

# Effective Health Care Research Programme Consortium

RPC no.7

Annual Report for Year 2:  
April 2006 to March 2007

**Lead institution:** Liverpool School of Tropical Medicine, Liverpool, UK

**RPC Director:** Paul Garner (Professor)

**Date:** 3 May 2007

## 1. BACKGROUND INFORMATION

<b>Title of RPC:</b>	Effective Health Care Research Programme Consortium
<b>Reference number:</b>	RPC no.7
<b>Period covered:</b>	Year 2: April 2006 to March 2007
<b>Lead institution:</b>	Liverpool School of Tropical Medicine Liverpool, UK
<b>RPC Director:</b>	Paul Garner (Professor)

<b>Key RPC Partners:</b>	<b>Link Person</b>	<b>Designation</b>
Calabar Institute of Tropical Diseases Research and Prevention, Nigeria Effective Health Care Research Programme, College of Medical Sciences, Calabar	Martin Meremikwu (Professor)	Partner Manager
China Effective Health Care Network, Chongqing Effective Health Care Research Programme, School of Public Health	Wang Yang (Professor)	Partner Manager
South Asian Cochrane Network, India Effective Health Care Research Programme, Vellore.	Prathap Tharyan (Professor)	Partner Manager
South African Cochrane Centre, South Africa Effective Health Care Research Programme, MRC, Cape Town	Jimmy Volmink (Professor)	Partner Manager
Department of Clinical Epidemiology, College of Medicine, University of the Philippines, Manila	Mary Ann Lansang (Professor)	Partner Manager
Department of Clinical Pharmacology & Pharmacotherapy, Kazan, Tatarstan	Lilia Ziganshina (Professor)	Partner Manager:
Cochrane Infectious Diseases Group, Liverpool School of Tropical Medicine	Reive Robb (Ms)	Editorial Group Co-ordinator
<b>World Health Organization</b>		
Medicines Policy and Standards	Sue Hill (Scientist)	Partner liaison
Alliance for Health Policy and Systems Research, Systematic Review Centres	Sara Bennett (Scientist)	Alliance Director

Countries covered by research so far:

Cochrane Infectious Diseases Group & Cochrane Collaboration: worldwide

Effective Health Care Research Programme Consortium:

Africa (through South Africa Cochrane Centre);

Nigeria (through Calabar Institute);

China (through Effective Health Care Network);

South Asia (through South Asian Cochrane Network);

Russia (through Kazan)

Through collaboration with the Alliance Health Policy and Systems Research Centers

Bangladesh, Chile, China, Uganda

## 2. SUMMARY

### How far have intended outputs as listed in the logframe been achieved?

#### Output 1. Reliable, relevant and up to date systematic reviews

- **Exceeded target** with outputs for new and updated systematic reviews. High performance from Cochrane Editorial Base in coordinating the production of some large, high quality reviews.
- **Good progress** in methodologically challenging reviews; the RPC is a technical advisory resource to the Alliance for Health Policy and Systems Research for preparing systems reviews.
- **Slow progress** with head to head comparative trials in artemisinin derivatives, whilst we try and solve the technical and logistic challenges they pose.
- **Cochrane author** support through partners in India, South Africa and the Philippines is growing; Nigeria Partner developing into this role. Nigeria capacity to carry out malaria trials increasing.
- **Cochrane Infectious Diseases Group (CIDG)** contribution to developing good governance within the Cochrane Collaboration expanded.
- **WHO liaison** with India-Philippines-UK partnership preparing systematic reviews for guidelines in management of diarrhoea in children.

#### Output 2. Stakeholders able to access and use evidence-informed approaches

- Excellent progress in all countries: in China, with the establishment of the Network; in India, with a national subscription for the Cochrane library authorised; in South Africa, with STEPP and a variety of other interactions with government.
- Good progress with further developing the communication strategy globally, and at national and regional levels.
- Development of streamline production of *Evidence Update*. Users are being surveyed, and language translations (Chinese, French) in progress.

#### What is the impact of the research programme so far?

The network this RPC supports is having considerable impact on the Cochrane Collaboration in terms of participation of people from middle and low income countries.

The RPC is influencing quality standards within the whole Cochrane Collaboration, and governance arrangements to help ensure quality

In addition:

- Cochrane reviews are increasingly used in guideline development.
- Project with WHO ensured Cochrane reviews linked to the Essential Drugs List.
- Increasing media reach/communication via targeted and timely press releases.

### 3. KEY THEMES

#### Theme 3i: What are the research outputs?

##### Q What progress has been made on key programme outputs?

Output	OVI	Progress	Recommendations/ actions
1.	1.1 New systematic reviews	10 new reviews with CIDG, and 3 others.	Nil; continuing process.
	1.2 Updated systematic reviews	7 updated Cochrane reviews with CIDG.	Nil; continuing process.
	1.3 Methodologically challenging reviews completed in qualitative synthesis; health systems	1. SARS treatment review completed and published. 2. TB qualitative review completed. 3. Link to Health Systems Alliance Systematic Review Programme established.	Further development in collaboration with international teams.
	1.5 Priorities for policy and practice	Formulated or updated in 20 reviews.	Dialogue with DFID about summaries for dissemination.
	1.6 Priorities for research	Formulated or updated in 20 reviews.	Dialogue with DFID about using in research priority setting.
	1.7 Capacity for evidence-based research	Nigeria status as satellite of South African Cochrane Centre developed; India application for Centre status proceeding; China network established.	Continue development and collaboration.
	1.8 Cochrane authors and editors	During the period, with the CIDG: 10 new authors from middle and low income countries with reviews completed; 13 new authors with protocols completed.	Continue high level mentoring and editorial support.
	1.9 improved overall quality	Systems developed further and quality increasing; CIDG co-leading efforts to establish an editorial board to assure quality. India: survey of editorial policies in Indian journals for reporting RCTs.	Develop further lessons learnt for Cochrane Collaboration as a whole.
	1.10 Improved statistical quality	Increased: all protocols and reviews carefully statistically refereed.	Continuing process.
2.	2.1 Consortium global strategy implemented	Good progress in developing the strategy and implementing this.	Continue formulating a structure around our various communication approaches to help describe this, evaluate it, and learn from it.
	2.2 National partner strategies	Generally high success and high profile. National access to the Cochrane Library in India	As 2.1
	2.3 Capacity for communication enhanced	Progress reasonable across the RPC.	As 2.1

**Q What progress has been made in terms of purpose?**

Purpose	OVI	Progress	Recommendations/comments
Increase in decisions relating to the health sector based on best available evidence in middle- and low-income countries.	Providers select technical options based on Consortium or Cochrane evidence in a) health policy decisions; b) clinical practice; or c) consumer demand.	Increased awareness of value of reviews at national level and in WHO; need for WHO, DFID, and other agencies to develop this further	DFID continue to demand evidence-informed decision making from the WHO and in policy formulation at country level.

**Q What evidence is there for interaction with policy makers and other stakeholders?**

In the WHO, there is increasing awareness in some of the technical groups, but overall the capacity and understanding of evidence-informed health and methods to ensure guidelines are evidence-informed is surprisingly thin.<sup>1</sup> We are working closely with those stakeholders in WHO familiar with Cochrane reviews and understand their value in WHO decision making.

Specific examples:

**Cochrane Infectious Diseases Group:** In touch with WHO about standards for medicines in diarrhoea; TDR for advice on the amodiaquine-artesunate review.

**China:** dialogue with Ministry of Health (MoH) on use of systematic reviews for informing health systems policies, including health insurance (between RPC partner and RPC director/deputy director). Also dialogue with WHO China and World Bank Washington around the adherence rate and direct observation in TB.

**India:** dialogue between Indian Council for Medical Research, RPC Partner in Vellore and RPC Director about systematic reviews and relevance to policy.

**South Africa:** dialogue between RPC Partner and MoH about nutrition in HIV and TB.

**Nigeria:** RPC partner dialogue with MoH for establishing national policy for malaria treatment; and policy around malaria in pregnancy.

**Philippines:** RPC partner dialogue with MoH around adherence in TB, and this led to a small survey, financed through the RPC, to evaluate mobile phone ownership in TB patients.

**Kazan:** RPC partner dialogue with MoH Tatarstan in guideline development-currently in stroke management.

**Q Is your research reaching the targets set out in your Communication Strategy?**

Wiley, the publishers of the Cochrane Database of Systematic Reviews, publish press releases. We propose reviews that should have a press release and we draft the press release if they are selected. We have not set targets, but in the period have had 5 reviews that have had Wiley press releases prepared; and 3 were picked up by the press. In addition, the SARS systematic review also received extensive press coverage.

**Raising awareness:** Regular E-newsletters update RPC partners; regular E-newsletters for DFID health advisers. Aim 3-4 per year.

Produce on average 5 *Evidence Updates* per year – and these are targeted at international and national policy makers and health professionals. We have made some progress evaluating appropriateness of this product.

**Increasing dialogue:** Partners are influential in national decision making in areas where they have recognized authority, continues (Martin Meremikwu in Nigeria on malaria, Jimmy Volmink in South Africa on tuberculosis and HIV).

<sup>1</sup> A report due to be published in the Lancet notes that in the WHO: "Systematic reviews and concise summaries of findings (e.g., balance sheets) are rarely used. Processes for developing recommendations typically rely heavily on experts in a particular content area and not on representatives of those who will have to live with the recommendations or on experts in particular methodological areas." (Oxman, in press; with permission).

**Q Have you faced any particular challenges or successes in implementing your communication strategy? If yes then please provide detail.**

The Cochrane Collaboration, the CIDG, and RPC partners all have a wide portfolio of communication related to research synthesis and evidence-informed decision making. The challenge is forming a common framework that helps us identify good practice, areas where there are gaps, and as a basis of evaluation and learning. We have made good progress with the global strategy over this period.

The DFID guidance document on communications is useful in helping us identify and describe stakeholders and target audiences. RPC partners' communications strategies are more tailored now to specific target audiences. We are now developing indicators for monitoring and evaluating communications activities and impact. We are also collecting data, and we have an 'impact file' to collate evidence of 3<sup>rd</sup> party advocacy of our research and evidence of RPC partner influence on policy agendas in countries, but evidence of the impact of the strategy we have found difficult to measure. We have recently obtained access figures on downloads of our reviews by country, and will examine this further for trends.

Another challenge is how to reach lay consumers of health care-the patients and the public. Despite a proclaimed extensive consumer engagement in the Cochrane Collaboration, this has not helped us in making links with key NGO's or consumer groups and understanding consumer information needs. We have also worked on this with very limited success. Currently we are focusing our efforts on dissemination through the media to reach consumers, and were instrumental in ensuring the Health Behavior New Service links to the Cochrane Collaboration so that press releases through HBNS are circulated to their wide network of journalists in middle and low income countries.

**Q Have any other changes been made to the Communications Strategy other than those described above? If so please provide detail here and provide an updated strategy in an annex.**

We originally had a communication framework, which was a checklist of activities, grouped under three levels (dissemination, dialogue, and institutionalizing evidence-informed decision making).

We have now brought this into the log frame as three groups of activities with identified target groups. The CIDG develops review-specific communication plans for new reviews. All countries have a wide range of communication activities, and these are being further shaped into communication plans at partner level because of the variety of approaches taken.

We have developed a global communications strategy which encompasses the original framework, but considers more carefully different stakeholder needs and specific audiences to target with different communications activities.

**Theme 3ii: What are the research impacts?**

*Policy and poverty impact*

**Q What methods are being used to collect and monitor baseline evidence in order to track programme impact on poverty?**

We do not intend to do this directly. We will, however, project potential impact of the adoption of reviews on health if the interventions are adopted (for example, the insecticide treated net review in pregnancy); see below.

"Pregnant women in Africa can reduce their risk of miscarriages and stillbirths by up to a third by sleeping under insecticide treated bed nets, according to research by the Liverpool School of Tropical Medicine. The recent review, funded by the Department for International Development, consolidates the results of four African trials involving more than 6,000 women. It shows conclusively that using insecticide treated bed nets reduced the number of miscarriages and stillbirths by one third in the most vulnerable women, those in their first pregnancies. The number of low-birthweight babies fell by a quarter among those who slept under a treated net. Every year in malaria-prone regions of Africa, at least 200,000 pregnancies are lost through miscarriage or stillbirth and 80-200,000 infants die as a result of malaria infection during pregnancy"

DFID Press release 25 April 2006

**Q What evidence is there that policy makers and stakeholders have increased awareness of your research findings and that has this led to changed attitudes and practice?**

The WHO **commission** research from the Cochrane Collaboration in advance of guidelines groups and in areas of high priority to them and we are helping them organize this. Some groups in WHO are clearly aware of the value of reviews for developing guidelines.

