

Increasing capacity for production of systematic reviews with relevance to implementation in low and middle income countries

Panel session
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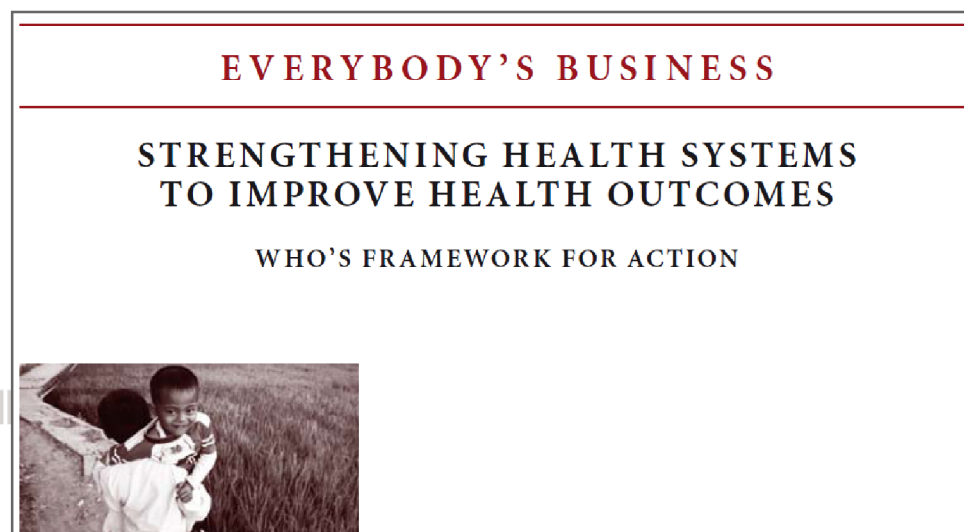
Norwegian Knowledge Centre for the Health Services

- Governmentally owned and funded by the Departement of Health (++)
- Aims
 - collecting, synthesising, analysing and communicating knowledge of effects of interventions in health care
 - measuring and improving quality of health care
- Independent in scientific matters
- Contains the Norwegian branch of the Nordic Cochrane centre, the LMIC satellite of EPOC and formerly the Methods group.

The Norwegian Satellite of EPOC

(Cochrane Effective Practice and Organisation of Care-group)

- Opened in 2006, sound financing from 2008
- Basic idea: to strengthen the use of evidence based policy making in particular in countries where resources are scarce
- Aim: to strengthen the development of the health systems



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kunnskapsenteret

Why is an evidence base for health systems strengthening needed?

- The achievement of health goals, such as the MDGs, is more likely to be realised through well-informed health policies
- Poorly-informed decisions regarding health systems may lead to:
 - services that are not effective nor efficient
 - effective and cheap interventions, e.g. INH prophylaxis for Tb exposed, not being implemented
 - inequities within health systems, including services failing to reach those most in need
 - health indicators, such as access to ART, not being reached



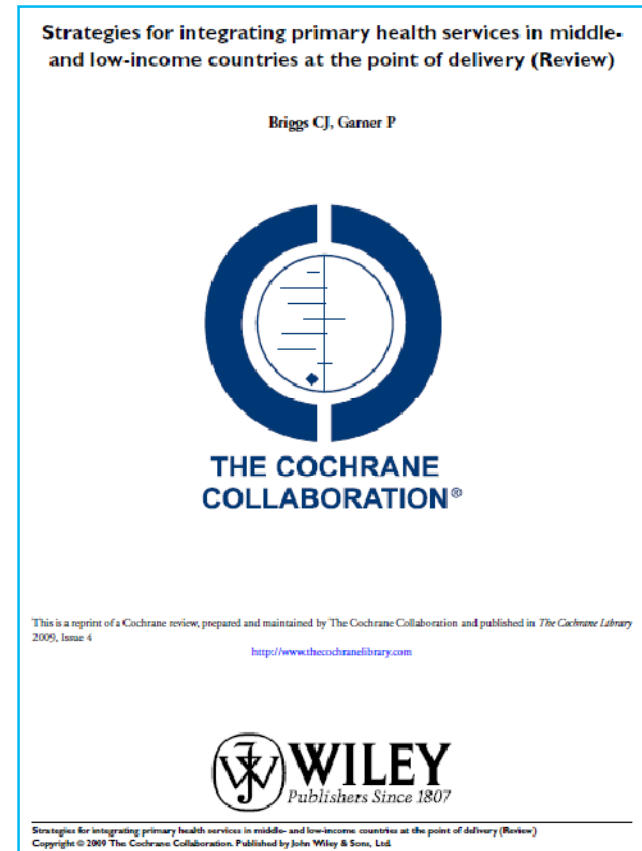
Objectives of the EPOC Satellite Oslo

- Support to review teams in low- & middle-income countries (LMICs) to undertake and update relevant EPOC reviews
- Provide support to WHO and LMICs to access and use the results of EPOC reviews through:
 - **AHPSR** (Alliance for Health Policy and Systems Research)
 - **EVIPNet** (Evidence-Informed Policy Network)
 - **WHO ACHR** (Advisory Committee on Health Research) and **GRC** (Guideline Review Committee)
 - **Norwegian MDG 4&5 Initiative**
 - **Stipends, training & support for reviewers in LMIC**
- Support to NORAD (Norwegian Overseas Aid agency) and the Departement of Foreign affair
- Expand EPOC's editorial capacity



