the FOPH's evaluation website in PDF format, and 2 unpublished reports made available by the Evaluation and Research Unit (E+F). The evaluation reports from 1986 to 2000 are almost exclusively related to the areas of HIV/AIDS and drugs, whereas from 2001 onwards, they cover the activities of other FOPH units as well.

The lessons were taken or extracted from the reports' findings, conclusions and recommendations. Priority was given to lessons related to the *implementation* of the public health measures initiated by the FOPH. Whilst encompassing the key criteria of effectiveness, efficiency, relevance and even sustainability, the concept of implementation has the added advantage of being able to bring to the fore the efforts of a wide range of actors working within a complex federalist setting. This perspective also enables a priori minority issues to be taken into account, in contrast to an approach that relies solely on the criterion of frequency.

An initial classification of the lessons sought to identify the types of problems and preferred actions in specific contexts. Through further refinement, we were able to formulate general lessons and suggest a number of key dimensions related to implementation.

A software program, designed to process qualitative data, enabled us to centralise both the database consisting of 120 documents and the successive classification of the 276 lessons.

Limitations of the method and procedure

This approach inevitably has its limitations. The scope and duration of the mandate meant that the research had to be limited to *written reports* thus ruling out any possibility of validating our analysis with the

evaluators themselves. Furthermore, it was not possible to distinguish between lessons related to the object of the evaluation and those emerging from the evaluation process itself. Finally, it was also beyond the scope of this research to determine how these lessons were later dealt with, i.e. how they were used, or even further developed, by the Office and/or the relevant stakeholders.

3. RESULTS AND DISCUSSION

First, we will present the five different dimensions of implementation that we identified, as well as the relevant challenge each presents. We will then present and consider the lessons that surface time and time again over this period.

The challenges faced by the actors when implementing the different strategies, programmes and projects are:

1. Striving for consistency through adopting an evaluation culture (*Functional* dimension)
2. Adopting strategies and measures within a federalist setting (*Institutional* dimension)
3. Basing actions on theories and contributing to new knowledge (*Theoretical* dimension)
4. Promoting ethical values (*Ethical* dimension)
5. Relying on a personified FOPH to be committed and approachable (*Interactional* dimension)

3.1. STRIVING FOR CONSISTENCY THROUGH ADOPTING AN EVALUATION CULTURE

The first dimension of the lessons is based on a number of truisms arising from the global evaluations of the HIV/AIDS prevention strategy and the measures to reduce drug-related problems. Thus:

> *A well-devised programme or project is one that can be evaluated.*
>
> *And a programme or project that can be evaluated helps the findings to be legitimised and, if necessary, enables policy and intervention strategies to be adjusted.*
>
> *A programme or project that can be evaluated is not necessarily standardised but one that adapts to its specific circumstances.*

With learning in mind, the evaluators are keen to stress that the programmes and projects need to be consistent to be credible. In turn, this depends on both the technical skills of those responsible for their implementation as well as their attitude towards the intervention itself.

What is consistency?

A reflective approach to action. Managers must integrate a certain degree of evaluation culture into their thinking in order to consider their programme/project in terms of effectiveness, efficiency, relevance and sustainability. They must be prepared to critically review the progress

being made in order to make the inevitable adjustments to their programme/project objectives or implementation processes.

A technical skill. From the very beginning of a programme or project, managers must clearly establish realistic, concrete and functional objectives. They should also determine the relevant indicators and monitoring tools needed to measure progress over time

The ability to link knowledge of the issues to the type of intervention. Some issues may be 'evidence-based' (e.g. requirements in terms of organ transplantation) thus helping with the design and monitoring aspects of evaluation. But there are other issues that require an innovative type of intervention (e.g. the use of mediators with migrant groups to raise awareness of risky behaviours), and in turn, therefore, an evaluation approach capable of helping clarify the key concepts on which the intervention is based (e.g. concepts of *empowerment*) and developing guidelines for future action.

The ability to design new evaluation and monitoring tools. The development of innovative intervention practices requires a broad definition of what constitutes an accessible and useful *scientific database*. Thus, an inventory of 'best practices' may well help inspire others. Similarly, to help collect hard-to-obtain information (e.g. new patterns of illegal-drug consumption), key informants may be called upon (e.g. consumers). Finally, even within the FOPH, employees could well benefit from a "Tips, tricks and pitfalls of developing a programme" sort of database[1].

