

Effective Health Care Research Programme Consortium

RPC no.7

Annual Report for Year 3:
April 2007 to March 2008

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

RPC Director: Paul Garner (Professor)

Date: 2 May 2008 (revised 2 June 2008)

1. BACKGROUND INFORMATION

Title of RPC:	Effective Health Care Research Programme Consortium
Reference number:	RPC no.7
Period covered:	Year 3: April 2007 to March 2008
Lead institution:	Liverpool School of Tropical Medicine Liverpool, UK
RPC Director:	Paul Garner (Professor)

Key RPC Partners:	Link Person	Designation
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 State Medical Academy for Postgraduate Medical Education, Kazan, Tatarstan	Lilia Ziganshina (Professor)	Partner Manager
University of Nairobi, Institute of Tropical and Infectious Diseases (UNITID), Nairobi	Machoki M'Imunya (Dr)	Partner Manager
Cochrane Infectious Diseases Group, Liverpool School of Tropical Medicine	Reive Robb (Ms)	Editorial Group Co-ordinator
World Health Organization		
Medicines Policy and Standards	Sue Hill (Scientist)	Partner liaison
Alliance for Health Policy and Systems Research, Systematic Review Centres	Sara Bennett (Scientist)	Alliance Director
Possible new RPC Partner (under negotiation):		
Cochrane Sexually Transmitted Diseases Group, Centro de Estudos de AIDS/DST (CEARGS), Porto Alegre, Brazil	Mauro Ramos (Dr)	Partner Manager

Countries covered by research so far:

Cochrane Infectious Diseases Group and The 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)

Philippines (through Department of Clinical Epidemiology)

Kenya (through Institute of Tropical and Infectious Diseases) from February 2008

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 log frame been achieved?

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

We are on target with the **number of new and updated reviews (1.1, 1.2, 1.4, 1.5)**. We have over-achieved with malaria, and generally doing better with updating targets (Annex 7). In relation to our performance for health systems we are relatively slow, but the collaboration with the Alliance for Health Policy and Systems Research is an appropriate avenue to take this forward. The Cochrane Pregnancy and Childbirth Group is active and preparing many relevant reviews in this area; it is not a key focus of our partnership, and these indicators should probably be revised.

In terms of **methodologically challenging reviews (1.3)**, we have completed a systematic review of qualitative research in tuberculosis (TB), so are on target; health systems reviews are continuing with Shandong University.

In terms of **capacity development (1.6, 1.7)**, the South Asian Cochrane Centre is due for registration; and a process is established in Nigeria to try and establish a Cochrane Centre. Recent meetings in South Africa and Nigeria of collaborators (photos and video clips available in enclosed memory stick) demonstrate what an impressive impact The Cochrane Collaboration is having in some areas of Africa. Progress in terms of recruiting editors has been relatively slow, but this has been addressed by the Cochrane Infectious Diseases Group (CIDG) in the strategic plan.

In terms of **improved quality (overall and statistical, 1.8 and 1.9)**, this continues to increase, but we have not formally measured it.

In terms of **relevant research priorities and related research (1.10)**, this year has seen the completion and publication of a number of important projects: a) the South Africa feasibility study of childbirth companions; b) the factory health education project in Shanghai; c) access to electronic health knowledge in five countries in Africa; and d) the descriptive study of directly observed therapy in Chongqing, China.

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

Good progress made (see Global Communications Strategy report, Annex 4).

What is the impact of the research programme so far?

Some **Cochrane reviews** are having impact (see Annex 5, section v, publicity materials).

- The Cochrane review of *artesunate for severe malaria* is being used by the WHO to lobby for adoption of this drug.
- The Cochrane review of *insecticide-treated nets in pregnancy* was used by the DFID press office on World Malaria Day (2007).
- The Cochrane review of *deworming in children* is being used by *PLoS Neglected Diseases* to create a debate around the uncertainty highlighted by this review.
- The Cochrane review of *albendazole in filariasis* was used by the Government of India to resist imposed policies from the global lymphatic filariasis elimination programme for several years.
- The Cochrane review of *electronic mosquito repellents* generated worldwide press coverage.
- *Clinical Evidence on malaria* section were used by the WHO Malaria Guidelines Group.

Some **research studies** linked to either a) piloting research interventions in priority areas (output 1); or b) our communication strategy (output 2) have had some impact:

- *Access to medical literature in Africa*: this has been used in policy discussions in DFID and in WHO in relation to HINARI.
- *China adolescent health factory project*: this has been included in a WHO commissioned discussion paper on migration and reproductive health that will be used by the Department of Reproductive Health and Research in their contribution to the Commission on the Social Determinants of Health in 2008.

- *Feasibility of childbirth companions*: this study has helped provincial departments in South Africa make more sensible decisions about this policy.

Some of our **activities** have had direct impact:

- Harriet MacLehose and Paul Garner contributed to a document lobbying for free access for developing countries that led to Wiley announcing free access of the Cochrane Library for all HINARI band 1 countries.
- Harriet MacLehose and Paul Garner have contributed to the Cochrane Co-ordinating Editors Executive which has led to a proposal for an Editor in Chief.

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	6 with CIDG, and 2 with others: total 8	Prioritise topics
	1.2 Updated systematic reviews	7 with CIDG: total 7	Prioritise topics
	1.3 Methodologically challenging reviews completed in qualitative synthesis; health systems	2 (Primary health care supervision in developing countries; patient adherence to TB treatment)	Learn from experience in next set
	1.4 Priorities for policy and practice	Formulated or updated in 15	Dialogue with DFID re communication
	1.5 Priorities for research	Formulated or updated in 15	Dialogue with DFID re how to use in research policy
	1.6 Capacity for evidence-based research	Nigeria development as Branch; India Centre status nearly approved; China Network active; Kenya network initiated	Increase capacity a) highly trained individuals; b) broader training approach
	1.7 Cochrane authors and editors	During the period, 21 new authors, and 1 new editor appointed	Strategy for new editors in place
	1.8 improved overall quality	Editorial Board across The Cochrane Collaboration agreed in principle; quality of our reviews maintained	Conversion to new software and continue active management by CIDG
	1.9 Improved statistical quality	Statistical refereeing consistent, thorough and across all reviews and protocols	Increase pool of statisticians
	1.10 Relevant research priorities developed and a) dialogue; b) areas identified; and c) piloted studies carried out and d) bigger studies funded.	(1) dialogue with WHO for priorities in malaria diagnostics; (2) access project in Africa completed; (3); TB reminders for adherence pilot completed in China; (4) study examining feasibility of SMS in Philippines completed. No trials funded.	Increase dialogue with partners to identify priority areas for pilot studies of new interventions; support application for larger projects.
2.	2.1 Consortium global strategy implemented	Global strategy implemented in a variety of contexts	Explore collaboration of products with Wiley
	2.2 National Partner strategies	Partner strategies more clearly articulated and implemented	Continue support to partners
	2.3 Capacity for communication enhanced	Increased capacity through learning and sharing experience	Meeting year 5

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 Review evidence in a) health policy decisions; b) clinical practice; or c) consumer demand	WHO guidelines for guidelines being revised to require systematic reviews, and GRADE analysis derived from meta-analysis to be explicitly linked to any new WHO guidelines	Limited consumer information/demand. To explore opportunities through private sector scoping study

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

Tuberculosis and China: Findings from the descriptive study in Chongqing municipality were presented to policy makers at the WHO China office, Beijing, and discussed at high-level national TB control programme meetings.

Access to electronic health information and DFID/WHO: Access publication and final results discussed at a specially convened one day symposium. Representatives from the BMJ group, DFID (CRD) and WHO (HINARI) considered the relevance of the findings for policy decisions and improvements in online journal access.

Nutrition and tuberculosis in Africa: The South African Cochrane Centre, led by Jimmy Volmink and Nandi Siegfried, organized the South African Consensus on HIV, TB and nutrition. This document is highly cited and used in the region.

Malaria and Nigeria: RPC Partner Manager is technical adviser to the Federal Ministry in malaria control. State government commissioned RPC Partner Manager to evaluate RBM Programme 2003-7 to assist with decisions about resource allocation for malaria control in Cross River State.

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

Most targets are activity led, working within a conceptual framework. As you can see in Annex 4, both globally and within Partner countries, we have had considerable outputs, including publications, policy briefs, publicity materials and dissemination events.

Disseminate tailored research evidence: Wiley–Blackwell, who publish *The Cochrane Library*, have seen a large increase in their subscriptions, and Cochrane Reviews prepared by the CIDG regularly feature in the publisher’s press releases. We work with the Health Behaviour News Service (HBNS) to ensure their press releases reach journalists in developing countries. Our tailored products are varied and considerable (see Annex 5, sections iv and v). This includes translation into Chinese.

Increase dialogue:

- Dialogue with child health staff in WHO has increased as we play a role in trying to facilitate Cochrane Reviews tailored to their information needs.
- WHO has commissioned reviews to help with guideline development for persistent diarrhoea in children.
- Partnership project between China Evidence Network, Shandong University, MoH, and WHO with the Chinese Journal of Evidence-Based Medicine will generate debate around evidence for health policy and systems.

