

2012-2015

STRATEGIC PLAN



Towards a world in which the best available research evidence informs health policy-making

www.who.int/evidence

WHO/KMS/ENH/12.1

2012-2015 Strategic Plan edited by U.Panisset, S.Campbell, J.Lavis

© World Health Organization 2012

All rights reserved. Publications of the World Health Organization are available on the WHO web site (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press through the WHO web site (http://www.who.int/about/licensing/copyright_form/en/index.html).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

The named authors and editors are responsible for the views expressed in this publication.

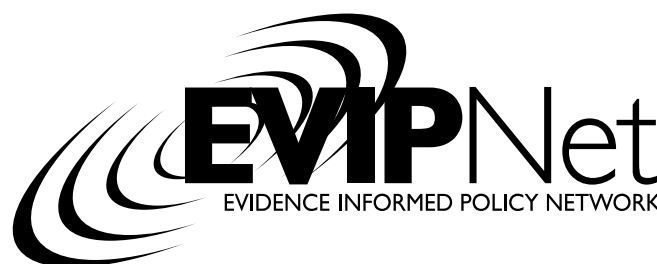
Design and layout: paprika-annecy.com

Pictures: WHO copyright, Isabelle Wachsmuth

Printed in Switzerland

2012-2015

STRATEGIC PLAN



Towards a world in which the best available research evidence informs health policy-making

www.who.int/evidence

Table of content

1.0	EVIPNet Vision, Mission and Values	3
1.1	Vision	3
1.2	Mission	3
1.3	Values	3
2.0	Strategic Directions	5
2.1	Strategic direction 1: Improve the culture for and practice of research evidence creation, adaptation and use	6
2.2	Strategic direction 2: Influence processes supporting the prioritization of timely and relevant research evidence	6
2.3	Strategic direction 3: Package and disseminate research evidence	6
2.4	Strategic direction 4: Convene dialogues about priority health challenges.....	7
2.5	Strategic direction 5: Enhance capacity to find and use research evidence	8
2.6	Strategic direction 6: Catalyze KT at the global level.....	8
3.0	Governance and Management	10
3.1	Global Steering Group	10
3.2	Global Resource Group	11
3.3	Regional Steering Groups	11
3.4	Regional Resource Groups.....	12
3.5	Country Teams.....	12
4.0	Partnerships and Synergies	14
5.0	Monitoring and Evaluation.....	16
5.1	Evaluating Knowledge-Translation Platforms in Low- and Middle-Income Countries.....	16
6.0	Communications and Resource Mobilization	18
	Appendix I	20
	Appendix II	22
	Acknowledgments	26

The Evidence-Informed Policy Network (EVIPNet) envisions a world in which policy-makers and other stakeholders in low- and middle-income countries (LMICs) use the best available research evidence to inform policy-making. As a leading, innovative WHO initiative in knowledge translation (KT), EVIPNet's mission is to promote a network of partnerships at the national, regional and global levels among health system policy-makers and other stakeholders (including civil society, health professionals, health managers, researchers, and funders) to strengthen health systems and improve health outcomes through the regular access to, assessment, adaptation and use of context-specific research evidence.

Individual country teams are the fundamental units of EVIPNet. At the country level, each EVIPNet team is typically composed of policy-makers, researchers, civil society representatives and other stakeholders. Each team represents the core of a national network dedicated to evidence-informed policy-making, whether on specific issues (e.g. scaling up malaria treatment) or on wider systemic issues (e.g. strengthening primary health care). Each team identifies and addresses the context-specific challenges and opportunities within the policy-making and research processes unique to their national settings.

At the regional level, EVIPNet supports the routine exchange of experience and emerging practice among country teams. Annual meetings further augment this spirit, while also allowing teams to collectively develop and refine new KT approaches and methodologies. This contributes to a critical mass of individuals and institutions all working to

the same goals, with similar methodologies, but in markedly different policy and research contexts.

EVIPNet's Regional Steering Groups and Regional Resource Groups provide essential governance, advisory and networking services to the country teams. EVIPNet's secretariat within WHO Geneva contributes additional networking supports to countries and regions. Importantly, the secretariat further catalyzes other actors essential to EVIPNet's success, including other departments at WHO Geneva, WHO country offices, global funders, and northern researchers, KT experts and advocates. Taken as a whole, EVIPNet's networking surrounds its core unit – country teams – with support, communication and expertise from around the world. This in turn builds a community of individuals and institutions, countries and regions committed to collective innovation in KT to develop and/or improve policies, processes, or services to strengthen health systems.