In short, given the difficulties encountered with individual projects, the evaluators have progressively refined what they believe is needed for a programme/project to be effective as well as what constitutes good practice.

Overall, what emerges here is the importance attached to the ability of managers *to seriously consider what are the realistic aims for programmes/projects as well as the appropriate strategies to achieve them.*

3.2. ADOPTING STRATEGIES AND MEASURES WITHIN A FEDERALIST SETTING

This dimension of the implementation process particularly concerns the efforts of various federal, cantonal, regional, public and private bodies to provide *harmonised* services and professional practices in all regions of the country, as well as ensure that they can be *sustained* over time. Indeed, stakeholders' adoption of innovative measures is not a given, as evidenced by local resistance to specific projects. Therefore the lessons are less to do with the design or effectiveness of programmes or projects – although these elements are always in the background – and more to do with their *being taken on board* by key actors.

The up-take of such measures depends on *the use made of information*, *the practices employed for collaborating and coordinating, both vertically and horizontally,* and on having the *necessary conditions in place to safeguard projects over time.*

How can the information be used to ensure that innovative measures are adopted?

Credible and high-quality information must be disseminated to the various stakeholders: professional bodies, regional bodies and the general public. The means of transmission may include publishing brochures, organising events, developing centres of expertise and supporting continuing education. The

[1] Widmer T & Frey K, *Facteurs de réussite du développement de programmes à l'OFSP*, Zurich, Institute of Political Science, University of Zurich, 2008.

information tool should nevertheless be handled with rigour and tact depending on the visibility of the particular issue on the political scene. Three different scenarios have been identified.

High visibility – constructive debates: The need to discuss the matter when it is politically sensitive is, paradoxically, a great opportunity to promote the processes of legitimisation and normalisation. The institutionalisation of the measures against HIV/AIDS or those supporting the four-pillar drug policy[2] was the result of many discussions with a wide range of stakeholders that, albeit passionate and difficult, ultimately proved successful.

Unexpected presence on the political agenda – risk of stigmatisation: When the current political debates are unfavourable to the groups targeted by the measures, launching discussions can be tricky. This applies, for example, to the migration and health programme. Strategies must therefore take into consideration the real risk of stigmatisation (e.g. linking migrants to the AIDS problem) as well as concerns related to financial or ideological opposition.

Absence on the public agenda – horizontal coordination without necessarily widening political bases: When a political issue loses its visibility (as was the case for drug policy and some aspects of HIV prevention) or never had visibility (radiation protection), political management is limited to administrative management; in other words, professional coordination on a local or cantonal level. With the issue absent from political debates, the risk then becomes one of a reduction (or even withdrawal) of resources.

The three scenarios highlight that the *successful use of information is not only related to the quality of the information itself* (proven needs, achieved results) but also to the *ability of actors to interpret the current political situation, even if this means intervening themselves.*

How can ways of collaborating and coordinating be developed?

Within the federal setting, the actors face two major challenges.

Firstly, they must be able to step beyond their usual boundaries because programme implementation requires multidisciplinary, cross-sectoral, regional and inter-departmental collaboration, including between the various sections and divisions within the FOPH.

Secondly, they must be able to develop strategies capable of combining so-called *top-down* (leadership asserted by the FOPH over its partners) with *bottom-up* approaches (practices dictated by local actors) or, if needs be, of favouring one of these two approaches.

Managing the coordination and collaboration of a given programme therefore requires sensitivity to the challenges faced by the actors as well as a sound knowledge of logistics and administration. Two practices have proven their worth: networking and investment in intermediary bodies.

Networking

A whole set of lessons surface from the different areas.

The objectives of networking: contributing to the standardisation of practices within a given region, improving prospects on a local level, and 'operationalising' collaboration to help the expansion of interventions and sharing of knowledge and skills.

[2] The four pillars covered prevention, treatment, suppression and risk reduction. It was the pillar 'risk reduction' in particular that led to debate.

The advantages of networking: the exchange of ideas, information, good practices and knowledge; the creation of synergies; meetings allowing for institutional exchanges (with a view to vertical exchanges with the cantonal authorities); opportunity to be recognised as a part of the network.

The conditions required for the success of networking: commitment from managers; appropriation by members of a common interest base, clarity of functions and roles; a degree of boldness to gain exposure; ability to overcome professional, political, cultural and statutory boundaries.

Pitfalls to be avoided: distrust of other members, disagreements over the projects or operations of other organisations, fear of losing autonomy over one's organisation, creating an "in-group" and "out-group" situation, the resurgence of linguistic and regional borders.

