

2012-2015

STRATEGIC PLAN



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

www.who.int/evidence

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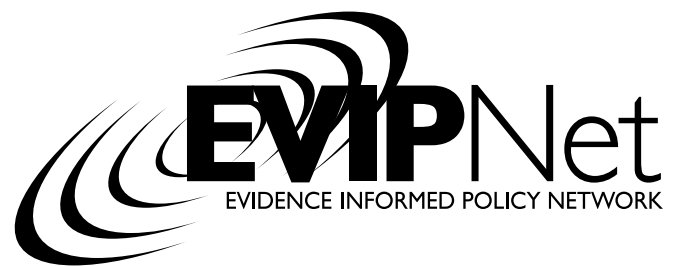
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The Evidence-Informed Policy Network (EVIPNet) envisions a world in which policy-makers and other stakeholders in low- and middle-income countries (LMICs) use the best available research evidence to inform policy-making. As a leading, innovative WHO 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 and approaches. Annual meetings are the apex

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, the learnings, and the experiences, of the others.

¹ For more on this, see the series of articles on the subject published in the [International Journal of Technology Assessment in Health Care](#) (2010). For more information, see the 2010 series of articles published in the [International Journal of Technology Assessment in Health Care](#). See, for instance, Lavis, J., Panisset, U. (2010). EVIPNet Africa's first series of policy briefs to support evidence-informed policymaking. *International Journal of Technology Assessment in Health Care*, 26(2), 229–232.

2.0 Strategic Directions

This section lists six major strategic directions EVIPNet will pursue over 2012-2015. The first five concern directions for national and regional levels, with the sixth outlining EVIPNet's strategic directions at the global level.² Importantly, each country and region within EVIPNet's network is at a different stage and will pursue these strategic directions using different approaches and activities. The first step for all countries and regions before pursuing these directions is to assess their particular context and devise a country plan outlining strengths, weaknesses and opportunities.



The six strategic directions encompass:

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

Strategic Plan 2012-2015: building on the achievements of 2005-2011

This Strategic Plan is the result of extensive consultations among EVIPNet staff, collaborators, partners, steering and resource groups, and builds on EVIPNet's accomplishments and opportunities since its inception in 2005. In 2005, EVIPNet's inaugural mission was to *improve health and reduce health inequities by increasing decision- and policy-makers' access to and use of high-quality evidence*. Over 2005-11, dynamic networks of researchers, policy-makers and civil society actors came to define EVIPNet, with the network increasingly able to achieve its mandate through partnerships – at once national, regional and global – using and improving EVIPNet methodologies to connect research and policy processes (such as the SUPPORT tools).³ This networking has seen EVIPNet-supported work influence and even change both national and global policies, and fostered strong demand from a number of WHO Member States to scale

up existing EVIPNet-supported activities and to add new country teams. With this support and momentum, EVIPNet has become a global leader in the field of knowledge translation. Specific achievements over this period include:

- organizing many different workshops in a variety of low-and-middle-income countries to strengthen capacity in the preparation of evidence briefs for policy and policy dialogues
- galvanizing many different actors to press for and innovate in evidence-informed policy-making
- solidifying KT as a core concept for any health system

This Strategic Plan maintains the momentum of these past achievements and allows EVIPNet to position itself for a new phase of innovation and expansion.

² The national, regional (even sub-regional) and global distinctions are not fixed, as the three levels are highly intertwined and feed off one another, but are useful in distinguishing the type and level of work to be undertaken.

³ For these tools, see <http://www.health-policy-systems.com/supplements/7/S1>

2.1 Strategic direction 1: Improve the culture for and practice of research evidence creation, adaptation and use

At the national level, EVIPNet country teams will:

- work with various stakeholders (from policy-makers to civil society to the media) to enhance the profile of research evidence as a central input to policy-making
- improve the institutionalization and sustainability of knowledge translation platforms in each country
- work to increasingly integrate policy needs and concerns throughout the research process (from creation to adaptation to dissemination to utilization), creating a cycle of policy-informed research leading to evidence-informed policy
- routinely broker fora bringing together the stakeholders identified as critical to informing, creating, adapting, disseminating and implementing research evidence.

At the regional levels, EVIPNet will:

- support networking (including the direct sharing of knowledge and experience) among national teams by exchanging among individual country teams various successful innovations in improving the culture of using research evidence
- extend and deepen regional, sub-regional and national networks as more and more stakeholders recognize the value both of research evidence and of particular EVIPNet tools and methodologies (e.g. the evidence briefs for policy and deliberative dialogue approaches).⁴

2.2 Strategic direction 2: Influence processes supporting the prioritization of timely and relevant research evidence

At the national level, EVIPNet country teams will:

- organize priority-setting processes periodically to engage policy-makers and stakeholders in discussions about the challenges that they face now, anticipate facing in the 6-18 months ahead, and anticipate facing over longer time horizons

- organize agenda-setting processes periodically to engage researchers and knowledge brokers in converting these priorities to topics for evidence briefs for policy that can be prepared in timelines of 2-6 months, systematic reviews that can be prepared in 6-18 months, and new primary research that can be conducted over 1-5 years
- identify gaps in knowledge in the evidence-informed policy-making process and establish research agendas informed by policy needs (and thereby support policy-informed research).

At the regional level, EVIPNet will:

- organize regional fora periodically to engage researchers, policy-makers and other research stakeholders to discuss innovations and emerging practices in priority-setting and agenda-setting processes.

2.3 Strategic direction 3: Package and disseminate research evidence

At the national level, EVIPNet country teams will:

- prepare evidence briefs for policy that draw on available synthesized research evidence and on local data and research studies to describe the context in which an issue is being addressed, the nature of the underlying problem and its causes, viable options for addressing the problem, and key implementation considerations
- develop and execute innovative means for identifying and involving key stakeholders in the preparation of each evidence brief for policy.