We are facilitating a **dialogue between the technical groups** concerned with newborn care and paediatric health and the relevant Cochrane Groups to ensure the appropriate reviews are carried out.

The increased media coverage of Cochrane reviews indicates that they are respected as sources of reliable information, and raises awareness globally.

The national subscription to the Cochrane Library in India indicates it is valued by the health policy makers in the country.

**Q What progress has been made in terms of north-south, south-south and south-north learning?**

The Cochrane Collaboration consists of international teams working together and embodies these learning approaches, so this is happening at review level. The CIDG encourages these links with each review.

In terms of RPC partner organization, there have been specific efforts to link China and the Philippines (TB reviews, fellowships, and meetings); Nigeria and South Africa (joint visits with a focus on developing Nigeria as a Cochrane Centre). Nigeria, India, and South Africa work closely together within the Cochrane Collaboration as Cochrane Centres (South Africa established; India and Nigeria developing capacity in order to apply).

The Consortium is currently working on issues around TB adherence, and may take this forward in a global RPC meeting in 1 to 2 years time.

## **4. LESSONS LEARNT**

### **OUTPUT 1**

#### **A. Tighter control over editorial process required**

Cochrane editorial processes are central to the RPC product and how we interact with authors is critical to their sustained interest and effort. We have developed further systems to:

- Monitoring progress of reviews in the editorial base.
- Appraise new titles.
- Prioritize reviews in need of updating.

In addition, we have reduced the steps in the editorial process to speed up production.

#### **B. Systems reviews need development**

We have some experience in preparing Cochrane reviews on focused health systems questions, but are not clear whether these are the best approaches to tackle relevant health systems questions, or how the methods need modifying. In response to the MoH in China, we emphasise:

- The principle of defining your question before starting a review is essential, and that a protocol is required for a systematic review which outlines the inclusion criteria and methods.
- Systems reviews do not have to be international, but if they are about effects they probably should be.
- “Scoping” or “mapping” reviews are often valuable.

#### **C. Qualitative research systematic reviews have a lot to offer**

The experience with the review of qualitative research in TB is that there may be scope for these reviews to help understand roll out of proven effective strategies (for example, bed nets); to understand policy implementation (for example, community health insurance); or to generate

theory about health care practitioner or consumer behaviour (for example, adherence to TB treatment).

## OUTPUT 2

### D. Stakeholder identification helps

Identifying stakeholders and target audiences has helped focus our communications activities where we have influence and advantage. We will build on this and ensure future communication activities take account of stakeholder needs.

### E. Access is a key concern

Our small study highlighted problems with free access initiatives (including HINARI) and difficulties medical institutions have in setting up reliable systems for medical students and practitioners to access reliable evidence. Government lobbying and support helps – for example, the South Asian Cochrane Network secured national access to Cochrane Library. Without access to reliable evidence and materials our efforts to influence decision making by practitioners and policy makers is thwarted. We will help facilitate access in partner countries where possible.

### F. Establishing national networks helps

In our work establishing the China Evidence Based Health Network, the RPC brought people together and has fostered collaboration where there is significant activity in diverse areas. This is not easy to impose, and was part of the reason for the difficulties implementing the West Africa USE-It as no linkages existed.

### G. Timely press releases and dialogue with DFID helps

This RPC has always maintained contact with DFID prior to research with potentially important findings being released. The dialogue with DFID and the structured dialogue with the DFID press office has been helpful. The RPC continue to do this and strengthen links with communication experts in Liverpool and at other sites to facilitate this.

### H. *Evidence Update* is a useful summary of Cochrane Reviews for practitioners.

Research conducted with a small group of practitioners in Sri Lanka (via SACC) suggested that practitioners find the Cochrane review abstracts more readable than the plain language summaries and preferred *Evidence Updates* as a means of disseminating Cochrane Review evidence. They also reported being able to understand the graphs in *Evidence Update*. We plan to replicate this research with partners elsewhere and with translated products.

## 5. PROGRAMME MANAGEMENT

### a) Review priority setting

The Cochrane Collaboration surveyed whether Collaborative Review Groups prioritized the reviews they carried out. More than a third made no strategic efforts at prioritization; for those that did, it was through discussion.

The CIDG was one of the most strategic in terms of prioritization, in part because we are monitored against MDG relevant outputs.

### b) Partner management

All major partners who have a long history with the Cochrane Collaboration (Nigeria, South Africa, India) have major ongoing research programmes in preparing Cochrane reviews and disseminating the concepts. Our links with these partners is in the context of this framework. This means, for example, that the South Africa and India collaborators meet twice a year at Cochrane Centre Director's meetings.

Linkages between Nigeria and South Africa are now stronger, as the South African team are now the main strategic advisers with Nigeria pursuing Cochrane Centre Status.

Linkages between Philippines and China is being fostered through reviews and exchange fellowships.

**c) Communications strategy**

Further developing this strategy has been a focus of the year. However, the Cochrane Library itself has a global dissemination strategy; the Health Behavior News Service has a strategy targeted at journalists in middle and low income countries; and each Partner has established avenues of influence within their own countries, in part determined by their main funders.

**d) RPC meeting**

The RPC partner managers' meeting was held in Dublin in 2006, with an anticipated next full meeting in 2008 (possibly in Vellore). In the interim, two regional meetings are being planned: one in Cape Town (May 2007) and one in Chongqing (autumn 2007).

**e) UK staff**

As DFID are aware, following the Government's introduction of 'Full Economic Costing' for research, all UK Institutions must submit grant applications according to the Full Economic Costing model. We have carefully maintained costs in the UK to reflect actual staff time on the grant (for example, we have increased the administrator time apportioned to the grant by 25%). Overall, we have managed the work so we are as lean as possible, and cut costs to contain the UK budget. This led us to drop one lecturer post, reduce the time of the information specialist, and we are now seeking to reduce the time of the statistician on the programme. This provides additional funds for the RPC as a whole, but at the same time means Liverpool is stretched to capacity.

**ANNEX 1: LOGICAL FRAMEWORK**

April 2005-March 2010 GLOBAL PROGRAMME			15 March 2007 (version 2.3) <sup>2</sup>
Narrative summary	Verifiable indicators	Means of verification	Important assumptions
<b>Super goal:</b> Better health in low- and middle-income countries.	Performance against Millennium Development Goals to reduce child mortality (4), to improve maternal health (5), and combat AIDs, tuberculosis and malaria (6).		
<b>Goal:</b> Improved health care for the poor in low- and middle-income countries.	1.1 Change in public health policies or guidelines in child health, infectious diseases, reproductive health and organisation of care. 1.2 Improved efficiency of health care provision.	1.1 Change in practice demonstrated through WHO monitoring, research, or partner field assessments. 1.2 Studies of implications of reported practice change and effects on health and resource use.	
<b>Purpose:</b> Increase in decisions relating to the health sector based on best available evidence in middle- and low-income countries.	1.1 Providers select technical options based on Consortium or Cochrane evidence in a) health policy decisions; b) clinical practice; or c) consumer demand.	1.1 Review of WHO public health and clinical guidelines assessed in reports. 1.2 Review of national policies. 1.3 Review of studies of reported practice published in journals or conducted by collaborators. 1.4 Assessment of new research and reference to reviews. 1.5 Analysis of media coverage in RPC Partner countries.	Politics, vested interests and organisations will allow evidence-based decisions to be implemented.
<b>Outputs:</b>	<b>Verifiable indicators</b>	<b>Means of verification</b>	<b>Important assumptions</b>
1. Reliable, up to date, scientifically defensible and relevant evidence in malaria and TB, child health, maternal health, and health systems.	1.1 New systematic reviews in malaria ACT combinations (1) and other areas (12); tuberculosis (8), tropical diseases (12) and child health (6); in reproductive health (4); and in health systems (6).	1.1 Cochrane Database of Systematic Reviews; overview of head to head artemisinin combination reviews completed.	Policy makers, professionals and users will act on the information.

<sup>2</sup> Version included in the EHRPC Extension Proposal submitted to DFID on 16 March 2007.

	1.2 Updated systematic reviews in malaria (6), tuberculosis (6), and tropical diseases (4) and child health (4); in reproductive health (3); and in health systems (2).	Cochrane Database of Systematic Reviews.	Health policy makers value research synthesis for decision making.
	1.3 Methodologically challenging reviews completed: a) qualitative research synthesis in infectious diseases; and b) health systems reviews relevant to country level decisions.	a) Completed policy briefs and articles in malaria, TB or a tropical disease; b) Health systems reviews completed with the Alliance for Health Policy and Systems Research.	
	1.4 Priorities for policy and practice are clarified or updated.	Analysis of implications for practice section in new and updated reviews.	
	1.5 Priorities for research are clarified or updated.	Analysis of implications for research section in new and updated reviews.	
	1.6 Capacity for evidence-based health care research developed or enhanced in five locations through: a) establishment of Cochrane Centres (2 locations); b) new EBM research grant funds (all locations); c) through implementation of our communications strategy (output 2).	Cochrane Centres established by partners. Partner multiplier funding & institutional support.	
	1.7 Trained and experienced Cochrane authors and editors based in developing countries.	Number of authors from developing countries identified and completing protocols. Number of authors from developing countries completing reviews. Case studies of authors; research and policy portfolio of partners.	

	1.8 Improved overall quality of Cochrane Reviews.	CIDG: a) progress against indicators in our editorial improvement strategy; b) external assessment by Cochrane Monitoring and Registration Group. Cochrane Collaboration: uptake of CIDG quality initiatives by collaboration.	
	1.9 Improved statistical quality of Cochrane Reviews through development and adoption of new methods.	Analysis of reviews with cluster randomized designs. Improved inferences through indirect comparisons of malaria reviews.	
	1.10 Relevant research priorities developed with partners in areas where there are gaps and a) policy and research dialogue in countries over priorities; b) areas identified; c) pilot studies of interventions in priority areas and d) designed and successfully funded.	Analysis of Cochrane reviews. Pilot studies reports. Trials funded.	

Outputs:	Verifiable indicators	Means of verification	Important assumptions
<p>2. Stakeholders able to access and use evidence-informed approaches in relation to MDGs.</p>	<p>2.1 Consortium global strategy for effective communication (between partners, and with multilaterals, donors, national policy makers, clinicians, training institutions) developed, implemented and updated.</p>	<p>Scrutiny of consortium completed global strategy, activities and report. Evaluation of outcomes achieved against specific health problem dissemination strategies.</p>	
	<p>2.2 National partner strategies for effective communication developed and implemented and updated.</p>	<p>Scrutiny of partners' strategy completed with indicators. Partner's reports of review topics identified by dialogue with policy makers. Partner's reports of participation in national policy decisions. Partner's annual report of performance against strategy.</p>	
	<p>2.3 Capacity of RPC in communication and influence enhanced.</p>	<p>Evidence of direct influence on policy of communication initiatives; partner's initiative in shaping national policy agenda and direction through dialogue and research findings.</p>	

April 2005-March 2010 GLOBAL PROGRAMME (15 March 2007)

ACTIVITIES

**OUTPUT 1**

**1.1 Manage and support the Cochrane Infectious Diseases Group**

Develop, implement and monitor quality improvement strategy.  
Provide specialist support and training to authors.  
Enhance statistical quality of Cochrane reviews.

**1.2 Develop and use new synthesis methods**

Qualitative research synthesis.  
Pilot synthesis in diagnostic studies in one area.  
Health systems reviews relevant to country decisions.  
Improve inferences through indirect comparisons in malaria reviews.

**1.3 Develop capacity of the RPC**

Support registration of India and Nigeria Cochrane Centres.  
Increase RPC communication capacity.

**1.4 Identify research priorities and pilot test new interventions**

Use reviews and other information to identify research priorities.  
Pilot test and evaluate new interventions relevant to the MDGs.

