

Summary report on the
**Intercountry technical
consultation on
strengthening research
and data systems for
evidence-informed
policy-making**

Cairo, Egypt
2–4 September 2025



**World Health
Organization**

Eastern Mediterranean Region

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a five-day intercountry technical consultation in Cairo, Egypt, from 31 August to 4 September 2025, to advance the generation, use and governance of data and evidence for health policy- and decision-making across the Region. The consultation covered three interlinked areas of work – strengthening health data systems, institutionalizing evidence-informed policy-making (EIPM) and health policy and systems research (HPSR), and enhancing national clinical trial ecosystems – each of which plays a pivotal role in accelerating progress towards universal health coverage and the health-related Sustainable Development Goals (SDGs).

This report focuses on the meetings held on 2–4 September, as part of the consultation, dedicated to: 1) enhancing national capacity for health policy and systems research and institutionalizing evidence-informed policy-making; and 2) strengthening national capacity and governance for large-scale clinical studies, especially randomized controlled trials (RCTs).

Participants included policy-makers and researchers from ministries of health and national health institutions in Afghanistan, Djibouti, the Islamic Republic of Iran, Kuwait, Lebanon, Libya, Morocco, the occupied Palestinian territory, Oman, Pakistan, Saudi Arabia, Somalia, Sudan, Tunisia, the United Arab Emirates and Yemen. They were joined by faculty members and health policy experts from leading academic and research institutions, including the Knowledge to Policy (K2P) Center of the American University of Beirut, Tehran University of Medical Sciences, King Saud University, Mohammed VI

University of Health Sciences, Mohammed bin Rashid School of Government, and the High Institute of Public Health of Alexandria University, as well as WHO staff from headquarters, the Regional Office for the Eastern Mediterranean and country offices.

2. Enhancing national capacity for HPSR and EIPM

On 1–2 September, a meeting on national capacity for HPSR and EIPM was held. It built on key regional milestones since 2019, including a technical paper¹ and Regional Committee resolution² endorsing a framework to strengthen evidence use in policy-making, a 2021 action plan³ and the establishment of the [Network of Institutions for Evidence and Data to Policy \(NEDtP\)](#). The meeting reviewed progress, identified challenges and explored pathways to ensure systematic use of high-quality, contextualized evidence in health policies across the Region.

The first session set the stage for a deep dive into how countries can systematically embed evidence use within their health

¹ Developing national institutional capacity for evidence-informed policy-making for health (EM/RC66/6). Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/369544/EMRC666-eng.pdf?sequence=1>, accessed 8 April 2026).

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 (<https://applications.emro.who.int/docs/RC66-R5-eng.pdf?ua=1>, accessed 8 April 2026).

³ 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). Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (<https://applications.emro.who.int/docs/9789290229124-eng.pdf>, accessed 8 April 2026).

systems. The regional framework and action plan were presented, which are based on the integrated multi-concept approach.

Practical tools for implementing the regional action plan were introduced, with presentations on a [rapid advice tool for country action on EIPM](#) and a [tool for effective knowledge products](#).

During discussions, participants explored practical aspects of the WHO tools and the importance of multisectoral action and coordination mechanisms. Issues discussed included the importance of ensuring adequate technical capacity and the political commitment needed to sustain EIPM.

Country experiences demonstrated how EIPM is being embedded in national systems. For instance, in the occupied Palestinian territory, the process has strengthened monitoring and evaluation, health information system digitalization and new programmes in specialized and primary health care. In Kuwait, the recommendations of the rapid advice tool have been integrated into the national health strategy, leading to the alignment of multiple departments and the launch of data-driven dashboards and a national health technology assessment (HTA) framework.

Experiences from the K2P Centre highlighted the benefits of co-producing knowledge with decision-makers, setting up rapid response mechanisms and using political economy analysis to turn evidence into actionable policies.

Development partners meeting: enhancing use of research evidence and data for decision-making

An event was held that brought together partners from governments, international organizations, academia, youth networks and civil society to strengthen collective action for evidence-informed health policy.

Opening remarks underscored the need for decisions to be evidence-based, especially amid global financial constraints, and urged closer collaboration between WHO, Member States, United Nations agencies and regional institutions to align investments and deliver resilient health systems. Then staff from the Department of Science, Information and Dissemination at the WHO Regional Office outlined the key frameworks on information systems and digital health, and research, evidence and data to policy, that guide their work.