Increase demand for evidence: Our work at an international level has helped increase demand within WHO for systematic reviews and GRADE summaries.

Country programmes

Nigeria partners held a national collaborators meeting backing on to a national consumer awareness workshop in February 2008. DFID country advisers participated.

Philippines partners contribute to the Health Policy Development Programme. This scans for new evidence that is then fed into the Ministry of Health to help refine policies related to the Millennium Development Goals (MDGs); they also contribute to national guideline development in maternal, neonatal and child care for the country.

South Africa partners have a comprehensive programme of communication with STEPP (Supporting Translation of Evidence into Policy and Practice). The project, in collaboration with Western Cape Provincial Department of Health, bridges the gap between research evidence, policy decision makers, practitioners and consumers by developing reports that compare Department of Health policy with best available evidence. In addition, SACC contributed to the South African Academy of Science project on nutrition, TB, and HIV (final report available on <http://www.assaf.co.za/>).

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

With such a wide variety of Cochrane Reviews, multiple-target audiences and other groups at topic and country level promoting evidence-informed approaches, it is a challenge to find our niche. But in our communication strategy we have it clearly identified driving change (Figure 1), building the credibility, skills and influence of individuals (Figure 2).

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.

The strategy has been refined and the diagrams added. We revisit our global communications strategy regularly to make sure it captures our core principles and theoretical framework, and **RPC outputs and** 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, note where global, national or local adoption of the findings of a review influence health and economic status.

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 is including Cochrane reviews in their new procedures for guideline development.

DFID and others are aware of reviews and contact us for further information, or to point out any areas where we may need to correct interpretations or findings.

Staff in DFID Communications contact us regularly for case studies and success stories that demonstrate impact on national or international policy or practice concretely.

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

These principles are embodied in The Cochrane Collaboration principles, and are made a reality within this RPC.

Figure 2 in the global communications strategy outlines the capacity development cycle that allows Partners to develop capacity in evidence synthesis and applied research, and through this strengthen their credibility. Partners are better able to engage with policy and influence decision makers in areas where they have expertise and credibility.

Partners in China work with the Philippines Partner Manager, and this year we brought in India to oversee this process; the RPC Director has been explicit about South Africa directly managing Nigeria and Kenya collaborators in the long term, and the South African Cochrane Centre (SACC) is now managing the day-to-day contact for Output 1 with these collaborators.

Countries

In **Nigeria**, the Demographic Surveillance System project is drawing on extensive South to South links, facilitated initially by Liverpool.

China is working with RPC in the Philippines to design a project examining the feasibility of mobile phone texts for prompting TB patients. Philippines have already carried out such a study, with technical support from Liverpool, and supported by the RPC.

Author from **China** has been a Visiting Fellow with the Philippines group completing a Cochrane Review.

Regional meetings of RPC Partners facilitate sharing of experience, which we have found particularly relevant to strengthening Partner communications strategies.

4. LESSONS LEARNT

A. Strategic plan needed for Cochrane Infectious Diseases Group

The CIDG has been in response-mode to authors in relation to their interests, and to the WHO for the reviews that they want. Although we have been steering authors towards relevant reviews, there is still a certain proportion that is perhaps not high priority because they have few trials, or because the topic is not very relevant to developing country problems. These reviews take an equal amount of editorial time to support, and reduce the capacity to promote areas which really will be important to health.

We have decided to be absolutely explicit about our priority reviews and our prioritisation criteria, and are currently developing this in our strategic plan.

B. Systematic reviews of systems are difficult and of unknown value

We have involved ourselves in systematic reviews of health systems to understand the process and help develop the methods. We in Liverpool and also Partners in South Africa are not entirely convinced of the value of the Cochrane approach in these areas. If a formal Cochrane Review is done, the work can be extremely laborious for outputs of limited value. We are therefore continuing our work in this area while exploring other approaches that use systematic methods, and reviewing progress.

D. Need to increase understanding systematic reviews in developing country health systems

In Europe, and particularly in the UK, there has been widespread diffusion of the philosophy and science behind research synthesis, and high uptake of evidence-based medicine. In developing countries the exposure is much more limited, and we are aware that even those people who want to do Cochrane Reviews sometimes do not understand the basic principles. We intend to work with RPC Partners in increasing investment and activities in training to change this situation.

E. Governance required in The Cochrane Collaboration

The Cochrane Collaboration has evolved into a large and complex set of groups with clear functions generally but with highly complex communication needs. Also, there are no systems of governance over quality of the 51 Cochrane Review Groups. Over the last two years, the RPC Director has been working with a small group to a) ensure there is an appreciation of a need for governance; b) establishing a mechanism – mainly through approval of an Editorial Board and an Editor-in-Chief; and c) identifying the funds and how this post would work. This proposal was approved in January 2008 by the Co-ordinating Editors at a meeting in London; and by the Steering Group of The Cochrane Collaboration in April 2008.

F. Operating in response mode needs dedicated staff or fellowships

With the increased emphasis in WHO guideline development, we are being asked increasingly to help with preparing evidence and systematic reviews. This is often to quite tight timelines. We find this is difficult to achieve through volunteer reviewers; on the other hand, the funds through WHO contracts for this are too small to hire in a specialist team, and we often subsidise this work through the RPC. We believe that we need to ensure sufficient funding is given to this work, and identify mechanisms in the RPC for the work to be carried out by Partners. This will mean more full time experienced staff employed by RPC Partners.

5. PROGRAMME MANAGEMENT

The Consortium represents mature relationships between people that trust each other.

To date, the impetus for the RPC has come from the Director and Deputy Director, liaising with people who are generally engaged in The Cochrane Collaboration. Work programmes have been developed organically, working on people's interests, in areas relevant to the MDGs, systematic reviews, capacity development and translating research into practice. This personality-led approach has been demonstrably successful, but puts excess strain on some individuals, and means the work becomes personality dependent, which is a risky strategy in relation to the greater good of the work overall. We now have made this issue explicit, are discussing it with partners, and have taken steps to move to more sustainable management structures.

- a) Formation of a Consortium Executive (with three senior Partners, from the Philippines, India and South Africa) with defined terms of reference.
- b) Formal contracts with all RPC Partner institutions and LSTM with defined activities and milestones, with potential for action if these are not met.
- c) Decentralised management to partners. The intent is for South Africa to lead management of Kenya and Nigeria Partners, with consultation with Liverpool. We have instituted joint monitoring visits and teleconferences. From 1 April, South Africa is taking the lead in negotiation with Kenya, with a view to this transfer occurring with Nigeria from April 2009. Transaction and supervision costs of this management change need to be considered within the RPC.

Dr **Liz Ollier** has accepted the role of chair of CAG and has been very helpful in providing Liverpool staff with advice on strategy.

ANNEX 1: LOGICAL FRAMEWORK

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

¹ Version included in the EHCRPC Extension Proposal submitted to DFID on 16 March 2007.

Outputs:	Verifiable indicators	Means of verification	Important assumptions
1. Reliable, up to date, scientifically defensible and relevant evidence in malaria, TB, child health, maternal health, and health systems.	1.1 New systematic reviews in malaria artemisinin-based combination therapies (ACTs) (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 <i>Cochrane Database of Systematic Reviews</i> ; overview of head-to-head artemisinin combination reviews completed.	Policy makers, professionals and users will act on the information.
	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).	<i>Cochrane Database of Systematic Reviews</i> .	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, tuberculosis 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 Cochrane 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 evidence-based medicine (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 Cochrane 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. The 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 trial 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.	
2. Stakeholders able to access and use evidence-informed approaches in relation to MDGs.	2.1 Consortium global strategy for effective communication (between Partners, and with multilaterals, donors, national policy makers, clinicians, training institutions) developed, implemented and updated.	Scrutiny of consortium completed global strategy, activities and report. Evaluation of outcomes achieved against specific health problem dissemination strategies.	
	2.2 National Partner strategies for effective communication developed, implemented and updated.	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.	
	2.3 Capacity of RPC in communication and influence enhanced.	Evidence of direct influence on policy of communication initiatives; Partner's initiative in shaping national policy agenda and direction through dialogue and research findings.	

