KNOWING WHAT WORKS

MAKING INFORMED HEALTH SYSTEMS AND POLICY DECISIONS: THE ROLE OF RAPID EVIDENCE SYNTHESIS

Decision making in the health systems and policy space

Health systems managers and policy makers - at national, state or district levels - have to make important, life-saving decisions. Deciding what interventions to implement in what setting, what challenges to anticipate and how to address them, is routine in a decision maker's life. Relevant and contextualised research evidence can inform decision makers as they put plans in place to improve coverage, quality and efficiency, all the time keeping equity in perspective. Experiences in India and abroad demonstrate that evidence can improve health outcomes, help balance competing demands of various stakeholders, ensure accountability and transparency, as well as build citizen trust in the decision-making process.¹

For this to happen, evidence has to be synthesised, meaning, for a particular topic, available research knowledge across multiple studies has to systematically be put together. This is known as an evidence synthesis, which takes into account the quality of studies compiled and assesses the strength of findings across them. Evidence synthesis takes a lot of time to carry out but of course is more likely to be relevant, and used, when it is produced in a timely fashion. This is where Rapid Evidence Synthesis comes into the picture.

What is Rapid Evidence Synthesis?

Rapid evidence synthesis is a pragmatic and efficient approach that provides a summary of the best available research evidence, contextualised to suit the requirements of decision making (see Figure 1, below).

Figure 1: Examples of health systems and how rapid evidence synthesis has helped inform decision-making (adapted from 2)



"What can be done with communities to encourage utilisation of maternal and neonatal services?"

Health system question

Evidence need

Demand-side policies and interventions for maternal and neonatal health in LMICs

Rapid review

Rapid review of the impact of demandside intervention on use of services and health outcomes for mothers and neonates³



"Can we include mental health in our primary care package?" Prevention and management of mental health disorders in primary healthcare

Rapid review on the aspects of primary health care that are effective in preventing, recognising and managing mental health issues across the lifespan: the people for whom these interventions work, in what circumstances and for what reasons⁴





This is done by methodological tailoring as per the actual requirements for decision making in a time- sensitive and cost- effective manner. RES outputs are rapid reviews, which can be done in 4-12 weeks, and rapid policy briefs, which can be produced in 2-4 weeks (see Figure 2).

Figure 2: Stages of the development of a rapid policy brief:

1.

Contact

Contact NHSRC and/or the RES team with your question

2.

Plan

The RES team will work with you to refine the question and understand your desired outputs and timelines 3. (m)

Monitor

The RES team will synthesise the evidence, checking in with you as necessary



Use

You will receive the format requested for your use and evaluation

How can you get a rapid evidence synthesis done?

The George Institute for Global Health, India in collaboration with the National Health Systems Resource Centre (NHSRC), and with support from WHO Alliance for Health Policy and Systems Research, hosts India's first rapid evidence synthesis unit. Our goal is to provide rapid evidence synthesis products that are rigorous, unbiased, and developed on-demand through continuous engagement with stakeholders, end-users and decision-makers. Our team jointly boasts the production of over a dozen evidence synthesis products and contribution to over two dozen national and global guidelines.

Contact the Research Evidence Synthesis (RES) team at:

res@georgeinstitute.org.in

References:

- 1. World Health Organisation (WHO). Strategy on health policy and systems research: changing mindsets. Geneva, Switzerland; 2012.
- 2. Langlois EV, Straus SE, Antony J, King VJ, Tricco AC. Using rapid reviews to strengthen health policy and systems and progress towards universal health coverage. BMJ Global Health. 2019; 4(1):e001178.
- 3. Hurst TE, Semrau K, Patna M, Gawande A, Hirschhorn LRJBP, Childbirth. Demand-side interventions for maternal care: evidence of more use, not better outcomes. 2015; 15(1):297.
- 4. Bunting B BL, Ferry F. Rapid review of mental health in primary care. What aspects of primary care are effective in the prevention, recognition and management of mental health issues across the lifespan; for whom do they work, in what circumstances and why? Ulster, UK; 2017.



