

Summary report on the

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Expert consultation on fostering institutional and structural capacity for evidence-based health policy-making

Cairo, Egypt
29–30 November 2017



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

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1. Introduction

In October 2017, the 64th session of the WHO Regional Committee for the Eastern Mediterranean, recognizing the importance of the use of research evidence in health policy-making, requested the WHO Regional Director to establish regional mechanisms to support the bridging of gaps between research institutions and policy-makers and the translation of research evidence into health policy.

With this in mind, the WHO Regional Office for the Eastern Mediterranean held a two-day expert consultation on fostering institutional and structural capacity for evidence-based health policy-making, from 28 to 29 November 2017 in Cairo, Egypt.

The objectives of the meeting were to:

- present and deliberate on different global/regional knowledge translation mechanisms and incorporating research evidence into health-policy making;
- discuss different structural approaches to enhance formal institutionalization of use of research evidence in national policy-making for health, including linkages with health technology assessment and national standard setting for health care delivery, clinical practice and public health; and
- identify effective and innovative approaches for engaging relevant stakeholders, which would streamline evidence-based health policy-making and foster systematic usage of approaches such policy briefs and dialogues.

The meeting was inaugurated by Dr Jaouad Mahjour, Acting Regional Director, WHO Regional Office for the Eastern Mediterranean, who provided a general introduction to the meeting's objectives and the intended deliverables. The meeting was chaired by Dr Arash

Rashidian (Director of Information, Evidence and Research, WHO Regional Office for the Eastern Mediterranean). Dr Ahmad Firas Khalid (Canada) was the meeting's rapporteur.

Participants included Professor Mohamed Awad Tag El Din (Former Minister of Health, Egypt), Professor Hoda Rashad (Director, Social Research Center, American University in Cairo, Egypt), Professor Reza Majdzadeh (Director, National Institute of Health Research, Islamic Republic of Iran), Dr Abbas Vosoogh (Health Policy Advisor, Ministry of Health and Medical Education, Islamic Republic of Iran), Dr Elie Akl (Director, GRADE Center, American University in Beirut, Lebanon), Professor Fadi El-Jardali (Director, Knowledge 2 Practice Center, American University in Beirut, Lebanon), Dr Babar Shaikh (Associate Professor, Health Services Academy, Pakistan), Professor Abdulaziz Bin Saeed (Former Vice Minister for Public Health, Saudi Arabia), Dr Mohammad Khashoggi (General Supervisor, Healthy Cities Programme, Saudi Arabia), Professor Mohamed Hsairi (Professor of Public Health, Tunisia), Professor Salman Rawaf (Director, Imperial College, United Kingdom), Dr Mohamed Godah (Medical Epidemiologist, Egypt), Dr Ahmad Firas Khalid (WHO Temporary Advisor, McMaster University, Canada), Dr Rand Salman (Director, Palestinian National Institute of Public Health, occupied Palestinian territory), Dr Arash Rashidian (Director, Information, Evidence and Research, WHO Regional Office for the Eastern Mediterranean), Dr Abdul Ghaffar (Executive Director, Alliance for Health Policy and Systems Research, WHO), Dr Ahmed Mandil (Coordinator, Research, Development and Innovation, WHO Regional Office for the Eastern Mediterranean), Dr Adham Ismail Abdel-Monem (Regional Adviser, Health Technologies and Medical Devices, WHO Regional Office for the Eastern Mediterranean), Dr Samar ElFeky (Technical Officer, Research Promotion and Development, WHO Regional Office for the Eastern Mediterranean).

2. Summary of discussions

The two day expert-consultation involved expert presentations (followed by discussions) as well as group works. The presentations covered the following topics:

- Institutional capacity to generate and use evidence in lower middle-income countries (Abdul Ghaffar)
- Institutional approaches of the UK/NHS in using evidence in policy-making (Salman Rawaf)
- Use of data and evidence for policy-making: a WHO perspective (Vaseeharan Sathiyamoorthy)
- The use of evidence in public health decision-making: the case of EVIPnet, GESI, K2P/Lebanon (Fadi El-Jardali)
- The use of evidence in public health decision-making: the case of the Islamic Republic of Iran (Abbas Vosoogh)
- The role of academia in supporting evidence-based policy-making: SPARK and AUB GRADE Center experience (Elie Akl)
- The role of academia in supporting evidence-based policy-making: TUMS and NIHR experience (Reza Majdzadeh)
- Evidence-based policy-making structural approaches: comparative country experience (Arash Rashidian)
- Development of health technology assessment programmes within ministries of health: barriers to effective application in EMR countries (Adham Ismail).

