HIFA Discussion on Systematic Reviews

Compilation IN FULL: 89 messages
(up to 21 June 2017)

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews: Q1 What are systematic reviews? Why are they important?

Dear HIFA colleagues,

Welcome to the HIFA thematic discussion on Systematic Reviews! This 6-week discussion seeks to explore in depth the roleof systematic reviews in policy and practice in low- and middle-income countries. By the end of this week we hope that all of us - beginners and experts alike - will learn much from one another.

Please forward this message widely to invite others to join the discussion:
http://www.hifa.org/news/join-hifa-discussion-systematic-reviews-starting-15-may-2017

Our first question is:

WHAT ARE SYSTEMATIC REVIEWS? WHY ARE THEY IMPORTANT?

We invite your thoughts on this question.

In what way do systematic reviews differ from other types of review?
How are they defined in the literature?
Are 'systematic reviews' a homogenous group or do they differ from one another? In what ways?
How is the term 'systematic review' understood (or misunderstood) by the general public, by health workers, by policymakers?
(A related question is: How is the term 'evidence-informed policy and practice' understood or misunderstood?)

Why are systematic reviews important?
What are the origins of 'systematic reviews'? In global health we now take them for granted, but in fact the concept has only been around for a few decades.
Why are they important?
What evidence do we have that systematic reviews have a positive impact on policy and practice?
Are we relying too much on systematic reviews? or should we be emphasising their role even more?

I look forward to your view on the above questions, and indeed any aspect of systematic reviews.

Speaking personally, I passed through medical school (1978-83) oblivious to the existence of systematic reviews. I remember well the lightbulb moment, soon after, when I started to understand. Someone had lent me a copy of 'One Man's Medicine: An Autobiography of Professor Archie Cochrane' (1979). I can't remember the exact words in the book, but they are summed up in the following sentence (often quoted and also by Cochrane): "It is surely a great criticism of our profession that we have not organised a critical summary, by speciality and subspeciality, adapted periodically, of all randomised controlled trials".

Once this truth is digested (and in hindsight it seems obvious), one can no longer think about medical and health knowledge the same. For me, systematic reviews fill a void in the global healthcare information system. They are an absolutely essential part of this system, as many have observed. See for example the simplified graphic (based on Godlee F et al. Can we achieve health information for all by 2015?): http://www.hifa.org/about-hifa/hifa-vision-and-strategy

What do you think? I look forward to hear the views of HIFA members, whether you are an expert on this field or, like me, a non-expert. We can all learn from one another.

Best wishes, Neil

Coordinator, HIFA Project on Evidence-Informed Policy anhd Practice
http://www.hifa.org/projects/evidence-informed-policy-and-practice

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

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Subject: [hifa] Systematic Reviews (2) Q1 What are systematic reviews? Why are they important?

Dear HIFA Community,

Working at the Joanna Briggs Institute, we collaborate internationally with over 70 entities across the world. (see http://joannabriggs.org) The Institute and its Collaborating Entities promote and support the synthesis, transfer and implementation of evidence through identifying feasible, appropriate, meaningful and effective healthcare practices to assist in the improvement of healthcare outcomes globally. Systematic reviews are an important part of this work, and vital that this evidence be used to inform policy and practice in low- and middle-income countries. As a member of the HIFA Evidence-Informed Policy and Practice

group, I am looking forward to the discussion over the coming weeks regarding systematic reviews, and the views of the HIFA Community.

I provide a link to a recent editorial from the JBI Database of Systematic Reviews and Implementation Reports, from one of our Centre Directors from Ghana, Dr Yeetey Enuameh regarding systematic reviews and some of the challenges and priorities for evidence based practice.

CITATION:

Enuameh, Yeetey Akpe Kwesi. Riding a wave in developing countries: challenges and priorities for evidence based practice. JBI Database of Systematic Reviews and Implementation Reports: September 2016 - Volume 14 - Issue 9 - p 12.
doi: 10.11124/JBISRIR-2016-003086
[http://jouurnals.lww.com/jbisrir/Fulltext/2016/09000/Riding_a_wave_in_developing_countries___challenges.1.aspx]

Kind regards
Alexa

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (3) Q1. What are systematic reviews? Why are they important? (2)

What are systematic reviews?

Here are three definitions - from Wikipedia, Cochrane Consumers Network, and the Cochrane Library:

1. 'Systematic reviews are a type of literature review that collects and critically analyzes multiple research studies or papers, using methods that are selected before one or more research questions are formulated, and then finding and analyzing studies that relate to and answer those questions in a structured methodology. They are designed to provide a complete, exhaustive summary of current literature relevant to a research question. Systematic reviews of randomized controlled trials are key in the practice of evidence-based

medicine, and a review of existing studies is often quicker and cheaper than embarking on a new study.'
https://en.wikipedia.org/wiki/Systematic_review

2. 'A systematic review summarises the results of available carefully designed healthcare studies (controlled trials) and provides a high level of evidence on the effectiveness of healthcare interventions. Judgments may be made about the evidence and inform recommendations for healthcare.'
http://consumers.cochrane.org/what-systematic-review

3. 'A systematic review attempts to identify, appraise and synthesize all the empirical evidence that meets pre-specified eligibility criteria to answer a given research question. Researchers conducting systematic reviews use explicit methods aimed at minimizing bias, in order to produce more reliable findings that can be used to inform decision making.'
http://www.cochranelibrary.com/about/about-cochrane-systematic-reviews.html

Are 'systematic reviews' a homogenous group or do they differ from one another? In what ways?

How is the term 'systematic review' understood (or misunderstood) by the general public, by health workers, by policymakers?

How is the term 'evidence-informed policy and practice' understood or misunderstood?

Best wishes, Neil

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Subject: [hifa] Systematic Reviews (4) Q1. What are systematic reviews? Why are they important? (3)

Here's a video from Cochrane: http://uk.cochrane.org/news/what-are-systematic-reviews

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (5) Q1. What are systematic reviews? Why are they important? (4)

Dear Lucie and all,

"Here's a video from Cochrane: http://uk.cochrane.org/news/what-are-systematic-reviews "

I just reviewed this 3 minute video but was a bit confused by this description: "First a question must be defined and an objective method for asking the question is agreed."

Should this not read: "First a question must be defined and an objective method for answering the question is agreed."?

Best wishes, Neil

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Subject: [hifa] Systematic Reviews (6) Q1. What are systematic reviews? Why are they important? (5)

Dear Neil,

Thank you for initiating the discussion on systematic reviews.

My most cherished definition of this type of research comes from a paper published by David Moher and colleagues in 1999.

"a review in which bias has been reduced by the systematic identification, appraisal, synthesis, and, if relevant, statistical aggregation of all relevant studies on a specific topic according to a predetermined and explicit method" Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomised

controlled trials: the QUOROM statement. Quality of Reporting of Meta-analyses. Lancet 1999;354(9193):1896-900.

Although the authors provided this as the definition of a meta-analysis, it is worth emphasizing that systematic reviews are not synonymous with meta-analyses.

Although things seem to be changing (and the change is variable both within and between countries), when I used to tell fellow doctors and my former teachers that my research focuses on systematic reviews, I would get a response similar to the following. Is that research? You mean you simply sit and look at what other people have done?

However, "there is nothing new in taking account of earlier studies in either the design or interpretation of new studies. For example, in the 18th century James Lind conducted a clinical trial followed by a systematic review of contemporary treatments for scurvy; which showed fruits to be an effective treatment for the disease. However, surveys of the peer-reviewed literature continue to provide empirical evidence that systematic reviews are seldom used in the design and interpretation of the findings of new studies. Such indifference to systematic reviews as a research function is unethical, unscientific, and uneconomical. Without systematic reviews, limited resources are very likely to be squandered on ill-conceived research and policies."
http://www.panafrican-med-journal.com/content/article/24/180/full/

Best wishes,
Charles

Charles Shey Wiysonge,
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Subject: [hifa] Systematic Reviews (7) Q1. What are systematic reviews? Why are they important? (6)

Dear Charles and Neil

Many thanks for initiating the discussion and although Moher's 1999 definition remains as the standard from where systematic reviews has been understood by all of us, I am particularly excited to see the science of systematic reviews extending beyond statistical aggregation and the relationship between intervention and outcomes. Qualitative systematic reviews are an exciting domain that has come up and it helps understand contexts and mechanisms of how interventions actually work (or not) beyond what numbers can meaningfully explain. Such qualitative systematic reviews indeed provide answers to several questions of relevance to implementation of health interventions in the real world.

Best Wishes
Soumyadeep

in.linkedin.com/in/soumyadeepbhaumik/

Before you print, please think about the environment

HIFA profile: Soumyadeep Bhaumik was the HIFA Country Representative of the Year for 2012, and is a medical doctor from India working in the field of evidence syntheses. He has previously worked as a Senior Research Scientist at the South Asian Cochrane Network and Centre, India and as a Biomedical Genomics Fellow in BioMedical Genomics Centre, Kolkata. He has also consulted for evidence synthesis projects for Evidence Aid, Oxford UK and Public Health Foundation of India. He currently studies international public health in the Liverpool School of Tropical Medicine. In addition he has experience in science and research communication and has written for British Medical Journal, Canadian Medical Association Journal, Lancet and Lancet Oncology and National Medical Journal of India. Soumyadeep is a member of the HIFA working group on Evidence-Informed Policy and Practice.
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Subject: [hifa] Systematic Reviews (8) Q1. What are systematic reviews? Why are they important? (7)

Hello all,

I think that is very important remember that systematic reviews are not only to clinical trials. In Public Health we have a lot of observationel researches and we use systematic reviews too.

STROBE initiative: guidelines on reporting observational studies

ABSTRACT
Reporting of observational studies is often inadequate, hampering the assessment of their strengths and weaknesses and, consequently, the generalization of study results. The initiative named Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) developed a checklist of 22 items, the STROBE Statement, with recommendations about what should be included in a more accurate and complete description of observational studies. Between June and December 2008, a group of Brazilian researchers was dedicated to the translation and adaptation of the STROBE Statement into Portuguese. The present study aimed to show the translation into Portuguese, introduce the discussion on the context of use, the potential and limitations of the STROBE initiative.

DESCRIPTORS: Observational Studies. Epidemiologic Studies. Statistical Methods and Procedures. Health Research Evaluation. Checklist.
Translations.

Rev SaÃºde PÃºblica 2010;44(3):559-65 ComentÃ¡rios
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Subject: [hifa] Systematic Reviews (9) Q1. What are systematic reviews? Why are they important? (8)

Systematic reviews are clearly not a "homogenous group," any more than "studies" or "research" in general constitute a homogenous body of knowledge. One cannot understand the strengths or weaknesses of a review, w/o reviewing and understanding it's methods. To this end, the work of Cochrane in promulgating a set of norms or expectations is important in that it has raised the quality expectations of readers, but even so the quality of a given review depends on the methods (or how well those methods adhered to standard recommendations).

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Read why our family ran the Eau Claire Marathon races this year:
http://tinyurl.com/TheCayleysRun

HIFA profile: Bill Cayley is a family practice doctor working in Augusta, Wisconsin, USA (rural city of 1500). He teaches family medicine residents at the Eau Claire Family Medicine Residency (Eau Claire, WI, USA). His professional interests include evidence-based medicine, primary care cardiology, and global health. He is a HIFA Country Representative. bcayley AT yahoo.com

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Subject: [hifa] Systematic Reviews (10) Joanna Briggs Institute

Dear all,

The Joanna Briggs Institute is an international not-for-profit, research and development centre within the Faculty of Health Sciences at the University of Adelaide, South Australia and has collaborating centres all over the world.
http://joannabriggs.org/

It has many resources regarding systematic reviews, supporting the development and publication of different types of systematic reviews. Besides the traditional quantitative reviews it developed instruments to search, appraise and synthesize qualitative studies among many others:

JBI Reviewers Manual 2015 [https://joannabriggs.org/assets/docs/sumari/Reviewers-Manual_Methodology-for-JBI-Scoping-Reviews_2015_v2.pdf]
Chapters:
Diagnostic Test Accuracy Reviews
Methodology for Scoping Reviews
2014
JBI Reviewers Manual 2014
Chapters:
Economic Evaluation Evidence
Methodology for JBI Umbrella Reviews
Methodology for Mixed Methods
Prevalence and Incidence Data

Thank you,

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http://fortalecimentoedesgaste.com.br
http://scholar.google.com/citations?user=ayBAeC8AAAAJ&hl=en
http://www.researcherid.com/rid/D-8278-2012
http://lattes.cnpq.br/6856610919873164

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Subject: [hifa] Systematic Reviews (11) Systematic reviews and WHO guidelines

To come in late to this discussion - the 2016 WHO guideline 'Antenatal care for a positive pregnancy experience' is built on both qualitative and quantitative evidence (http://apps.who.int/iris/bitstream/10665/250800/1/WHO-RHR-16.12-eng.pdf), and this process is continuing for the current intrapartum guidelines work. Indeed, the positive wellbeing focus of the guidelines has emerged from the qualitative data syntheses. This seems to be a very productive way forward for guideline production into the future.

All the best
Soo (Downe)

HIFA profile: Soo Downe is a midwife. She is Professor of Midwifery Studies, and Director of the WISH (Womens, Infant and Sexual Health) Research Group and ReaCH (Research in Childbirth and Health) Unit. She is based in the School of Public Health and Clinical Sciences, Faculty of Health, University of Central Lancashire (UCLan), Preston, UK. sdowne AT uclan.ac.uk

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Subject: [hifa] Systematic Reviews (12) Cochrane Public Health Group reviews

Hi all,

I would like to collaborate with this discussion referring to a paper we did some time ago regarding Evidence in Public health.

This is the reference:

Soares, Cassia Baldini et al. Evidence in Public Health: steps to make it real. The Nursing Clinics of North America, v. 49, p. 533-544, 2014. [*see note below]
https://doi.org/10.1016/j.cnur.2014.08.008

The key points were:

Effectiveness in public health entails establishing interventions that focus on the determinants of the health-disease process;
The examination of the Cochrane Public Health Group reviews indicates trends in this direction, as well as the influence of the World Health Organization's Commission on Social Determinants of Health;
Successful experiences, qualitative studies, reports, case studies, or other non randomized methodological designs should be taken as health evidence, based on narrative syntheses that show the impact on health determinants;
Most of the public health reviews that were examined in this study deemed that the evidence was weak, moderate, or nonexistent;
We identified that evidence of the analyzed public health interventions had some impact on health, as well as a difficulty in capturing the impact of their use.

Thank you,

Cassia Baldini Soares

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http://fortalecimentoedesgaste.com.br
http://scholar.google.com/citations?user=ayBAeC8AAAAJ&hl=en
http://www.researcherid.com/rid/D-8278-2012
http://lattes.cnpq.br/6856610919873164

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[*Note from HIFA moderator (Neil PW): Thank you Casssia. I note that the paper is restricted access. Did you know that Nursing Clinics of North America is a Romeo Green Journal? This means that it allows the author (you) to archive post-print, ie final draft post-refereeing, in an open-access repository, so that it can be read by all.]