The knowledge gained about the practice of networking is extensive and has been repeatedly confirmed (or rediscovered), in almost all of the FOPH's activity areas as well as during all the periods of evaluative activity we considered.

Investment in intermediary bodies

The intermediary bodies dealing with the promotion and relay of federal strategies and programmes, be this "top-down" or "bottom-up" may include foundations, platforms, committees, hubs or working groups. Their mandate largely aims at developing and formalising types of coordination, as well as forging the collaborative links that characterise networking. As for the actors, they must be prepared to perform a full set of skills; influencing, suggesting, demanding, negotiating as well as providing some room for manoeuvre.

But how can successful investment be promoted? There are three lessons to be learned in relation to this point:

Maintain leadership, perhaps even influence it: the FOPH risks losing its touch if it simply places its representatives in the intermediary bodies without then supporting them.

Accept the diversity of actions: the FOPH must rely on the compatibility of the actions pursued by the intermediary bodies with its own programmes. But some room for manoeuvre is possible in terms of the forms that the action may take locally, taking into account local sensitivities.

Welcome input: the FOPH must expect the intermediary structures to use their expertise (knowledge of local needs) to make proposals (policy making) and thus contribute to its reflections.

Thus from the FOPH's perspective, *the success of an investment in a intermediary body depends not on wanting to impose its strategies as they are, but rather on developing detailed knowledge of its partners' area, as well as making informed compromises.*

How can projects be safeguarded over time?

The establishment of financial arrangements between partners does not necessarily provide security to the actors responsible for specific projects. Indeed, in a general context of budgetary restrictions, the sustainability of financial resources emerges as a central issue, both for project managers and stakeholders. This is especially important given that health prevention and promotion programmes need time to produce the intended effects. Moreover, when faced with questions about the acceptance of messages aimed at promoting healthy behaviours and about the need to revive such messages when they are at risk

of disappearing from the public sphere, the evaluators do not hesitate stressing the need for periods of up to ten years for a strong national campaign to have an impact on health.

Thus, *investment must be safeguarded over a long period so that a programme can have the desired impact on health.*

3.3. BASING ACTIONS ON THEORIES AND CONTRIBUTING TO NEW KNOWLEDGE

Government intervention is not necessarily organised in a linear fashion. Intervention can occur based on immediate, or even urgent needs, or simply in response to legal obligations.

A paradox?

Theories provide coherence to the implementation of measures, but they do not necessarily precede implementation. Over time, however, the need for actions to be more "evidence based" becomes more prominent. Hence the evaluators have contributed to the debate by discussing different needs such as clarifying the links between a) theories and actions, b) experimental approaches and clarifications of useful concepts, or c) development of theoretical knowledge and the implications for action.

How do theories relate to interventions?

Apart from a few reminders about the need to be able to refer to sound, scientific evidence when developing or adjusting programmes (especially on tobacco, HIV treatment, influenza), successive lessons show that:

The theories upon which programmes are based also evolve in line with the dynamic relationships between actors at the FOPH (who promote theories that come from different activity domains), *the actors in the field* (who contribute professional practices) *and the evaluators themselves* (who provide a detached perspective).

The rejection of separate dependency policies (drugs, alcohol, tobacco) in favour of a coherent and universal addiction policy is a striking example of how practices (reported as lessons over a period of several years) can finally impact and overturn the theoretical status quo.

What theoretical approaches are suitable for a multidisciplinary context?

The multidisciplinary nature of many public health activities means that the theoretical foundations upon which strategies are based, are inevitably diverse and may well include conventional scientific evidence (hard facts), as well as evidence and theories from the medical and psychiatric sciences (the development of treatments), the social sciences (studies about specific groups or settings, social intervention impacts), the political sciences (studies on Swiss political behaviour) and/or marketing (developing strategies for national media campaigns). Thus the hierarchical relationships between the different professionals and their reference to contrasting theories are likely to influence their efforts on coming to a theoretical consensus; in other words, the theories and actions that follow may be in competition with each other.

In short, within a multidisciplinary context, the challenges that emerge are twofold; (1) the need to achieve theoretical and practical coherence in order to provide a basis for action and, (2) the need to initiate processes aimed at modifying the conventional paradigms.

