

Effective Health Care Research Programme Consortium

RPC no.7

Annual Report for Year 1:
April 2005 to March 2006

Lead institution: Liverpool School of Tropical Medicine, Liverpool, UK
RPC Director: Paul Garner (Professor)
Date: 15 May 2006

1. BACKGROUND INFORMATION

Title of RPC:	Effective Health Care Research Programme Consortium
Reference number:	RPC no.7
Period covered:	Year 1: April 2005 to March 2006
Lead institution:	Liverpool School of Tropical Medicine Liverpool, UK
RPC Director:	Paul Garner (Professor)

Key RPC Partners:

Calabar Institute of Tropical Diseases Research and Prevention, Nigeria Effective Health Care Research Programme, College of Medical Sciences, Calabar

Partner Manager: Martin Meremikwu (Dr)

China Effective Health Care Network, Chongqing Effective Health Care Research Programme, School of Public Health

Partner Manager: Wang Yang (Professor)

South Asian Cochrane Network, India Effective Health Care Research Programme, Vellore. Partner Manager: Prathap Tharyan (Professor)

South African Cochrane Centre, South Africa Effective Health Care Research Programme, MRC, Cape Town

Partner Manager: Jimmy Volmink (Professor)

Department of Clinical Epidemiology, College of Medicine, University of the Philippines, Manila

Partner Manager: Mary Ann Lansang (Professor)

Cochrane Infectious Diseases Group, Liverpool School of Tropical Medicine

Editorial Group Co-ordinator: Reive Robb (Ms)

World Health Organization, Medicines Policy and Standards

Partner liaison: Sue Hill (Scientist)

Countries covered by research so far:

Cochrane Infectious Diseases Group & Cochrane Collaboration: worldwide

Effective Health Care Research Programme Consortium:

Africa (through Southern Africa Cochrane Centre);

Nigeria (through Calabar Institute);

China (through Effective Health Care Network);

South Asia (through South Asian Cochrane Network)

2. SUMMARY

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

Output 1: Good progress in preparing and updating existing Cochrane reviews, partly because some were already in the pipeline. The **editorial base** has developed a novel model for “closing” reviews and for prioritizing updating process; both are being considered as possible methods to be adopted by other Cochrane Review Groups. We have strengthened the editing process, and have a strategic plan to improve quality and response time in place.

In **India**, substantive progress in providing consistent support to Cochrane authors and extension into Sri Lanka; in **Nigeria**, the Calabar Institute has been made a branch of the South African Cochrane Centre; and in **South Africa**, the Reviewers for Africa was established and the first programme run in September 2005. The **Philippines** author programme has been drafted and will be established next year.

Output 2: Some progress at a **global** level with malaria treatment guidelines (see impact below). Re-orientating country and regional strategies with a focus on the programme communication strategy. In **India**, plans to disseminate Evidence Update through as part of CME are in place; in **Nigeria**, a major we made a major presentation on the evidence base around technical options for malaria control to the Federal Ministry and development partners; and in **South Africa**, experience with STEPP (Supporting Translation of Evidence into Policy and Practice) is continuing. We are currently exploring the potential strategic opportunities of linking with EvipNet in consultation with DfID.

Limitations: a) Using Cochrane reviews is helped when people understand the rationale behind research synthesis, and the need to use the evidence to steer policy rather than the review dictating policy. This needs individuals to be trained in using reviews, and we are working on this with our partners; b) The amount of good empirical research on evaluating health policy systems is limited, and reviews in this area are more complicated. We are exploring how we develop this area with collaborators.

What is the impact of the research programme so far?

1. WHO Global Guidelines for malaria treatment: our team was responsible for assembling the evidence and ensured that it was incorporated into the guidelines.

2. WHO initiative to improve guideline development: our experience in preparing the guidelines, and the limited technical capacity of WHO in this area, has been used in feedback to WHO about how to improve the process of managing guideline development.

3. SARS model for WHO influenza guidelines: The SARS review was completed and developed new methods. the methods and the two DFID fellows were used by WHO to develop their influenza guidelines to be released shortly.

4. Tsunami reviews: Evidence Update, and our rapid response in summarising relevant Cochrane Reviews, was adopted by a co-ordination group within the Cochrane collaboration as a corner-stone to “Evidence-Aid”, viewed as a high profile response to recent catastrophes.

5. Leadership in quality assurance of Cochrane reviews: We have worked with the Australian collaborators on a paper on quality, which is being used by the Cochrane Co-ordinating editors to identify strategic options.

6. Review impacts: Specific reviews continue to have impacts. For example, Grimwade (antibiotics for HIV prophylaxis) was used at a recent WHO policy forum on the topic.

3. KEY THEMES

Theme 3i: What are the research outputs?

Q What progress has been made on key programme outputs?

Output	OVIS	Progress	Recommendation s/ actions
1.	1.1 New systematic reviews	Good progress: malaria (3); tropical diseases (1).	Nil
	1.2 Updated systematic reviews	Good progress: malaria (1); tropical diseases (1); TB (1); systems (1).	Nil
	1.3, 1.4 Priorities for research/policy	Progress made linked with 1.1 and 1.2.	Nil
	1.5 Capacity	Good progress. Nigeria made satellite of South African Cochrane Centre; Nigeria developing capacity in trials management; India providing author support; strategy in place for development of network in China.	Not to re-appoint lecturer in Liverpool but allocate to partners
	1.6 Authors	12 new authors with protocols in progress; 3 new authors with reviews completed. Authors completed phase one of Reviewers for Africa Programme.	Nil
	1.7 Quality	Quality paper drafted for Cochrane Collaboration.	Nil
	1.8 Statistical quality	Appointee settling in. Statistical refereeing now routine: 12 reviews and 6 protocols.	Nil
	1.9 New research	EDCTP trial confirmed; we are partners.	Nil
2.	2.1 Summaries of reviews prepared and disseminated.	Tsunami summaries disseminated. Evidence Update production increased in collaboration with Australia (n=11). Clinical Evidence chapter completed (n=1). Other summaries completed by Programme in India, (n=4), Nigeria, South Africa (see section (v) in report). Access project data analysis completed and discussed with stakeholders.	Nil
	2.2 Global strategy for communication implemented	Outputs reflect implementation of the strategy. Against specific disease categories: level 3 success with WHO malaria guidelines.	Further strategy development and indicators
	2.3 National partner strategies developed	Currently being developed with RPC Programme Partners.	Nil
	2.4, 2.5	Require 2.3 for implementation.	Nil

Q What progress has been made in terms of purpose?