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Subject: [hifa] Systematic Reviews (13) Literature reviews, systematic reviews and publication bias

Eventually, the conclusions of systematic reviews and meta-analyses may form the bases for clinical practice guideline for making clinical treatment decisions and the allocation of expensive but limited medical resources. If these reviews and meta-analyses are of poor quality, biased, then an unsustainable economic burden may be placed on the health care systems in low and middle-income countries (LMICs).
The quality of reviews and meta-analyses depend on the quality and selection of the individual research articles included in these reviews. A first step that may be informative is to examine the quality of existing systematic reviews and meta-analyses and the characteristics of high quality reviews.
In 1987, Cynthia Mulrow examined review articles published in four American medical journals from June 1985 to June 1986 with circulations of greater than 50,000. The four medical journals were Annals of Internal Medicine, Archives of Internal Medicine, Journal of the American Medical Association, and the New England Journal of Medicine.[1]
She developed eight criteria for scientifically sound review articles for grading 50 review articles appearing in the four medical journals:
- Was the specific purpose of the review stated?
- Were sources and methods of the citation search identified?
- Were explicit guidelines provided that determined the material included in and excluded from the review?
- Was methodologic validity assessment of material in the review performed?
- Was the information systematically integrated with explication of data limitations and inconsistencies?
- Was the information integrated and weighted or pooled metrically?
- Was a summary of pertinent findings provided?
- Were specific directives for new research initiatives proposed?

The table below summarizes the Mulrow results: [*see note below]
Mulrow concluded that medical reviews were subjective, scientifically unsound, and inefficient; strategies for identifying and selecting information were rarely defined; and

collected information was reviewed haphazardly with little attention to systematic assessment of quality.

John Ioannidis, a frequent critic of the medical literature, has suggested that most published research findings are false.[2] Ioannidis writing in a recent issue of the health policy journal The Milbank Quarterly with the title, 'The Mass Production of Redundant, Misleading, and Conflicted Systematic Reviews and Meta-analyses' noted that:

'conflicted expert guidelines often use conflicted systematic reviews and meta-analyses, and the messages are further propagated by conflicted expert editorials. Meta-analyses, guidelines, and editorials may all become instruments spreading the same bias to different readers who are more influenced by one or another type of article.'[3]

An additional issue. Publication bias may be defined as the selective publication, or non-publication, of clinical trial results. Over half of the trials submitted to the US Food and Drug Administration (FDA) in support of new drug marketing authorizations remained unpublished five years after a drug's approval. Positive studies favoring a drug are more likely to be published than those with less favorable results.[4] Publication bias places in question the validity of medical journal articles based on the published literature including review articles, meta-analyses, pharmacoeconomic evaluations and ultimately clinical practice guidelines.

Reviews, meta-analyses, and clinical practice guidelines may be used for promotion. The HIFA forum may want to consider questions addressing the quality of reviews, meta-analyses, and clinical practice guidelines.

References

1. Mulrow CD. The medical review article: state of the science. Ann Intern Med. Mar 1987;106(3):485-488.

2. Ioannidis JP. Why most published research findings are false. PLoS Med. Aug 2005;2(8):e124.

3. Ioannidis JP. The Mass Production of Redundant, Misleading, and Conflicted Systematic Reviews and Meta-analyses. The Milbank Q. Sep 2016;94(3):485-514.

4. Lee K, Bacchetti P, Sim I. Publication of clinical trials supporting successful new drug applications: a literature analysis. PLoS medicine. Sep 23 2008; 5(9):e191.

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Subject: [hifa] Systematic Reviews (14)

A great start to the Discussion from several of my Cochrane and non Cochrane colleagues
My 'kickstart' is:

It would be good to hear from those people who have been 'inoculated' against SRs and those who have yet to be 'exposed'

Regards
Zbys

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Subject: [hifa] Systematic Reviews (15)

Dear Zbys and all,

Many thanks for your contribution.
"It would be good to hear from those people who have been 'inoculated' against SRs and those who have yet to be 'exposed'"
Please can you say a bit more about what you mean.
'Inoculated against SRs' suggests protection against something undesirable, but I think perhaps you refer to people who are skeptical about SRs?
By 'people who have yet to be exposed', do you refer to people who have perhaps never previously heard about systematic reviews before this discussion? Systematic reviews are frequently mentioned in HIFA discussions, so most/all HIFA members will have been exposed in the sense that they have heard about SRs and will have had the opportunity to read one or more.
Best wishes, Neil
Coordinator, HIFA Project on Evidence-Informed Policy anhd Practice
http://www.hifa.org/projects/evidence-informed-policy-and-practice
Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

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Subject: [hifa] Systematic Reviews (16)

Dear Zbys and other HIFA members,
I am interested to hear about 'inoculated against SRs' discussion too. Are you referring to an entire generation of mostly clinicians who are being fed the idea of systematic reviews being meaningless statistical jugglery and real evidence is one that comes from experience and studies done locally?
Best Wishes
Soumyadeep
in.linkedin.com/in/soumyadeepbhaumik/

HIFA profile: Soumyadeep Bhaumik was the HIFA Country Representative of the Year for 2012, and is a medical doctor from India working in the field of evidence syntheses. He has previously worked as a Senior Research Scientist at the South Asian Cochrane Network and Centre, India and as a Biomedical Genomics Fellow in BioMedical Genomics Centre, Kolkata. He has also consulted for evidence synthesis projects for Evidence Aid, Oxford UK and Public Health Foundation of India.He currently studies international public health in the Liverpool School of Tropical Medicine. In addition he has experience in science and research communication and has written for British Medical Journal, Canadian Medical Association Journal, Lancet and Lancet Oncology and National Medical Journal of India. Soumyadeep is a member of the HIFA working group on Evidence-Informed Policy and Practice.
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http://www.hifa.org/support/members/soumyadeep
drsoumyadeepbhaumik AT gmail.com

From: "Irina Ibraghimova, Croatia" <ibra@zadar.net>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (17) A free online course on systematic reviews started this week on Coursera

Dear all,
A free online course on systematic reviews started this week on Coursera. Anyone can still join it.
https://www.coursera.org/learn/systematic-review
Introduction to Systematic Review and Meta-Analysis
About this course: They will introduce methods to perform systematic reviews and meta-analysis of clinical trials. We will cover how to formulate an answerable research question, define inclusion and exclusion criteria, search for the evidence, extract data, assess the risk of bias in clinical trials, and perform a meta-analysis.
Upon successfully completing this course, participants will be able to:
- Describe the steps in conducting a systematic review
- Develop an answerable question using the Ã¢??Participants Interventions Comparisons OutcomesÃ¢??€Â (PICO)) framework

- Describe the process used to collect and extract data from reports of clinical trials
- Describe methods to critically assess the risk of bias of clinical trials
- Describe and interpret the results of meta-analyses

Irina Ibraghimova
Croatia Country representative
HIFA profile: Irina Ibraghimova is a medical librarian, based in Croatia, and works with health care professionals in the countries of the Former Soviet Union, Central and Eastern Europe, and Africa. Her interests include evidence-based practice (both in health care and in library/informatics field). She is a HIFA Country Representative.
www.lrcnetwork.org www.healthconnect-intl.org
http://www.hifa.org/people/country-representatives/map
http://www.hifa.org/support/members/irina
ibra AT zadar.net _

From: "Zbys Fedorowicz, Bahrain" <zbysfedorowicz@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (18) Perceptions of systematic reviews

Soumya you have hit the nail on the head... having completed a fair number of systematic reviews (50+ Cochrane ones at that). Its quite 'staggering' to see how much resistance to considering these as reliable sources of evidence still exists. There are reasons for this no doubt and some may well be justified and thus it would be of interest to see some responses and ultimately to see how we might be able to improve perceptions.

HIFA profile: Zbys Fedorowicz is a member of the Cochrane Collaboration Steering Group. He is based in Bahrain. zbysfedo AT batelco.com.bh

From: "Jamie Guth, Switzerland" <guthj@who.int>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (19) Perceptions of systematic reviews (2)

I'd like to add to the discussion on willingness to consider research evidence and perceptions of the value of research. My experience has been very positive in this regard. In March, I led policy panels in Benin, Burkina Faso and the Gambia to review research evidence on a specific study. While this was not a systematic review, I believe that the response from those invited would be the same as for a systematic review. What I heard numerous times was real pleasure in being invited to hear about the research, discuss it and consider how to use it. Several people told me they had never been invited before this to hear about a research study, and some researchers told me they had never been involved in reviewing the evidence with those who might actually take it up and use it. They were very appreciative of the opportunity, and I think that more opportunities need to be provided so people can experience the value of this process firsthand and advocate for it. In fact, for some types of research, I would suggest that this should be a standard process at the end of the research that should be planned and budgeted. This was one of the work packages in our study, and strongly supported by our funder.

The study investigated the use of community healthcare workers providing scheduled screening and treatment of malaria among pregnant women. This was done in Benin, Burkina Faso and the Gambia. We invited technical policy-makers in malaria, maternal and child health, transportation and finance, as well as researchers, NGOs and healthcare providers. The community healthcare workers who were part of the study were also critical contributors. There was such a rich discussion, everyone learned from the process and valuable recommendations came out of the panels.
We will be writing about this process so I will let HIFA know when it is available. In the meantime, I can say from my experience in these 3 African countries, that there was a lot of enthusiasm and desire to review research evidence (as well as to recommend how to use it).
Best, Jamie Guth
HIFA profile: Jamie Guth is Jamie Guth is the Communications Manager at TDR, the Special Programme for Research and Training in Tropical Diseases. For more information, www.who.int/tdr. Ms Guth specializes in health communications, and advocacy and trains researchers to write policy issues and briefs. Before coming to WHO, she produced a national public health television series in the United States, led a multimedia group and was Director of Public Affairs/Marketing at the Dartmouth-Hitchcock Medical Center. She is a member of the HIFA working group on Evidence-Informed Policy and Practice.
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guthj AT who.int

From: "Aijaz Qadir Patoli, Pakistan" <draijazQ@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (20)

Dear Irina and all
I have little to say with little knowledge. This is also fair to say that lot of researches had been carried out in thousands of academic journals but issue of linking the evidence with policy and decision making creates the necessity of Systematic Review to 'filter out' credible both scientifically and statistically evidence to support ground realities and research may help in 'problem solving'.
For this purpose lot of work can found at link
http://www.who.int/alliance-hpsr/en/
Moreover the course shared by Irina Ibraghimova is also a very good start for the basic understanding of Systematic reviews and Meta-Analysis conducted by Johns Hopkins University with lead Professor Kay Dickersin, PhD, Professor, Epidemiology & Tianjing Li, MD, MHS, PHD, Assistant Professor, Epidemiology

With last but not the least impression that not only clinical trials the SRs also aid in Public Health issues and policy & decision making.
Regards,
Aijaz
HIFA profile: Aijaz Qadir Patoli is a Doctor at Health Department Government of Sindh, Pakistan. Professional interests: eHealth. draijazQ AT gmail.com
From: "Zbys Fedorowicz, Bahrain" <zbysfedorowicz@gmail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (21)

Thanks Neil is the discussion principally/solely about what is and how to go about doing a review? [*see note below] If so then my question doesnt apply. If as you suggest there are a number of readers/contrbutors who have experience with doing a review or reading a review then it would be interesting to see their comments. I think review producing orgs such as Cochrane would be interested also
Zbys
HIFA profile: Zbys Fedorowicz is a member of the Cochrane Collaboration Steering Group. He is based in Bahrain. zbysfedo AT batelco.com.bh
[*Note from HIFA moderator (Neil PW): This HIFA thematic discussion invites contributions on all aspects of systematic reviews, especially in relation to their role in supporting evidence-informed policy and practice in low- and middle-income countries. The following questions are suggested as a guide (other questions/aspects may be added):
1. What are systematic reviews? Why are they important?
2. What are the strengths and limitations of SRs (to guide policy and practice in LMICs)?
3. What is the role of (global) SRs versus (local) single research studies (to guide policy and practice in LMICs)?
4. What can be done to increase the relevance and usefulness of SRs (to guide policy and practice in LMICs)?
5. What can be done to promote the production, interpretation and synthesis of SRs in LMICs?
http://www.hifa.org/news/join-hifa-discussion-systematic-reviews-starting-15-may-2017]

From: "Caroline Mate, Kenya" <sonimate@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (22)

Quite an interesting topic that has brought out a llot of opinions.
My query is if there is any particular reason for focusing on low- and middle-income countries policy and practice using systematic reviews?
Does it mean that systematic reviews have little effect in developed countries?

HIFA profile: Caroline Mate is a medical epidemiologist based in Kenya. Currently working as a Monitoring and Evaluation adviser for a CDC-HIV program under the University of Nairobi that is mainly aimed at setting up and implementing sustainable health systems in collaboration with the governments and communities for the improvement of HIV/AID prevention and treatment. sonimate AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (23) Q1. What are systematic reviews? (9)

Dear HIFA colleagues,
Q1. What are systematic reviews?

Are 'systematic reviews' a homogenous group or do they differ from one another? In what ways?
Bill Cayley wrote: Systematic reviews are clearly not a "homogenous group," any more than "studies" or "research" in general constitute a homogenous body of knowledge. [Bill Cayley, USA: Systematic Reviews (9)]
One way to better understand different types of review is to learn from some of the leading organisations that produce reviews, notably the Cochrane Collaboration and the Joanna Briggs Institute. And these show us straight away that there are many different types.
COCHRANE COLLABORATION
The Cochrane Collaboration describes six types of Cochrane Review:
1. Intervention reviews assess the benefits and harms of interventions used in healthcare and health policy.
2. Diagnostic test accuracy reviews assess how well a diagnostic test performs in diagnosing and detecting a particular disease.
3. Methodology reviews address issues relevant to how systematic reviews and clinical trials are conducted and reported.
4. Qualitative reviews synthesize qualitative and quantitative evidence to address questions on aspects other than effectiveness.[9]
5. Prognosis reviews address the probable course or future outcome(s) of people with a health problem.
6. Overviews of Systematic Reviews (OoRs) are a new type of study in order to compile multiple evidence from systematic reviews into a single document that is accessible and useful to serve as a friendly front end for the Cochrane Collaboration with regard to healthcare decision-making.

The Cochrane Collaboration provides a handbook for systematic reviewers of interventions which "provides guidance to authors for the preparation of Cochrane Intervention reviews.
The Cochrane Handbook outlines eight general steps for preparing a systematic review:
1. Defining the review question(s) and developing criteria for including studies
2. Searching for studies
3. Selecting studies and collecting data
4. Assessing risk of bias in included studies
5. Analysing data and undertaking meta-analyses
6. Addressing reporting biases
7. Presenting results and "summary of findings" tables
8. Interpreting results and drawing conclusions.
https://en.wikipedia.org/wiki/Systematic_review
JOANNA BRIGGS INSTITUTE
The Joanna Briggs Institute has a JBI Reviewers Manual to guide JBI Reviews. In the foreword of the 2014 editiion Alan Pearson (then executive director) writes:
'Our major role is the global translation of research evidence into practice. We work closely with the Cochrane Collaboration and the Campbell Collaboration and encourage the conduct of reviews of effects (involving the meta-analysis of the results of randomized controlled trials) through Cochrane Review Groups.
'Our strength is in the conduct of systematic reviews of the results of research that utilize other approaches, particularly qualitative research, economic research and policy research.