At the regional level, EVIPNet will:

- organize regional fora bringing together researchers, policy-makers and other research stakeholders⁵ to strengthen capacities in packaging and disseminating user-friendly, context-specific research evidence. This often precedes national-level evidence brief for policy discussions as the evidence base itself tends to be more regional in nature and thus exposure to this regional base strengthens the evidence that can be discussed and used at a national level.

⁴ Notably, in the Eastern Mediterranean, sub-regional groupings work together on many aspects of health, and this may well reflect itself in EVIPNet work moving forward.

⁵ "Stakeholders" include actors who may only interact with the research at particular times in its evolution – e.g. the media to disseminate its findings; local communities that may participate in the identification of research priorities, etc.

Health System Arrangements

EVIPNet evidence briefs for policy first identify important policy decisions and then provide four major types of considerations for every policy option to address the issue:

- *Delivery arrangements.* These entail how healthcare is delivered within a health care system, and this includes how care is designed to meet patients' needs, by whom care is provided, where care is provided, and with what supports care is provided.
- *Financial arrangements.* These describe how money and resources are generated, spent and distributed within the health care system, such as how revenue is generated to support health-care programs, how health-care organizations are funded, how workers in the health care system are remunerated,

how products and services are purchased and whether incentives are provided to patients.

- *Governance arrangements.* These represent the organizational structure of a health care system and describe which participants have the autonomy to make policy decisions, run health-care organizations, sell or dispense drugs and medical equipment or provide professional services and whether and how patients and stakeholders are involved in decision-making about the system.
- *Implementation arrangements.* These describe some of the key barriers likely to arise in the implementation of the options under consideration and the strategies that could be used to overcome them.

2.4 Strategic direction 4: Convene dialogues about priority health challenges

As illustrated in Diagram 1 (below), EVIPNet teams at the national level will facilitate, lead or support a six-step process from evidence brief for policy to policy dialogue to policy implementation. Following completion of the initial evidence brief for policy, EVIPNet teams at the national level will:

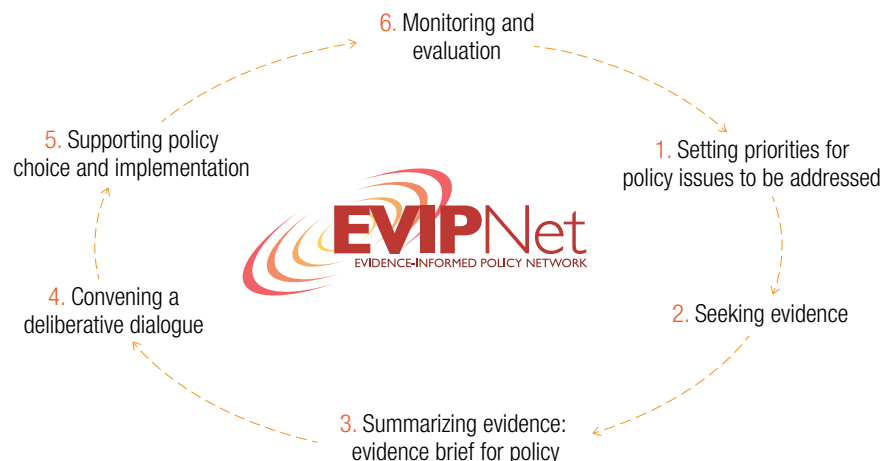
- convene the major stakeholders concerned with the policy issue to discuss the brief,

with particular attention to the health system arrangements and other system considerations, to discuss the many factors that will influence decision-making about the issue, and to identify key next steps for different constituencies.

At the regional level, EVIPNet will:

- Organize regional fora periodically to engage researchers, policy-makers and other research stakeholders to discuss innovations and emerging practices in deliberative dialogues.⁶

DIAGRAM 1 EVIPNet methodology: from evidence brief for policy to policy dialogue to policy implementation



⁶ Diagram is adapted from PAHO's website: "[EVIPNet in Practice](#)" and the SUPPORT tools.

2.5 Strategic direction 5: Enhance capacity to find and use research evidence

At the national level, EVIPNet country teams will:

- develop or contribute to the development of clearinghouses and/or rapid response units dedicated to providing a wide range of accessible user-friendly syntheses of research evidence
- identify individuals who may be supported for further training in accessing and applying research evidence

At the regional level, EVIPNet will:

- Organize periodic capacity-building workshops for teams of policy-makers, stakeholders and researchers to develop their skills in finding and using research evidence and in supporting policy-makers to find and use research evidence.

The EVIPNet Virtual Health Library

The aim of the EVIPNet Virtual Health Library is to provide quick and easy access to evidence for informed decisions about health systems in LMICs. Currently under development with an anticipated launch in 2012, the EVIPNet VHL aims to be a “clearinghouse” – a one-stop shop – for EVIPNet teams. Here they will be able to access information about other EVIPNet teams and activities, as well as databases of systematic reviews, evidence briefs for policy, and other valuable documents. Teams will also be able to take advantage of the different social

networking features, with particular relevance to spaces for online collaboration. Targeting a range of audiences, ultimately the EVIPNet VHL will contribute to improved decisions about health systems in LMICs by improving policy-makers’ access to research evidence that is relevant, reliable, accessible and timely.

BIREME, the PAHO/WHO Latin-American and Caribbean Center on Health Sciences Information, has developed the search engine and greatly contributed to the design of the EVIPNet VHL.

