

Summary report on the

Eastern Mediterranean
Region event on COVID-19
and institutionalizing use of
evidence for policy-making for
health: WHO Global Evidence-
to-Policy (E2P) Summit

WHO-EM/EDP/002/E

Virtual meeting
16 November 2021



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

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REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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1. Introduction

Evidence-informed policy-making is essential to the achievement of the Sustainable Development Goals (SDGs) and universal health coverage, and its importance is emphasized in WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13) and the regional Vision 2023. Over the years, WHO has taken important steps to strengthen evidence-informed policy-making in the countries of the WHO Eastern Mediterranean Region. The Science, Information, and Dissemination department of the WHO Regional Office for the Eastern Mediterranean coordinates these efforts in close collaboration with countries, which has intensified since 2015. In 2019, a technical paper¹ was presented to the 66th session of the WHO Regional Committee for the Eastern Mediterranean focused on enhancing the institutionalization of evidence use in policy-making. It pioneered a multi-dimensional analytical approach to bringing different sources of evidence together to address policy-makers' needs. This was followed by a landmark resolution, EM/RC66/R.5 on Developing national institutional capacity for evidence-informed policy-making for health², in which a framework for action to improve national institutional capacity for use of evidence in health policy-making in the Region was endorsed. A regional action plan for implementation of the framework and a regional Network of Institution for Evidence and Data to Policy (NEDtP) were subsequently developed in 2020.

The COVID-19 pandemic marked a turning point for the importance of evidence-informed health policy-making. Policy-makers, health care providers and research actors faced major challenges in translating a

¹ WHO Regional Committee for the Eastern Mediterranean technical paper EM/RC66/6 on Developing national institutional capacity for evidence-informed policy-making for health. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019.

² WHO Regional Committee for the Eastern Mediterranean resolution EM/RC66/R.5 on developing national institutional capacity for evidence-informed policy-making for health. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019.

rapidly evolving body of new evidence into tangible response efforts, and health policy decisions received unprecedented public attention.

To take stock of the experiences and lessons learnt during the COVID-19 pandemic, the WHO Global Evidence-to-Policy (E2P) Summit was held on the 15–17 November 2021. The Global Summit brought together researchers and policy-makers from WHO regions and international institutions, Member States, universities, research institutes and partners to identify common challenges, share lessons learned and provide recommendations supporting evidence-informed policy-making, to spur progress towards the SDGs and universal health coverage.

As a part of the Global Summit, the WHO Regional Office held a regional event on COVID-19 and institutionalizing use of evidence for policy-making for health on 16 November 2021.

The objectives of the event were to:

- provide examples of successful evidence-informed policy-making and emergency response strategies, including country-level responses from NEDtP members and Regional Office activities;
- share lessons learnt and reflections on how to overcome challenges in evidence use in health policy-making in an emergency response, including case studies from Eastern Mediterranean Region; and
- advance the institutionalization of evidence-informed policy-making and strengthen multisectoral partnerships and collaboration at country, regional and global levels.

The meeting was attended virtually by senior policy-makers from ministries of health and national institutions as well as experts from supporting institutions for the NEDtP. The meeting was open to the public, and over 100 participants from Australia, Bahrain, Belgium,

Brazil, Cameroon, China (including Hong Kong SAR), Denmark, Egypt, Ethiopia, Germany, Islamic Republic of Iran, Jordan, Lebanon, Malawi, Netherlands, Oman, Pakistan, Philippines, Poland, Republic of Korea, Saudi Arabia, Somalia, Sudan, Switzerland, Ukraine and the United Kingdom attended the session.

The event was inaugurated by Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, and chaired by Dr Arash Rashidian, Director for Science, Information and Dissemination at the WHO Regional Office. The panel on case studies on the use of evidence for policy development for health in response to COVID-19 was chaired by Dr Maha El Rabbat, WHO Director-General Special Envoy on COVID-19. Ms Sumithra Krishnamurthy Reddiar, Technical Officer for Evidence and Data to Policy at the WHO Regional Office, served as session facilitator and moderated the Q&A session.

Dr Al-Mandhari, in his opening remarks, emphasized that developing national institutional capacity for the use of evidence for health policy development was urgently needed in the Region and globally. He noted that progress towards evidence-informed policy-making had been accelerated during COVID-19, and that despite the challenges caused by the pandemic, WHO had continued its work in this area, pointing to the various technical work that had been initiated by the Regional Office to support countries in institutionalizing evidence-informed policy-making, in recognition that capacity-building was a key part of supporting countries in their emergency response. In conclusion, Dr Al-Mandhari invited participants to share insights and reflect on the impact of COVID-19 on evidence-informed policy-making.