This broad, inclusive approach to evidence is important when the association between health care and social, cultural and economic factors is considered.'
I look forward to hear more from Cochrane, JBI and other producers of systematic reviews about the fifferent types. Is there an agreed typology?
Lastly a rhetorical question: If a review calls itself a systematic review, is it indeed a systematic review? What can be done to protect the reader from being misled by claims of 'systematic review'. And how can readers be alerted to poorly-executed systematic reviews?
Best wishes, Neil
Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org
HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org
From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (24) Q2. Strengths and limitations of systematic reviews

Dear HIFA colleagues,
Thank you for your contributions so far.
We now move in to week 2 of our deep-dive into the subject of Systematic Reviews, sponsored by WHO, TDR and The Lancet.
This week we look at question 2
2. What are the strengths and limitations of SRs to guide policy and practice in LMICs (low- and middle-income countries)?
If I may start to answer this question: a major strength of systematic reviews is that they synthesise all available evidence, using methods that minimise bias, to enable evidence-informed policy and practice. Without systematic reviews, evidence-informed policy and practice is impossible.
It's amazing to think that until just a few decades ago, policy and practice was driven largely by expert opinion, with all its prejudice. It is only recently that WHO guidelines and recommendations have been based primarily on objective syntheses of the literature - on systematic reviews.
The history of medicine - to this day - is full of ineffective and indeed harmful treatments and interventions. In LMICs - where annual expenditures on health are often less than 100 USD per person - it is especially important to ensure that resources are allocated to treatments that have been proven to be effective (and indeed cost-effective). Systematic reviews are therefore especially important in LMICs to ensure effective allocation of scarce resources.
Limitations? A major limitation of systematic reviews in relation to evidence-informed policy and practice in LMICs is that most research is conducted in high-income countries. We see, time and time again, systematic reviews where almost every study included has been done in a high-income country. This has an impact on the real and perceived value of systematic reviews (as compared with local research) to evidence-informed policy and practice.

I look forward to hear your thoughts. What are the strengths and limitations of systematic reviews to guide policy and practice in LMICs?
Best wishes, Neil
Coordinator, HIFA Project on Evidence-Informed Policy anhd Practice
http://www.hifa.org/projects/evidence-informed-policy-and-practice
Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org
HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (25) Q2. Strengths and limitations of systematic reviews (2)

Dear All,
The strength of systematic reviews lies in the fact that as a tool it provides the necessary foundations and justification for evidence based practice. Without it, medical and health planning, policy and practice would continue to rely on 'expert' opinion which is not only limited to where the so-called expert is based but also lacks peer review.
The main limitation of systematic review (SR) is that because research result from low and middle income countries rarely get into the major journals or indexes, the context of these countries may not be reflected in the world literature /sources used to produce systematic reviews. In addition systematic reviews are expensive to run and as such LMICs find it difficult to do. Practitioners in LMICs also have difficulty accessing systematic reviews in the traditional journals because they cannot afford subscription fees. That means that researchers, authors and practitioners in LMICs face the double whammy of inability to do SRs and low access to SRs done elsewhere because of poverty. The answer to solving both challenges lies in providing enabling resources (human, funds and material) to do SRs in LMICs and escalation of free open access publications to make publications accessible to users residing and working in LMICs.
Joseph Ana..
Africa Center for Clin Gov Research & Patient Safety
@ HRI West Africa Group - HRI WA
Consultants in Clinical Governance Implementation
Publisher: Health and Medical Journals
8 Amaku Street Housing Estate, Calabar
Cross River State, Nigeria
Phone No. +234 (0) 8063600642
Visit Website: www.hriwestafrica.com
E-mail: hriwestafrica@gmail.com

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: www.hriwestafrica.com Joseph is a member of the HIFA Steering Group:
http://www.hifa.org/people/steering-group
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From: "Sue McBean" <suemcbean@googlemail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (26) Q2. Strengths and limitations of systematic reviews (2)

Initial thoughts on this:

1. Reasons for compliance and non compliance with treatment in studies done in high income countries might be entirely different from LMICs, adding to the problems of generalising to other cultures, other economies, other health related personal, community and health service practices.

2. Also, SRs are by nature quantitative and qualitative studies have much to offer both higher income countries and LMICs.

3. In relation to Neil's email...about experts driving policy & practice a decade ago, not SRs.....surely SRs would still need local experts to examine the fit to LMICs.....just as in high income countries we need panels of experts to make decisions about the findings....about economics and ethics and similar issues.

4. High income is not the only thing that defines SR findings and so there may be a problem in taking findings from say...Japan and applying them to say....Sweden. Surely that is the main problem, not income but cultures and genetics and longevity, education, diet etc etc

Apologies for coming up with only limitations so far!!

Best wishes,
Sue

HIFA profile: Sue McBean is a qualified nurse, nurse teacher & public health nurse specialist in Northern Ireland. Her experience of e working is two fold - she maintains a website about not getting stung by wasps by understanding their biology (see below) (treating stings is also

covered) & also working in telephone triage in an out of hours centre. She works at the University of Ulster as a lecturer in Nursing. suemcbean AT googlemail.com

From: "Soo Downe, UK" <sdowne@uclan.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (27) Q2. Strengths and limitations of systematic reviews (4)

Can I just reiterate, the reviews being undertaken for the recent and current WHO guidelines on antenatal care for a positive pregnancy experience, intrapartum care for a positive childbirth experience, and reducing unnecessary caesareans, are underpinned and informed by systematic qualitative reviews - indeed, a qualitative scoping review of what matters to women in pregnancy has led to a new outcome for such reviews (the 'positive experience' outcome). Cochrane EPOC is also publishing qualitative reviews to inform parallel quantitative ones. The use of CerQual to assess the confidence in qualitative systematic review findings provides a specific accounting for how far the included studies in a qualitative review might apply in a range of settings (or not) and the parallel use of GRADE does the same thing for quantitative studies. The Evidence to Decision frameworks used by WHO in reaching recommendations based on systematic review data include sections on values, acceptability, feasibility and equity, all with findings drawn from qualitative reviews alongside other data, mean that the recommendations that arise can be tailored to context (whether that is resource driven, or culturally relevant, or whether it is other essential factors that require tailoring of recommendations.
While I agree with Sue below that this can never be an exact art, and any final guidelines will always need to be interpreted in context (and especially when it comes to what is best for a particular individual - we must always remember that these are guidelines, and that EBM, according to Sackett et al, is the COMBINATION of best evidence with service user values and practitioners skills) the world is moving away from very high level blanket recommendations that don't pay any regard to local applicability, I think...
For more information, the following links might be useful:
http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/
http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13819/abstract
http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001895
http://www.bmj.com/content/339/bmj.b3496
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010414/abstract

All the best
Soo

HIFA profile: Soo Downe is a midwife. She is Professor of Midwifery Studies, and Director of the WISH (Womens, Infant and Sexual Health) Research Group and ReaCH (Research in Childbirth and Health) Unit. She is based in the School of Public Health and Clinical Sciences, Faculty of Health, University of Central Lancashire (UCLan), Preston, UK. sdowne AT uclan.ac.uk

From: "Margaret Winker, USA" <margaretwinker@gmail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (28) Q2. Strengths and limitations of systematic reviews (5)

Dear Neil and all,
Regarding the issue that systematic reviews generally do not include studies from the Global South, the indexes that researchers use in their searches are much less likely to include journals of the Global South.
Is a list of indexes of medical/health Global South journals available anywhere? I have found some lists for all subjects such as https://library.stanford.edu/africa-south-sahara/browse-topic/journal-indexes
but none for just medicine and health. If there are none, would such a list be useful?
Also, are the journals that are not indexed anywhere (perhaps they're too new or too under-resourced to meet index criteria) of sufficient quality that a comprehensive search should include them? I think the answer is likely yes, but evidence in support or to the contrary would be useful.
Margaret
Margaret Winker, MD
Secretary, World Association of Medical Editors

HIFA profile: Margaret Winker is Secretary and Past President of the World Association of Medical Editors in the U.S. Professional interests: WAME is a global association of editors of peer-reviewed medical journals who seek to foster cooperation and communication among editors, improve editorial standards, promote professionalism in medical editing through education, self-criticism, and self-regulation, and encourage research on the principles and practice of medical editing. margaretwinker AT gmail.com

From: "Soo Downe, UK" <sdowne@uclan.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (29) Q2. Strengths and limitations of systematic reviews (6) African Journals on Line and LILACS

We use African Journals on Line and Lilacs (Spanish and Portuguese) if that helps?. I think Popline is also more all-encompassing than some others?

All the best
Soo

HIFA profile: Soo Downe is a midwife. She is Professor of Midwifery Studies, and Director of the WISH (Womens, Infant and Sexual Health) Research Group and ReaCH (Research in Childbirth and Health) Unit. She is based in the School of Public Health and Clinical Sciences, Faculty of Health, University of Central Lancashire (UCLan), Preston, UK. sdowne AT uclan.ac.uk

From: "Hossain Shahed, Bangladesh" <shahed@icddrb.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (29 [30]) Systematic vs rapid vs realist vs scoping reviews

Can anyone reflect on the differences between and among rapid review, realist review, scoping review, review of the reviews and systematic review? Any source that elaborates not only definition but for render better understanding by differentiating their structures from "review questions, approaches, components, information resources and to synthesis"?

A supplementary question is: Do systematic reviews include other systematic reviews? If so, when and how? Do they include the final synthesized results or results from the included studies individually? Any good example to illustrate the point?

Dr. Shahed Hossain
icddr,b, Dhaka, Bangladesh

HIFA profile: Shahed Hossain is Associate Research Scientist at ICDDR, Bangladesh. Professional interests: Social determinants of health, Equity in health, Systematic Reviews and Knowledge translation activities. shahed AT icddrb.org

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Re: Systematic Reviews (30 [31]) Q2. Strengths and limitations of systematic reviews (6)

Dear Neil,
Thank you for raising the strengths and limitations of systematic reviews discussion. I agree with your summary, but would just like to add that it will be important in the future to develop contextually relevant summaries for all kinds of situations, not just LMIC settings, but also those around humanitarian and crisis situations, where the evidence may exist but the resources may not.
Evidence Aid has written a piece on its new website, in the section Evidence Matters (www.evidenceaid.org/evidence-matters) which might be interesting for people to read in this context. Evidence Aid is the only organisation (as far as we are aware) collecting systematic reviews relevant to the humanitarian sector and making them freely accessible in a single portal (www.evidenceaid.org/resources). We believe they are the best source of evidence for all the reasons you mention, but also recognise the challenges with systematic reviews in this area.
I'll be reading replies with interest!
Claire Allen
Operations Manager
Evidence Aid: Winner of the Unorthodox Prize 2013 ($10,000)

Email: callen@evidenceaid.org
Skype: claireallencochrane
Website: www.evidenceaid.org
Twitter: @evidenceaid
Facebook: Evidence Aid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises,

natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research.
http://www.hifa.org/working-groups/access-health-research
http://www.hifa.org/support/members/claire
callen AT evidenceaid.org

From: "Zbys Fedorowicz, Bahrain" <zbysfedorowicz@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (31 [32]) Q2. Strengths and limitations of systematic reviews (7)

2. What are the strengths and limitations of SRs to guide policy and practice in LMICs (low- and middle-income countries)?
Dear Neil and fellow contributors
Indeed it is reassuring to see the steady impact of SRs on policy and practice in general and perhaps disappointing yet not unsurprising to see the that many are not generalisable to LMICs for reasons which have been clearly articulated. However I believe there is in general an increased awareness by review authors of this shortcoming but its hard to know how this can be addressed satisfactorily. Undoubtedly the WHO has made strident attempts over the years to rectify this matter and continues to do so.
Addressing the issue of the large wastage of research resources in HIC and possible redirection of some of those resources would be one way of moving forward but would be challenging to say the least.
A publication that may be of interest
https://www.academia.edu/692355/More_or_Less_Healthcare_Research_or_Healthcare_Research_More_or_Less
Regards
Zbys
From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (32 [33]) Indexes of medical/health Global South journals

Regarding Margaret Winkler's request ("Is a list of indexes of medical/health Global South journals available anywhere?"), as some readers may remember, some 20 years we put together the ExtraMED project, which focused on health and biomedical journals of the Global South, and were putting some 300 of them onto a monthly CD-ROM. That project ran out of steam (and money) and bits of it were spun off to various corners, including some mentioned below.
We recently were reminded that WHO has united its regional index medicus projects into a Global Index Medicus at http://www.globalhealthlibrary.net/php/index.php
The best source for African journals now is probably African Journals Online/AJOL (https://www.ajol.info/) . Below is a nice summary of other indexes which I am reproducing from the excellent AJOL site.

- The Directory of Open Access Journals (DOAJ) is a collection of over 5,000 free, full-text, quality-controlled scientific and scholarly journals from all over the world. Over a quarter of these are searchable at article level.
- The AfricaPortal is an online resource of policy research on African issues.
- Bioline is a non-profit journal aggregator of Open Access (free full text) biomedical journals containing research from developing countries.
- BioMed Central is a publishing initiative committed to providing immediate open access to peer-reviewed biomedical research.
- Science in Africa - Africa's first online science magazine.
- Free electronic newspapers and journals on and from Africa.
- The African Peace and Conflict Network publishes open access material including topical analyses, reports, and research findings related to peace-building in Africa. http://www.africapeace.org/ and http://www.africaworkinggroup.org/
- A list of Madagascan published journals including archives, conference reports, theses and other papers.
- AMEDEO is a free information resource for healthcare professionals. Also see http://www.freemedicaljournals.com/
- Open Doar: Directory of Open Access Repositories is an authoritative directory of academic open access repositories.
- The Public Library of Science (PLoS) is a nonprofit organization of scientists and physicians committed to making the world's scientific and medical literature a freely available public resource.
- SciELO - Scientific Electronic Library Online is a model for cooperative electronic publishing of scientific journals on the Internet. Especially conceived to meet the scientific communication needs of developing countries, particularly Latin America and the Caribbean countries.
- ResearchGATE is a free of charge, online research platform with meta-data of around 35 million articles and publications and tens of thousands of full-texts available, focused on the sciences but open to all disciplines. ResearchGATE also acts as a social networking platform where information on jobs, conferences and new publications can be shared between individuals and groups.

Over 3000 Open Access books, journals and digital documents relating to African policy issues can be found at the African Portal Library.

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Research publications: http://www.researchgate.net

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Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com
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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (34) Compilation of the discussion so far...

Dear all,

For the benefit of those affected by our recent technical problems (now fixed), and for those who have just joined us, I have compiled the first 33 messages of our Systematic Reviews discussion here:
http://www.hifa.org/sites/default/files/publications_pdf/HIFA_Discussion_on_Systematic_Reviews_messages_in_full_1-33.pdf

Please keep your contributions coming. As a reminder, the questions are:

1. What are systematic reviews? Why are they important?
2. What are the strengths and limitations of SRs (to guide policy and practice in LMICs)?
3. What is the role of (global) SRs versus (local) single research studies (to guide policy and practice in LMICs)?
4. What can be done to increase the relevance and usefulness of SRs (to guide policy and practice in LMICs)?
5. What can be done to promote the production, interpretation and synthesis of SRs in LMICs?

With thanks, Neil

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Subject: [hifa] Systematic reviews (35) Different types of review and critical appraisal of systematic reviews

Dear colleagues,

Thanks for the opportunity to respond. On behalf of Cochrane, we would agree that there are many kinds of reviews, of which we publish only some. I would say there are three broad categories of difference in reviews, but we don't use any formal typology for this and I'm not sure there is an exhaustive list of all the possible types:

-reviews to answer different types of questions (e.g. the effects of interventions, diagnostic test accuracy, prognosis, prevalence, research methodology, etc.)

