Do Cochrane reviews help policymakers in the Americas?: the use of reviews in EVIPNet Americas policy briefs

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Background

- Evidence-Informed Policy Networks (EVIPNet) are innovative initiatives sponsored by the World Health Organization that promotes the systematic integration of research evidence into health policymaking.1
- Policy briefs are one of the main outputs of EVIPNet teams. They are summaries of evidence that start with a relevant policy issue and then identify, select, appraise and synthesize research evidence in order to better understand the problem, the policy and programmatic options to address the problem, and the implementation strategies for these options.
- Systematic reviews have been proposed as the start point where to look for evidence in policy briefs.2

Objectives

To assess the usefulness of Cochrane reviews in the process of preparing policy briefs in the Americas.

Methods

- We collected policy briefs prepared during 2011 by EVIPNet country teams in the Americas.
- We identified the policy options framed in each of them and look at the evidence supporting the effects of each option focusing on the presence of systematic reviews.

Results (Table)

- Six country teams in the Region prepared 7 policy briefs summarizing the available evidence about the effects of options to address nationally relevant policy issues.
- In only one case the team was not able to locate a systematic review.
- Fifty-six reviews were used in the other 6 policy briefs with a range from 1 to 20.
- Twenty-seven (48%) of those were Cochrane reviews distributed evenly across the different briefs.

<table>
<thead>
<tr>
<th>Country</th>
<th>Policy-based topic</th>
<th># policy options</th>
<th>Cochrane SR</th>
<th>No Cochrane SR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chile</td>
<td>Financing options for the treatment of rare diseases in Chile</td>
<td>3</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Peru</td>
<td>Interventions aimed at improve adherence to TB treatment</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Peru</td>
<td>Strategies to increase the distribution and adherence to micronutrient powder in 6-36 month old children in Peru</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Paraguay</td>
<td>Integrated management of chronic diseases</td>
<td>3</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Ecuador</td>
<td>Policy options for improving access to skilled maternal care and quality</td>
<td>4</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>Management and Rehabilitation Services for Sexually abused young persons under 18 years old in Trinidad and Tobago</td>
<td>3</td>
<td>–</td>
<td>1</td>
</tr>
<tr>
<td>Brazil</td>
<td>Perinatal mortality</td>
<td>4</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Discussion

- Policy briefs have been the main product of EVIPNet in the Americas, in a similar way to what has happened in other Regions.3
- It is welcomed that systematic reviews are being used in their preparation, mainly because they are one of the most reliable sources of evidence about the effects of many public health and health systems interventions.
- However, there are still important gaps in the availability of systematic reviews about the effects of options for addressing nationally relevant policy issues. For instance, in a review of more than 90 Cochrane systematic reviews assessing interventions aimed to reduce maternal mortality, authors identified more than 300 priority questions still to be answered by systematic reviews (Chapman E, personal communication)
- More and better interaction between Cochrane authors and decision-makers in the Region could be one way forward to bridge this gap.

References