Evidence as a catalyst for policy and societal change: towards more equitable, resilient and sustainable global health

Meeting report of the WHO Global Evidence-to-Policy Summit

15–17 November 2021
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Contents

Executive summary .......................................................... vii

The Global WHO E2P Summit ........................................... 1
Background ........................................................................ 1
Participants and speakers ................................................. 2

Theme 1. Mobilizing evidence during the COVID-19 pandemic ................................................. 4
Case studies: good-practice examples of evidence-informed decision-making during the COVID-19 pandemic .............................................................. 7

Theme 2. Institutionalizing evidence-informed decision-making ................................................. 8
Institutionalization at country level .................................. 10
Key insights from the WHO regions ................................. 11

Theme 3. Collaborating across the evidence ecosystem ...................................................... 12

Theme 4. Strengthening legitimacy and trust .............................................................. 13

EVIPNet Call for Action and coalition of partners: the way ahead ...................................... 15

Annex: Chairs, presenters and panelists .............................. 18
World Health Organization (WHO) acknowledges the contributions of the many WHO colleagues – both internal and external – as well as experts, policy-makers and other stakeholders for their invaluable contributions and tireless efforts to ensure the successful organization of the first WHO Global Evidence-to-Policy Summit. This includes the members of the E2P Summit’s Executive Committee and Advisory Committee; the members of the WHO Evidence-informed Policy Network, in particular the Ministry of Health of Brazil; and a wide range of other international and national knowledge translation institutions, experts and champions. Thank you for the outstanding collaborative spirit and joint effort!

Executive summary

Science is key to informing health policy and practice. The coronavirus (COVID-19) pandemic has brought into the limelight the need to strengthen and institutionalize evidence-informed decision-making and to establish sustainable, multisectoral collaboration for health policy and practice. From 15 to 17 November 2021, the WHO Global Evidence-to-Policy (E2P) Summit – organized by WHO at global, regional and country levels – convened political leaders and experts in health, policy and knowledge translation from across the world. Four main themes emerged during the E2P Summit, which are reflected in the structure of this report: (1) mobilizing evidence during the COVID-19 pandemic (in order to “build back better”); (2) institutionalizing evidence-informed decision-making; (3) collaborating across the evidence ecosystem; and (4) strengthening legitimacy and trust.

The COVID-19 pandemic has shown the significance of evidence-informed decision-making as a necessity for resilient health systems and a pre-condition for handling future emergencies. Harnessing lessons learned on evidence-informed decision-making from the pandemic, the WHO Global E2P Summit highlighted the urgent need for: multi-sectoral, interdisciplinary and cross-workstream collaboration; methodological pluralism, across data analytics and modelling, monitoring and evaluation, health technology assessments and evidence syntheses, among others; institutionalized knowledge translation capacity and initiatives, such as the WHO Evidence-informed Policy Network (EVIPNet); and high-level commitment, sustainable funding, training and hands-on support at country, regional and global levels.
The Global WHO E2P Summit

Background

Evidence-informed decision-making enables countries to take timely action for better health, act upon societal changes and prepare for or respond to major health crises. It is a cornerstone to achieving the United Nations Sustainable Development Goals as well as WHO’s Triple Billion targets.

The Global E2P Summit took place on 15–17 November 2021, focusing on evidence-informed decision-making during the COVID-19 pandemic. Over three days, five dedicated global panels reflected on the pandemic with a view to re-shaping evidence-informed decision-making at country, regional and global levels. Five regional side events examined regional specificities in responding to COVID-19. Using current momentum to translate this into tangible actions, the Summit culminated in the launch of the EVIPNet Call for Action and a coalition of partners for sustainable evidence–policy–society systems.

Materials from the E2P Summit are publicly available on the Summit website, while tools and guidance documents on evidence-informed decision-making are available on EVIPNet’s website.