-reviews looking at different types of evidence (e.g. quantitative evidence about effectiveness, qualitative evidence about experience, economic evidence about cost effectiveness/efficiency all of which coulld be different ways of looking at the effects of an intervention)

-reviews using different methods (e.g. meta-analysis, narrative synthesis, network meta-analysis (looking across multiple intervention comparisons), overviews (summarising the results of multiple systematic reviews) again, all of these could be used to synthesise thee effects of an intervention in different ways.

With regard to, â€˜Is a review a review?' [*see note below], then the answer is no, in the same way that not every RCT is a good one and can be relied on. There are a couple of tools available that can be used to critically appraise systematic reviews, including ROBIS (http://www.bristol.ac.uk/social-community-medicine/projects/robis/) and AMSTAR (https://amstar.ca/). There are also various studies that assess the quality of the systematic review literature and highlight areas of common error or poor practice, of which a great example is here:
http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002028

all the best,
Miranda

Miranda Cumpston
Head of Learning & Support
Cochrane Central Executive

Forwarded by:
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[*Note from HIFA moderator (Neil PW): This appears to refer to my rhetorical question (20 May): "If a review calls itself a systematic review, is it indeed a systematic review?"]

From: "Judy Wright, UK" <j.m.wright@leeds.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (36) Finding Randomised Controlled Trials

Dear all

Regarding Margaret Winkler's request ("Is a list of indexes of medical/health Global South journals available anywhere?"), over the last 10+ years we've built a list of databases and websites from around the world where randomised controlled trials have been found. Many resources are in the Global South and are freely available. They are (in my experience) more time consuming to search and download records for a systematic review than major western databases (i.e. Medline) but can provide relevant studies.

Please see
http://medhealth.leeds.ac.uk/info/639/information_specialists/1790/finding_randomised_controlled_trials

We list clinical trials and research study websites and registries, international databases, regional and national databases. We indicate which ones are freely available and those containing open access to free full text articles.

We've not checked the links for about 12 months so apologies if some are outdated.

Thank you Neil for providing a summary, I've missed quite a lot of this discussion due to the technical issues hence catching up on contributing to Q2.

Best wisshes
Judy

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (37) Drowning: WHO guidance, SRs and first aid

Dear HIFA colleagues,

A recent Lancet editorial reminds us that 'each year, more than 360,000 people are estimated to die from drowning worldwide... Globally, drowning occurs most often in children between

1 and 4 years of age, and in Bangladesh drowning accounts for 43% of all deaths in this age group'.

'Last week, WHO released a follow-up implementation guide for policy makers, government officials, and non-governmental organisations, with the aim of providing practical steps towards tailoring preventive measures to local settings. The guide outlines six interventions: installing barriers to control access to water; providing safe spaces for pre-school children to play away from water; teaching school-aged children swimming and water safety skills; training bystanders in safe rescue and resuscitation; setting and enforcing safe boating, shipping, and ferry regulations; and building resilience to manage flood risks and other hazards. It also details four overarching strategies: strengthening public awareness; promoting multisectoral collaboration; developing a national water safety plan; and advancing drowning prevention through data collection and well designed studies.'

CITATION:
Drowning: a silent killer
The Lancet, Volume 389, No. 10082, p1859, 13 May 2017
DOI: http://dx.doi.org/10.1016/S0140-6736(17)31269-2
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31269-2/fulltext

The WHO Implementation Guide is available here:
http://www.who.int/violence_injury_prevention/drowning/drowning_prevention_guide/en/

It is notable that the references include only two systematic reviews on the subject:

1. Thompson DC et al. Pool fencing for preventing drowning in children. Cochrane Database of Systematic Reviews. 2000;(2):CD001047.

2. Meaney PA, Topjian AA, Chandler HK, Botha M, Soar J, Berg RA, Nadkarni VM. Resuscitation training in developing countries: a systematic review. Resuscitation. 2010;81(11):146272.

Furthhermore the first review is based entirely on data from studies in high-income countries. As The Lancet editorial points out, most drownings in children in low- and middle-income countries happen in natural water (not swimming pools), so fences around pools would have little overall impact.

The second study concluded only that 'Resuscitation training in developing countries was well received and viewed as valuable training by the students and local counterparts.'

A third area for study would be the impact of first aid information on a mobile phone on how to deal with an unresponsive person who has been recovered from an acute drowning incident. If this person is you, or your child, your only hope is that your rescuer knows what to do. With this in mind, I turned to the Red Cross First Aid app but could not find 'drowning'. There is a category for 'unresponsive and not breathing' and the treatment is based on chest compression only. A google search on management of drowning returns some results based on chest compression only (eg http://www.webmd.com/first-aid/drowning-treatment) and some that recommend initial 'rescue breaths' before starting chest compression (eg http://www.sja.org.uk/sja/first-aid-advice/breathing/drowning.aspx).

Best wishes, Neil

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Subject: [hifa] Systematic reviews (38) Q2. Strengths and limitations of systematic reviews (8)

Thanks Neil

A good question [Q2. What are the strengths and limitations of SRs to guide policy and practice in LMICs?] and here are some answers based on our current European Union Horizon 2020 funded FRESH AIR implementation science programme working to reduce exposure to smoke (indoor and tobacco) to improve respiratory health in Uganda, Kyrgyz Republic, Vietnam and rural and vulnerable populations in Crete. www.freshair.world

Our programme is working to implement four evidence-based interventions: reducing exposure to smoke through improved ventilation and better stoves (the dream of cleaner energy is not with us yet) using spirometry to improve diagnosis, improving diagnosis of children's respiratory symptoms (including potential misdiagnosis of asthma as respiratory infection) treating tobacco dependence, and implementing pulmonary rehabilitation. What you'll notice is that none of them are pharmacological (although ideally treating tobacco dependence would include pharmacological options, that is not currently possible in these countries).

What have systematic reviews offered?

1. A reasonable amount for treating tobacco dependence, although we are favouring Very Brief Advice (the 3 As, Ask Advise Act), which in our tests of change is proving most amenable to implementation. The three elements are supported by meta-analyses, but the intervention as a whole is not yet. What's clear is that the Act requires a lot of local adaptation depending on what resources are available. NRT is not available in many countries DESPITE being recommended by WHO List of Essential Medicines and despite the enormous burden of tobacco dependence on all health systems.

2. A lot for Pulmonary Rehabilitation, but a lot of adaptation is required to low resource settings - we're finding "church hall" based PR evidence more useful than hospital-based - and there is a lack of useful material about simple ways to deliver the education component, and what the "essence" of the physical activity is, to ensure fidelity.

3. Stoves and ventilation - a very fast-moving field, but there's a need to combine the evidence from the energy and health fields better than is currently done.

4. Spirometry - plenty of guidelines on this, but most of the evidence draws on high income, western countries, so there are big debates about lower limits of normal, and so on. Also, it raises a lot of questions about the HOW - the workforce issues and digital health. For example, we're about to test use of mobile phone spirometry with an internet-enabled read over service to support interpretation. We've already done it with normal spirometers. Spirometry 360.

What are we doing about it?

1. Trying to apply high standards of implementation science - and colleagues have now published the StaRI standards of reporting recommended in the EQUATOR framework. Will these get picked up in systematic reviews? As they require a good deal of qualitative research I agree with the inclusion of qualitative research. It's essential to understand the context, and also to debate about what the essence of the intervention is, what shouldn't be changed. We are also encouraging photos and videos to be taken to show the variety of contexts and implementation processes - what would happen if these could be regarded as high quality evidence by journals!

2. Contributing to the evidence as best we can so that they do get picked up in systematic reviews. That's the aim once the project finishes. The choice of journals remains challenging, as does the requirement to write in English.

3. Trying to define the essence of these core interventions, when they have far less high quality evidence behind them than some pharmaceutical interventions because non-pharmacological interventions and non-physician interventions have less investment for research, and therefore fewer papers.

It would be great to have a debate particularly about the implementation of non-pharmacological interventions and systematic reviews.

Do sign up to our newsletter if you want to know more
http://www.theipcrg.org/freshair/newsletter

SiÃ¢n

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (39) Q2. Strengths and limitations of

systematic reviews (9)

Dear HIFA colleagues,

Zbys Fedorowicz (Bahrain): "Its quite 'staggering' to see how much resistance to considering these as reliable sources of evidence still exists. There are reasons for this no doubt..."

When considering the 'limitations of systematic reviews' it is perhaps useful to think of this as actual limitations versus perceived limitations. The actual limitations we have heard are mainly to do with problems of the source studies or with poor-quality processes in some systematic reviews (introducing, for example, intended or unintended bias).

For example, in a letter to The Lancet, Ian Roberts (LSHTM) and Katharine Ker write: 'Iain Chalmers and colleagues argue that waste could be avoided if all research was preceded by a systematic assessment of the existing evidence. We agree in principle, but contend that many systematic reviews, by including small unreliable trials, increase waste by promoting underpowered trials.'
http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00489-4.pdf

They say: 'most reviews provide exaggerated estimates of treatment effects due to inclusion of small, poor-quality trials'.

Their contention is not with systematic reviews per se, but the distortion caused by 'inclusion of small, poor-quality trials'.

Critiques of systematic reviews based on methodology issues are understandable and can/should be addressed. But Zbys's message makes me wonder if there is unreasonable resistance to systematic reviews in principle? If so, it would be good to understand why, and how such resistance might be addressed. Any thoughts?

Best wishes, Neil

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From: "Rachel Couban, Canada" <rcouban@mcmaster.ca>
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Subject: [hifa] Systematic Reviews (40) Epistemonikos and SUPPORT Reviews

Dear all,

I have just joined HIFA. I helped to start the Knowledge Synthesis Interest Group of the Canadian Health Library Association this year and have posted to our ListServ about the HIFA Systematic Reviews discussion. It will be interesting to see how HIFA might collaborate with various library organizations! Also I wanted to let people know about a resource for systematic reviews called Epistemonikos https://www.epistemonikos.org/ and another one called support summaries http://www.supportsummaries.org/
Thanks,

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (41) BMJ: Cochrane reviews and guidelines on chest disease in children

I enjoy the BMJ's regular page Minerva 'A wry look at medical research'

Today's print issue (27 May) carries an item of interest for our current discussion on Systematic Reviews:

'Cochrane reviewers spend months or years systematically reviewing and grading the evidence for treatments across a wide range of clinical conditions. There are 236 Cochrane reviews that include evidence to inform the management of chest disease in children. Yet when 21 UK guidelines on this topic were examined, 96 recommendations that could have cited Cochrane failed to in 40% of cases, and in 26% the guideline recommendation did not fully agree with the Cochrane Review (Thorax doi: 10.1136/thoraxjnl-2016-208790).'

This shows there is a major disconnect between systematic reviews and guideline developers - even in a high-income country such as the UK. The disconnect is likely even greater in low- and middle-income countries.

The fact that guideline developers are not fully connected with systematic reviews is especially troubling because guideline developers are (I would argue) the primary 'customer' for systematic reviews (see The Global Healthcare Information System here: http://www.hifa.org/about-hifa/hifa-vision-and-strategy). If guideline developers are failing to take into account all relevant systematic reviews, there is no chance that health professionals, policymakers and others will do so - and evidence-informed policy and practice will remain a mirage.

Best wishes, Neil

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (42) Q3 What is the role of SRs versus local research?

Dear HIFA colleagues,

Thank you for your contributions so far to this HIFA discussion on Systematic Reviews, supported by the Special Programme on Research and Training in Tropical Diseases (TDR), the World Health Organization, and The Lancet.

In our first two weeks we have looked at:
Q1. What are systematic reviews? Why are they important?
Q2. What are the strengths and limitations of SRs (to guide policy and practice in LMICs)?

Please feel free to contribute more on these questions and indeed on any other aspects of Systematic Reviews as we proceed.

We now enter week 3 and our third question:

Q3. What is the role of (global) SRs versus (local) single research studies (to guide policy and practice in LMICs)?

When the HIFA Evidence-Informed Policy and Practice working group planned this thematic discussion in April, we were especially interested to explore this particular question. Why? Because (a) systematic reviews provide a more reliable tool for evidence-based policy and practice than single research studies; (b) systematic reviews are typically 'top-heavy' with studies from high-income countries, which may affect their relevance to low- and middle-income countries; and (c) previous discussions on HIFA have consistently shown that policymakers and practitioners tend to have a preference for, and are more likely to implement, the findings of local research (single studies conducted in their country or region) as compared with single studies in other countries and regions - or even as compared with systematic reviews that may be based on studies from multiple countries.

This question is hugely important because it determines whether and how the conclusions of systematic reviews can be interpreted side by side with the findings of local research. And that can have profound implications for policy and practice.

What, in your view, is the role of (global) SRs versus (local) single research studies to guide policy and practice in LMICs? Is due emphasis being given to each?

As a policymaker or practitioner, do you tend to attach more importance to systematic reviews (even though they may be based on studies in other countries) or to research conducted in your own country?

Best wishes, Neil

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (43) BMJ: Cochrane reviews and guidelines on chest disease in children (2)

Neil this is not surprising to hear although the perhaps the extent of 'disconnect' is. One of the things that may explain this is the perception that Cochrane reviews provide recommendations which they do not whereas of course this is the expectation of clinical guidelines. However Cochrane reviews go as far as assessing the quality of the evidence which should be a great stepping stone for guideline developers. The step from evidence to recommendations is not a huge one and GRADE [*1 see note below] has provided plenty of information/guidance on how to do this. The other issue is that some guideline developers may be interested in study designs other than RCTs and of course this can be problematic as Cochrane reviews tend to focus, albeit not exclusively on RCTs and CCTs [*2]

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (44) Q3 What is the role of SRs versus local research? (2) Which health research gets used and why?

'Our study underlines the importance of supporting research that meets locally-expressed needs and that is led by people embedded in the contexts in which results can be used.' This is the conclusion of a paper that sought to answer 'Which health research gets used and why?'.

Interestingly the paper does not acknowledge the tension between actual and perceived needs, and does not even mention the role of systematic reviews.

CITATION: Health Res Policy Syst. 2016 May 17;14(1):36. doi: 10.1186/s12961-016-0107-2.
Which health research gets used and why? An empirical analysis of 30 cases.
Kok MO, Gyapong JO, Wolffers I, Ofori-Adjei D, Ruitenberg J.
https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-016-0107-2

Abstract
BACKGROUND: While health research is considered essential for improving health worldwide, it remains unclear how it is best organized to contribute to health. This study examined research that was part of a Ghanaian-Dutch research program that aimed to increase the likelihood that results would be used by funding research that focused on national research priorities and was led by local researchers. The aim of this study was to map the contribution of this research to action and examine which features of research and translation processes were associated with the use of the results.

METHODS: Using Contribution Mapping, we systematically examined how 30 studies evolved and how results were used to contribute to action. We combined interviews with 113 purposively selected key informants, document analysis and triangulation to map how research and translation processes evolved and contributions to action were realized. After each case was analysed separately, a cross-case analysis was conducted to identify patterns in the association between features of research processes and the use of research.

RESULTS: The results of 20 of the 30 studies were used to contribute to action within 12 months. The priority setting and proposal selection process led to the funding of studies which were from the outset closely aligned with health sector priorities. Research was most likely to be used when it was initiated and conducted by people who were in a position to use their results in their own work. The results of 17 out of 18 of these user-initiated studies were translated into action. Other features of research that appeared to contribute to its use were involving potential key users in formulating proposals and developing recommendations.

