Title Registration for a Systematic Review: Evidence summaries for increasing policy-makers' use of evidence from systematic reviews: A Systematic Review

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Submitted to the Coordinating Group of:

☐	Crime and Justice
☐	Education
	☐ Disability
☐	International Development
	☐ Nutrition
☐	Social Welfare
x	Other: KTI Group

Plans to co-register:

☐	No		
x	Yes	☐ Cochrane	X Other --- protocol published in Systematic Reviews, full review to be submitted to JCE, Implementation Science, or similar
☐	Maybe		

Date Submitted: November 23, 2015
Date Revision Submitted:
Approval Date:
Publication Date: 21 November 2016

TITLE OF THE REVIEW

Evidence summaries for increasing policy-makers' use of evidence from systematic reviews: A Systematic Review

- *Published in Systematic Reviews as: Do evidence summaries increase policy-makers' use of evidence from systematic reviews*

BACKGROUND

Systematic reviews are becoming increasingly important for policy makers making decisions [1-3]. Systematic reviews offer many potential benefits to policy makers, including identifying interventions that are effective (or not effective), are considered to have lower risk of bias than other studies, and offer more confidence in results than single studies [2]. However, most systematic reviews are written using technical language, are too long, and do not describe contextual information important for policy makers and other users making decisions about how to use the evidence [4].

Within the Cochrane Collaboration, the Evidence Aid Project was developed in response to the 2004 Indian Ocean Tsunami as a means of providing decision makers and health practitioners 'on the ground' with summaries of the best available evidence needed to respond to emergencies and natural disasters [5]. A needs assessment conducted by Evidence Aid staff found that systematic review summaries could improve understanding of users (i.e. NGOs, health care providers) so that they can make decisions on the applicability of the findings to their local setting [5]. These user-friendly formats highlight the policy-relevant information and allow policy makers to quickly scan the document for relevance [2, 6].

Other organizations also develop and disseminate evidence summaries for different populations or subsets of decision makers. For example, SUPPORT Summaries were developed for policy-makers in low- and middle-income countries making decisions about maternal and child health programs and interventions (www.support-collaboration.org). Health Systems Evidence provides policy briefs for policy-makers making health systems decisions (www.healthsystemsevidence.org/). Communicate to vaccinate (COMMVAC) is creating user-friendly summaries to translate evidence on vaccination communication for policymakers and the community in LMICs (http://www.commvac.com). Rx for change is a searchable database for evidence about intervention strategies to alter behaviours of health technology prescribing, practice, and use (www.cadth.ca/resources/rx-for-change). Harvesting Evidence summarizes evidence on health systems and/or immunization for decision-making and implementation (http://www.harvesting-evidence.org). In fact, Lavis

et al. identified 16 organizations involved in the production of summaries for policymakers in low- and middle-income countries.[6]

This review aims to assess the effectiveness of systematic review summaries on increasing policymakers' use of systematic review evidence and to identify the components or features of these summaries that are most effective.

OBJECTIVES

The objectives of this review are to 1) assess the effectiveness of evidence summaries on policy-makers' use of the evidence and 2) identify the most effective components of the summaries for increasing policy-makers' use of the evidence.

EXISTING REVIEWS

Previously conducted systematic reviews have looked at interventions to increase the use of systematic reviews among decision makers. Murthy et al. conducted a systematic review examining the effectiveness of interventions for improving the use of systematic reviews in decision-making by health system managers, policy makers, and clinicians[7]. Similarly, Perrier et al. conducted a systematic review of interventions encouraging the use of systematic reviews by health policymakers and managers[8]. Wallace et al. found that the facilitators to increase systematic review use by policymakers included description of benefits as well as harms and costs, and using a 1:3:25 staged approach to evidence summaries[9].
However, none of these reviews were focused on summaries created from systematic reviews.

INTERVENTION

Any type of "friendly front end", "evidence summary", or "policy brief" or other product derived from systematic reviews or guidelines based on systematic reviews that present evidence in a summarized form to policy-makers and health system managers.

We will include any comparisons including active comparators (e.g. other summary formats) or no intervention.

POPULATION

Studies which include health policy-makers at all levels (including: civil society organization staff, non-governmental organization staff, local government staff, federal government staff)

and health system managers making decisions on behalf of a large jurisdiction or organization will be included. We will not include studies related to decision making for an individual person or patient.

OUTCOMES

Primary Outcomes:

- use of systematic review derivative product in decision making (e.g. self-reported use of the evidence in policy-making, decision-making as well as self-reported access of research, appraisal of research, or commissioning of further research within the decision-making process)
- understanding, knowledge, and/or beliefs (e.g. changes in knowledge scores about the topic included in the summary)

Secondary Outcomes:

- Perceived relevance of systematic review summaries
- Perceived credibility of the summaries
- Perceived usefulness and usability of systematic review summaries
    - Perceptions and attitudes regarding the specific components of the summaries and their usefulness
- Understandability of summaries
- Desirability of summaries (e.g. layout, selection of images, etc.)

STUDY DESIGNS

Randomised controlled trials (RCTs), non-randomised controlled trials (NRCTs), controlled before-after CBA (studies), and interrupted time series (ITS) studies.

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Lead review author: The lead author is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review.

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ROLES AND RESPONSIBILITIES

Please give a brief description of content and methodological expertise within the review team. It is recommended to have at least one person on the review team who has content expertise, at least one person who has methodological expertise and at least one person who has statistical expertise. It is also recommended to have one person with information retrieval expertise. Please note that this is the *recommended optimal* review team composition.

- Content: JP, VW, PT
- Systematic review methods: JP, VW, PT
- Statistical analysis: VW
- Information retrieval: VW with assistance from our research assistant Manosila Yoganathan and previous Cochrane MSK Trial Search Coordinator Tamara Rader

FUNDING

JP has received a CIHR Doctoral Research Award to fund this work (May 2014- Apr 2017)

POTENTIAL CONFLICTS OF INTEREST

None

PRELIMINARY TIMEFRAME

Note, if the protocol or review are not submitted within 6 months and 18 months of title registration, respectively, the review area is opened up for other authors.

- Date you plan to submit a draft protocol: December 10
- Date you plan to submit a draft review: April 15

AUTHOR DECLARATION

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By completing this form, you accept responsibility for preparing, maintaining, and updating the review in accordance with Campbell Collaboration policy. The Coordinating Group will provide as much support as possible to assist with the preparation of the review.

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Form completed by: Jennifer Petkovic **Date: November 23,2015**