**OUTPUT 2**

Global and national/regional communication strategies will draw on these potential activities:

**2.1 Raise awareness and facilitate access**

Prepare summaries of Cochrane Reviews appropriate for the various stakeholders.  
Give examples of how policy makers and clinicians can influence review priorities, and how researchers can identify important reviews for policy.  
Demonstrate know-do gap, with examples, through papers, presentations, and policy briefs.  
Assess usability of evidence based materials (including *Evidence Update*) in other languages.  
Help target groups access knowledge from systematic reviews that is useful to them.  
Using email newsletters in dissemination and promoting access.

**2.2 Increase dialogue**

Identify stakeholders and their particular priorities and information needs. This involves defining stakeholders (e.g. health ministry policy makers, donor aid advisers, professional groups, consumer groups, and managers); continued dialogue around priorities; and horizon scanning.  
Seek opportunities to demonstrate change through guidelines development, audit projects, and health financing policies to increase decisions based on evidence; put together bespoke packages of evidence-based materials for change projects.  
Initiate consumer engagement through the media.  
Seek opportunities for joint working with the private medical care delivery sector or insurance organisations.  
Dialogue between research groups disseminating findings to consider opinions about effective approaches and how to improve the strategy.  
Research evaluating relevance of trial/systematic review outcomes to consumers.

**2.3 Influencing key stake holders**

Build national government capacity to critique and challenge where appropriate bilateral and multilateral policies in the health sector.  
Encourage national policies for evidence based guidelines, with management systems to ensure that guidelines are implemented and monitored.  
Encourage financing and organisational arrangements that include use of evidence in determining policies and practice.  
Help institutions to train doctors, nurses, and other health staff to use in evidence-based approaches.

Other activities:

**2.4** Planning and monitoring visits by RPC Director and deputy Director and between RPC Partners in developing and monitoring strategy.

**2.5** RPC Partner meetings to consider effectiveness of communication strategies.

### ANNEX 3: RISK ASSESSMENT

Description of risk	Probability	Consequence	Impact	Score	Mitigation actions	Responsibility
<b>OUTPUTS</b>						
<b>1. Cochrane Reviews</b>						
Reviews out of date	Medium	Reviews not credible	High	High	Develop management systems to avoid	RPC Director with CIDG editorial team
Reviews not relevant due to timing	Medium	Not used in decision making	High	High	Liaison with policy makers on priorities	CIDG editorial team
Reviews not relevant to MDGs	Low	Not useful	High	Medium	Include question in title registration & monitor	CIDG editorial team
Insufficient good authors	Low	Reviews slow	Medium	Medium	Outline skills required; active recruitment	CIDG team and RPC Partners
Quality of submitted reviews poor	Low	Reviews not credible	High	Medium	Increasing capacity of authorship teams in statistics Increase two way communication	CIDG editorial team with RPC Partners CIDG Co-ordinator
Unable to assure lay consumer from low income countries to reviews	High	Potential loss or relevance	Low	Medium	Strategy for assuring input through consumer organisations being developed	CIDG Consumer editor
Reviews not relevant due to the question being inappropriate	Medium	Not used in decision making	Medium	Medium	Scoping consultation in progress	RPC Director with CIDG editorial team
Hard to find appropriate reviews in Cochrane Database of Systematic Reviews	Medium	Reviews not found	Medium	Medium	Pilot project to sort out our key words	Technical editor with Co-ordinating editor
Authors technical capacity limited in review topic	Medium	Poor quality review	Medium	Medium	Ensure authorship teams have high technical competence	CIDG editorial team & RPC Partners
Authors do not complete reviews	Medium	No output; opportunity cost	Medium	Medium	Collaborators assist authors stay on track	RPC Partners
Health Systems not covered	Medium	No policy reviews available	Medium	Medium	Collaborate with Cochrane EPOC and others	RPC Director, RPC Partners
Minor errors in review	Low	Impairs credibility	Medium	Low	Technical editing and editorial management	CIDG editorial team

Description of risk	Probability	Consequence	Impact	Score	Mitigation actions	Responsibility
<b>2. Dialogue and communication</b>						
Communication framework not implemented	Medium	Dissemination and communication limited	High	High	Ensure framework developed and monitored	RPC Director with RPC Management team
Credibility of Cochrane Reviews low	Low	Not used	High	Medium	Communicate principles of evidence-based policy and practice	All
English language publications are not relevant	Medium	Evidence not accessed or used in decision making	Medium	Medium	Translations and teaching materials prepared	China RPC Partner
Format of communications materials is not useful to users	Medium	Evidence not accessed or used in decision making	Medium	Medium	Policy briefs planning in progress. Prepare and evaluate material in different formats	Communications team with RPC Partners
<i>Evidence Update</i> not used by target audiences	Medium	Evidence not accessed or used in decision making	Medium	Medium	Evaluation with various target audiences in progress	Communications team
Limited capacity for communications activities	Medium	Communications strategy not developed or implemented	Medium	Medium	Seek training and support from communications experts	Communications team with RPC Partners
Partners unable to reach important stakeholders	Low	Evidence not accessed or used in decision making	Medium	Medium	Identify target audiences carefully and focus communication activities according to partner influence	RPC Partners
Use wrong approach to target audiences	Medium	Stakeholders do not access or use evidence	Medium	Medium	Research into appropriate communication activities for different audiences	Communications team with RPC Partners
Stakeholder opinion is against evidence	Medium	Evidence not accessed or used in decision making	Medium	Medium	Communicate principles of evidence-informed policy & practice alongside research evidence	All

Description of risk	Probability	Consequence	Impact	Score	Mitigation actions	Responsibility
Inadequate monitoring of communications strategy	High	Cannot demonstrate impact on policy or practice	Medium	High	Develop measurable process and outcome indicators for communications activities. Use success stories and case studies where relevant	All
<b>MANAGEMENT</b>						
Inadequate monitoring of yearly outputs	Low	Poor reporting to DFID	High	Medium	Standard systems in place	Supervisory clerical officer; with RPC Director and RPC Partners
Inadequate financial control of consortium partners	Low	Misuse of funds received by partners	High	Medium	Good consortium budgetary systems with partners; standard systems for invoicing and reporting of expenditure against budget; contractual agreement with partners. We plan to introduce an annual Statement of Internal Control signed off by RPC Programme Partner Managers	RPC Director, RPC Partners; Supervisory clerical officer
Inadequate financial control across whole consortium	Low	Poor financial planning and control	Medium	Low	Continuous financial monitoring across the consortium	Supervisory clerical officer
Version: 30 April 2007						

## ANNEX 4: GLOBAL COMMUNICATIONS STRATEGY

### Effective Health Care Research Programme Consortium

#### Global communications strategy<sup>3</sup>

Version: 12 April 2007

#### Background

The **purpose** of the RPC is to increase decisions relating to the health sector that are based on best available evidence in low and middle income countries.

The **output** relating to communication is stakeholders able to access and use evidence-based approaches in relation to the MDGs.

We do this with stakeholders in a three tiered approach:

- Tier 1. Raise awareness and facilitate access to reliable systematic reviews
- Tier 2. Increase dialogue about using reliable evidence
- Tier 3. Influencing key stakeholders

#### Three tiered approach

##### 1. Raise awareness and facilitate access

We aim to increase awareness of research synthesis among policy makers, providers and researchers and create a demand for research evidence from different target groups. We will do this by using communication activities tailored to specific audiences and needs.

##### 2. Increase dialogue about using reliable evidence

We want to increase dialogue on evidence informed decisions with policy makers, health professionals, researchers and consumers. We will seek opportunities to influence policy decisions in areas where partner managers are recognised with authority and where there are strategic opportunities to engage with policy makers. We will explore options to engage with consumers and the private sector to influence treatment and practice decisions.

##### 3. Influencing key stakeholders

We want to ensure evidence-informed thinking and decision making is embedded in national and regional health structures. We will do this by working with national governments and institutions in a variety of ways.

#### Stakeholders

Bringing about the changes in policy and practice described will require influencing various stakeholder groups and targeting different audiences or potential users of research evidence. Target audiences will vary by country and specific health problem, and this will be reflected in partner communication strategies and tools.

Our communication strategy also helps inform research decision making.

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<sup>3</sup> This strategy represents the overall plan for the communications activities of the EHC RPC and its partners. It is based on the RPC's original dissemination framework, and developed according to DFID's Central Research Department guidance notes for the communication of research; it will be reviewed and updated in consultation with RPC Partners, the Consortium Advisory Group and DFID advisors.

Communication strategy: main stakeholders			
Stakeholder	Information needs	Target audience	Communication tools
International decision makers	Technical policy content How to deliver services	WHO technical experts National experts influential in their field formulating guidelines	Participate in guideline development teams Collaborate with existing global knowledge sharing initiatives Policy briefs Commissioned reviews
International donors	For decisions about a) resource allocation b) technical advice on MDG's	DFID advisors DFID country offices World Bank country offices	Policy briefs E-newsletters Summaries of Cochrane Reviews
National policy makers	Policy content & implementation	MoH advisors WHO country offices Policy researchers or analysts Technical staff formulating guidelines	Participate in priority setting meetings Research synthesis workshops in specific health topics Establish 'communities of practice' or virtual interest groups Regional or local conferences
National research & training institutions	Developing capacity of future health leaders	Senior staff in national training or research institutions Researchers influential in their field Practising clinicians with a training responsibility	Research synthesis workshops in specific health topics Protocol development workshops Summaries of Cochrane Reviews Web based materials Journal publications
Health professionals	Routine clinical decision making for particular patients/health problems	Practising clinicians nurses or other health professionals Clinicians in training Guideline developers	Summaries of Cochrane Reviews Packages of evidence-based materials Audit projects E-newsletters Regional or local conferences Journal publications
General public	Treatment and care decisions	Consumers of healthcare Civil society Journalists	Local or national press Local language TV or radio programmes Orientation for journalists

Private sector and NGOs	Research & practice standards	Private practitioners NGO's working in specific health areas Special interest or consumer groups	Policy briefs Summaries of Cochrane Reviews Local language TV or radio programmes Packages of evidence-based materials
Research strategy and funding	Research questions and gaps identified by systematic reviews	DFID MRC WHO	Cochrane reviews Summaries of Cochrane reviews
Researchers	Research questions and gaps identified by systematic reviews	Trial specialists Health service researchers Clinical researchers	Cochrane reviews Summaries of Cochrane reviews Journal papers

## Communications activities

### Rising awareness and facilitating access

- Prepare summaries of Cochrane Reviews appropriate for various stakeholders.
- Give examples of how policy makers and clinicians can influence review priorities, and how researchers can identify important reviews for policy.
- Demonstrate know-do gap, with examples, through papers, presentations, and policy briefs.
- Assess usability of evidence based materials (including *Evidence Update*) and their interpretation in other languages.
- Help target groups access knowledge from systematic reviews that is useful to them.
- Using email newsletters in dissemination and promoting access.

### Increasing dialogue about using reliable evidence

- Identify stakeholders and their particular priorities and information needs. This involves defining stakeholders (e.g. health ministry policy makers, donor aid advisers, professional groups, consumer groups, and managers); continued dialogue around priorities; and horizon scanning.
- Seek opportunities to demonstrate change through guidelines development, audit projects, and health financing policies to increase decisions based on evidence; put together bespoke packages of evidence-based materials for change projects.
- Initiate consumer engagement through the media.
- Joint working with the private medical care delivery sector or insurance organisations.
- Dialogue between research groups disseminating findings to consider opinions about effective approaches and how to improve the strategy.
- Research evaluating relevance of trial/systematic review outcomes to consumers.

## **Influencing key stakeholders**

- Build national government capacity to critique and challenge where appropriate bilateral and multilateral policies in the health sector.
- Encourage national policies for evidence based guidelines, with management systems to ensure that guidelines are implemented and monitored.
- Encourage financing and organisational arrangements that include use of evidence in determining policies and practice.
- Help institutions to train doctors, nurses, and other health staff to use in evidence-based approaches.

## **Implementing the communications strategy**

### **Cochrane Reviews**

The Cochrane Infectious Diseases Group has a strategy for each review:

1. Dialogue with the publishers prior to publication about whether the review is worthy of a press release. We draft the press release.
2. “Health Behavior News Service” in the US also prepares press releases after they have scrutinised reviews in press.
3. We forward copies of the review prior to publication to individuals in WHO, DFID and other organisations with an interest in the topic area.
4. Where appropriate, summary publications are prepared and submitted to academic journals to increase reach.