CONCLUSIONS: Our study underlines the importance of supporting research that meets locally-expressed needs and that is led by people embedded in the contexts in which results can be used. Supporting the involvement of health sector professionals in the design, conduct and interpretation of research appears to be an especially worthwhile investment.
--

Best wishes, Neil

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Subject: [hifa] Systematic Reviews (45) Q3 What is the role of SRs versus local research? (3)

Hello, friends!

At the outset,I must congratulate HIFA on the increasing membership and the important milestone just reached.

Now, I would like to contribute to the ongoing discussion on SRs - which interestingly was also being discussed when I first joined HIFA -and more specifically, the question relating to local studies in comparison with large scale SRs guiding Policy. Well,"much can be said on both the sides" (Joseph Addison would have appreciated!).

As a researcher looking for evidence at a global level, I would certainly consider Systematic reviews to be valuable. To depend on an isolated local study or two (with a not so large a sample size as would be considered good by the epidemiologist) is not recommended, however well designed the study may be. If the research is being undertaken to guide Policy, a good researcher would still look for where the information stands on hierarchy of evidence and complement SRs with some context-specific population studies.

As a Policy maker, however, I would like to look at the more recent local studies, preferably multi centric studies on health issues already recognized as important for action at National level (but not implemented for several reasons including lack of a strong evidence base or complementary recommendations by a body of Health professionals closer home) and conducted by reputed scientists, practitioners and / or Organizations of standing in the country.

While many such Institutions are involved in epidemiologically sound studies, the fact that they are driven also by Universities and Foundations abroad and the research priorities do not always match the National priorities as perceived at the Political level may also be taken into consideration.

Speaking for myself, if I were to be a part of a Policy level Acton committee, I would recommend that both be given weightage in guiding Policy when evidence is not at variance. If not, I would recommend that a large multicentric study with National funding be a priority.

Thank you.
Sunanda K Reddy

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (46) Q3 What is the role of SRs versus local research? (4)

Just a thought on the topic of â€˜localism' 'previous discussions on HIFA have consistently shown that policymakers and practitioners tend to have a preference for, and are more likely to implement, the findings of local research (single studies conducted in their country or region) …' First, this is not a phenomenon unique to low-- and middle-income countries. We'll find a similar tendency in high-income countries where health (and social care) managers and policy-makers will want to try something that seems success in the neighbouring region/district or something they heard a friend talk about at a regional or national conference. Secondly, it is a phenomenon we'll have to work on. More training to health policy makers, hospital managers, politicians on the strengths) and weaknesses of systematic reviews. For example, we have worked with a Parliamentarian (MP) in Nepal who brought together a group of MPs from a range of different parties. We then organised training sessions on health research and systematic reviews run by UK researchers.

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Subject: [hifa] Systematic Reviews (47) Q3 What is the role of SRs versus local research? (5)

Progressively more international studies are multicentered, thus including centers from both LMICs and developed ones. SRs when undertaken properly or comprehensively are quite relevant to broader contexts. I also propose that, the inherent nature of SRs makes them

appropriate in answering questions arising from wide contexts. Hence, when considered alongside the local studies, their findings can be easily contextualized

Dickens

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Subject: [hifa] Systematic Reviews (48) Q3 What is the role of SRs versus local research? (6)

In my work on cancer policy in Abia State of Nigeria, I find that policymakers rely more on local evidence. They are more inclined to reviewing evidence about 'here and now', rather than 'over there'. The case of systematic reviews becomes more important when considering potential policy options.

HIFA profile: Kelechi Eguzo is Research Coordinator at the Department of Academic Family Medicine, University of Saskatchewan in Canada. Professional interests: Family medicine, Cancer control, mHealth, Social media in healthcare, Postgraduate medical education. keguzo AT gmail.com

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (49) Q3 What is the role of SRs versus local research? (7)

There are problems with relying mainly on local evidence when the local researh culture is weak, mainly observational, and often not peer reviewed. The whole architecture of reading, writing and publishing is faulty because the demands of 'publish or perish' encourages quantity rather than quality. Scholarship is better when it is global / international in scope and scrutiny. Context is important but before localising content it is even more important that the fundamentals meet international best practice.

Joseph Ana.

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From: "Sunanda Kolli Reddy, India" <write2sunanda@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (50) Q3 What is the role of SRs versus local research? (8)

Dear friends,

Dr Joseph Ana's observations are very true. The local research culture and capabilities are important factors in considering local research studies as strengthening evidence base. This is the reason why many of the studies in LMICs today are collaborative studies with technical expertise and partial funding by groups with research competence and know-how for management of Global Health studies. More and more such studies are beginning to influence Policy in developing counties. Often Systemic reviews provide a starting point but the extent of contextualization determines the strength of the study in guiding Policy.

While the priorities for the academic researcher remain the same (publication worthiness, what the studies add to the existing body of knowledge, the rigor in terms of research criteria, to mention a few), the Policy makers in LMICs are more interested in how the evidence can effectively feed into the flagship National programmes within the scope of the limited budgetary allocation for Health. This also explains why Public Health practitioners today are paying as much attention to the Policy briefs as one would to the preparation of papers in Indexed publications. I find this trend in developing countries such as India where research capabilities are not bad and the elements to power a study are not lacking but funds are finite and the principal project proponent may have to justify the budget not just on the basis of evidence from Systematic reviews but also on how the outcomes are meeting the needs of our people and the priorities as perceived by the Policy makers.

A positive development, in a way.

Thanks and regards,
Sunanda

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (51) Q2. Strengths and limitations of systematic reviews (10)

Dear HIFA colleagues,

This systematic review potentially carries important information for LMICs, where type 2 diabetes is becoming a huge health issue. However, this particular review illustrates three common, major limitations.

First, the review has been published in a restricted-access journal, so most of us cannot read the full text.

Second, from our knowledge of systematic reviews in general, it is likely that all, or nearly all, the studies are from high-income countries. (We do not know this for sure because the information is not provided in the abstract.)

Third, the journal (Diabetic Medicine) has a restrictive policy on author self-archiving in an open-access repository (as for many/most journals, the authors can archive the final draft post-refereeing but not the publisher PDF; unlike most journals, Diabetic Medicine has a further restriction in that the austhors may not archive the draft until 12 months after publication).
http://www.sherpa.ac.uk/romeo/issn/0742-3071/

Best wishes, Neil

CITATION: Effectiveness of group-based self-management education for individuals with Type 2 diabetes: a systematic review with meta-analyses and meta-regression. Odgers-Jewell K, et al. Diabet Med. 2017.
https://www.ncbi.nlm.nih.gov/m/pubmed/28226200/

ABSTRACT
AIMS: Patient education for the management of Type 2 diabetes can be delivered in various forms, with the goal of promoting and supporting positive self-management behaviours. This systematic review aimed to determine the effectiveness of group-based interventions compared with individual interventions or usual care for improving clinical, lifestyle and psychosocial outcomes in people with Type 2 diabetes.

METHODS: Six electronic databases were searched. Group-based education programmes for adults with Type 2 diabetes that measured glycated haemoglobin (HbA1c) and followed participants for = 6 months were included. The primary outcome was HbA1c , and secondary

outcomes included fasting blood glucose, weight, body mass index, waist circumference, blood pressure, blood lipid profiles, diabetes knowledge and self-efficacy.

RESULTS: Fifty-three publications describing 47 studies were included (n = 8533 participants). Greater reductions in HbA1c occurred in group-based education compared with controls at 6-10 months [n = 30 studies; mean difference (MD) = 3 mmol/mol (0.3%); 95% confidence interval (CI): -0.48, -0.15; P = 0.0002], 12-14 months [n = 27 studies; MD = 4 mmol/mol (0.3%); 95% CI: -0.49, -0.17; P < 0.0001], 18 months [n = 3 studies; MD = 8 mmol/mol (0.7%); 95% CI: -1.26, -0.18; P = 0.009] and 36-48 months [n = 5 studies; MD = 10 mmol/mol (0.9%); 95% CI: -1.52, -0.34; P = 0.002], but not at 24 months. Outcomes also favoured group-based education for fasting blood glucose, body weight, waist circumference, triglyceride levels and diabetes knowledge, but not at all time points. Interventions facilitated by a single discipline, multidisciplinary teams or health professionals with peer supporters resulted in improved outcomes in HbA1c when compared with peer-led interventions.

CONCLUSIONS: Group-based education interventions are more effective than usual care, waiting list control and individual education at improving clinical, lifestyle and psychosocial outcomes in people with Type 2 diabetes.
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Best wishes, Neil

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Coordinator, HIFA Project on Access to Health Research
http://www.hifa.org/working-groups/access-health-research

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (52) Selective versus routine use of episiotomy for vaginal birth

Dear HIFA colleagues,

'Believing that routine episiotomy reduces perineal/vaginal trauma is not justified by current evidence', say the authors of this new Cochrane review. I was alerted to this review by a blog on the Maternal Health Task Force, which I shall share with you in a separate message.

CITATION: Hong Jiang, Xu Qian, Guillermo Carroli, Paul Garner
Editorial Group: Cochrane Pregnancy and Childbirth Group

DOI: 10.1002/14651858.CD000081.pub3

Background: Some clinicians believe that routine episiotomy, a surgical cut of the vagina and perineum, will prevent serious tears during childbirth. On the other hand, an episiotomy guarantees perineal trauma and sutures.

Objectives: To assess the effects on mother and baby of a policy of selective episiotomy ('only if needed') compared with a policy of routine episiotomy ('part of routine management') for vaginal births.

Search methods: We searched Cochrane Pregnancy and Childbirth's Trials Register (14 September 2016) and reference lists of retrieved studies.

Selection criteria: Randomised controlled trials (RCTs) comparing selective versus routine use of episiotomy, irrespective of parity, setting or surgical type of episiotomy. We included trials where either unassisted or assisted vaginal births were intended. Quasi-RCTs, trials using a cross-over design or those published in abstract form only were not eligible for inclusion in this review.

Data collection and analysis: Two authors independently screened studies, extracted data, and assessed risk of bias. A third author mediated where there was no clear consensus. We observed good practice for data analysis and interpretation where trialists were review authors. We used fixed-effect models unless heterogeneity precluded this, expressed results as risk ratios (RR) and 95% confidence intervals (CI), and assessed the certainty of the evidence using GRADE.

Main results: This updated review includes 12 studies (6177 women), 11 in women in labour for whom a vaginal birth was intended, and one in women where an assisted birth was anticipated. Two were trials each with more than 1000 women (Argentina and the UK), and the rest were smaller (from Canada, Germany, Spain, Ireland, Malaysia, Pakistan, Columbia and Saudi Arabia). Eight trials included primiparous women only, and four trials were in both primiparous and multiparous women. For risk of bias, allocation was adequately concealed and reported in nine trials; sequence generation random and adequately reported in three trials; blinding of outcomes adequate and reported in one trial, blinding of participants and personnel reported in one trial.

For women where an unassisted vaginal birth was anticipated, a policy of selective episiotomy may result in 30% fewer women experiencing severe perineal/vaginal trauma (RR 0.70, 95% CI 0.52 to 0.94; 5375 women; eight RCTs; low-certainty evidence). We do not know if there is a difference for blood loss at delivery (an average of 27 mL less with selective episiotomy, 95% CI from 75 mL less to 20 mL more; two trials, 336 women, very low-certainty evidence). Both selective and routine episiotomy have little or no effect on infants with Apgar score less than seven at five minutes (four trials, no events; 3908 women, moderate-certainty evidence); and there may be little or no difference in perineal infection (RR 0.90, 95% CI 0.45 to 1.82, three trials, 1467 participants, low-certainty evidence).

For pain, we do not know if selective episiotomy compared with routine results in fewer women with moderate or severe perineal pain (measured on a visual analogue scale) at three days postpartum (RR 0.71, 95% CI 0.48 to 1.05, one trial, 165 participants, very low-certainty evidence). There is probably little or no difference for long-term (six months or

more) dyspareunia (RR1.14, 95% CI 0.84 to 1.53, three trials, 1107 participants, moderate-certainty evidence); and there may be little or no difference for long-term (six months or more) urinary incontinence (average RR 0.98, 95% CI 0.67 to 1.44, three trials, 1107 participants, low-certainty evidence). One trial reported genital prolapse at three years postpartum. There was no clear difference between the two groups (RR 0.30, 95% CI 0.06 to 1.41; 365 women; one trial, low certainty evidence). Other outcomes relating to long-term effects were not reported (urinary fistula, rectal fistula, and faecal incontinence). Subgroup analyses by parity (primiparae versus multiparae) and by surgical method (midline versus mediolateral episiotomy) did not identify any modifying effects. Pain was not well assessed, and women's preferences were not reported.

One trial examined selective episiotomy compared with routine episiotomy in women where an operative vaginal delivery was intended in 175 women, and did not show clear difference on severe perineal trauma between the restrictive and routine use of episiotomy, but the analysis was underpowered.

Authors' conclusions

In women where no instrumental delivery is intended, selective episiotomy policies result in fewer women with severe perineal/vaginal trauma. Other findings, both in the short or long term, provide no clear evidence that selective episiotomy policies results in harm to mother or baby.

The review thus demonstrates that believing that routine episiotomy reduces perineal/vaginal trauma is not justified by current evidence. Further research in women where instrumental delivery is intended may help clarify if routine episiotomy is useful in this particular group. These trials should use better, standardised outcome assessment methods.

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Best wishes, Neil

Coordinator, HIFA Project on Evidence-Informed Policy anhd Practice
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Subject: [hifa] Systematic Reviews (53) Q2. Strengths and limitations of systematic reviews (11)

Dear All,

I am coming late to the discussion too. I think it is a great discussion to have about systematic reviews. I am an author of some of the Cochrane systematic reviews in the Pregnancy and Childbirth group and value systematic reviews for the reasons mentioned before. However, I do not believe that the systematic review approach is the golden standard, meaning it is the best research synthesis approach above all. It certainly is a golden standard for synthesising randomised controlled trials. However, it is really important to think about the research question and then use the correct research method and methodology to gain meaningful and insightful data. For example asking women what their experiences have been with gestational diabetes will elicit far more in depth and truthful data from a qualitative research approach then getting women to fill in pre-stated multi-choice tick boxes that will enable the participants only to tick was is there but not really an opportunity to describe in depth what the experience was like. The survey will give a numeric answer but not really what it was like for the women. It is, like Soo Downe already mentioned both qualitative and quantitative evidence will provide the truer picture. I hope therefore many future RCT's will include qualitative side studies to learn what the qualitative aspect of the study may reveal. It is time that we put our prejudice aside about which research methods is 'better' but understand that qualitative synthesis and quantitative synthesis both add valuable evidence. Congratulations on WHO who has embraced this for their guideline development. Well done.

Best wishes
Ruth Martis

HIFA profile: Ruth Martis is a midwifery lecturer at Christchurch Polytechnic Institute of Technology, New Zealand. Professional interests include maternal and child health, public health, research, education, teen pregancies, knowledge transfer, development and implementation of clinical practice guidelines. ruth-martis AT clear.net.nz

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (54) Selective versus routine use of episiotomy for vaginal birth (2)

Here is the Maternal Health Tast Force blog that I mentioned in my previous message:
https://www.mhtf.org/2017/05/30/advancing-an-evidence-based-approach-to-episiotomy

Below are extracts:

'Over the past two decades, a growing body of literature and increased advocacy efforts have led to a general consensus that episiotomy should not be conducted as a standard practice. Nevertheless, in many parts of the world, the majority of women still undergo episiotomy during childbirth.'...

