

Regional action plan

*for the implementation of the framework for
action to improve national institutional capacity
for the use of evidence in health policy-making
in the Eastern Mediterranean Region*

(2020–2024)

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Foreword

Evidence-informed policy-making is essential for achieving the Sustainable Development Goals and universal health coverage, and its importance is emphasized repeatedly in WHO's global strategies, including the Thirteenth General Programme of Work 2019–2023 (GPW 13). However, it can be challenging for countries to obtain and use high-quality evidence.

Despite the increasing demand among health policy-makers for valid information and research evidence and the increasing amount of health research published by countries of the Region and globally, there remain limitations and shortcomings in national institutional capacity and technical expertise in the systematic use of evidence-based approaches in health policy-making. A recent survey of senior policy-makers from all 22 countries and territories of the WHO Eastern Mediterranean Region revealed a strong desire to improve these approaches and highlighted the structural and institutional limitations that many countries face in practice.

Over the years, WHO has taken important steps to strengthen evidence-informed health policy-making in the countries of the Region. The Science, Information and Dissemination division in the WHO Regional Office for the Eastern Mediterranean coordinates these efforts, which have intensified since 2015, in close collaboration with countries. This has included expert consultations and intercountry meetings on institutional capacity for evidence-based health policy-making, improving national health information systems and enhancing country capacity for priority health research, as well as support for countries to assess their institutional capacity for the use of evidence in policy-making. All these activities culminated in a technical paper that was presented to the Regional Committee for the Eastern Mediterranean in 2019 and included a framework for action that outlined a range of national actions for enhancing institutional capacity for evidence-informed policy-making according to different country contexts.

In a landmark Regional Committee resolution in 2019 (EM/RC66/R.5), a regional framework for action to improve national institutional capacity for the use of evidence in health policy-making was endorsed and Member States committed to scaling up initiatives to foster evidence-informed policy-making. This regional action plan has been developed for implementation of the framework and summarizes the actions that need be taken in the Region.

I expect that with the active commitment and participation of Member States in putting this regional action plan into practise, we will be able to enhance national institutional capacity and the use of the best available evidence in health policy-making in our Region.

Dr Ahmed Al-Mandhari
WHO Regional Director for the Eastern Mediterranean

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1. Background

Maintaining and promoting community health and ensuring health for all is one of the most important goals of the World Health Organization (WHO). WHO's Thirteenth General Programme of Work (GPW 13) was adopted by Member States in May 2018 and is aimed at achieving the Triple Billion targets for universal health coverage, addressing health emergencies and promoting healthier populations by 2023 (1,2) using the best available evidence. Evidence-informed policy-making for health is key to achieving these goals.

Since 1995, the use of evidence for health policy development has been a priority for WHO (3,4,5), mandated by several World Health Assembly and WHO Regional Committee for the Eastern Mediterranean resolutions, including on renewed health research for development in 2001 (6), development of effective collaboration between policy-makers and researchers in 2005 (7), bridging the gap between health researchers and policy-makers in 2008 (8), and scaling up research for health in 2011 (9). However, there are still challenges in using evidence in health policy-making and institutionalizing its use in health systems in the Eastern Mediterranean Region.

WHO has expanded its programme of work in this area in the Region in the years since 2015, with a focus on building institutional capacity and policy processes that enhance evidence-informed health policy-making. In response to ad hoc requests from ministries of health, WHO has supported countries in developing policy briefs and using qualitative evidence in decision-making and research priority-setting (10). These activities have been augmented in response to GPW 13, which highlights the need to strengthen and scale up research and innovation, and to the regional Vision 2023 (11), which identifies streamlining the evidence-base for informed health policy-making as one of its strategic objectives.

Key Region-wide activities during 2015–2019 included mapping the health research capacity of regional research institutions and health-related research production in the Region (12, 13, 14, 15), as well as conducting expert consultations, assessments and capacity-building on the adaptation of evidence-based guidelines and development of policy briefs, rapid assessments of the status of institutional capacity for the use of evidence in policy-making in countries, and a high-level meeting to discuss regional plans for enhancing evidence-informed policy-making (10, 16, 17, 18, 19).

The main challenges and expectations related to evidence-informed health policy-making in the Region were presented at an event prior to the 64th session of the Regional Committee for the Eastern Mediterranean in 2017. In response to that presentation, the Regional Committee, in resolution EM/RC64/R.1, requested WHO to establish regional mechanisms to support the bridging of gaps between relevant research institutions and policy-makers and the translation of research evidence into health policy statements, and support the establishment of national mechanisms, and urged Member States to build national capacity to use evidence from health research in national policy-making for health (17).