This should also be presented in tabular form.

Purpose*	OVis*	Progress**	Recommendations/comments** *
Increase in decisions relating to the health sector based on best available evidence in middle- and low-income countries.	Choices made in technical options for tackling health problems or organising services practice based of Consortium or Cochrane evidence in a) health policy decisions; b) clinical practice; and c) health consumer demand.	a) WHO malaria guidelines draw on our reviews; forthcoming influenza guidelines based on our collaborators; b) requires monitoring; c) currently being developed.	Some progress with policy; need to consider methods to evaluate changes in clinical practice. Unclear how to link consumer demand and review evidence.

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

Cochrane Infectious Diseases Group: We are working with policy makers to identify priority reviews. We have had considerable dialogue with WHO and specialists around the malaria treatment guidelines-both on the principles of using evidence in guideline development, and how in practice it is used in malaria.

The research group on access to electronic information in Africa: dialogue with policy makers in the Access Project evaluation of use of internet in Africa with stakeholders at a meeting in Liverpool between African researchers, WHO and DFID communication specialists.

India: dialogue with Director General of Indian Council of Medical Research on the South Asian Cochrane Network; engagement with WHO International Clinical Trials Registry Platform, and with ICMR on national trials registers.

Nigeria: engagement with malaria policy makers through meetings and dialogue at Federal level, and in Cross River State; and with the new forum of evidence-based health policy.

Cape Town: engagement with policy makers around the effects of various emergency contraceptive regimens from STEPP has been debated.

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

Generally, yes, but we are further developing our strategy around identifying information needs, identifying sources of knowledge, and national communication strategies.

In India, a focus on national access has been the priority for the year, and the South Asian Cochrane Network is facilitating negotiations between Cochrane Library publisher’s Wiley and the ICMR.

In Nigeria, there is a range of activities related to the RPC Partner’s dissemination strategy. This includes interaction with policy makers, materials prepared for consumers, and engagement with providers in the Centre for Clinical Governance, Research and Training in Cross River State. We have a key role in dissemination of malaria guidelines in the country.

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

Taking time to develop national/regional strategies with RPC Partners.

Access is a key problem. At a practical level, poor access for RPC Partners in Calabar remains a constraint to their effective working; and maintaining a dialogue with policy makers in Lagos and Abuja has practical difficulties as they are a long way from Calabar.

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.

No

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?

This is not an indicator in our logframe.

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?

There is increasing awareness of the need for reliable evidence in research to guide policy.

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

We work within a collaboration whose philosophy is to get the work done and learn by doing; through fostering partnerships between countries learning occurs more naturally.

The Cochrane Collaboration Steering Group will meet in Vellore in 2008 prior to the South Asian Cochrane Network being registered as a Cochrane Centre.

The relationship between the South African Cochrane Centre and the Tropical Calabar Institute of Tropical Diseases Research and Prevention has been strengthened.

In **China**, we are aware there is some fragmentation around evidence-based approaches and Cochrane work being carried out. We have suggested a network be established, and we are working with Chongqing in facilitating this network.

4. LESSONS LEARNT

OUTPUT 1

Prioritization of review topics

No other Cochrane Group is making strategic choices in review topics to the extent the CIDG is, from a recent survey in the Cochrane Collaboration. We are going to formalize these processes in the coming months.

Communication within the Cochrane Infectious Diseases Group

We have found that regular conference calls on policy issues and problems are liked by the Cochrane Infectious Diseases Group Editors, and have now implemented this on a regular basis.

OUTPUT 2

Comprehensible summaries

We have come to appreciate that Evidence Update is relevant to people with some background in systematic review, but not others. We have developed a guide to help people understand the background to reviews, and are looking at alternative summaries for policy makers.

WHO capacity to implement best practice in guideline development is limited

We were surprised how limited the understanding of evidence-based practice is in some technical groups in WHO. Some staff engaged in guideline development are unaware of current global literature in this area, and it is surprising how the institution as a whole pay attention to their own "Guidelines for Guidelines". We are liaising with a group that are exploring how to improve the capacity in WHO in using currently recognized international standards.

5. PROGRAMME MANAGEMENT

a) Priorities

Although we are working on better systems of prioritising review topics, we are aware of the need to be more strategic in this area with more formal processes of consultation.

We believe that, for some reviews, there is clearly a **policy window** and if we miss this then the review is unlikely to have an impact. The problem is then identifying this in advance. This we do through informal consultation, but are currently improving these mechanisms.

b) Audit processes for accounts

We have always had a principle that RPC Partners use auditing mechanisms that are current in their departments. Where there have been no clear systems, we have requested Partner Managers employ internal and contract external auditors. We have now moving forward to develop a Statement of Assurance that the Partner Manager or financial delegate signs off on. This is under development.

c) Communicating administrative arrangements to Programme Partners

We have formalized the process of communicating management processes with partners. We have indicated that the Consortium has taken a policy decision that the sexual harassment policy within LSTM extends to the Consortium, and have sent RPC Partner Managers how this is to be implemented.

d) Partners and programme management

Reviews

The Cochrane Infectious Diseases Group is managed on a day to day basis by the team in Liverpool, who have weekly internal meetings, and communicate with the editors as needed. We have now instituted 3 monthly conference calls, which involve policy and management.