'A recent Cochrane systematic review examining the evidence on selective versus routine episiotomies for vaginal birth concluded:

'Overall, the findings show that selective use of episiotomy in women (where a normal delivery without forceps is anticipated) means that fewer women have severe perineal trauma. Thus the rationale for conducting routine episiotomies to prevent severe perineal

trauma is not justified by current evidence, and we could not identify any benefits of routine episiotomy for the baby or the mother.'

'Health workers sometimes encounter institutional barriers that pressure them to perform the procedure. Fear of a woman developing a third or fourth degree perineal tear and a lack of proper training can also contribute to high episiotomy rates.'...

'A paper from the 2016 Lancet Maternal Health Series reported prevalence estimates for several middle-income countries based on the most recent available data:

China 44.9% (2002)
India 45.0% (2003)
Indonesia 53.5% (2005)
Iran 79.2% (2012)
Malaysia 46.0% (2005)
Philippines 63.7% (2005)
Thailand 91.8% (2005)
South Africa 63.3% (2003)

'High episiotomy rates have been reported elsewhere, such as in Oman, Tibet and in several countries in Central and South America...

'When an episiotomy is necessary, it is crucial that the procedure be performed in a way that maximizes outcomes for the mother and infant. Some research has found variation in episiotomy technique, which may be a result of inconsistent international practice guidelines.

'Ensuring that women are involved in the decision-making process in the event that an episiotomy might be needed is also critical. Performing an episiotomy — or any other intervvention — without a woman's informed consent is a viollation of her right to respectful maternity care...'
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There appears to be overwhelming evidence that episiotomy rates are much higher in many countries than they should be (although the optimum level is not clear). The availble evidence from systemtic reviews should in theory be enough to persuade maternity centres to abandon routine episiotomy in favour of selected episiotomy. And yet, clearly they do not. Seeking to understand why there is a disconnect would be an interesting case study in the real and perceived limitations of systematic reviews and their uptake into national guidelines, into facility-level expectations, and into true case-by-case evidence-informed practice.

Best wishes, Neil

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From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (55) Q2. Strengths and limitations of systematic reviews (12)

A publication like the one referred to here by Neil about type 2 diabetes, which suffers the three major limitations to knowledge sharing is not worth reading, frankly. The researchers and authors and probably the publishers do not want their message disseminated, so why bother.

Joseph Ana.

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
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Subject: [hifa] Systematic reviews (56) Selective versus routine use of episiotomy for vaginal birth (3)

It is nice to read a Cochrane SR that selective episiotomy is far better than routine, a practice that we have been using to illustrate the importance of EBM for over 15 years.

Joseph Ana

From: "Lucie Byrne-Davis, UK" <lucie.byrne-davis@manchester.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (57) Open- versus restricted-access systematic reviews

Dear Joseph

I appreciate the frustration in the limitations to knowledge sharing, which I share. I think, however, that sometimes authors are very limited themselves because the price of open access is often prohibitive - ranging from 1500-3500 GBP in my own experience. Where my research is funded I always apply for open access publication funds as part of that. Where it is not, I cannot find this amount of money. Our University library has a small fund that run out almost immediately as new funds are announced - which means a) authors really want to publish OA and b) it's very hard to get OA funding via that route.

Best wishes
Lucie

Lucie Byrne-Davis PhD CPsychol PFHEA

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Subject: [hifa] Systematic reviews (58) SRs and meta-analysis

Dear HIFA colleagues,

Below are the citation and abstract of a new paper in the open access journal PLoS One. I include it in this discussion for five reasons:

1. The paper introduces the concept of meta-analysis, which is closely related to systematic review but has not yet been mentioned in the current discussion. ['A systematic review answers a defined research question by collecting and summarising all empirical evidence that fits pre-specified eligibility criteria. A meta-analysis is the use of statistical methods to summarise the results of these studies.' www.ccace.ed.ac.uk/research/software-resources/systematic-reviews-and-meta-analyses]

2. The paper is from China, which has one in five of the world's population (and yet is underrepresented on HIFA - the HIFA Steering Group is starting to look at whether there is a need for launching HIFA in Chinese)

3. The scientific output of China is very substantial but concerns about quality of some research outputs have been reported previously on HIFA.

4. This paper finds that the overall quality of meta-analysis is poor, but notes: 'Multi-unit and multi-author collaboration can help improve the quality of meta-analyses with significant impact'.

5. The appraisal of meta-analyses uses the JBI guidelines (Joanna Briggs Institute) - it would be good to learn more about these, and about other appraisal tools.

CITATION: PLoS One. 2017 May 23;12(5):e0177648. doi: 10.1371/journal.pone.0177648. eCollection 2017.
Quality of meta-analysis in nursing fields: An exploration based on the JBI guidelines.
Hou Y, Tian J, Zhang J, Yun R, Zhang Z, Chen KH, Zhang C, Wang B.
http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0177648

Abstract
BACKGROUND:
Meta-analysis [*see note below] is often regarded as one of the best sources of evidence for clinical nurses due to its rigorous design and scientific reflection of the true results of nursing interventions. The quality of a meta-analysis is critical to the work of clinical decision-makers. Therefore, the objective of this study was to use the JBI guidelines to summarize the quality of RCT-based meta-analyses of reports published in domestic nursing professional journals, with a view to standardizing the research process and reporting methods.

METHODS:
We performed a comprehensive literature search for RCT-based meta-analyses published in Chinese professional nursing journals, from their inception to December 31, 2015, using bibliographic databases (e.g. CNKI, WanFang Database). March 1, 2017, supplementary search 2016 literature. Candidate reviews were assessed for inclusion by two independent reviewers using pre-specified eligibility criteria. We evaluated the quality of reporting of the

included meta-analyses using the systematic review literature reporting specification of JBI. Analyses were performed using Excel and STATA 12.0 software.

RESULTS:
Three hundred and twenty-two meta-analyses were included. According to the JBI guidelines, the overall quality of the meta-analysis report was poor. The quality of core journal reports and the implementation of retrieval were better than those of non-core journals. The nature of the authors and the availability of funding support had no significant impact on the quality of the meta-analyses. Multi-unit and multi-author collaboration can help improve the quality of meta-analyses with significant impact.

CONCLUSION:
The understanding and implementation of systematic evaluation and meta-analyses in domestic nursing professional journals is worthy of recognition, and there is more work that can be done to improve the quality of these reports. Systematic review / Meta-analysis (SR / MA) makers should include the findings of this study. Multi-institutional and multi-author collaborations appear to improve research capacity and provide more reliable evidence support for clinicians.

Note: It's unclear why the authors say 'Meta-analysis is often regarded as one of the best sources of evidence..' rather than 'Well-conducted systematic reviews...' The former are not reliable if there has not been rigor in identification of papers, whereas a well-conducted systematic review would include meta-analysis (always? for some kinds of systematic reviews but not others?).

Best wishes, Neil

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From: "Soumyadeep Bhaumik, India" <soumyadeepbhaumik@rediffmail.com>
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Subject: [hifa] Systematic reviews (58 B) Systematic reviews of qualitative research

Dear Ruth & other HIFA members

I totally agree with you that quantitative data alone is not alone for healthcare decision making and we need to qualitative evidence , since Implementation issues are better captured there. But there are qualitative systematic reviews - which can be used for the purpose. More implementation science friendly systematic reviews, where there is integration of qualitative and quantitative evidence, is a rapidly developing methodological domain. Resources about

this are available in Cochrane Qualitative and Implementation Methods group at : http://methods.cochrane.org/qi/training-resources , This apart the EPPI-Centre, London has done phenomenal work on this domain.

One thing I have been struggling at the philosophical level is whether it synthesizing qualitative research makes sense - since they are so contextual in nature? Or is it less resource intensive and more useful to do a local primary qualitative research where the evidence is to be applied?

Best Wishes
Soumyadeep

in.linkedin.com/in/soumyadeepbhaumik/

HIFA profile: Soumyadeep Bhaumik was the HIFA Country Representative of the Year for 2012, and is a medical doctor from India working in the field of evidence syntheses. He has previously worked as a Senior Research Scientist at the South Asian Cochrane Network and Centre, India and as a Biomedical Genomics Fellow in BioMedical Genomics Centre, Kolkata. He has also consulted for evidence synthesis projects for Evidence Aid, Oxford UK and Public Health Foundation of India.He currently studies international public health in the Liverpool School of Tropical Medicine. In addition he has experience in science and research communication and has written for British Medical Journal, Canadian Medical Association Journal, Lancet and Lancet Oncology and National Medical Journal of India. Soumyadeep is a member of the HIFA working group on Evidence-Informed Policy and Practice.
http://www.hifa.org/projects/evidence-informed-policy-and-practice
http://www.hifa.org/support/members/soumyadeep
drsoumyadeepbhaumik AT gmail.com

From: "Sunanda Kolli Reddy, India" <write2sunanda@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (59) Systematic reviews of qualitative research (2)

Dear Soumyadeep, you have effectively voiced my thoughts.

Adding qualitative research certainly helps. If there is no pressure to synthesize quantitative and qualitative research and the larger goal is to build evidence to guide policy, or contextualize the study and drive home the need for action, the two can complement each other effectively without necessarily undermining evidence from SRs/meta analysis /other.

A recent study on Folic acid with a focus on prevention of birth defects attempted to identify magnitude and determinants of Folic acid deficiency in Indian population using the mixed methods approach. The findings were disseminated to Health policy makers; as on date, this information is being utilized to plan the pilot for Folic acid supplementation at National level.

Happy to provide a link to the executive summary and policy brief document as well as a snapshot from the compendium of research evidence for policy recommendations in the context of Public Health consequences of Folic acid deficiency in India.

https://issuu.com/publichealth4u/docs/fap_executive_summary

https://issuu.com/publichealth4u/docs/fap_policy_brief
https://issuu.com/publichealth4u/docs/fap_keymessage

Best regards,
Sunanda K Reddy

HIFA profile: Sunanda Kolli Reddy is a Consultant in Early Childcare and Development & Health Promotion in the context of Disability in Development at the Centre for Applied Research and Education in Neurodevelopmental Impairments & Disability-related Health Initiatives, CARENIDHI, in India. Professional interests: Developmental Paediatrics, by training and professional experience, community studies, with focus on childhood developmental disabilities, early intervention and health promotion in the context of disability in resource-poor community settings. write2sunanda AT gmail.com

From: "Soo Downe, UK" <sdowne@uclan.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (60) Systematic reviews of qualitative research (3)

You make a good point Soumyadeep - there is a long history of debate in the meta-synthesis/qualitative systematic review literature of debate around the extent to which qualitative research can/should be synthesised. However, there is general agreement that the purpose of synthesising qualitative research is to generate hypotheses about what might be working psychologically or sociologically at the level of mid-range theory, which might be applicable across a range of human social settings.

As an example, the qualitative meta-synthesis we undertook for WHO in terms of what matters for women in pregnancy around the world was the basis of changing the focus of the 2016 WHO antenatal guidelines so that, rather being just about evidence for interventions in pregnancy, it was framed around the need for women to have a positive pregnancy experience. This was a universal phenomenon, that matters for women around the world. Further qualitative evidence provided more detail on what this means, both universally, and for specific sub-groups of women. This was then married with the quantitative evidence by the WHO team and the guidelines technical working group, to produce a guideline that incorporates values, acceptability, equity, feasibility and so on with effectiveness (http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf . I think this demonstrates how qualitative meta-synthesis is increasingly seen as mainstream in the guidelines development world. Cochrane EPOC is also publishing qualitative synthesis reviews - and the following paper is really helpful in this regard:
http://researchonline.lshtm.ac.uk/4765/1/bmj.b3496.pdf
All the best
Soo
HIFA profile: Soo Downe is a midwife. She is Professor of Midwifery Studies, and Director of the WISH (Womens, Infant and Sexual Health) Research Group and ReaCH (Research in Childbirth and Health) Unit. She is based in the School of Public Health and Clinical Sciences, Faculty of Health, University of Central Lancashire (UCLan), Preston, UK. sdowne AT uclan.ac.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (61) New Cochrane initiative for global

mental health

Dear HIFA colleagues,

This new editorial from Cochrane makes the important point that 'all recent intergovernmental initiatives aiming to reduce the mental health treatment gap have been based on careful and systematic appraisals of the existing evidence'. This is despite the particular challenges of evidence-informed mental health, which are also touched upon. Extracts below.

CITATION: Evidence-based interventions for global mental health: role and mission of a new Cochrane initiative
Corrado Barbui, Marianna Purgato, Rachel Churchill, Clive E Adams, Laura Amato, Geraldine Macdonald, Jenny McCleery, Silvia Minozzi, Rebecca Syed Sheriff
http://www.cochranelibrary.com/editorial/10.1002/14651858.ED000120?elq_mid=18100&elq_cid=4800771

21 April 2017

'At a global level there are striking disparities in the provision of mental health care between rich and poor countries. In low- and middle-income countries (LMICs) more than 75% of people with serious mental health conditions receive inadequate care, despite substantial disability and functional impairment. These global disparities in mental health care have been mirrored in intervention research, with few trials being undertaken in LMICs, and with inadequate reflection of need and poor accessibility...

'A cross-cutting principle for activities in the field of global mental health is the value attributed to the evidence base, which, despite its limitations, can be a powerful argument against the view that nothing can be done. All recent intergovernmental initiatives aiming to reduce the mental health treatment gap have been based on careful and systematic appraisals of the existing evidence...

'Goal 2 of Cochrane's Strategy to 2020 is "to make Cochrane evidence accessible and useful to everybody, everywhere in the world"...

'To contribute to this goal, we have established Cochrane Global Mental Health (globalmentalhealth.cochrane.org), a new partnership that brings together the five Cochrane Review Groups that cover mental health conditions with WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation, based at the University of Verona, Italy... The mission is to facilitate the sharing of knowledge and experiences to prioritize, produce, disseminate and implement systematic reviews for optimizing mental health promotion, prevention and treatment interventions everywhere.

'Activities in this area should consider that substantial criticisms has been raised to the foundations and epistemology of global mental health. One line of criticism is that global mental health is dominated by a Western biomedical model of psychiatry that pays little attention to local sociocultural factors...

'Cochrane Global Mental Health will take these critical points into serious consideration by following some guiding principles...'

Best wishes, Neil

From: "Charles Shey Wiysonge, South Africa via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (62) National Cochrane Library licence renders Cochrane Reviews accessible to all in South Africa

Dear Colleagues,

Much in line with our current discussions on the importance of systematic reviews, the South African Medical Research Council has procured a national licence for the Cochrane Library; starting 01 June 2017.

'A national licence for South Africa will ensure that all those looking for reliable, up-to-date evidence on healthcare interventions, would have simple â€˜one-click' access without discrimination,' says SAMRC President, Professor Glenda Gray. 'This will be of specific benefit to the many doctors and nurses working under less than ideal circumstances in rural and remote areas of South Africa.'

More information on this development is available from the following link
http://www.mrc.ac.za/Media/2017/19press2017.htm

Thanks, Charles

HIFA profile: Charles Shey Wiysonge is is Director of the South African Cochrane Centre. wiysonge AT yahoo.com

From: "Soumyadeep Bhaumik, India" <soumyadeepbhaumik@rediffmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (63) Systematic reviews of qualitative research (4)

Dear Soo

Many thanks for the inputs and it makes sense that the focus of primary qualitative research & synthesized research is different.The ANC example is really a great example of this. Is the qualitative SR related to this available online ? Also can you please explain to me a bit more about what you mean by "level of mid-range theory" ?

