

Summary report on the
Seminar on case studies on evidence-informed policy-making: experiences and success stories during the COVID-19 pandemic

Cairo, Egypt
26–27 October 2022



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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1. Introduction

A key element in achieving the United Nations Sustainable Development Goals (SDGs) and implementing universal health coverage is having appropriate, effective health policies based on sound evidence and data, with a good cost–benefit ratio. Recognizing its importance, WHO has been increasingly focused on evidence-informed policy-making. A technical paper¹ presented in October 2019 to the 66th session of the WHO Regional Committee for the Eastern Mediterranean on the institutionalization of evidence for policy-making was followed by a landmark resolution², endorsing the *Framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region*³. This was followed by 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 in 2021*⁴, and the establishment the same year of the Regional Network of Institutions for Evidence and Data to Policy (the NEDtP)⁵.

The Network currently has 33 member institutions from 21 countries, and 13 supporting institutions from Belgium, Canada, Egypt, Iran (Islamic Republic of), Lebanon, the Netherlands, Norway, Saudi

¹ Developing national institutional capacity for evidence-informed policy-making for health. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019.

² Developing national Institutional capacity for evidence-informed policy-making for health. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019.

³ Framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019.

⁴ Regional 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. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021.

⁵ Network of institutions for evidence and data to policy (NEDtP) in the Eastern Mediterranean Region [website]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023.

Arabia, Switzerland, the United Kingdom and the United States. The mission of the NEDtP is to support WHO and Member States in implementing the regional framework for action through strengthening national capacities for the generation and use of research evidence, data and knowledge translation processes. It also aims to promote collaboration among institutions in the Region for sharing knowledge and expertise in evidence-informed policy-making.

Collecting timely and high-quality evidence becomes even more crucial during health emergencies, such as the COVID-19 pandemic, which demonstrated the importance of ensuring decisions remain informed by the best available evidence in a timely manner. WHO, in collaboration with countries in the Region, developed 15 case studies to showcase diverse experiences of the use of global, regional and national data and evidence to respond to COVID-19. The countries/territories that participated included Afghanistan, Egypt, Iran (Islamic Republic of), Jordan, Libya, Morocco, the occupied Palestinian territory, Oman, Somalia, Sudan, the Syrian Arab Republic and Yemen, representing a variety of country income and emergency levels.

The case studies were developed in 2021–2022, involving 11 NEDtP member and other institutions, and ministries of health. To support countries in drafting the case studies and ensure the homogeneity of the final products, WHO developed a template, comprising the following 10 essential elements: 1) title, 2) author's name and affiliation, 3) keywords, 4) abstract, 5) introduction/background, 6) interventions, 7) outcomes, 8) key challenges and driving factors, and related strategies, 9) key learnings/lessons learned and 10) references. The case studies covered a wide selection of settings, structures and scenarios, and provide a valuable insight into the key factors that contributed to successful outcomes and the main limitations and lessons learned.

Data and evidence were used to develop national policies in 10 case studies, and to inform local policies in the remaining five studies. For example, evidence and data were used to inform policy-making processes to develop a vaccine deployment plan, implement public health and social measures, manage infodemics and ensure the delivery of routine services. Surveys and routine data were among the most common sources of evidence used.

Following completion of the case studies, the WHO Regional Office for the Eastern Mediterranean organized a two-day seminar on 26–27 October 2022, in Cairo, Egypt, to enhance the capacities of countries in the Eastern Mediterranean Region through the sharing of experiences and lessons learned from the case studies.

The specific objectives of the meeting were to:

- build capacity of NEDtP members for the development of case studies and success stories in the use of evidence for policy-making for health;
- share experiences and lessons learnt from NEDtP members and countries in the Region on using evidence and data to inform the policy-making process in the response to COVID-19;
- provide a platform to discuss the challenges and driving factors for evidence-informed policy-making in the Region; and
- identify gaps and shortcomings in using evidence for policy-making by countries in the Region.

Participants of the meeting included policy-makers and researchers from ministries of health, NEDtP member institutions and NEDtP-supporting institutions, as well as regional organizations, including the Eastern Mediterranean Public Health Network (EMPHNET) and the Gulf Center for Disease Prevention and Control (Gulf CDC), and staff from all three levels of WHO.

The event was inaugurated by Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, and Dr Rana Hajjeh, Director of Programme Management for the WHO Regional Office. In their opening remarks, they emphasized how the COVID-19 pandemic had increased demand for data and evidence from decision-makers, providing a golden opportunity to enhance the institutionalization of evidence-informed policy-making in the Region.

The meeting also benefited from the presence of Dr Samira Asma, Assistant Director-General for Data, Analytics and Delivery for Impact at WHO headquarters, who highlighted the importance of using the lessons from the case studies to improve evidence-informed policy-making processes, both within the Region and globally.

2. Summary of discussions

WHO initiatives to strengthen national institutional capacities for evidence-informed policy-making

WHO initiatives at global and regional levels were presented to participants. A key intervention at the global level, was the WHO Global Evidence to Policy E2P Summit, held in 2021 to promote the systematic use of evidence for decision-making. The summit resulted in a call for action (*Together on the road to evidence-informed decision-making for health in the post-pandemic era: new EVIPNet Call for Action*)⁶ and a roadmap for global, regional and country levels.

