

SURE Guides for Preparing and Using Evidence-Based Policy Briefs

4. Deciding on and describing policy options

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The SURE Collaboration

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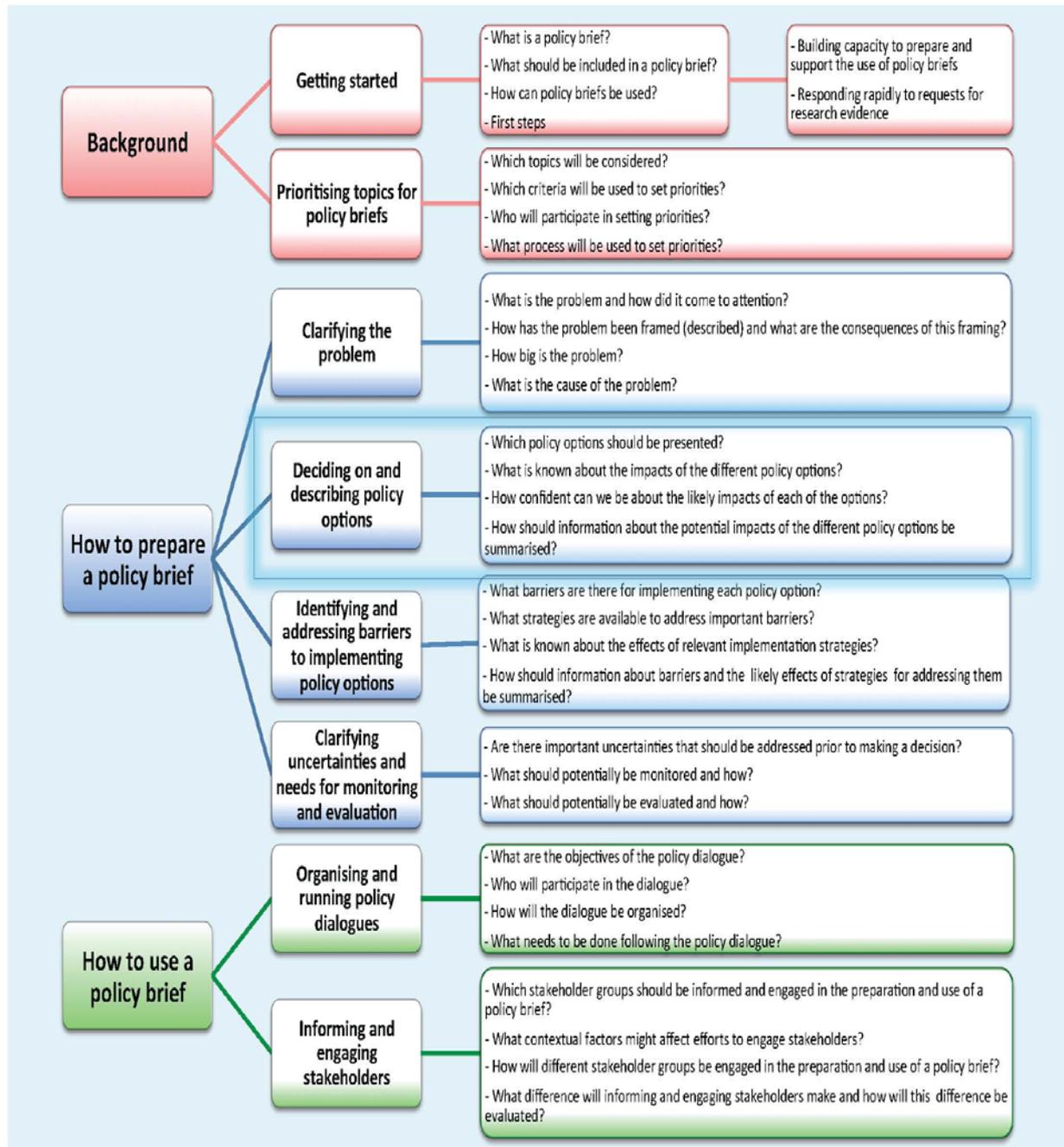


SURE is a collaborative project that builds on and supports the Evidence-Informed Policy Network (EVIPNet) in Africa and the Regional East African Community Health (REACH) Policy Initiative. The project involves teams of researchers and policymakers in seven African countries and is supported by research teams in three European countries and Canada. SURE is funded by the European Commission's 7th Framework Programme (Grant agreement no 222881).