In relation to selection of candidates for completing fellowships to prepare or update systematic reviews, there are several methods:

- The Reviewers for Africa Programme, where decisions are made formally by consensus between staff at the South African Cochrane Centre, the Cochrane HIV/AIDS Review Group, and the Cochrane Infectious Diseases Group.
- The Reproductive Health Fellowships, through a mechanism being set up between the Editor of the Fertility Regulation Group, the Editor of the Pregnancy and Childbirth Group, a representative from WHO, and the Consortium Director.
- Ad-hoc fellowships, decided by the Consortium Director in consultation with RPC Partner Managers.

Dissemination

Partners have autonomy over implementing the agreed log frames within RPC. We are moving to a stage once log frames are complete to discuss resource allocation within the RPC Partners.

e) Progress of expenditure

In the first year, the Consortium agreement was not finalised until June 2005. Although some posts in Liverpool were budgeted from 1 April 2005, we were unable to start the appointment process until this agreement came through so the earliest people were in post was by October and November 2005.

In addition, negotiation with RPC Partners was similarly delayed, and with the developments in the Communication Strategy we still need to strengthen with RPC Partners their country or regional programmes. We are working on this at the moment.

f) Staffing

The Cochrane Infectious Diseases Group is staffed within the norms of Cochrane Infectious Diseases Groups worldwide. Because of the number of reviews, our attention to quality, and the development role with authors, the group is operating at high levels of work load and volume.

In **Nigeria**, to date a lot of the work has been carried out by volunteers, or staff with full time jobs elsewhere. This includes some of the administrative work. There are plans in place to increase full time administrative capacity and a post is about to be filled to help with this.

g) Editorial processing of Cochrane Reviews

We are aware that there our attention to quality has also led to comments that the Cochrane Infectious Diseases Group we are slower in our editorial process than other groups. We are currently looking at where the constraints are in the system and developing a strategy to overcome these problems.

h) Monitoring

Formal monitoring arrangements are highly effective:

- Each RPC Partner has an emerging log frame against which progress can be measured.
- A standardised approach for reporting has been developed in Liverpool to collect outputs.
- We are exploring best approaches for measuring other and unexpected impacts.

ANNEX 1: LOGICAL FRAMEWORK

April 2005-March 2008 GLOBAL PROGRAMME			
Narrative summary	Verifiable indicators	Means of verification	Important assumptions
Supergoal: 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).		
Goal: 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.	
Purpose: Increase in decisions relating to the health sector based on best available evidence in middle- and low-income countries.	1.1 Choices made in technical options for tackling health problems or organising services practice based of Consortium or Cochrane evidence in a) health policy decisions; b) clinical practice; and c) health 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 countries of our reviews.	Politics, vested interests and organisations will allow evidence-based decisions to be implemented.
Outputs:	Verifiable indicators	Means of verification	Important assumptions
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 (8), tuberculosis (4), tropical diseases (8) and child health (4); in reproductive health (4); and in health systems (3).	Cochrane database of systematic reviews.	<ul style="list-style-type: none"> • Policy makers, professionals and users will act on the information. • Health policy makers value research synthesis for decision making.

Outputs:	Verifiable indicators	Means of verification	Important assumptions
	1.2 Updated systematic reviews in malaria (4), tuberculosis (4), and tropical diseases (2) and child health (2); in reproductive health (3); and in health systems (2).	Cochrane database of systematic reviews.	
	1.3 Priorities for policy and practice are clarified or updated.	Analysis of implications for practice section in new and updated reviews.	
	1.4 Priorities for research are clarified or updated.	Analysis of implications for research section in new and updated reviews.	
	1.5 Capacity for evidence-based health care research developed or further developed 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 and institutional support.	
	1.6 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; research and policy portfolio of partners.	
	1.7 Improved overall quality through a) improved editorial processes in the Cochrane Infectious Diseases Group; and b) all reviews through our contribution to the Cochrane Quality Advisory Group.	Progress against indicators in our editorial improvement strategy. External assessment by Cochrane Monitoring and Registration Group. Summary of Cochrane Quality Advisory Group 6 monthly reports to Cochrane Steering Group.	
	1.8 Improved statistical quality of Cochrane Reviews through development and adoption of new methods.	Analysis of reviews and their findings with cluster randomized designs.	
	1.9 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 in priority areas and c) designed and successfully funded.	Analysis of Cochrane reviews. Pilot studies reports. Trials funded.	

Outputs:	Verifiable indicators	Means of verification	Important assumptions
<p>2. Effective dialogue and influence between research, policy and practice communities in public and private sector.</p>	<p>2.1 Summaries of reviews prepared and disseminated.</p>	<p>Evidence Update produced and disseminated.</p> <p>Clinical Evidence chapters prepared, updated and accessed.</p> <p>Other summaries prepared at national level and disseminated through existing channels within countries.</p> <p>Access to internet evidence-based materials assessed through collaborator surveys and through specific research.</p> <p>Consortium annual reports listing papers prepared and disseminated through HINARI enabled or open access publications.</p>	
	<p>2.2 Consortium global strategy for effective communication between research, policy and practice communities drawing on the Communication Framework implemented.</p>	<p>Scrutiny of consortium completed global strategy.</p> <p>Evaluation of outcomes achieved against specific health problem dissemination strategies.</p>	
	<p>2.3 National partner strategies for effective communication between research, policy and practice communities drawing on the Communication Framework.</p>	<p>Scrutiny of partners' strategy completed with indicators.</p> <p>Partner's reports of review topics identified by dialogue with policy makers.</p> <p>Partner's reports of participation in national policy decisions.</p> <p>Partner's annual report of performance against strategy.</p>	
	<p>2.4 National and global communication strategy updated in the light of learning within countries and between partners.</p>	<p>Scrutiny of partner's strategy updating with indicators.</p>	
	<p>2.5 Capacity of effective health care consortium 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>	
Version 2.2		14 December 2005	