### **Cochrane review derivative products**

#### ***Evidence Update***

5. For MDG relevant reviews, we prepare *Evidence Update* for dissemination to the Consortium, to DFID, through emails with hypertext links and from the webpage. This includes reviews from infectious diseases, maternal and child health, health systems and public health
6. Partner Managers in China and Nigeria select reviews for translation into Chinese and French.

#### **Clinical Evidence and other products**

7. Partners seek opportunities to prepare evidence-based materials in the BMJ's Clinical Evidence, which is free in developing countries. This includes maintaining sections on sickle cell disease, malaria and tuberculosis.
8. Partners seek opportunities to disseminate through other synopses at global, regional and national level in their own countries (see below).

### **Other RPC outputs**

9. Research on dissemination, or projects about feasibility of evidence-informed approaches, or about how evidence-informed knowledge may be used, is disseminated in ways that are appropriate to maximise the usefulness and influence.

### **National strategies**

Dissemination of research findings and dialogue with policy makers, researchers and consumers have always been embedded in partner log frames and partners have significant experience engaging in national and international policy debate and awareness raising activities in their areas of expertise. The challenge is formalising this dissemination experience into a formal strategy which incorporates specific communications activities; each partner manager is moving towards a national or regional strategy. An important part of this process will be to consider more carefully the various stakeholders and their information needs. The RPC team work at country level to:

- Use achievements to date in dissemination to develop a focus for future communications activities
- Develop a communication strategy based on their areas of expertise and influence
- Identify important stakeholders and target audiences nationally and regionally
- Develop appropriate messages for each audience
- Specify appropriate communications activities/tools to reach different audiences
- Monitor and evaluate the strategy based on activities or outputs

### **Risk assessment**

We will identify and monitor risks associated with implementing the communications strategy in collaboration with partners through annual planning and monitoring visits. We will assess risks in Consortium Advisory Group meetings. Risks will be communicated in the RPC annual reporting to DFID.

Risk assessment for the Communication Strategy is outlined in the overall RPC risk assessment under output 2 (annex 3).

## Monitoring and evaluation of the communications strategy

Process and outcome indicators for each objective will be monitored by each partner on an annual basis. The impact of the global communications strategy on policy and practice will be demonstrated through success stories and case studies where possible as this can convey important shifts in awareness and decision making more effectively than a single indicator.

Objective	Process indicators	Outcome indicators
To raise awareness and facilitate access to evidence	<ul style="list-style-type: none"> <li>• Number of <i>Evidence Updates</i> prepared and disseminated via web</li> <li>• Number of <i>Evidence Updates</i> downloaded from websites</li> <li>• Number of articles in local, regional and international journals</li> <li>• Number of policy briefs produced</li> <li>• Number of e-newsletters</li> <li>• Research on usefulness of communications materials</li> </ul>	<ul style="list-style-type: none"> <li>• National subscriptions to electronic health knowledge databases</li> <li>• Evidence of demand for summaries of Cochrane Reviews</li> <li>• Reviews commissioned by key stakeholders</li> </ul>
To increase dialogue about using reliable evidence	<ul style="list-style-type: none"> <li>• Number of meetings with policy makers</li> <li>• Number of workshops or meetings with specific target audiences</li> <li>• Number of press releases or news items</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in stakeholder opinions or actions</li> <li>• Changes in media coverage of a health issue</li> <li>• Evidence-informed practice onto regional and national conference agendas</li> <li>• Partner reports of review topics identified in dialogue with policy makers</li> </ul>
Influencing key stakeholders		<ul style="list-style-type: none"> <li>• Evidence of partner influence on policy agenda and decisions in countries</li> <li>• National or regional guidelines produced based on evidence</li> <li>• Postgraduate training courses in evidence based approaches established</li> </ul>

## ANNEX 5: PRODUCTS AND PUBLICATIONS

### i) Peer reviewed publications and Cochrane Reviews (new and substantive updates)

\* indicates the editorial management through the Cochrane Infectious Diseases Group

More important outputs have grey background

Country	Publication	New or Update	Target audience
Brazil	Menezes VM, Soares BGO, Fontes CJF. Drugs for treating paracoccidioidomycosis. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 2. Art. No.: CD004967. DOI: 10.1002/14651858.CD004967.pub2.	New*	Researchers; clinicians
Holland	Jutte PC, Van Loenhout-Rooyackers JH. Routine surgery in addition to chemotherapy for treating spinal tuberculosis. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 1. Art. No.: CD004532. DOI: 10.1002/14651858.CD004532.pub2. <sup>4</sup>	New*	TB specialists; guideline developers (MDG6)
India	Adinarayanan S, Critchley J, Das PK, Gelband H. Diethylcarbamazine (DEC)-medicated salt for community-based control of lymphatic filariasis. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 1. Art. No.: CD003758. DOI: 10.1002/14651858.CD003758.pub2.	New*	Filariasis specialists; guideline developers
	Galappaththy GNL, Omari AAA, Tharyan P. Primaquine for preventing relapses in people with Plasmodium vivax malaria. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 1. Art. No.: CD004389. DOI: 10.1002/14651858.CD004389.pub2.	New*	Malaria specialists; guideline developers
	Premkumar TS, Pick J. Lamotrigine for schizophrenia. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 4. Art. No.: CD005962. DOI: 10.1002/14651858.CD005962.pub2.	New	Psychiatrists; clinical guideline developers
Israel	Fraser A, Paul M, Attamna A, Leibovici L. Drugs for preventing tuberculosis in people at risk of multiple-drug-resistant pulmonary tuberculosis. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 2. Art. No.: CD005435. DOI: 10.1002/14651858.CD005435.pub2.	New*	Guidelines developers; TB specialists; researchers (MDG6)
Nigeria	JU Okebe, TJ Lasserson, MM Meremikwu, S Richards. Therapeutic interventions for Burkitt's lymphoma in children. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 4. Art. No.: CD005198.pub2. DOI: 10.1002/14651858.CD005198.pub2.	New	Practising clinicians in secondary care (MDG4)
Russia	Ziganshina LE, Vigel AA, Squire SB. Fluoroquinolones for treating tuberculosis. <i>The Cochrane Database of Systematic Reviews</i> 2005, Issue 3. Art. No.: CD004795. DOI: 10.1002/14651858. CD004795.pub2. <sup>5</sup>	New*	TB specialists; guideline developers; researchers
South Africa	Wiysonge CS, Bradley H, Mayosi BM, Maroney R, Mbewu A, Opie LH, Volmink J. Beta-blockers for hypertension. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 1. Art. No.: CD002003. DOI: 10.1002/14651858. CD002003.pub2.	New	Clinicians; public health specialists; guideline developers

<sup>4</sup> 2006 publication but not reported last year

<sup>5</sup> 2005 publication but not reported last year

South Africa	Pienaar ED, Young T, Holmes H. Interventions for the prevention and management of oropharyngeal candidiasis associated with HIV infection in adults and children. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 3. Art. No.: CD003940. DOI: 10.1002/14651858.CD003940.pub2.	New	Guidelines developers; clinicians; public health specialists. (MDG6)
Thailand	Panpanich R, Sornchai P, Kanjanaratanakorn K. Corticosteroids for treating dengue shock syndrome. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 3. Art. No.: CD003488. DOI: 10.1002/14651858.CD003488.pub2.	New*	Clinicians in infectious diseases; guideline developers
Uganda	Gamble C, Ekwaru JP, ter Kuile FO. Insecticide-treated nets for preventing malaria in pregnancy. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 2. Art. No.: CD003755. DOI: 10.1002/14651858.CD003755.pub2.	New*	Guidelines developers; clinicians; reproductive health specialists (MDG6)
UK	Clasen T, Roberts I, Rabie T, Schmidt W, Cairncross S. Interventions to improve water quality for preventing diarrhoea. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 3. Art. No.: CD004794. DOI: 10.1002/14651858.CD004794.pub2.	New*	Public health specialists (MDG4)
USA	Hartling L, Bellemare S, Wiebe N, Russell K, Klassen TP, Craig W. Oral versus intravenous rehydration for treating dehydration due to gastroenteritis in children. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 3. Art. No.: CD004390. DOI: 10.1002/14651858.CD004390.pub2.	New*	Paediatricians; guideline developers (MDG4)
	Graves P, Gelband H. Vaccines for preventing malaria (blood-stage). <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 4. Art. No.: CD006199. DOI: 10.1002/14651858.CD006199.	New*	Malaria specialists and researchers (MDG6)
	Graves P, Gelband H. Vaccines for preventing malaria (pre-erythrocytic). <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 4. Art. No.: CD006198. DOI: 10.1002/14651858.CD006198.	New*	Malaria specialists & researchers (MDG6)
Nigeria	Oniyangi O, Omari AAA. Malaria chemoprophylaxis in sickle cell disease. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 4. Art. No.: CD003489. DOI: 10.1002/14651858.CD003489.pub2.	Update*	Clinicians (MDG4)
Russia	Vlassov VV, MacLehose HG. Low level laser therapy for treating tuberculosis. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 2. Art. No.: CD003490. DOI: 10.1002/14651858.CD003490.pub2.	Update*	TB specialists and public health specialists in Russia (MDG6)
South Africa	Volmink J, Siegfried NL, van der Merwe L, Brocklehurst P. Antiretrovirals for reducing the risk of mother-to-child transmission of HIV infection. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 1. Art. No.: CD003510. DOI: 10.1002/14651858.CD003510.pub2.	Update	Guideline developers; public health specialists (MDG6)
UK	Garner P, Gülmezoglu AM. Drugs for preventing malaria in pregnant women. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 4. Art. No.: CD000169. DOI: 10.1002/14651858.CD000169.pub2.	Update*	Guidelines developers; clinicians; reproductive health specialists (MDG6)

UK	Omari AAA, Gamble C, Garner P. Artemether-lumefantrine (four-dose regimen) for treating uncomplicated falciparum malaria. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 2. Art. No.: CD005965. DOI: 10.1002/14651858.CD005965.	Update*	Guidelines developers; clinicians; malaria specialists (MDG6)
	Martin Curran M, MacLehose HG. Community animal health services for improving household wealth and health status of low income farmers. <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 2. Art. No.: CD003049. DOI: 10.1002/14651858.CD003049.pub2.	Update*	Veterinarians; development specialists (MDG1)
USA	Graves P, Gelband H. Vaccines for preventing malaria (SPf66). <i>Cochrane Database of Systematic Reviews</i> 2006, Issue 2. Art. No.: CD005966. DOI: 10.1002/14651858.CD005966.	Update*	Malaria specialists (MDG6)
<b>Other Systematic Reviews</b>			
USA & UK	Stockman LJ, Bellamy R, Garner P. SARS: A Systematic Review of Treatment Effects. <i>PLOS Medicine</i> 2006; 3(9): 1525-31 DOI 10.1371/journal.pmed.0030343 <a href="http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1564166&amp;blobtype=pdf">http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1564166&amp;blobtype=pdf</a>		Infectious diseases specialists (MDG6)
<b>Cochrane reviews-secondary publications in peer reviewed journals</b>			
Uganda & UK	Gamble C, Ekwaru PJ, Garner P, ter Kuile FO. Insecticide-Treated Nets for the Prevention of Malaria in Pregnancy: A Systematic Review of Randomised Controlled Trials. <i>PLoS Med</i> 2007; 4(3): e107 doi:10.1371/journal.pmed.0040107		As above
South Africa	Bradley HA, Wiysonge CS, Volmink JA, Mayosi BM, Opie LH. How strong is the evidence for use of beta-blockers as first-line therapy for hypertension? Systematic review and meta-analysis. <i>Journal of Hypertension</i> 2006 Nov; 24(11): 2131-41		As above
<b>Other Publications (peer reviewed)</b>			
Ghana & UK	Bates I, Osei Akoto A W, Ansong D, Karikari P, Bedu-Addo G, Critchley J A, Agbenyega T, Nsiah-Asare A. Evaluating Health Research Capacity Building: An Evidence-Based Tool. <i>PLOS Medicine</i> 2006; 3(8): 1224-9 DOI: 10.1371/journal.pmed.0030299. <a href="http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1502158&amp;blobtype=pdf">http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1502158&amp;blobtype=pdf</a>		Development specialists; academics
India	Tharyan P & Gopkrishan G. Erectile dysfunction. <i>BMJ Clinical Evidence</i> 2006; 15:1227-51		Clinicians
	Tharyan P, Braganza D, Jebaraj P. Mental Health as a Key Issue in the future of global health developments. <i>International Review of Mission</i> 2006; 95: 376/377		Public health specialists; psychiatrists
	Tharyan P. The WHO International Clinical Trials Registry Platform and the Indian Clinical Trials Register. <i>National Medical Journal of India</i> 2006; 19: 161-4		Researchers
	Tharyan P. The placebo controlled trial in psychiatry on trial. <i>Indian Journal of Medical Ethics</i> 2006; 3: 13-17		Researchers
	Ofori-Adjei D, Antes G, Tharyan P, Slade E, Tamber PS. Have online international medical journals made local journals obsolete? <i>PLoS Med</i> 2006; 3(8): e359. DOI: 10.1371/journal.pmed.0030359.		Researchers; clinicians