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4. Deciding on and describing policy options



Summary

Once you have clarified the problem that a policy brief will address, the next step is to decide on – and describe – viable policy options for addressing the problem. This can be done in four steps:

- Identifying potential policy options and deciding which ones to include in the brief
- Finding evidence of the impacts of those options
- Appraising that evidence
- Summarising what is known about the potential impacts of viable policy options

Evaluating the guides

As you use the guides, please complete the [evaluation form](#) included in the 'Additional resources' section so that the guide can be improved.

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Background

Deciding on and describing policy options to address a health system problem requires identifying potential options, finding evidence of the impacts of those options, appraising that evidence, and summarising what is known about the likely impacts of viable options. Systematic reviews should be used, as far as possible, as the basis for describing the likely impacts of included options. It is important to appraise both how much confidence can be placed in a review (this is related to how well the review was conducted), and how confident we can be about the likely impacts of the policy option based on the evidence that is reviewed. Evidence of the effects of health systems arrangements and implementation strategies is often limited, particularly from low- and middle-income countries, and decisions may therefore frequently need to be made based on evidence that is of low quality. Performing only a cursory review of the evidence may result in unreliable descriptions of policy options, a loss of credibility, biased assessments, and over or understatement of the degree of confidence that can be placed in estimates of effect or about the likely impacts of options. Consequently, the additional investment of doing a systematic and transparent review is likely to be warranted with respect to a particular policy brief, and to improving the extent to which health policy decisions are informed by the best available research evidence.

The following questions can be used to decide on and describe the policy options that will be included in a policy brief:

- [Which policy options should be presented?](#)
- [What is known about the impacts of the different policy options?](#)
- [How confident can we be about the likely impacts of each of the options?](#)
- [How should information about the potential impacts of the different policy options be summarised?](#)

[Workshop materials](#) and a [PowerPoint presentation](#) on deciding and describing policy options are available in the '[Additional resources](#)' section of this guide.

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Which policy options should be presented?

The selection of policy options to be presented in a policy brief often flows logically from the description of the problem, and particularly from the analysis of the cause of the problem or underlying factors, as described in [SURE Guide 3: Clarifying the problem](#). The rationale for deciding which policy options to present in a brief should be provided at the beginning of the section in the brief in which the options are described. When relevant, this should include a statement of why any other options that were considered were excluded. If several potential options were considered and excluded, or the reasons for selecting the particular options that were included cannot be explained in one or two short paragraphs, more detailed information about the reasons for excluding or including specific options could be included as an appendix.

A number of strategies can be used to identify potential policy options, including:

- A consideration of different [delivery, financial, and governance arrangements](#) that address the problem or its underlying causes
- Using frameworks developed to address the specific problem
- Considering interventions described in systematic reviews
- Considering ways in which other jurisdictions have addressed the problem
- [Brainstorming](#)
- Consulting key informants

Because the causes of health system problems are complex, solutions to these problems may also be complex. In addition, it may be necessary to consider bundles or packages of different delivery, financial and governance arrangements to address a problem.

Deciding which policy options should be described in a policy brief may be relatively straight forward if, for example, the policy brief is being prepared to describe a specific solution that has already been proposed. But in other instances, deciding on which options to present may require several iterations. Decisions may need to be reached in different ways, such as:

- First considering a broad range of options, then narrowing the selection down to the most viable ones by appraising each on the basis of evidence and acceptability, and then examining what additional changes in delivery, financial, and governance arrangements might be needed in conjunction with these options; or by
- First considering potential delivery, financial, and governance arrangements as potential elements of policy options; and then appraising the evidence for those elements; and then determining whether and how to bundle or package viable elements into policy options

A framework can be used to structure the consideration of potential solutions to a problem. Sometimes the framework used to clarify the causes of a problem can also be used to identify potential solutions. For example, a broad framework for health system problems might be used both to clarify the causes of a problem and to identify potential solutions.¹ More specific frameworks may facilitate a consideration of the potential solutions to some types of problems. The process of finding frameworks and examples of them is described in [SURE Guide 3: Clarifying the problem](#). Further guidance is provided in the [SUPPORT Tool on using research evidence to frame options to address a problem](#) which is in the 'Additional resources' section of this guide.

