In this issue of *From Evidence to Action* we focus on research synthesis as a tool for supporting evidence informed policymaking, some organisations involved in this kind of work, and how they go about it. Our Feature focuses on systematic reviews and we interview Ruth Stewart who leads the evidence-informed policy team at the Centre for Anthropological Research at the University of Johannesburg as well as contributing to research at the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) in London. The EPPI-Centre is part of the Social Science Research Unit at the Institute of Education in the University of London. In our Case Study we profile the Governance and Social Development Resource Centre which is based at the University of Birmingham and look at the research synthesis facilities that this successful knowledge intermediary has built up. Our spotlight is on two partnering South African institutions, the Centre for Evidence-Based Health Care (CEBHC) at Stellenbosch University and the South African Cochrane Centre and their involvement in systematic reviews in the area of public health. Our Resources Section collates information about related events, opportunities and useful documents.

**INTERVIEW WITH RUTH STEWART:**

Centre for Anthropological Research (University of Johannesburg) and Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre)

We interviewed Ruth about systematic reviews and their benefits. She leads the evidence-informed policy team at the Centre for Anthropological Research at the University of Johannesburg as well as contributing to research at the EPPI-Centre in London. The EPPI-Centre is part of the Social Science Research Unit at the Institute of Education in the University of London. The team in Johannesburg works to support evidence-informed decision-making in policy and practice. One part of this work is the production of systematic reviews of research.

**What is a systematic review?**

Systematic reviews are structured, transparent and rigorous overviews of research evidence addressing a specific question. They synthesize the best available most relevant evidence to provide an accurate summary of what we already know. In health care, the Cochrane Collaboration has been producing systematic reviews of the effectiveness of treatments for over twenty years and most of the health care we
receive has been informed by these reviews (see www.cochrane.org). More recently, the same rigorous approach to reviewing the available evidence has been employed in social policy and environmental management – for more information see www.campbellcollaboration.org and www.environmentalevidence.org

What are the benefits/strengths of systematic reviews?
Systematic reviews are transparent. Unlike traditional literature reviews, you know exactly what goes into a systematic review, how it was identified, selected, critiqued and incorporated. The proposed methods for systematic reviews are laid out in advance, peer reviewed and published before the review is conducted, and then the final review is also published in a detailed technical report.

Systematic reviews bring together all the available evidence on a topic – through a lengthy comprehensive search strategy. In doing so, they avoid the bias within most traditional reviews which tend to report on some, but not all of the available research.

Systematic reviewers take particular care to produce bias-free research. Research is selected and appraised based on predetermined peer-reviewed criteria. Each piece of included research is considered by more than one researcher and care is taken to reduce any errors or individual biases influencing the review.

Systematic reviews avoid waste – so much research sits on a shelf unread. Before new research is undertaken, it is important to consider what we already know and to learn from that knowledge.

Systematic reviews aim to be relevant addressing questions of importance to stakeholders. Most reviews include a range of stakeholders in the review process to help refine the focus of the review and ensure the final review is useful and not merely an academic exercise.

How long do they take?
Systematic reviews typically take a team of two-four people around a year to complete. They require specialist methodological skills and topic expertise. The review process is laborious, and typically results in a long and detailed report for the purposes of completeness and transparency. Reviews often begin by identifying many thousands of potentially relevant references, which are then filtered down by relevance and quality to include only the good quality pertinent research.

Do you think policymakers appreciate this kind of information?
I think systematic reviews go a long way to providing the kinds of information policymakers need. They summarise the content of all the available, reliable evidence on any given topic, and take particular steps to be free of bias. They save decision-makers time, reducing the need to go looking through the available research, and are conducted by specialists in research methodology, reducing the need for the reader to tackle the intricacies of complex research.

Of course the term ‘policymakers’ refers to a wide range of people and their needs will vary. The value of a systematic review to any individual or context depends on whether it addresses a question of importance to them, and more needs to be done to ensure the priorities of stakeholders are considered when we set review questions. Systematic review reports also tend to be long and technical – policymakers are far more likely to take advantage of summaries or policy briefs which draw on the full report. Lastly systematic reviews are not always timely (they take a long time) and for some policymakers they may take too long. Reviews can be conducted more quickly to meet these needs – in which case they

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CASE STUDY:
GOVERNANCE AND SOCIAL DEVELOPMENT RESOURCE CENTRE (GSDRC):
Building demand for research synthesis through partnerships

GSDRC is a partnership of research institutes, think-tanks and consultancy organisations with expertise in governance, social development, humanitarian and conflict issues.

