

Summary report on the

**Workshop for capacity-
building for the
development of policy
briefs: general principles
for NEDtP members**

WHO-EM/EDP/004/E

Virtual meeting
25–26 October 2021



REGIONAL OFFICE FOR THE

**World Health
Organization**

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1. Introduction

Evidence-informed policy-making is essential for the achievement of the Sustainable Development Goals and universal health coverage, and its importance is emphasized in WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13) and WHO's regional Vision 2023. In 2019, a technical paper presented to the WHO Regional Committee for the Eastern Mediterranean pioneered a multi-dimensional analytical approach to bringing different sources of evidence together to address policy-makers' needs. This was followed by landmark resolution EM/RC66/R.5¹ on developing national institutional capacity for evidence-informed policy-making for health, in which the framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region was endorsed, and a regional action plan requested for its implementation. The resolution also called for country-to-country learning through the sharing of experiences and lessons learnt and the establishment of a regional network of institutions to support evidence-informed policy-making at national level. The regional action plan for implementation of the framework for action and the regional Network of Institutions for Evidence and Data to Policy (NEDtP) were subsequently developed by the WHO Regional Office for the Eastern Mediterranean in 2020.

The NEDtP plays an important role in strengthening regional and national capacity to improve the availability, quality and use of evidence for decision-making and institutionalizing the use of evidence at national level. It serves as a platform for sharing experiences between countries and supports Members States in implementing the framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region. Members of the

¹ 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.

NEDtP commit to active and regular participation in related activities, including participating in annual meetings of the Network and in teleconference calls. Currently, 26 institutions and six ministries of health from 20 Member States in the Region participate in the Network.

Despite the attention given to evidence-informed policy-making, it can be challenging for countries to obtain and use high-quality evidence. Among these challenges is ensuring the availability, validity, relevance and timeliness of research and national data. WHO advocates for the use of policy tools and knowledge products to facilitate the use of evidence in policy-making. Among these, a key relevant knowledge product is the policy brief, in which the benefits and challenges of different courses of action are outlined, addressing the questions that policy-makers have. However, few countries of the Region use or issue regular policy briefs. As such, enhancing regional capacity for the development of knowledge products – including policy briefs – and processes is needed. This is emphasized in the programme of work developed for implementation of the 2019 resolution and the related regional framework for action and action plan.

Against this background, a capacity-building workshop for the development of policy briefs was held by the WHO Regional Office on 25 and 26 October 2021 to strengthen the capacities of NEDtP members and improve regional and national institutional capacity for evidence-informed policy-making. The objectives of the workshop were to:

- introduce NEDtP members to guiding principles for the development of policy briefs; and
- enhance regional and national capacity for developing policy.

The workshop was attended virtually by over 50 individuals, including senior policy-makers and academics from ministries of health and universities representing NEDtP member institutions, who actively

participated in two days of deliberations, lectures and group discussions. The participants were from Afghanistan, Bahrain, Iran (Islamic Republic of), Iraq, Jordan, Libya, Morocco, occupied Palestinian territory, Oman, Pakistan, Qatar, Syrian Arab Republic, United Arab Emirates and Yemen, along with WHO staff from the Regional Office and WHO country offices.

The workshop was inaugurated by Dr Arash Rashidian, Director of the Science, Information and Dissemination (SID) department at the WHO Regional Office. Other presenters included Dr Mehrnaz Kheirandish, Dr Ahmed Mandil and Mr Hatem Nour Eldin.

2. Summary of discussions

The capacity-building workshop introduced participants to the use of policy briefs for policy-making. An in-depth overview of the different components of policy-making was presented, noting the different definitions and terminology used. An explanation of policy-making processes, encompassing the elements involved in decision-making, stakeholders involved and how outcomes play out over time was also given. This was followed by an in-depth introduction to the following four stages of policy-making:

1. Problem formation
2. Policy formulation
3. Policy implementation
4. Policy evaluation.

The activities required at each stage were presented, with an emphasis placed on the complexity of policy-making processes, including the different questions, elements, contexts, contents and players involved, and the continuous interaction of all these elements.