Systematic reviews or overviews of systematic reviews may describe options for addressing a particular problem. These can be used to provide a framework, as well as providing an inventory of interventions and evidence of their impacts. [Strategies for finding systematic reviews](#) can be found in the 'Additional resources' section of this guide.

A consideration of how other jurisdictions have addressed similar problems may also be helpful when identifying potential solutions. While there is no simple method of searching for descriptions of policies tried in other jurisdictions, the most efficient way to find them may simply be to talk to people with expertise in the specific areas. Contacting people in other countries with similar problems may also be particularly useful. Consultation with key stakeholders may also be helpful, as well as with people with relevant expertise who may be able to provide information about which solutions they consider viable, based on their experience, knowledge and perceptions.

Brainstorming or creative thinking ([Box 4.1](#)) may be important when deciding which policy options to present as viable alternatives for addressing a problem. This may be done in a structured way, using a framework, or in an unstructured way.

Involving people with different perspectives and those with a broad knowledge of the health system during the brainstorming process is useful. A brainstorming process may be best done in two or more stages. The first stage, for example, could be the generation of potential solutions - and ideas about where and how to identify other potential solutions - after considering a description of the problem and its causes. This could be followed by locating and appraising evidence of the likely impacts of potential policy options (or components of options), and, finally, meeting again to discuss the viability of potential options and to decide which options to present in the policy brief.

The policy options that are presented in a policy brief may be mutually exclusive where it is necessary to make a choice between them. In such cases, the options should be described in a way that facilitates comparison and a well-informed assessment of the pros and cons of each option should be presented. But, if the options presented are not mutually exclusive, a policy brief should make clear if there are any potential benefits of combining the different options and include a list of the pros and cons of each option.

You can listen here to examples of which policy options to present were decided on in [Zambia](#) and [Centrafique](#) (in French).

Box 4.1 Creative thinking and brainstorming

Creating thinking focuses on exploring ideas, generating possibilities and looking for many options rather than just one. This is in contrast to critical thinking, which focuses on analysis, figuring out the answer and eliminating incorrect options. Some characteristics of these two ways of thinking are contrasted below. Both types of thinking are necessary for identifying and selecting appropriate options.

| Creative thinking | Critical thinking |
|--------------------------|--------------------------|
| Generative | Analytic |
| Divergent | Convergent |
| Possibility | Probability |
| Suspended judgement | Judgement |
| Diffuse | Focused |

Brainstorming was developed to enhance the ability of work groups to solve problems creatively. This process was called "brainstorming" because it seemed to participants that they were using their brains "to storm a creative problem and to do so in commando fashion, with each stormer audaciously attacking the same objective." Four principles that guide brainstorming processes are:

1. No evaluation of the effectiveness of any given alternative is undertaken while the group is generating alternatives. Evaluation of alternatives comes at a later stage in the problem-solving process.
2. The leader of the group places no parameters upon the group regarding what kinds of alternatives or solutions should be suggested; in fact, the team leader should encourage the group to come up with novel ideas.
3. The quantity of ideas should initially take precedence over the quality of ideas; that is, the leader should push the group to produce a large number of ideas irrespective of their quality.
4. Participants should feel free to add to or modify previous ideas proposed by others. Marginal ideas that are added to or altered in some fashion can be transformed into powerful solutions. It should be emphasized that ideas do not belong to the individual who presents them, but to the group.

*Encyclopedia of Management <http://www.enotes.com/management-encyclopedia/brainstorming>

What is known about the impacts of the different policy options?

Finding systematic reviews

Systematic reviews are the ideal starting point for finding out what is known about the impacts of potential options, and the number of these that relate to health system arrangements and implementation strategies is increasing. When searching for systematic reviews that address the impacts of health system arrangements, Health Systems Evidence is a good place to start. Other sources that can be searched for systematic reviews of the impacts of health system arrangements and implementation strategies include The Cochrane Library and PubMed. A list of databases and recommended strategies for searching them are described in the '[Additional resources](#)' of this guide. The EVIPNet Virtual Health Library (www.evipnet.org) is being developed to provide quick and easy access to evidence for informed decisions about health systems in low- and middle-income countries. It will provide a meta-search engine to facilitate searching these and other databases.