Experts warned of rising cyberattacks on health systems and called for enhanced regional information-sharing and greater collaboration between WHO, Qatar, Saudi Arabia, the United Arab Emirates and the International Telecommunication Union (ITU) on guidance and standards. A regional evidence-to-policy hub was proposed to strengthen evidence synthesis, policy briefs and standardized hospital information systems.

Youth representatives called for integrating evidence-informed decision-making into medical curricula and expanding student capacity-building and engagement. Participants also highlighted implementation research, responsible artificial intelligence (AI) adoption and the need to address ethical and gender considerations.

Speakers stressed that regional alliances and joint programming, backed by robust evidence and clear performance indicators, are essential to achieve sustainable health outcomes, and WHO affirmed that the meeting's purpose was to align country needs with concrete partner actions.

WHO agenda to institutionalize EIPM and capacity for health policy and systems research

A session was held on EIPM and HPSR in the Eastern Mediterranean Region. Discussions addressed challenges such as limited capacity, lack of data and weak research-to-policy links and emphasized the importance of political commitment, multisectoral coordination, training and accountability.

A WHO presentation on EIPM in the Region described policy-making as a complex social process. It highlighted the policy cycle, from problem formation/agenda setting and policy formulation to implementation and evaluation, with discussions emphasizing the need to clarify policy intentions, use consistent language and recognize the positive and negative values that influence decision-making.

Acknowledging the ongoing “know-do” gap, the Alliance for Health Policy and Systems Research described its 2024–2028 strategy and underlined the importance of embedding policy and implementation research among policy-makers and implementers. The Alliance cautioned that reliance on external funding for HPSR is unsustainable and urged greater domestic investment and a stronger focus on global public goods.

WHO support for institutionalizing EIPM was outlined, including establishing national infrastructure and political commitment, strengthening ministry-level units with sustained capacity-building, and ensuring delivery for impact by measuring the outcomes of evidence-based policies. The support encompasses the development of technical products and the expansion of the NEDtP.

Egypt highlighted its key EIPM and HPSR initiatives – the 2024–2030 national health strategy, universal health insurance, national clinical guidelines, HTA programmes and the Egypt Impact Lab – alongside ongoing challenges, including gaps in institutional capacity, funding, research-policy linkages, priority alignment, digitalization and system integration.

Pakistan highlighted reforms, including universal health coverage programmes, a health data depository, the National Health Observatory and telemedicine using AI tools, as well as ongoing challenges that include fragmented data systems, low HPSR investment, limited capacity and weak research-to-policy linkages, and identified its priorities as integrating health information systems, strengthening systematic review and HTA capacity and improving knowledge translation.

Group discussions explored ways to institutionalize and decentralize guidelines and HTA, strengthen the use of local evidence and improve coordination by:

- instigating continuous training;
- embedding evidence in practice;
- collaborative guideline adaptation;
- developing user-friendly tools;
- legal alignment; and
- dedicating resources for monitoring and enforcement.

Legal frameworks, multisectoral committees, national data hubs, cross-sector data sharing and stronger technical teams with standardized indicators were all cited as possible ways to strengthen EIPM, with ministries of health identified as key coordinators of evidence and partnerships. The role played – especially in fragile settings – by key performance indicators (KPIs), monitoring, evaluations and context-adapted approaches to ensure accountability were underlined.

Enhancing academic capacity on HSPR

A session was held on how health systems and policy research can be generated, co-produced and used to drive real policy change in the Region.

Presentations underlined the importance of working alongside policy-makers, aligning evidence with political windows and strengthening collaboration between researchers, government institutions and other stakeholders.

The Alliance for Health Policy and Systems Research highlighted the vital role of research, data and evidence in strengthening health systems and improving outcomes. Using examples from Ghana, India, Mexico, Nepal and Thailand, its presentation showed how evidence is most effective when supported by strong researcher–policy-maker relationships, stakeholder engagement, civil society involvement, strategic timing and the use of AI to enhance accessibility and equity.

Discussions emphasized that translating health systems research into policy requires clarifying the original policy intentions, examining implementation processes in addition to

outcomes, and using mixed methods such as document analysis and quasi-experimental designs.