India	Tharyan P. Evidence based guidelines: the case of ECT for people with schizophrenia. <i>Journal of the Pakistan Psychiatric Society</i> 2006; 3: 3-5	Psychiatrists
	Adams CE, Tharyan P, Coutinho E, Stroup S. The schizophrenia drug-treatment paradox: pharmacological treatment based on best possible evidence may be hardest to practice in high-income countries. <i>British Journal of Psychiatry</i> 2006; 189: 391-2	Psychiatrists
	Syed Sheriff RJ, Jayaram M, Tharyan P, Duley L, Adams CE. Randomised trials relevant to mental health conducted in low and middle-income countries: protocol for a survey of studies published in 1991, 1995 and 2000 and assessment of their relevance. <i>BMC Psychiatry</i> 2006, 6:40 doi: 10.1186/1471-244X-6-40.	Researchers and research funders
	Tharyan P, Jebaraj P. Systematic reviews of randomized controlled trials and evidence informed palliative care. <i>Indian Journal of Palliative Care</i> 2006;12:39-41	Clinicians
	Tharyan P. Whose trial is it anyway? Reflections on morality, double standards, uncertainty and criticism in international collaborative health research. <i>Monash Bioethics Review</i> 2006; 24: 53-68	Researchers
	Tharyan P. ECT for depressed elderly: what is the evidence and is the evidence enough? <i>International Psychogeriatrics</i> 2007; 19: 19-23	Psychiatrists
India & UK	Fontaine O, Garner P, Bahn MK. Oral rehydration therapy: the simple solution for saving lives. <i>British Medical Journal</i> 2007; 334(1) s14: 1-2 DOI: 10.1136/bmj.39044.725949.94. <a href="http://www.blackwell-synergy.com/doi/abs/10.1111/j.1365-3156.2006.01783.x">http://www.blackwell-synergy.com/doi/abs/10.1111/j.1365-3156.2006.01783.x</a>	Medical profession globally
Russia	Picusa OI, Korableva AA, Ziganshina LE. Effects of pharmacoepidemiology monitoring on changing approaches to treatment of bronchial asthma in children. <i>Kazan Medical Journal</i> 2006, 87 (1): 12-16	Clinicians
	LE. Ziganshina, DM.Krasilnikov, AZ.Farrakhov, MV. Kormachev, AA. Korableva, AV. Abdulyanov. Antibacterial medicines in abdominal surgery. Prophylaxis and therapy (Guideline for physicians). Kazan: Medicina; 2006.	Clinicians
	Ziganshina LE, Kuchaeva AV, Vedernikova OO, Gatin FF. Safety and use of medicines in mental health at the psychiatric hospital of the Republic of Tatarstan (Russia). <i>International Journal of Risk and Safety in Medicine</i> , 2006 (18): 83-90	Clinicians
	Gamirova RG, Sivkova SN, Ziganshina LE. Anticonvulsants' use in adolescents. <i>Pharmacoepidemiology and Drug Safety</i> , 2006, 15 (1): 297-8	Clinicians
	Ziganshina LE, Atsel EA, Muhamadullina LN, Galyavich AS Consumption of statins in the Republic of Tatarstan. <i>Pharmacoepidemiology and Drug Safety</i> , 2006, 15 (1): 256-7	Clinicians
South Africa	Heller RF, Gemmell I, Edwards R, Buchan I, Awasthi S, Volmink JA. Prioritising between direct observation of therapy and case-finding interventions for tuberculosis: use of population impact measures. <i>BMC Med</i> 2006 Dec 20; 4: 35	TB and public health specialists
	Garner P, Volmink J. Families help cure tuberculosis. <i>Lancet</i> 2006 Mar 18; 367(9514): 878-9	TB and public health specialists
	Ioannidis J, Young T. HIV: prevention of opportunistic infections. <i>Clinical Evidence</i> , BMJ Publishing Group, London, July 2006	Clinicians; HIV specialists; guideline developers

South Africa	Young T, Volmink J. Promoting evidence-based health care in Africa through training in research synthesis. <i>RealHealthNews</i> No.5, May 2006	Clinicians
	Young T. Effects of micronutrient supplementation on morbidity and mortality among HIV-infected individuals – a summary of the evidence. <i>South African Medical Journal</i> 2006 Oct; 96(10): 1062,1064	Clinicians and public health practitioners
UK	Barth J, Critchley J, J Bengel. Efficacy of Psychosocial interventions for smoking cessation in patients with coronary heart disease: a systematic review and meta-analysis. <i>Annals of Behavioural Medicine</i> 2006; 32(1): 10-20 DOI: 10.1207/s15324796abm3201_2	Guideline developers
	Garner P, Alejandria M, Lansang MA. Is DOTS-Plus a Feasible and Cost-Effective Strategy. <i>PLOS Medicine</i> 2006; 3(9): 1467-8 DOI: 10.1371/journal.pmed.0030350 <a href="http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1564173&amp;blobtype=pdf">http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1564173&amp;blobtype=pdf</a>	TB and public health specialists
	Taylor-Robinson D, Jones K, Garner P. Malaria: uncomplicated, caused by <i>Plasmodium falciparum</i> . <i>Clinical Evidence</i> 2006; 15: 1-12	Guideline developers
	Taylor RS, Unal B, Critchley JA, Capewell S. Mortality reductions in patients receiving exercise-based cardiac rehabilitation: how much can be attributed to cardiovascular risk factor improvements? <i>European Journal of Cardiovascular Prevention and Rehabilitation</i> 2006; 13(3): 369-74	Guideline developers; academics
<b>Other Publications</b>		
China	Long Q, Wang Y, Li Y. Patient delay and its influence factors in migrant TB suspects in Chongqing. <i>Modern Preventive Medicine</i> 2007; 34(5)	National policy makers
	Wang YL, Du CT, Wang H. Relationship between TB detection and current policy implementation in rural Chongqing. <i>Modern Preventive Medicine</i> 2007; 34(7)	TB specialists
	Yang H, Wang Y, Wang H. Qualitative study on TB knowledge of residents in three gorges dam areas in Chongqing. <i>Modern Preventive Medicine</i> 2007; 34(5): 656-8	TB specialists
	Long Q, Wang Y, Li Y. Migrants' perception and attitude on TB knowledge. <i>Medicine and Philosophy</i> 2006; 27(11): 26-7	TB specialists
Philippines	Dans LF, Gregorio G. Commentary on "Oral versus intravenous rehydration for treating dehydration due to gastroenteritis in children" by L Hartling, S Bellemare, N Wiebe, K Russell, TP Klassen, W Craig. <i>Evidence-Based Child Health</i> 2007; Issue 1	Clinicians

**ii) Publication in press or submitted (with Journal details); also include published Cochrane Protocols.**

EHRPC Partner	Publication	Target audience
<b>Journal articles and other publications (books or book chapters)</b>		
China	Daiyu Hu, Xiaoyun Liu, Jing Chen, Yang Wang, Tao Wang, Wei Zeng, Helen Smith, Paul Garner. Directly observed therapy for tuberculosis in a Province in China: a descriptive study. <i>Health Policy &amp; Planning</i> (February 2007) (submitted)	TB specialists, national and international policy makers and managers

China	Xu Qian, Helen Smith, Wenyuan Huang, Jie Zhang, Ying Huang, Paul Garner. Promoting contraceptive use among unmarried female migrants in one factory in Shanghai: a pilot workplace intervention. <i>BMC Health Services Research</i> (9 August 2006) (in press)	Reproductive health researchers and national policy makers
	Xu Y, Wang Y, Chen J. Observational study on factors influencing access and delay to TB diagnosis between migrants and residents in Chongqing. <i>Chinese Journal of Clinical Rehabilitation</i> (accepted)	TB specialists
	Yang H, Wang Y. Study on TB knowledge of residents and their needs for health education in three gorges dam areas of Chongqing. <i>Journal of Preventive Medicine Information</i> (accepted)	TB specialists
India	Tharyan P, Adhikari SD. Critical issues in the design, conduct, reporting and interpretation of randomized controlled clinical trials. <i>Journal of Anaesthesia and Clinical Pharmacology</i> 2007 (in press)	Researchers
	Tharyan P. Systematic Reviews in Urology: a practical guide. <i>Indian Journal of Urology</i> 2007 (in press)	Specialist clinicians
	Tharyan P. Access to the Cochrane Library for everyone in India. <i>National Medical Journal</i> 2007 (in press)	Clinicians
	Tharyan P, Premkumar TS, Mathew V, Barnabas JP, Manuelraj. Editorial policy and the reporting of randomized controlled trials: systematic survey of instructions to authors and assessment of quality of randomised controlled trials in Indian Medical Journals (2004-2005). <i>National Medical Journal of India</i> 2007 (revised manuscript submitted)	Researchers
	Allen C, Clarke M, Tharyan P. International Activity in The Cochrane Collaboration with particular reference to India. <i>National Medical Journal of India</i> (submitted)	Health professionals
	Nirmal SR, Tharyan P, Alexander J, Adams C and the TREC-India II Collaborative Group: Rapid tranquilization of violent or agitated people in psychiatric emergency settings- A pragmatic randomized controlled trial of intramuscular Olanzapine Vs. intramuscular Haloperidol + Promethazine. <i>British Medical Journal</i> (submitted)	Psychiatrists
	Kurien M, Kurien T, Mangalai M, Sathyanarayan, Shylla PR, Wig N, Ahuja R, Patel A, Kasthuri A, Vyas B, Sudarsanam TD, Chatruvedi A, Abraham OC, Tharyan P, Selvaraj, Mathew J. Screening for HIV Infection by Health Professionals in India. <i>National Medical Journal of India</i> (submitted)	Guideline developers
	Effects of stimulus intensity on the efficacy and safety of twice weekly bilateral Electroconvulsive Therapy (ECT) in acute mania: a randomised double blind controlled trial. Premkumar TS, Tharyan P, Alexander J, Nirmal S R. <i>Journal of Affective Disorders</i> (submitted)	Psychiatrists
	Rajkumar AP, Premkumar TSM, Tharyan P. Coping with the tsunami: tales of survivors. <i>Social Science and Medicine</i> (submitted)	Health professionals
	Tharyan P. Investing in evidence- a brave new world? <i>Indian Journal of Medical Research</i> (Invited editorial-submitted)	Health professionals
Russia	Ismagilov MF, Gilmanov AA, Malysheva IYu, Batyrshin RF, Ziganshina LE, Abakumova TR, Zabusova LV, Lysenko GV, Galochkina EG, Khaertdinova RF. Protocols of management of stroke patients in conditions of "Hospital at home" (pre-referral level, standard treatment guideline). <i>Kazan: Medicina</i> ; 2007 (in press)	Clinicians