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; compile 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 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 REGISTER

Description of risk	Probability	Consequence	Impact	Score	Mitigation actions	Responsibility
OUTPUTS						
1. Cochrane Reviews						
Reviews not relevant due to timing	High	Not used	High	High	Liaise with policy makers on priorities Fast track route for reviews	CIDG editorial team
Reviews out of date	Medium	Reviews not credible	High	High	Implement assessment of new trials	Information Retrieval Specialist
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; make explicit RPC role	CIDG editorial team RPC Partners
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	Assistant 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
Unable to assure lay consumer from low income countries to reviews	Medium	Not clear	Low	Low	Strategy for assuring input through consumer organisations being developed	CIDG Consumer Advisor
Reviews not relevant due to the question being inappropriate**	Non existent	Not used in decision making	High	Low	Scoping consultation in progress	RPC Director with CIDG editorial team
Health Systems not covered**	Medium	No policy reviews available	Low	Low	Collaborate with Cochrane EPOC and others	RPC Director, RPC Partners

Description of risk	Probability	Consequence	Impact	Score	Mitigation actions	Responsibility
Minor errors in review	Low	Impairs credibility	Medium	Low	Technical editing and editorial management	CIDG editorial team
2. Dialogue and communication						
Global Communication strategy not implemented	Medium	Dissemination and communication limited	High	High	Ensure strategy developed and monitored with RPC Partners	RPC Director and Deputy Director with Executive Committee
Cochrane Reviews not understood	Medium	Not used	High	Medium	Critical appraisal and policy related training facilitated through Partners	All
English language publications are not relevant	Medium	Evidence not accessed or used in decision making	Medium	Medium	RPC Partners consider relevant translations and country-specific communications strategies	China, Brazil and Russia RPC Partner managers
Format of communication materials is not useful to users	Medium	Evidence not accessed or used in decision making	Medium	Medium	Prepare and evaluate material in different formats.	RPC Director and Deputy Director with Executive Committee
Evidence Update not used by target audiences	Medium	Evidence not accessed or used in decision making	Medium	Medium	Evaluation with various target audiences in progress	RPC Director and Deputy Director with Executive Committee
Limited capacity for communications activities	Medium	Communications strategy not developed or implemented	Medium	Medium	Seek training and support from communications experts	RPC Director
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
Stakeholder opinion is against evidence	Medium	Evidence not accessed or used in decision making	Medium	Medium	Critical appraisal and policy related training facilitated through Partners	All
Inadequate monitoring of communications strategy	Medium	Cannot demonstrate impact on policy or practice	Medium	Medium	Develop measurable process and outcome indicators for communications activities. Use success stories and case studies where relevant	All

Description of risk	Probability	Consequence	Impact	Score	Mitigation actions	Responsibility
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
Version: 1 April 2008						

ANNEX 4: GLOBAL COMMUNICATIONS STRATEGY

Effective Health Care Research Programme Consortium

Global communications strategy²

Version: 2 April 2008

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 RPC communications strategy is embedded within the log frame; **output 2** relates to stakeholders being able to access and use evidence-based approaches in relation to the MDGs.

We do this with stakeholders in a three tiered approach:

1. Disseminate tailored research syntheses (“push”)

We aim to increase awareness of research synthesis among policy makers, providers and researchers. We will do this by using dissemination materials tailored to specific audiences and needs.

2. Increase dialogue (“exchange”)

We want to increase opportunities for dialogue between policy makers – particularly the World Health Organization – and authors in preparing reviews as policy windows emerge. 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 influence treatment and practice decisions with consumers and the private sector

3. Increase demand for evidence (“pull”)

We want to create and increase demand for evidence from different target groups and ensure evidence-informed thinking and decision making is embedded in national and regional health structures. We will do this through demonstration projects to illustrate evidence is important, and through formal training in reading, interpreting and applying systematic reviews.

Figure 1 explains how the communications strategy operates in general.

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 activities.

Our communication strategy also helps inform research decision making.

² This strategy represents the overall plan for the communications activities of the EHRPC 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	Activities
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 MDGs	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 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 NGOs working in specific health areas Special interest or consumer groups	Policy briefs Summaries of Cochrane Reviews Local language TV or radio programmes Packaged 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

Disseminate tailored research syntheses

- 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.
- Use email newsletters in dissemination and promoting access.

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.
- Establish joint projects 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.
- Evaluate the relevance of trial/systematic review outcomes to consumers.

Increase demand for evidence

- 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 evidence-based approaches.

The Liverpool hub 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 web-page. 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. Seek opportunities to prepare evidence-based materials in the *BMJ 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.

Partner communications 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 communication 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

Capacity development

Scientific credibility and capacity to influence change are linked. Partners develop capacity in systematic reviewing and applied health services research by contributing to the science base, and through this individual Partner credibility is strengthened. The RPC capacity development cycle is illustrated in Figure 2.

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

Figure 1. The global communications strategy

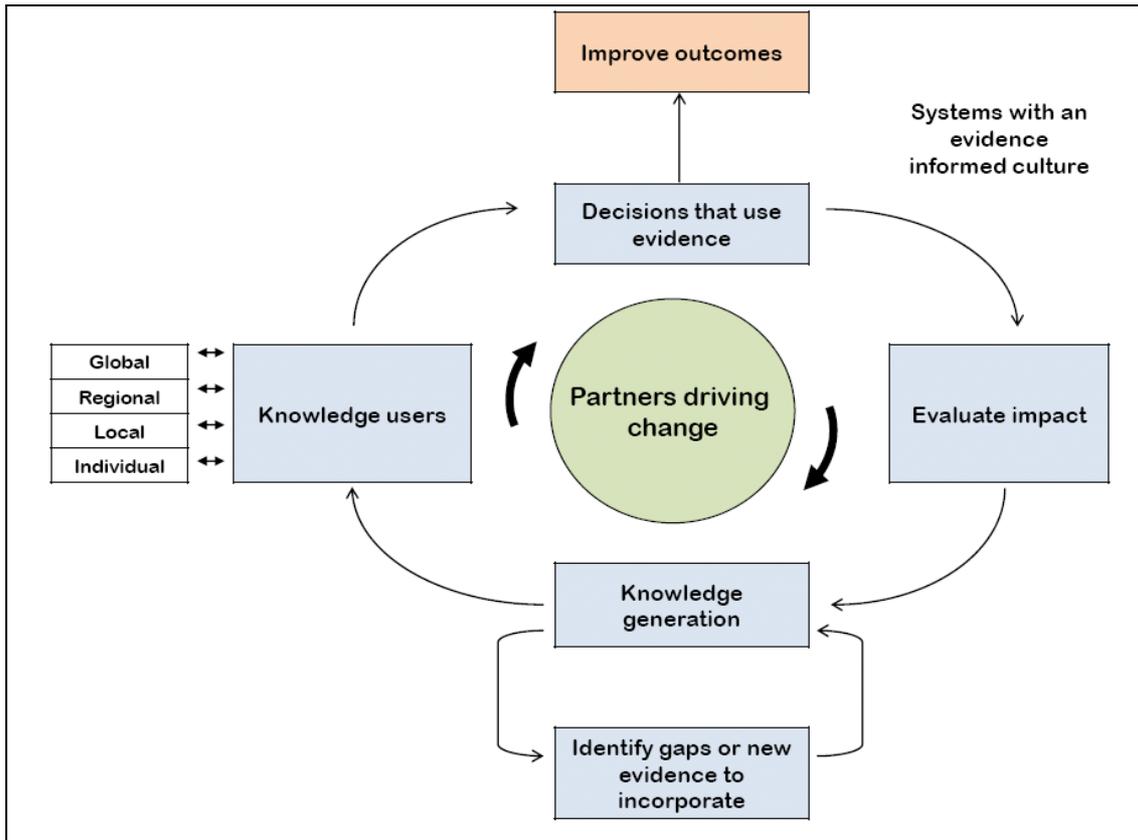
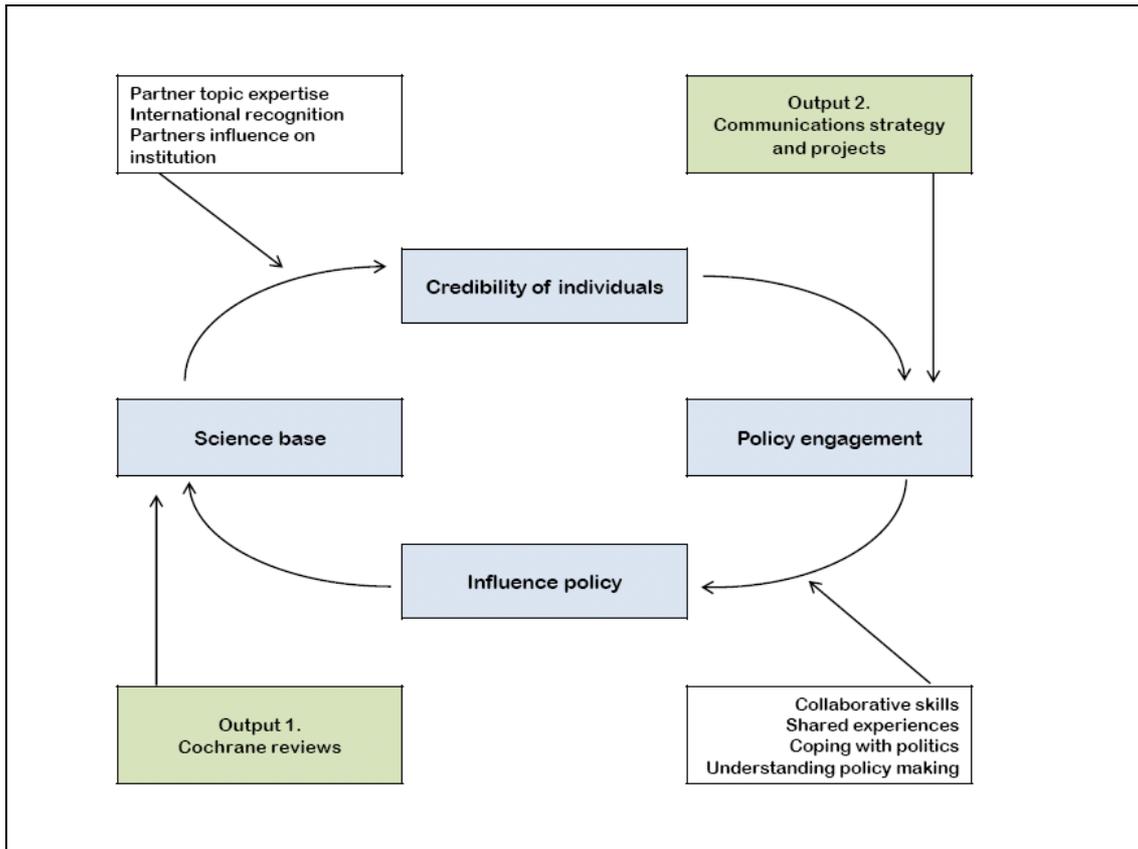