Together on the road to evidence-informed decision-making for health in the post-pandemic era: a call for action by members of the WHO EVIPNet

The Call for Action represents an ambitious agenda to improve evidence-informed decision-making at country, regional and global levels by:

- institutionalizing governance structures, processes and technical support facilitating evidence-informed decision-making;
- using high-quality norms, standards and tools to promote evidence-informed decision-making;
- building and maintaining national and international capacity for the translation and use of evidence in decision-making; and
- ensuring that evidence is accessible, timely and relevant for decision-making, especially in emergency situations.

“We cannot wait for another crisis to put scientific advisory mechanisms into place.”

Tedros Adhanom Ghebreyesus
WHO Director-General
Participants and speakers
More than 3200 people from 138 countries registered for the Summit, and more than 2500 participants joined one or several sessions of the three-day virtual event.

Testament to the international focus on evidence-informed decision-making – sparked by the COVID-19 pandemic – was the presence and commitment of high-level keynote speakers. Angela Merkel, former Chancellor of the Federal Republic of Germany; Michelle Bachelet, United Nations High Commissioner for Human Rights; Ban Ki-moon, 8th United Nations Secretary-General; Tedros Adhanom Ghebreyesus, WHO Director-General; and WHO Chief Scientist Soumya Swaminathan all took the virtual floor.

High-level panelists comprised various Ministers of Health, along with representatives of international organizations, civil society, academia and the media.

“With human rights and scientific evidence, we can still win back the development gains that have been recently lost; we can reverse the pandemic of inequalities that COVID-19 has exacerbated; and we can rise out of this crisis with an equitable, sustainable and resilient world.”

Michelle Bachelet
United Nations High Commissioner for Human Rights

“If we are to find the right answers, we need to develop and set up suitable platforms that allow for an exchange between scientists and politicians, and between scientists and scientists, too – not only at the national level, but also at the international level.”

Angela Merkel
former Chancellor of the Federal Republic of Germany

“Listening to scientists and experts and sharing experience and expertise can make effective policies and best practices to be disseminated globally.”

Ban Ki-moon
8th United Nations Secretary-General

“This is a good time to bring forward new ideas in the evidence-to-policy area.”

Soumya Swaminathan
WHO Chief Scientist

“Evidence as a catalyst for policy and societal change”

3200 registrations
138 countries
2500 participants
Theme 1. Mobilizing evidence during the COVID-19 pandemic

The COVID-19 pandemic posed unprecedented challenges to evidence-informed decision-making. Leveraging evidence for policy change and societal transformation has been fundamental during the pandemic. It has been vital to maintain, expand and sustain actions relating to evidence-informed decision-making, for example through science advisory councils, cooperation between universities, and the generation and use of real-time data. A few country examples include Oman, where an electronic patient information system (known as Al Shifa, developed by the Ministry of Health) provides a database for transparent decision-making. It is currently being used in more than 200 health care facilities, continuously updating COVID-19-related rules and regulations. In Slovenia, health authorities facilitated rapid access to multiple global and local evidence sources to enable urgent decision-making related to COVID-19. For health actors and policy-makers in Indonesia, access to real-time data proved important; an online reporting system in hospitals helped to anticipate which medical equipment was needed most. In Ghana, research centres have been used more efficiently during the COVID-19 pandemic, while Chile worked with a step-by-step plan by the Ministry of Health, detailing a risk communication strategy to effectively tackle the spread of both COVID-19 and related misinformation.

Decision-makers do not automatically encounter best available evidence – instead, they are typically faced with other material, such as single studies and expert opinion. In addition, they have characteristically relied on evidence from data analytics, modelling and evaluations, rather than from behavioural studies or implementation research, guidelines or evidence syntheses. The pandemic has shown the importance of matching the right evidence with the right policy question, and of meeting various rapidly emerging needs for evidence in a timely manner. As such, living evidence synthesis has been an important innovation that has been scaled up during the pandemic. At the same time, lack of coordination between stakeholders often leads to duplication of efforts. Trusted relationships and dedicated governance structures for mobilizing evidence have been key, but many countries have lacked E2P capacity and knowledge translation mechanisms, such as interdisciplinary advisory bodies. Giving greater attention to the evidence-support system will be vital in future efforts to use evidence in addressing societal challenges.