Russia	Ismagilov MF, Gilmanov AA, Malysheva IYu, Batyrshin RF, Ziganshina LE, Abakumova TR, Zabusova LV, Lysenko GV, Galochkina EG, Khaertdinova RF. Protocols of management of stroke patients in specialized neurology hospital (standard treatment guideline). Kazan: Medicina; 2007 (in press)	Clinicians
	Ziganshina L, Garner P. Tuberculosis. In: Clinical Evidence. London: BMJ Publications (in press, editorial process).	TB specialists
Nigeria, Uganda, Cameroon & UK	Smith H, Bukirwa H, Mukasa O, Snell P, Akeh-Nsoh S, Mbuyita S, Honorati M, Orji B, Garner P. Access to electronic health knowledge in five countries in Africa: a descriptive study. BMC Medical Informatics and Decision Making (under revision)	Public health specialists; clinicians; training managers
South Africa	Brown H, Hofmeyr JG, Nikodem CV, Smith HJ, Garner P. Promoting childbirth companions in South Africa: A randomised pilot study. BMC Medicine 2007, 5:7 (30 Apr 2007) [published as provisional pdf] (in press) Accessible at: <a href="http://www.biomedcentral.com/content/pdf/1741-7015-5-7.pdf">http://www.biomedcentral.com/content/pdf/1741-7015-5-7.pdf</a>	Reproductive health researchers and policy makers; clinicians
	Munro S, Lewin S, Smith H, Engel M, Fretheim A, Volmink J. Adherence to tuberculosis treatment: a qualitative systematic review of stakeholder perceptions. PLoS Medicine (28 November 2006) (accepted subject to minor revisions)	TB specialists, policy makers and managers
South Africa & UK	Garner P, Smith H, Munro S, Volmink J. Promoting adherence to tuberculosis treatment. Bulletin of WHO (in press 2007)	TB specialists, policy makers and managers
UK	Jacob A, Solomon T, Garner P. Corticosteroids in central nervous system infections. In: Warlow C, Candelise L, Hughes R, editors. Evidence-based neurology. London: BMJ Publishing Group, 2007; p.151-60. (Book chapter in press)	Neurologists; clinicians; guideline developers
Cochrane Reviews (in press)		
UK	Enayati AA, Hemingway J, Garner P. Electronic mosquito repellents for preventing mosquito bites and malaria infection. Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD005434. DOI: 10.1002/14651858.CD005434.pub2. (Cochrane Review in press) *	General public
UK	Bosch-Capblanch X, Abba K, Pricor M, Garner P. Contracts between patients and healthcare practitioners for improving patients' adherence to treatment, prevention and health promotion activities. Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD004808. DOI: 10.1002/14651858.CD004808.pub3. (Cochrane Review in press) *	TB specialists
Cochrane Protocols (published)		
Costa Rica	Salazar A, Tristán M, Solís J. Sulfadoxine-pyrimethamine plus mefloquine versus sulfadoxine-pyrimethamine alone for treating uncomplicated falciparum malaria. (Protocol) Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD006084. DOI: 10.1002/14651858.CD006084. *	Malaria specialists
India	Unnikrishnan B, Nair S, Rajeev A. Pyronaridine for treating uncomplicated malaria. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD006404. DOI: 10.1002/14651858.CD006404. *	Malaria specialists
India & UK	Abba K, Ranganathan LN, Ramaratnam S. Anthelmintics for people with neurocysticercosis. (Protocol) Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD006200. DOI: 10.1002/14651858.CD006200. *	Malaria specialists

Kenya	Obonyo CO, Juma EA. Clindamycin plus quinine for treating uncomplicated malaria. (Protocol) Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD006082. DOI: 10.1002/14651858.CD006082. *	Malaria specialists
Nigeria	EE Effa, HM Bukirwa. Azithromycin for treating uncomplicated typhoid and paratyphoid fever (enteric fever). (Protocol) Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD006083. DOI: 10.1002/14651858.CD006083. *	Infectious disease specialists
Philippines	Gonzales MLM, Dans LF, Martinez EG. Antiamoebic drugs for treating amoebic colitis. (Protocol) Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD006085. DOI: 10.1002/14651858.CD006085. *	Infectious disease specialists
South Africa, India & UK	Abba K, Sudarsanam TD, Grobler L, Volmink JA. Nutritional supplements for people being treated for active tuberculosis. (Protocol) Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD006086. DOI: 10.1002/14651858.CD006086. *	HIV specialists
UK	Donegan S, Bellamy R, Gamble C. Vaccines for preventing anthrax. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD006403. DOI: 10.1002/14651858.CD006403. *	Public health specialists
	Jones KL, Donegan S, Lalloo D. Artesunate versus quinine for treating severe malaria. (Protocol) Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD005967. DOI: 10.1002/14651858.CD005967. *	Malaria specialists
	Lutje V, Seixas J. Chemotherapy of second-stage Human African trypanosomiasis. (Protocol) Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD006201. DOI: 10.1002/14651858.CD006201. *	Tropical disease specialists
RPC Partner Cochrane Protocols (in press)		
Philippines	Gregorio GV, Gonzales MLM, Dans LF. Glucose polymer-based oral rehydration solution for treating acute watery diarrhoea. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD006519. DOI: 10.1002/14651858.CD006519. (Cochrane Protocol in press) *	Paediatricians
South Africa	Bateganya MH, Abdulwadud OA, Kiene SM. Home-based HIV voluntary counseling and testing in developing countries. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD006493. DOI: 10.1002/14651858.CD006493. (Cochrane Protocol in press)	HIV specialists
	Oshun PO, Oduyebo OO, Ogunsola FT. The effects of antiviral therapy of genital herpes in HIV-infected individuals. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD006492. DOI: 10.1002/14651858.CD006492. (Cochrane Protocol in press)	HIV specialists
USA	Jacquerioz FA, Croft AM, Bergel E. Drugs for preventing malaria in travellers. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD006491. DOI: 10.1002/14651858.CD006491. (Cochrane Protocol in press) *	Clinicians in travel medicine
Philippines	Gregorio GV, Gonzales MLM, Dans LF. Glucose polymer-based oral rehydration solution for treating acute watery diarrhoea. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD006519. DOI: 10.1002/14651858.CD006519. (Cochrane Protocol in press) *	Paediatricians

**iii) Books or book chapters**

EHRPC Partner	Publication	Target audience
China	Guo JZ, Wang Y. <i>Social Medicine</i> . 2006; 6. Beijing: Science Publications	Medical students and doctors
India	Thomas N & Tharyan P. <i>Psychopharmacology- the essentials</i> . In: <i>Introduction to Psychiatry</i> 2nd edition. Ed: Abraham Vergese	Medical students
Russia	Chuchalin AG, Lepakhin VK, Ziganshina LE, editors. Drug reference guide "Lekarstvennye sredstva" (for patients). Moscow: Geotar-Media; 2007 (in press)	Clinicians
	Chuchalin AG, Belousov YuB, Khabriev RU and Ziganshina LE, editors. Guide to rational use of medicines. Formulary system. Moscow: Geotar-Media; 2006: 768 p <sup>6</sup> .	Clinicians
	CD-ROM "Lekarstvennye sredstva" based on the drug reference guide included as an annex to 2 National publications: Russian therapeutic guide. Editor: Chuchalin AG., 2006 Internal Medicine. Textbook for medical students. Editors: Mukhin NA, Moiseev VS, Martinov AI., 2007	Clinicians
	Galiullin NI, Ziganshina LE, Safullin RS, Yarkaeva FF, editors. Republican formulary of medicines: guide-glossary of trade names, dosage forms and classification positions of medicines. 4 <sup>th</sup> edition. Kazan: Medicina; 2006: 304 p.	Clinicians
	Pokrovsky VV. (Makarova M.V. and Ziganshina LE, editors. HIV-infection and AIDS (Clinical guidelines). Moscow: Geotar-Media; 2006: 128 p.	Clinicians
	Khabriev RU, Chuchalin AG, Ziganshina LE, editors. Drug reference guide "Lekarstvennye sredstva", Reference guide to medicines dispensed on physician's (nurse's) prescription in supplementary medical care provided to certain categories of citizens entitled to state provided social support (Federal Drug Reimbursement Program). 3d edition. Moscow: Geotar-Media; 2006: 800 p.	Clinicians
<b>Reports</b>		
UK	Jones K, Ridge A, Harte H, Report on a Technical Update of the Essential Medicines Library. For the World Health Organization. July 2006	WHO

**iv) Policy briefs**

EHRPC Partner	Publication	Target audience
China	Adherence to TB treatment in Chongqing: Situational analysis and policy implications <a href="http://www.liv.ac.uk/evidence/Policy-brief_TB-adherence_17MAR06.pdf">http://www.liv.ac.uk/evidence/Policy-brief_TB-adherence_17MAR06.pdf</a>	TB policy makers and managers
Nigeria, Uganda & UK	Research on access to electronic health knowledge in Africa: Policy brief <a href="http://www.liv.ac.uk/evidence/Policy-brief_Access-study_7NOV06.pdf">http://www.liv.ac.uk/evidence/Policy-brief_Access-study_7NOV06.pdf</a>	Public health specialists; clinicians; training managers

<sup>6</sup> Recommended by the Methodology Committee on Medical and Pharmaceutical Education of higher education institutions of the Russian Federation for the system of continuing medical education of physicians

## v) Publicity material

EHCRPC Partner	Publication/Poster/Activity	Target audience
China	Eleven <i>Evidence Updates</i> (from the Child Health, Mental Health, Other Infectious Diseases, Respiratory Tract Infections and Tuberculosis series) translated into Chinese by partners in the Chongqing Network; available at: <a href="http://www.chinaehcrpc.cn">http://www.chinaehcrpc.cn</a> .	Clinicians; teachers; clinical and public health specialists
	39 <i>Evidence Updates</i> (from the Maternal Health, Child Health, HIV, Health Sector Development, Trauma and Malaria series) translated into Chinese by project partners in Shanghai; available at: <a href="http://www.shmu.edu.cn/effect/index.html">http://www.shmu.edu.cn/effect/index.html</a>	Clinicians; teachers; clinical and public health specialists
India	The news of the national provision for <i>The Cochrane Library</i> in India was picked up by <i>The Telegraph</i> , a national daily published from Calcutta. Ganapati Mudur, who also writes in the BMJ on health related news from India, published an erudite piece on this initiative that can be accessed at: <a href="http://www.telegraphindia.com/1070204/asp/nation/story_7348274.asp">http://www.telegraphindia.com/1070204/asp/nation/story_7348274.asp</a>	General public
	The press release from John Wiley & Sons on the national provision is available at: <a href="http://news.cochrane.org/view/item/review_one.jsp?j=801">http://news.cochrane.org/view/item/review_one.jsp?j=801</a>	General public
	Other newspapers in India that carried this news of the national provision were: The New Indian Express: <a href="http://epaper.newindpress.com/Login.aspx?selPg=375&amp;page=06_02_2007_103.jpg&amp;ed=396">http://epaper.newindpress.com/Login.aspx?selPg=375&amp;page=06_02_2007_103.jpg&amp;ed=396</a>	General public
	And also: News Today: <a href="http://www.newstodaynet.com/10feb/ss2.htm">http://www.newstodaynet.com/10feb/ss2.htm</a>	General public
	Dissemination of 44 summaries of Cochrane Reviews ( <i>Evidence Updates</i> ) through the CME journal "Contemporary Issues in Medicine" of the Christian Medical College, Vellore to around 400 general practioners in the country; each with a commentary by a clinician in CMC.	Clinicians; teachers; clinical and public health specialists in India
Nigeria	Solution for Treating Dehydration caused by Acute Diarrhoea in Children. <i>Business Day</i> September 5, 2006.	Policy makers, health care practitioners, researchers and consumers
	South African Cochrane Centre Establishes Branch in Nigeria. <i>Business Day</i> September 6, 2006.	
	Why Cochrane is Essential in Health Care Delivery. <i>Daily Champion</i> September 13, 2006.	Policy makers, health care practitioners, researchers and consumers
	Introducing Evidence-based medicine: The core basics. 2006 Edition of <i>The Syringe</i> . Official Publication of the University of Calabar Medical Students Association.	Medical Students, health care practitioners, and researchers
	The Cochrane Collaboration. IEC material introducing The Collaboration and the Nigeria Branch	Health care practitioners, policy makers
Effective Health Care Quarterly Newsletter (paper)	Policy makers, health care practitioners	