Figure 2. Capacity development diagram



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
Denmark	Schiøler KL, Samuel M, Wai KL. Vaccines for preventing Japanese encephalitis. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 3. Art. No.: CD004263. DOI: 10.1002/14651858.CD004263.pub2.	New	Infectious disease specialists
Germany	Metzger W, Mordmueller BG. Vaccines for preventing smallpox. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 3. Art. No.: CD004913. DOI: 10.1002/14651858.CD004913.pub2.	New	Defence force public health specialists
India	Prasad K, Singh MB. Corticosteroids for managing tuberculous meningitis. <i>Cochrane Database of Systematic Reviews</i> 2008, Issue 1. Art. No.: CD002244. DOI: 10.1002/14651858.CD002244.pub3.	Update	Clinicians; guideline developers
Iran	Enayati AA, Hemingway J, Garner P. Electronic mosquito repellents for preventing mosquito bites and malaria infection. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 2. Art. No.: CD005434. DOI: 10.1002/14651858.CD005434.pub2.	New	The public
Nigeria	Ejemot RI, Ehiri JE, Meremikwu MM, Critchley JA. Hand washing for preventing diarrhoea. <i>Cochrane Database of Systematic Reviews</i> 2008, Issue 1. Art. No.: CD004265. DOI: 10.1002/14651858.CD004265.pub2.	New	The public; public health specialists
Russia	Ziganshina LE, Squire SB. Fluoroquinolones for treating tuberculosis. <i>Cochrane Database of Systematic Reviews</i> 2008, Issue 1. Art. No.: CD004795. DOI: 10.1002/14651858.CD004795.pub3.	Update	Tuberculosis specialists; guideline developers
South Africa	Bateganya MH, Abdulwadud OA, Kiene SM. Home-based HIV voluntary counseling and testing in developing countries. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 4. Art. No.: CD006493. DOI: 10.1002/14651858.CD006493.pub2	New	HIV specialists
	Engel ME, Matchaba PT, Volmink J. Corticosteroids for tuberculous pleurisy. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 4. Art. No.: CD001876. DOI: 10.1002/14651858.CD001876.pub2.	Update	Clinicians; guideline developers
	Gichuhi S, Irlam JJH. Interventions for squamous cell carcinoma of the conjunctiva in HIV-infected individuals. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 2. Art. No.: CD005643. DOI: 10.1002/14651858.CD005643.pub2	New	Clinicians
	Volmink J, Garner P. Directly observed therapy for treating tuberculosis. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 4. Art. No.: CD003343. DOI: 10.1002/14651858.CD003343.pub3.	Update	TB specialists; guideline developers
UK	Bosch-Capblanch X, Abba K, Prictor M, Garner P. Contracts between patients and healthcare practitioners for improving patients' adherence to treatment, prevention and health promotion activities. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 2. Art. No.: CD004808. DOI: 10.1002/14651858.CD004808.pub3.		Public health specialists; clinicians

UK	Jones KL, Donegan S, Lalloo DG. Artesunate versus quinine for treating severe malaria. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 4. Art. No.: CD005967. DOI: 10.1002/14651858.CD005967.pub2.	New	Clinicians; guideline developers
	Taylor-Robinson DC, Jones AP, Garner P. Deworming drugs for treating soil-transmitted intestinal worms in children: effects on growth and school performance. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 4. Art. No.: CD000371. DOI: 10.1002/14651858.CD000371.pub3.	Update	Public health specialists
	Strong M, Johnstone PW. Interventions for treating scabies. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 3. Art. No.: CD000320. DOI: 10.1002/14651858.CD000320.pub2.	Update	Public health specialists; The public
	Davies G, Cerri S, Richeldi L. Rifabutin for treating pulmonary tuberculosis. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 4. Art. No.: CD005159. DOI: 10.1002/14651858.CD005159.pub2.	New	TB specialists
	Fraser A, Goldberg E, Acosta CJ, Paul M, Leibovici L. Vaccines for preventing typhoid fever. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 3. Art. No.: CD001261. DOI: 10.1002/14651858.CD001261.pub2.	Update	Travel specialists
Other Systematic Reviews			
China	Han Y, Tian J, Liu Q. Meta analysis of ventricular septal defect treated by transcatheter closure and surgical repair in mainland China. <i>Chinese Journal of Evidence-based Pediatrics</i> 2008, 3(1): 15-20		Heart surgeons
South Africa	Munro S, Lewin S, Swart T, Volmink J. A review of health behaviour theories: how useful are these for developing interventions to promote long-term medication adherence for TB and HIV/AIDS? <i>BMC Public Health</i> 2007 Jun 11; 7: 104		Public health researchers
	Garner P, Smith H, Munro S, Volmink J. Promoting adherence to tuberculosis treatment. <i>Bulletin World Health Organization</i> 2007 May; 85(5): 404-6		TB specialists
	Munro S, Lewin S, Smith H, Engel M, Fretheim A, Volmink J. Patient adherence to tuberculosis treatment: a systematic review of qualitative research. <i>PLoS Medicine</i> 2007; 4(7): e238 (doi:10.1371/journal.pmed.0040238).		Public health specialists
UK	Bosch-Capblanch X, Garner P. Primary health care supervision in developing countries. <i>Tropical Medicine and International Health</i> 2008; 13(3): 369-83. DOI: 10.1111/j.1365-3156.2008.02012.x http://www.blackwell-synergy.com/doi/abs/10.1111/j.1365-3156.2008.02012.x		Public health specialists
Other Publications (peer reviewed)			
China	Daiyu Hu, Xiaoyun Liu, Jing Chen, Yang Wang, Tao Wang, Wei Zeng, Helen Smith, Paul Garner . Direct observation and adherence to tuberculosis treatment in Chongqing, China: a descriptive study. <i>Health Policy and Planning</i> 2008; 23(1): 43-55. DOI: 10.1093/heapol/czm038 http://heapol.oxfordjournals.org.ezproxy.liv.ac.uk/cgi/content/full/23/1/43		International policy makers; TB specialists; China policy makers
	Guo JZ, Wang Y. A sensitive analysis on mental stress of migrant of Three-Gorges project. <i>Medicine & Philosophy (Humanistic & Social Medicine Edition)</i> , 2007, 28(7): 37-9		China policy makers
	Liu Q, Wang Y, Li G, Wang L, Pan GC. Mental characteristics and problems of migrants resettled nearby reservoir. <i>Modern Preventive Medicine</i> 2008, 35(2): 280-5		China policy makers

