



Some Experiences with Rapid Evidence Services Targeting Health-System Policymakers & Stakeholders

**Global Evidence Synthesis Initiative / Cochrane Learning Live
Webinar**

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Conflicts of Interest

- Financial
 - None
- Professional
 - I have collaborated with many of the chapter contributors
 - I co-chair the Global Steering Group for EVIPNet (Evidence-Informed Policy Networks) and I am the director of the McMaster Health Forum, the activities of which I'll be describing briefly



Four Key Strengths of the Guide

- Covers the full life cycle of a review and itemizes the many places in that life cycle where expediting can happen
- Supports the active involvement of policymakers and managers
- Attends to the particular challenges associated with reviewing health policy and systems research and doing so in low- and middle-income countries
- Acknowledges that many types of questions can be asked (and hence many types of reviews are needed), not just questions about what works (and hence just reviews of effects)... although some language (e.g., risk of bias) isn't as inclusive as this suggests



One Key Point that Shouldn't Get Lost

- A categorization of rapid evidence products (on page 6) sends a message that
 - Rapid response briefs don't generate new knowledge (and aren't really given any further attention)
 - Rapid reviews generate new knowledge (and they are the focus of almost all of the rest of the guide)
- We need many types of rapid evidence products (and I expect the guide's contributors would agree with me)



Why Rapid Response Briefs (Too)

- Rapid synthesis
 - Summary of the best available evidence on any question
 - ... lightly contextualized to a health and political system
 - ... on timelines that policymakers and stakeholders can work with (e.g., 3, 10 or 30 business days)
- Evidence brief for policy
 - Summary of the best available evidence about a problem, three options to address it, and key implementation considerations
 - ... heavily contextualized to a health and political system
 - ... increasingly complemented by a citizen brief
 - ... used as an input to a citizen panel or stakeholder dialogue (to give you research evidence, citizen values & stakeholder insights)
 - ... still on reasonable timelines (e.g., 7-10 weeks including a dialogue or a dialogue plus panels)



Examples of (EVIPNet) Rapid Evidence Services

Feature	AFRO			AMRO/PAHO		EMRO
	REACH Policy Uganda	EVIPNet Burkina Faso	EVIPNet Cameroon	EVIPNet Chile	McMaster Health Forum	Knowledge to Policy Center
# syntheses prepared (since when)	86 (in 7.5 years)	10 (in 6 years)	8 (in 7 years)	57 (in 4 years)	30 (in 4 years)	4 (in 2 years)
Turn-around time (business days)	20 days but most 15 days (3 in 1 day)	15 days	30 days	5, 10, 15 or 20 days (but most 20)	3, 10 and 30 days	3, 10 and 30 days
Topic areas covered	System	System	Public health System	Public health System	System	Public health System
Questions addressed	Any	Any	Any	Effects only	Any	Any
Types of evidence examined	Reviews (studies if no reviews)	Reviews (studies if no reviews)	Reviews (and frameworks)	Reviews (studies if no reviews)	Reviews & EEs (studies if no reviews)	Reviews (+/- studies if 30 day)



Examples of (EVIPNet) Rapid Evidence Services (2)

Feature	AFRO			AMRO/PAHO		EMRO
	REACH Policy Uganda	EVIPNet Burkina Faso	EVIPNet Cameroon	EVIPNet Chile	McMaster Health Forum	Knowledge to Policy Center
Types of complement-ary info. included	Local data and reports	Local data and reports	Local data	Local data and reports	Jurisdic-tional scans	Local data and jurisdictional scans (30d)
Nature of decision-maker involvement	Active	Passive and active	Mostly active	Active (in 2 steps)	Active	None, passive and active
Nature of peer/merit review	Internal (process) External (content)	No	Internal (but not structured)	Internal Requester	External (with revision sent)	Internal (all) External (30 day)
Nature of follow-up	Dialogue	No	No	Dialogue	No	Clarification



Examples of (EVIPNet) Rapid Evidence Services (3)

Feature	AFRO			AMRO/PAHO		EMRO
	REACH Policy Uganda	EVIPNet Burkina Faso	EVIPNet Cameroon	EVIPNet Chile	McMaster Health Forum	Knowledge to Policy Center
Outputs made publicly available	Yes	No	Some	No	Yes (except for political parties)	Yes
What other strategies used	Briefs Dialogues Workshops One-stop shop	Briefs (past) Dialogues (past)	Briefs Dialogues Workshops	Briefs Dialogues Workshops	Briefs Panels Dialogues Workshops One-stop shop (HSE)	Briefs Dialogues
Evaluations	Yes	No	No	Not yet Handbook available	Not published yet	Not yet



Conclusion

- Great guide on rapid reviews
- We need similarly great guides on other types of rapid evidence products (and the one on what I've called rapid syntheses can build on the work done by Michelle Haby and colleagues)



With Thanks for the ‘Rapid Responses’

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