

Summary report on the  
**Expert consultation  
on evidence-informed  
policy-making and  
HTA capacity and  
transferability**

Cairo, Egypt  
28 February–3 March 2023



**World Health  
Organization**

Eastern Mediterranean Region

Summary report on the

**Expert consultation on evidence-informed policy-making and HTA capacity and transferability**

Cairo, Egypt  
28 February–3 March 2023



**World Health  
Organization**

---

Eastern Mediterranean Region

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO); <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>.

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Suggested citation.** Summary report on the expert consultation on evidence-informed policy-making and HTA capacity and transferability. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024. Licence: CC BY-NC-SA 3.0 IGO.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

## Contents

1.	Introduction.....	1
2.	Summary of discussions .....	3
3.	Conclusions.....	10

## 1. Introduction

Evidence-informed policy-making (EIPM) is essential for the achievement of the Sustainable Development Goals and universal health coverage. Over the years, WHO has undertaken substantial efforts to enhance EIPM in countries within the WHO Eastern Mediterranean Region. In 2019, a significant milestone was reached, when a landmark resolution, EM/RC66/R.5, was endorsed by the 66th session of the WHO Regional Committee for the Eastern Mediterranean. It called upon WHO to provide support for establishing national mechanisms and building capacity to institutionalize the generation and use of evidence to inform policy-making processes for health in the Region.<sup>1</sup> The resolution endorsed a comprehensive framework for action<sup>2</sup> and a regional action plan to execute it was subsequently published.<sup>3</sup>

In line with the strategies outlined in the regional action plan, WHO held an expert consultation on EIPM and health technology assessment (HTA) capacity and transferability, in Cairo, Egypt, on 28 February–3 March 2023. The consultation brought together global and regional experts to provide perspectives and insights on how WHO can best support countries to improve national capacity in using evidence for decision-making in the Region.

---

<sup>1</sup> 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.

<sup>2</sup> [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.

<sup>3</sup> [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.

The specific objectives of the consultation were to:

- review progress in the implementation of 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 and discuss the way forward;
- present and discuss the draft versions of two technical products developed by WHO: a glossary of key terms for EIPM and a tool on HTA transferability; and
- assess modalities to enhance national capacities in countries of the Region for the conduct and use of HTA studies.

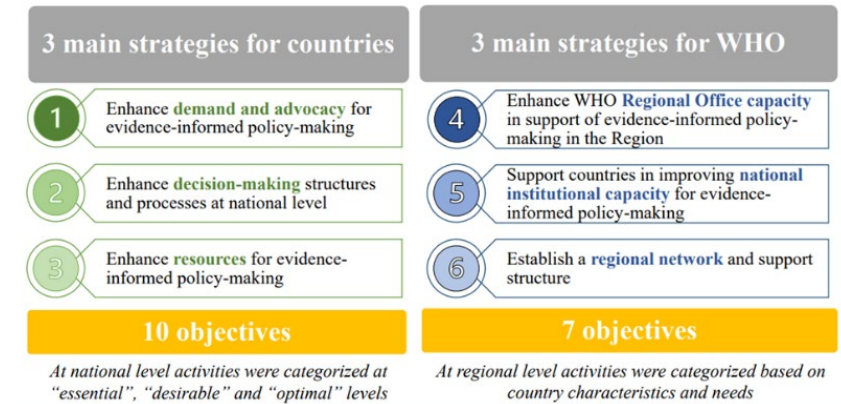
Participants included experts from the health ministries of Somalia and Thailand, as well as from academic and research institutions, including Bond University, Cairo University, Cochrane Canada, Global Fund to Fight AIDS, Tuberculosis and Malaria, King Saud University, Knowledge to Policy Center at the American University of Beirut, McMaster GRADE Centre, McMaster University, National Institute for Health and Care Excellence (NICE UK), Norwegian Institute of Public Health, South African Medical Research Council, and Swedish Agency for Health Technology Assessment and Assessment of Social Services. Other participants included the WHO Representatives to Egypt, Kuwait and Morocco and WHO staff from WHO headquarters and the Regional Office for the Eastern Mediterranean.

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, Dr Arash Rashidian, Director of Science Information and Dissemination, and Dr Awad Mataria, Director of UHC/Health Systems, from the WHO Regional Office for the Eastern Mediterranean, inaugurated the meeting, highlighting the importance of partnerships with ministries of health, academia and think tank organizations to bridge the gap between researchers and policy-makers.