3.4. Promoting ethical values

The implementation of public health actions should also promote the values embodied in the relevant laws, policies or programmes. The stakes are high, according to the evaluators, due to the plurality of values, the possible stigmatisation of some target groups and the thorny issue of individual responsibility, all of which need to be considered and taken into account. Whilst the idea behind the slogan "health for all" is a widely shared value, the evaluators highlighted some "negative" examples to stress the discrepancy between others' values and those being promoted – *solidarity, equal access to healthcare and respect for different opinions.*

The limits of solidarity?

We can see then that despite some progress, *sociocultural and economic disadvantage is still a formidable barrier to health promotion. In particular, the lack of employment opportunities is regularly mentioned in studies on drug users.* Furthermore, the determinants of health in relation to migrant groups are less to do with cultural differences (in the general sense); rather, they are primarily linked to their sociocultural disadvantage.

Equal access to healthcare: an attitude that should be promoted?

How can we overcome the dilemma of targeting specific groups to promote a healthier lifestyle without their being stigmatised? The challenge is amplified with respect to migrant groups or even sex workers due to their lack of awareness on the one hand, and knowledge about available resources on the other. The lessons therefore acknowledge efforts being made in relation to *immediate needs* but also stress the need to find *long-term solutions.*

Thus, in response to *immediate needs*, mediators and experts can provide *pragmatic solutions.* As for *sustaining improved well-being in vulnerable groups, the concept of* ***empowerment*** *needs to be developed and promoted so that their voices can be better heard within the social and political system.*

Respect for different opinions: how to win people over?

The implementation of a public health policy goes hand-in-hand with a liberal society, one that is characterised by a diversity of ideas and values. *How then, can such a fundamental principle be reconciled with the need to promote behaviours that should have a positive effect on health?* Although this dilemma crops up in all prevention campaigns (tobacco, alcohol, sexual health), it is especially difficult to solve when "official" knowledge is challenged, as, for example, during vaccination campaigns.

Therefore, in raising awareness, the FOPH should also present the contrasting views.

3.5. Relying on a personified FOPH to be committed and approachable

A fifth dimension is an underlying theme common to all the previous four. Less prominent but ever-present is the idea that the management and ultimate responsibility for public health should lie with an administrative body that is *accessible* and *personified.* Indeed, through repeated references to its appreciated *brand* and respected *logo*, as well as to demands for it to maintain its *leadership* qualities, the FOPH, emerges as the guarantor of both the *rule* as well as its sometimes being called into question. Mandated to produce innovative ideas, to be the guardian of the quality of intervention and ensure the continuation of projects, the FOPH is supposed to innovate, inform without preaching, finance, theorise whilst respecting the specificities of different regions and impose the *top-down* whilst being sensitive to the *bottom-up.*

A leadership role and symbolic function

Certainly, 'sharing of responsibilities' is also mentioned, but the roles attributed to the FOPH in the various fields are unequivocal. Although the law limits FOPH's room for manoeuvre, its partners often seek to clarify, or even expand upon the responsibilities they feel the FOPH should assume. In almost all fields, such recommendations suggest that there is a need for the FOPH to maintain the influence it has acquired, whether as *director* or *coordinator* of programmes.

Whilst FOPH involvement is essential for financial reasons, its legitimacy also has a *symbolic function*: *it gives credibility to the various strategies, programmes and activities as well as guaranteeing a national orientation and endorsing sustainable actions.*

A leader mandated to manage achievements

Prestige is a certainly a *resource that should be exploited.*

> Through its successes, the FOPH has created trust and credibility. Its partners, according to the evaluators, therefore expect this capital to be exploited and expanded.
>
> Local political actors and professionals alike expect the FOPH to be more proactive, to call upon key actors to resolve coordination problems, and to establish and maintain dialogues; *in short*, to use its position to protect and advance its work.

Far from being merely considered a 'public body', the FOPH has acquired *actor status* amongst its partners, which would seemingly make interaction all the easier. *The issue then becomes to what degree the FOPH is truly accessible so that its partners can make a concrete contribution when implementing public health strategies, as well as influence them.*

3.6. LESSONS OVER TIME

Based on the principle that lessons are also an indication of the evaluators' particular concerns during a given time period, can we ascertain the *priorities that may have changed over time*? By referring only to the evaluation reports (and not to their response), can we find any indication that the evaluators' messages were indeed heard by the key actors, particularly decision makers? The following observations emerge:

The expansion of evaluative activity and the range of message types

Although the evaluation reports from 1986 to 2000 are almost exclusively related to the areas of HIV/AIDS and drugs, from 2001 onwards they cover additional FOPH activity fields.