2.6 Strategic direction 6: Catalyze KT at the global level

At the global level, EVIPNet supports in dynamic ways the national and regional levels in pursuing their strategic directions. It does this through three major sets of activities:

- advocating in global circles (among funders, etc.) for the increased need for funding, programs and practice in KT. This advocacy requires EVIPNet to continue working with and through global leaders in KT
- working to share successful experiences and practices between and among regional and national networks. This includes direct brokering (e.g. at global fora and meetings), the creation of collaborative spaces and availability of research evidence (e.g. the EVIPNet Virtual Health Library), the pursuit of strategic partnerships to benefit regional and national networks (e.g. with the Supporting the Use of Research Evidence

in African Health Systems (SURE) project and with the McMaster Health Forum, a WHO Collaborating Centre), and regular stock-taking exercises to discuss progress, innovations, and future directions

- working directly with WHO to expand its KT work, and to help establish improved KT standards.

As a WHO initiative, EVIPNet adds unique value to knowledge translation, and to evidence-informed policy-making more generally. With its WHO backing, EVIPNet is afforded access to policy-makers – nationally, regionally and globally – that more independent entities are typically denied. This includes in particular an ability to mediate and work directly with national Ministries of Health. With its WHO reach, branding and social networks, EVIPNet is also able to tap into a wide range of experts and expertise from around the world, a fact that is critical to its ongoing development and innovation.

EVIPNet and the World Health Organization

The WHO plays an important role in supporting countries to develop evidence-informed policies. What makes WHO unique is the combination of supportive mechanisms that integrate the quality of its normative work (namely, evidence-based guidance) with its direct access to both senior-level policy-makers and public health managers at country level, which facilitates the implementation of evidence-informed policies.

Part of EVIPNet's ongoing work lies in aligning with and contributing to WHO's internal strategies. EVIPNet's work in this regard relies in particular on the Translation Goal of the WHO strategy for research on health, approved by the 63rd World Health Assembly in May 2010.⁷ This includes EVIPNet leadership or contributions to:

- *Improved KT standards within WHO.* This likely includes contributing to the formation of a WHO Knowledge Translation (KT) network. The aim of the network will be to disseminate information, share resources, promote the use of evidence-informed policy-making within WHO and coordinate internal learning programs. The KT network will not have an oversight role or act as a review committee, as in the case of the Guidelines Review Committee at WHO,⁸ but
- *Implementation of e-Learning curricula on evidence-informed policy-making:* An e-Learning module is currently being developed to assist WHO staff with the conceptual and technical elements of evidence-informed policy-making. The e-Learning module will be initially directed toward individuals and departments that have requested or shown interest in capacity building for evidence informed policy-making processes. Once the e-Learning module is past the "proof-of-concept" stage, it will be disseminated to WHO country offices and member countries for their own training activities.
- *Building and strengthening partnerships within WHO:* EVIPNet tools and methodologies will continue to be promoted within departments at WHO headquarters. For more on this, see Section 4.0 below.

⁷ For details, see http://www.who.int/rpc/research_strategy/en/index.html

⁸ The mandate of the Guidelines Review Committee (GRC) is to develop and implement procedures for guideline development that ensure that WHO guidelines are consistent with internationally accepted best practices, including the appropriate use of evidence. For more information, see: http://www.who.int/kms/guidelines_review_committee/en/index.html

3.0 Governance and Management



As a horizontal WHO programme, EVIPNet takes the form of linked-but-distinct country-based and regional networks. Africa, the Americas, Asia and the Eastern Mediterranean each host regional networks, which together operate in 41 countries. At the regional level, EVIPNet is supported by the WHO regional offices and by small regional secretariats responsible for promoting regional coordination. Within WHO, EVIPNet is part of the Evidence and Networks for Health unit, within the Knowledge Management and Sharing department of the Innovation, Information, Evidence & Research cluster. EVIPNet is headquartered in Geneva, Switzerland, though it has representatives within five regional offices – AFRO in Brazzaville, Congo; AMRO/PAHO in Washington, DC, USA; WPRO in Manila, the Philippines; EMRO in Cairo, Egypt, and EURO in Copenhagen, Norway. Over 2012-2015, EVIPNet expects to expand strategically into South-East Asia.

As reflected in EVIPNet's overarching value of "empowerment," EVIPNet has a largely decentralized governance structure that emphasizes stewardship by southern individuals, institutions, national governments and regions. Diagram 2 above demonstrates the central role played by steering and resource groups, which are designed to support south-south partnerships, cooperation, leadership and perspective. While the Secretariat at WHO Geneva plays a strong role in EVIPNet, it is typically in the background, able to use its seat within WHO to marshal resources and support to assist regions and countries in developing their own programming, innovations and approaches. Strong communication between

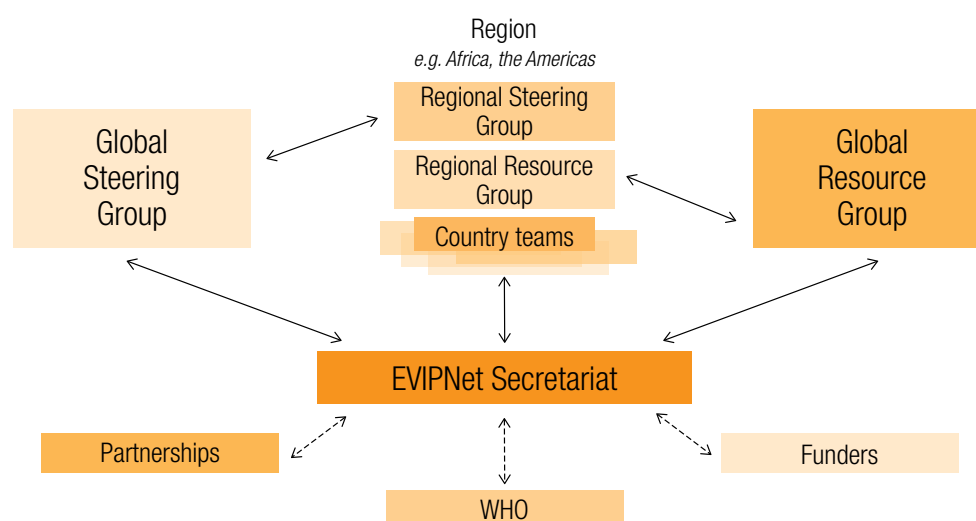
the various resource and steering groups and WHO Geneva ensure that all regions and countries learn from each other, encouraging the spread of effective administration and governance practice among EVIPNet's members. This further cements the decentralized yet highly connected style of governance that has always marked EVIPNet.