## 2. Summary of discussions

### *WHO progress in implementation of the regional action plan*

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, released in 2021, aims to assist countries to institutionalize mechanisms for using evidence for the development of health policies. It comprises six key strategies, with three designated for Member States and three for WHO (see Fig. 1). Each strategy, in turn, includes objectives along with their related activities. The main areas of focus of the strategies for WHO are: the enhancement of capacities of WHO to support EIPM in countries in the Region; the improvement of national institutional capacity for evidence-informed policy-making; and the establishment of a regional network of institutions for EIPM.



**Fig 1. Strategies of the regional action plan**

Activities conducted since 2021 in these three areas include establishing a national programme for guidelines adaptation and development, capacity-building in the development and use of evidence products such as policy briefs, HTA studies, the development of priority technical products and tools according to country needs, and country support programmes.

Establishment of the [Network of Institutions for Evidence and Data to Policy \(NEDtP\) in the Eastern Mediterranean Region](#) was another key regional initiative undertaken by WHO to facilitate the institutionalization of EIPM in countries. The Network has brought together 36 member institutions from the 22 countries and territories of the Region, and 14 global and regional key institutions that provide additional support.

Country-specific support has been provided to a few pioneer countries, of different income-levels and levels of emergency. The initiatives include the establishment of a knowledge management centre in Morocco, a national programme for guidelines development and adaptation in Egypt, and an evidence-to-policy unit in the Ministry of Health of Kuwait.

The regional action plan was deemed to be very comprehensive by the meeting's participants, who commented positively on the significant leadership shown by countries. To enhance the institutionalization of EIPM in the Region, and optimize the work conducted so far, participants identified the need for endorsement and political commitment at the national level, engagement of all key stakeholders in the EIPM process for health, alignment of United Nations agencies programmes/policies in promoting EIPM in the Region, and re-thinking of existing incentives for the generation and use of evidence for decision-making.



Participants also highlighted the need for more WHO support for local capacity-building and a need to create indicators to monitor impact on the ground. WHO communication tools to better share the wide range of initiatives on EIPM conducted by WHO with ministries of health and relevant stakeholders in countries were also requested. Showcasing successes in the Region was felt to be needed to highlight the importance of EIPM and the institutionalization of using evidence for decision-making. A suggestion was made for the organization of regular events to inform and update the relevant stakeholders of the available tools and programmes for EIPM.

#### *Glossary of key terms for EIPM*

The glossary of key terms for EIPM was developed following recognition of the lack of standardized meanings for various terms in the domain of EIPM. The goal of the tool is to promote a shared understanding of the subject and facilitate the implementation of EIPM. The glossary was developed through a series of steps that included the identification of key EIPM terms through systematic research across various sources, the identification of gaps or differences between existing definitions, and the use of a Delphi panel to seek inputs from globally recognized experts in the field.

Two rounds of consultations with experts were organized, the first involving a global steering group to identify the key terms relevant to EIPM. The expert consultation was used as a second in-person round to review and discuss the key terms that required further refinement of their definitions or where there were substantive disagreements between the experts participating in the Delphi panel. The key terms and their definition were discussed by the consultation's participants in working groups to gather insights and input from the experts.

Suggestions raised by participants included translation of the glossary into the main United Nations languages and including the glossary terms in the multilingual [Unified Medical Dictionary](#), a major undertaking of WHO that is widely read and referred to.

*HTAs in the Eastern Mediterranean Region and the HTA transferability tool*

The WHO agenda on HTAs is determined by the regional action plan. Of the regional action plan's six strategies and 17 objectives, 10 specifically refer to HTA development and use by countries in the Region and its important role in establishing EIPM. HTA studies play a crucial role as they systematically evaluate the impact and effectiveness of health technologies on patient outcomes and health care systems, while considering key factors such as affordability, acceptability, equity and feasibility. The assessments provide an evidence-based approach to informing decision-making processes related to the adoption and use of health technologies, ranging from medical devices to pharmaceuticals or treatment procedures. Therefore, HTAs effectively contribute to the optimized use of resources.

However, HTAs require high levels of resources and expertise. In the Eastern Mediterranean Region, HTA programmes have not been adequately expanded over the years, with only a few countries having the capacity for conducting and using HTAs in policy-making. Most countries in the Region face limited availability of resources and technical capacities. In this situation, countries can benefit from a transferability tool that facilitates the utilization and adaptation of the results of HTAs conducted by other countries to their country contexts.

