Table S1: Types of systematic reviews needed for different steps in the policymaking process and the availability of tools to assess how much confidence can be placed in the evidence presented in these reviews.\(^a,b\)

<table>
<thead>
<tr>
<th>Steps in the policymaking process</th>
<th>Policy question</th>
<th>Sources of appropriate evidence to address the questions</th>
<th>Tools for assessing the amount of confidence that can be placed in evidence from systematic reviews of different kinds of evidence(^c,d,e)</th>
</tr>
</thead>
</table>
| Defining and framing the problem\(^f\) | What is the need for intervention, in terms of the nature, magnitude and framing of the problem? | • Reviews of observational studies addressing the nature and magnitude of the problem (e.g. surveys, studies based on routine data to assess prevalence or burden of disease and studies of equity across the most disadvantaged– least disadvantaged groups)  
• Reviews of qualitative studies of views and experiences regarding the problem | • No widely accepted tool but the general principles underlying tools such as GRADE may be useful (see [1] and Table S3)  
• No widely accepted tool (see Table S4) |
| Assessing potential policy options | What is the appropriate set of policy options to address the problem and what are the effects of these options? | • Reviews of studies of the effectiveness of health systems interventions - experimental, non-experimental  
• Reviews of economic evaluations of health systems interventions  
• Reviews of qualitative studies of views and experiences regarding health systems interventions | • GRADE, US Preventive Services Task Force, NICE [2–4] (for experimental & non-experimental studies)  
• Quality tool described in [5]; GRADE [6]  
• No widely accepted tool (see Table S4) |
| Identifying implementation considerations for selected policy options | What are the potential factors affecting the successful implementation of the policy options? | • Reviews of effectiveness studies of implementation strategies and of equity across the most disadvantaged– least disadvantaged groups)  
• Reviews of qualitative studies of the acceptability of health systems interventions  
• Reviews of process evaluations of implementation strategies, which may use mixed methods | • GRADE  
• No widely accepted tool (see Table S4)  
• No widely accepted tool |

Source: Adapted from [7,8]

\(^a\) This table is not based on a systematic review of available tools, but rather on discussions within the Task Force. It is therefore likely that some available tools have been missed.

\(^b\) This table does not intend to suggest that policy making typically follows these steps in a linear fashion but rather uses these steps to illustrate the different types of systematic reviews that may be needed during the policy process. Within policy making processes, these steps may occur simultaneously and iteratively and evidence needs to be made available as opportunities arise to use this evidence.

\(^c\) In applying these tools, the review question also needs to be taken into account. For instance, have appropriate review methods been used to address the question?

\(^d\) A number of other tools are available to improve the reporting of systematic reviews and meta-analyses of a range of studies or to assess the quality of reporting (e.g. [9–12]). These are not listed here as they are not intended to assess how much confidence can be placed in the findings of a review.
A number of other tools to appraise the quality of evidence from systematic reviews are used by specific guideline development agencies and institutions, e.g. EPPI-Centre (http://eppi.ioe.ac.uk/cms/), JBI (http://www.joannabriggs.edu.au/about/home.php). Other tools which are (or have been) regularly employed are introduced and compared in Atkins 2004 [13].

Systematic reviews may not be needed for all questions related to defining the problem – see the second paper in this series for further discussion of this [14].

References