Using examples from several countries, WHO highlighted how policies evolve over time. Document analysis, pilot studies and qualitative research are all important in understanding the shifting objectives and long-term effects of policy, which must be understood in terms of intentions, context and processes, not just evidence.

The 9th Global Symposium on Health Systems Research (HSR2026) was cited as offering opportunities for the Region, focusing on future-oriented health systems and encouraging engagement through abstracts, sessions and early-career participation.

In Afghanistan, where research output is limited and often not translated into policy, and donor-driven priorities and imported policies create gaps, enhanced WHO support, capacity-building and the use of AI were posited as possible solutions.

In Egypt, ongoing health system reforms include new strategies on digital health, policy and patient safety, as well as the establishment of a national guidelines development programme, an HTA programme and the Supreme Council for Research Ethics.

An overview of the Islamic Republic of Iran's research capacity showed strong growth in biomedical centres but limited focus on HPSR and public health. Research remains concentrated in clinical fields, often produced in isolation, highlighting the

need for better alignment with health needs and stronger collaboration with policy-makers.

In Morocco, too, despite growing evidence generation, limited access to policy-making remains a barrier. Proposed actions included strengthening policy units, joint grants, capacity-building, policy forums and promoting a culture of evidence-informed decision-making.

Regional platforms to enhance evidence generation and synthesis

WHO gave a presentation on how the NEDtP supports EIPM by fostering collaboration, strengthening technical capacity and promoting local research. The results of a 2023 survey among member institutes were described, which highlighted key challenges and needs, such as HTA and guideline programmes, capacity-building and generating more local research and data.

NEDtP members – the Network has 34 from 22 countries – highlighted that while AI tools are enhancing evidence synthesis, data extraction and multilingual reporting, supporting timely decision-making and knowledge translation, human oversight, methodological rigour and sustained engagement are essential to maximize the NEDtP's impact.

An NEDtP member from Yemen reflected on how the Network supported evidence-informed decisions during COVID-19 and beyond, including vaccination policy and capacity-building. Despite the gains, gaps remain in training, systematic reviews and ethical review processes.

Noting how the NEDtP enhances national EIPM through access to resources and training, a member from Tunisia highlighted strengths such as participatory policy processes, HTA, accreditation and clinical guidelines, which Tunisia leverages regionally, while also acknowledging that coordination and funding challenges persist.

Discussions highlighted how participation in the regional Network strengthens institutional capacity for EIPM through training, collaboration and improved research translation. But while it enables practical use of evidence to guide decisions, with AI and mapping tools being explored to enhance collaboration, challenges remain in engagement and impact monitoring.

An expert presentation underlined how AI is transforming evidence synthesis through an end-to-end platform that integrates systematic reviews into one system. By automating search, study selection, data extraction and summary generation, the platform accelerates high-quality reviews and supports rapid decision-making. A broader rollout of the platform is expected in the coming months.

A WHO presentation highlighted AI's role in supporting evidence-informed decision-making by assisting with research synthesis, data extraction, trial registration and health data analysis, ensuing discussions foregrounded challenges related to regulation, data security, limited implementation evidence and the need for supervision to ensure methodological rigour and contextual relevance. Collaboration between global networks was emphasized as a way to reduce duplication and strengthen the evidence ecosystem, along with the continued

importance of human oversight to ensure quality, contextual interpretation and responsible use in policy-making.

3. National capacity and governance for large-scale studies, especially RCTs

A meeting on national capacity and governance for large-scale clinical studies was held on 3–4 September 2025, with a focus on RCTs.

Seventeen stakeholders from Egypt, Iran (Islamic Republic of), Iraq, Kuwait, Morocco, the occupied Palestinian territory, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, the Syrian Arab Republic, Tunisia and the United Arab Emirates reviewed existing capacities and governance mechanisms and identified ways to strengthen institutional readiness, oversight and technical expertise for high-quality evidence generation.

Regional and global strategies for enhancing clinical trials

The meeting marked the official launch of the [Arabic version of WHO guidance for best practices for clinical trials](#), published in 2024. The Arabic version promotes wider regional uptake of guidance that aims to improve trial efficiency, reduce research waste and support sustainable, functional clinical trial systems adaptable to emergencies and endemic conditions.