ANNEX 3: RISK ASSESSMENT

Description of risk	Probability	Consequence	Impact	Score	Mitigation actions	Responsibility
OUTPUTS						
1. Cochrane Reviews						
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
Statistical quality poor	Low	Reviews not credible	High	Medium	Increasing capacity of authorship teams in meta-analysis	CIDG editorial team with RPC Partners
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
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
2. Dialogue						
Communication framework not implemented	Medium	Dissemination 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 not relevant	Medium	Not used in decision making	Medium	Medium	Translations and teaching materials prepared	China RPC Partner
Format useful to users	Medium	Not used in decision making	Medium	Medium	Policy briefs planning in progress	Dissemination team with RPC Partners
Evidence Update not used	Medium	Not used in decision making	Medium	Medium	Evaluation in progress	Dissemination team
MANAGEMENT						
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

ANNEX 4: COMMUNICATIONS STRATEGY: no change

ANNEX 5: PRODUCTS AND PUBLICATIONS

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

EHCRP Partner	Publication	New or Update (Cochrane only)	Target audience
Cochrane Reviews			
Nigeria	MM Meremikwu, AAA Omari, P Garner. Chemoprophylaxis and intermittent treatment for preventing malaria in children. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD003756. pub2. DOI: 10.1002/14651858.CD003756.pub2.	Malaria (1.1) Policy (1.3)	Policy makers in malaria
Cochrane Collaboration	Briggs CJ, Garner P. Strategies for integrating primary health services in middle- and low-income countries at the point of delivery. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003318. DOI: 10.1002/14651858.CD003318.pub2. [Update]	Health systems (1.2) Research (1.4)	Health systems policy
UK	Bukirwa H, Critchley J. Sulfadoxine-pyrimethamine plus artesunate versus sulfadoxine-pyrimethamine plus amodiaquine for treating uncomplicated malaria. Cochrane Database for Systematic Reviews 2006, Issue 1. Art No.: CD004966. DOI: 10.1002/14651858.CD004966.pub2.	Malaria (1.1)	Malaria policy makers in Africa
	International Filariasis Review Group (Critchley J, Addiss D, Gamble C, Garner P, Gelband H, Ejere H). Albendazole for lymphatic filariasis. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD003753. DOI: 10.1002/14651858.CD003753.pub3. [Update]	Tropical disease (1.2) Policy (1.3) Research (1.4)	India filariasis policy specialists; WHO; global filariasis experts
	McIntosh HM, Jones KL. Chloroquine or amodiaquine combined with sulfadoxine-pyrimethamine for treating uncomplicated malaria. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD000386. DOI: 10.1002/14651858.CD000386.pub2. [Update]	Malaria (1.2)	Malaria policy makers in Africa and India.
	Orton L, Barnish G. Unit-dose packaged drugs for treating malaria. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD004614. DOI: 10.1002/14651858.CD004614.pub2.	Malaria (1.1) Policy (1.3) Research (1.4)	Malaria policy makers and implementers; researchers
Pakistan	Thaver D, Zaidi AK, Critchley J, Bhutta ZA. Fluoroquinolones for treating typhoid and paratyphoid fever (enteric fever). Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD004530. DOI: 10.1002/14651858.CD004530.pub2.	Tropical disease (1.1) Policy (1.3) Research (1.4)	Infectious diseases clinicians; people writing clinical guidelines
South Africa	Volmink J, Garner P. Directly observed therapy for treating tuberculosis. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003343. DOI: 10.1002/14651858.CD003343.pub2. [Update]	Tuberculosis (1.2) Policy 1.3)	TB policy makers and managers

Other Systematic Reviews			
UK	Eisenhut M, Omari A, and MacLehose H. Intrarectal quinine for treating Plasmodium falciparum malaria: a systematic review. BioMed Central Malaria Journal 2005; 4(1): 24 http://www.malariajournal.com/content/pdf/1475-2875-4-24.pdf		Researchers
	Critchley JA, Bates I. Haemoglobin Colour Scale for diagnosis of anaemia. A Systematic Review of diagnostic studies. International Journal of Epidemiology 2005; 34(6): 1425-34. doi:10.1093/ije/dyi195. http://ije.oxfordjournals.org/cgi/reprint/34/6/1425	Research priorities (1.9)	Researchers in reproductive health
Other Publications (peer reviewed)			
China	Huang WY, Qian X. The reproductive health knowledge statuses and demand of unmarried of unmarried floating work-women in a factory of Shanghai. Maternal and Child Health Care of China 2005; 20(21): 2823-5	National dissemination 2.3	Policy makers and researchers in China
India	Farooq S, Tharyan P, Adams C. The relevance of systematic reviews and the Cochrane Collaboration to effective health care in South Asia. Journal of the College of Physicians and Surgeons of Pakistan 2005; 15: 127-8	Regional dissemination 2.3	Researchers and clinicians in Pakistan
	Tharyan P. The Cochrane Schizophrenia Group: Preparing, maintaining and disseminating the evidence for interventions used for people with schizophrenia. International Review of Psychiatry 2005; 7(02): 1-7	National dissemination 2.3	Psychiatrists and primary care doctors in globally
	Tharyan P, Clarke M, Green S. How the Cochrane Collaboration is responding to the Asian tsunami. PLoS Med 2005; 2(6): e169	Regional dissemination 2.3	Policy makers, clinicians
	Tharyan P. The placebo controlled trial in psychiatry on trial. Indian Journal of Medical Ethics 2006; 3: 13 -17	Regional dissemination 2.3	Researchers in psychiatry
Nigeria	Swingler GH, Irlam JH, Macharia WM, Tietche F, Meremikwu MM. A systematic review of existing national priorities for child health research in sub-Saharan Africa. Health Research Policy and Systems 2005 Nov 21; 3: 7 PMID: 16300672	Global research priorities (1.4)	Researchers in child health
	Meremikwu MM, Nwachukwu CE, Asuquo AE, Okebe JU, Utsalo SJ. Bacterial isolates from blood cultures of children with suspected septicaemia in Calabar, Nigeria. BMC Infectious Diseases 2005 Dec 8; 5: 110 PMID: 16336657	Research priorities (1.9)	National clinicians