Based on the results of systematic reviews of the available tools for HTA transferability and their shortcomings, WHO decided to develop a

regional tool that is applicable for use by countries in the Region for HTA transferability. The draft tool was presented to the meeting for technical consultation and feedback. The tool has four key components: 1) examining relevance; 2) examining the quality of effectiveness and economic evaluation input; 3) examining transferability (including cost adjustment); and 4) examining contextual factors (contextualization). While the tool follows the established approaches of existing tools, its main differences lie in the quality appraisal of results and implementation considerations based on an evidence-to-decision framework, which is a new element compared to existing tools.

In discussion on the tool, participants raised a series of relevant and valuable points, sparking a debate on how to move forward with the establishment of HTA national programmes in the Region. It was observed that although the first HTA tool in the Region was developed in 1997, challenges to their effective use remain, demonstrating the need for a more practical tool for used in low- and middle-income countries. It was highlighted that political engagement at the legislative and regulatory levels, mandating the use of HTAs, is key to achieving the establishment of an HTA programme within the health system. One suggested strategy for engaging policy-makers in HTA adoption was by adopting a targeted advocacy approach to demonstrate the value of HTAs for efficient decision-making, such as through case studies.

Following the presentation of the tool, participants provided their feedback through working groups. Four groups discussed the overall structure of the tool, the steps related to relevance and quality, the transferability step, and contextualization factors. The feedback from the working groups included comments and suggestions regarding the sequence of steps and adding further questions to some of the components.

*Institutionalization of HTAs: best practices, challenges and success factors*

Key success factors for the institutionalization of HTAs were highlighted through the experiences of different institutions. The Swedish Agency for Health Technology Assessment and Assessment of Social Services stressed that to institutionalize HTA at national level, transparency regarding the link between HTA findings and decision-making processes is paramount, as well as independence from government. Challenges identified through the experience of Tunisia included the need for a legal framework that mandates the use of HTAs and the complexity of the processes involved. The experience of Gulf Cooperation Council (GCC) countries provided valuable insights into the importance of HTAs and the essential requirements for a successful system. While most GCC countries have robust regulatory authorities and some elements of health technology management, they lack formalized HTA programmes at national level. Having a good regulatory authority without integrating HTAs in the health system is insufficient. According to WHO recommended practice, creating a system where HTA is embedded in health policy is essential.

WHO has been working on the implementation of an integrated multi-concept approach for the integrated use of different sources of evidence and data to inform policy-making processes (see Fig. 2).<sup>1</sup> The approach involves bringing together, in an integrated and complementary manner, the different programmes and areas of technical expertise involved in the generation of data and evidence, which includes HTA.

---

<sup>1</sup> 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.




**Fig 2. Integrated multi-concept approach to evidence to policy for health (Rashidian A, unpublished report, 2019)**

As a good example of a health intervention and technology assessment programme, the Ministry of Public Health of Thailand highlighted that a key success factor was the empowerment of stakeholders by building their capacities. Examples of this included recruiting new graduates, integrating an HTA curriculum in under/postgraduate programmes, offering scholarships for master's and doctoral studies in HTA, and training Ministry of Public Health officials. Another success factor was linking HTA research to policy and practice. The organizational arrangement also plays a pivotal role, as it should be semi-autonomous and independent from government, with established mechanisms to manage conflicts of interest. Lastly, the mobilization of regional and global support is also key, coupled with the regular publication of public products, such as handbooks, guidelines, tools and books.

### **3. Conclusions**

The consultation resulted in valuable feedback, recommendations and suggestions from experts that will support the work of WHO and enhance its effectiveness in the institutionalization of EIPM in the Eastern Mediterranean Region. Key recommendations that emerged included: focusing on building local capacity in advancing the regional action plan; linking evidence and tools to indicators for monitoring progress; and reconsidering how to effectively engage and communicate with the relevant stakeholders.

In line with WHO's mandate to advance the institutionalization of EIPM in the Region, the Organization will continue to work towards the implementation of the integrated multi-concept approach, which advocates for the integrated use of different sources of evidence and data to inform policy-making. Bringing together different sources of data and evidence, in a complimentary manner, allows an optimized use of the expertise and resources available, which is particularly relevant in low- and middle-income country settings.

The image features a decorative background. On the left side, there is a vertical strip with a light gray background and a grid of dark blue circles. The right side is divided into two horizontal color blocks: a large yellow block on top and a dark blue block on the bottom. The contact information is centered in the yellow block.

World Health Organization  
Regional Office for the Eastern Mediterranean  
Monazamet El Seha El Alamia Street,  
Extension of Abdel Razak El Sanhoury Street  
P.O. Box 7608, Nasr City  
Cairo 11371, Egypt  
[www.emro.who.int](http://www.emro.who.int)