2. Keynote speeches

The multi-concept approach for evidence-informed policy-making for health at national level: WHO's framework for action in the Region

Dr Arash Rashidian presented the multi-concept approach for evidence-informed policy-making for health at national level and the associated WHO framework for action in the Region. He emphasized the importance of using evidence to address policy-makers' questions, supporting policy-making processes and enhancing policy-makers' use of evidence in their decision-making. However, he noted that the use of evidence is challenged by a lack of available, valid, relevant and timely research and data. To address this, he outlined an integrated approach to using different sources of evidence, ensuring coherence and consistency across policy recommendations and systematic links between key programmes. He also noted the possibility of adapting evidence derived from other settings. He highlighted the need for the management of conflicts of interest and ensuring that policy recommendations should at least be considered by policy-makers, even if they decide against the recommended options. He said that enhancing the use of national data and research evidence in policy-making was a WHO priority, and that the regional framework also addressed the need for using evidence in emergency settings.

WHO regional action plan to enhance national institutional capacity for evidence-informed policy-making for health at national level

Dr Mehrnaz Kheirandish, Regional Advisor for Evidence and Data to Policy at the WHO Regional Office, presented a brief overview of the various efforts that have been undertaken in the Region since 1978 that led to the regional action plan for the implementation of the framework for action and outlined the work of the NEDtP, established in 2020, with current membership from 20 countries/territories in the Region,

representing 26 institutions/universities and six ministries of health. The regional action plan was created in response to resolution EM/RC66/R.5 on Developing national institutional capacity for evidence-informed policy-making, to support countries in the Region in institutionalizing the use of evidence in health policy-making through establishing the required processes, structures and capacities at national level, enhancing WHO support, and engaging experts and stakeholders. The action plan envisions a Region where all health-related policies and decisions on health care are informed by the best available evidence. There are three main strategies each for countries and WHO, with deliverables for countries based on gradual capacity-building, and for WHO based on country settings.

*Ethics of evidence generation and health research during emergencies:
The case of the COVID-19 pandemic*

Dr Ahmed Mandil, Coordinator for Research and Innovation at the WHO Regional Office, presented the rationale for evidence generation during emergencies, noting that during the COVID-19 pandemic it had been helpful for better preparedness, response and recovery, assessing the effectiveness of preventive measures, testing vaccine efficiency and effectiveness, evaluating therapeutics efficiency and effectiveness, and pursuing better epidemic control and response. He outlined methodological and ethical considerations for evidence generation during emergency situations, the different resources and products available for ethics reviews, ethical review committee roles and recommendations for review timeframes, as well as the challenges for research ethics during emergencies and some proposed solutions.

The keynote speeches were followed by the presentation of a short video on the NEDtP.

3. Expert panels on country and regional experiences

Case study 1. Using global evidence to inform risk communication and community engagement to respond to COVID-19: a case study from Somalia

Dr Mukhtar Bulale, Public Health Specialist at the National Institute of Health in Somalia, described Somalia's national contingency plan for preparedness and response to the COVID-19 pandemic, which was informed by public consultations and research studies. Among the eight pillars of the plan was one on risk communications and community engagement to involve the community in sharing information, educating the public and countering misinformation and the spread of rumours, a particular concern in Somalia. Interventions informed by global evidence complemented by local evidence were undertaken to train health care workers in door-to-door awareness-raising and case tracking and for the development of media messages that took into account the importance of oral communication in Somalia. Overall, over 10 million people were reached.

Challenges included regulating the accuracy of information provided through the media and monitoring the quality and coverage of the implementation of interventions by health care workers. Dr Bulale noted the need to continue to strengthen coordination, especially at state level, highlighting the importance of data-driven approaches and better stakeholder coordination for outreach campaigns.

Case study 2. Establishment of a rapid response system to provide timely evidence for policy-making: a case study from the Islamic Republic of Iran

Dr Elham Ahmadnezhad, Director of the Health System Observatory Secretariat at the National Institute for Health Research (NIHR) in

Tehran, described the formation of a rapid response system at the NIHR to respond to policy-makers' needs during the COVID-19 pandemic. The rapid response system identified questions that required evidence and then synthesized, published and communicated the evidence for the public and policy-makers. More than 30 policy-makers' questions were addressed, leading to the closure of mosques, halting the reopening of schools and universities, and the adjustment of management protocols.

Components identified for successful evidence-informed policy-making included having well-defined forms for receiving policy questions and well-developed plans for dissemination, holding regular policy dialogues and extending the process to the subnational level.

Case study 3. Use of a national survey and stakeholder engagement to establish an online teaching system: a case study from Pakistan

Dr Zia Ul Haq, Vice-Chancellor of Khyber Medical University in Pakistan, described a survey by the Higher Education Commission of all institutions nationwide of their capacity to respond to COVID-19, including through online teaching systems. A policy guidance note was developed in response that outlined targets for ensuring the quality of education using online platforms. As a result, Khyber Medical University shifted to online teaching, enabling all students to complete their studies.