Other Publications (peer reviewed) <u>continued</u>			
South Africa	Monya-Tambi I, Robertson KR, Volmink JA, Mayosi BM. Acute rheumatic fever. (Letter) The Lancet 2005 Oct 15-21; 366(9494): 1355; author reply 1355-6	Research priorities (1.9)	Specialists in heart disease; public health doctors
	Nkgudi B, Robertso KA, Volmink J, Mayosi BM. Notification of rheumatic fever in South Africa – evidence for underreporting by health care professionals and administrators. South African Medical Journal 2006 Mar; 96(3): 206-8	Research priorities (1.9)	Specialists in heart disease; public health doctors
	Robertson KA, Volmink JA, Mayosi BM. Antibiotics for the primary prevention of acute rheumatic fever: a meta-analysis. BMC Cardiovascular Disorders 2005, 5: 11. DOI:10.1186/1471-2261-5-11	Research priorities (1.9)	Specialists in heart disease; public health doctors
	Robertson KA, Volmink JA, Mayosi BM. Lack of adherence to the national guidelines on the prevention of rheumatic fever. South African Medical Journal 2005 Jan; 95(1): 52-6	Research priorities (1.9)	Specialists in heart disease; public health doctors
	Robertson KA, Volmink JA, Mayosi BM, Writing Committee. 1st All Africa Workshop on Rheumatic Fever and Rheumatic Heart Disease Champagne Sports Resort, Drakensberg, South Africa, 15 - 16 October 2005. Towards a uniform plan for the control of rheumatic fever and rheumatic heart disease in Africa – the Awareness Surveillance Advocacy Prevention (A.S.A.P.) Programme. South African Medical Journal 2006 Mar; 96(3): 241-5	Research priorities (1.9)	Specialists in heart disease; public health doctors
Thailand	Pagaiya N, Garner P. Primary care nurses using guidelines in Thailand: a randomized controlled trial. Tropical Medicine and International Health 2005; 10(5): 471-7	Primary research (1.9)	Human resource management specialists and trainers
UK & China	Qian X, Smith HJ, Liang H, Liang J, Garner P. Evidence-informed obstetric practice during normal birth in China: trends and influences in four hospitals. BMC Health Services Research 2006; 6(29): 1-32. DOI: 10.1186/1472-6963-6-29. http://www.biomedcentral.com/1472-6963/6/29	Primary research (1.9) Evaluation of dissemination (2.3)	Researchers in practice change
UK	Srisurapanont M, Garner P, Critchley J, Wongpakaran N. Benzodiazepine prescribing behavior and attitudes: a survey among general practitioners practicing in northern Thailand. BMC Family Practice 2005; 6(27). DOI: 10.1186/1471-2296-6-27. http://www.biomedcentral.com/1471-2296/6/27	Primary research (1.9)	Public health specialists
	Taylor-Robinson D, Jones K, Garner P. Uncomplicated Malaria. Clinical Evidence 2005; 13: 1-4	Dissemination (2.1)	Clinicians; malaria policy specialists

Other Publications			
South Africa	Robertson KA, Volmink JA, Mayosi BM. Evidence from a meta-analysis of randomized controlled trials shows that primary prevention of acute rheumatic fever with antibiotics is cost effective in developing countries. Journal of the American College of Cardiology 45: 355A,1073-4 (Conference proceedings)	Regional and national dialogue (2.3)	Clinicians; public health specialists
	Volmink J, Arendorf G. Co-trimoxazole prophylaxis in HIV-infected persons living in resource-poor countries. (Editorial) Evidence-Based Healthcare and Public Health 2005; 9, 175-6	Dissemination (2.1)	Public health specialists
UK	Soonthornhada A, Vorasiriamorn, Y Theobald S, Smith H. Community Perceptions and experiences of TB in Kanchanaburi: A gender equity analysis. Institute of Population and Social Research, Mahidol University, Thailand . 2005. ISBN: 974-9716-18-3	Improved review quality (1.7)	Public health specialists
	Garner P, Volmink J. Families help cure tuberculosis. The Lancet 2006; 367: 878-9. http://download.thelancet.com/pdfs/journals/0140-6736/PIIS0140673606683566.pdf	Dissemination (2.1)	TB specialists; public health officers
	Smith H, Gülmezoglu M, Garner P. Evidence-led obstetric care: strategies to change practice and policy. World Health Organization, Department of Reproductive Health and Research . 2005; 1-59. WHO. WHO/RHR/05.14. http://www.who.int/reproductive-health/publications/evidence_led_obstetric_care/text.pdf	Dissemination and dialogue (2.1, 2.2)	Reproductive health specialists; hospital service providers; researchers

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

EHCRP Partner	Publication	Target audience
Journal articles and other publications (books or book chapters)		
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: descriptive study. Submitted to PLOS Medicine.	TB public health specialists
	Qian, Smith HJ, Liang H, Liang J, Garner P. Evidence-informed obstetric practice during normal birth in China: trends and influences in four hospitals. BMC Health Services Research (submitted).	Reproductive health specialists
India	Tharyan P, Goplakrishnan G. Erectile Disorder BMJ Clinical Evidence (in press)	Clinicians
	Tharyan P. The WHO International Clinical Trials Platform and the Indian Clinical Trials Register National Medical Journal of India (in press)	Researchers
UK	Barth J, Critchley JA, Bengel J. Efficacy of psychosocial interventions for smoking cessation in patients with coronary heart disease: a systematic review and meta-analysis. Annals of Behavioural Medicine 2006 (in press)	Public health specialists