A global expert panel on evidence-informed decision-making after the COVID-19 pandemic brought forward the above key messages, convening knowledge brokers and specialists to take stock of lessons from the pandemic and opportunities to inform new practices around knowledge translation.

High-level panel speakers

HE Dr Ahmed Al Saidi
Minister of Health of Oman

HE Janez Poklukar
Minister of Health of Slovenia

HE Budi Gunadi Sadkin
Minister of Health of Indonesia

HE Kwaku Agyemang-Manu
Minister of Health of Ghana

HE Dr Enrique Paris Mancilla
Minister of Health of Chile

Professor Ilona Kickbusch
Moderator. Director of the Global Health Programme, Graduate Institute of International and Development Studies, Geneva
Case studies: good-practice examples of evidence-informed decision-making during the COVID-19 pandemic

Brazil

“With the Health Evidence Center at the Brazilian Ministry of Health, we produced over 80 rapid syntheses and 20 plain-language summaries in response to COVID-19 and we were able to deliver innovative knowledge translation solutions directly with high-level decision-makers. This immersive and agile approach has the potential to build new pathways between research, policy-making and society, beyond the pandemic.”

Daniela Fortunato Rêgo, Coordination of evidence and strategic information for health management, Ministry of Health, Brazil

Chile

“In Chile, citizens, scientists and health care workers demanded transparency in health policy decision-making, calling for scientific data to support the Ministry of Health’s pandemic response. At the Evidence-informed Health Policy Unit, we therefore launched an exploratory synthesis of evidence, created a living evidence gap map, and conducted several on-demand rapid evidence syntheses on COVID-19 interventions.”

Lucy Kuhn-Barrientos and Rocío Bravo Jeria, Evidence-informed Health Policy Unit, Ministry of Health, Chile

Indonesia

“Throughout the pandemic, the Indonesian health care system has been constantly threatened by surges of COVID-19 cases. Gadjah Mada University brought together researchers from various disciplines and institutions to generate, synthesize and disseminate evidence regarding critical aspects of health care surge capacity. This helped policy-makers to manage subsequent surges of COVID-19 cases better.”

Yodi Mahendra Pratama, Vice-Dean, Faculty of Medicine, Public Health and Nursing, Gadjah Mada University, Indonesia

Kazakhstan

“In Kazakhstan, the major challenges of the COVID-19 pandemic also presented a remarkable opportunity. With the help of a multidisciplinary working group, a new set of evidence-informed national clinical guidelines on COVID-19 was developed. This work also led to a major reorganization of Kazakhstan’s health care system in line with the latest, high-quality evidence recommendations, and strengthened country capacity for evidence-informed clinical decision-making in future health emergencies.”

Bakhyt Kosherova, Vice-Rector for Clinical Work, Karaganda Medical University, Kazakhstan

Nigeria

“Nigeria was one of the 13 African countries classified as being high risk with respect to the spread of COVID-19. Using situational analysis, stakeholder mapping and social network analysis, we were able to mobilize global evidence in our local context and successfully engaged with other sectors such as the Nigerian educational system.”

Jesse Uneke, Professor, African Institute for Health Policy and Health Systems, Ebonyi State University, Nigeria

Somalia

“Ensuring effective messaging and risk communication were key pillars in the prevention of and fight against COVID-19 in Somalia. Using global evidence, along with knowledge products such as policy dialogues and stakeholder consultations, we developed a health promotion and training campaign which reached nearly 10 million people.”

Mukhtar Bulale, National Institute of Health, Somalia
Theme 2. Institutionalizing evidence-informed decision-making

Institutionalizing evidence-informed decision-making allows governments to routinely find, assess and use the best available evidence for policy and practice impact. Several key elements are needed, to enable this.

First, increased awareness of, commitment to and leadership for evidence-informed decision-making are necessary among evidence producers, users and brokers. This calls for a foregrounding of high-level decision-makers in the evidence journey, who can mobilize resources and facilitate the implementation of E2P efforts, creating a culture for evidence-informed decision-making.