China	Qian L et al. Comparing access to TB diagnosis between rural-to-urban migrants and urban-residents in Chongqing, China. <i>Tropical Medicine and International Health</i> 2007, 12 (Supplement 1): 147 (Abstract)	China 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>Journal of Clinical Rehabilitative Tissue Engineering Research</i> 2007,11(39): 7761-3	China policy makers
	Xu JW, Wang Y, Hu DY. Influence factors and improvement measures of the patients' adherence to Tuberculosis treatment. <i>Chinese Journal of Social Medicine</i> 2007, 24(2): 135-7	China policy makers
	Xu JW, Wang Y, Song AH, Liu Q, Hastings B. Analysis of the private pharmacy staffs' knowledge about TB and health education. <i>Modern Preventive Medicine</i> 2007, 34(18): 3408-9, 3418	China policy makers
	Xu JW, Wang Y, Liu Q, Song AH, Peng Y, Hastings B. Potential barriers to the involvement of private pharmacies in tuberculosis control: Qualitative investigation with sampling. <i>Journal of Clinical Rehabilitative Tissue Engineering Research</i> 2007,11(52): 10454-7	China policy makers
	Xu JW, Hu Daiyu, Zhang TH, Wang Y. Qualitative study about how to improve treatment adherence of patients with tuberculosis. <i>Journal of Chongqing Medical University</i> 2007.32(9): 977-9, 987	China policy makers
	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 Service Research</i> 2007; 7(77): 1-9. BioMed Central. DOI:10.1186/1472-6963-7-77. http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1913050&blobtype=pdf	China policy makers
Nigeria, Uganda, Cameroon & UK	Smith H, Bukirwa H, Mukasa O, Snell P, Akeh-Nsiah S, Mbuyita S, Honorati M, Orji B, Garner P. Access to electronic health knowledge in five countries in Africa: A descriptive study. <i>BMC Health Services Research</i> 2007; 772: 1-7. BioMed Central. DOI:10.1186/1472-6963-7-72. http://www.biomedcentral.com/content/pdf/1472-6963-7-72.pdf	International policy makers
Philippines	Dans AL, Dans LF, Oxman A, Robinson V, Acuin J, Tugwell P, Dennis R, Kang D. Assessing equity in clinical practice guidelines. <i>Journal of Clinical Epidemiology</i> 2007, 60: 540-6	International policy makers; guideline developers
	Gregorio GV, Dans LF, Cordero C, Pabello C. Zinc supplementation reduced cost and duration of acute diarrhea in children. <i>Journal of Clinical Epidemiology</i> 2007, 60: 560-6	Policy makers
South Africa	Brown H, Hofmeyr GJ, Nikodem VC, Smith H, Garner P. Promoting childbirth companions in South Africa: a randomised pilot study. <i>BMC Medicine</i> 2007; 5(7): 1-8. BioMed Central. DOI: 10.1186/1741-7015-5-7. http://www.biomedcentral.com/1741-7015/5/7	Obstetricians and midwives; hospital directors; guideline developers
	Burger EH, van der Merwe L, Volmink J. Errors in the completion of the death notification form. <i>South African Medical Journal</i> 2007; 97: 1077-81	Researchers
	Garner P, Smith H, Munro S, Volmink J. Promoting adherence to tuberculosis treatment. <i>Bulletin of the World Health Organization</i> 2007; 85(5): 404-6. DOI:10.2471/BLT.06.035568. http://www.who.int/bulletin/volumes/85/5/06-035568.pdf	TB specialists

South Africa	Lavender T, Lugina H, Smith H. The partograph: a life-saving tool for African midwives. <i>Tropical Doctor</i> 2007; 37(3): 191-2. DOI: 10.1258/004947507781524647 http://www.ingentaconnect.com.ezproxy.liv.ac.uk/content/rsm/td/2007/00000037/000003/art00031	Midwives
UK	Taylor-Robinson D, Jones K, Garner P. Malaria: uncomplicated, caused by <i>Plasmodium falciparum</i> . (updated) <i>BMJ Clinical Evidence</i> 2007; 12(919): 1-14 http://clinicalevidence.bmj.com.ezproxy.liv.ac.uk/ceweb/conditions/ind/0919/0919.jsp	Malaria specialists
Other Publications		
Nigeria	Oyo-Ita A, Van Der Kooi R, Etuk SJ, Nwagbara E, Garner P, Meremikwu M, Smith H. Is Obstetric Practice in SE Nigeria Based on Reliable Research? An Observational Study in 13 Facilities. <i>African Journal of Midwifery and Women's Health</i> 2007; 1(1): 33-6. DOI:10.1371/journal.pmed.0040238. http://www.intermid.co.uk/cgi-bin/go.pl/library/article.cgi?uid=27534;article=ajm_1_1_33_36	Clinicians
Philippines	Roth D, Dans, LF. Putting the Cochrane Collaboration to work for global child health. <i>Evidence-Based Child Health: A Cochrane Review Journal</i> 2007, Vol.2. DOI: 10.1002/ebch.170	Policy makers
Russia	Burashnikova IS, Ziganshin AU, Ziganshina LE. Attitudes to pharmaceutical promotion techniques among healthcare professionals in the Republic of Tatarstan, Russia. <i>International Journal of Risk and Safety in Medicine</i> 2008, V.20, N 1-2: 57-71	Policy makers
	Atsel EA, Muhamadullina LN, Galyavich AS, Ziganshina LE. Pharmacoepidemiology monitoring of statins' consumption in the Republic of Tatarstan. <i>Clinical Pharmacology and Therapeutics</i> 2007, V.16, N 3: 1-3	Clinicians
UK	Garner P. Contributor to: <i>Strategic Directions for Human Development in Papua New Guinea</i> . Washington: World Bank 2007	World Bank

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

EHRPC Partner	Publication	Target audience
Journal articles and other publications (books or book chapters)		
China	Liu Q, Wang Y, Song AH, Xu JW, Hastings B. Study on ability and willingness of private pharmacies relative to collaborate in TB case detection. <i>Modern Preventive Medicine</i> (Accepted)	TB specialists
	Xu JW, Hu DY, Wang Y. The impact analysis of the study on defaulter action implement for TB patients in Chongqing. <i>Modern Preventive Medicine</i> (Accepted)	TB specialists
	Wang Y, Long Q, Liu Q, Tolhurst R, Tang SL. Comparing delay in treatment seeking for TB between migrants and permanent urban residents in Chongqing, China. <i>Journal of Tropical Medicine and International Health</i> (Accepted)	TB specialists
Russia	Ziganshina LE, Burashnikova IS, Ziganshin AU. The picture from 1/6 th of the Globe: Who will be lucky to live in the future world? (Abstract submitted to the Social Audit-HAI initiative "Pharmageddon?" and 1 of 15 winners) http://www.socialaudit.org.uk/6080327.htm#winners	Advocates

Cochrane Reviews (in press)		
Nigeria	Meremikwu M, Donegan S, Esu E. Chemoprophylaxis and intermittent treatment for preventing malaria in children. Cochrane Database of Systematic Reviews 2008, Issue 2 (Cochrane Review Update in press)	Policy makers, health care practitioners, consumers, researchers
Cochrane Protocols (published)		
China	Liu Q, Abba K, Alejandria MM, Balanag VM, Berba RP, Lansang MA. Reminder systems and late patient tracers in the diagnosis and management of tuberculosis. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD006594. DOI: 10.1002/14651858.CD006594.	TB specialists
India	Christopher P, David KV, John SM, Sankarapandian V. Antibiotic therapy for Shigella dysentery. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD006784. DOI: 10.1002/14651858.CD006784.	Clinicians
Kenya	M'Imunya MJ, Volmink J. Education and counselling for promoting adherence to the treatment of active tuberculosis. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD006591. DOI: 10.1002/14651858.CD006591.	TB specialists
Malawi	Mathanga DP, Chinkhumba J. Intermittent preventive treatment regimens for malaria in HIV-positive pregnant women. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD006689. DOI: 10.1002/14651858.CD006689.	Malaria specialists
Nigeria	Ojukwu JU, Okebe JU. Routine iron supplementation for preventing or treating iron-deficiency anaemia in children in malaria-endemic areas. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD006589. DOI: 10.1002/14651858.CD006589.	Malaria specialists
	Odey FA, Okomo U, Oyo-Ita A. Vaccines for preventing invasive salmonella infections in people with sickle cell disease. (Protocol) Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD006975. DOI: 10.1002/14651858.CD006975.	Clinicians
	Oringanje C, Nemecek E, Oniyangi O. Hematopoietic stem cell transplantation for children with sickle cell disease. (Protocol) Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD007001. DOI: 10.1002/14651858.CD007001	Clinicians
	Umoren R, Odey F, Meremikwu MM. Steam inhalation or humidified oxygen for acute bronchiolitis in children up to three years of age. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD006435. DOI: 10.1002/14651858.CD006435.	Clinicians
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.	Public health specialists; clinicians
South Africa	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	HIV specialists
	Tanser FC, Pluess B, Lengeler C, Sharp BL. Indoor residual spraying for preventing malaria. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD006657. DOI: 10.1002/14651858.CD006657.	Malaria specialists
	Uthman OA Adjunctive therapies for AIDS dementia complex. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD006496. DOI: 10.1002/14651858.CD006496	HIV specialists

