



Rapid advice tool for country action on evidence-informed policy-making

User guide

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), developed based on the <u>Eastern Mediterranean Regional action plan for evidence-informed policy-making</u> (EIPM), supports country efforts towards the institutionalization of EIPM.

In 2019, in a landmark <u>Regional Committee resolution</u> (EM/RC66/R.5), Member States endorsed a regional framework for action to improve national institutional capacity for the use of evidence in health policy-making and committed to scaling up initiatives to foster EIPM. The <u>Regional action plan</u> was developed to facilitate implementation of the framework, summarizing actions that need to be taken.

The Rapid advice tool provides countries with a set of priority actions that will help with the institutionalization of EIPM and the development of national action plans. The priority actions recommended by the tool are based on country context and aligned with strategic priorities outlined in the Regional action plan.

2. Structure of the Rapid advice tool

The tool includes 21 main questions and 18 sub-questions. Main questions, divided into 3 sections listed below, should be answered by all. Whether or not sub-questions are answered depends on the answers given to the main questions.

Section A

Prioritization and demand for evidence-informed policy-making

- o 5 main questions
- 4 sub-questions

Section B

Structures and processes within ministries of health for the use of evidence in policy-making

- 12 main questions
- o 13 sub-questions

Section C

Academic capacity and engagement in evidence-informed policy-making

- 4 main questions
- 1 sub-question

3. Types of question

There are 3 types of question in the tool

a. Closed single-response questions

Only one response from a list of options can be selected. Sometimes there is additional space to allow 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 Multiple responses from a list of options can be selected. Sometimes ther additional space to allow respondents to provide further details. Example	e is
	6. Which of the following stakeholders are involved in priority-setting for placing new health p	olicies?
	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 select the respondent does select another option the message below will be sho	
	*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, as in the example below.

*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 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 includes knowledgeable people with different backgrounds and responsibilities. Team members should familiarize themselves with the questions and collectively respond. Answers given to the questions should be based on team discussions and deliberations. Section 5 contains guidance on how such processes can be managed.

The team should include stakeholders from within the Ministry of Health alongside other

experts. As a general guide, the team should comprise between 7 and 12 members. This helps ensure that the responses take into account the context and needs of the country while avoiding the difficulties of managing a large team.

To ensure answers accurately reflect the country situation, team members should include:

➤ A. At least 5 individuals drawn from different units/departments within the Ministry of Health

- 1) the Minister's Office or the Office of the Director General or Secretary General
- 2) Planning/policy
- 3) Research and development
- 4) National health information system or National health data
- 5) Human resources
- 6) Budgeting/finance
- 7) Internal audit
- 8) Legal affairs
- 9) Monitoring and evaluation
- 10) External relations/public relations/communications/publications
- 11) National Guidelines Committee/guideline development and adaptation programmes
- 12) Health technology assessment team

> B. At least 2 individuals from stakeholder organizations or societies

- 1) School of public health
- 2) National public health institution or similar entity
- 3) Academics from related research/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) Relevant parliamentary bodies
- 9) Ministry of Finance
- 10) Ministry of Planning or National Planning Organization

5. Team processes and consensus building

The affiliations, roles and responsibilities of team members should be clearly recorded. Members of the team should declare any potential conflicts of interest before being selected.

The chair of the team should ensure:

- all questions are adequately discussed before being answered;
- the views of all members of the team are considered and all members have the opportunity to freely express their views; and
- the answer is representative of the team's overall opinion.

Responses to the questions should be reached through consensus. Noting this might not be

possible on all occasions, after allowing adequate discussion of the questions by all the team members the team can apply other mechanisms such as voting.

6. The Rapid advice tool report

Once the team is formed, and the tool completed, a report will be generated based on the responses provided. The report, immediately available to users, will include priority actions that will help towards the 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 strategic priorities recommended by the Regional action plan. Priority actions will be categorized as Essential, Desirable or Optimal.

a. Essential

Essential actions are must do activities needed to ensure that the institutionalization of evidence-informed policy-making is on track.

b. Desirable

Desirable actions include activities that ensure the conditions for evidenceinformed policy-making are being met, but where system development and the 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 in which strong institutionalization of evidence-informed policy-making for health is within reach.

7. Further information

Although the Regional action plan and the Rapid advice tool are based on the needs and priorities of countries in the Eastern Mediterranean Region, countries in other WHO regions that might benefit from the tool are welcome to use it. Please reference the source of the tool and inform us of use – including by academic teams – at 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