Secondly, trusted relationships and partnerships between academia, governments and civil society are crucial for the institutionalization of evidence-informed decision-making. Thirdly, decision-makers must be supported in developing absorptive capacities for evidence and policy-making resources at country level, including innovative tools and multisectoral efforts for evidence use that are context sensitive, along with regular stock-taking of what works on the ground, leading to iterative learning. Lastly, knowledge brokers play a key role in supporting the routine use of evidence, if following good E2P principles and standards, including equity, transparency, quality and ethics in evidence production, translation and use.

The above key lessons emerged from a panel discussion on institutionalizing evidence-informed decision-making for health policy and practice, highlighting the need for innovative strategies to institutionalize evidence use at country level. Institutionalization was also a key topic across all regional sessions at the Global E2P Summit, given that institutional structures and processes are essential to build country resilience, especially in times of crises.

“Institutionalization is the only way to ensure that sustainable processes, systems, incentives and structures are in place for regular, national use of evidence in policymaking.”

Fadi El-Jardali
Professor and Director of the Knowledge-to-Policy (K2P) Center at the American University of Beirut, Lebanon

“COVID-19 has revealed the new complexity of supporting effective evidence-informed approaches when working with local, national and regional governments. That’s why we need to focus on systems strengthening to achieve more effective use of evidence in the future.”

Ruth Stewart
Director of the Africa Centre for Evidence at the University of Johannesburg, South Africa

“Knowledge brokering and evidence-informed decision-making will continue to face turbulence, due to politics and fragmentation, and because of lack of tools, processes and institutionalization. Achieving trust also remains a challenge.”

Stephane Jacobzone
Senior Adviser for Public Management and Budgeting, Organisation for Economic Co-operation and Development

“Institutionalizing evidence-to-policy processes requires a shift in what we value as good evidence, and incorporating more methodological plurality.”

Emma Rhule
Policy Translation Lead at the International Institute for Global Health, United Nations University
Institutionalization at country level

EVIPNet
With over a decade of successful knowledge translation initiatives in more than 50 countries, WHO’s EVIPNet is a global leader in empowering countries to put actionable evidence in the hands of users. At the heart of EVIPNet’s global network are local, multisectoral research advisory bodies called knowledge translation platforms, providing on-demand policy support on priority national and health issues. Drawing on the best available global and local evidence, EVIPNet designs and appraises policy options that can be actioned by policy-makers, health actors, citizens and the media, while also serving as a credible knowledge hub facilitating evidence uptake and public trust.

Building on long-standing relationships across WHO’s country, regional and global levels, EVIPNet members are supported by a vibrant community of practice, providing peer-support and continuous learning. Hands-on training, coaching and mentoring complement EVIPNet’s suite of modular capacity-building and country-support mechanisms.

Throughout its global network, EVIPNet supports member countries in working towards:

- safe and cost-effective health interventions, through systematic use of the best available evidence and participatory decision-making processes;
- evidence-informed decision-making and enhanced cross-sectoral research collaboration on pressing health issues, using the latest tools;
- advanced knowledge translation capacity and leadership at country level to strengthen crisis resilience and emergency preparedness; and
- sustained local, regional and global collaboration, peer-support and knowledge exchange across the evidence ecosystem.

Learn more about the Network on the EVIPNet website.