SUPPORT has prepared concise summaries of the best available evidence of the effects of health systems interventions for low and middle-income countries. These [summaries](#) are provided in the [Libraries](#) section of these guides.

A [search log](#), [workshop materials](#) and a [PowerPoint presentation](#) on finding systematic reviews are available in the '[Additional resources](#)' section of this guide. The [SUPPORT Tool on finding systematic reviews](#) offers further guidance.

Selecting systematic reviews

Once potentially relevant references have been found, it is then necessary to decide which systematic reviews to retrieve in full text form and examine in detail. Explicit selection criteria should be used to guide these judgements and to make the selection process as transparent as possible. These criteria might specify, for example:

- Minimum methodological requirements (e.g. a methods section, explicit selection criteria, and a description of the search strategy used)
- The types of populations, patients or problems that the reviews need to address
- The types of interventions, options, health system arrangements, implementation strategies, outcomes or comparisons that the review needs to address

It may sometimes be appropriate to have a selection criterion that relates to the actual setting of the review (e.g. in primary care). However only considering reviews that are restricted to specific countries or low- and middle-income countries runs the risk of excluding important evidence (which may sometimes be the best available). Including reviews of studies from diverse settings and subsequently assessing the applicability (see [Box 4.2](#)) of the results to your setting is likely to be more informative.

Box 4.2 Judgements about the applicability of the results of systematic reviews

Decisions about how to apply the results of systematic reviews are always located within specific contexts. This makes it necessary to make judgements about possible differences between where the research that is summarised in a particular systematic review was done and your own setting. For health system interventions this includes considerations of differences, for example, between:

- The structural elements of health systems (such that an intervention could not work in the same way)
- On-the-ground realities and constraints (that might substantially alter the potential benefits of the intervention)
- Perspectives and influences of health system stakeholders (such that the intervention may not be accepted or taken up in the same way)

In addition, different baseline conditions may result in different absolute effects, even if the relative effectiveness is the same. While this may not lower your confidence in the evidence, it is important to keep this in mind when applying the results of studies from one setting to another.

More guidance on the applicability of the results of systematic reviews can be found in the [SUPPORT tool](#) provided in the 'Additional resources' section of this guide.

Making judgements about how much confidence to place in a systematic review

Once a relevant systematic review has been found, a decision must be taken about how much confidence to place in this review. This judgement is different to the judgement about how much confidence to place in the evidence, and this separate issue is addressed in the next section.

A number of checklists are available to guide assessments of the reliability of systematic reviews. The 'Additional resources' section of this guide contains a [sample checklist](#) adapted from the one used to prepare the SUPPORT summaries and other similar checklists.^{2,3,4} This checklist is designed to guide judgements about whether a review is likely to provide a reliable summary of the best available evidence of the impacts of these complex interventions.^{5,6}

The checklist is divided into two parts. The first assesses the methods used to identify, select, and critically appraise studies. The second assesses the methods used to analyse the results of the included studies. Summary assessments based on the questions in each section determine whether a review is rated as having minor, moderate, or major limitations. After this, an overall assessment is made based on the two summary assessments (and other potential limitations). Reviews are placed into one of the three categories listed below that then determine how the reviews are utilised in policy briefs:

- **Fatal flaws** – The review has limitations that are sufficiently important to render the results of the review unreliable. As such, the results should not be used in the policy brief (although it may still be possible to draw some key messages or useful information from the review, such as a framework for identifying potential options)
- **Important limitations** – The review has limitations important enough to make searching for another systematic review worthwhile. The results of this review should be interpreted cautiously if a better review cannot be found (however, the information provided in the review could potentially be supplemented with additional searches, or information from included studies may be included in the policy brief).
- **Reliable** – The review has only minor limitations and can be used as a reliable summary of the best available evidence.

If a systematic review without important limitations cannot be found, it may be necessary to search for individual studies instead; these can either supplement information in a review or take the place of a systematic review. In such instances, the same processes should be used as are used to select the studies in a systematic review. As far as possible, systematic and transparent (explicit) methods should be used to find, select, and critically appraise studies and to synthesize their results. Ideally the methods used to do this should be described in an appendix document of the policy brief. It should be remembered however, that such additional processes are likely to require substantial additional resources, and specific additional skills will be needed.

