

*Guide for use of the*

**Rapid Advice Tool for Country Action on  
Evidence-Informed Policy-Making**

*WHO Regional Office for the Eastern Mediterranean*

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## 1. Introduction

The Rapid Advice Tool for Country Action on Evidence-Informed Policy-Making ("Rapid Advice Tool") has been developed based on the Eastern Mediterranean Regional Action Plan for Evidence-Informed Policy-Making (EIPM) (ref) to support countries efforts toward the institutionalization of EIPM at national level.

In a landmark [Regional Committee Resolution](#) in 2019 (EM/RC66/R.5), a regional framework for action to improve national institutional capacity for the use of evidence in health policy-making was endorsed and member states committed to scaling up initiatives to foster EIPM. The [regional action plan](#) has been developed for implementation of the framework and summarizes the actions that need to be taken in the region (ref to RAP).

The "Rapid Advice Tool" provides countries with a set of priority actions that will help institutionalization of EIPM and development of a national action plan. The priority actions recommended by this tool will be based on country context and are aligned with the strategic priorities recommended by the Regional Action Plan.

## 2. Structure of the Rapid Advice Tool for Country Action on Evidence-Informed Policy-Making

The Rapid Advice Tool includes 21 main questions (and 18 sub-questions) categorized under three main sections, as follows. The main questions should be answered by all, while the sub-questions will be relevant depending on the answers given to the main questions.

- **Section A: Prioritization and Demand for Evidence-Informed Policy-Making**
  - 5 main questions
  - 4 sub-questions
- **Section B: Structures and Processes Within Ministry of Health For Use of Evidence for Policy-Making**
  - 12 main questions
  - 13 sub-questions
- **Section C: Academic Capacity and Engagement in Evidence-Informed Policy-Making**
  - 4 main questions
  - 1 sub-question

## 3. Types of Questions:

There are three types of questions in the tool:

- a. **Closed single-response questions:** In these questions, only one response from a list of choices can be selected. Sometimes there is an additional space that

allows the respondents to provide further details

*Example:*

**27. Are declarations of conflicts of interest archived and publicly available?**

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

- b. Multiple-choice questions:** In these questions, multiple responses from a list choices can be selected. Sometimes there is an additional space that allows the respondents to provide further details

*Example:*

**6. Which of the following stakeholders are involved in priority-setting for placing new health policies?**

- ☐ Research/Academic Institutions
- ☐ NGOs
- ☐ Private sector (related to health sector)
- ☐ Other ministries / government bodies
- ☐ International Organizations
- ☐ Professional Organizations
- ☐ Civil Society Organizations
- ☐ None
- ☐ Other

If “None” is selected as a response, then no other response can be selected in the same question, and the message below will be shown, as you can see in the below example

**\*6. Which of the following stakeholders are involved in priority-setting for placing new health policies?**

- ☐ Research/Academic Institutions
- ☐ NGOs
- ☐ Private sector (related to health sector)
- ☐ Other ministries / government bodies
- ☒ International Organizations
- ☐ Professional Organizations
- ☐ Civil Society Organizations
- ☒ None
- ☐ Other

Response invalid

If “Other” is selected, a box will appear where the response can be written in text, as shown in the below example:

**\*7. Are there regular trainings held for senior policy-makers/ministry of health staff in any of the following areas?**

- ☐ Research methods
- ☐ Critical appraisal and interpretation of evidence
- ☐ Understanding and/or conducting systematic reviews/systematic searches
- ☐ Developing guidelines
- ☐ Developing policy briefs
- ☐ Conducting policy dialogues
- ☐ Understanding health technology assessment
- ☐ Developing implementation plans and policy recommendations
- ☐ None
- ☒ Other

**Others**

**c. Open-ended questions:** In these questions, the respondent can type a written answer to the question in the space provided.

*Example:*

**23a. Describe the nature and extent of the funding**

## 4. Who should complete the Rapid Advice Tool?

The tool should be completed by a team that will include a few knowledgeable people from different backgrounds and responsibilities as we describe below. The team members should familiarize themselves with the questions raised in the tool and the collectively respond to the questions. The answers given to the questions should be based on the discussions and deliberations of the team. We suggest some guidance on how such processes can be managed in Section 6.