Key insights from the WHO regions

The five regional events at the WHO Global E2P Summit convened researchers and decision-makers to identify common challenges, share lessons learned, identify gaps, and provide recommendations to advance evidence-informed decision-making in the WHO regions. Alongside lessons on mobilizing evidence and working across the evidence ecosystem, a key topic that emerged across all regional events was the importance of institutionalizing evidence-informed decision-making. The WHO European Region side event highlighted the importance of trust and collaboration, concluding that the institutionalization of evidence-informed decision-making structures was among the most effective and needed actions to be implemented without delay. The Regional Office for Africa side event showed that almost all countries in the region have some type of scientific advisory board or scientific council to inform decisions. In the Eastern Mediterranean Region, institutionalization efforts have been advancing, leading to the emergence of the integrated multi-concept approach, which brings together different sources of evidence for decision-making in an integrated manner. This concept was endorsed in a landmark resolution from the 66th session of the WHO Regional Committee for the Eastern Mediterranean (EM/RC66/R.5). The complementary and integrated use of diverse types of evidence and the better communication of knowledge – with a competing “infodemic” trend arising – were key issues and challenges discussed in the Regional Office for the Americas session. The Regional Office for South-East Asia side event emphasized the need to institutionalize evidence-informed decision-making thorough standard tools and processes, as well as to strengthen capacity and ensure access to relevant and timely high-quality evidence.
Theme 3. Collaborating across the evidence ecosystem

To help decision-makers to mobilize the best available and context-relevant evidence, producers, users and brokers of evidence need to collaborate effectively across sectors, disciplines and evidence workstreams. The COVID-19 pandemic has taught us about innovative approaches to developing evidence products that draw multiple forms of evidence together to support answers to the many questions decision-makers have encountered, spanning from living evidence syntheses and guidelines, and online stakeholder dialogues, to social media communication formats. Platforms such as the Living hub of COVID-19 knowledge hubs are useful in collating knowledge for decision-makers.

The pandemic also highlighted the need for innovative processes to support the development of the above-mentioned products, as well as capacity-building for developing, adapting, using, monitoring and evaluating products intended for evidence-informed decision-making. Additional supports should help to ensure mechanisms are built and functioning within countries, in order to create linkages across evidence-support systems. Many of the supports to link ecosystems build on shared learning and cross-pollination between decision-makers and researchers. There is a need to foster a culture of research and evidence use in decision-making, creating more inclusive, cross-sectoral communities of practice, and emphasizing peer-to-peer learning. The WHO guide Evidence, policy, impact offers a new cross-ecosystem framework for evidence-informed decision-making.

A panel on linking up the evidence ecosystem with a view to achieving WHO’s Triple Billion targets discussed the above issues, shedding light on how local and global evidence from a variety of sources can be connected and leveraged for action. Examples from the range of these types of evidence sources include data analytics, guidelines development, behavioural insights, modelling, monitoring and evaluation, and health technology assessments.

Theme 4. Strengthening legitimacy and trust

Evidence-informed decision-making builds on public trust in the accuracy and relevance of evidence, as well as its systematic translation into policy and practice. In many countries, widespread distrust challenged knowledge translation and collaboration during the COVID-19 pandemic, hindering the use of evidence in both policy and societal processes.

Lessons on strengthening legitimacy and trust according to the project How democracies cope with COVID-19 include: (1) trusting citizens, because if governments do not trust citizens, citizens will not come to trust governments; (2) being透明 with citizens, in light of the theory that vague reassurances breed hesitancy and decrease trust; (3) empowering citizens – communication needs to foster both a sense of concern and a sense of competence; and (4) giving citizens a voice – using methods from the social sciences, including surveys, interviews and focus groups could turn epidemic control into a co-production between citizens and authorities. In addition, legitimacy and trust require collaboration between stakeholders (namely, politicians, researchers, the media and civil society), as well as increased investment in capacity-building. Stakeholders’ incentives must be aligned in ways that promote their collaboration and the use of evidence.

A stakeholder session discussed legitimacy and trust in the context of the pandemic and moving forward, drawing together the above lessons learned and highlighting the importance of considering local contextual needs and engaging citizens and communities from the start.
“We simplified our research results to the community and engaged with them. In doing so, we created trust between scientists and the community.”

Farida Al Hosani
Spokesperson for the Health Sector, Department of Health, Abu Dhabi

“Policy-makers and other decision-makers get a lot of their information from the media. So it’s crucial for researchers to be proactive – reach out to journalists, start conversations, develop trusting relationships. Researchers must also think deeply about how to make their work relevant.”