Over 2012-2015, EVIPNet will pursue the following six strategic directions:

- improve the culture for and practice of research evidence creation, adaptation and use;
- influence processes and mechanisms supporting the prioritization of timely and relevant research evidence;
- package and disseminate research evidence;
- convene national dialogues about priority health challenges;
- enhance capacity to find and use research evidence;
- catalyze KT at the global level.

1.0 EVIPNet Vision, Mission and Values



1.1 Vision

EVIPNet envisions a world in which policy-makers and other stakeholders in low- and middle-income countries (LMICs) use the best available research evidence to inform policy-making for health.

1.2 Mission

EVIPNet's mission is to promote a network of partnerships at the national, regional and global levels among health system policy-makers and other stakeholders (including civil society, health professionals, health managers, researchers, and funders) to strengthen health systems and improve health outcomes through regular access to, assessment, adaptation and use of context-specific research evidence.

1.3 Values

EVIPNet and its partners share a common set of values that guide the network's overarching strategy:

- **Trust:** EVIPNet promotes sustainable partnerships based on trust, commitment, routine communication and open access to information.
- **Empowerment:** EVIPNet respects and promotes the sovereignty, priorities, and needs of individuals, institutions, national governments, and regions, empowering its members to work together to develop their full potential in pursuit of evidence-informed policy-making. EVIPNet is further committed to fostering dynamic south-south partnerships and cooperation to amplify and prioritize perspectives of low- and middle-income countries.
- **Ethics:** EVIPNet believes in the need to conduct all of its activities and operations in a transparent, ethical and accountable manner
- **Mutual respect:** EVIPNet promotes a culture of reciprocity in which members' contributions, insights, motivations and concerns are recognized and respected.
- **Equity:** EVIPNet believes in the strengthening of pro-poor, pro-equity health systems able to offer accessible, high-quality services to all.

What is EVIPNet?

EVIPNet is a social network composed of and led by individuals and institutions from around the world. The network operates on three distinct – yet highly interwoven – levels. First, country teams bring together key national actors, including health system policy-makers and managers, researchers and civil society, to work on a variety of activities and programs. While this work may take many different forms, foremost among these are the preparation of evidence briefs for policy that address priority policy needs. These briefs outline the evidence relevant to a policy issue, along with the important governance, delivery, financial and implementation considerations for any policy option. A deliberative dialogue then convenes key national actors to capture the tacit knowledge, views and experiences of those who will be involved in or affected by decision-making about whether and how to address that policy issue. One successful example of this process saw eight African teams develop policy options – and then convene deliberative dialogues – on scaling up the use of artemisinin-based combination therapies to treat uncomplicated malaria. To date, a number of countries (e.g. Burkina Faso and Cameroon) have changed their malaria treatment policies as a direct result.¹

Second, these country teams all interact with each other on a regional level, exchanging experiences and processes, highlighting new evidence, and developing and sharing innovative methodologies

of every region's ongoing spirit of collaboration and exchange, highlighted in particular by the work of Regional Resource Groups – the lead technical “advisory” group for each region – and the Regional Steering Groups, who have periodic teleconferences. WHO regions currently active in EVIPNet include sub-Saharan Africa (comprised of 10 country teams), the Americas (comprised of 10 country teams), Asia (comprised of 7 country teams), and the Eastern Mediterranean (comprised of 14 potential country teams). Efforts are currently underway to develop a number of teams in the European region, focusing on lower-income countries.

Third, the global level works to harmonize and support the country and regional levels. Working from its secretariat within WHO Geneva, this global level of EVIPNet's networking brings in funders, researchers, KT experts and advocates to add critical support, communication and expertise from around the world. A Global Resource Group and a Global Steering Group ensure coordination and governance at this level.

Taken together, each level of EVIPNet's networking adds essential components, experience and expertise to the next. With the country level as EVIPNet's fundamental unit, the regional and global levels ensure each country is dynamically supported, and that each country and each region can build upon the successes,

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_28597