WHO presented the [Global action plan for clinical trial ecosystem strengthening](#) (GAP-CTS), a practical roadmap outlining nine action areas to reinforce trial systems globally. It emphasizes national leadership, sustainable infrastructure, community engagement, innovative designs and digital tools, streamlined

regulatory and ethics processes, and capacity-building. Key priorities include transparency through trial registries, international collaboration, integration into health systems and addressing barriers for under-represented populations.

Rooted in WHO guidance for best practices for clinical trials, the meeting emphasized accelerating ethical review while maintaining participant safety and scientific rigour. Regional challenges and key system pillars were highlighted, alongside the role of digital tools, streamlined processes and strengthened collaboration in supporting efficient and robust reviews.

Strengthening regional capacity for clinical trials in the Eastern Mediterranean Region

A 2024 WHO assessment of the clinical trials ecosystem in the Eastern Mediterranean Region was presented, which noted significant growth since 2000 but a gap between registered and published trials. Over 80% of publications came from four countries, while key challenges included fragmented leadership, limited infrastructure and workforce, low awareness of clinical research, inconsistent ethics standards, weak community engagement and regulatory delays.

WHO presented a regional mapping of ethics governance and clinical research capacities, which took place between October 2024 and March 2025. It found that most countries in the Region require research ethics committee review under national oversight but that gaps remain in trial registration, coordination, transparency and training. Its recommendations focus on strengthening ethics systems, improving transparency and better integrating research into policy and practice.

WHO highlighted AI's potential to improve clinical trials by digitalizing workflows, standardizing data sharing, streamlining ethics and regulatory reviews, and supporting training and patient engagement. It was noted that while AI can enhance efficiency and design, risks such as bias, privacy and ethical concerns require responsible implementation, with proper safeguards and evidence-based guidance.

Maturity frameworks and the role of academia in enhancing clinical trials

WHO presented a **benchmarking tool** to assess the capacity, governance and infrastructure of clinical trial units across key domains, including design, operations, safety, quality, data governance, ethics and regulatory compliance. The adaptable framework supports institutional self-assessment and alignment with international standards, with refinement and pilot testing planned for late 2025 to inform regional and national trial strengthening efforts.

WHO will be developing a plan to strengthen the clinical trial ecosystem in the Eastern Mediterranean Region to ensure a sustainable, inclusive and globally-competitive clinical trial ecosystem in the Region. The plan will support advocacy, capacity-building and policy harmonization at the regional level, guiding countries to enhance infrastructure, workforce development, regulatory systems and ethical standards.

Group work was undertaken on enhancing the capacity of regulatory bodies for large-scale studies and developing ethics governance in the countries of the Region. Participants identified actions to strengthen regulatory capacity, including

harmonizing national frameworks with international standards, adopting digital submission and tracking systems, and introducing time-bound reviews and mutual recognition. They also proposed using AI to support regulatory decisions, integrating regulatory science and ethics into academic training, improving coordination and data sharing, and securing sustainable funding to implement national action plans.

Participants prioritized mobilizing resources for ethics governance, digitizing committees, expanding training at all levels, simplifying processes, sharing best practices and strengthening post-approval monitoring. A one-year roadmap was proposed, with broad regional support, to advance resource mobilization, systematic training, digitization and online certification.

A panel discussion on academic capacity for RCTs highlighted academia's key role in advancing RCTs, citing strengths such as dedicated regulations and centres of excellence, and noted challenges that include limited engagement by ministries of health and fragmented systems. Recommendations included stronger academic–regulatory collaboration, multidisciplinary teams, curriculum integration of research ethics and trial methods, streamlined reviews, mutual recognition of approvals and expanded capacity-building with WHO support.

Perspectives of national regulatory authorities on enhancing clinical trial capacity

A WHO presentation emphasized that RCTs are vital for regulatory and policy decisions, noting that many public health trials require ethical review and registration rather than full regulatory approval, and called for clearer regulatory and ethical roles to be defined,

stronger national systems, better data governance, reduced research waste and closer integration of trials within health systems to enhance policy relevance and sustainability.

A panel discussion brought together Egypt, Morocco, Pakistan and Saudi Arabia, showcasing national efforts to strengthen clinical trial governance and regulatory capacities.

The Egyptian Drug Authority emphasized Egypt's solid legal framework, international alignment, risk-based regulation with mandated good clinical practice, and progress in digitalization, AI use and transparency.

