

HOW THE ETHIOPIAN PUBLIC HEALTH INSTITUTE CREATED A RAPID-RESPONSE SERVICE TO MEET POLICYMAKERS' URGENT EVIDENCE NEEDS

STORY OF CHANGE

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In 2019, the Ethiopian Public Health Institute (EPHI) introduced the Rapid Response Service (RRS), a mechanism for advancing evidence-informed policymaking (EIP) and responding to policymakers' urgent evidence needs. The service, which launched before the start of the COVID-19 pandemic, enabled EPHI to respond quickly to policymakers' questions about COVID-19 once the pandemic started. This brief is EPHI's overview of how the RRS advanced evidence-informed policy responses to COVID-19.

Learning from Other Countries' Experiences

EPHI created the RRS after five of its staff members attended a five-day "training of trainers" workshop that included practical activities on preparing rapid evidence synthesis. The workshop, held from September 23 to 27, 2019, in Kampala, Uganda, was facilitated by the [Center for Rapid Evidence Synthesis](#) (ACRES), which shared firsthand insights into how to establish and run an RRS in health and social systems. The training included how to respond to potential challenges and opportunities when establishing an RRS and how to respond to specific policy questions.



Figure 1: RRS Training in Uganda

The EPHI team members subsequently spent one week adapting ACRES' standard operating procedures (SOP) for rapid-response services and preparing training modules for launching the new RRS within the Knowledge Translation Unit of EPHI. The adapted SOP and training modules were then piloted by EPHI, with the SOP serving as a guide for setting up and operating the RRS. The RRS officially launched in December 2019.

Launching the RRS helped EPHI respond to policy questions that required a quick response. Fortunately, the inauguration of the service before the start of the pandemic enabled us to respond proactively to COVID-19-related questions. During the height of the pandemic, we responded to more than 20 requests from higher government officials—including from the Office of the Prime Minister, regional health bureaus, and the Ministry of Health (MoH)—related to COVID-19 preparedness and control in Ethiopia.

Advancing Evidence-informed Policymaking for COVID-19

The following examples illustrate the impact of the RRS in promoting evidence-informed policy responses to COVID-19.

- The regional health bureau in the Oromiya region asked for evidence on whether antibody-based serological tests (rapid diagnostic tests) could be used to detect acute infection with SARS-CoV-2, the virus that causes COVID-19, in clinical and public health settings. This request came in the early phase of the pandemic, when cases were increasing and reliable molecular tests based on the reverse transcription polymerase chain reaction (RT-PCR) method were not available, especially at the subnational level. The MoH had already ordered antibody tests to diagnose the presence of SARS-CoV-2 infection. But the Oromiya Regional Health Bureau Advisory Council for COVID-19 raised the question of whether that decision from the MoH was based on evidence. Our team synthesized the evidence on antibody-based tests and found that they were recommended for use in surveillance and laboratory research but not as the sole means of diagnosing the presence of SARS-CoV-2. Based on these findings, the advisory council advised the Oromiya Regional Health Bureau and the MOH to instead invest in adding test centers that used RT-PCR.
- On 7th August 2020, the country launched a nationwide Community Based Activities and Testing (ComBAT) campaign, led by the Ethiopian prime minister. The campaign revealed that COVID-19 testing centers and labs across the country faced a significant increase in testing demand and constraints on the availability of supplies. Around that time, EPHI's Public Health Emergency Management Center and the MoH requested evidence on how to decide which groups of citizens would get priority for COVID-19 testing in the context of limited capacity and case surges. The RRS provided synthesized evidence on COVID-19 testing prioritization and recommendations for Ethiopia. We had frequent consultations with the staff of the center's COVID-19 Emergency Operating Center and worked to integrate the recommendations into the national guidelines for implementation.

Since December 2019, the RRS has been fully functional and responding to requests beyond COVID-19. We have also started sharing our experiences with non-health sectors that have a need for this kind of service. As of June 2022, we have delivered RRS training to policymakers and experts from the MOH, Ministry of Planning and Development, Ministry of Education, Ministry of Women and Social Affairs, and the Policy Study Institute. In December 2022, the MOH established a new unit called the Policy, Strategy, and Research Office within the health minister's office to support EIP in the Ethiopian health system. EPHI's RRS is supporting this new entity, and we plan to help build the capacity of the unit's staff to use EIP mechanisms.



Figure 2: RRS training for policymakers from social sectors