Strengthening how evidence supports health policy-making in Ireland

Health Research Board

Plain Language Summary of Findings and Recommendations



Research. Evidence. Action.

EVIDENCE SYNTHESIS IRELAND

Cochrane Ireland

Global Commission on Evidence to Address Societal Challenges

An Roinn Sláinte Department of Health

Key messages

- Ireland has strong foundations for using evidence (research studies, health data and analysis) to make health policy decisions.
- In some areas, the evidence support system already works well. The next step is to make it work consistently across all policy areas by connecting people, processes and information.
- Relationships help evidence move quickly, but the system is less reliable when it depends mainly on personal contacts (especially when people change jobs).
- Main gaps: some work is repeated, skills and support vary across teams, and it can be hard to access or link health data.
- This report is a starting point: it suggests practical steps to try, learn from, and expand.

About this document

This is a plain language summary of the Rapid Evidence Support System Assessment (RESSA) – a structured review of how health policy decisions in Ireland are supported by evidence, including how evidence is identified, produced, shared, and used by the Department of Health. In this summary, 'evidence' means research studies, health data and analysis. This summary is for anyone who wants to understand how evidence informs health policy decisions.

The Department of Health sets health policy, and the Health Service Executive (HSE) delivers health services.

How we did this: We reviewed documents and carried out interviews with 20 people working in health policy and research.

This is not a review of patient care or how individual staff perform their jobs.

For full details, see the main RESSA report (2026) at www.hrb.ie

What we mean by the evidence support system

The evidence support system is the people, processes and resources that help policy-makers find and use evidence. When this works well, policy decisions are better informed, easier to explain, and public money is spent more wisely.

Quick definitions

Evidence = research studies + health data + analysis

Screening = testing people without symptoms in order to find illness early

Clinical guidelines = recommended care based on evidence

Evaluation = checking if a programme is working (and why)

How it should work



Ask: A policy team has a question and needs evidence to help answer it.

Connect: Someone helps shape the question, agrees when it is needed by, and finds the right people to do the work.

Respond: Evidence is found, summarised or produced – in whatever form is most useful (a quick summary, health data analysis, or a deeper study).

Decide: Policy-makers use the evidence and write down what they used, what is uncertain, and what is missing.

Save: The work is stored in a shared place (with a clear title, date and contact person) so that others can find it and reuse it, instead of starting again.

What we found

What works well

Commitment: Leaders and policy teams want to use evidence in order to make decisions.

Clear processes for some big decisions: New medicines and other treatments, screening programmes, and clinical guidelines follow set steps.

Good research organisations: Bodies like the Health Information and Quality Authority (HIQA) and the Health Research Board (HRB) produce high-quality evidence.

Growing skills: New data and evaluation teams are making the system stronger.

Quick response when needed: the COVID-19 pandemic showed that Ireland can pull together expertise fast in a crisis.

What needs to improve

Demand is growing: There is no consistent way to sort urgent evidence requests from planned requests.

Work can be repeated (and some gaps remain): Teams do not always know what evidence already exists, so that the same work may be done twice, while other topics are missed. This is a challenge internationally also.

Uneven skills: Some teams are confident using evidence; others need more support.

Data are hard to access or link: It can be difficult to get and connect the health data needed to plan ahead or evaluate what is working.

Relies on personal contacts: Personal relationships can help evidence move quickly, but the system is less reliable when people change roles.

Inconsistent standards: What counts as good-quality evidence can vary depending on who is asking for it or produces it.

Why this matters

Ireland's health system serves 5.3 million people and had public funding of around €28 billion in 2024. When the evidence support system works well, it results in:

- **Better decisions:** based on the best available evidence about what is likely to work
- **Faster responses and better preparedness:** especially in emergencies
- **Clearer explanations:** people can see why decisions were made (and what is still uncertain)
- **Less waste:** Evidence is reused where possible, thus avoiding duplication and helping money to be spent wisely

What we recommend

11 practical steps, grouped by who needs to act to help make better and more consistent use of evidence in health policy-making

For policy-makers in the Department of Health

1. **Sort requests by urgency:** Test a simple way to record evidence requests, mark them as urgent or planned, and note what was decided (for example, do now, do later, or do not do).
2. **Build skills:** Make sure that all policy staff get basic training in how to find, understand and use evidence, and talk about it in staff development conversations (for example, annual reviews).
3. **Be clear about what evidence was used:** When putting forward a policy, include a short note explaining what evidence informed it and what is still uncertain.
4. **Create a searchable list of past work:** Build a simple database so that teams can see what evidence work has already been done (studies, reviews, evaluations, data analyses). Include basic details (for example, who ordered it, when, what it covers, how to access it, who to contact). Assign someone to keep it up to date.

For researchers and research organisations

5. **Agree what good quality looks like:** Set out clear, realistic standards for different types of evidence – recognising that a quick summary does not need the same checks as a major study.
6. **Develop faster research methods:** Test quick ways of gathering evidence (such as rapid reviews, rapid evaluations (quick checks of what is working), short interviews) for when time is tight.

For people who connect evidence and policy

7. **Make it easier to bring in the right experts:** Allow a trusted lead organisation to quickly pull together a team of specialists when a complex, urgent question comes in.
8. **Create 'connector' roles and regular meetings:** Have named people in research organisations whose job it is to link research and policy teams. Hold regular meetings where policy-makers and researchers can share emerging questions and ongoing work.
9. **Set up a fast track service for urgent questions:** Test a service that aims to answer urgent policy questions within 10 working days (about 2 weeks). Save all outputs so that they can be found and reused.
10. **Set up a team to keep evidence summaries up to date:** Create a small team that maintains up-to-date summaries of evidence in key priority areas, so that the work does not have to start from scratch each time. This team should be able to respond quickly during emergencies.

For everyone (shared responsibility)

11 **Build specialist skills:** Grow expertise in areas like using health data to plan ahead (forecast future needs), evaluating programmes, and analysing information – through placements, partnerships, and training. Consider setting up a national team for health forecasting, building on existing expertise.

Examples of what this looks like in practice

A simple request log: Each evidence request is written down, marked urgent or planned, and a decision is recorded.

A 10-day fast track: A clear route for urgent questions, with short answers that are saved for others to find and reuse.

A searchable list: A simple record of past evidence work (topic, date, status, who to contact) so that teams do not repeat work.

Making it happen

To make this work, senior leaders need to stay involved and someone needs to be responsible for each step:

- Name a lead person for each recommendation
- Start with quick wins while building longer-term changes
- Agree how quickly work should be done, how good it needs to be, and that it will be saved for reuse
- Try things out on a small scale, then decide what to keep, change, or stop
- Check progress every few months, and review overall progress every year

How we will know it is working

(check every few months)

Requests are sorted: What share of evidence requests are logged, marked urgent or planned, and note what was decided?

Faster answers: How long does it take to get evidence back (for urgent and planned requests)?

Less repeated work: How often are teams pointed to existing evidence instead of commissioning new work?

Clearer records: What share of policy papers include a note on what evidence was used (and what is uncertain)?

Better skills: What share of staff have done basic training on finding and using evidence?

Confidence: Do staff know where to go when they need evidence support?

The bottom line

Ireland has strong foundations for using evidence to make health policy. In some areas, the system already works well – and the Department of Health and its partners have strengthened data and evaluation work in recent years. The next step is to make the system work consistently across all policy areas, so that it is more reliable, less dependent on personal contacts, and better at learning from what has been done before.

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