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[1]Summary report of the Seminar on case studies on evidence- informed policy-making: experiences and success stories during the COVID- 19 pandemic. https://applications.emro.who.int/docs/WHOEMEDP005E-eng.pdf.

Introduction

Appropriate, effective health policies based on sound evidence and data, with a good cost–benefit ratio, represent keys to achieving the health-related Sustainable Development Goals and implementing Universal Health Coverage. In October 2019, the 66th Session of the WHO Regional Committee for the Eastern Mediterranean on Institutionalization of Evidence for Policymaking endorsed the “Framework for Action to Improve National Institutional Capacity for the Use of Evidence in Health Policymaking in the Eastern Mediterranean Region (EMR)” (1-3). This landmark resolution was followed by the establishment of the “Regional Network of Institutions for Evidence and Data to Policy (NEDtP)” (4). With its 33 member institutions from 21 countries and 13 supporting institutions, the network currently supports implementation of the regional framework and promotes collaboration among institutions in the region for sharing

knowledge and expertise in evidence-informed policymaking.

Timely and high-quality evidence is crucial for informing health decision-making especially during health emergencies such as the COVID-19 pandemic. In 2021–2022, WHO facilitated the development of 15 case studies highlighting experiences of the use of global, regional and national data and evidence to respond to COVID-19 from 11 institutions and the ministries of health. The case studies covered a wide selection of settings, structures and scenarios, and provided valuable lessons. The studies showed how data and evidence were used to inform the development of national and local policies, including vaccine deployment plans, implementation of public health and social measures, management of infodemics, and delivery of routine services.

In October 2022, WHO/EMRO held a meeting to share experiences and lessons from the case studies and enhance the capacities of EMR countries to use evidence and data in policy decision-making.

Summary of discussions

The COVID-19 pandemic has increased the demand for data and evidence for health decision-making and provided a golden opportunity to enhance the institutionalization of evidence-informed policymaking globally and in the EMR.

At the global level, WHO held the Global Evidence to Policy Summit in 2021 to promote the systematic use of evidence for health decision-making. A call for action (5) and a roadmap for global, regional and country interventions were published following the summit. In the EMR, WHO support for the implementation of a multi-concept approach to integrated use of evidence and data to inform policymaking is helping to integrate different programmes with technical expertise for the generation of relevant data and evidence. Achievements at country level include such initiatives as the establishment of health policy units in the ministries of health.

Jordan, the Occupied Palestinian Territory, Syrian Arab Republic, and Yemen have used data to address a diverse range of policy questions, such as increasing the uptake of COVID-19 vaccines, ensuring adherence to public health measures, enhancing health information system infrastructure, and increasing hospital capacities. Lessons learnt from these studies show that context-specific approaches that use local data, whenever possible, are more effective for reaching the desired outcomes.

Afghanistan, Oman, Pakistan, and Saudi Arabia have used surveys to inform the management of misinformation, development of social and behavioural policies, and vaccine deployment plans. The use of social media to reach a wider audience, and the engagement of communities have been key elements for success.

Islamic Republic of Iran, Libya, Morocco, Somalia, Sudan, and Yemen have used various knowledge translation processes for enhanced policy impact, including the creation of rapid response systems to address policymakers' questions in a timely manner, and the establishment of an evidence-based governance model to respond to the COVID-19 pandemic. Adopting a multisectoral approach at government level was key to success.

To tackle the complexities of the evidence system and enhance the robustness of evidence-informed health decision-making, it is essential to establish partnerships between all individuals and institutions providing complementary evidence.

Certain shortcomings have caused non-compliance with the national COVID-19 treatment guidelines by healthcare practitioners (6). These include inadequate updating of recommendations; failure to provide essential safety and efficacy information to healthcare providers; use of noncredible references in developing guidelines; discrepancies between pharmacotherapy recommendations and WHO guidelines; inconsistency in the use of terminologies, definitions and classifications; and shortcomings in the assessment of availability, accessibility and affordability of recommended medicines. To mitigate such shortcomings, it is important to foster partnerships between individuals and institutions involved in health decision-making, analyse issues affecting implementation when developing or adapting guidelines, secure political commitment, ensure that rules and regulations are supportive, secure sustainable funding, invest in regular capacity-building programmes, and develop efficient implementation and monitoring plans.

Recommendations

WHO was requested to facilitate dissemination of knowledge products, such as publication of case studies and lessons learnt from programme implementation; support prioritization of a multi-concept approach to evidence and data generation; support countries in the creation of national plans for guideline adaptation and development; and facilitate expansion of NEDtP membership.

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