The team should ideally include key stakeholders from within the ministry of health as well as their key counterparts. As general guidance, the team should not be smaller than 7 and larger than 12 to ensure the responses are well-informed of the context and needs of the country, while the process is not hampered by the difficulties of managing a very large team. The composition of the team is key to the validity of the responses that will be obtained from the Tool. Select the team members based on the below criteria.

➤ **A. At least five individuals from different units/departments within the ministry of health listed below:**

- 1) the Minister's Office or the office of Director General or Secretary General
- 2) Planning/policy unit/department
- 3) Research and Development Unit/Department
- 4) National Health Information System/National Health Data unit/department
- 5) Human Resources Unit/Department
- 6) Budgeting or Finance Unit/Department
- 7) Internal Audit Unit/department
- 8) Legal Affairs Unit/Department
- 9) Monitoring and Evaluation unit/Department
- 10) External relations/ Public Relations/ communications/ publications unit/department
- 11) National Guidelines Committee/ Representative of Guideline development and adaptation programme
- 12) Health Technology Assessment Team

➤ **B. At least two individuals from other stakeholder organizations or societies as listed below:**

- 1) School of Public Health
- 2) National public health institution or similar structures
- 3) Academics from related research or academic institutions

- 4) Related Nongovernmental organizations
- 5) Related International organizations (e.g. WHO)
- 6) Related Professional organizations
- 7) Other related Civil society organizations/ community representatives
- 8) Related bodies in the Parliament
- 9) Ministry of Finance
- 10) Ministry of Planning or National Planning Organization

## 5. Team processes and consensus building

The personal details of the members of the team (affiliations, roles and responsibilities) should be clearly recorded. It is also advisable that all the members of the team declare potential conflicts of interest, and those with notable conflicts (that can be defined based on national regulations) should not participate in the team.

The team should be chaired by someone with adequate knowledge that should ensure:

- all the questions are adequately discussed before making a final decision
- the views of all members of the team are well considered and all members have freely expressed their views
- ensures that the final decision is representative of the team's overall opinion about the question

Ideally, all responses to the questions in the Rapid Advice Tool should be made through consensus. Noting this might not be possible on all occasions, the team can apply other mechanisms such as voting, after allowing adequate discussion of the questions by all the team members.

## 6. The “Rapid Advice Tool” report

Once the team is formed, and the tool is completed, a report will be generated based on the provided responses and will be immediately available to the user. The report will include the priority actions that will help institutionalization of EIPM and development of a national action plan.

The priority actions recommended by the Tool will be based on country context and are aligned with the strategic priorities recommended by the Regional Action Plan. The priority actions will be categorized under “Essential”, “Desirable” and “Optimal” actions.

- a. **Essential:** The actions defined as “Essential” are the “must do” activities needed to ensure that the institutionalization of evidence-informed policy-making is on track to be achieved.
- b. **Desirable:** Those actions defined as “Desirable” include activities beyond the essential level that will ensure the needs for evidence-informed policy-making of the country are adequately met, but where the level of system development or availability of resources may not be enough to reach the optimal level.

- c. **Optimal:** “Optimal” level activities are those that are appropriate for a country situation where a strong institutionalization of evidence-informed policy-making for health is possible; this level may not be appropriate for all countries.

## 7. Further information

Although the Regional Actional Plan and the Rapid Advice Tool are developed based on the needs and priorities of countries in the EMR, other countries located in other WHO regions can equally benefit from the tool and are welcome to use it, while adequately referencing the source. WHO team will be grateful to be informed of such uses (including by academic teams) via this email address: [emrgoedp@who.int](mailto:emrgoedp@who.int)

For further information on WHO initiatives for EIPM, please visit <https://www.emro.who.int/evidence-data-to-policy/about.html>, or contact the Evidence and Data to Policy team at: [emrgoedp@who.int](mailto:emrgoedp@who.int).