Julia Belluz
Senior Health Correspondent, VOX, Canada

EVIPNet has been a global leader in the field of evidence-informed decision-making since its inception in 2005, with many successes along the way. In 2021, the launch of the EVIPNet Call for Action and the announcement of a new coalition of partners for sustainable evidence-policy-society systems marked a new historical milestone for evidence-informed decision-making, using the current momentum for tangible action.

The EVIPNet Call for Action towards sustainable evidence-policy-society systems was launched at the WHO Global E2P Summit in November 2021, and received wide encouragement and support from global partners, multisectoral stakeholders and EVIPNet members. Existing EVIPNet country teams and partner organizations will provide additional support, taking the Call for Action forward.

Aligning itself with other global evidence-informed decision-making initiatives, such as the Cochrane Convenes and the Global Commission on Evidence to Address Societal Challenges, the Call for Action outlines an ambitious agenda to improve E2P processes at country, regional and global levels. It will achieve this by: (1) institutionalizing governance structures, processes and technical support facilitating evidence-informed decision-making; (2) using high-quality norms, standards and tools to promote evidence-informed decision-making; (3) building and maintaining national and international capacity for the translation and use of evidence in decision-making; and (4) ensuring that evidence is accessible, timely and relevant for decision-making, especially in emergency situations.
“The Call for Action means a shift in culture among policy-makers and actors of the evidence ecosystem.”
Jorge Barreto
EVIPNet Brazil

“The Call for Action provides us with the opportunity to deepen our commitments to using evidence-to-policy mechanisms.”
John Lavis
Professor and Canada Research Chair in Evidence-Support Systems, McMaster University, Canada

“The draft Call for Action highlights the need for investments in evidence-informed decision-making.”
Marie Gaarder
Executive Director at International Initiative for Impact Evaluation (3ie), Norway

“The need for evidence-informed decision-making cannot be overemphasized. The EVIPNet Call for Action will serve as a critical stepping stone for institutionalizing evidence use in decision-making.”
Racha Fadlallah
Evidence Lead Specialist, Knowledge to Policy (K2P) Center at the American University of Beirut, Lebanon

“Cochrane supports the EVIPNet Call for Action, as it reinforces many recommendations from Cochrane, for example to develop tools, processes and research questions during ‘peace time’ to ensure better preparedness in the future.”
Karla Soares-Weiser
Editor-in-Chief, Cochrane Library

“Our work aligns with EVIPNet’s call to strengthen structures and procedures to support the technical work for evidence-informed decision-making, and the collaborative effort for working across sectors and the evidence ecosystem.”
Sandy Oliver
Director of the Social Science Research Unit and Deputy Director of the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), University College London, United Kingdom

Governments, intergovernmental organizations and other key stakeholders can, through provision of resources, support EVIPNet in implementing each of the Call to Action’s four main key strategic priority areas.

For more information on how to join EVIPNet and/or the efforts related to the Call for Action, contact evipnet@who.int.
Annex: Chairs, presenters and panelists

Theme 1. Mobilizing evidence during the COVID-19 pandemic (See page 6 for the high-level Ministerial panel)

Moderator
John Lavis
PROFESSOR AND CANADA RESEARCH CHAIR IN EVIDENCE-INFORMED HEALTH SYSTEMS; DIRECTOR, WHO COLLABORATING CENTRE FOR EVIDENCE-INFORMED POLICY, CO-LEAD, COVID-19 EVIDENCE NETWORK TO SUPPORT DECISION-MAKING (COVID-END), MCMASTER UNIVERSITY, CANADA

Panelists
Martin McKee
MEDICAL DIRECTOR AND PROFESSOR OF EUROPEAN PUBLIC HEALTH, LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE; RESEARCH DIRECTOR, EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES, UNITED KINGDOM
Sheila Zaidi
PROFESSIONAL HEALTH POLICY AND SYSTEMS, AGA KHAN UNIVERSITY, PAKISTAN