Russia	43 <i>Evidence Updates</i> translated into the Russian language; available at: <a href="http://www.evidence-update.ru/">http://www.evidence-update.ru/</a>	Clinicians; teachers; clinical and public health specialists in Russia
	TV has been used on regular basis to communicate to community the knowledge, acquired through systematic reviews (Tatarstan level). Topics covered: multivitamins for children, pregnant, breastfeeding women and the elderly; antibiotic use in upper respiratory infections; hormonal preparations and womens' health; rational pharmacotherapy of gastrointestinal problems in children.	Population of the Republic of Tatarstan
	Leaflets on quality use of medicines (300 medicines) included in the brochures "Kodex zdorovya I dolgoletya" [Code of health and longevity] developed under the MoH of the Russian Federation for the Priority National Project on Health.	Patients, Distribution – 8 million through the out-patient clinics
South Africa	<p>MacLehose H, Young T, Garner P, Volmink J, Siegfried N, Oliver J, Kennedy G. Reviews for Africa Programme (RAP): training in the science of research synthesis. 14th International Cochrane Colloquium, Dublin, Ireland. 23-26 October 2006 (Oral Presentation)</p> <p>Lewin S, Munro S, Smith H, Engel M, Fretheim A, Volmink J. Conducting a meta-ethnography of qualitative tuberculosis treatment adherence studies: a reflection on the process. 14th Cochrane Colloquium. Dublin, Ireland, 23-26 October 2006. (Oral Presentation)</p> <p>Roqué M, Pardo J, Young T, Urrutia G, McDonald S, Garner P, Tharyan P, Lumbiganon P. Face-to-face training for developing countries: do they come or should we go? 14th International Cochrane Colloquium, Dublin, Ireland. 23-26 October 2006 (Poster)</p>	Cochrane Collaborators
	Lewin S, Munro S, Smith H, Engel M, Fretheim A, Volmink J. Conducting a meta-ethnography of qualitative tuberculosis treatment adherence studies: a reflection on the process. British Sociological Association Medical Sociology Group. Heriot-Watt University, Edinburgh, Scotland, 14-16 September 2006. (Oral Presentation)	
	Pienaar E. Satellite Symposium: Evidence-based ophthalmology: Principles & practice. Finding, appraising and applying evidence. Ophthalmologic Society of East Africa: 34th Annual Scientific Conference, Kenya Nairobi, Kenya. 24-25 August 2006 (Workshop Facilitator)	Ophthalmologists
	<p>Volmink J. Translating knowledge to action – how far have we come? 5th Joanna Briggs Colloquium: Waves of knowledge, Durban, South Africa. 6-8 August 2006 (Invited Speaker)</p> <p>Volmink J. Evidence-based health care: the state of play in sub-Saharan Africa. 5th Joanna Briggs Colloquium: Waves of knowledge, Durban, South Africa. 6-8 August 2006 (Workshop Facilitator)</p>	Nurses in South Africa
	Pienaar E. What is Evidence-based practice and why do we need it? 7th Annual Congress of the International Federation of Infection Control, Spier, Stellenbosch. 3-5 July 2006 (Workshop Facilitator)	Infection control specialists
	<p>Munro S, Lewin S, Smith H, Engel M, Fretheim A, Volmink J. Abstract quality: a "spoke in the wheel" of meta-syntheses of qualitative studies. Cochrane Qualitative Methods Group Regional Symposium, Adelaide, Australia. 10-11 July 2006 (Oral Presentation)</p> <p>Munro S, Lewin S, Smith H, Engel M, Fretheim A, Volmink J. Interpreting interpretations: accounting for primary authors' views in qualitative meta-syntheses. Cochrane Qualitative Methods Group Regional Symposium, Adelaide, Australia. 10-11 July 2006 (Oral Presentation)</p>	Cochrane Collaborators; qualitative researchers

South Africa	<p>Volmink J. The international trials registry for AIDS, tuberculosis and malaria. EDCTP Investigators Meeting, Medical Research Council, Cape Town. 22-23 July 2006 (Oral Presentation)</p> <p>Munro S, Lewin S, Smith H, Engel M, Fretheim A, Volmink J. Stakeholder perceptions of factors influencing tuberculosis medication adherence: a meta-ethnography. International Institute for Qualitative Methodology: 7th international interdisciplinary conference, advances in qualitative methods, Surfers Paradise, Australia. 13-16 July 2006 (Oral Presentation)</p> <p>Munro S, Lewin S, Smith H, Engel M, Fretheim A, Volmink J. Conducting a meta-ethnography of qualitative tuberculosis treatment adherence studies: a reflection on the process. International Institute for Qualitative Methodology: 7th international interdisciplinary conference, advances in qualitative methods, Surfers Paradise, Australia. 13-16 July 2006 (Poster)</p> <p>Volmink J. Tracking and using HIV/AIDS evidence base. HIV/AIDS National Strategies: the evidence base Global Forum on Health and Development at the Ministerial Summit of the Afro-Caribbean Pacific Forum, Port Moresby, Papua New Guinea. 1 June 2006 (Oral Presentation)</p>	<p>Trialists</p> <p>Qualitative researchers</p> <p>Policy makers</p>
UK & Australia	<p><i>Evidence Update</i></p> <p>Effective Health Care Alliance Programme in collaboration with the Australasian Cochrane Centre:</p> <p><b>Child Health Series</b></p> <p>Should vitamin A be given routinely to children with pneumonia unrelated to measles? <i>Evidence Update</i> May 2006.</p> <p><b>Diarrhoea Series</b></p> <p>Are probiotics effective for treating infectious diarrhoea? <i>Evidence Update</i> February 2007.</p> <p>In areas where diarrhoeal disease is common, do interventions that aim to improve the quality of drinking water prevent diarrhoea? <i>Evidence Update</i> January 2007. †</p> <p><b>Health Systems Series</b></p> <p>Do community animal health services with paraveterinary workers improve the wealth and health of households in low-income farming communities? <i>Evidence Update</i> April 2006.</p> <p>Is patient care improved by integrating different types of primary care service in low- and middle-income countries? <i>Evidence Update</i> March 2007.</p> <p><b>HIV/AIDS Series</b></p> <p>Should HIV-infected adults with chronic unsuppressed viraemia have a treatment break before starting a new HIV regimen? <i>Evidence Updates</i> March 2007.</p> <p>Should people with HIV infection, pneumocystis pneumonia, and hypoxaemia receive corticosteroids? <i>Evidence Updates</i> March 2007.</p> <p><b>Malaria Series</b></p> <p>Does the unit-dose packaging of antimalarial drugs reduce treatment failures in people with uncomplicated malaria? <i>Evidence Update</i> April 2006.</p> <p>Does prophylaxis or intermittent treatment with antimalarial drugs benefit young children living in areas with malaria? <i>Evidence Update</i> May 2006. †</p> <p>Should pregnant women living in malarial areas use insecticide-treated nets? <i>Evidence Update</i> October 2006. †</p> <p><b>Mental Health Series</b></p> <p>Can inositol be used to treat depression? <i>Evidence Update</i> April 2006.</p> <p>Which drug should be used for treating mild to moderate chronic depression? <i>Evidence Update</i> May 2006.</p>	<p>Policy makers; donors; clinicians, researchers</p>

	<p><b>Other Infectious Diseases Series</b></p> <p>Do corticosteroids improve survival in people with dengue shock syndrome? <i>Evidence Update</i> March 2007.</p> <p>Is it better to use oral or intravenous rehydration in children with dehydration due to gastroenteritis? <i>Evidence Update</i> December 2006. †</p> <p><b>Trauma Series</b></p> <p>Are tissue adhesives better than sutures for closing traumatic lacerations? <i>Evidence Update</i> November 2006.</p> <p>How effective is tap water for wound cleansing? <i>Evidence Update</i> November 2006.</p> <p><b>Tuberculosis Series</b></p> <p>Does watching patients take their TB drugs improve treatment cure and completion? <i>Evidence Update</i> June 2006. †</p> <p>Should every patient with uncomplicated TB of the spine have surgery? <i>Evidence Update</i> February 2007.</p> <p>All of the above <i>Evidence Update</i>'s are available from:  <a href="http://www.liv.ac.uk/evidence/evidenceupdate/home.htm">http://www.liv.ac.uk/evidence/evidenceupdate/home.htm</a>  † <i>Evidence Update</i>'s published in <i>Africa Health</i> 2006-07.</p>	
UK	<p><b>Id21 Highlights</b></p> <p>'Should diazepam be given to people with tetanus?' id21 Research Highlight: 17 February 2006</p> <p>'Systematic review: Does watching people take their TB drugs increase treatment success?' id21 Research Highlight: 29 September 2006</p> <p>'Systematic review: Does regular antimalarial treatment benefit young children?' id21 Research Highlight: 6 October 2006</p> <p>'Systematic review: Do lay health workers improve healthcare delivery and healthcare outcomes?' id21 Research Highlight: 23 October 2006</p>	Researchers; policy makers

#### vi) Website links

EHRPC Partner	Website address	Target audience
China	China Effective Health Care Network: <a href="http://www.chinaehcrpc.cn">www.chinaehcrpc.cn</a>	Clinicians
India	South Asian Cochrane Network. <a href="http://www.cochrane-sacn.org">www.cochrane-sacn.org</a>	Researchers
Nigeria	Effective Health Alliance Nigeria. <a href="http://www.ehcapng.org">www.ehcapng.org</a>	Researchers
Russia	Kazan State Medical Academy Консорциум Исследовательских Программ для Эффективного Здравоохранения. Вестник доказательной медицины <a href="http://www.evidence-update.ru">www.evidence-update.ru</a> (accessed 18 April 2007)	Russian speaking health professionals
	Форум. RU Formulary system in the Russian Federation <a href="http://www.formular.ru">www.formular.ru</a> (accessed 18 April 2007) Drug monographs with evidence-based indications used for the development of the formulary text.	Russian speaking health professionals
South Africa	South African Cochrane Centre, MRC. <a href="http://www.mrc.ac.za/cochrane">www.mrc.ac.za/cochrane</a>	Researchers, clinicians, policymakers, consumers

UK	Effective Health Care Research Programme Consortium, LSTM. <a href="http://www.liv.ac.uk/lstm/evidence">www.liv.ac.uk/lstm/evidence</a>	Researchers mainly, who want to do reviews; policy makers
Cochrane Collaboration	<a href="http://www.cochrane.org/evidenceaid/project.htm">http://www.cochrane.org/evidenceaid/project.htm</a>	Humanitarian aid professional staff

**vii) RPC reports**

EHRPC Partner	Report/Publications	Target audience
China	EHRPC China Network. Report of the EHRPC China (Chongqing) RPC Programme Partner Collaborators Network first meeting; September 13-14 2006, Chongqing.	Cochrane collaborators
South Africa	Bambas Nolen L, Volmink J. Shaping the health information supply. Improving media coverage of health issues in sub-Saharan Africa. Prepared for Center for the Advancement of Health, Washington DC. October 2006.	HR specialists

**viii) Dissemination events (include key people who attended the meeting/workshop)**

EHRPC Partner	Meeting/Workshop	Facilitators	Target audience
China	EHRPC China (Chongqing) RPC Programme Partner Collaborators Network first meeting; September 13-14 2006, Chongqing.	Paul Garner; Helen Smith; Mary Ann Lansang; China network partners	China network partners (Beijing University; China CDC; Chinese Cochrane Centre; Chongqing Medical University; Fudan University; Yunnan Infectious Diseases hospital)
	Training Seminar on Systematic Review/ Meta-Analysis Methodology. September 25-29 2006; Peking.	Jianping Liu (China Network Partner); Edwin Chan; Heather McIntosh	China network partners
	Evidence-informed decisions for pro-poor health policy in China--Methods and options for assembling the evidence; January 10-18 2007; Peking.	Paul Garner; Helen Smith; Shenglan Tang (from WHO); Gao Jun (from MoH, China)	Officials from WHO and MoH, China; Professors, researchers and master students on EBM and policy from different universities in China
India	Using Evidence to Inform healthcare and health policy. (Paul Garner and Prathap Tharyan), October 10, 2006, New Delhi.	Scientists and policy makers of the Indian Council of Medical Education	Policy Makers, guideline developers, researchers
	Tharyan P. Evidence based psychiatry in the new millennium. National Symposium on Recent Trends in Health Science Research held at Vellore Institute of Technology (Deemed University), 18 August, 2006.	Scientists postgraduate and postdoctoral students in biotechnology	General public