> Concerns about ways of collaborating and coordinating resurface *in the relatively new topics* (Nutrition, Radiation Protection, Migration and Health, Medicine and Transplantation, Psychotherapy).
>
> Moreover, the knowledge gained through the evaluations about networking has been *repeatedly confirmed* (or *rediscovered*), in relation to almost all of the FOPH's action fields as well as during all the periods of evaluative activity considered.
>
> All areas combined, two issues are, however, relatively recent: *the need to strengthen the role of the FOPH in relation to its partners and the conditions needed to guarantee the sustainability of actions.*

The accumulation of knowledge in specific areas

As a result of substantial evaluative activity, and despite the missing links (because not everything was evaluated), there has been observed progress in the implementation of strategies and programmes, primarily in the first areas that were subject to evaluation – the prevention programmes.

In terms of the institutionalisation and harmonisation of measures: the structural organisation of coordination and delegation has gradually been clarified and formalised.

On a theoretical level: sectored dependency policies have been replaced by an overarching addiction policy; prevention policies are more embedded in the general concept of health promotion.

In terms of prevention campaigns: theories of communication, which take into account the skilful repetition of a message and the combination of positive and negative messages over time, have gradually evolved.

However, we also note one particular case *wherein the lesson surfaces, disappears and reappears.*

Observations were regularly made about socioeconomic inequalities without them ever being signalled out as specific evaluative objectives.

The exchange of knowledge between areas

Despite the existence of similar concerns, a review of the evaluation reports on different activity areas did not provide explicit evidence to suggest that the knowledge gained in each was systematically shared with the others. Yes, the migration and health programmes attach importance to the pursuit of coherence and, on many points, the anti-tobacco campaigns have benefitted from previous knowledge gained through other prevention activities. But less positive examples were also found.

> Despite the abundance of knowledge on *top-down* and *bottom-up* collaborative processes, the recent evaluation of changes in the compulsory health insurance coverage of psychotherapy treatments[3], suggests that such knowledge was discounted. The relevant ordinance was revised, despite the recommendations of the key actors. As a result the evaluation showed that many problems that had been foreseen by the key actors did in fact occur. Inevitably this led to the urgent need to restore their confidence and develop a shared position.
>
> In another case, the various evaluations of the "schools and health" project suggest that the actors had to make several attempts before establishing effective ways of collaborating.

As for the need to build networks capable of crossing the usual boundaries, actors from all areas have been won over, but – paradoxically – in spite of repeated reminders, this lesson seems to be difficult to put into practice.

[3] Boggio Y (project leader), *Évaluation de la mise en œuvre et des effets immédiats de la nouvelle ordonnance du DFI sur les prestations dans l'assurance obligatoire concernant la psychothérapie*, Genève & Lucerne, Evaluanda & Interface Politikstudien, 2008.

4. CONCLUSIONS AND RECOMMENDATIONS

The milestone of 25 years of evaluation has provided an opportunity to look back and review the achievements of an activity that has become inseparable from modern public policy. Inevitably, we found ourselves faced with a patchwork of messages relative to the Office's different activity fields as well as to the variety of intervention or evaluation practices - not forgetting the reflections on all of these.

Although implementation, as a core category, was able to encompass such diversity, the challenge was then to identify the relevant dimensions. By clustering together similar or repeated lessons, the various challenges became clear and so steered the analysis towards the five dimensions ultimately retained.

IMPLEMENTATION		
Dimension	**Challenges**	**Key skills**
Functional	Coherence of programmes/projects with specific issues and contexts Adoption of an evaluation culture	Ability to reflect on action Technical expertise in the design and monitoring of programmes/projects
Institutional	Adoption of programmes/ projects within a federalist setting and placing them in sustainable structures Suitable ways of collaborating and coordinating Guaranteeing investment over a sufficiently long period to enable programmes to impact on health	Ability to produce quality information Ability to manage information according to the political context Ability to invest in networks and step beyond the usual boundaries Ability to invest in intermediary structures (*bottom-up, top-down*)
Theoretical	Coherence between theory and practice in a multidisciplinary setting	Promoting disciplinary knowledge Reconciling the differences between different knowledge bases
Ethical	Promotion of values such as solidarity, equal access to healthcare, respect for different values	Ability to identify problematic gaps Ability to develop immediate, pragmatic interventions and innovative strategies aimed at long-term integration (*empowerment*)
Interactional	Relying on a personified FOPH to be committed and assume leadership 'Real' accessibility to the FOPH by its partners	Ability to interact with the FOPH Ability to use the FOPH brand to further policy development and implementation

All in all, this requires a concept of implementation that is necessarily dynamic and focused on the various actors' ability to respond to a variety of challenges. In addition, by concentrating on the implementation of programmes and projects, the usual evaluation criteria - effectiveness, efficiency, relevance and sustainability - can still be taken into account. This said, we observed little discussion about "efficiency" or other economic aspects of the interventions in the evaluations.