3.1 Global Steering Group

The Global Steering Group is composed of KT experts from around the world, including representatives from LMICs. This group is both catalyst and key supporter for EVIPNet. It meets regularly by teleconference to discuss and coordinate such global-level activities as: fundraising efforts; reviewing of methodological advancements and regional implementation plans; supporting the development of the EVIPNet Virtual Health Library and other advocacy and dissemination instruments; coordinating the participation of EVIPNet representatives in international events; overseeing EVIPNet's overall strategies; and discussing such issues as the expansion of the network into new countries.

The Global Steering Group is composed of the chairs of each regional steering group, the WHO Geneva coordinator of the research translation unit of the Knowledge Management and Sharing department, and WHO research counterparts in each of EVIPNet's participating regions. A rotation of co-chairs among members takes place on an annual basis to promote a dynamic cycle of leadership. However, continuity is assured by the monthly

DIAGRAM 2 EVIPNet Governance and Networking



meetings that are conducted (usually online), and in person when possible, (particularly in connection with other conferences and workshops). The WHO Evidence and Networks for Health unit serves as the global secretariat of EVIPNet.⁹

3.2 Global Resource Group

This group is comprised of leading international experts in KT, from a range of LMICs. They are critical contributors to EVIPNet's success. The Resource Group provides strategic guidance to EVIPNet, organizes the technical review of EVIPNet proposals, and provides direct technical support to country teams where necessary.

To date the Global Resource Group has been operating on an as-needed, ad hoc basis, which will gradually evolve into a formal role particularly as EVIPNet works to create and support regional resource groups (see 3.4 below) that will operate in Africa, the Americas, Asia and the Eastern Mediterranean. Terms of reference for the Global Resource Group include:

- provide technical input to the overall direction of EVIPNet
- develop and pilot testing capacity-building workshops for EVIPNet teams and supporting a train-the-trainer model that eventually ensures that all capacity-building workshops for EVIPNet teams are led by regional resource group members and others from the teams' respective regions

- oversee and participating in merit reviews of EVIPNet products that will be made available through the EVIPNet Virtual Health Library (e.g. evidence briefs for policy)
- provide technical input to the monitoring and evaluation of EVIPNet
- act as ambassadors and advocates for EVIPNet within the scientific community, and among funders and policy-makers.

3.3 Regional Steering Groups

Over 2012-2015, Regional Steering Groups will continue to evolve alongside the Regional Resource Groups, and in some cases may involve the same individuals. These groups will meet regularly by teleconference to discuss and coordinate such regional activities as: evidence brief for policy and dialogue plans; advocacy around new or promising KT innovations; fundraising efforts; following the development of the EVIPNet Virtual Health Library and other communications and dissemination instruments; coordinating the participation of regional representatives in national, regional and international events; contributing to EVIPNet's overall strategies; and discussing such issues as the expansion of the network into new countries. A core aspect of the Regional Steering Groups will be to interact with each other, sharing experiences and lessons across regions and continents.

⁹ The Terms of Reference and bylaws governing both the global steering group and the global resource group can be found at www.evipnet.org.

3.4 Regional Resource Groups

Over 2012-2015, Regional Resource Groups will become the lead technical “advisory” group for each of the EVIPNet regions. While the Global Resource Group will have a strong influence on EVIPNet over this time period, the Regional Resource Groups will develop into dynamic groups able to respond to the local and regional contexts in ways a global group cannot. Terms of reference for EVIPNet’s regional resource groups include:

- providing technical input to the direction of EVIPNet within the region;
- conducting merit reviews of country-led applications (from within the region) to join EVIPNet;
- participating in regional capacity-building workshops for EVIPNet teams, leading region- and country-focused capacity-building workshops in the region, and providing on-going support for single EVIPNet teams in the region (when resources allow);
- participating in merit reviews of EVIPNet products that will be made available through the EVIPNet Virtual Health Library (e.g. evidence briefs for policy);
- providing technical input to the development of country-led and region-led proposals (from within the region) to funders;

- acting as ambassadors for EVIPNet within the scientific community and among policy-makers and funders in the region.

3.5 Country Teams

To date, there are four EVIPNet regional networks, encompassing 44 teams in 41 different countries. This number is expected to grow over 2012-15. Each team is a combination of researchers, policy-makers – predominantly from Ministries of Health – and occasionally includes stakeholders from civil-society groups, research institutes and think tanks. Each team is at a very different level in terms of capacity, support, activities, etc, and each team shifts and changes according to the opportunities and challenges presented. Where the strength, multidisciplinary or composition of a team is at issue, EVIPNet has encouraged these teams to develop work plans and specific funding proposals designed to solidify and/or expand teams. In the long run, it is anticipated that these country teams become “institutionalized” and thus a formalized connection between the research and policy communities.

Regions and Country Teams

EVIPNet Africa was launched in 2006 and now includes 10 sub-Saharan countries: Burkina Faso, Cameroon, Central African Republic, Ethiopia, Kenya, Mozambique, Nigeria, Tanzania, Uganda and Zambia. In the five years of activities, EVIPNet Africa has established country teams, expanded each country's network of participating institutions through national workshops, and focused on capacity building in KT. Notably, EVIPNet Africa teams have all launched evidence brief for policy – deliberative dialogue activities, with several countries witnessing the movement of their brief's recommendations to policy implementation.