Identified challenges included those related to the engagement of stakeholders, establishment of an online platform and capacity-building for its use, quality control for medical education, recognition of online courses and revising the curricula to embed digital literacy. He noted that blended teaching approaches should be considered moving forward and highlighted the need for capacity-building in online skills to enable the expansion of online education.

Case study 4. Hospital experiences in combatting COVID-10: lessons learnt from the Eastern Mediterranean Region

Dr Hamid Ravaghi, Regional Advisor for Hospital Care and Management at the WHO Regional Office, with the support of Ms Merette Khalil, Technical Officer, Hospital Care and Management, at the WHO Regional Office, presented on hospital experiences in combating COVID-19 in the Region. The need for context-specific evidence for building resilient hospitals that can address COVID-19 infections while maintaining essential services was highlighted. A hospital readiness checklist for COVID-19 had been developed for the Region with the involvement of 137 participants, addressing leadership and coordination, operational support, logistics, supply management, information, communication, human resources, continuity of essential services and surge capacity, rapid identification, diagnosis, isolation and case management, and infection, prevention and control.

Lessons learnt included the need for all-hazard preparedness plans, including for outbreaks, and having an increase in fiscal space for health and flexible spending for emergencies and simulation exercises. Developing capacities of hospital managers in emergency and disaster management, adaptability, agility, autonomy and leadership is also necessary. Combatting stigma through collaborating with the media, engaging community actors to regain trust, improving intra- and inter-hospital communication, and feedback from and to ministries of health were also emphasized. Additionally, better human resources planning and management, capacity-building in infection prevention and control, having appropriate incentives and optimizing the capacity of health workers in telemedicine were needed. Surge capacity and essential services can be improved by scenario analysis, scaling-up telemedicine, use of existing resources through transparent mechanisms and investing in the adaptability of hospitals for emergency preparedness.

Case study 5. Behavioural insights and vaccine uptake survey

Dr Dalia Samhouri, Regional Manager for Emergency Preparedness and International Health Regulations at the WHO Regional Office, described how a regional framework for risk communication and community engagement had been developed in consultation with stakeholders and building on existing evidence. The framework has four strategic objectives: 1) localizing the response, 2) evidence and innovation, 3) capacity-building, and 4) coordination. Achieving these relies on behavioural insights gained from the collection and analysis of public perceptions, behaviours and knowledge, and tracking compliance with public health and social measures, which enables evidence-based decisions for emergency preparedness and response. The WHO Regional Office has built a system that records and monitors compliance with individual, community and environmental measures and developed a package to support the collection of behavioural insights at country level.

An impact analysis of the epidemiological curve in each country and policy briefs to inform decisions at the country level were developed based on knowledge, attitude and practice surveys, focus group discussions and key informant interventions to measure knowledge, attitudes and risk perception related to COVID-19 transmission, public health and social measures, and COVID-19 vaccine uptake. There is a need to strengthen social listening and community feedback mechanisms, including by strengthening and clarifying inter-agency coordination, harmonized capacity-building and exchange, investing in human resources, supporting contextualized and localized approaches and developing clear standard operating procedures for a systematic approach to social listening and community feedback.

4. Conclusion

The presentations were followed by the launch of the draft EVIPNet/NEDtP Call for Action and a partner coalition for sustainable evidence-policy-society systems. The Call for Action notes that as health is influenced by sectors outside health, stakeholder collaboration is essential, and calls for the institutionalization of structures and processes to support evidence-informed policy-making by establishing methodologies and mechanisms through the use of high-quality norms, standards and tools promoting evidence-informed decision-making.

Concluding remarks were provided by Dr Rana Hajjeh, Director of Programme Management at the WHO Regional Office, who highlighted the importance of using data to support evidence-informed policy-making regionally and globally, which had been underlined by the COVID-19 pandemic during which countries had looked to research evidence and data to respond to the emerging needs. She emphasized the importance of using high-quality data and using it in an integrated manner, and noted the efforts undertaken by the Regional Office to support evidence-informed policy-making, including through the establishment of the Evidence and Data to Policy team, and the importance given by WHO to supporting countries in the institutionalization of evidence use.

Reflecting on the generation and use of country data during the COVID-19 pandemic, including in addressing misinformation, she noted the value of WHO support for implementation of the regional action plan and its associated programme of work, as well as for assessing gaps and needs in countries. She concluded by pointing out the importance of using evidence and data to support preparedness for pandemics, increase access to services through health systems strengthening and achieving universal health coverage.



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