The following key points were noted in the discussions.

Linking the use of data and evidence for policy-making

There is a need to separate between two key domains when discussing how best to incorporate research evidence into health policy-making: academic research published in research journals that contributes to

knowledge; and research for policy that addresses needs. A systematic process is required, starting with defining what is meant by “evidence” and the mechanisms for validating research evidence.

WHO seeks to link evidence to policy-making through the Evidence-Informed Policy Network (EVIPNet) that promotes the systematic use of research evidence in health policy-making in order to strengthen health systems and ensure the right programmes, services and medicines get to those who need them. In addition, WHO’s Global Observatory on Health Research and Development works with other databases to create “one place” where different global databases can come together. The aim is to provide critical information to support needs-driven research and development investment based on unmet public health needs for populations where the global disease burden is focused.

WHO needs to consider three prerequisites to encourage the utilization of research in policy-making: governance (are there articulated long-term goals responding to the needs of the population); platforms (are there platforms for policy dialogue); and whether there is space for researchers to have discourse with policy-makers on the approach they are adopting to meet common goals.

Increasing funding for important regional programmes requires effective and clear communication of the available research evidence. Efforts are therefore needed to generate appropriate research evidence to address this need. At the national level, public health institutes have a role to play in strengthening national efforts to generate and utilize evidence to improve the health and well-being of the population. It is important to be able to link all the generated data and evidence with the outcomes of health systems and programmes.

Structural approaches to evidence-based policy-making in the Region

Review of the status of health research in the Region, in terms of quantity, diversity and quality, indicates a large gap in research production compared to need, and few mechanisms for national priority setting for research. Institutional mechanisms for the use of research evidence in policy-making (such as systematic development of policy briefs, guideline development plans and health technology assessment systems) are weak in most countries of the Region.

Health technology assessments help ministries of health in deciding whether or not to buy a new medicine/device, include a clinical service in a benefits package, roll-out or introduce a public health programme, set priorities on health care expenditure or service delivery, select the health interventions that produce the greatest health gain and offer value for money, set prices for medicines, devices and other technologies, and decide on procurement of expensive high-tech devices. They may address direct, indirect, intended, or unintended consequences. They also address whether the country is ready to effectively implement the technology.

There is a need for concrete examples of how research evidence has led to an impact on health outcomes. While lessons from other contexts may not be applicable to the Region, regional examples of success in knowledge translation do exist. However, there is sometimes a reluctance to implement evidence-informed policies. For example, despite ample evidence for their need, there are still problems in the implementation of policies to control noncommunicable diseases.

Policy-makers need practical recommendations that are implementable and financially supported. The focus should be on decisions that generate momentum in small steps. There is a need to

differentiate between clinical guidelines and policy-level initiatives. There is a lack of bridges between academia and ministries of health, and the challenge is to enhance communication between them.

The use of evidence in public health decision-making in the Region

While country contexts are different, it is important to note the examples in the Region of collaborative efforts between health ministry policy-makers and academia. Islamic Republic of Iran and Lebanon are examples of countries with strong research capacity. Both countries have the funding (internally or externally) and support needed for research production and use in decision-making.

In Islamic Republic of Iran, the co-existence of health with medical education in one ministry is an example of an integrated health system, where policies are often informed by policy briefs. Efforts to build capacity within the country to strengthen research use in policy-making have been important in implementing better evidence-informed policies.

The Iranian National Institute of Health Research (NIHR) encompasses the production and utilization of evidence and policy briefs, conducting policy dialogues, operating a health observatory and a rapid response unit. NIHR also works on health technology assessment on almost 80 new technologies. Other initiatives include the Knowledge Utilization Research Center (KURC), which has developed a self-assessment tool for research institutes (SATORI), and Tehran University of Medical Sciences (TUMS), which has created an online metrics system platform, updated monthly, on researchers' knowledge translation efforts. Despite this, there is still a pressing need for further evidence for policy-making in the country.