Best Wishes
Soumyadeep

in.linkedin.com/in/soumyadeepbhaumik/

HIFA profile: Soumyadeep Bhaumik was the HIFA Country Representative of the Year for 2012, and is a medical doctor from India working in the field of evidence syntheses. He has previously worked as a Senior Research Scientist at the South Asian Cochrane Network and Centre, India and as a Biomedical Genomics Fellow in BioMedical Genomics Centre, Kolkata. He has also consulted for evidence synthesis projects for Evidence Aid, Oxford UK and Public Health Foundation of India.He currently studies international public health in the Liverpool School of Tropical Medicine. In addition he has experience in science and research

communication and has written for British Medical Journal, Canadian Medical Association Journal, Lancet and Lancet Oncology and National Medical Journal of India. Soumyadeep is a member of the HIFA working group on Evidence-Informed Policy and Practice.
http://www.hifa.org/projects/evidence-informed-policy-and-practice
http://www.hifa.org/support/members/soumyadeep
drsoumyadeepbhaumik AT gmail.com

From: "Soo Downe, UK" <sdowne@uclan.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic reviews (64) Systematic reviews of qualitative research (5)

Thank you for your interest in this topic Soumyadeep: here is the qualitative synthesis that underpinned the framing of the current WHO ANC guidelines. It is open access::
http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13819/full

We also have a related protocol on Cochrane EPOC and another one pending, so there will be more published outputs in the next few months related to this guideline. You may also find the PLoS medicine paper here of interest:
http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001373

Mid-range, or middle-range theory sits at a level below so-called 'grand theory' (which encompasses very broad (meta) physical concepts like 'society'). In contrast, middle range theory is developed in context, from empirical data, and can be directly tested for trustworthiness and transferability (Merton R 1968 Social Theory and Social Structure New York, NY, US: Free Press).

This open access paper might be of interest in relation to this topic?:
http://research.omicsgroup.org/index.php/Middle_range_theory_(sociology)

All the best
Soo

HIFA profile: Soo Downe is a midwife. She is Professor of Midwifery Studies, and Director of the WISH (Womens, Infant and Sexual Health) Research Group and ReaCH (Research in Childbirth and Health) Unit. She is based in the School of Public Health and Clinical Sciences, Faculty of Health, University of Central Lancashire (UCLan), Preston, UK. sdowne AT uclan.ac.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (65) Q5 What can be done to increase the relevance and usefulness of SRs (to guide policy and practice in LMICs)?

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far. We now move into week 5 and our 5th question for discussion:

Q5 What can be done to increase the relevance and usefulness of SRs (to guide policy and practice in LMICs)?

There is an implication in this question that systematic reviews are less relevant and useful than they could be. Do you find this to be the case in your own efforts to implement evidence-informed policy and/or practice? In what ways are they less relevant/useful than they could be? Can you give any examples?

One of the limitations of systematic reviews is that they are often based largely on research from high-income countries. The conclusions of such research may not be (or may not be *perceived* to be) applicable to realities in low- and middle-income countries.

This question relates to our previous question 3: What is the role of (global) SRs versus (local) single research studies (to guide policy and practice in LMICs)?

Please continue to share your experience and expertise here on HIFA by sending an email to: hifa@dgroups.org

With thanks to TDR, WHO and The Lancet for supporting this discussion.

Best wishes, Neil

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (66) Q5 What can be done to increase the relevance and usefulness of SRs?

The idea of Systematic Review (SR) is a welcome and useful one. And I believe that if there was no SRs the world would have been thinking of something similar especially now that the output of information and its dissemination through the internet is almost unmanageable for any practitioner no matter how narrow his/her field. If there was no SRs the world would create one. Sure, SRs have their weak points but the need for them and their strengths far outweigh the few draw backs which is why SRs remain needful, relevant and serving. Continuous improvement in methodology and expansion of capacity in SR production to the LMICs are urgent. Expanding capacity and countries will improve the quality, number and pool of studies that are synthesized to produce of SRs.

Joseph Ana.

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (67) US Fogarty International Center is threatened with closure

(with thanks to Global Health Now)

Joseph Ana in his last message (Systematic Reviews 66) emphasised the importance of building local research capacity in Africa and LMICs. We now hear that the US Fogarty International Center - a major US funder of health research in LMICs - is scheduled to be 'eliminated' as a result of President Trump's recent cuts.

Medical News & Perspectives
May 17, 2017

Fogarty International Center, a Linchpin of Global Health Research
M.J. Friedrich

'Small but mighty, the Fogarty International Center has had an oversized impact on improving health around the world for the last half century. By providing funding to advance international health research and train health researchers from the United States and low- and middle-income countries, its efforts have benefitted patients worldwide, including the United States... The Center awards about $54 million through about 500 grants each year, with 80% of funds going to US institutions and 100% of Fogarty's grants involving US scientists.

'And yet despite its critical importance to global health, the Fogarty Center would be eliminated according to cuts to the NIH (National Institutes for Health) that have been proposed under the president's fiscal year 2018 budget, which was announced in March.'

Fulltext: http://jamanetwork.com/journals/jama/fullarticle/2628440

Best wishes, Neil
From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (68) US Fogarty International Center is threatened with closure (2) Epidemic preparedness

Dear HIFA colleagues,

(with thanks to Tropical Health Update)

The US Fogarty International Center is threatened with closure at a time when the world needs it most. 'Among its most important roles, the Fogarty Center manages grant programs that develop scientific expertise in developing countries, preparing them to address infectious diseases (IDs) such as Ebola, Zika, HIV, malaria, and dengue at their point of origin. Many of these IDs are potential threats to individuals in the United States, particularly as climate change is expected to increase the risk of vector-borne diseases.'
http://jamanetwork.com/journals/jama/fullarticle/2628440

Meanwhile, the world faces over the coming years not only the spread of vector-borne diseases and the explosion of antimicrobial resistance, but also the prospect of a devastating flu epidemic:

'Public health officials say the world is overdue for a pandemic that could kill 30 million people within a year. The possible causes include the expanding and mobile global population, mutating viruses that can outfox vaccine makers, the threat of bioterrorism and accelerating climate change that breeds new diseases. Meanwhile, in the wake of recent outbreaks of the Zika virus in Brazil, Ebola in Africa and a new strain of bird flu in China, many experts say the World Health Organization (WHO) and other agencies charged with protecting against dangerous pathogens are under-resourced and underfunded. But some experts are more optimistic, saying the global health community has taken important steps to prevent and respond to pandemics. For example, the United States has invested in crisis preparation, and WHO set up a global surveillance network and pandemic emergency fund,

these experts note. But gaps in funding and leadership remain, and many warn that vaccines exist for just a fraction of the 300 known infectious viruses.....
http://library.cqpress.com/cqresearcher/document.php?id=cqresrre2017060200

To address these threats we need evidence-informed policymaking - informed by rigourous research that is rigorously systematically reviewed, the cumulative evidence being made available in formats that meet the information needs of policymakers, health professionals and the general public.

It is an indictment of the international community that our global healthcare information system is still so broken despite the ubiquity of technology. There are weaknesses at every stage in the system, particularly in the linkages between the parts.
http://www.hifa.org/about-hifa/hifa-vision-and-strategy

Systematic reviews are useless, however, if policymakers choose to ignore them. All the research tells us that humanity should be investing heavily in mitigating the impact of climate change, antimicrobial resistance, pandemic flu and vector-borne diseases. And yet those in positions of power appear to be leading us blindly towards a very uncertain and dangerous future.

Best wishes, Neil
From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (69) Arms trading and possible links to terrorism (2)

Dear David,

Thank you for pointing us to your article in the BMJ.

In it you conclude: "A decision by rich countries to cease arms trading could help to reduce radicalization and terrorism in countries suffering the consequences of armed conflict. This is surely worth considering as a matter of urgency, alongside enhanced security activity and other measures."

This makes me reflect in the context of our current discussion on Systematic Reviews, to ask: What (if any) is the role of systematic reviews in helping to inform policy in areas that are outside the health sector, but which nevertheless have an impact on health. We have heard much in recent years on the concept of 'health in all policies' whereby it is recognised that every department of any government has a real or potential, positive or negative, impact on the citizens of that government. The health implications of policies in all government sectors therefore need to be taken into consideration. This is especially true of Defence, which has masive potential impacts on the civilians of the country concerned and on civilians of other countries.

Interventions to reduce civilian death and suffering due to armed conflict and terrorism are examples. These can in theory be explored through synthesis of all available evidence, although clearly such evidence will clearly be very different, less reliable, and less likely to be heeded, than that from systematic reviews of clinical research. Perhaps this area is too 'messy' for systematic review and requires a different approach?

'The Campbell Collaboration promotes positive social and economic change through the production and use of systematic reviews and other evidence synthesis for evidence-based policy and practice.' It would be interesting to hear whether they (or any other organisation) has attempted to tackle these issues?

Best wishes, Neil

From: "Rachel Stancliffe, UK"
<rachel.stancliffe@sustainablehealthcare.org.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (70) Q5 What can be done to increase the relevance and usefulness of SRs? (2) Cochrane, WHO and the Reproductive Health Library

Dear All

The WHO Reproductive Health Library was the response from Cochrane in one very important topic area to need for more relevance of SRs to guide policy and practice in LMICS.

I was quite involved in the early years and it seemed to be a good way:

1. To make RCTs carried out in richer countries relevant and more useful to LMICs

2. To encourage topics of importance to LMICs to become more visible for research globally

I haven't kept up with it recently so it would be great to hear from people if this is still useful, and if there are any other similar publications out there in different areas of healthcare.

There is this page explaining the history
http://www.cochranelibrary.com/editorial/10.1002/14651858.ED000070

And the main publication is now hosted directly by WHO here: https://extranet.who.int/rhl

Rachel

Rachel Stancliffe, Director

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HIFA profile: Rachel Stancliffe is the Director of the Centre for Sustainable Healthcare in the UK. Professional interests: I am interested in the best use of good quality evidence and in creative partnerships to achieve change. I am very concerned at the damage we continue to cause to our environment and am working with all sectors involved in healthcare to make it sustainable. rachel AT sustainablehealthcare.org.uk

From: "Thomas Matete, Kenya" <koumate@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (71) Sir Iain Chalmers

This is a great discussion. I use the following wise counsel of Sir Iain Chalmers as a guide and a warning when appraising a paper:

'Science is meant to be cumulative, but researchers usually don't cumulate scientifically'.

Thomas.

HIFA profile: Thomas Matete is a Medical Doctor with MV, Kenya. Professional interests: Relationship between health and development: Poverty and infectious diseases, affluence and obesity. koumate AT gmail.com

From: "Hora Soltani, UK" <h.soltani@shu.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (72) SRs and politics

Dear Neil, David (and all)

Thank you for sharing this interesting article. Regarding the role of systematic reviews and health of the nations (in particular maternal and neonatal health which are clearly related to political stability, war and peace in the regions), would it not be a good idea to do a systematic (mapping) review of Maternal, Neonatal Mortality in relation to just these factors. Or probably this has already been done?!

However, sadly it seems like a wasted effort already as politics has got nothing to do with evidence but greed, power, control and profit!

Going back to the subject of systematic reviews, can I ask all's expert opinion about the best/most reliable critical appraisal tools for systematic reviews (qualitative, quantitate and mixed methods reviews).

Many thanks
Hora

Professor Hora Soltani
Professor of Maternal and Infant Health

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HIFA profile: Hora Soltani is a Professor of Maternal and Infant Health in the Faculty of Health and Wellbeing, Sheffield Hallam University, UK. She leads the Maternal and Infant Health theme and contributes to the undergraduate and postgraduate educational programs in the Centre for Health and Social Care Research and Department of Nursing and Midwifery. Email: h.soltani AT shu.ac.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (73) BBC: Mozambique bald men 'targeted for attack' - WHO Traditional Medicine Strategy

We have previously discussed how people with albinism are being murdered for their body parts for use in traditional medicine. Traditional healers are now targeting bald men in Mozambique, whose heads they think are 'filled with gold' and will bring prosperity to their clients in Tanzania and Malawi.

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http://www.bbc.co.uk/news/live/world-africa-39261633

'Police in Mozambique have warned that bald men could be the targets of ritual attacks, after the killing of two of them last month. The two bald men, one of whom was found with his head cut off and organs removed, were killed in the central Zambezia province, AFp news agency reports.

"Last month, the murders of two bald people led to the arrest of two suspects," national police spokesman Inacio Dina said at a news conference in the capital, Maputo.
"Their motivations come from superstition and culture - the local community thinks bald individuals are rich," he said.

The BBC's Jose Tembe reports from Maputo that some people hold the false belief that bald people have gold in their heads...

The suspects were two young Mozambicans who told police that the organs were to be used by healers in rituals to promote the fortunes of clients in Tanzania and Malawi, Miguel Caetano, a spokesman for the security forces in Zambezia, was quoted by AFP as saying.
--

It is my personal view that governments and WHO should be doing more to address the huge suffering and death caused in the name of traditional medicine. Deaths of people with albinism and now bald men are just the tip of the iceberg. We rarely hear about the far greater numbers who die as a result of delays in obtaining treatment. I learned that this was commonplace in rural India as I asked what had happened to the child on a slab in the morgue of the main hospital in Coimbatore, Tamil Nadu, 2005.

The current WHO Traditional Medicine Strategy does not, in my opinion, adequately address these issues. Which leads me to ask two questions:

1. Should WHO undertake to ensure that all its Strategies are informed by an objective and systematic review of the evidence? We know that over the past 20-25 years WHO has been credited with improving its process for guideline development (which had previously been based largely on expert opinion). Should this approach be mandated for WHO policy and strategy papers also?
2. Is the WHO Traditional Medicine Strategy informed by such an objective and systematic review of the evidence on harms as well as benefits?

I look forward to your comments.

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (74) SRs and politics (2) What SRs tell us about policymaking

Dear HIFA colleagues,

'The role and importance of context in the interaction between research and policy is widely recognized... But how does context specifically matter? Can we move beyond generic statements? To find some answers to these complex questions, Politics & Ideas and the International Network for the Availability of Scientific Publications (INASP) embarked on a joint knowledge systematization effort, combining a literature review with in-depth interviews with 48 experts and policymakers, mostly in developing countries...'

So begins a blog post here: https://i2insights.org/2017/04/25/how-context-matters/#more-7504

The authors explore the themes of 'What do we mean by context?...' and propose 'A comprehensive conceptual framework...'

They embrace the political aspects of research and policy, and invite us to find out more with a list of references, the first of which is:

Weyrauch, V., Echt, L. and Suliman, S. (2016). Knowledge into policy: Going beyond â€˜Context matters'. Politics & Ideas and the International Network for the Availability of Scientific Publications. Report, May 2016. Online: http://www.politicsandideas.org/wp-content/uploads/2016/07/Going-beyond-context-matters-Framework_PI.compressed.pdf (PDF 1.9MB)

I was intrigued that the blog did not mention the term 'systematic review'. I referred to the full 73-page report cited above, which also did not mention the role of systematic reviews in policymaking. The report itself is based on an extensive (but not systematic) review of the literature. Given that many of us on HIFA see systematic reviews as fundamental to policymaking, this seems an omission?

While the report does not address the issue of the use of systematic reviews in policymaking, it does reference three systematic reviews that examine questions *about* policymaking:

1. Oliver, K., Innvar, S., Lorenc, T., Woodman, J. and and Thomas, J. (2014) â€˜A systematic review of barriers to and facilitators of the
use of evidence by policymakers', BMC Health Services Research, 14: 2.