USA	Jacquieroz 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.	Travel specialists
Zimbabwe	van Eijk AM, Terlouw DJ. Azithromycin for treating uncomplicated malaria. (Protocol) Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD006688. DOI: 10.1002/14651858.CD006688.	Malaria specialists
RPC Partner Cochrane Protocols (in press)		
Iran	Rabbani-Anari M, Mehrani M, Mortaz-Hejri S, Sadeghipour P, Yousefi-Nooraie R, Jafari S. Antibiotics for treating human brucellosis. (Protocol) Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD007179. DOI: 10.1002/14651858.CD007179.	Infectious diseases specialists
Russia	Ziganshina LE, Abakumova TR, Kuchaeva AV. Cerebrolysin for acute ischemic stroke. (Protocol) Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD007026. DOI: 10.1002/14651858.CD007026.	Clinicians
UK	Clasen TF, Bostoen K, Schmidt W-P, Boisson S, Fung ICH, Jenkins MW, Scott B, Sugden S, Cairncross S. Interventions to improve excreta disposal for preventing diarrhoea. (Protocol) Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD007180. DOI: 10.1002/14651858.CD007180.	Public health specialists

iii) Books or book chapters; reports

EHRPC Partner	Publication	Target audience
Russia	Ziganshina L, Garner P. Tuberculosis. In: <i>Clinical Evidence</i> . London: BMJ Publications (2007 update - published).	TB specialists
	Guide to rational use of medicines. Formulary system. Editors: Chuchalin AG, Belousov YuB, Khabriev RU and Ziganshina LE. Moscow: Geotar-Media 2007: 729	Clinicians
	Drug reference guide "Lekarstvennye sredstva", 4d edition. 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). Editors: Khabriev RU, Chuchalin AG, Ziganshina LE. Moscow: Geotar-Media 2006 (4): 755. Only became available in 2007.	Clinicians
UK	Jacob A, Solomon T, Garner P. Corticosteroids in central nervous system infections. In: Warlow C, Candelise L, Hughes R, editors. <i>Evidence-based neurology</i> . London: BMJ Publishing Group; pp, 151-60	Clinicians
Reports		
International	Hill S, Garner P, MacLehose H, Oxman A, for the Co-ordinating Editors Executive. Proposal to establish an Editorial Board and Editor-in-Chief for The Cochrane Collaboration. Document dated 14 March 2008 due to be presented to Cochrane Steering Group, Vellore, April 2008 (total funding requested £360K per year)	The Cochrane Collaboration
UK	Abba K, Sinfield R, Hart T, Garner P. Pathogens associated with persistent diarrhoea in children in developing countries: Systematic review of observational studies. For the World Health Organization (2007) <i>Activity item: Commissioned paper for WHO</i>	WHO

UK	Abba K, Sinfield R, Hart T, Garner P. Is the routine use of antimicrobials useful for persistent diarrhoea in children under six in low and middle income countries? A systematic review of randomized trials. For the World Health Organisation (2007) <i>Activity item: Commissioned paper for WHO</i>	WHO
UK & China	Smith H, Xu Qian. Migration and women's reproductive health. For the World Health Organisation Commission on the Social Determinants of Health (2008) <i>Activity item: commissioned paper for Department of Reproductive Health & Research, WHO.</i>	WHO

iv) Policy briefs

EHRPC Partner	Publication	Target audience
Nigeria	Medium Term Sector Strategy for Roll Back Malaria, Cross River State 2008-2011. A strategic plan developed by the Department of Roll Back Malaria with technical support of Nigeria RPC Partner and submitted to the Office of the Economic Adviser to the Governor of Cross River State Nigeria.	Policy Makers Cross River State
Russia	Analytical review: Evaluation of rationality of use of state provided funds (Funds of obligatory medical insurance) allocated for supplementary medical care provided to certain categories of citizens entitled to state provided social support (Federal Drug Reimbursement Program) in 2006 by means of clinical-pharmacological analysis of validity of prescriptions and by ABC/VEN analysis (December 2007). Report submitted to the Federal Fund of Obligatory Medical Insurance of the Russian Federation. (37 pages)	Ministry of Health
	Analytical review: Evaluation of rationality of use of state provided funds (Funds of obligatory medical insurance) allocated for supplementary medical care provided to certain categories of citizens entitled to state provided social support (Federal Drug Reimbursement Program) in 2006 by means of WHO indicator analysis and ATC/DDD analysis (December 2007). Report submitted to the Federal Fund of Obligatory Medical Insurance of the Russian Federation. (45 pages)	Ministry of Health

v) Publicity material

EHRPC Partner	Publication/Poster/Activity	Target audience
China	Translated 21 <i>Evidence Update's</i> into Chinese and disseminated through the China network website	Practitioners, policy makers, postgraduate medical students
Nigeria	Effective Health Care Research Programme Nigeria Quarterly Newsletters: March, June, September and December 2007 editions.	Practitioners, policy makers, Consumers, researchers and academicians
	i. ACT FAST, the sure way to treat Malaria ii. Mosquito Nets, Best prevention Method for Malaria	IEC materials for the general public which was distributed to more than three thousand participants at the Christian Convention in Calabar, Nigeria. Participants were drawn from the South East and the South South geopolitical zones of Nigeria.

Russia	Translated 47 <i>Evidence Update's</i> into Russian and published on the web site www.evidence-update.ru	Health professionals
	E-Lek postings: approximately 800 subscribers, 172 postings	Health professionals
	Publications in the weekly All-Tatarstan newspaper “Medical-Pharmaceutical Newsletter”	Health professionals
	Participation in TV-health programme “ORZ”	Health professionals
Philippines	Alejandria M, Amarillo L, Lansang MA. The accessibility and utilization of mobile phones among TB patients: a feasibility study for Short Messaging Service (SMS) as a strategy to improve adherence to TB services. 14 th Annual Philippine Coalition Against Tuberculosis (PhilCAT) Convention, Manila, Philippines, 16-17 August 2007 (Poster presentation)	Members of the Philippine Coalition against Tuberculosis, funding agencies, local researchers
South Africa	Volmink J. The MDG for HIV/AIDS, malaria and other diseases: can rhetoric become reality? XV Cochrane Colloquium, São Paulo, Brazil October. 23–27 October 2007 (Plenary speaker)	Cochrane Collaborators
	Volmink J. Masterclass: How to apply evidence in real life. Symposium: Beyond the evidence - Cochrane's reflection on EBM, Amsterdam, The Netherlands. 18 April 2007 (Oral presentation)	Cochrane Collaborators
	Volmink J. Translating knowledge to action: overcoming the challenges. Rhodes Scholar Southern Africa Forum, Mandela-Rhodes Foundation, Cape Town. 11 April 2007 (Oral presentation)	South Africa policy makers
	Young T. Systematic reviews. International Consortium for Trials of Chemotherapeutic Agents in Tuberculosis (INTERTB) Meeting, Durban. 5-7 March 2007 (Oral presentation)	TB specialists
	Volmink J. Getting the evidence into practice - overcoming the challenges. Lecture given to students on the Fogarty Programme, University of Cape Town. Cape Town. 9 February 2007	Students
	Volmink J. How to ask answerable questions and find the best evidence. Lecture given to students on the Fogarty Programme, University of Cape Town. Cape Town. 5 February 2007	Students
	Young T, Wiysonge C, Araoyinbo I. Using research evidence to inform healthcare policy and practice. A one-day workshop with policy-makers from the Western Cape Department of Health. Cape Town, South Africa. 19 October 2007	South Africa policy makers
	Wiysonge C. Research Synthesis: principles and procedures. Course given to MPH students at the College of Medicine, University of Malawi. Malawi. 10-12 October 2007	Students
	Young T. Stakeholders workshop on translating health research into policy and practice at the Institute of Tropical and Infectious Diseases, University of Nairobi. Nairobi, Kenya. 11-12 October 2007	Policy makers
UK	Higgins J, Green S, MacLehose H. Evolving methodology in Cochrane Reviews: issues for editorial bases. 15th Cochrane Colloquium, São Paulo, Brazil. October. 23–27 October 2007 (Workshop)	The Cochrane Collaboration
	MacLehose H, Garner P. Cochrane Editors as authors: how is the potential conflict of interest managed? 15th Cochrane Colloquium, São Paulo, Brazil. 23–27 October 2007 (Poster presentation)	The Cochrane Collaboration