This resulted in a technical paper presented to the 66th session of the Regional Committee in 2019, which included a framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region that recognized different national contexts and priorities for enhancing institutional capacity in evidence-informed policy-making (10).

The technical paper focused on the importance of national contexts when building institutional capacity to use evidence for policy development and introduced a multiconcept approach to help countries assess their needs and capacities and formulate a suitable strategy. The proposed framework for action was endorsed by the Regional Committee in resolution EM/RC66/R.5 (20). The framework guides country action and WHO support for enhancing evidence-informed policy-making for health in the Region.

As requested in EM/RC66/R.5, a regional action plan for the implementation of the framework for action was developed in 2020. The regional action plan, presented here, is intended to support countries in establishing national mechanisms that systematically encourage their health systems to use evidence for health policy development.

2. Rationale

As highlighted in Regional Committee technical paper EM/RC66/6 (10), health policies need to be based on sound evidence to ensure that they are appropriate, effective and cost-effective. However, it can be challenging for countries to obtain and use high-quality evidence.

Since circumstances will vary country by country, the regional framework for action identifies both those actions that are essential for every ministry of health, regardless of national needs and contexts, and further actions for countries according to their needs, capacities and requirements.

One key reason that Regional Committee resolutions are not implemented is the lack of the required strategies and operational plans. To address this, the regional action plan has been developed to support the implementation of the resolution in countries, and to allow for that implementation to be monitored and evaluated.

3. Development process

As noted above, this regional action plan has been developed to streamline implementation of the framework for action. Its development involved consultations with regional and global experts and policy-makers and a detailed review of past experiences in the Region and beyond. The draft regional action plan, and the role and scope of the regional Network of Institutions for Evidence and Data to Policy (NEDtP), were then discussed with representatives from Member States at a meeting on 16 November 2020 (21). The draft regional action plan received strong support from all participants and their comments and feedbacks have been reflected in the action plan. The process of development of the regional action plan are presented in Box 1.

Box 1.

The development process for the regional action plan for the implementation of the framework for action to improve national institutional capacity for the use of evidence in health policy making in the Eastern Mediterranean Region (2020–2024)

■ Literature review

A literature review was conducted to identify the interventions made so far at the regional and global level to enhance national capacity in using evidence for health policy development. The findings were categorized according to the five main dimensions that guide the choice of method for establishing or enhancing national institutional capacity for evidence to policy, including: 1) integrated multiconcept approach or single-concept approaches; 2) adaptation or new development; 3) role of academic institutions; 4) level of stakeholder involvement; and 5) level of standardization of methods and formality of policy development (10).

■ In-depth expert interviews

In-depth semi-structured interviews were conducted with key regional and global researchers and policy-makers to receive expert opinions on the draft regional action plan.

■ In-house circulation

The draft was shared with directors and senior WHO staff at the Regional Office, WHO headquarters and other WHO regional offices.

■ Meeting with supporting institutions

At a meeting on 10 November 2020, supporting institutions, including well-known regional and global institutions, confirmed their commitment to support the WHO Regional Office in enhancing national institutional capacity for use of evidence for health policy development.

■ Intercountry consultative meeting

The draft regional action plan was discussed with Member States in a meeting attended by the WHO Regional Director, WHO Chief Scientist, senior policy-makers from ministries of health, managers and key researchers from national research institutions, supporting institutions of the NEDtP and WHO staff. The meeting was chaired by the Director for Science, Information and Dissemination for the WHO Regional Office.

4. Vision and Mission

4.1 Vision

A Region where all health-related policies and decisions on health care development, implementation and innovation are informed by the best available evidence from reliable and verifiable research and data.

4.2 Mission

The regional action plan aims to support the countries of the WHO Eastern Mediterranean Region in institutionalizing the use of evidence in policy-making for health through establishing the required processes, structures and capacities at national level, enhancing WHO support for countries in these areas, and engaging regional experts and stakeholders through effective networks and partnerships at the national, regional and global level for the achievement of universal health coverage and the health-related Sustainable Development Goals.

5. Main strategies, objective and activities

The regional action plan includes six main strategies: three for Member States and three for WHO. Each strategy, in turn, includes one or more objectives and their related activities. Attention has been given to ensuring that the activities are clear and focused on achieving progress in the strategic areas.

The regional framework for action identifies different needs for different country categories. Country-related activities are therefore identified in the regional action plan as being *essential*, *desirable* or *optimal* to ensure that the different needs and priorities of countries in the Region are taken into account and to provide a choice of appropriate actions and deliverables for countries. These different levels can also be used for gradual capacity-building in countries. The activities defined as *essential* are the “must do” activities needed to ensure that the programme is on track. Those defined as *desirable* include activities beyond the essential level that will ensure the needs of many countries are adequately met, but where the level of system development or availability of resources may not be enough to reach the *optimal* level. *Optimal* level activities are those that are appropriate for a country situation where the strong institutionalization of evidence-informed policy-making for health is possible; this level may not be required for all countries. Hence, the regional action plan can be adapted to national contexts.