India	Roqué M, Pardo J, Young T, Urrútia G, McDonald S, Garner P, Tharyan P, Lumbiganon P. Face-To-Face Training For Developing Countries: Do They Come Or Should We Go? Poster presented at the Cochrane Colloquium, Dublin, Ireland; October 23, 2006.	Cochrane workshop trainers	Cochrane Collaboration Colloquium Attendees
	The global relevance of the Cochrane Collaboration. Presented at the Cochrane Colloquium, Dublin, Ireland; October 23, 2006.	Tharyan P.	Potential Cochrane Collaboration contributors, media
	Using the results of systematic reviews to guide evidence based health care and policy. Paper presented at the annual sessions of the Sri Lankan Medical Association, Colombo, Sri Lanka; November 18, 2006.	Tharyan P.	Members of the Sri Lanka Medical Association
	When are placebo controlled trials justified? Paper presented at the NIH-Fogarty national symposium on Research Ethics at NIMHANS Bangalore, December 11, 2006.	Tharyan P.	Clinicians, postgraduate students, research ethicists
	Evidence based Ethics. Paper presented at the Fogarty/NIH/ICMR/GCP workshop on 'Contemporary Issues in research ethics and good clinical practice' held at CMC Vellore, February 19-21, 2007.	Tharyan P	Research ethicists, clinicians
	Should Trials Registers have a vision? Advisory group meeting of the Indian Clinical Trials Register held at New Delhi, December 4, 2006.	Tharyan P.	Indian Trials Register Advisory Group, WHO SEARO representatives
Nigeria	Cochrane Protocol Development Workshop Institute of Tropical Diseases Research and Prevention, Calabar. April 2006.	Martin Meremikwu, Friday Odey, Ekong Udoh	Doctors, Nurses, Lab Scientists, Social Scientists
	Research-in-Progress Workshop. Institute of Tropical Diseases Research and Prevention, Calabar. May 2006.	Martin Meremikwu, Ekong Udoh	Doctors, nurses, social scientists, lab scientists
	Research-in-Progress Workshop. Institute of Tropical Diseases Research and Prevention, Calabar. July 2006.	Martin Meremikwu, Angela Oyo-Ita	Doctors, nurses, social scientists, lab scientists
	Research-in-Progress Workshop. Institute of Tropical Diseases Research and Prevention, Calabar. September 2006.	Regina Nwadiaro, Ekong Udoh	Doctors, nurses, social scientists, lab scientists
	Cochrane Protocol Development / RevMan Workshop. Institute of Tropical Diseases Research and Prevention, Calabar. October 2006.	Ekong Udoh, Regina Nwadiaro	Doctors, nurses, social scientists, lab scientists

Nigeria	Evidence-Based Medicine Workshop for Medical students. Conference Room, Old Medical School, College of Medical Sciences, University of Calabar. Calabar. April 2006	Martin Meremikwu, Angela Oyo-Ita	Doctors, nurses, social scientists
	Evidence-based Primary Health Care. National Association of Community Health Practitioners, Annual Conference, Calabar. May 2006.	Martin Meremikwu, Angela Oyo-Ita	Primary health care practitioners, policy makers
	Evidence-Based Health Care Workshop. Imo State University Teaching Hospital, Orlu, Imo State, Nigeria. August 2006.	Angela Oyo-Ita, Emmanuel Effa	Doctors, nurses, lab scientists, pharmacists
	Evidence-Based Medicine Paper Presentation. 32 <sup>nd</sup> Medic Africa International Medical Exhibition and Conference at Ladi Kwali Conference Centre, Sheraton, Abuja Nigeria. December 2006.	Angela Oyo-Ita	Policy makers and doctors,
	Evidence-Based Medicine Workshop. National Eye Centre, Kaduna, Kaduna State, Nigeria. February 2007.	Mansur Rabi, Oluseyi Oniyangi, Emeka Nwachukwu, MB Alhassan	Policy makers, doctors, researchers, nurses, Lab Scientists
	Evidence-Based Medicine Symposium. University of Uyo Teaching Hospital, Uyo, Akwa Ibom State, Nigeria. February 2007.	Paul Garner, Jimmy Volmink, Martin Meremikwu	Policy makers, doctors, researchers, nurse, lab scientists
	Evidence-Based Medicine workshop for Clinical Students of College of Medical Sciences, University of Calabar Nigeria. February 2007.	Jimmy Volmink, Martin Meremikwu, Angela Oyo-Ita	Students, doctors
	Paper presentation on "The Febrile Child: A Diagnostic Challenge by Martin Meremikwu at Nigeria Medical Association Continuing Medical Education series in Calabar Nigeria. March 2007.	Martin Meremikwu, Phillip Ephraim	Doctors, Policy makers, researchers
Russia	Teaching course: "Basics of clinical pharmacology and rational use of medicines" (tailored for specialist in internal medicine and pediatrics). 5 September – 2 October 2006, Kazan, Russia.	Kazan team	5 physicians and 19 residents
	Teaching course: "Basics of clinical pharmacology and rational use of medicines" (tailored for specialist in infectious diseases). 2 October – 28 October 2006, Kazan, Russia.	Kazan team	24 physicians and 8 residents
	Teaching course: "Basics of clinical pharmacology and rational use of medicines" (tailored for health managers and drug procurement specialists). 30 October – 11 November 2006, Kazan, Russia.	Kazan team	11 managers, 6 pharmacists

Russia	Teaching course: "Basics of clinical pharmacology and rational use of medicines" (tailored for surgeons and obstetricians). 13 November – 9 December 2006, Kazan, Russia.	Kazan team	26 residents in surgery and obstetrics, 3 physicians
	Teaching course: "Basics of clinical pharmacology and rational use of medicines" (tailored for out-patient physicians and family physicians). 27 November – 23 December 2006, Kazan, Russia.	Kazan team	36 physicians
	Teaching course: "Basics of clinical pharmacology and rational use of medicines" (tailored for clinical pharmacologists and specialist care providers). 10 January – 06 February 2007, Kazan, Russia.	Kazan team	12 physicians and 26 residents
	Teaching course: "Clinical pharmacology" (576 academic hours, 4 months, primary specialization course for clinical pharmacologists). 08 February – 06 April 2007, Kazan, Russia.	Kazan team	20 physicians
	Teaching course: "Basics of clinical pharmacology and rational use of medicines" (tailored for health managers and drug procurement specialists). 09 April – 21 April 2007, Kazan, Russia.	Kazan team	10 managers and 2 pharmacists
Philippines	Workshop on systematic reviews and meta-analyses. 19 April 2006; Manila, Philippines.  Lecture on "Systematic reviews in infectious diseases - finding the policy window". 20 April 2006. Manila, Philippines.	Garner P	Medical residents, fellows and consultants from UP-PGH and reps from PNHR
	Workshop on systematic reviews and meta-analyses. 28 March 2007; Manila, Philippines.	Alejandria, M.	Residents and fellows from the Dept of Med, UP-PGH
	PRA Workshop on Clinical Practice Guideline Development, 16 March 2007; Manila, Philippines.	Dans, LF	Rheumatologists
	Poster presentation on "Knowledge management for improved health and development. University of the Philippines College of Medicine, A project partner of the Effective Health Care Research Programme Consortium". Knowledge Management for Development Forum (KM4Dev 2007) ADB Philippines; 8-9 February 2007.	Lansang MA, Alejandria M.	KM practitioners from 18 countries in Asia, Europe, USA

**ix) Dissemination related items**

Press releases	Target audience
<p>Wiley press releases CIDG reviews</p> <p>Issue 2, 2006</p> <p>Directly Observed Therapy does not help fight Tuberculosis (updated review)</p> <p>Insecticide treated nets beneficial for pregnant women in malaria-endemic Africa</p> <p>Issue 3, 2006</p> <p>Don't bother with intravenous rehydration for diarrhoea – oral rehydration works just as well</p> <p>Treating water at home is effective in preventing diarrhoea, a major cause of death in young children in developing countries.</p>	Press
<p>Laura Kennedy, Contributing Writer. Anti-Malaria Bed Nets Improve Health of Mothers, Babies in Africa. Health Behavior News Service. Release Date: May 1, 2006.</p> <p><a href="http://www.hbns.org/getDocument.cfm?documentID=1261">http://www.hbns.org/getDocument.cfm?documentID=1261</a></p>	Public
<p>AlphaGalileo Press Releases. New research will raise awareness of how to protect unborn children from malaria. 02 April 2007</p> <p><a href="http://www.alphagalileo.org/index.cfm?_rss=1&amp;fuseaction=readrelease&amp;releaseid=519472">http://www.alphagalileo.org/index.cfm?_rss=1&amp;fuseaction=readrelease&amp;releaseid=519472</a></p>	Press
<p>Becky Ham, Science Writer. Not Enough Is Known About Treating Malaria in Pregnancy, Researchers Say. Health Behavior News Service Release Date: July 19, 2005</p> <p><a href="http://www.hbns.org/getDocument.cfm?documentID=1095">http://www.hbns.org/getDocument.cfm?documentID=1095</a></p>	Press
<p>Becky Ham, Science Writer. Older Drugs May Be Good Stopgap Treatment for Malaria in Africa. Health Behavior News Service. Release Date: January 24, 2006</p> <p><a href="http://www.hbns.org/getDocument.cfm?documentID=1198">http://www.hbns.org/getDocument.cfm?documentID=1198</a></p>	Public
<p>Becky Ham, Science Writer. Vaccine Against Early-Stage Malaria Shows Real Potential, Review Finds Release. Health Behavior News Service. Release Date: October 17, 2006</p> <p><a href="http://www.hbns.org/getDocument.cfm?documentID=1357">http://www.hbns.org/getDocument.cfm?documentID=1357</a></p>	Press

## **ANNEX 6: DEVELOPING CAPACITY**

### **Achievements**

For the CIDG, 10 authors from middle and low income countries completed their first Cochrane review during the period; and 13 authors completed their protocols-representing an induction to the Cochrane process. During this period, substantive training was carried out in Vellore (protocol and review workshops) and in Cape Town (Reviewers for Africa Programme).

#### **Calabar Institute of Tropical Research**

- Progress in developing trials capacity through the EDCTP Trial on artemisinin based antimalarial drugs, supported through the RPC.
- Progress on developing financial management systems: financial consultant has been engaged, and plan now in place.

#### **South Asian Cochrane Network**

- Institutional grant support from ICMR agreed in principle.
- Active tripartite arrangement with the RPC Partner Manager and authors in infectious diseases to develop reviews in diarrhoea, malaria and filariasis.
- Extensive training programme in the region: 3 protocol development workshops, 1 review workshop, 1 statistical methods workshop.

#### **China Evidence Based Health Care Network**

- Focus on Qin Liu, network co-ordinator, developing skills in Cochrane methods for a review of a complex intervention in TB adherence.
- Workshop for 30 participants commissioned by the MoH to how to apply systematic review methods to systems questions in the country.
- Successful outcome of competitive bid by MoH and Shandong University for Alliance for Health Policy and Systems Research, Systematic Review Centres, in Health Financing.

#### **University of the Philippines**

- With the employment of an administrator, the Group are now co-ordinating their systematic review production together.

#### **Kazan**

- RPC Partner Manager seconded to WHO Medicine Policy and Standards for training and to help quality assure the activities being carried out in Kazan.

#### **Liverpool CIDG and RPC team**

- CIDG Assistant Editor studying for Masters in International Publishing.
- CIDG Statistical Editor completing MSc Medical Statistics exam; and mentoring programme in systematic reviews initiated.
- Capacity developed in secretarial staff to contribute to the development and to manage systems for tracking titles, protocols and reviews.

## **Challenges**

### **Cochrane Infectious Diseases Group**

One of the biggest challenges has been to ensure reviews are of good quality. The CIDG strategy and the inputs of the highly trained team in Liverpool has helped assure this. The Editorial Base has, in its risk management, added the need to improve the quality of submitted reviews. The strategy of working with RPC Partner Managers in this is generally very constructive.

### **Maintaining authors**

Authorship of a Cochrane review requires fastidious persistence by good researchers. It also needs uninterrupted time. Clinicians and individuals working in countries with repeated power cuts need protected time and an environment where they can carry out detailed, concentrated work. In addition, it is important to maintain motivation, and meetings are important, as well as feeling part of an international community. The forthcoming Cape Town meeting will help in this regard.

### **Access**

Access to the Cochrane Library is now not a problem in India, with a national site licence. However, in China it remains a problem, and in low income countries inadequacies of HINARI and it's implementation compound the problem. The RPC project examining HINARI has helped HINARI modify some aspects of its' implementation.

### **Language**

China does not have a long history of excellence in conducting or using randomised controlled trials, and the language of evidence-informed health policy and practice is somewhat new. There is a real challenge in taking review findings and helping ensure things happen.

The RPC has had some success in carrying out quasi experimental trials, in relevant policy areas: for example, the recently completed pilot project in teaching reproductive health to young women in an electronic factory in Shanghai.

### **Capacity to understand and use systematic reviews**

Ironically, it is parts of the World Health Organization that has some of the most limited understanding of evidence-informed health. Their decision making process is generally around consensus. However, the environment here seems set to change, and we hope to have opportunities for increased impact during this time.