EVIPNet Asia was the first to launch, in June 2005 and includes teams from seven participating jurisdictions: Bangladesh, China (including three Chinese provinces that also host a local EVIPNet team – Beijing, Shandong, and Sichuan), Lao PDR, Malaysia, Philippines and Vietnam. EVIPNet Asia has convened capacity building workshops on evidence briefs and systematic reviews, with some teams already producing systematic reviews on policy-relevant topics.

EVIPNet Americas launched in late 2007 with representation from Argentina, Bolivia, Brazil, Chile, Costa Rica, Colombia, Mexico (both the national government and a Mexico–USA border office), Paraguay, Puerto Rico, and Trinidad and Tobago. Teams have negotiated the inclusion of EVIPNet-related activities as part of their PAHO/WHO country office work plans, while also attending workshops focused on tools and methodologies (e.g. using systematic reviews, framing a research question, appraising scientific evidence) for developing evidence-informed policies. A partnership with the Pontificia Universidad Católica de Chile focus on building stakeholder capacity in regional workshops to use evidence, prepare evidence briefs for policy and convene deliberative dialogues. This partnership has built a critical mass of resource persons, trainers, and policy champions; a series of country specific evidence briefs for policy written through this partnership will be available in

2012. The Pan American Health Organization/WHO Americas Regional Office (PAHO/AMRO) provides institutional representation, with its leadership working to connect people, formalize relationships, and push for resource allocation in evidence-informed policy-making. EVIPNet Americas partners with PAHO's Sustainable Development and Environmental Health area (among other areas) to build capacity in systematic reviews, evidence briefs for policy and deliberative dialogues.

EVIPNet Eastern Mediterranean is in the early stages of its launch, with potential representation by teams from Egypt, Iran, Iraq, Jordan, Libya, Lebanon, Morocco, Oman, Pakistan, Sudan, Syria, Tunisia, and Yemen. The next step is to establish the EVIPNet Eastern Mediterranean Region Steering Group and to encourage and assist Member States with the establishment of national EVIPNet teams. Currently, the WHO's Eastern Mediterranean Regional Office (EMRO) is supporting this network through a pilot study for developing evidence briefs for policy, and through a research project studying university research processes and knowledge translation.

Lastly, EVIPNet Europe is at an even earlier stage in its development. As part of the WHO European Regional Office's biennial planning for 2012-2013, setting the groundwork for the establishment of an EVIPNet regional initiative is a priority. This will sit within the Division of Information, Evidence, Research and Innovation, and fall specifically to the Evidence and Information for Policy unit. The plan is to hold two to three in-country multi-country workshops on tools and methodologies over the next two years as a way of sensitising key individuals to the initiative and work. To-date eight countries have, via their WHO Head of Country Office, expressed a strong interest to be involved: Estonia, Kazakhstan, Kyrgyzstan, Moldova, Slovenia, Turkey, Turkmenistan and Ukraine. The first step will be to identify potential champions in these countries, and to work with them in exploring options for country teams.

4.0 Partnerships and Synergies



EVIPNet is committed to the spirit of partnership, particularly with other globally-oriented entities whose programming exhibits strong opportunities for synergy. Beyond the continued work with different entities within WHO headquarters and regionally over 2012-2015, EVIPNet will explore new or ongoing partnerships with a range of like-minded organizations. This includes the Alliance for Health Policy and Systems Research, the International

Development Research Centre (IDRC), Supporting the Use of Research Evidence in African Health Systems (SURE), and WHO Collaborating Centres such as the McMaster Health Forum. Other synergies would include allying with those doing complementary work, such as 3IE (International Initiative for Impact Evaluations) with syntheses, COHRED with national health research systems, and so on. Partnerships can be financial, technical or both.

EVIPNET PARTNERSHIPS 2005-2011

<i>Name of partner or collaborator</i>	<i>Nature of relationship/type of activity</i>	<i>Outcome</i>
Supporting the Use of Research Evidence in African Health Systems (SURE)	To improve methodologies in KT; to pilot innovations and tools	Country teams strengthened (methodologies, tools, approaches)
McMaster Health Forum, a WHO Collaborating Centre for Evidence-informed Policy	To improve methodologies in KT; to support the EVIPNet VHL by sharing the contents of Health Systems Evidence; to evaluate innovations and tools	Country teams strengthened (methodologies, tools, feedback from evaluations)
International Development Research Centre (IDRC)	Financial support to EVIPNet Africa	Strengthened country teams able to innovate in KT and include more and different stakeholders in KT approaches.
WHO Geneva - African Partnerships Patient Safety (APPS)	Improve methodologies in KT for patient safety	Evidence-informed options in patient safety in selected countries on patient safety
WHO Geneva – Immunization, Vaccines and Biologicals (IVB) and Agence de Medecine Preventive (AMP)	Improve methodologies in KT for immunization, vaccines and biologicals	Evidence-informed policy-making training of National Immunization Technical Advisory Groups (NITAG)