Morocco outlined recent reforms, including establishing a new agency in 2025 to strengthen oversight, operationalize laws, invest in workforce and infrastructure and enhance regional collaboration.

The Drug Regulatory Authority of Pakistan described progress since 2012, supported by a national trial registry and digital submissions, with priorities including risk-based approaches, harmonized reviews, device guidelines and capacity-building.

The Saudi Food and Drug Authority highlighted its evolution into a mature, excellence-driven regulator, stressing the importance of strong governance, stakeholder engagement and regulatory maturity.

Experts from Pakistan called for simplifying the clinical trial ecosystem to improve efficiency and patient-centredness, noting that complex systems hinder participation. They recommended stronger use of the WHO Global Benchmarking Tool to build regulatory and research capacity and streamline processes.

WHO reaffirmed the need to simplify research processes and improve communication to support informed participation, citing Canada's single national ethics review as an example. It also stressed expanding trials beyond biomedical research to include behavioural and public health interventions, particularly in areas that are underrepresented, such as noncommunicable diseases and mental health.

In group work, participants discussed harmonizing national regulatory processes, strengthening research governance and ethics, and private sector engagement in health research. The discussion outcomes highlighted the roles played by early community engagement, subnational ethics oversight and primary health care-level training in improving trial accessibility and inclusion. Key actions identified included using digital tools and clear consent processes, maintaining community involvement throughout trials, and creating predictable regulations, incentives and accreditation systems to build trust and support participation.

Partnership and networking to enhance clinical trials capacity

A presentation highlighted how fragmented, underpowered trials and the under-representation of regional populations weaken evidence generation. A proposed regional network of large-scale clinical trials was described that aims to harmonize standards, pool resources and build partnerships to strengthen capacity and preparedness. Key actions will include forming regional consortia, aligning regulations, investing in training and infrastructure, engaging communities early and expanding private sector involvement.

Participants engaged in group work discussions on enhancing clinical trials through increased community engagement and the inclusion of underrepresented populations, adopting digital technologies and innovative trial designs to improve feasibility, and enhancing ethical oversight and transparency. The discussions highlighted practical enablers for implementing digital innovations in clinical trials, including the availability of electronic health records and well-maintained health databases, even when the latter are not fully electronic. The importance of fostering patient and community trust in e-consent and other digital systems was stressed, as well as the need for clear communication, site staff training and supportive workflows to ensure the successful uptake and feasibility of digital approaches in diverse trial settings.

4. Recommendations and next steps

In his closing remarks, Dr Arash Rashidian, Director of the Department of Science, Information and Dissemination at the WHO Regional Office for the Eastern Mediterranean, encouraged countries to operationalize the regional action plan by embedding evidence use in national strategies, strengthening data systems, advancing HTA and clinical guideline programmes, and building sustained institutional capacity. Greater coordination, multisectoral collaboration and use of regional platforms such as the NEDtP and forthcoming AI-enabled evidence synthesis tool were emphasized.

For large-scale clinical studies, priorities include strengthening regulatory and ethical governance, expanding workforce capacity, harmonizing legislation, streamlining ethics reviews and fostering regional collaboration through the proposed regional clinical trials network. Participants highlighted the

need for research training, digital and AI tools, stronger community engagement, sustainable funding and continued WHO technical support under the ACT-EMR 2025–2030 plan.


Key next steps include expanding capacity-building, piloting benchmarking tools, advancing the regional AI evidence platform and developing a regional clinical trial network. WHO is committed to continued technical support and partnership to ensure evidence drives resilient and equitable health systems, aligned with universal health coverage and the SDGs.

5. Conclusion

In both meetings, participants reaffirmed the central role of evidence and research in strengthening health policy and practice in the Eastern Mediterranean Region. While progress was noted in institutionalizing evidence use and improving research and clinical trial governance, challenges persist, including fragmented data systems, workforce gaps, regulatory inefficiencies and limited community engagement.

The meetings called for coordinated national strategies, stronger collaboration among regulators, academia and health systems, and greater use of digital and AI tools.

In terms of enhancing national capacity for HPSR and EIPM, and national capacity and governance for large-scale studies, countries are committed to aligning investments, strengthening monitoring, and sustaining cooperation to ensure evidence informs resilient and equitable health systems.



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