5.1 Strategies and activities for countries to improve national institutional capacity for evidence-informed policy-making

Strategy 1. Enhance demand and advocacy for evidence-informed policy-making

Objective 1.1. Enhance demand and advocacy for evidence-informed policy-making at national level

Essential activities

- Conduct annual advocacy/short training activities for senior policy-makers within the ministry of health to discuss key concepts and tools for evidence-informed policy-making.¹
- Raise awareness and knowledge of the importance of using evidence in policy-making by identifying relevant committees, national programmes, (annual) meetings or summits and conduct regular roundtable discussions to increase and share a common understanding of the process.
- Develop quarterly pamphlets/news items, in national language(s), advocating key concepts, knowledge products (latest evidence, WHO guidelines, etc.) and examples of their application in practice.
- Conduct regular 2–3-day training workshops on key concepts and different tools and approaches for ministry of health staff, such as on policy dialogue, knowledge translation, policy brief development and critical appraisal of evidence.

¹ Ensure such activities are run by well-recognized authorities on the topic to enhance shared understanding.

Desirable activities

- Develop a national strategy for enhancing evidence-informed policy-making for health.¹
- Establish a health policy network, including key policy-makers, researchers, civil society, and other key health system stakeholders responsible for providing data and evidence for health policy purposes. The network should preferably be hosted within the ministry of health.
- Liaise with other stakeholders within the public sector to establish joint processes for evidence-informed policy-making.
- Enhance advocacy work (pamphlets, training activities) for evidence-informed policy-making for health aimed at agencies with responsibilities for different areas of health, including the social determinants of health.
- Add training on evidence-informed policy-making to induction requirements for ministry of health technical staff.
- Ensure relevant academic disciplines cover related topics in their curricula, especially at post-graduate level. Ensure this training is also included in continuous education programmes.

Optimal activities

- Develop national laws or by-laws to mandate evidence-informed policy-making and implementation processes within the health system. These may cover all aspects of policy-making or focus on key areas such as market entry of new medicines or technologies, service coverage, pricing and re-imburement policies.

Strategy 2. Enhance decision-making structures and processes for use of evidence at national level

Objective 2.1. Enhance the capacity of ministry of health staff for critical appraisal of knowledge products and evidence synthesis reports²

Essential activities

- Conduct regular training on the systematic search for and critical appraisal and interpretation of evidence from research studies (assessing relevance, credibility and usefulness of studies).
- Regularly report and openly discuss the results of national health surveys and key national and international studies linked to national priorities.
- Develop and distribute monthly pamphlets that summarize key national and international studies on effectiveness, safety, disease epidemiology, mortality and costs of key interventions and policies to generate a shared understanding and provide a critical analysis of the available evidence.

Optimal activities

- Create opportunities for relevant staff to participate in relevant national, regional and international training programmes, meeting and seminars.
- Promote educational initiatives for key health policy-makers and stakeholders.
- Plan for longer-term training arrangements for relevant staff, researchers and policy-makers, such as official time for sabbaticals at research institutions, secondments and rotations within and between countries.

Objective 2.2. Establish an evidence-to-policy team within the ministry of health, including all key areas of expertise³

Essential activities

- A minimum number of staff⁴ should be well trained in the understanding and critical appraisal of evidence from research studies (policy briefs, health technology assessments, guidelines and systematic reviews).
- A minimum number of staff should be well trained in the development of implementation plans and policy recommendations based on valid and reliable sources of knowledge (such as policy briefs and guidelines issued by WHO).
- Ensure critical appraisal and policy development activities are focused on national policy priorities.

¹ The regional framework and the action plan can be used as prototype for a national strategy. A national strategy should be more context-specific and relevant to priority needs and existing resources.

² This includes policy briefs, health technology assessments, guidelines and systematic reviews.

³ Such teams are ideally located within policy or planning departments.

⁴ This should be determined according to national needs.

- Consider establishing topic-specific groups¹ to assess needs and available evidence and prepare policy briefs for national decision-makers.

Desirable activities

- Establish or define a particular unit within the ministry of health (with enough staff and sufficient skills) to review all national policies and ensure they are informed by the best available evidence.
- Establish priority-setting processes for the adaptation of international guidance, evidence summaries and policy briefs to the national context (such as the adaptation of WHO guidelines or policy briefs to the national context).
- Ensure the team is well trained in the development of evidence-informed policy briefs.
- Establish review processes for the appraisal and approval of knowledge products for evidence-informed policy-making (such as policy briefs, clinical practice or public health guidelines, and health technology assessment studies).

