

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" was developed in response to a request by the Regional Committee for the Eastern Mediterranean and endorsed in 2019 in resolution [EM/RC66/R.5](#) . It proposes a framework to help countries improve their national institutional capacity for evidence-informed policy-making and provides practical actions that Member States can take to build their national institutional capacity and outlines the support WHO can provide to facilitate this process.

To ensure that health policies are appropriate, effective and cost-effective, they need to be based on sound evidence. Evidence-based policy-making is therefore essential to achieve the Sustainable Development Goals and universal health coverage, and its importance is emphasized repeatedly in WHO's Thirteenth General Programme of Work 2019–2023 (GPW 13).

Countries' needs, priorities and capacities vary, and the proposed framework is designed to be flexible to accommodate such variations. The framework should be followed up with a strategy for action to guide WHO support for countries in selecting and adopting the institutional settings that are most suited to their national needs.



**World Health Organization**  
Regional Office for the Eastern Mediterranean

## Framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region

	Country categories	Country action	Support from WHO
A	All countries	<ul style="list-style-type: none"> <li>Establish mechanisms to regulate and manage conflicts of interests in policy-making</li> <li>Enhance the capacity of the ministry of health planning department for critical appraisal of knowledge products and evidence synthesis reports (i.e. policy briefs, health technology assessments, guidelines and systematic reviews)</li> <li>Ensure access of the ministry of health to sources of research evidence for health (e.g. through the WHO HINARI programme)</li> <li>Improve cause of death reports and national observatory for national health indicators including surveillance reports</li> </ul>	<ul style="list-style-type: none"> <li>Provide technical support for institutional research</li> <li>Provide technical support for evidence synthesis</li> <li>Support the development of national guidelines</li> <li>Support the development of regional comparative studies</li> <li>Support the development of guidelines for health technology assessments</li> <li>Establish a national research support system</li> </ul>
B	Countries with limited academic resources, in addition to A:	<ul style="list-style-type: none"> <li>Ensure a minimum capacity (epidemiology and cost analysis) for development of policy reports</li> <li>Focus on adaptation of high priority evidence synthesis reports to the national setting</li> <li>Include resource funds for evidence-to-policy activities in donor requests to enhance national capacity</li> </ul>	<ul style="list-style-type: none"> <li>Support the development of WHO guidelines</li> </ul>
C	Countries affected by protracted or acute emergencies, in addition to A & B:	<ul style="list-style-type: none"> <li>Ensure a minimum capacity (epidemiology and cost analysis) for development of policy reports</li> <li>Focus on adaptation of high priority evidence synthesis reports to the national setting</li> <li>Include resource funds for evidence-to-policy activities in donor requests to enhance national capacity</li> </ul>	<ul style="list-style-type: none"> <li>Support rapid evidence synthesis</li> </ul>
D	Countries with large academic capacity and small populations, in addition to A:	<ul style="list-style-type: none"> <li>Establish programmes for national health technology assessments and guideline adaptation/development in collaboration with academic institutions</li> <li>Establish formalized evidence-to-policy processes, including for developing policy briefs and conducting policy dialogues</li> <li>Establish an evidence-to-policy team within the ministry of health including all key areas of expertise</li> <li>Develop plans for mid-term (e.g. 10-year) national household surveys</li> <li>Establish an effective cancer registry and pharmacovigilance programme</li> </ul>	As in A
E	Countries with large academic capacity and large populations, in addition to A & D:	<ul style="list-style-type: none"> <li>Establish institutes affiliated with the ministry of health (e.g. NIPH; NIHR; NICE)* tasked with commissioning, developing, appraising or adapting national guidelines, health technology assessments and policy briefs</li> <li>Enhance the capacity of academic institutions to cover all areas needed for evidence-to-policy processes</li> </ul>	As in A  <small>(*Note: NIPH: National Institute for Health Policy Research; NICE: National Institute for Health and Care Research)</small>

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