Over the next year we will be developing training for those wishing to conduct reviews across the region, and hope also to provide additional support - reviews are very technical that we suspect training alone isn’t enough and are working on a ‘mentoring/partnership’ model.

If you work in health care you may be interested to access training provided by the Cochrane Collaboration’s South African Centre in Cape Town [http://www.mrc.ac.za/cochrane/].

Last but not least, we are working with partners in government to increase the demand for and use of research in decision-making and hope to be able to share more on these activities later in the year.

What are you currently working on?
We have completed two influential systematic reviews on microfinance in the last two years (links: http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=2965 and http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=3352) and are now conducting two reviews on agriculture. The first is a review of the impacts of urban agriculture on food security and nutrition in low and middle income countries. Our protocol is published here [http://www.environmentalevidencejournal.org/content/2/1/7] and we hope to be able to publish the full review in early 2014. This work will be complemented by a comparative review of urban agriculture practice in Accra (Ghana) and Johannesburg (South Africa) funded by CODESRIA which we hope to begin later this year.

Our second review is funded by the Canadian International Development Agency (now part of the Canadian Government Foreign Affairs) and is a partnership between the EPPI-Centre, London and our team in Johannesburg. It is focusing on the effectiveness of agriculture interventions on agricultural investment, yields, and income for smallholder farmers in Africa at [http://www.ioe.ac.uk/research/82445.html]

In addition to conducting reviews, we are engaging with others who want to undertake or commission reviews, or share their priorities for possible topics. These activities are part of our role as a regional centre of the Collaboration for Environmental Evidence (http://www.environmentalevidencejournal.org/centres_joburg.html)

The GSDRC team has been providing high quality knowledge services to international development agencies for over a decade. Clients include DFID, AusAID, the European Commission, the OECD, the World Bank, and UNDP.

The GSDRC offers the following facilities:
- **Research helpdesk**: Rapid-response research service for short desk-based research needs on governance, social development, conflict and humanitarian issues. Over 350 helpdesk reports are available online.
- **Issues papers**: A more in-depth research service providing reviews of key literature and expert thinking. Over 10 issues papers are available online.
- **Topic guides**: User-friendly guides to key topics to bring you up to date on the main debates and issues. The guides are produced by our researchers in close collaboration with external experts and practitioners in DFID.
- **Gateway guides**: Guides to the most useful and credible online resources on specific topics.
- **Document library**: A collection of over 3000 of the most credible publications available on governance, social development, and conflict issues. (We have also begun covering humanitarian issues.) Brief, policy-oriented summaries of each document are provided, plus links to the full text online or to a request form for document delivery via the British Library for Development Studies.
- **Professional development directory**: A directory of online and face-to-face courses for governance, conflict, social development, and humanitarian

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http://www.gsdrc.org/

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professionals, updated weekly.

- **Email bulletin**: A monthly digest of key new resources on governance, social development, conflict and humanitarian issues from the GSDRC and beyond.

Early in 2013 the Governance and Social Development Resource Centre participated in an exchange with the Policy Action Network’s sister portal, **PAN: Children**. Over three days experts, stakeholders, and UNICEF and HSRC staff debated the role of PAN: Children and GSDRC manager Brian Lucas presented on the development of GSDRC’s work.

GSDRC has been a source of inspiration to PAN: Children and early strategic plans were guided by the GSDRC model. In this feature we will present highlights from Brian’s presentations about facilities offered by the GSDRC and also some of the discussions that we had about research synthesis, demand-driven research and how to grow knowledge broker organisations like PAN: Children in South Africa.