Optimal activities

- Enhance the unit so that it consists of staff with critical skills in key relevant technical areas: policy, political and systems analysis, including stakeholder engagement; evidence synthesis, including effectiveness studies, economic evaluations and qualitative evidence; health care and clinical programmes and health services; and public health programmes and services.
- Establish priority-setting processes for the development of national knowledge products for evidence-informed policy-making (such as clinical practice or public health guidelines and health technology assessment studies).
- Establish a network of external partners (such as academic institutions) that support evidence generation and knowledge product development in priority areas.²

Objective 2.3. Enhance national policy-making processes

Essential activities

- Enhance the involvement, consultation and participation of key stakeholders and the contribution of researchers from multidisciplinary backgrounds in developing health policies.
- Establish mechanisms for priority-setting for health policy-making and for research addressing national health priorities.
- Conduct policy dialogue and roundtable discussions on key national policies. Policy dialogues should follow appropriate standard operating procedures and ensure both evidence and decisions are discussed.

Desirable activities

- Develop guidance and standard operating procedures to define the roles, core functions, responsibilities and accountability relationships of key stakeholders in key policy-making committees, such as national formulary committees, guideline development groups, policy advisory committees, “certificate of need”³ committees, ethical review committees, accreditation and regulatory committees, pricing, reimbursement and tariff-setting committees, health technology assessment committees, and service coverage and insurance entitlement committees. Standard operating procedures should specify the nature of the evidence to be examined by the committees and how the policy-making processes and committees function and reach decisions informed by the evidence available to them and how to document those processes.
- Create commitment and obtain endorsement from all stakeholders to act in accordance with the national standards.
- Engage civil society, using a participatory approach, in health policy-making processes.
- Develop mechanisms to identify advocacy and civil society groups and criteria to determine which groups to involve or consult (for example, by identifying the source of a particular organization’s legitimacy and accordingly determining how to view its engagement).

¹ For example, on reducing traffic accidents, managing tuberculosis or reducing salt and sugar consumption.

² See: Annex. Scope of and strategies for the Network of Institutions for Evidence and Data to Policy (NEDtP) in the Eastern Mediterranean Region. In Regional Committee for the Eastern Mediterranean technical paper EM/RC68/INF.DOC.7 on Progress report on developing national institutional capacity for evidence-informed policy-making for health.

³ A “certificate of need” is a document issued by health authorities that gives permission for the construction, establishment, or expansion of a health facility or acquirement of major equipment by such facilities or other health care providers. They often specify the location and occasionally the catchment areas, of these services. Countries may use different terms for these certificates, such as a license, permission, and so on.

Optimal activities

- Establish an accountability framework within the country to ensure that valid evidence is systematically considered in policy development for health.
- Put mechanisms and incentives for policy-makers in place to enhance the use of evidence in policy-making.
- Develop indicators and mechanisms to measure the policy relevance of an individual's research contribution and institutionalizing the use of such metrics in national institution and staff performance assessments.

Objective 2.4. Establish programmes for evidence-informed decision-making, such as national health technology assessment and guideline adaptation/development programmes

Essential activities

- Focus on the adaptation of guidelines from valid sources (such as WHO guidelines) to the national context that are relevant to national needs, following appropriate methodology.
- Establish technical capacity for critical appraisal of health technology assessment studies.

Desirable activities

- Develop national standards for the appropriate and effective conduct and use of evidence- and science-based knowledge in policy processes, including priority-setting, policy analysis, health technology assessment, health service research, policy briefs and policy dialogue.
- Develop and regularly update the priority list for guideline adaptation or production and health technology assessments.
- Establish national committees and clearance processes to critically assess and ratify national guidelines and recommend them for national adoption.

Optimal activities

- Establish a national priority-setting committee, including experts and staff from relevant research institutions, to decide and identify priorities in health technology assessment initiatives and to act as a peer review committee to assess the strengths and weaknesses of reports and ratify their recommendations for national policy-making.
- Identify relevant research institutions and develop a transparent memorandum of understanding and terms of reference, including defined roles, responsibilities and core functions, for the institution regarding the adaptation or development of health technology assessments studies¹ and national guidelines in priority areas.
- Ensure that guidelines development groups include all key stakeholders, including patient representatives.
- Develop national standards for the adaptation of health technology assessment studies and guidelines to national contexts.
- Develop a political framework and clarify governance structures between health technology assessment committees and policy-makers responsible for setting policy.
- Establish an accountability framework within the country to ensure that the results of health technology assessment studies are considered in policy development.
- Develop a national database of clinical practice and public health guidelines and health technology assessment studies developed domestically or adapted to the national context and ensure their availability to the public and stakeholders.
- Ensure health technology assessment studies and national guidelines are subject to policy dialogue and public debate and feedback, while upholding evidence-informed decision-making processes.
- Define the scope of health technology assessment studies, including assessments of safety, clinical effectiveness, economic factors (such as cost-effectiveness analysis), budget impact analysis, organizational impact, equity issues, ethical issues, feasibility considerations (such as availability of budget, human resources and infrastructure), acceptability to health care providers, and acceptability to patients.
- Promote collaboration and partnership with international organizations such as the Guidelines International Network and the International Network of Agencies for Health Technology Assessment (INAHTA).