EVIPNET PARTNERSHIPS 2005-2011

<i>Name of partner or collaborator</i>	<i>Nature of relationship/ type of activity</i>	<i>Outcome</i>
WHO Geneva – Human Resources for Health	Improve methodologies in KT for human resources for health	Evidence informed policy-making workshops for preparing national evidence briefs for policy-based on Human Resources for Health
WHO HQ - ePORTUGUÊSe	Promote evidence-informed policy-making in Portuguese speaking countries	Strengthened country teams in all Portuguese speaking countries developing evidence-informed policy-making and improving South-South cooperation
WHO HQ - Alliance for Health Policy and Systems Research	Member of Global Steering Group. Financial support to selected country teams and participation in regional workshops	Workshops in Asia and Latin America to strengthen capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders
WHO HQ - Ageing and Life-Course	member of the WHO working group on KT on ageing and health	KT on ageing and health: a framework for policy development, to be implemented in pilot countries
WHO HQ - Foodborne Diseases	Working with the Knowledge Translation and Policy Group (KTPG) to catalyze the transfer of burden estimates into food safety policy-making and practice	Improved evidence-informed policy-making capacity to address food-borne diseases problems at participating countries
WHO HQ - Non-communicable Diseases	Organization of workshops to write evidence briefs for policy on strategies to address NCDs at the primary health care level	Evidence brief for policy informed strategies in Paraguay
WHO HQ - Nutrition, Health and Development	Partnership in the project Evidence-informed Guidance for Scaling-up Effective and Safe Nutrition Interventions	Evidence briefs for policy and policy dialogues to improve the implementation of national nutrition strategies in several participating countries in Africa and Asia
WHO HQ - Tropical Disease Research (TDR)	Workshops on evidence-informed policy-making and development of curricula for knowledge translation and implementation research.	Evidence briefs for policy on malaria treatment and curricula in implementation research
PAHO/AMRO – Environmental and Sustainable Development (ESD)	Workshops to write evidence briefs for policy and organize deliberative dialogues	Evidence brief for policy to address water and sanitation as a human right
Pontificia Universidad Católica de Chile	Building stakeholder capacity to use evidence, prepare evidence briefs for policy and convene deliberative dialogues	Critical mass of resource persons, trainers and policy champions throughout the region
BIREME - PAHO/WHO Latin-American and Caribbean Center on Health Sciences Information	Direct support for EVIPNet Brasil; development of the EVIPNet VHL search engine	Integrated search engine of the EVIPNet Virtual Health Library

5.0 Monitoring and Evaluation



Over the course of this Strategic Plan, EVIPNet will use a range of evaluative approaches and tools to assess its progress and impacts. These approaches and tools are highly complementary; their findings will generate valuable lessons learnt and different communications products. These interlinking monitoring & evaluation approaches include:

- an “Evaluating Knowledge-Translation Platforms in Low- and Middle-Income Countries” (KTPE) study, with more details provided in section 5.1 below
 - documenting the implementation, factors supporting sustainability etc. of EVIPNet-supported rapid-response units
 - assessing user testing and usage of the EVIPNet Virtual Health Library
 - executing a social network analysis of EVIPNet Africa to understand how the network functions, how it shares experiences and lessons and spreads innovation among its members
 - performing an Outcome Mapping exercise at the global level to understand and assess key variables such as governance structures, networking, communicating, learning and other network-level outcomes.
 - at the national level, each EVIPNet country team will receive a package of tools enabling it to measure progress and behaviour change among key boundary partners (and how EVIPNet changes as a consequence of those changes). For more, see Appendix I
- using an “evaluative-thinking” tool such as Most Significant Change to allow national-level groups to reflect upon and document specific events and processes.

5.1 Evaluating Knowledge-Translation Platforms in Low- and Middle-Income Countries

Monitoring the implementation and evaluating the impact of EVIPNet provides a critical opportunity to learn in real time how to support evidence-informed health policies by understanding better the relationships between EVIPNet activities, outputs, outcomes, and impacts along with the influence of context and (infra)structure on whether and how activities and outputs translate into outcomes and impacts. For example, EVIPNet Burkina Faso’s activities related to malaria treatment culminated in the production of a evidence brief for policy (an output), as well as additional activities such as a policy dialogue and follow-up briefings of key officials. These activities and outputs may have contributed to influencing the strength of relationships among policy-makers and researchers (an outcome that will be assessed) and to steering the nature of a successful submission to the Global Fund (an outcome that has already been documented). The context (e.g., a receptive Minister

and a window of opportunity with the Global Fund) and the EVIPNet Burkina Faso infrastructure (e.g., a base within the Ministry of Health and a member who is both an expert in malaria and a highly

regarded advisor to the Minister) appear to have contributed to how these activities and output were translated into a likely outcome and a documented impact.

CONTEXT AND (INFRA)STRUCTURE



Activities → Outputs → Outcomes → Impacts

Over 2012-2015, EVIPNet will continue to be subject to a unique, prospective evaluation of the many different KT platforms it supports (which includes the newly launching country teams in the Eastern Mediterranean region). This “Evaluating Knowledge-Translation Platforms in Low- and Middle-Income Countries” (KTPE) study seeks:

- to document annually the activities and outputs of each KT platform, as well as the (infra) structural and contextual factors that may affect the relationships among activities, outputs, and (eventually) outcomes and impact
- to evaluate the three most innovative activities – namely priority-setting processes, evidence briefs for policy, and policy dialogues – organized by each KT platform
- to evaluate, over time, the following outcomes in each KT platform jurisdiction (indicators of which are collected through surveys of policymakers, stakeholders and researchers): availability of research evidence about high-priority policy issues; whether relationships among policy-makers and researchers have been developed and strengthened; and whether policy-makers’ capacity to support the use of health research evidence in health systems policy-making has been strengthened

- to evaluate whether the desired impact – that health systems policy-making processes take into account health research evidence – has been realized in selected KT platform jurisdictions.

A fifth objective, which rests on – and at the same time informs – the other four, is:

- to develop a theoretical framework that identifies relationships among (infra)structural and contextual factors and KT platforms’ activities, outputs, outcomes, and impact (both within and across jurisdictions) that will predict how these factors interact to produce the desired KT platform impact.

In order for EVIPNet to fulfill its ethical imperative to disclose all positive and negative program outcomes, monitoring and evaluation of EVIPNet programs must be conducted so that the outcomes of the program can be determined. The knowledge gained from the monitoring and evaluation stage will allow evaluators to: 1) compare EVIPNet to other KT initiatives and provide feedback to EVIPNet country teams; 2) assess the advantages and disadvantages of the different approaches that are taken and examine contextual factors that may influence how well different approaches work in different settings; and 3) assess the impact of various initiatives on the policy-making process.¹⁰

¹⁰ Additional details, as well as all of the tools used in the evaluation, are available at www.researchtopolicy.org/ktpes.