The PAN: Children team thought the following would be useful in understanding the GSDRC’s success:

**Ingredients for success: the GSDRC approach**

- There is a strong good team culture
- GSDRC recruits people for a specific role directly linked to research communication
- One of the key qualities is the ability to communicate very well with/to policy makers.
- Adequate research capacity comprising of seven researchers all full time- spread across different parts of the country, and a communications team with a full-time communications manager and 3 part-time support staff
- The importance of dedicated researchers is recognised
- Put people in touch with the right specialists
- The recruitment process is very specific and the emphasis is on finding researchers who are good story tellers, often with a background in journalism.
- Good client and partnership management
- Find ways to track and prove impact, even if it is anecdotal
- Create demand for products by being involved, visible, engaged and relevant
- Rigorous quality control builds reputation and trust amongst partners and clients

**News flash: The next issue of Evidence into Action will focus on the PAN: Children portal and its facilities.**

**SPOTLIGHT ON:**

**Centre for Evidence-Based Health Care (CEBHC) at Stellenbosch University**

The CEBHC focuses on conducting high quality systematic reviews and meta-analyses; researching the barriers to and facilitators of the uptake of best evidence in healthcare policy and practice; and testing interventions aimed at enhancing evidence-based decision making.

A wide spectrum of training is undertaken by the CEBHC including:

- Training healthcare professionals on the principles and application of EBHC
- Integrating EBHC knowledge and skills as a core competency in the under- and postgraduate education of doctors, nurses and other health care professionals trained at SU.
- Training of, and technical support to, postgraduate students at the master’s and doctorate level in conducting high quality systematic reviews - either as a research project for a master’s degree or as a component of a doctoral thesis.
- Training the trainers how to teach EBHC and conduct research in the field of EBHC.

**http://sun025.sun.ac.za/portal/page/portal/Health_Sciences/English/Centres%20and%20Institutions/Evidence-based_Health_Care**
• Providing support to the MSc Clinical Epidemiology [www.sun.ac.za/clinepi](http://www.sun.ac.za/clinepi) and other relevant degree and diploma programmes which incorporate EBHC as a focus.

While the use of best evidence can save lives and money many healthcare practices and policies do not routinely include such evidence. Healthcare policymakers and practitioners often do not have the time or expertise to find, appraise and interpret systematic reviews or other relevant research evidence.

Research by Lavis et al and Innvaer et al has found that interactions between researchers and healthcare policymakers, timing/timeliness, highlighting relevant information to policymakers, and using structured summaries appear to increase the prospects for research use. In contrast, factors inhibiting the use of best evidence include absence of personal contact, lack of timeliness or relevance of research, mutual mistrust, and power and budget struggles.

Building on these and other findings, strategies to promote use of best evidence are grouped into ‘push strategies’ (such as producing and disseminating summaries of systematic reviews), ‘pull strategies’ (increasing demand for evidence from policymakers) and ‘knowledge exchange’ strategies involving on-going dialogue between researchers and policymakers.

The Centre is employing these strategies to promote the uptake of best evidence in healthcare policy and practice. This includes:

• Evidence assessments - Assessing the existing research evidence is important to enhance the use of best evidence to inform guidelines and policies on appropriate prevention and management, and to inform and guide future research. Conducting such evidence assessments is based on accessing, assessing and interpreting results from systematic reviews on specific questions.

• Communicating research findings to a variety of stakeholders including the general public, the media, health professionals and policy makers. Methods include strategies such as developing evidence based clinical guidelines and evidence informed policy briefs.

### SPOTLIGHT ON:

**South African Cochrane Centre, South African Medical Research Council**

The Cochrane Collaboration ([http://www.cochrane.org](http://www.cochrane.org)) is an international, non-profit organisation that prepares and disseminates up-to-date systematic reviews on the effects of healthcare interventions in order to help people make well-informed decisions. Currently more than 27,000 people (researchers, healthcare professionals of all disciplines, policy makers and members of the public) based in more than 100 countries participate in this non-profit, global initiative. However, people living in low- and middle-income countries, especially those in Africa are markedly under-represented in the Collaboration. The South African Cochrane Centre (SACC), established in 1997, is part of the Cochrane Collaboration ([http://www.cochrane.org](http://www.cochrane.org)). The SACC, an intra-mural research unit within the South African Medical Research Council (MRC) and, under directorship of Professor Jimmy Volmink, is currently one of 13 Cochrane Centres worldwide and the only Cochrane Centre in Africa. It serves as the reference Cochrane Centre for individuals in 25 African countries who wish to contribute to The Cochrane Collaboration and has a Branch in Nigeria. The vision of the SACC is that healthcare decision-making within Africa will be informed by high quality, timely and relevant research evidence. Our mission is to prepare and maintain Cochrane Reviews of the effects of healthcare interventions and to promote access to, and the use of best evidence in healthcare decision-making within Africa.