¹ For example, national incremental cost-effectiveness ratios (ICER), discount rates and cost per quality-adjusted life-year (QALY) thresholds.

Objective 2.5. Establish mechanisms to regulate and manage conflicts of interests and enhance transparency in policy-making

Essential activities

- Ensure there is transparency regarding the membership criteria, membership and decision-making of national committees involved in making key recommendations, such as national formulary committees, guideline development groups, policy advisory committees, “certificate of need” committees, ethical review committees, accreditation and regulatory committees, pricing, reimbursement and tariff-setting committees, health technology assessment committees, and service coverage and insurance entitlement committees.
- Ensure that criteria and considerations for policy decisions, and the extent to which they are evidence-informed, are easily accessible to the general public.
- Ensure past decisions of such committees are readily available to committee members.
- Enforce conflict-of-interest declarations for all committee members involved in policy decision-making processes and the proper recording of such declarations.
- Empower ethical review committees, including research ethics committees, to perform impartial reviews and enforce principles of good ethical practice.

Optimal activities

- Ensure conflict-of-interest statements are publicly available.
- Ensure the deliberations of national committees regarding key decisions are publicly available.
- Ensure that guidelines, regulations and standard operating procedures are publicly available.
- Ensure searchable databases or archives of all decisions of such committees are publicly available.

Objective 2.6. Establish support structures and affiliations from outside the ministry of health

Essential activities

- Identify and map potential partners and institutions in the public or private sector that can play a role in evidence-informed policy-making for health in the country, such as academic institutions, governmental or legislative bodies, and key nongovernmental, professional and international organizations.
- Develop advocacy material and resources to enhance shared understanding of evidence-informed policy-making for health.

Desirable activities

- Identify or establish (if there are no qualified institutions) at least one institution that is able to support evidence-informed policy-making processes.
- Establish networking mechanisms with academic institutions and enhance effective collaboration with regional and international organizations.¹
- Assign clear roles and responsibilities for institutions involved in national evidence-informed policy-making.
- Involve identified partners in formalized policy dialogue, policy development and implementation.
- Establish partnerships with neighbouring countries or support institutions (for countries with limited academic resources), including in other WHO regions.

Optimal activities

- Develop a formal memorandum of understanding, with identified roles, responsibilities and functions, with support institutions.
- Commission external partners for conduct of required research studies or assessments, such as systematic reviews, opinion surveys, household surveys, modelling studies and needs assessments.
- Consider establishing institutions, affiliated with the ministry of health,² tasked with commissioning, adapting or developing national guidelines, health technology assessments reports and policy briefs.

¹ These potential partners have variable roles or interests. While some can be involved in most areas of interest of the ministry of health, others may have more focused mandates. Also note the role that these external partners have in relation to the environmental and social determinants of health.

² For example, national institutes of public health, health research or clinical and health excellence.

- Regularly review the contribution and added value of partner institutions in evidence-informed policy-making, and use partner institutions (or other external partners) to evaluate the functions of the ministry of health and provide advice for improvement.
- Develop and use an appropriate governance model for this collaboration to protect the independence of partner institutes, promote continuity of collaboration and help ensure strategic thinking and learning.

Strategy 3. Enhance resources for evidence-informed policy-making

Objective 3.1. Enhance access to sources of knowledge and research evidence for health

Essential activities

- Improve access to research resources through improved internet access and the development of low-cost databases of research evidence (such as HINARI) for all researchers and people involved in evidence-informed policy-development.
- Ensure access to quality sources of evidence in health care and health policy, such as Cochrane.
- Improve access to cause of death reports, health statistics reports, national health surveillance reports, and key national and subnational indicators.
- Ensure access to personal computers and the internet for all involved in the evidence-informed policy-making process.

Desirable activities

- Encourage open access publication and enable access to databases of peer-reviewed literature through institutional subsidies for decision-making bodies and research institutes.
- Develop mid-term (for example, 10-year) national household survey plans.
- Establish effective cancer registry and pharmacovigilance programmes.
- Ensure access to publication databases and peer-reviewed literature for ministry of health staff.