Journal articles and other publications (books or book chapters) <u>continued</u>		
UK	Jacob A, Solomon T, Garner P. Corticosteroids in CNS infections. In: Evidence-based neurology . London: BMJ Publications 2006 (in press)	Clinicians
	Taylor-Robinson D, Jones K, Garner P. Malaria: uncomplicated, caused by <i>Plasmodium falciparum</i> . (Clinical Evidence: update in preparation)	Clinicians; guidelines developers
	Wang T, Critchley JA, Addiss D. Statistical methods in drug trials with count data: an example using Lymphatic filariasis. (To be submitted to International Journal of Epidemiology)	Researchers
Cochrane Protocols		
India	Sudarsanam T, Thomas K, Rupalli P, Abraham OC, Tharyan P. Pre-admission antibiotics for suspected cases of meningococcal disease. (Protocol) Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD005437. DOI: 10.1002/14651858.CD005437.	Clinicians; guideline developers
Nigeria	UA Okomo, MM Meremikwu. Fluid replacement therapy for acute episodes of pain in people with sickle cell disease. (Protocol) Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD005406. DOI: 10.1002/14651858.CD005406.	Clinicians; guideline developers
	JE Ehiri, A Meremikwu, M Meremikwu. Interventions for preventing unintended pregnancies among adolescents. (Protocol) Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD005215. DOI: 10.1002/14651858.CD005215.	Public health and Reproductive health specialists
	J Okebe, S Richards, M Meremikwu. Therapeutic interventions for endemic Burkitt's lymphoma in children. (Protocol) Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD005198. DOI: 10.1002/14651858.CD005198.	Clinicians
	CE Nwachukwu, JU Okebe. Antimotility agents for chronic diarrhoea in people with HIV/AIDS. (Protocol) Cochrane Database of Systematic Reviews 2006, Issue 1. Art. No.: CD005644. DOI: 10.1002/14651858.CD005644.	Clinicians; guideline developers
South Africa	Grobler LA, Marindi PN, Mabunda SA, Reuter H, Volmink J. Interventions for increasing the proportion of health professionals in under-served communities (Potocol) Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD005314. DOI: 10.1002/14651858.	Health policy specialists
UK	Critchley JA, Orton L, Garner P, Hahn S, Prasad K, Mayosi B, Mwandumba H, Volmink J. Adjunctive steroid therapy for managing tuberculosis. (Protocol) <i>The Cochrane Database of Systematic Reviews</i> 2004, Issue 3. Art. No.: CD004915. DOI: 10.1002/14651858.CD004915.	Clinicians; guideline developers
	Soares-Weiser K, MacLehose HG, E Goldberg, G Tamimi, OC Pitan, L Leibovici. Rotavirus vaccine for preventing diarrhea. (Review update in preparation)	Public health specialists

iii) Books or book chapters

EHCRP Partner	Publication	Target audience
China	Qian X, Tan H, Liang H, Cheng H. Sexual and reproductive health of adolescents and youths in China: a survey of literature and projects 1995-2002. World Health Organization Western Pacific Region 2005. ISBN 92 9061 031 X (NLM Classification: WS 642)	Reproductive health specialists
Nigeria	Meremikwu M. Sickle Cell Disease. Clinical Evidence BMJ Publications. (Updated in third quarter 2005)	Clinicians; guideline developers
South Africa	Gibson PG, Abramson M, Wood-Baker R, Volmink JA, Hensley M, and Costable, Ulrich (Eds) Evidenced-based Respiratory Medicine . BMJ Books: United Kingdom. ISBN 13:978-0-7279-1605-1/ISBN 10:0-7279-1605-X	Clinicians
	Volmink JA, Murphy C. Evidence-based Respiratory Medicine , Section Editor: 4, Infection 299; Contributor: 4.3 Pulmonary tuberculosis, 321. BMJ Books United Kingdom. ISBN 13:978-0-7279-1605-1/ISBN 10:0-7279-1605-X	Clinicians; public health specialists
WHO	Smith H, Gülmezoglu M, Garner P. Evidence-led obstetric care: strategies to change practice and policy. World Health Organization, Department of Reproductive Health and Research . 2005; 1-59. WHO. WHO/RHR/05.14. http://www.who.int/reproductive-health/publications/evidence_led_obstetric_care/text.pdf	Reproductive health specialists
	World Health Organization (Jones K and Garner P: members of the Technical Guidelines Group; members of the Guideline Drafting Committee). WHO Guidelines for the treatment of malaria. WHO, Geneva, Roll Back Malaria . 2006; 1-266. WHO/HTM/MAL/2006.1108. http://www.who.int/malaria/docs/TreatmentGuidelines2006.pdf	

iv) Policy briefs

EHCRP Partner	Publication	Target audience
India	The South Asian Cochrane Network: Helping to provide evidence for interventions in health care. (19 April, 2006) Report submitted to The Indian Council of Medical Research, New Delhi.	Policy makers, Potential funders
Nigeria & UK	Meremikwu, Orji B, Garner P. Health Technology Assessment in Nigeria: strategic options.	Policy makers, development partners
China	A policy brief based on the DOT project circulated to WHO Beijing Office, MoH, and CDC of China.	WHO, MoH and development partners