In the Eastern Mediterranean Region, WHO's work in this area has been steadily growing. WHO's work on the implementation of a

⁶ Together on the road to evidence-informed decision-making for health in the post-pandemic era: publication of a new call for action. Geneva: World Health Organization; 2021.

multiconcept approach for the integrated use of different sources of evidence and data to inform policy-making processes was presented. The approach involves bringing together, in an integrated manner, the different programmes and areas of technical expertise involved in the generation of data and evidence.

Achievements at country level were also discussed, such as the establishment of a new health policy unit in the Ministry of Health of Kuwait. The unit's mandate is to support the production of health policies and system research and strengthen the capacities of public health researchers and ministry of health officials.

Use of routine data and health information systems for policy-making

Country case studies from presented from Jordan, the occupied Palestinian territory, Syrian Arab Republic and Yemen, which described how data was used to address a diverse range of policy questions, such as increasing the uptake of COVID-19 vaccines, ensuring adherence to public health measures, enhancing health information system infrastructure and increasing hospital capacities. Common challenges included fragmented data management systems and lack of accurate and updated national data. It was emphasized that context-specific approaches that make use of local data, when possible, are more effective for reaching the desired outcomes.

An excess mortality assessment for the Eastern Mediterranean Region was introduced, and the challenges for quantifying COVID-19 deaths in the Region were discussed. WHO, in collaboration with the United Nations Department of Economic and Social Affairs, has formed a technical advisory group to develop a methodology for estimating the excess mortality associated with the COVID-19 pandemic, largely based on statistical modelling.

Use of surveys to inform decision-making processes for health

A presentation was made on how to harness the evidence ecosystem for more robust evidence-informed decision-making processes. The evidence ecosystem refers to the formal and informal linkages and interactions between different actors involved in the production, translation and use of evidence. To tackle the complexities of the ecosystem, it is essential to build bridges between all entities that provide complementary evidence to inform decision-making processes.

The discussion was followed by the presentation of case studies from Afghanistan, Oman, Pakistan and Saudi Arabia on using surveys to manage misinformation, develop social and behavioural policies, and organize an effective vaccine deployment plan. Common challenges countries encountered while conducting surveys were a lack of technical expertise in the use of data input systems, a shortage of time and personnel to conduct the survey, the competing priorities of key stakeholders and the use of inappropriate methodologies. However, the use of social media to reach a wider audience, and the engagement of communities throughout the process, were identified in the case studies as key elements for success.

The results were presented of studies conducted by WHO in 13 countries of the Region in 2020–2021 as part of the Unity Studies global sero-epidemiological initiative. WHO developed a sero-survey protocol to identify levels of immunoglobulin spread within populations and monitor trends over time. However, challenges related to the accessibility of households due to the public health measures then in force and to security issues in countries impacted the reliability of data. Despite this, the exercise resulted in the endorsement of the methodology of a survey/census approach to the calculation of excess

mortality during the pandemic in countries in the Region, particularly in areas with weak civil registration and vital statistics systems.

Use of knowledge translation processes to inform policy-making

Case studies were presented from Iran (Islamic Republic of), Libya, Morocco, Somalia, Sudan and Yemen that described various knowledge translation processes for enhanced policy impact. This included the creation of rapid response systems to address policy-makers' questions in a timely manner and the establishment of an evidence-based governance model to respond to the COVID-19 pandemic. Adopting a multisectoral approach at government level was identified as a key to success, while one of the main challenges was the management of conflicts of interest among stakeholders.


Development and adaptation of clinical and public health guidelines

Presentations were made outlining the key elements of guideline development and adaptation, including the importance of bridging the gaps between the different actors involved in health decision-making. A 2020 review of national guidelines for the treatment of COVID-19 in 10 countries of the Region revealed: inadequate updating of recommendations; failures to provide essential safety and efficacy information to health care providers; a lack of the use of credible references in developing guidelines; discrepancies between pharmacotherapy recommendations and WHO guidelines; inconsistency in the terminology, definitions and classifications used; and shortcomings in the prior assessment of the availability, accessibility and affordability of recommended medicines. These deficiencies resulted in a lack of compliance with national guidelines by health care practitioners.

The presentations sparked a discussion that highlighted that it is essential to consider the issues involved in implementation when developing or adapting guidelines. For example, recommendations on the use of a specific medicine or the employment of a public health measure need to consider interactions with other medicines or with public health measures already in place. Political commitment, supportive rules and regulations, sustainable funding, regular capacity-building programmes and efficient implementation and monitoring plans were identified as key facilitators for using evidence-based guidelines at the country level.

3. Conclusions and the way forward

Closing remarks were delivered by Dr Arash Rashidian, Director of Science, Information and Dissemination at the WHO Regional Office. Reviewing the lessons learned from the case studies presented and outlining the way forward, he noted that the experiences described provided valuable insights into the key elements required for successful outcomes, as well as the main challenges. He highlighted that the next steps for WHO in the Region would include activities for the dissemination of knowledge products, such as publication of the case studies and the overall lessons learned. Additionally, he said that promoting a multiconcept approach would be a priority, together with providing support to countries to create national plans for guideline adaptation and development. He added that the expansion of NEDtP membership to other institutions was another goal, along with work on the use of policy briefs, policy dialogue processes, and the development and adaptation of health technology assessment studies.



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