Optimal activities

- Develop an easily-accessible online archive, such as a database, for policy briefs, evidence syntheses, research summaries and health technology assessment studies, and make international sources and databases accessible to the public.
- Ensure access to key data from national surveys, observatories, dashboards and other sources.

Objective 3.2. Ensure availability of sustainable financing to support evidence-informed policy-making processes

Essential activities

- Increase national capacity for health research, such as through implementation of the 2008 Bamako Call to Action on Research for Health.¹
- Develop and provide financial resources for dedicated research in priority domains.
- Ensure regular and secure funding for using evidence in policy development.²
- Engage nongovernmental actors and the private sector to provide resources and funding for national evidence-informed policy-making, on the condition that they need to endorse the principles of good governance, ethical behaviour, transparency and avoiding conflicts of interest, and guarantee no interference in the research and writing process.

Desirable activities

- Ensure that funding is determined by national priority-setting processes.
- Increase the pool of funds available to individual institutions.

¹ Bamako Call to Action on Research for Health. Strengthening research for health, development and equity. From the Global Ministerial Forum on Research for Health in Bamako, Mali, November 17–19 2008 (https://apps.who.int/gb/ebwha/pdf_files/EB124/B124_12Add2-en.pdf, accessed 18 March 2011).

² This can be done through different approaches such as dedicating core funding for individual research, including through (a) core grants which are designed to provide broad institutional support, (b) through project-specific funding which is often awarded on a competitive basis, (c) donor and external funding for countries with limited funding sources, and (d) parliamentary and executive bodies such as ministry of finance that provide checks and balances over policies promoted and implemented by health ministries as well as budgetary oversight and approval.

Optimal activities

- Invest in developing flexible and predictable funding that enables institutions to build their own programme of work, pursue institutional development and respond to unfunded government requests.
- Fund programmes and research to support the development of centres of research excellence in subdomains relevant for health policy-making.

Objective 3.3. Enhance national academic capacity for evidence-informed policy-making

Essential activities

- Develop a database of researchers active within the country, including their skills and areas of interest.
- Enforce the inclusion of training on evidence development and synthesis, knowledge translation and brokering, and evidence-informed policy-making in the curricula of higher-level education for health care professionals.
- Identify and map national experts and develop a database of the identified individuals and institutions with expertise in health technology assessment, guideline development and knowledge translation methodologies.

Desirable activities

- Identify, establish or strengthen academic institutions that provide training in public health, epidemiology, health economics, biostatistics, health services and systems research.
- Support national academic institutions in establishing degree courses in areas of evidence-informed policy-making.
- Ensure access to training programmes for national researchers and experts in relevant methodologies and disciplines.

5.2 Strategies and activities for WHO in support of improving national institutional capacity for evidence-informed policy-making in countries of the Eastern Mediterranean Region

Strategy 4. Enhance WHO Regional Office capacity and output in support of evidence-informed policy-making in countries of the Region

Objective 4.1. Enhance support for the development and adaptation of evidence-based guidelines for high-priority topics

- Develop a regional handbook for the adaptation of WHO guidelines to regional or national settings, based on the WHO handbook for guideline development and global best practices.
- Increase Regional Office and country office technical capacity for the adaptation and development of evidence-based guidelines for multi-country or regional purposes.
- Develop capacity and coordination mechanisms among different WHO technical programmes to ensure an integrated approach towards evidence-informed policy-making.
- Establish a regional guidelines advisory committee for priority-setting for guideline adaptation and development and to assess adaptation processes.¹
- Develop a multi-language regional repository of evidence-based clinical practice, public health or health system guidelines available to all countries in the Region.
- Develop a consolidated database that can be used to easily access the latest versions of WHO guidelines.
- Support countries in developing tools and processes for the development, adaptation or preparation of implementation plans for national clinical practice and public health guidelines.
- Support low-resource countries in adaptation of WHO guidelines to their national contexts.

Objective 4.2. Enhance evidence-informed policy-making processes and the development of policy briefs and implementation guides

- Develop practical guides for the development of evidence-informed policy briefs.

¹ Guideline development to meet regional needs will be steered by the WHO Guideline Review Committee.

- Enhance WHO staff technical capacity for the development of evidence-informed policy briefs and knowledge translation processes and tools.
- Prioritize regional health problems for which policy briefs are needed, particularly for health problems in countries with limited academic resources and countries affected by protracted or acute emergencies.
- Support access to value-added resources that provide access to critically-appraised summaries of evidence, policy briefs, guidelines and health technology assessment studies developed in other countries relevant to the priority health problems in the Region.