v) Publicity material

EHCPR Partner	Publication/Poster/Activity	Target audience
India	Should all pregnant women be given anti-malarial drugs? Evidence Update August 2003; disseminated in: Current Medical Issues: Continuing Medical Education Journal 2006; 8 (2): 22	General practitioners; clinicians
	Should people with malaria being treated with quinine receive a high first dose? Evidence Update February 2005; disseminated in: Current Medical Issues: Continuing Medical Education Journal 2006; 8 (2): 23	General practitioners; clinicians
	Is reduced osmolality oral rehydration solution better than standard solution for children with diarrhoea and dehydration? <i>Evidence Update</i> August 2005; disseminated in: Current Medical Issues: Continuing Medical Education Journal 2006; 8 (2): 30	General practitioners; clinicians
	In caesarian section, do antibiotics reduce complications caused by infections? <i>Evidence Update</i> January 2005; disseminated in: Current Medical Issues: Continuing Medical Education Journal 2006; 8 (2): 31.	General practitioners; clinicians
Nigeria	<i>Evidence Update</i> sent to medical practitioners through their various commissioners of health. February/March 2006 (Cross River, Abia, Anambra, Imo, Rivers, Akwa Ibom, Bayelsa, Ebonyi, Delta, Edo, Oyo, Ekiti, Ondo, and Kogi States of Nigeria)	State policy providers
	Igbo language IEC materials on ITN and AIDS respectively (in collaboration with Federation of Igbo Medical Students) Igbo-speaking Nigerian of all ages – especially youths	Youth
UK	Id21 highlight. Should diazepam be given to people with tetanus? (Submitted by K Abba on 22 Nov 2005)	Health researchers
UK & Australia	<p>EVIDENCE UPDATE</p> <p>Effective Health Care Alliance Programme in collaboration with the Australasian Cochrane Centre:</p> <p>Can folate be used to treat depression? <i>Evidence Update</i> March 2006; Mental Health Series.</p> <p>Do lay health workers improve health care delivery and healthcare outcomes? <i>Evidence Update</i> March 2006; Health Sector Development Series. *</p> <p>Do psychological treatments delivered by paraprofessionals improve symptoms in people with anxiety or depressive disorders? <i>Evidence Update</i> February 2006; Mental Health Series.</p> <p>Do specialist outreach clinics improve health care? <i>Evidence Update</i> December 2005; Health Sector Development.</p> <p>Does brief psychological debriefing help manage psychological distress after trauma and prevent post traumatic stress disorder? <i>Evidence Update</i> January 2006; Mental Health Series.</p> <p>How effective is magnesium sulphate compared to diazepam for women with eclampsia? <i>Evidence Update</i> November 2005; Maternal Health Series. *</p> <p>Is chlorproguanil-dapsone effective and safe for treating uncomplicated falciparum malaria? <i>Evidence Update</i> December 2005; Malaria Series. *</p> <p>Is intrarectal quinine as effective as intravenous quinine for people with malaria? <i>Evidence Update</i> April 2005; Malaria Series.</p> <p>Should acellular vaccines replace whole cell vaccines to prevent whooping cough in children? <i>Evidence Update</i> January 2006; Respiratory Tract Infection Series.</p> <p>Should diazepam be given to people with tetanus? <i>Evidence Update</i> June 2005; Other Infectious Diseases Series. *</p> <p>Which drugs are most effective for treating uncomplicated falciparum malaria during pregnancy? <i>Evidence Update</i> March 2006; Malaria Series. *</p> <p>* <i>Evidence Update's</i> published in Africa Health 2005-06.</p>	Clinicians, researchers

vi) Website links

EHCPR Partner	Website address	Target audience
India	South Asian Cochrane Network. www.cochrane-sacn.org	Researchers
Nigeria	Effective Health Alliance Nigeria. www.ehcapnigeria.org	Researchers
South Africa	South African Cochrane Centre, MRC. www.mrc.ac.za/cochrane	Researchers, clinicians, policymakers, consumers
UK	Effective Health Care Research Programme Consortium, LSTM. www.liv.ac.uk/lstm/evidence	Researchers mainly, who want to do reviews; policy makers
Cochrane Collaboration	http://www.cochrane.org/evidenceaid/project.htm	Health professionals working in disaster areas

vii) RPC reports

None

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

EHCPR Partner	Meeting/Workshop	Key people
India	Tharyan P. Evidence Based Psychiatry: implications for clinical practice. [Plenary session presentation] International Conference on Psychiatry sponsored by the South Asian Forum, The World Psychiatry Association, The Royal College of Psychiatrists and the Sri Lankan College of Psychiatrists, Colombo. 25-27 July 2005.	Policy makers, clinicians, conference delegates
	Tharyan P. Can systematic reviews help improve clinical practice? Evidence Bases Medicine: Introductory workshop at Shillong, November 2005.	Clinicians (government doctors and GPs)
	Tharyan P. Are Cochrane reviews asking the right questions? Seek but you may not find. [Plenary session presentation]. XIII Cochrane Colloquium, Melbourne, Australia, 22-26 October 2005.	Cochrane Collaboration contributors and those interested in research synthesis
	Tharyan P. The South Asian Cochrane Network: Supporting reviewers in South Asia and contributing to the global Cochrane agenda. XIII Cochrane Colloquium, Melbourne, Australia, 22-26 October 2005.	Cochrane Collaboration contributors and those interested in research synthesis
	Protocol development workshop for Cochrane Reviews. Held at Christian Medical College, Vellore, June 2005.	Review authors
	Workshop on developing a protocol for a Cochrane Systematic Review at the Faculty of Medicine, Colombo, 28-29 July 2005.	Review authors
	Training of trainers workshop at Mumbai, September 2005.	Members of the Steering Group of the SACN; editors, review authors