[Workshop materials](#) and a [PowerPoint presentation](#) on deciding how much confidence to place in a systematic review are available in the '[Additional resources](#)' section of this guide. The [SUPPORT tool on deciding how much confidence to place in a systematic review](#) offers further guidance.

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How confident can we be about the likely impacts of each of the options?

When making health policy decisions, policymakers and stakeholders must evaluate the relative benefits and downsides of different strategies. Decision makers will be influenced not only by the best estimates of the expected advantages and disadvantages, but also by their confidence in these estimates – in other words, by the quality of the evidence. The GRADE system is a structured and transparent framework for making judgements about the quality of evidence from systematic reviews.⁷

In the GRADE framework, separate ratings of evidence quality are made for each important outcome. The first framework rating is for the study design. Randomised trials, in general, provide stronger evidence than observational studies. Therefore randomised trials without important limitations constitute high-quality evidence. Observational studies without special strengths or important limitations generally provide low-quality evidence.

There are a number of factors in a study that can reduce or increase confidence in the estimates of effect of the intervention being studied. The GRADE framework considers five factors that can lower the quality of the evidence, namely:

1. Study limitations
2. Inconsistent results across studies
3. Indirectness of the evidence
4. Imprecision
5. Publication bias

And three factors that can increase the quality of evidence:

1. Large estimates of effect
2. A dose-response gradient
3. Plausible confounding that would increase confidence in an estimate

(More detailed descriptions of each of these factors are provided in the '[Additional resources](#)' section of this guide.)

The GRADE framework provides a clearly articulated and comprehensive approach for rating and summarising the quality of evidence that supports health care delivery recommendations. Although judgements will always be required for every step, the systematic and transparent GRADE approach allows for scrutiny and debate about those judgements.

Even though the details of these judgements do not need to be fully reported in a policy brief, keeping a judgement 'audit trail' can be helpful when producing a policy brief. It will help to ensure greater reliability and credibility, protecting against the introduction of biased judgements, and may be helpful to have in case these judgements are subsequently called into question or debated further.

[Worksheets](#) for making such judgements are also provided in the 'Additional resources' section of this guide. Further guidance on making and summarising judgements about the quality of evidence can be found at <http://ims.cochrane.org/revman/other-resources/gradepror/resources>

Click [here](#) to listen to a member of the Ugandan REACH Team describing how they decided on policy options and gathered evidence, their experience of using the GRADE framework to assess the quality of the evidence, and how they summarised the findings in a policy brief on task shifting

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How should information about the potential impacts of the different policy options be summarised?

A 'balance sheet' or 'summary of findings table' is a simple but powerful way to present the advantages and disadvantages of the different policy options considered.^{8,10} Presenting these tables together with brief texts that qualitatively summarise the key messages aids understanding of the potential impacts of the options.

The aim of a summary of findings is to help decision makers develop an accurate understanding of the important consequences of the options being compared. A summary of findings helps to achieve this in four key ways. Firstly, it condenses the most important information and thus enables efficient consideration. Secondly, it focuses attention on the most important outcomes. This increases the likelihood that decision makers will gain an accurate perception of what is known about the impacts of the options being considered and the important consequences. Thirdly, building a summary of findings is a helpful way to organise thoughts, structure evidence analysis, and focus debate. Fourthly, a summary of findings can help to develop more explicit judgements about what the most important consequences of options are, the underlying evidence for this, and subsequent judgements about the balance between the relative advantages and disadvantages of the options presented in a policy brief. This helps decision makers to form their own judgements about the trade-offs between desirable and undesirable consequences.

Although there is no single optimal format for a summary of findings table, sometimes even for all the options within a single policy brief document, the template in [Table 4.1](#) illustrates the key information that should be included. The roman numerals correspond to the key in [Box 4.3](#).

