Developing evidence maps to identify equity issues that could inform the design of a complex public health review

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We get evidence into use by making evidence-based decision-making products (the top three layers of the pyramid)

But the top won’t stay up without a solid base.

Evidence maps survey the base of the pyramid in order to determine how strong is the foundations for producing top-level evidence products

So EGMs not usually an end in themselves but a step toward further work.

Source: H White, 2019
Interventions for reducing violence against children: An evidence and gap map in low and middle-income countries

Some form of violence affects more than 1 in 13 children in the world every year. This EGM provides an overview of the evidence available and areas gaps in the evidence base on interventions to reduce violence against children in LMICs. Considering the BDI aim of SUPPORTING POLICY 
implementation and enhancement of laws, normative guidance, policy and strategic support, LMICs and economic strengthening, resilience and support services, and education and the skills. The EGM’s present findings on the evidence to inform policies and practices about different policy strategies for ending violence against children, as well as informing researchers and future evidence gaps in evidence-informed investment.

Areas of evidence concentration and evidence gaps!

Snapshot of VAC E6M
Source: https://www.unicef-irc.org/evidence-gap-map-violence-against-children/
The EGM framework

Primary dimensions

The row and column headings and sub-headings. These are usually
Interventions (row headings)
Outcomes (column headings)

Secondary dimensions (filters)

Study design
Date of publication
Country and region
Population sub groups e.g.
  - Women
  - Children
  - People with disabilities
  - Low income groups
  - Humanitarian settings

EQUITY
Equity considerations in evidence mapping

A majority of maps consider equity in two ways:

1. Maps studies of effects with an explicit equity focus on a specific dimension of inequity such as in disadvantaged population(s)
   
   ❖ Example: EGM on Interventions for people with disabilities in LMICs

2. Maps studies of effects not explicitly aimed reducing inequity but presents data disaggregated by gender and disability.
   
   ❖ Example: Mega map on child well being, violence against children
Equity considerations in mapping

❖ Set the inclusion and exclusion criteria to assess categories of disadvantage (e.g. socioeconomic status, sex, race/ethnicity, elements of PROGRESS-PLUS)

❖ Develop equity-focused search strategy: search should include databases, terms, and concepts relevant for the equity question under consideration

❖ Develop a standardized data extraction tool, to code studies for the countries where they were conducted, the interventions/outcomes studied, their analysis methods, and their attention to equity.

❖ Have equity filters for presentation of the map.
Search term selection

- The idea is to make your searches sensitive and equity focused

- ((social* or disadvantage or excluded or gradient* socio-economic status” or “women* socioeconomic status” or “female* socio-economic status” or socioeconomic status” or “mother* socioeconomic status” or “maternal socioeconomic status” or “social class” or SES))

- Specific terms related to vulnerable population or poverty

- Different variants of equity* or inequity* or disparity* or equality
Inclusion criteria

Include studies of interventions which reports characteristics of the participants in terms of at least one socio-demographic variable (sex, race or ethnicity), socio-economic status (occupation, educational level or income), religion, place of residence or area-level index of deprivation.

Age should also be included as a socio-demographic factor if the intervention targeted vulnerable age groups (adolescents or young adults)
It maps the effectiveness studies (systematic reviews and impact evaluations) on interventions to improve the well-being of people with disabilities in LMICs.

Population: We included traditionally, underrepresented groups such as women, children in care, conflict settings, migrant and people belonging to ethnic minorities are relevant with respect to disabilities.

As these population characteristics may heighten vulnerability in the face of vulnerability and may have higher prevalence of disability.
Disability Evidence and Gap Map

- The 2020 update identified 108 additional studies the map now contains 274 studies, of these 110 are reviews and 164 impact evaluations.
Present and analyze population equity gaps
Mega Map on child well-being in LMICs


- The evidence is structured by intervention categories, such as health and nutrition, and outcome domains, such as morbidity.
This map shows the coverage of 475 systematic reviews and 25 Evidence and Gap Maps (EGMs) and 9 COVID-19-Specific Rapid Reviews.

This 2021 identified 153 additional reviews and maps!
Child category filters

WHO age categories
- Neonate
- Infants 1 month-2 years
- Young child 2-6
- Child 6-12
- Adolescent 13-18

Other filters
- a) Orphans
- b) Children with disabilities
- c) Children belonging to ethnic minorities
- d) Child sex workers
- e) Malnourished children
- f) Child brides
- g) Isolated children/street child
- h) Children with HIV/AIDS
Population categories

- Child (3-10 years): 336
- Infants (0-3 years): 254
- Adolescent (10-18 years): 247
- Women & girls: 185
- Mothers/Parents: 155
- Teachers/community leaders/health workers: 153
- Children in conflict-affected regions: 24
- Children with disabilities: 20
- Malnourished children: 20
- Men & boys: 12
- Women: 10
Studies with explicit equity focus

Snap-shot from Mega map that shows 22 systematic reviews and seven EGMs with explicit equity focus.

Very little evidence of what works in terms of equitable interventions to target children who are socially discriminated against, marginalized and excluded e.g disability, ethnicity, race, caste, indigenous children.
Conclusion

- Consideration of gender and equity remains relatively limited, especially for systematic reviews in these sectors.

- The evidence and gap maps help identify gaps in targeting these populations can guide users to available relevant evidence with an ‘equity focus’ to inform intervention and design and implementation.

- The value of additional impact evaluations and systematic reviews will increase if we use gender-responsive and equity focused research and measuring direct and differential effects on them would be important for meeting global agendas.
Thank you.