Objective 4.3. Establish rapid response processes for the adaptation or development of evidence-informed policy recommendations in emergency settings¹

- Develop a practical guideline and framework for rapid response processes and products in the Region, based on existing WHO guidance.
- Strengthen capacity in methods and products for rapid response processes by identifying and supporting experts in the Region and at national levels.
- Create a regional technical team that can support countries affected by protracted or acute emergencies in the development of evidence-informed policy advice or implementation plans for priority health problems.
- Create a regional roster of technical experts for rapid response processes.

Strategy 5. Support countries in improving national institutional capacity for evidence-informed policy-making

Objective 5.1. Provide technical support to countries to strengthen national institutional capacity-development

- Develop practical tools and guides for the assessment and situation analysis of national capacity and processes for evidence-informed policy-making.
- Support countries in development of national strategies for enhancing evidence-informed policy-making.²
- Develop criteria and support countries for the selection of an appropriate national modality and describe processes that should be followed for the establishment of modalities.³
- Develop practical guides for conducting policy dialogue as part of evidence-informed policy-making.
- Enhance the technical capacity of WHO country offices to support implementation of the regional framework for action to improve national institutional capacity for the use of evidence in health policy-making.
- Develop, adapt or adopt practical guides and tool for the appropriate conduct of other key evidence-to-policy processes, including priority-setting, policy analysis, policy dialogue, health technology assessment studies and evidence synthesis, and make them available in national languages.
- Develop or adopt a monitoring and evaluation framework and define key indicators to assess progress in evidence-informed policy-making at regional and country level, and where possible, to assess the impact of evidence-informed policies adopted by countries in the Region.
- Identify and attract financial resources from different mechanisms in support of evidence-informed policy-making in countries of the Region.
- Facilitate country-to-country support and experience-sharing in evidence-informed policy-making.

Objective 5.2. Strengthen communication tools and advocacy to enhance evidence-informed policy-making

- Use information technology and digital health tools to ensure access to different types of technical and supportive materials for evidence-informed policy-making.
- Dedicate a specific issue of the *Eastern Mediterranean Health Journal* (EMHJ) to evidence-informed policy-making.
- Develop a section on evidence-informed policy recommendations in the EMHJ to highlight WHO's latest

¹ This includes guidance for countries affected by acute or protracted national emergencies or emergency situations that affect a few or all countries.

² The regional framework for action and action plan can be used as a prototype for a national strategy. The national strategy should be more context-specific and relevant to priority needs and existing resources.

³ Further information on modalities is available in *Developing national institutional capacity for evidence-informed policy-making for health* (10).

- advice and recommendations.
- Provide access to secondary verified sources of evidence through the Regional Office’s Knowledge Management Portal and plan for development of a regional repository to assure quick and easy access to global and regional evidence.
- Increase the technical capacity of key journals and media outlets in the area of evidence-informed policy-making.
- Develop multi-media resources and advocacy material regarding the different aspects of the regional framework for action.

Strategy 6. Establish a regional network and support structure

Objective 6.1. Establish a regional network of institutions for evidence and data to policy (NEDtP)

- Develop terms of reference and membership criteria for establishing the NEDtP.
- Identify relevant national institutions, in discussion with countries, for membership of the NEDtP. Members of this learning network should be representatives of academic, governmental and nongovernmental institutions that have at least the potential to: (a) collaborate closely with the ministry of health, key health policy actors and health care stakeholders; (b) strengthen their methodological capacity to develop, collect and summarize evidence and knowledge-translation capacity to enhance evidence-informed policy-making practice; (c) be willing to engage in the monitoring and continuous improvement of their evidence-informed policy-making activities; and (d) contribute to assessing the impact of evidence-informed policy-making activities on policies and health outcomes.
- Identify key institutions and centres from the Region and beyond as support institutions for the NEDtP for the provision of technical support and experience-sharing.
- Use the NEDtP for providing technical and hands-on support for the implementation of the regional framework for action to improve national institutional capacity for the use of evidence in health policy-making.
- Support mutual learning and experience-sharing in the Region in evidence-informed policy-making.

Objective 6.2. Establish a NEDtP secretariat

- Establish an efficient and up-to-date secretariat composed of people with knowledge and experience to support the NEDtP in its functions and coordinate its activities.
- Develop platforms for NEDtP visibility, ease of communication and experience-sharing between members.
- Establish a steering group for the NEDtP to provide advice and recommendations on:
 - implementation of the regional framework for action to improve national institutional capacity for the use of evidence in health policy-making;
 - enhancing the functioning and performance of the NEDtP; and
 - advocacy or support opportunities for evidence-informed policy-making in the Region.
- Develop appropriate recording and a repository of NEDtP activities.
- Interact and collaborate with similar networks in other regions, including the global Evidence-informed Policy Network (EVIPNet).
- Seek international collaboration, including technical support and financial assistance, for the NEDtP, and promote partnerships at national, regional and global levels.
- Develop and use an internal performance monitoring tool to assess and monitor the working processes and activities of the NEDtP secretariat.
- Prepare annual reports of NEDtP activities to present to members and WHO leadership.