UK	MacLehose H, Henderson S, Farquhar C, Willis N. Reducing errors in reviews by improving editorial procedures. 15th Cochrane Colloquium, São Paulo, Brazil. 23–27 October 2007 (Workshop)	The Cochrane Collaboration
	Soares-Weiser K, Goldberg E, MacLehose H. Rotavirus vaccines: a comparison of Brazilian healthcare policy and evidence from a Cochrane Review. 15th Cochrane Colloquium, São Paulo, Brazil. 23–27 October 2007 (Oral presentation)	The Cochrane Collaboration; rotavirus vaccine specialists
UK & Australia	<p><i>Evidence Update</i></p> <p>Effective Health Care Alliance Programme in collaboration with the Australasian Cochrane Centre: †</p> <p>Child Health Series</p> <p>Do bathing, sponging, and fanning help manage fever in children? <i>Evidence Update</i> November 2007.</p> <p>Filaria</p> <p>Does community distribution of diethylcarbamazine (DEC)-mediated salt reduce lymphatic filariasis infection in endemic areas? <i>Evidence Update</i> November 2007. †</p> <p>Health Sector Development Series</p> <p>What is the best way to improve health worker prescribing of antibiotics? <i>Evidence Update</i> July 2007. †</p> <p>Malaria Series</p> <p>Do pre-erythrocyte vaccines prevent malaria illness and infection? <i>Evidence Update</i> February 2008.</p> <p>Do vaccines targeting the blood stage of the malaria parasite prevent malaria illness and infection? <i>Evidence Update</i> February 2008.</p> <p>Does primaquine prevent relapses in people with Plasmodium vivax malaria? <i>Evidence Update</i> July 2007.</p> <p>Should all pregnant women be given antimalarial drugs? <i>Evidence Update</i> January 2008.</p> <p>Maternal Health Series</p> <p>Do pregnant women and their babies benefit from multiple micronutrient supplements? <i>Evidence Update</i> July 2007.</p> <p>Non-Communicable Diseases Series</p> <p>Do beta-blockers prevent heart disease and strokes in people with high blood pressure? <i>Evidence Update</i> February 2008. †</p> <p>Other Infectious Diseases Series</p> <p>What is the best way to treat trachoma trichiasis? <i>Evidence Update</i> July 2007. †</p> <p>Sickle Cell Disease Series</p> <p>Do drugs that aim to reduce the dehydration of red blood cells prevent crises in people with sickle cell disease? <i>Evidence Update</i> March 2008. †</p> <p>All of the above <i>Evidence Update</i>'s are available from: http://www.liv.ac.uk/evidence/evidenceupdate/home.htm</p> <p>† <i>Evidence Update</i>'s published in Africa Health 2007-08.</p>	Policy makers; donors; clinicians, researchers

vi) Website links

EHRPC Partner	Website address	Target audience
China	EHRPC China Network: www.chinaehcrpc.cn	Clinicians
India	South Asian Cochrane Network. www.cochrane-sacn.org	Researchers
Nigeria	Effective Health Care Research Programme Nigeria. www.ehcapng.org	Researchers
Russia	Kazan State Medical Academy Консорциум Исследовательских Программ для Эффективного Здравоохранения. Вестник доказательной медицины Kazan Partner – Major Site http://www.evidence-update.ru/ Kazan Partner – sister site http://www.evidence.edu.mhost.ru Ministry of health of the Republic of Tatarstan http://www.minzdrav.tatar.ru	Russian speaking health professionals
	Формуляр. RU Formulary system in the Russian Federation www.formular.ru (accessed 24 April 2008) 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. http://www.mrc.ac.za/cochrane	Researchers, clinicians, policy makers, consumers
UK	Effective Health Care Research Programme Consortium, LSTM. http://www.liv.ac.uk/lstm/evidence	Researchers mainly, who want to do reviews; policy makers
The Cochrane Collaboration	http://www.cochrane.org/evidenceaid/project.htm	Humanitarian aid professional staff

vii) RPC reports

EHRPC Partner	Report/Publications	Target audience
China	EHRPC China Network. Report of the EHRPC RPC Asia Regional Partners Meeting, Chongqing. 2-4 November 2007	RPC; The Cochrane Collaboration
Nigeria	M Meremikwu et al: Situational Analysis of Malaria Control in Cross River State Nigeria. September 2007: Submitted to the Office of the Special Adviser to the Governor on Roll Back Malaria	Cross River State Policy Makers (State Executive, Legislature, Local Government)
	Anne Asuquo et al: Reducing Tuberculosis Burden by Improving care-seeking Attitudes of Communities in Akwa Ibom State Nigeria; Presented to the Ministry of Health Akwa Ibom State; and at the 107th Annual General Meeting of the American Society for Microbiology (ASM); Toronto Canada; 21-25 May 2007	Akwa Ibom State TB Control Programme, Ministry of Health and Exxon-Mobil (Sponsors)
	Nigerian Branch of South African Cochrane Centre. Report of the Nigerian Cochrane Contributors Meeting. Abuja, 4-6 February 2008. Nigerian Branch of South African Cochrane Centre. Report of the Nigerian Cochrane Consumers Meeting. Abuja, 6 February 2008.	Cochrane authors, healthcare practitioners, policy makers, media organizations, consumers groups

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

EHRPC Partner	Meeting/Workshop	Facilitators	Target audience
China	EHRPC RPC Asia Regional Partners Meeting, Chongqing. 2-4 November 2007	Garner P, Smith H, Lansang MA, Tharyan P, China network Partners	China network Partners
	Evidence-informed decisions for pro-poor health policy in China--Methods and options for assembling the evidence, Peking. 17-18 April 2007	Tang S (from WHO), Jun G (from Ministry of Health, China), Li Y (from Peking University), Baorong Y (from Shandong University), Qin L (China Network)	Officials from WHO and Ministry of Health, China; Professors, researchers and master students on EBM and policy from different universities in China
	Training Workshop on Systematic Reviews in Health Policy, Peking. 14-16 December 2007	Tang S (from WHO), Jun G (from Ministry of Health, China), Li Y (from Peking University), Baorong Y (from Shandong University), Qin L (China Network)	Officials from WHO and Ministry of Health, China; Professors, researchers and master students on EBM and policy from different universities in China
	Planning workshop on joint dissemination of evidence-based health policy and evidence-based public health research in China, Peking. 1 March 2008	Tang S (from WHO), Jun G (from Ministry of Health, China), Qingyue M (from Shandong University), Youping L, Li W (from Chinese Cochrane Center), Liang D (from Chinese Journal of EBM), Yang W, Qin L (China Network)	Policy makers
Nigeria	Nigerian Branch South African Cochrane Centre: A Cochrane Protocol Development Workshop, Calabar. 15 May 2007	Oyo-Ita A, Nwachukwu E, Ekong U (resources persons)	Health care professionals and researchers involved in systematic review
	Nigerian Branch South African Cochrane Centre: EBM and Cochrane awareness workshop, Abuja, 11-12 June 2007	Nwachukwu E. Rabi Mansur, Oniyangi O. (resource persons)	Medical consultants, laboratory scientists, National Hospital, Abuja and other Consultants and Heads of departments
	Nigerian Branch SACC EBM and Cochrane awareness workshop, Abuja, 23 July 2007, Aba	Nwachukwu E. Ekong U, Odey F. (resource persons); Medical director and head of training of Abia State University Teaching Hospital, (ABSUTH) Aba	Medical consultants across all specialties, laboratory, nursing and records staff Resident doctors across all specialties in ABSUTH, Private practitioners
	Oyo-Ita, A: How to read: Critical appraisal of scholarly work in research Centre for Clinical Governance, Ministry of Health, Cross River State. 10-11 May 2007, Calabar Nwachukwu, Emeka: Introduction to HINARI: Centre for Clinical Governance, Ministry of Health, Cross River State. 10-11 May 2007, Calabar		Researchers and healthcare practitioners, PHC managers, health policy makers, trainee nurses, community health practitioners, etc

Nigeria	Oyo-Ita A. E: EBM, Evidence on Malaria Control in Nigeria. 28-30 August 2007, Awka, Anambra State		Community health physicians from across the country
	Meremikwu, M.M; Causes of Malaria and the new Treatment regime in Nigeria. Workshop organized by the Men's Fellowship of the Church of God Mission International. 5 August 2007' Calabar, Cross River State		Lay public and consumer groups (about 300 people in attendance)
	Meremikwu, M.M: Practicing Medicine that is Evidenced based. Annual biennial conference of the Medical and Dental Consultants Association of Nigeria (MDCAN). 7 September 2007, Abuja, Nigeria	Chairman Medical and Dental Council of Nigeria, Directors/ top officials of Federal Ministry of Health	Medical consultants from all parts of the country more than 50 people in attendance)
	Meremikwu, M.M: Why was the malaria policy changed – a review of the research evidence. Rotary Club Calabar. 6 August 2007	Rotarians and guests	Consumers, policy makers, health care providers
	Nigeria RPC Partner: Students Lecture in Evidence Based Nursing. Department of Nursing, Sciences University of Calabar. 12 September 2007	Prof Martin Meremikwu (lecturer), Prof Mildred John, HOD of Nursing University of Calabar, Nurse Tutors/lecturers	Final year students in nursing
	Nigerian Branch SACCC: EBM Workshop on Evidence-based Medicine and the Introduction to Systematic Reviews and the Cochrane Library. 7 December 2007 at the Federal Psychiatric hospital, Calabar	Meremikwu MM, Oyo-Ita A E and Odey F (resource persons); Head, Training; consultants in the hospital	Medical consultants, resident doctors in training and other medical personnel
Philippines	Elective course on systematic reviews (Course title: Synthesis of Research), University of the Philippines Manila	Alejandria M, Mantaring JB	4 MSc Epidemiology students at the University. of the Philippines Manila enrolled
	Workshop on systematic reviews and meta-analyses, Manila, Philippines. April 2007	Alejandria M	Residents and fellows from the Dept. of Pediatrics, The Medical City, Philippines
	Asia-Pacific Center EBM Trainer's Training Workshop on How to Teach and Practice EBM. Faculty and Lecturer. Eugenio Lopez, Antipolo. 14-17 June 2007 and National University of Singapore. 25-28 February 2008	Dans L	Asia-Pacific: Health professionals and pharmaceutical cos. (June 2007); Doctors & nurses (Feb. 2008)
	Oxford EBM workshop. Centre for Evidence-based Medicine, Oxford, UK. 10-14 September 2007	Dans L	By invitation—interested practitioners globally
	Teaching the EBM trainers' facilitating skills, Fort Canning, Singapore. 11-12 January 2008	Dans L	Faculty of medicine, National University of Singapore