Theme 2. Institutionalizing evidence-informed decision-making

Moderator
Lourenz Langer
SENIOR RESEARCHER, AFRICA CENTRE FOR EVIDENCE, UNIVERSITY OF JOHANNESBURG, SOUTH AFRICA

Panelists
Sara Bennett
DIRECTOR OF HEALTH SYSTEMS AND ASSOCIATE CHAIR OF INTERNATIONAL HEALTH AT THE INSTITUTE OF PUBLIC HEALTH, UNIVERSITY OF IOWA, UNITED STATES OF AMERICA
Vinod Thangarajensablin
SENIOR ADVISER, INTERNATIONAL HEALTH POLICY PROGRAM, AND ADVISER ON GLOBAL HEALTH AT THE MINISTRY OF PUBLIC HEALTH, THAILAND

Presenters
Emma Rhule
POLICY TRANSLATION LEAD AT THE INTERNATIONAL INSTITUTE FOR GLOBAL HEALTH, UNITED NATIONS UNIVERSITY
Stephane Jacobzone
SENIOR ADVISOR, PUBLIC MANAGEMENT AND BUDGETING DIVISION, PUBLIC GOVERNANCE DIRECTORATE, ORGANISATION FOR CO-OPERATION AND DEVELOPMENT
Zubin Shroff
HEALTH SYSTEMS SPECIALIST, ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

Theme 3. Collaborating across the evidence ecosystem

Moderator
Kaian Most
MANAGING DIRECTOR, MCMASTER HEALTH FORUM, MCMASTER UNIVERSITY, CANADA

Speakers
Lucy Kuhn-Barrantes
TEAM LEAD OF THE EVIDENCE-INFORMED HEALTH POLICIES SPRINT, HEALTH TECHNOLOGY ASSESSMENT AND EVIDENCE-BASED HEALTHCARE DEPARTMENT, MINISTRY OF HEALTH, CHILE
Mark Leys
PROFESSOR AND HEAD OF THE ORGANIZATION POLICY AND INEQUALITIES IN HEALTH RESEARCH GROUP VRIJE UNIVERSITET BRUSSEL, BELGIUM
Promise Ndaku
RESEARCHER AT THE AFRICA CENTRE FOR EVIDENCE, UNIVERSITY OF JOHANNESBURG, SOUTH AFRICA

Panelists
Susann Roth
ADVISER AND CHIEF OF THE KNOWLEDGE ADVISOR SERVICES CENTER AT THE ASIAN DEVELOPMENT BANK
Farida Al Hosani
OFFICIAL SPOKESPERSON FOR HEALTH CARE SECTOR, UNITED ARAB EMIRATES
Euphrosia Dabi-Abah Ndi
TEAM LEAD, CAMEROON CONSUMER SERVICE ORGANIZATION, CAMEROON
Julia Belluz
SENIOR HEALTH CORRESPONDENT, VOX, CANADA

Presenters
Michael Bang Petersen
PROFESSOR OF POLITICAL SCIENCE, AARHUS UNIVERSITY, DENMARK
Patricia Garcia
PROFESSOR AT THE SCHOOL OF PUBLIC HEALTH OF CAYETANO HEREDIA UNIVERSITY; AND FORMER MINISTER OF HEALTH, PERU

Theme 4. Strengthening legitimacy and trust

Moderator
Cass Sunstein
ROBERT WALJERLEY UNIVERSITY PROFESSOR AT HARVARD LAW SCHOOL, UNITED STATES OF AMERICA

Panelists
Farida Al Hosani
OFFICIAL SPOKESPERSON FOR HEALTH CARE SECTOR, UNITED ARAB EMIRATES
Euphrosia Dabi-Abah Ndi
TEAM LEAD, CAMEROON CONSUMER SERVICE ORGANIZATION, CAMEROON
Julia Belluz
SENIOR HEALTH CORRESPONDENT, VOX, CANADA

Presenters
Yoke Ling Chee
DIRECTOR OF PROGRAMMES AT THE THIRD WORLD NETWORK, MALAYSIA
James Lee
EMERGENCY AND CRITICAL CARE ADVISER AT THE MEDICAL DEPARTMENT OF MEDICINS SANS FRONTIERES (MSF), BELGIUM