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WHO events addressing public health priorities

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Introduction

Evidence-informed policymaking is an essential component of efforts to achieve the Sustainable Development Goals and the Universal Health Coverage. The WHO Thirteenth General Programme of Work 2019–2023 (1) and the Regional Vision 2023 (2) emphasize the importance of evidence for sound, cost-effective health policymaking. Through its Science, Information and Dissemination Department, WHO/EMRO has been supporting efforts by Member States to strengthen their evidence-informed policymaking. A technical paper (3) presented by the regional office to the 66th Session of the WHO Regional Committee for the Eastern Mediterranean in 2019 focused on the need to institutionalize evidence use in policymaking. The presentation pioneered a multi-dimensional analytical approach to bringing different sources of evidence together to address the information needs of policymakers. It was followed by a landmark resolution, EM/RC66/R.5, on developing national institutional capacity for evidence-informed policymaking for health (4), which endorsed a framework for action to improve national institutional capacity to use evidence in health policymaking in the Region. An implementation plan for the framework was developed during 2020.

The COVID-19 pandemic has drawn attention to, and accelerated progress towards, evidence-informed policymaking for health and pandemic response. Building on this momentum and on previous efforts, WHO held the Global Evidence-to-Policy Summit in November 2021 (5,6) to facilitate institutionalization of evidence-based policymaking for health. During the

Summit, WHO/EMRO held a regional event on evidence-informed policymaking and emergency response in Eastern Mediterranean Region (EMR) Member States.

Summary of discussions

Discussions at the summit focused on the multi-concept approach to evidence-informed policymaking for health at national level, development of a regional action plan to enhance national institutional capacity for evidence-informed policymaking, and ethical considerations for evidence generation in public health. Case studies were presented on how evidence was used to inform response to COVID-19 pandemic in Somalia, Islamic Republic of Iran, and Pakistan.

Evidence is needed to convince policymakers of the need for policy change; however, the lack of valid, relevant, and timely research and data has been an impediment to the constructive use of evidence for health policy. It is therefore important to adopt an integrated approach to the generation and use of evidence, while ensuring coherence, consistency, and appropriate ethical considerations. This has been a priority for WHO and partners.

The WHO regional action plan for the development of national institutional capacity for evidence-informed policymaking (7) was created to support countries in institutionalizing the use of evidence for public health policymaking. Since its development, the action plan has been very useful in guiding establishment of the required processes, structures and capacities to ensure that all health-related policies and decisions on health care across the EMR are informed by the best available evidence. Evidence generation has been proven to be very helpful in the Region during the COVID-19 pandemic. It has made possible better preparedness, response and recovery; assessment of the effectiveness of preventive measures; testing of vaccine efficacy and safety; evaluation of the efficiency and effectiveness of therapeutics; and enhancement of epidemic control.

Using a mix of global and local evidence, Somalia trained health care workers on door-to-door awareness-raising, case tracking, and message development, which has enabled the country to reach over 10 million people with COVID-19 prevention messages. The Islamic Republic of Iran has established a rapid response system that helps identify issues requiring evidence, which are then synthesized, published and communicated to the public and policymakers. More than 30 policymaker questions have been addressed during the COVID-19 pandemic, which has led to adjustments of the pandemic management protocols. Pakistan conducted a national survey of the capacity of institutions to respond to COVID-19, leading to the development of a policy guidance outlining how to ensure the quality of learning through online platforms.

To enhance the use of evidence at the health facility level, WHO/EMRO has facilitated the development of a hospital readiness checklist for COVID-19 for the EMR, which addresses issues of leadership and coordination, operational support, logistics, supply management, information, communication, human resources, continuity of essential services, surge capacity, rapid identification, diagnosis, isolation, case management, as well as infection, prevention and control.

Conclusion

A draft call for action and a partner coalition for sustainable evidence-policy-society systems were launched during the summit. The call for action demands institutionalization of structures and processes to support evidence-informed policymaking through the establishment of methodologies and mechanisms that use high-quality norms, standards, and tools.

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