6.0 Communications and Resource Mobilization



EVIPNet sees communications and advocacy as a central element to its mandate. For the climate and the culture of research evidence use to change – to be better funded, to become increasingly institutionalized – EVIPNet will over 2012-2015 act as a leader in promoting KT as a fundamental tool for strengthening health systems and improving health outcomes. This includes regular attention to documenting, packaging and disseminating the work of EVIPNet partners, ensuring dynamic two-way communications channels (e.g. through fora and the EVIPNet Virtual Health Library) and to greater efforts in public relations promoting achievements and innovations.

Examples of advocacy include publicizing EVIPNet outcomes by country teams or the regional and global steering and regional groups, public calls for the improved use of evidence in policy-making and the institutionalization of the KT process, and public announcements about EVIPNet events. At the national level, advocacy campaigns might issue public announcements based on research or packaging the outcomes of evidence briefs for policy in a more accessible way for the general public. In essence, advocacy campaigns require a way to disseminate information, share ideas and invite feedback. To achieve this, EVIPNet will explore and promote: online social networking media (as has been successfully done by EVIPNet

in the Americas); platforms specific to local settings (e.g. radio, TV); evidence brief for policy publication; and online media sharing platforms (e.g. YouTube).

Over 2012-2015, EVIPNet will explore the possibility of encouraging other organizations to advocate for the institutionalization of the KT process. This is because many organizations are better situated than EVIPNet to perform this type of advocacy, considering EVIPNet's decentralized administration and limited human and financial resources. To contribute to this process, EVIPNet will place more emphasis on building capacity and empowering civil society groups to be advocates for KT, by helping them to organize around certain issues (i.e. helping them to access and use evidence when making recommendations to or lobbying a ministry of health).

Currently, there is a need for greater financial resources in order to support the global initiatives listed above (i.e. the strengthening, integration and solidification of country teams). Greater emphasis will need to be placed on recruiting funders in order to support these activities. Although the aim is for EVIPNet country teams to be financially and organizationally independent in the future, funding will be crucial over the next four years in order to build capacity, strengthen country teams and encourage financial independence.

Key Global Events in 2012

Evidence-Informed Health Policymaking in Low and Middle-Income Countries: An International Forum in Addis Ababa, Ethiopia, August 2012.

In 28-30 August 2012, EVIPNet will partner with “Supporting the Use of Research Evidence in African Health Systems” (SURE) and the Regional East African Community Health (REACH) Policy to convene an international forum in Addis Ababa, Ethiopia, dedicated to discussing and exploring innovative KT practice. It aims in particular to:

- share and further develop resources to support evidence-informed health policy-making (EIHP) in LMICs
- build capacity for EIHP in LMICs
- provide an opportunity for networking among initiatives to support EIHP
- promote EIHP in low and middle-income Countries

Second Symposium on Health Systems Research. Beijing, November 2012.

From 31 October to 3 November, in Beijing, People’s Republic of China, the Second Global Symposium on Health Systems Research will bring together researchers, policy-makers, funders, implementers, civil society, media representatives and other stakeholders to share new evidence, identify opportunities and gaps, build understanding across disciplinary boundaries, and discuss the way forward to support HSR and the use of evidence in decision-making in low- and middle-income countries. The Symposium will focus on Inclusion and Innovation Towards Universal Health Coverage. Its first day will be dedicated to Knowledge translation. More information at <http://www.hsr-symposium.org>. EVIPNet is fully engaged with the Symposium and its country teams will present in several sessions.

Outcome Mapping

EVIPNet has completed a draft Outcome Mapping evaluation strategy to complement the more formal monitoring and evaluation strategy already underway. This approach was selected to provide EVIPNet with a sound overview of the changes in the behaviour, relationships, dynamics and actions of the individuals and organizations with which it directly works – and of the changes within EVIPNet as a programme.¹¹

This draft evaluation strategy was developed following feedback from the Global Steering Group and from select individuals within EVIPNet's network. For EVIPNet, the Outcome Mapping approach will follow three different stages: the Intentional Design stage (details of which are outlined in this Appendix); the Outcome & Performance Monitoring stage, where EVIPNet and its boundary partners collect information on their progress (this will unfold over the duration of this Strategic Plan); and the Evaluation Planning stage, where EVIPNet outlines how the collected monitoring data will be used, when and by whom (this will occur over the final year of this Strategic Plan).

In this draft, we outline Outcome Mapping's Intentional Design stage as applied to EVIPNet. This outlines how the programme will monitor the progress of EVIPNet's boundary partners (i.e. those individuals and institutions EVIPNet seeks to influence) and of EVIPNet as a programme (i.e. those organizational practices that allow EVIPNet to fulfill its vision and mission).

Outcome Challenge Statement: Boundary Partner 1 – Researchers¹²

EVIPNet intends to see researchers actively connecting with policy processes that increasingly influence – and are influenced by – research evidence. Researchers initiate priority-setting and agenda-setting exercises to collaborate with policy-makers on research projects, evidence

briefs for policy and policy dialogues. Researchers regularly interact with policy-makers, incorporate policy perspectives into their work, and position their evidence to inform policy. Researchers develop innovative tools and methodologies to highlight the role evidence can play in solving shared problems; to open windows for policy influence; and to respond to policy needs with evidence. Through these activities, researchers and knowledge brokers build and strengthen domestic networks of policy-makers, civil society, funders, researchers, and knowledge brokers who are comprehensively and collectively able to identify policy priorities, prioritize a policy-informed research agenda, develop evidence-informed approaches and policies, build capacity to access, assess, adapt and apply context-specific research evidence, and connect with like-minded networks regionally and globally.