For more information on current projects or capacity development opportunities please contact Mrs Joy Oliver: joy.oliver@mrc.ac.za or 021 938 0438

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1 Benin, Botswana, Cameroon, Comores, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Sierra Leone, Somalia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.
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RESOURCES

Events

11th Annual Active Living Research Conference San Diego, California
The theme of the 2014 conference, 9th-12 March ‘Niche to Norm,’ recognizes the importance of advancing active living from an emerging research field with limited results and impact to well-accepted findings that regularly guide decision-making across sectors to create more active communities. Active Living Research is a new field of research, but it has been growing rapidly and having impact. This conference aims highlight efforts to take evidence-based interventions mainstream. The focus areas apply to both presentations and workshops.

Training opportunities: EPPI-Centre

Systematic Reviews for Policy & Practice
http://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=aZ0IuoAtS44%3d&tabid=694
This course will enable you to conduct and appraise systematic reviews. On successful completion of the course, you will be familiar with the strengths and limitations of systematic reviews and have a critical appreciation of evidence-informed policy and practice. The course is fully online and studies can be both part-time and full-time.

Methods for Research Synthesis: from meta-analysis to meta-ethnography
As well as the established method of statistical meta-analysis, there are many possible ways of combining the results of studies in a systematic review, in what has become known as a synthesis (e.g. meta-ethnography, thematic synthesis, critical interpretive synthesis). This course is designed for experienced researchers who wish to gain an advanced, working knowledge of synthesis methods. You will learn about, and use, both established and emerging methods that you can then employ in your own research. This course will provide you with highly sought after skills and knowledge, supporting career development in those academic, policy or practice settings where systematic reviews are used and produced. The course is fully online and studies can be both part-time and full-time. In 2013/14, the course starts on 28 April 2014 with a one week induction course.

Short course/MSc module Participative Research and Policy
This course will enable you to involve policy makers, practitioners and service users in doing and using research. You will critically engage with the latest theories and debates about the relevance and application of research findings for policy, practice and personal decisions. This module explores methods for evidence-informed decision-making and how research findings can be applied to policy-making and practice. It will be of interest to policy makers, practitioners and personal decision makers wanting to critically analyse research-based evidence in their field. In 2013/14 the course starts on 15 January 2014 and will finish on 6 May 2014.

MSc in research for public policy and practice
http://eppi.ioe.ac.uk/MSc
Enrolment for September 2013 and January 2014 is now open. Studentship opportunities are available for this MSc. This MSc will equip you with conceptual and practical skills for conducting and appraising systematic reviews and evaluating the potential for and implementation of evidence-informed policy. Students can learn at a distance using a combination of online group and individual activities. You will receive support from experienced course tutors at mutually arranged times and written feedback on draft work. Students carry out activities at their own pace and at times of their own choosing, but are asked to complete specified tasks to set deadlines.

Training opportunities: South African Cochrane Centre:

Evidence-based practice training workshops and sessions
http://www.mrc.ac.za/cochrane/saccevidence.htm
Evidence-based practice training workshops and sessions are held regularly in centres around South Africa. They aim to share knowledge and understanding of the principles of evidence based practice, the Cochrane Collaboration and the South African Cochrane Centre, how to use The Cochrane Library, build an understanding of the process of conducting a Cochrane review and the differences between traditional narrative reviews and systematic reviews, and the ability to interpret the results of meta-analyses.
Conference papers

http://www.3ieimpact.org/events/3ie-conferences-and-workshops/dhaka-colloquium-systematic-reviews-international-development/presentations/

Link to presentations from the Dhaka Colloquium for Systematic Reviews in International Development, Savar, Dhaka, held in December 10-14, 2012 which brought together 130 researchers and policymakers from 31 countries. As the movement for evidence-based development is gathering momentum, the important contribution of systematic reviews has come into sharp focus. By drawing on all existing evidence on a particular intervention or programme, systematic reviews can offer valuable lessons for policymakers and programme managers.