Examples of Cochrane EPOC systematic reviews of health systems interventions relevant to LMICs

- The impact of contracting out on health outcomes and use of health services in LMICs
- Interventions for increasing the proportion of health professionals practising in rural and other underserved areas
- Lay health workers in primary and community health care
- Strategies for integrating primary health services in LMICs at the point of delivery
- Substitution of doctors by nurses in primary care
- Supervision outreach visits to improve the quality of primary health care in LMICs (protocol)



Support available to EPOC review authors in LMICs

- Support to develop a review protocol, including:
 - Designing a search strategy
 - Statistical support for design of the analysis
 - General guidance and technical training
- Similar support for conducting the review +
 - Running database searches
 - Retrieving full text copies of relevant papers
- Stipends for researchers from LMICs to travel to Oslo (or other locations) to work on their review/s
- Links to the relevant Cochrane Centre and / or experienced EPOC review authors in their country

Our experience

- Preparation of summaries of reviews that are tailored for policymakers in LMIC improves access to the results of reviews
- Systematic reviews may be most helpful to policymakers and other stakeholders when they are used in the context of policy briefs
- We have provided support to review authors from many countries, including Argentina, Bangladesh, Bahrain, Cameroon, Chile, China, Egypt, India, Iran, Kenya, Nepal, Nigeria, Pakistan, Russia, South Africa, Tanzania, and Uganda. These people have been identified with no advertising and minimal effort. The primary limitation is our capacity at the editorial base, not identifying authors.

Our experience:

- There is widespread interest in producing systematic reviews to inform decisions about health systems in LMIC
- Overviews of systematic reviews (using a health systems framework) have identified 75 priority topics (focusing particularly on LIC)
- We were not able to identify systematic reviews for 34 of those topics

Our experience (continued)

- This is based on four broad overviews of reviews that we are preparing. The four overviews address governance, financial and delivery arrangements + implementation strategies
- The 34 priorities for new reviews to fill this gap are based on a first assessment by 3 editors + one other person using the Lavis health systems framework and a search for systematic reviews (not just Cochrane reviews) up to November 2010. We plan on consulting with NORAD and other partners regarding these priorities and to continue to update this list based on their input and updates of the overviews.

Our experience (continued):

- Many policymakers and other stakeholders are not familiar with systematic reviews and are unlikely to find systematic reviews accessible. But they do find tailored summaries accessible and useful
- Evidence-based policy briefs contextualise the findings of systematic reviews, incorporate other relevant evidence, and provide a structure for incorporating evidence that clarifies the nature and size of problems, options for addressing those problems, and strategies for implementing those options (See SUPPORT Tools + SURE Guides).

Examples of how our capacity building may have a wider impact

- Building capacity to prepare SUPPORT Summaries (currently primarily based in three MIC) and to use such summaries (including workshops in many countries (for researchers, policymakers and other stakeholders) and preparation of resources such as the SUPPORT Tools and training materials