EHCRC Partner	Meeting/Workshop <u>continued</u>	Key people
India	How to identify and access appropriate materials useful in teaching others how to start and complete a systematic review. Workshop on Training the trainers at the XIII Cochrane Colloquium, Melbourne, Australia, 22-26 October 2005.	Those interested in teaching systematic reviews
	Workshop on developing a protocol for a Cochrane Systematic Review: University of Perediniya, Sri Lanka, November 2005.	Faculty of the University of Perediniya
	Evidence Based Medicine: workshop on using evidence based resources for clinical practice, held at the Post Graduate Institute, Colombo, Sri Lanka, November 2005.	Post Graduate students from all over Sri Lanka
	Cochrane Systematic Review Completion workshop; held at the Christian Medical College, Vellore, November 2006.	Review authors with registered protocols
	Evidence Based Resources for assessing the effects of interventions in health care; workshop on Mental health: the new frontier? Held at the World Council of Churches General Assembly, Porto Alegre, February 2006.	Members of church related organizations involved in health care
	Protocol development and review completion workshops held at Chennai, March 2006.	Review authors
Nigeria	Martin Meremikwu, Christy Okoromah, Bose Afolabi, Bright Orji. Seminar on Evidence Based Health Care for Health Care Institution Librarians. Nigerian Institute for Medical Research Yaba Lagos (second quarter 2005).	Librarians and Researchers in Health care institutions
	Martin Meremikwu Role of Evidence based medicine in control HIV/AIDS. National Conference of Association of Resident Doctors, July 2005.	Trainee doctors, medical students and specialists for teaching and specialist hospitals in Nigeria
	Martin Meremikwu, Bright Orji Evidence-based health promotion, Faculty of Public Health, University of Ibadan, 26 August 2005.	Students and staff in the faculty
	Martin Meremikwu Strategic plan for malaria control in Nigeria: 2001-2005: A desk review, Abuja, 7 November 2005.	Policy makers (Minister and commissioners), Programme officers, development partners
	Martin Meremikwu Artemisinin-based combination therapy - current management of malaria (Key Note Public Presentation) – Lagos Sheraton, 7 February 2006.	Policy makers, health providers, consumers, Media (local and international)
	Ekong Udoh, Emmanuel Effah, Chukwuemeka Nwachukwu, Angela Oyo-Ita A Cochrane Protocol Workshop; Calabar 15 th February, 2006.	14 persons (Doctors, social scientist, Lab scientist)
	Martin Meremikwu Effort to promote evidence-based medicine in Nigeria. MRC Cape Town, 17 March 2006.	Advisory Board, South African Cochrane Centre

EHCRP Partner	Meeting/Workshop <u>continued</u>	Key people
Nigeria	Martin Meremikwu Applied Evidence-Based Health Practice in Nigeria at the Leadership and Human Resource Development in Health Workshop organized by Cross River State Ministry of Health.	Senior Health workers and heads of department in the State Ministry of Health
UK	Alistair Breckenbridge, Andrea Egan, Peter Winstanley, Alex Doodoo. Consortium Safety Panel on IPTi (Intermittent presumptive treatment for malaria in infants). Reivew and met-analysis of safety data from RCTs of SP versus placebo in sub-Saharan Africa to inform IPTi Executive Steering group.	Researchers
	Fourth MIM Pan African Malaria Conference (Multi-lateral initiatives against Malaria), Yaounde, Cameroon, 13-18 November 2005. (Lutje V, Jones K.)	Malaria researchers and policy-makers
	Lutje V, MacLehose H, Garner P. Editorial strategy for revising Cochrane reviews: does it help? [Poster abstract] XIII Cochrane Colloquium, Melbourne, Australia, 22-26 October 2005.	Cochrane contributors
	MacLehose HM, Mellor L, Remington T. Survey of the use of Cochrane Style Guide guidance in published Cochrane reviews. [Poster presentation] XIII Cochrane Colloquium, Melbourne, Australia, 22-26 October 2005.	Cochrane contributors
	Parnham J, Coren E, MacLehose H. Reducing duplication: an example of collaboration between Guideline developers and Cochrane Collaborative Review Groups [Poster presentation] XIII Cochrane Colloquium, Melbourne, Australia, 22-26 October 2005.	Cochrane contributors
	Computer assisted qualitative data analysis [Seminar]. January 2006 (Smith H)	School of Public Health Fudan University and School of Public Health, Chongqing University of Medical Sciences, China

ix) Dissemination related items

EHCRP Partner	Meeting/Workshop	Key People
UK	Press release for Cochrane Reviews 2006 CD003755 - insecticide nets and malaria CD003343 - DOT for tuberculosis	Journalists

ANNEX 6: DEVELOPING CAPACITY

Achievements

Some achievements have been made within the context of the earlier programme. A more comprehensive overview will be made available in the report in year 2. Here are a few examples of achievements from RPC Partners in the last year:

Calabar Institute of Tropical Diseases Research: The main achievements have been the support to a network of authors in Nigeria; the establishment of strong links with the Federal Ministry to enable influence over malaria policies.

South Asia Cochrane Network: The main achievements to date have been the establishment of the South Asian Cochrane Network linking review authors and other contributors from India, Pakistan and Sri Lanka. We have 7 functioning network sites in India, 2 in Pakistan and 1 in Sri Lanka. We hope to include interested people from Nepal, Bhutan, Bangladesh (we have a potential site in Dhaka), and Maldives in the future.

South African Cochrane Centre: The SACC has institutionalized regular training and support for Cochrane authors. This includes awareness raising workshops and sessions on Evidence based practice (EBP) and The Cochrane Collaboration; telephone and email support; and monthly “problem busting” sessions.

Challenges

Systematic review methods are evolving all the time, our quality standards have increased, and updating reviews takes much longer to complete than originally anticipated-often taking almost as long as the original review. This has led to the following challenges:

1. Increases the expectations on authors, in terms of technical capacity, and in their time.
2. Increases the time required for specialist input from statisticians.
3. Increases in demands on external referees.
4. Increases the number of checks to be made by the Liverpool editorial team.

This can have the consequence of causing author fatigue; it has also massively increased the workload of the Liverpool CIDG staff, and the work load of the volunteer editors.

The number of skilled statisticians is short world wide, but particularly in systematic reviews in middle and low income countries.

Developing capacity in effective decision making is often difficult when there are established beliefs within specialist technical groups. Developing capacity in organizations such as the World Health Organization is particularly important role, not perhaps for this project, but for evidence-based approaches to be effectively globally.

Access is a problem especially in India. Enabling greater access to the Cochrane Library is a major challenge, since India, Pakistan and Sri Lanka do not qualify for free access via HINARI. Increased production (based on priority conditions and guided by feedback from users) and wider dissemination of Evidence Update, increased publicity of the Collaboration, the Cochrane Library and Evidence Updates via the media and other means will help address this challenge. Continuing dialogue with John Wiley to either reduce its introductory offer for a national subscription or increasing the usage base by offering lower priced subscriptions for consortia of users are strategies we are exploring.