Box 4.3 Key information for Summary of Findings table

- i. A title indicating the comparison summarised in the table*
- ii. The characteristics of the evidence, including the types of participants (patients or populations), types of settings (e.g. countries) where the studies were done, the intervention and what the intervention was compared to*
- iii. The most important outcomes, including the intended benefits, possible harms and costs*
- iv. The estimated impact of the intervention on each outcome (preferably provided quantitatively)*
- v. The amount of information upon which the information is based, such as the number of participants or units (e.g. facilities), as well as the number of studies*
- vi. The quality of the evidence for each outcome (based on the considerations summarised above and those found in the [SURE Worksheet for preparing a summary of findings using the GRADE framework](#))*

Table 4.1 Template for a summary of findings

| [Text] ⁱ | | | |
|--|----------------------|-----------------------------------|-----------------------------------|
| <p>Patients or population: [Text] ⁱⁱ</p> <p>Settings: [Text]</p> <p>Intervention: [Text]</p> <p>Comparison: [Text]</p> | | | |
| Outcomes | Impact | Number of participants (Studies) | Quality of the evidence (GRADE) * |
| [Text] ⁱⁱⁱ | [Text] ^{iv} | [?] ^v ([?] studies) | 0000 [Text] ^{vi} |
| [Text] | [Text] | [?] ([?] studies) | 0000 [Text] |
| [Text] | [Text] | [?] ([?] studies) | 0000 [Text] |
| <p>* GRADE: GRADE Working Group grades of evidence:</p> <p>⊕⊕⊕⊕ High We are confident that the true effect lies close to that of the estimate of the effect.</p> <p>⊕⊕⊕⊖ Moderate The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different .</p> <p>⊕⊕⊖⊖ Low The true effect may be substantially different from the estimate of the effect.</p> <p>⊕⊖⊖⊖ Very low Any estimate of effect is very uncertain.</p> | | | |

Footnotes

1. ...

Examples of completed summaries of findings tables can be found in the 'Additional resources' section of this guide. Further examples can be found in the SUPPORT summaries on the SUPPORT website www.support-collaboration.org. Workshop materials and a PowerPoint presentation on summarising findings about the likely impacts of policies are provided in the 'Additional resources' section of this guide. Health system interventions, like clinical interventions, can have unintended harmful effects. It is important to consider these as well as the desired effects of policy options when summarising the potential impacts of different policy options. For example, although paying for performance or results-based financing is widely advocated, such approaches may have both desirable and undesirable impacts. These could include: motivating unintended behaviours, distortions (ignoring important tasks that are not rewarded with incentives), gaming (improving or adjusting reporting instead of improving performance), cherry picking (selecting or avoiding patients depending on the ease or difficulty of achieving performance targets), widening of the resource gap between the rich and poor, and a greater dependence on financial incentives.¹¹ Further guidance is offered in the [SUPPORT Tool on using research evidence in balancing the pros and cons of policies](#).

The local context should also be considered when summarising the potential impacts of different policy options. Descriptions of what is already happening locally, how interventions may need to be tailored, and the applicability of the evidence should be included. [Workshop materials](#) and a [presentation](#) on finding and using local evidence are provided in the 'Additional resources' of this guide. [A SUPPORT tool providing guidance on how to find and use evidence about local conditions](#) is also provided.

There are two important limitations that should be considered when using a summary of findings to make decisions. Firstly, when there are complicated trade-offs between multiple outcomes, judgements by policymakers may require a high level of information processing. Secondly, the value judgements employed by policymakers as they weigh different outcomes could remain implicit. Underlying assumptions (including value judgements) can be made more explicit by including in the summary of findings the results of economic analyses (see [Box 4.4](#)) if they are available or possible to undertake.^{8, 9} In addition, economic analyses enable the use of sensitivity analyses to explore the effects of both uncertainties and varying assumptions on the results of an evaluation.

Box 4.4 Economic analyses

Formal economic models, such as cost-effectiveness analysis and cost-utility analysis (see below), can help to inform judgements about the balance between the desirable and undesirable consequences of an option. Economic models can be valuable for complex decision making and for testing how sensitive a decision is to key estimates or assumptions. A model, though, is only as good as the data on which it is based. When estimates of benefits, harms, or resource use come from low-quality evidence, the results will necessarily be highly speculative. Moreover, published cost-effectiveness analyses are specific to a particular setting and this may differ in important ways from the setting of interest in the policy brief.

[Guides to using economic analyses](#) are included in the 'Additional resources' section of this guide and some of the terms used in economic analyses are defined below.

Terminology

Cost-effectiveness analysis – An economic evaluation in which the costs and consequences of options are expressed as a cost per unit of health outcome (e.g. cost per death averted).