6. Action plan timeframe

This regional action plan is proposed for a period of five years (2020–2024). It is hoped that with the commitment of Member States and the adaptation of the action plan to national contexts, the optimal goal of institutionalized national evidence-informed policy-making will be achieved in the Region.

	Strategies	Objectives	Timeline
Country strategies and deliverables	1. Enhance demand and advocacy for evidence-informed policy-making	1.1. Enhance demand and advocacy for evidence-informed policy-making at national level	2021–2022
	2. Enhance decision-making structures and processes for use of evidence at national level	2.1. Enhance the capacity of ministry of health staff for critical appraisal of knowledge products and evidence synthesis reports	2021–2022
		2.2. Establish an evidence-to-policy team within the ministry of health including all key areas of expertise	2021–2023
		2.3. Enhance national policy-making processes	2021–2022
		2.4. Establish programmes for evidence-informed decision-making, such as national health technology assessment and guideline adaptation/development programmes	2022–2024
		2.5. Establish mechanisms to regulate and manage conflicts of interests and enhance transparency in policy-making	2021–2023
		2.6. Establish support structures and affiliations from outside the ministry of health	2021–2022
	3. Enhance resources for evidence-informed policy-making	3.1. Enhance access to sources of knowledge and research evidence for health	2021–2022
		3.2. Ensure availability of sustainable financing to support evidence-informed policy-making processes	2021–2022
		3.3. Enhance national academic capacity for evidence-informed policy-making	2021–2024
WHO strategies and deliverables	4. Enhance WHO Regional Office capacity and output in support of evidence-informed policy-making in countries of the Region	4.1. Enhance support for the development and adaptation of evidence-based guidelines for high-priority topics	2021–2022
		4.2. Enhance evidence-informed policy-making processes and the development of policy briefs and implementation guides	2021–2022
		4.3. Establish rapid response processes for the adaptation or development of evidence-informed policy recommendations in emergency settings	2021–2022
	5. Support countries in improving national institutional capacity for evidence-informed policy-making	5.1. Provide technical support to countries to strengthen national institutional capacity-development	2021–2023
		5.2. Strengthen communication tools and advocacy to enhance evidence-informed policy-making	2021–2022
	6. Establish a regional network and support structure	6.1. Establish a regional network of institutions for evidence and data to policy (NEDtP)	2021
		6.2. Establish a NEDtP secretariat	2021

7. Monitoring and evaluation framework

7.1 Indicators for country assessment

Indicator	Type	Frequency of reporting
Strategies 1 and 2: Enhance demand and advocacy for evidence-informed policy-making and enhance decision-making structures and processes for use of evidence at national level		
Percentage of countries with a national plan, strategy, laws or by-laws for evidence-informed policy-making	Process	Annual
Number of staff dedicated for evidence-informed policy-making activities in the ministry of health	Output	Annual
Number of policy recommendations developed by the evidence-informed policy-making team in the ministry of health	Output	Annual
Number of policy dialogues conducted by the ministry of health	Output	Annual
Number of health technology assessment studies and/or guidelines adapted to the national context	Output	Annual
Number of national standards developed and/or revised for the appropriate and effective conduct and use of evidence in policy processes	Process	Annual
Records kept of conflict-of-interest declarations for all policy-making committee members involved in policy decision-making processes within the ministry of health	Process	Annual
Number of academic institutions formally collaborating with the ministry of health on evidence-informed policy-making	Process	Annual
Strategy 3. Enhance resources for evidence-informed policy-making		
Percentage of relevant institutions that have access to HINARI	Process	Annual
Percentage of relevant institutions that have access to national data	Process	Annual

7.2 Indicators for WHO Regional Office assessment

Indicator	Type	Frequency of reporting
Strategy 4. Enhance WHO Regional Office capacity and output in support of evidence-informed policy-making in countries of the Region		
Number of guidelines developed or adapted to regional or national setting	Output	Annual
Number of policy briefs developed addressing the high priority health problems in the Region	Output	Annual
Number of knowledge products developed using the rapid response processes for emergency situations	Output	Annual
Number of training programmes of evidence-informed policy-making	Process	Annual
Strategy 5. Support countries in improving national institutional capacity for evidence-informed policy-making		
Number of countries with recognized national modality for evidence-informed policy-making	Process	Annual
Strategy 6. Establish a regional network and support structure		
Number of NEDtP meetings	Process	Annual
Number of joint studies and/or projects conducted through the NEDtP	Output	Annual

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