Overall, the evaluation findings confirmed that *knowledge has been accumulated but also* – on the flip side – that sometimes *it is not sufficiently used, indicating that it has possibly been inadequately shared between the different activity fields or sectors*.

4.1. THE KNOWLEDGE GAINED

The major achievement arising from the review of this large set of evaluation reports was being able to highlight the knowledge that is sometimes difficult to appreciate, i.e. knowledge about the expertise of the multiple actors tackling the implementation of the FOPH's strategies and measures. Indeed, implementation has proven to be a complex process, consisting of a continual clarification of the objectives and means for achieving them, the taking on board of ideas and devising ways to put them into practice, developing collaboration methods and harmonisation measures, of defending and promoting values, not forgetting the sometimes fierce negotiations between FOPH leadership and its many partners. Such expertise, which can be applied to all areas of FOPH activity, is based on extensive knowledge of Swiss institutions, traditional and innovative forms of partnerships as well as being able to create or capitalize on any margins of manoeuvre.

The *general* lesson that emerges from all of this is as follows:

Mastering the public health implementation process depends on the different actors' ability to manage interactions and steer the focus on the priorities and key actions. Basically it is a question of utilising expertise that is as technical as it is contextual, in short, of having keen political acumen.

4.2. KNOWLEDGE THAT CAN BE BETTER EXPLOITED

Contrary to the specialist knowledge needed for particular fields, the knowledge related to implementation is transferable to other areas. However, this transfer does not always occur. Therefore both the *content* of *such common knowledge* as well as the ways and means *for sharing* it need to be specified.

Utilising shared content

The content that should be used and shared is on three levels.

> ***On a knowledge level.*** The type of knowledge that should be shared concerns, in particular, the types of institutions working in the field of public health, the specific contexts and characteristics of target groups, as well as knowledge about forms of institutional, regional, inter-professional and political partnerships.
>
> ***On an ability level.*** The types of abilities that should be developed include the ability to negotiate, explain, inform and persuade as well as take part in network-, platform- or commission-based interventions.
>
> ***On a stakeholder level.*** Contacts with stakeholders should be privileged in order to ensure the effective take-up of the various strategies and measures. Therefore, the main stakeholders (horizontal and vertical) must be identified and a process devised to inform and explain what is in hand.

Systematising knowledge management

Developing a *simple* model to classify and further develop the lessons that have been drawn from the evaluation reports is strongly recommended. As a central category, implementation has proved to be a *pragmatic* and *cross-disciplinary* concept. It is *pragmatic* because it makes visible and shows the value of "good practice", whatever the particular context: i.e. preparing an action, developing a general strategy and regional collaboration, making explicit use of the FOPH logo. It is also *transversal* in that a multi-disciplinary approach for developing a programme / project can transcend the normal limits of individual disciplines without, of course, replacing them. Thus, we would recommend taking the implementation processes as a starting point for developing a simple model to classify and further develop the lessons drawn from the evaluation reports.

4.3. EXPANDING AND DISSEMINATING KNOWLEDGE

The analysis of this large set of reports highlights one obvious fact: even though the FOPH is legally responsible for public health at a federal level,

> it has to *rely on "others" for putting into practice its various policies, strategies and programmes*, i.e. political entities, cantonal representatives, various professional and institutional bodies, publicity agents, educators, target groups representatives etc.

The reports abound with reference to these "others" or, as usually referred to, stakeholders.

> Any policy or practice aimed at knowledge management should therefore *systematise widespread and dynamic dissemination among stakeholders, both internally (among employees) and externally (with key groups)*.

The dissemination strategies, which hitherto have been used occasionally, may include the organisation of working groups, conferences, symposia, workshops and the publication of brochures, or even the financial sponsorship of working groups. In short, *it is not only a question of seeking ways to stimulate stakeholders' adoption of federal strategies and measures, but also of enriching official knowledge with the perspectives of those directly involved in the implementation process.*