Cost-utility analysis – An economic evaluation in which the costs and consequences of options are expressed as a cost per quality-adjusted life-year (QALY) or disability adjusted life-year (DALY). Cost-utility analyses are a type of cost-effectiveness analysis and are sometimes called cost-effectiveness analyses.

Cost-benefit analysis – An economic evaluation in which both the costs and the consequences (including health outcomes) are expressed in monetary terms.

Cost-minimisation analysis – An economic evaluation conducted in situations in which the consequences of the alternatives are the same and the only issue is their relative costs.

Sensitivity analysis – A test of the stability of the conclusions of an evaluation over a range of probability estimates, value judgements, and assumptions. This may involve repeated analyses in which one or more of the parameters of interest are varied.

Additional considerations

Judgements about resource use and costs

In settings with limited resources, policymakers are deeply concerned about resource use and the costs and savings associated with different options. The term 'costs' in this context is used broadly but it is important to be aware that it includes both the costs of actual resource use (e.g. the time of health workers) and the monetary value (or prices) attached to those resources (e.g. wages or fees).

The costs and cost-effectiveness of an intervention need to be assessed in a specific setting so that differences in patterns of resource use and prices can be taken into account. To help decision makers to make these assessments, the authors of policy briefs should consider the following questions:

- What are the most important costs, including the costs of implementing and sustaining the option?
- What information is there about those costs, either from systematic reviews or other sources, for example economic analyses (see Box 4.4)?¹²
- Is there important uncertainty about medium- to long-term costs?
- Is there important uncertainty about the applicability of any reported costs?

A [worksheet](#), [workshop materials](#) and a [PowerPoint presentation](#) on making judgements about costs and cost effectiveness are provided in the '[Additional resources](#)' section of this guide. Further guidance on finding and using research evidence about resource use and costs can be found in the [SUPPORT Tool](#) which is also available in the '[Additional resources](#)'.

Judgements about impacts on equity

In addition to considering the overall impacts of options, policy brief authors should also consider potential impacts on equity. This can be done by examining the findings of a review and considering the possible differential effects of interventions on disadvantaged populations. Potential impacts on equity of an option should be evaluated in relation to factors likely to be associated with disadvantage. These might include economic status, employment or occupation, education, place of residence, gender and ethnicity (Box 4.5).

Box 4.5 Factors likely to be associated with disadvantage

You should consider the possibility of an intervention having different effects in disadvantaged populations whenever there is an association between the mechanism of action of the option and particular characteristics. For example:

- **Economic status:** low-income populations are more likely to be responsive to changes in the prices of goods and services. Because they have less disposable income, tobacco tax increases, for example, could make such populations more likely to quit. But they would also be made more vulnerable as a result of having to spend more money on tobacco if they did not quit smoking
- **Employment or occupation:** employer-funded insurance schemes may result in differences in coverage, with less coverage being likely for those who are unemployed, self-employed or employed in small companies
- **Education:** school-based programmes would be expected to differentially affect those who attend versus those who do not attend schools. Information campaigns that rely on printed materials to improve the utilisation of health services might have differential impacts on illiterate or less-educated populations
- **Place of residence:** access to care is commonly more difficult in rural areas. Any strategy, therefore, that does not take into account the need to improve the delivery of effective clinical or public health interventions is likely to be less effective in rural areas
- **Gender:** strategies for involving stakeholders in priority setting may affect women and men differently, resulting in priorities that may have different impacts on women and men
- **Ethnicity:** ethnic groups (e.g. those groups who consider themselves, or are considered by others, to share common characteristics which differentiate them from other groups in society) may have beliefs and attitudes relating to the acceptability of a particular policy or programme. Delivery strategies that do not take these perspectives into account are likely to be less effective amongst ethnic

groups where an otherwise effective policy or programme might not be readily accepted

These examples were adapted from the [SUPPORT tool](#) for taking equity into consideration. The acronym PROGRESS is sometimes used as a mnemonic for factors that can be associated with health inequities.* PROGRESS stands for place of residence, religion, occupation, gender, race/ethnicity, education, socioeconomic status, and social networks and capital.

*Evans T, Brown H. Road traffic crashes: operationalizing equity in the context of health sector reform. *International Journal of Injury Control and Safety Promotion* 2003; 10: 11-12.