Outcome Challenge Statement: Boundary Partner 2: Research-users¹³

EVIPNet intends to see research-users routinely and successfully accessing, assessing, adapting and applying research evidence. Research-users are regular demanders of research evidence, understanding how and where research evidence can inform their policy-development and -implementation processes. Research-users identify their knowledge gaps, their pressing needs and priorities, and allocate time and resources to integrate research evidence into their planning processes. Research-users develop professional relationships with researchers and knowledge brokers, participate actively in the development of evidence briefs for policy and related deliberative dialogues, and become regular contributors to both national and regional networks. Research-users contribute funding to knowledge translation processes that will guide and assist both the goals of their institutions and the needs of their constituent communities.

¹¹ For more on Outcome Mapping as an evaluation approach, see Earl S, Carden F and Smutylo T. *Outcome Mapping: Building Learning and Reflection into Development Programs*. IDRC: Ottawa, 2001. Also see www.outcomemapping.ca

¹² We define "researchers" as those who generate primary knowledge or synthesize secondary knowledge for a scientific audience (e.g. systematic reviews) or a context-specific audience (e.g. evidence-informed evidence briefs for policy); they may be situated in universities, civil society, and/or government ministries. A "boundary partner" is an individual, group or organization with whom EVIPNet "interacts directly and with whom [EVIPNet] can anticipate opportunities for influence" (Earl et al 2001).

¹³ We broadly define "research-users" here as those individuals or institutions whose ideas, activities and programmes can be influenced by research evidence. A research-user could include anything from a policy-maker at a national Ministry of Health to a global body such as the WHO itself.

Organizational Practices

Taken together, these practices define how EVIPNet will (or should) work at a programmatic level. If EVIPNet expects its boundary partners to change their behaviour, then EVIPNet must itself be prepared to change – and to track and learn from that change. For EVIPNet, tools dedicated to capturing organizational practices will monitor the workings of the Secretariat at WHO Geneva, along with the Global and Regional Steering Groups. Data on organizational practices will be gathered through quantitative indicators, qualitative examples, or a combination of the two. It will be gathered regularly and systematically.

Each practice below represents activities that, cumulatively, can assist EVIPNet in achieving its objectives.

Practice 1: Experimenting to remain innovative. This will see EVIPNet continually seeking out and trying out new tools, approaches and modalities in KT to achieve its strategic directions.

Practice 2: Engaging in organizational reflection. This will see EVIPNet using evaluative-thinking tools to understand and assess its achievements

or actions (including, for instance, Most Significant Change or After Action Reviews).

Practice 3: Sharing the organization's best wisdom with the world. This will see EVIPNet using various platforms and fora (from national/regional/global workshops, conferences and symposia to opportunities within WHO to online networking) to broadcast and discuss its innovations.

Practice 4: Adding value to those already served. Recognizing that EVIPNet works not only with start-up teams but with those already well established, the programme will ensure sophisticated and contextualized support to its members, always building on prior achievement.

Practice 5: Assessing and redesigning products, services, systems, approaches. This will see EVIPNet getting feedback from key informants on some of its major innovations (e.g. evidence brief for policy and dialogues) to adjust and improve.

Practice 6: Prospecting for new ideas, opportunities and resources. This will see EVIPNet continually using its network to access, assess and absorb innovations in KT.

EVIPNet Country Teams

To provide a comprehensive picture of EVIPNet teams, they have been divided here into two tables: those who are presently active in developing their national-level KT platform and in exchanging with other teams; and those who have indicated a strong interest in participating in EVIPNet but whose activities are at an early stage of formation.

TABLE 1 EVIPNet Teams by Region

Region	Country	Team leader	Email
<i>Africa</i>			
	Burkina Faso	Bocar A. Kouyate	bocar.crsn@fasonet.bf
		Salimata Ouedraogo Ki	salimata_ki@yahoo.fr
	Cameroon	Pierre Ongolo-Zogo	pc.ongolo@gmail.com
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		Lonia Magolo	loniamagolo@yahoo.com
<i>Americas</i>			
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	Chile	Cynthia Arg�ello	carguello@minsal.cl
	Ecuador	Alicia Rodr�guez	arcazar27@yahoo.es
	Mexico (Mexico- USA border)	Lorely Ambriz	ambrizlo@fep.paho.org
	Paraguay	Mar�a Stella Cabral de Bejarano	cabralbejarano.mariastella@gmail.com
	Peru	Victor Suarez	vjsuarezm@yahoo.com

Region	Country	Team leader	Email
	Trinidad & Tobago	Guillermo Troya	gtroya@yahoo.com
<i>Other Americas: initial stages of formation</i>			
Argentina * Colombia * Costa Rica * Mexico (national government) * Puerto Rico			
<i>Asia</i>			
	Bangladesh	Tracey Koehlmoos	tracey@icddr.org
	Kyrgyz Republic	Gulgun Murzalieva	gmurzalieva@yahoo.com
	Malaysia		
<i>Other Asia: initial stages of formation</i>			
China (Beijing) * China (Shandong) * China (Sichuan) * Lao PDR * Philippines * Vietnam			
<i>Eastern Mediterranean</i>			
	Sudan	Louran Ali	louratb@gmail.com
		Mohammed Ali Yahia	malikabassi06@yahoo.com
<i>Other Eastern Mediterranean: initial stages of formation</i>			
Bahrain * Egypt * Iran * Iraq * Jordan * Kuwait * Lebanon * Libya * Morocco * Oman * Pakistan * Syria * Tunisia * Yemen			

TABLE 2 Members of EVIPNet's Global Steering Group and/or Global Resource Group in 2012

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