Assessing applicability, scaling up and equity issues in Cochrane reviews:

A worked example from a review of lay health worker interventions in primary and community health care for chronic conditions

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Background

Well conducted systematic reviews provide the best available evidence on the effectiveness of interventions, including of health systems interventions.

In addition to evidence of effectiveness, users of systematic reviews often require information on:

- the equity impacts of interventions
- the extent to which interventions can be applied in other settings and whether similar effects might be expected (applicability)
- factors likely to influence scaling up

These issues are often not discussed in reviews.
Objective

To assess the extent to which evidence is available to facilitate assessment of applicability, scaling up and equity issues from randomised controlled trials (RCTs) included in a Cochrane systematic review of the effects of lay health workers (LHWs) for chronic conditions.
Methods

For each included RCT, we are extracting data on:

- intervention context
- the groups targeted by the intervention, including their geographic, demographic and socio-economic details

We are then using these data to consider issues of applicability, scaling up and equity.
Assessing the applicability to LMICs of evidence from systematic reviews

- Systematic reviews make the task of assessing applicability easier by summarising evidence across settings

- SUPPORT Tools: include a set of questions to guide assessments of applicability by review users
Tool to guide assessments of the applicability to a setting of evidence from systematic reviews

1. Were the studies included in a systematic review conducted in the same setting or were the findings consistent across settings or time periods?
2. Are there important differences in on-the-ground realities and constraints that might substantially alter the feasibility and acceptability of a policy or programme option?
3. Are there important differences in health system arrangements that may mean an option could not work in the same way?
4. Are there important differences in the baseline conditions that might yield different absolute effects even if the relative effectiveness was the same?
5. What insights can be drawn about options, implementation, and monitoring and evaluation?

Findings 1 - equity considerations

- Included studies provide little data on the differential effects of the interventions across different populations:
  - Equity effects therefore difficult to assess

- Some interventions used systems that might exclude the most disadvantaged, worsening inequities

- Community involvement in programme decisions may aid in the extension of services to underserved communities
Findings 2 - applicability and scaling up

- Most studies were undertaken in high income countries. The interventions may be applicable in LMICs in so far as:
  - Service users in these settings share similar constraints in accessing health care
  - There are similarities in health systems arrangements across the settings

- Consideration of factors affecting the scaling up of the interventions was limited by poor intervention descriptions
Conclusions - what still needs to be done?

- Systematic reviews of global evidence provide key information to policymakers to inform judgements about the impacts of programmes.
- Tools are now available to assist policymakers in making judgements regarding equity, scaling up and applicability issues in relation to systematic review findings.
- However, these assessments continue to be hampered by limited data in trial reports:
  - Guidance for trialists on the reporting of such data needs to be applied.
For further information

- Cochrane EPOC satellite for LMICs: http://epocoslo.cochrane.org/welcome


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