Philippines	Workshop on systematic reviews and meta-analyses, Manila, Philippines. 26 March 2008	Alejandria M, Mantaring JB	Residents and fellows from the Dept of Medicine, University of the Philippines; General Hospital
Russia	Teaching courses organized by the Kazan State medical Academy. 9 courses	All Team – Kazan Partners	Physicians, residents, pharmacists, and health managers; 178 participants in total
South Africa & UK	The HIV/AIDS, TB and Malaria (ATM) Clinical Trials Registry. Science with Africa conference, Addis Ababa, Ethiopia. March 2008	Grobler L, Siegfried N, Lutje V, Pienaar E, Oliver J	Researchers

ix) Dissemination related items

Press releases	Target audience
<p>Electronic mosquito repellents for preventing malaria infection – (97 citations world wide)</p> <p>Wiley press releases: featured April 2007. Examples of publicity:</p> <p>DAILY EXPRESS Sonic Mozzie 'curb' useless: By Geoff Maynard http://www.express.co.uk/posts/view/4700/Sonic+mozzie+'curb'+useles</p> <p>Center for the Advancement of Health Electronic Mosquito Repellents Fail to Prevent Malaria Transmission: By Bruce Sylvester http://www.cfah.org/hbns/getDocument.cfm?documentID=1480</p> <p>Medical News Today Electronic Mosquito Repellents Fail To Prevent Malaria Transmission http://www.medicalnewstoday.com/articles/68540.php</p> <p>Science Daily Electronic Mosquito Repellents Don't Work, Say Researchers http://www.sciencedaily.com/releases/2007/04/070417194230.htm</p> <p>Eureka Alert Mosquito repellents that emit high-pitched sounds don't prevent bites http://www.eurekaalert.org/pub_releases/2007-04/jws-mrt041607.php</p> <p>Handwashing for preventing diarrhoea – (49 citations world wide)</p> <p>Wiley press releases: featured January 2008. Examples of publicity:</p> <p>TELEGRAPH Hand washing can prevent hundreds of deaths: By Laura Clout http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2008/01/23/nhealth323.xml</p> <p>Sanitation Updates 2008 Review of Handwashing for the Prevention of Diarrhoea http://sanitationupdates.wordpress.com/2008/01/24/2008-review-of-handwashing-for-the-prevention-of-diarrhoea/</p> <p>Science Daily Handwashing Can Reduce Diarrhea Episodes By About One Third http://www.sciencedaily.com/releases/2008/01/080122203221.htm</p> <p>Medscape Medical News Hand Washing May Reduce Episodes of Diarrhea by 30% : By Laurie Barclay, MD http://www.medscape.com/viewarticle/569159</p>	<p>Press</p> <p>Public</p> <p>Health Professionals</p> <p>Health Professionals</p> <p>Public</p> <p>Health Professionals</p> <p>Public</p> <p>Public</p> <p>Public</p> <p>Health Professionals</p>

<p>Wiley press releases (mentioned)</p> <p>Interventions for treating scabies (issue 3, 2007).</p> <p>Artesunate versus quinine for treating severe malaria (issue 4, 2007). <i>Picked up Malaria World Nr. 136 (29 October 2007)</i></p> <p>Deworming drugs for treating soil-transmitted intestinal worms in children (issue 4, 2007) <i>Picked up by NHS National Library for Health</i> http://www.library.nhs.uk/ChildHealth/ViewResource.aspx?resID=236585</p> <p>Corticosteroids for managing tuberculous meningitis (issue 4, 2007)</p>	<p>Journalists</p>
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ANNEX 6: DEVELOPING CAPACITY

Achievements

Calabar Institute of Tropical Research

- **Developing grants management capacity:** In consultation with the Partner manager, a consultant accountant from LATH has visited twice and is helping them establish robust grant management systems. This includes introducing *Sage Pastel* software.
- **Canadian IDRC demographic surveillance grant obtained.**
- **Hand washing review:** lead author is from Calabar, working with an international team of scientists to prepare this review that has obtained worldwide publicity.
- **Approval of the Reviewers for Africa Programme (RAP) in Nigeria:** the RAP is a grant held by the Liverpool School of Tropical Medicine in collaboration with the South African Cochrane Centre for £250K over five years for training African researchers in research synthesis methods, including preparing a Cochrane Review, at the South African Cochrane Centre. The Nuffield Foundation have just approved for 2008-10 the allocation of some of these funds to run a programme in Nigeria.
- **RPC Partner Manager**
 - Provides technical support to Global Fund Malaria Proposal for Sierra Leone.
 - Member of National Expert Committee on Health Research Priorities.
 - Appointed by WHO as clinical trial monitor for TB studies in Durban.

Evidence of capacity

Nigerian Cochrane Collaborators meeting organised in Abuja, to establish a Steering Group to take forward a Nigerian Cochrane Centre.

South Africa

Established and clearly independent international capacity. Recently completed a review of HIV, TB and nutrition for the national government which is evidence-informed and referred to widely in the region.

Substantive continued contribution to capacity development in the region; active collaboration in the RPC with the RAP training grant.

South Asian Cochrane Network

National ICMR grant obtained for supporting the Cochrane Centre.

Training of Cochrane Review authors is ongoing. Liverpool team is contributing to this.

China Evidence Based Health Care Network

Systems reviews fellowships: Two fellows from Shandong University have developed new approaches to synthesising research in health systems in a fellowship attached to Liverpool.

Dissemination: Co-ordinator of China network part of a group that includes WHO, Ministry of Health, and other Universities to develop dissemination avenues for evidence-informed policy and systems knowledge from systematic reviews.

Liverpool CIDG and RPC team

Harriet MacLehose, MA in Publishing completed.

Challenges

Cochrane Infectious Diseases Group

The Group has increasing demands:

- a) Response mode for reviews: the World Health Organization, who want systematic reviews done quickly and cheaply, which is often difficult;
- b) Authors wanting to do reviews on obscure topics, with few or no trials;
- c) Changing software and standards increases work load.

Systematic reviews have become the standard for informing guidelines and future research, consequently increasing resources in the West have been granted for the preparation of high-quality reviews in mainstream journals, with large, high-profile teams preparing them. This “competition” provides the researchers with an advantage over our authors, who are volunteers working in developing countries.

Response: At a recent Biennial Editors’ Meeting, we developed our strategic plan to help ensure we carry out reviews in priority areas. We are also setting up more funded fellowships through the RPC.

Cochrane Collaboration

Increasing global standards mean some older reviews are not of the quality expected of today’s publications. Also, the standards of some Cochrane Review Groups do vary.

Response: Paul Garner and Harriet MacLehose were key contributors to developing a quality strategy and a proposal for an Editor-in-Chief across The Cochrane Collaboration.

Acting on work flow monitoring

Timely editorial processing (between article submission and publication) is key to author’s satisfaction. CIDG project manages the life cycle of 149 reviews (ranging from titles to reviews being updated). Most journals facilitate the publishing process (from submission to publication) using a manuscript management system. CIDG’s current system is key to the editorial team keeping track of the location of reviews, but it does not provide prompts to follow up on reviews, and we are working to improve systems.

Response: Options being appraised.

Access

Access to *The Cochrane Library* through HINARI has been poor (due to technical difficulties).

Response: Since October 2008, the publishers have provided *The Cochrane Library* free with one-click access to all internet users in HINARI Band 1 countries, identified through their IP address.

Capacity to understand and use systematic reviews

In Europe, and particularly in the UK, there has been widespread diffusion of the philosophy and science behind research synthesis, and high uptake of evidence-based medicine. In developing countries the exposure is much more limited, and we are aware that even those people who want to do Cochrane Reviews sometimes do not understand the basic principles.

Response: We intend to work with RPC Partners in increasing investment and activities in training to change this situation.

ANNEX 7. Three year summary of reviews against targets in the log frame

Indicator	Topic	New reviews		Updated reviews	
		5 year target	3 year achievement	5 year target	3 year achievement
1.1	Malaria	13	11	6	6
	TB	8	4	6	4
	Tropical diseases	12	7	4	5
	Child health	6	2	4	0
	Reproductive health	4	0	3	0
	Health systems	6	1	2	0
	Total	49	25	25	15
1.3	Systematic reviews in methodologically challenging areas: 4 completed (qualitative research in TB; SARS treatments; and Strategies for integration in primary health care; contracts for adherence)				
1.4	46 new authors from low and middle income countries completed reviews (CIDG)				