The following checklist of questions can help to guide considerations of the potential impacts on equity:

- Are there plausible reasons for anticipating differences in the relative effectiveness of the option for disadvantaged groups or settings?
- Are there likely to be different baseline conditions across groups or settings such that the absolute effectiveness of the option would be different, and the problem more or less important, for disadvantaged groups or settings?
- Are there important considerations that should be made when implementing the option in order to ensure that inequities are reduced, if possible, and that they are not increased?

More guidance on how equity should be taken into consideration when assessing the findings of a systematic review can be found in a [SUPPORT tool](#) located in the 'Additional resources' section. A [worksheet](#), [workshop materials](#) and a [PowerPoint presentation](#) on making judgements about equity are also available in the 'Additional resources' section of this guide.

Judgements about the need for monitoring and evaluation

There is often uncertainty about the effects and cost-effectiveness of interventions, therefore the authors of policy briefs should also address the need for monitoring and evaluation of each option. See [SURE Guide 6: Monitoring and Evaluation](#). Questions to consider include:

- Is monitoring necessary?
- If monitoring is necessary, what should be measured?
- Is an impact evaluation necessary?
- If an impact evaluation is necessary, what should be evaluated and how?

Additional resources

[Evaluation form](#)

A form for evaluating the SURE Guides

[Glossary](#)

A glossary of terms used in the guides

[Workshop materials and a presentation](#)

Guides for a [workshop](#) and a [PowerPoint presentation](#) on deciding on and describing policy options

[Strategies for finding systematic reviews](#)

Tips for finding systematic reviews

[SUPPORT Tool on using research evidence to frame options to address a problem](#)

Guidance on using research evidence to frame options to address a problem

[Search log worksheet](#)

A worksheet for documenting searches for systematic reviews

[Workshop materials and a presentation](#)

Guides for a [workshop](#) and a [PowerPoint presentation](#) on finding systematic reviews

[SUPPORT Tool on finding systematic reviews](#)

Questions to consider when looking for systematic reviews

[SUPPORT Summaries](#)

Concise summaries of the best available evidence of the effects of health systems interventions and maternal and child health interventions for low and middle-income countries

[SUPPORT Tool for assessing the applicability of the findings of a systematic review](#)

Questions to consider when assessing the applicability of the findings of a systematic review

[SURE checklist for making judgements about how much confidence to place in a systematic review](#)

A checklist for making judgements about how much confidence to place in a systematic review

[Workshop materials and a presentation](#)

Guides for a [workshop](#) and a [PowerPoint presentation](#) on deciding how much confidence to place in a systematic review

[SUPPORT Tool on deciding how much confidence to place in a systematic review](#)

Questions to consider when deciding how much confidence to place in a systematic review

[GRADE factors affecting the quality of evidence](#)

Factors that can lower or raise our confidence in estimates of effect

[SURE worksheets for preparing a summary of findings using GRADE](#)

SURE worksheets for preparing a summary of findings using GRADE, including examples of completed worksheets

[Workshop materials and presentations](#)

Guides for a workshop and a PowerPoint presentation on summarising findings

[SUPPORT Tool on using research evidence in balancing the pros and cons of policies](#)

Questions to consider when balancing the pros and cons of policy options

[Workshop materials and presentations](#)

Guides for a workshop and a PowerPoint presentation on finding and using local evidence

[SUPPORT Tool for finding and using evidence about local conditions](#)

Questions to consider when finding and using local evidence

[Guides to using economic analyses](#)

[Guide A](#) and [Guide B](#)

[Workshop materials and a presentation](#)

Guides for a [workshop](#) and a [PowerPoint presentation](#) on costs and cost effectiveness

[Worksheet for finding and assessing evidence about costs and cost-effectiveness](#)

A worksheet to help with finding and assessing the quality of research evidence about costs and cost-effectiveness

[SUPPORT Tool for finding and using research evidence about resource use and costs](#)

Questions to consider when finding and using research evidence about resource use and costs

[SUPPORT Tool for taking equity into consideration when assessing the findings of a systematic review](#)

Questions to consider about equity when assessing the findings of a systematic review

[Worksheet for taking equity into consideration](#)

A worksheet for considering the impact on equity of an option

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Guides for a [workshop](#) and a [PowerPoint presentation](#) on taking equity into consideration in policy briefs

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