Examples also exist in Lebanon on using research evidence to inform the policy-making process. A variety of policy-makers and decision-makers are involved at all stages of the knowledge translation process. The Lebanese Parliament has requested academic-based units to help them with food and safety legislation.

The Knowledge to Policy (K2P) Center at the American University of Beirut (AUB) synthesizes evidence, contextualizes knowledge and engages stakeholders to impact health policy and action. The Global Evidence Synthesis Initiative (GESI) has been designed to build and strengthen cross-sectoral capacity in the production and use of evidence synthesis to support policy and practice in low- and middle-income countries. The GESI Secretariat is based at the Center for Systematic Reviews of Health Policy and Systems Research (SPARK) at the AUB. The GRADE Center at AUB focuses on producing systematic reviews and the development of guidelines for enhancing evidence-based health care.

Improvements occur over time, with researchers becoming more engaged in policy-making and it is therefore important that researchers and decision-makers develop a trusting relationship and rapport. There is often a time lag in communication with researchers; it is important to find the root cause of this. Better understanding of the political context can help academia to be more effective in supporting the use of evidence in policy-making. From a research centre perspective, there is pressure to demonstrate that researchers are doing work that serves the public.

Building institutional capacity to generate and use evidence

Capacity-building should focus on both the individual level through skills development, and on the strengthening of health policy and

research organizations, networks and systems. Efforts are required to increase the demand for evidence and to enhance leadership in health systems and policy research.

Ways forward include embedding research within health programmes and policy-making, increasing domestic funding for health policy and systems research, and finding better ways to collaborate across the health system to meet the needs of evidence users. Incentives are needed to encourage health policy and systems research and to bridge the gap between evidence generation and health policy-making.

There needs to be adequate funding to generate high quality health research, including for the training and support of researchers and the provision of high-quality research facilities. Collaboration is needed with the life sciences industry and charities for the benefit of patients and the general public. There is also a need to strengthen public acceptance of research evidence. A key challenge in applying evidence is measuring the impact of evidence on people's overall health. One way to measure this impact is through measuring patients' satisfaction with their health system.

3. Conclusions

There is weak capacity in the Region in health policy and systems research, coupled with inadequate sustainable domestic funding for research. More funding is needed for the training and support of health researchers, and to provide high-quality research facilities.

The policy-making process is complex and there is not always the culture and capability within the public sector to seek out, critically appraise and apply appropriate evidence to the policy-making process.

Researchers often do not have adequate motivation or capacity to engage in knowledge translation. The dissemination of research to target users is weak and the time lag between evidence production and policy-making is too long.

Different priorities exist between evidence producers and policy-makers, and there are few prioritization exercises based on public/policy-maker needs. Greater dialogue and trust is needed between policy-makers and academia, with better communication of national needs.

4. Recommendations

To Member States

1. Strengthen national capacity in the use of evidence in policy development cycles on both the supply and demand sides of evidence production.
2. Develop national guidelines for the use of evidence in policy-making to provide health sector stakeholders with practical guidance on better and more effective ways of finding, appraising, synthesizing and applying research evidence in policy-making.
3. Develop governmental protocols on obtaining expert scientific advice in policy-making.
4. Build national capacity in developing policy briefs to facilitate the use of evidence in health policy-making.
5. Create high-quality research evidence summaries for policy-makers to use in decision-making.
6. Encourage the addressing of national health priorities by research institutions and the linking of health policy-makers with researchers during the research/policy development cycle to ensure the use of evidence in health policy-making.

7. Establish modalities and mechanisms for engaging ministries of health and academia in health research prioritization exercises.

To WHO

8. Hold further meetings, including for high level policy-makers in health care delivery institutions, especially ministries of health, and academia to agree on the best ways to use research-generated evidence for health policy-making.
9. Facilitate access to the information and evidence needed for policy-making.
10. Support the establishment of sustainable systems for the better utilization of evidence.
11. Support the synthesis of best practices in countries, including lessons learnt in what works and what does not work in the Region.
12. Support the planning, development and assessment of pilot partnership modalities in different country contexts.
13. Support knowledge translation and evidence-based health policy-making activities in countries (supported by WHO country offices).
14. Support the development of research utilization tools for using research-generated evidence for policy-making in health care delivery institutions, especially in ministries of health.



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