Systematic review libraries

**EPPI-Centre:**
https://eppi.ioe.ac.uk

**Campbell Library:**
www.campbellcollaboration.org

**Centre for Reviews and Dissemination (CRD):**
http://www.york.ac.uk/inst/crd/

**Cochrane Library:**
www.cochrane.org

**Collaboration for Environmental Evidence:**
http://www.environmentalevidence.org/

**Development reviews (3ie):**
www.3ieimpact.org

Online toolkits and guidelines

**Cochrane handbook for systematic reviews of interventions**
http://handbook.cochrane.org/

The Handbook provides guidance to authors for the preparation of Cochrane Intervention reviews (including Cochrane Overviews of reviews). The Handbook is updated regularly to reflect advances in systematic review methodology and in response to feedback from users.

**Moving beyond effectiveness in evidence synthesis: Methodological issues in the synthesis of diverse sources of evidence**
http://www.nice.org.uk/niceMedia/docs/Moving_beyond_effectiveness_in_evidence_synthesis2.pdf

Together these chapters present a range of challenges. Like the studies included in a good systematic review, they were not selected on the basis that ‘these are the views with which I agree’, or ‘this is our position colleagues – kindly promote this particular line’. Critique and disagreement lie at the heart of the scholarly endeavour, and the papers collected here provide signposts for those taking forward the methodological problems involved in good synthesis.

**Rapid evidence assessment toolkit**

This on-line toolkit published by the Government Social Research Unit, aims to assist government social researchers provide timely responses to policy questions. Rapid evidence assessments (REAs) can provide quick summaries of what is already known about a policy or practice. Although it uses systematic review methods to search and appraise literature and other sources of information, REAs differ from systematic reviews in that the extent of the search is guided by time and resource constraints.

**Systematic reviews: CRD’s guidance for undertaking reviews in health care**
http://www.york.ac.uk/inst/crd/pdf/Systematic_Reviews.pdf

This third edition of this publication builds on previous editions published in 1996 and 2001. It aims to promote high standards in commissioning and conduct, by providing practical guidance for undertaking systematic reviews evaluating the effects of health interventions.
Systematic reviews in the social sciences: A practical guide
http://xa.yimg.com/kq/groups/18751725/462617161/name/manalysis.pdf
This book is a guide to planning and conducting a particular type of literature review, one that is increasingly used as a scientific tool: the systematic literature review. The book is aimed at social science researchers, but it provides a more general discussion of systematic reviews for those who want to use and understand them, but don’t necessarily want to do one themselves.

Blogs and evaluation: research synthesis

Rapid Evidence Assessments: a bright idea or a false dawn?
http://www.alliance4usefevidence.org/rapid-evidence-assessments-a-bright-idea-or-a-false-dawn/#sthash.NJI4AYLs.dpuf.
In this guest blog on the Alliance for Useful Evidence’s website, Dr James Thomas, Assistant Director for Health and Wellbeing at the Institute of Education, explores the attraction of Rapid Evidence Assessments (REA) and whether the reality lives up to the promise.

Systematic reviews: Questions, methods and usage: Evaluation study
http://mpra.ub.uni-muenchen.de/47993/1/MPRA_paper_47993.pdf
This evaluation study provides a mapping of the use of systematic reviews across the arts and sciences. Based on the mapping exercise, it assesses the extent to which the practice of systematic reviewing in the context of development interventions corresponds to practices in other related fields of research.

This newsletter is supported by the HSRC and aims to inform policy-makers, researchers and development practitioners in South Africa of emerging developments, results and good practice in the application of evidence-based policy-making. The HSRC has attempted to make the information in this newsletter as accurate as possible and it is intended for personal and/or educational use only. It is provided in good faith without any express or implied warranty. The content of this newsletter can in no way be taken to reflect the views of these partners, including the HSRC.

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