In this context, the use of the policy brief as a tool for policy-making was introduced as an effective and useful source of evidence, which packages summarized information to help address the different types of question that policy-makers have. It was highlighted that policy briefs need not address all these questions, but that the information presented in the policy brief should be succinct and relevant to specific issues. Recollecting that policy-making is a staged process, it was emphasized that policy briefs are helpful at all stages and are therefore powerful tools for policy-makers and policy developers.

One of the main objectives of the workshop was to introduce participants to a recommended template created by the WHO Regional Office for developing policy briefs. The rationale in using a standard template for policy brief development was presented, which highlighted that many existing policy briefs lack basic criteria, resulting in an ineffective knowledge product that is not helpful for evidence-informed policy-making processes. Recognizing this gap, the Regional Office has produced a good practice document to support policy brief development, inclusive of nine key elements, which was presented and discussed.

The workshop introduced the sources of evidence for effective policy brief development. The different types of evidence available include systematic reviews, effectiveness studies (including cost-effectiveness), health technology assessment reports, economic evaluation studies, research summaries, quantitative/qualitative analysis studies and observational studies with clear evidence outcomes. The sources of evidence that can be used in policy briefs include global resources, WHO resources, national resources, grey literature, regional databases and registers of ongoing studies. Common challenges in evidence use were presented regarding its availability, relevance, accessibility, validity, reliability and credibility, as well as the lack of national capacities for synthesis and appraisal. To be able to discern the utility and effectiveness

of different sources of evidence, the workshop introduced participants to the appraisal of evidence, including population, intervention, comparison and outcome (PICO) analysis, the Critical Appraisal Skills Programme (CASP) tool and methods for examining different literature resources.

The workshop also introduced participants to the Index Medicus for the Eastern Mediterranean Region (IMEMR) for use in identifying the health knowledge produced in countries of the Region. The IMEMR is a unique source of information that provides indexing and abstracting services for archiving, recording and sharing national and regional health and biomedical sciences literature. Participants were provided a quick overview of the history of the development of the IMEMR, which now holds more than 242 000 citations for research in the health and biomedical sciences published in 771 peer-reviewed journals from 20 countries/territories in the Region. Participants were shown the IMEMR's interface and how to use its search function, filters and associated functions, as well as how to use MeSH (medical subject headings) terms in the database.

Participants were then introduced to good practices in the use of language and awareness of audiences in policy brief development. The importance of using appropriate language for the target audience was emphasized, highlighting that policy briefs are a concise product written for policy-makers. To show the relevance of this point, participants were presented with the similarities and differences between policy briefs and academic papers, advocacy briefs and memos. This illustrated that policy briefs have a specific order of content that involve providing recommendations and options bound by evidence. Participants were also shown how to develop a policy brief from a more comprehensive document.

The role of priority-setting in effective policy brief development was described. Criteria for priority-setting were outlined, including the need

for the selected topic to address an important policy issue. Policy briefs that address the specific issues raised by policy-maker were highlighted as being more effective. Good topics for policy brief development also include areas where different stakeholders have conflicting positions, where policy implementation steps are unclear or inadequately discussed, where there are different and potentially conflicting sources of evidence, and where the issues are being discussed in the media. Participants were asked to propose policy questions that could be the focus of policy brief development by NEDtP members.

Discussions by participants explored the contextualization of evidence, effective communication of evidence, role of political commitment and stakeholder buy-in, and the technical qualifications required for policy brief development. The importance of ensuring policy-makers at least consider the evidence presented to them was reiterated.

Participants offered their assessments of policy briefs shared before the workshop, including on the methodologies and policy options presented. Detailed consideration was given to the usefulness of the formats of the policy briefs shared and the utility of standardizing formats for policy brief development for stand-alone products was emphasized. The implementation of the policy options proposed in policy briefs was also discussed.

The workshop concluded with a commitment to ongoing collaboration by WHO and NEDtP members towards enhancing national institutional capacity for evidence-informed policy-making. WHO was requested to support countries with further capacity-building workshops on policy brief development, including on contextualizing evidence and policy brief utilization, and guidelines for quality appraisal and other commonly used methodologies and packages.



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