Health Research Policy and Systems



Introduction

Open Access

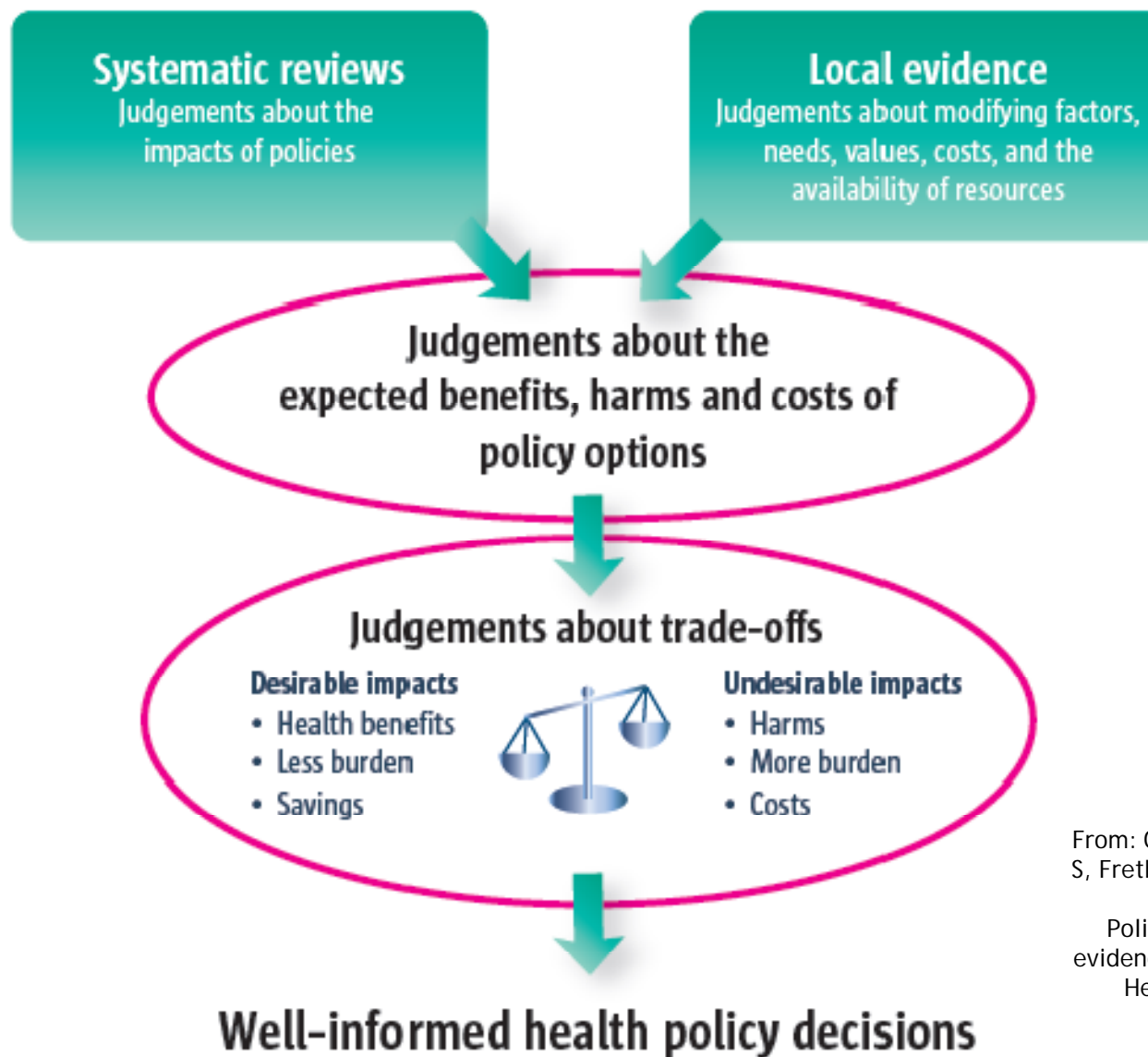
SUPPORT Tools for evidence-informed health Policymaking (STP)

John N Lavis*¹, Andrew D Oxman², Simon Lewin³ and Atle Fretheim⁴

A series of papers written for people responsible for making decisions about health policies and programmes and for those who support these decision makers

Intended to help such people to ensure that their decisions are well-informed by the best available research evidence

Focus: decisions about how best to organise health systems, including delivery arrangements, financial arrangements, governance arrangements, and strategies for bringing about change



From: Oxman AD, Lavis JN, Lewin S, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 1. What is evidence-informed policymaking? Health Res Policy Syst. 2009, 7(Suppl 1):S1

Examples of how our capacity building may have a wider impact (continued)

- Linkages with SURE, EVIPNet, REACH – supporting teams in LMIC (particularly in Africa) to use systematic reviews in policy briefs, to organise policy dialogues informed by those policy briefs, and to prepare rapid responses based on systematic reviews (to meet policymakers urgent needs for evidence)
- Working with WHO to strengthen ways in which they use systematic reviews to inform their recommendations by collaborating and providing support and training

Examples of how our capacity building may have a wider impact (continued)

- Learning from this experience and building capacity in Norway; e.g. workshops for policymakers that capitalise on the SUPPORT Tools and preparing policy briefs based on systematic reviews (with a particular focus/interest in supporting decisions about development policies)
- Developing, testing and improving methods for systematically summarising, disseminating and supporting the use of evidence (e.g. via GRADE, DECIDE, WHO committees and task forces)

Summary

- Systematic reviews of global evidence provide key information to policymakers to inform judgements about the impacts of policies and programmes for HS strengthening
- EPOC reviews are making a significant contribution to this global evidence
- Many of the constraints to accessing and using such reviews are being addressed
- However, in many areas the evidence from LMICs remain thin or has not been reviewed
- The systematic approach to capacity building and partnership with NORAD (Norwegian Oversease Aid agency) have made us able to and support processes of evidence based policy making in LMIC countries and identfy knowledge gaps