2. Liverani, M., Hawkins, B. and Parkhurst, J.O. (2013) â€˜Political and Institutional Influences on the Use of Evidence in Public Health
Policy: A Systematic Review', PLoS ONE 8(10)

3. Clar, C., Campbell, S., Davidson, L. and Graham, W. (2011) Systematic Review: What are the effects of interventions to improve the uptake of evidence from health research into policy and low-income countries? Abderdeen: University of Abderdeen.

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (75) Statement by INASP on the importance of research and evidence

Read online here: http://www.inasp.info/en/news/details/239/

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March 7, 2017

INASP is increasingly concerned by the growing opposition to the role of scientific research and evidence voiced in global politics in recent months.

With a vision of research and knowledge at the heart of development, INASP is committed to supporting the production of high-quality research and the appropriate use of evidence in policy making. The key principles that underpin our approach and guide our strategy are based on an understanding that evidence and knowledge are central to solving development challenges.

This is why, for 25 years, INASP has supported developing-world researchers in gaining access to published research and why we support open access and open data initiatives. It is why we are working to help undergraduates develop critical thinking skills and why we support researchers as they seek to communicate their own research more widely.

It is also why we and our partners train policymakers to use research and evidence in policy making. Through our work, we have seen some great examples of evidence informing policy. In Kenya, for example, roundtables and job shadowing between environmental researchers and policymakers in the country led to the development of the 2016 Climate Change Bill. In Zimbabwe, convinced of the importance of evidence to develop policies, the Ministry of Youth, Indigenisation and Economic Empowerment established a Research and Policy Coordination Unit. And in Sudan, training has ensured the use of evidence in gender mainstreaming for policy development in the country.

As alternative viewpoints are presented and politicians counter scientific evidence with â€˜alternative facts', it is important for researchers, policymakers and the general public all over the world to be able to appraise evidence and develop informed opinions. This has been a cornerstone of INASP's work for the past 25 years and it will remain the core driving force as we continue to support Southern and globaal research and policy in the future.
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Best wishhes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (76) Relevance of SRs/guidelines to LMICs
 - Access to advice for clinical case management

Dear HIFA colleagues,

Reliable clinical guidelines should be based on systematic reviews and yet SRs are often themselves based on evidence that may not be applicable to low- and middle-income countries.

On our sister forum CHIFA (child health and rights) we are discussing the question: "How transferable are clinical protocols are to different settings, especially given the evidence base

on which they are created?", thanks to a message from a member in Democratic Republic of Congo, working with MSF (Medecins Sans Frontieres).

I suggested: "Clinical protocols clearly need to reflect local realities. Normally, national governments have a responsibility to develop their own clinical guidelines, which will likely be based on existing international guidelines from WHO and other international health agencies, adapted as necessary to local realities and resources."

I was unable to find any publications on the WHO website on management of type 1 diabetes in children who are malnourished (such children are a majority in some countries). I couldn't find any guidance on management of type 1 diabetes in the WHO publication Pocket Book of Hospital Care for Children (http://www.who.int/maternal_child_adolescent/documents/9241546700/en/).

We are also discussing the broader question of whether and how health professionals can get advice on clinical case management remotely from colleagues (whether locally, nationally or globally).

I have noted that access to such advice is fragmented at best. "In a world with ubiquitous mobile phones and increasing internet connectivity, every health professional needs to know they can rely on being able to contact individuals and networks for help where needed."

Best wishes, Neil

From: "Denny John, India" <djohn1976@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (77) Quality of systematic reviews

Dear All

While systematic reviews are considered highest quality of evidence and considered well to inform public policy and practice, it is also important to keep in mind the quality of systematic reviews being conducted.

Coarasa et. al. (2017) provides evidence of summary of 2 systematic reviews and compares these based on their contrasting findings. It is an interesting way to look at quality of different systematic reviews done on the same topic.

Link to the paper is here [*see note below]:
https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0246-4

regards
Denny

Denny John | Evidence Synthesis Specialist

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Vice-President, ISPOR India Chapter
Governing Council, India Health Economics and Policy Association (IHEPA)

View Publications: Google Scholar, Pubmed, ResearchGate

HIFA profile: Denny John works as Evidence Synthesis Specialist with the Campbell Collaboration and is based at New Delhi, India. He has a Masters degree in Hospital Management and Public Health, and Bachelor Degree in Physiotherapy. He has experience of working in India, and Nepal, and has provided technical assistance to projects in Bangladesh, Nigeria, Tanzania, and African Regional Associations on Vaccines. His particular areas of interest is evidence synthesis, economic evaluation, health financing, health technology assessment, and implementation research. He is a member of the HIFA Project on Evidence-Informed Policy and Practice.
www.hifa.org/projects/evidence-informed-policy-and-practice
http://www.hifa.org/support/members/denny
djohn1976 ATgmail.com

[*Note from HIFA moderator (Neil PW): For the benefit of those who may not have immediate web access, here are the citation and abstract:

CITATION: A systematic tale of two differing reviews: evaluating the evidence on public and private sector quality of primary care in low and middle income countries
Jorge Coarasa, Jishnu Das, Elizabeth Gummerson and Asaf BittonEmail author
Globalization and Health 201713:24
DOI: 10.1186/s12992-017-0246-4Â© The Author(s). 2017

ABSTRACT: 'Systematic reviews are powerful tools for summarizing vast amounts of data in controversial areas; but their utility is limited by methodological choices and assumptions. Two systematic reviews of literature on the quality of private sector primary care in low and middle income countries (LMIC), published in the same journal within a year, reached conflicting conclusions. The difference in findings reflects different review methodologies, but more importantly, a weak underlying body of literature. A detailed examination of the literature cited in both reviews shows that only one of the underlying studies met the gold standard for methodological robustness. Given the current policy momentum on universal health coverage and primary health care reform across the globe, there is an urgent need for high quality empirical evidence on the quality of private versus public sector primary health care in LMIC.']

From: "Dan Mayer, USA" <opidanmayer@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (78) Quality of systematic reviews (2)

To all,

I agree with Denny and these contrasting systematic reviews are not hard to find. In my Evidence Based Health Care course I used two meta analyses of treatment of Helicobacter Pylori for non-ulcer dyspepsia, which came to opposite conclusions. The answer was in the details of the studies and their validity. There was one study that was an outlier and had serious bias problems that explained the differences between the two reviews.

Best wishes

Dan Mayer, MD - Retired Evidence Based Heatlh Care teacher

HIFA profile: Dan Mayer is a Professor of Emergency Medicine at the Albany Medical College. He has been teaching Evidence Based Health Care since 1993 and has a special interest in education of all types of medical personnel and the lay public in a critical thinking approach to evidence (particularly in health care). It seems that access to good accurate health information is a major problem around the world. A big part of this is the dissemination of that information and its ability to be understood by practitioners all over the world. Education in the basic concept underlying Evidence Based Medicine ought to be part of a worldwide medical curriculum. mayerd AT mail.amc.edu

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (79) The role of SRs in international guideline development

In a 2004 Lancet paper (Can we achieve health information for all by 2015?) I and others suggested that developers of international guidelines as the single most important 'customer' for systematic reviews.
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(04)16681-6/fulltext

International guidelines, such as those produced by WHO, and the systematic reviews on which they are based, are fundamental to evidence-informed policy and practice. (Let's not forget that it is only in the past 2-3 decades that international guidelines have indeed been based on systematic review of the evidence - prior to this, it had been based largely on expert opinion.)

Systematic reviews and international guidelines are critical components of the global healthcare information system (GHIS), also described in the Lancet paper. You can see a simplified representation of the GHIS here.
http://www.hifa.org/about-hifa/hifa-vision-and-strategy (scroll down to GHIS)

The purpose of the GHIS is to progressively realise a world where every person will have access to the healthcare information they need to protect their own health and the health of others. In the Lancet paper we pointed out that the creation, exchange and use of knowledge from health research should be seen from a systems-thinking perspective. We said the system is by definition not working because people, health professionals and policymakers continue

to lack access to the information they need. The paper subsequently led to the launch of HIFA.

I look forward to any observations and reflections you may have on the role of SRs in international guideline development.

In particular, if you have been involved in the development of an international guideline for WHO or any other international health agency, how have you used systematic reviews in the process? In what ways could systematic reviews be improved to facilitate the production, quality and relevance of international guidelines and recommendations?

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (80) Q5: What can be done to promote the production, interpretation and synthesis of SRs in LMICs?

Dear HIFA colleagues,

We now enter week 5 of our thematic discussion on Systematic Reviews, and the theme for this week is:

"What can be done to promote the production, interpretation and synthesis of SRs in low- and middle-income countries?"

With regards to the production of systematic reviews, it could be argued that it doesn't really matter so much where such reviews are produced. Perhaps what is more important is that every review is done rigorously and presented in a way that is unbiased, clear, and easy to use?

The ability to interpret systematic reviews is arguably more important. This includes appraisal of the quality of systematic reviews (and here, policymakers and practitioners can be reassured by the rigourous methodology used by organisations such as the Cochrane Collaboration and the Joanna Briggs Institute). It is perhaps especially important that there are skills at country level to weigh up and synthesise, on the one hand the evidence from systematic reviews (which are typically global geographically, and often based mainly on research in high-income countries), and on the other hand the evidence from local research (which are typically single studies that may or may not have methodological weaknesses). From an internationalist viewpoint, it makes sense to look at systematic reviews first, and then at local research. But from a country-level viewpoint, as we have heard, this is often not the case: policymakers and practitioners may well be biased towards prioritising local research over systematic reviews.

These are important areas that are challenging - and probably not understood, or undertaken, as effectively as they could be.

We look forward to your comments.

We are grateful to TDR, WHO and The Lancet for their support of this discussion:
http://www.hifa.org/news/join-hifa-discussion-systematic-reviews-starting-15-may-2017

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (81) The role of SRs in international guideline development (2) SR on CHWs and HIV testing

Dear HIFA colleagues,

A couple of days ago I suggested that developers of international guidelines are the single most important 'customer' for systematic reviews. With this in mind I was interested to see this new review which was explicitly conducted to inform international guideline development. I would be interested to hear from HIFA members who are involved in systematic review and/or guideline development about how they see their respective roles.

Please see below the citation and abstract. The full text is freely available here:
http://www.tandfonline.com/doi/pdf/10.1080/09540121.2017.1317710?needAccess=true

CITATION: C. E. Kennedy, P. T. Yeh, C. Johnson & R. Baggaley (2017): Should trained lay providers perform HIV testing? A systematic review to inform World Health Organization guidelines, AIDS Care, DOI: 10.1080/09540121.2017.1317710

'New strategies for HIV testing services (HTS) are needed to achieve UN 90-90-90 targets, including diagnosis of 90% of people living with HIV. Task-sharing HTS to trained lay providers may alleviate health worker shortages and better reach target groups. The authors conducted a systematic review of studies evaluating HTS by lay providers using rapid diagnostic tests (RDTs). Based on evidence supporting using trained lay providers, a WHO expert panel recommended lay providers be allowed to conduct HTS using HIV RDTs. Uptake of this recommendation could expand HIV testing to more people globally.'

ABSTRACT
New strategies for HIV testing services (HTS) are needed to achieve UN 90-90-90 targets, including diagnosis of 90% of people living with HIV. Task-sharing HTS to trained lay providers may alleviate health worker shortages and better reach target groups. We conducted a systematic review of studies evaluating HTS by lay providers using rapid diagnostic tests (RDTs). Peer-reviewed articles were included if they compared HTS using RDTs performed by trained lay providers to HTS by health professionals, or to no intervention. We also reviewed data on end-users' values and preferences around lay providers preforming HTS. Searching was conducted through 10 online databases, reviewing reference lists, and contacting experts. Screening and data abstraction were conducted in duplicate using systematic methods. Of 6113 unique citations identified, 5 studies were included in the effectiveness review and 6 in the values and preferences review. One USbased randomized

trial found patients' uptake of HTS doubled with lay providers (57% vs. 27%, percent difference: 30, 95% confidence interval: 27-32, p < 0.001). In Malawi, a pre/post study showed increases in HTS sites and tests after delegation to lay providers. Studies from Cambodia, Malawi, and South Africa comparing testing quality between lay providers and laboratory staff found little discordance and high sensitivity and specificity (=98%). Values and preferences studies generally found support for lay providers conducting HTS, particularly in non-hypothetical scenarios. Based on evidence supporting using trained lay providers, a WHO expert panel recommended lay providers be allowed to conduct HTS using HIV RDTs. Uptake of this recommendation could expand HIV testing to more people globally.
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Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (83) Relevance of SRs/guidelines to LMICs (2)

Dear HIFA colleagues,

There is huge variation among different countries (and among different healthcare facilities and individual health professionals) with regards to policy on episiotomy.

How do different countries come to such differing conclusions? Systematic review of the evidence can / should help to minimise harm. Below is a Cochrane review that says 'routine episiotomy is not justified by current evidence'. But how is this then translated into policy and health care? What is the role of international guidance and recommendations from WHO? Are the findings of such reviews applicable to all settings? What is the role of local research in helping to formulate policy?

Despite access to the full text, I was unable, for example, to identify the geographical profile of the included studies. Is there a case for every systematic review to be required to include a statement on the potential applicability of the findings in low-resource settings, including basic data such as % of studies from high, medium and low income countries?

CITATION: Selective versus routine use of episiotomy for vaginal birth (Review)
by Jiang H, Qian X, Carroli G, Garner P
Cochrane Database of Systematic Reviews 2017, Issue 2 - First published: 8 February 2017
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/epdf

'The authors conclude that in women where no instrumental delivery is intended, selective episiotomy policies result in fewer women with severe perineal/vaginal trauma. Other findings, both in the short or long term, provide no clear evidence that selective episiotomy policies results in harm to mother or baby. The review thus demonstrates that believing that routine episiotomy reduces perineal/vaginal trauma is not justified by current evidence.

Further research in women where instrumental delivery is intended may help clarify if routine episiotomy is useful in this particular group. These trials should use better, standardised outcome assessment methods.'

Best wishes, Neil

From: "Paul Garner, UK" <Paul.Garner@lstmed.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (84) Relevance of SRs/guidelines to LMICs (3)

Hi Neil and colleagues in HIFA.

I am one of the authors on the review. I think you might need to read the review section titled, "description of studies"

Ten of the included 12 studies were carried out between July 1982 and October 2009 (Ali 2004<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0001>; Belizan 1993<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0002>; Dannecker 2004<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0003>; Eltorkey 1994<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0004>; Harrison 1984<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0005>; Juste-Pina 2007<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0007>; Klein 1992<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0008>; Murphy 2008b<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0009>; Rodriguez 2008<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0010>; Sulaiman 2013)<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0012>. Two studies did not describe when the studies took place (House 1986<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0006>; Sleep 1984<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0011>). Seven of the 11 studies were carried out in high-income countries, including Canada (Klein 1992<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0008>), Germany (Dannecker 2004<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0003>), Ireland (Harrison

1984<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0005>), Spain (Juste-Pina 2007<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0007>), and the UK (House 1986<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0006>; Murphy 2008b<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0009>; Sleep 1984<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0011>). Five of the studies were conducted in middle- and low-income countries, and these included Argentina (Belizan 1993<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0002>), Columbia (Rodriguez 2008<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0010>), Malaysia (Sulaiman 2013<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0012>), Pakistan (Ali 2004<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0001>), and Saudi Arabia (Eltorkey 1994<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0004>).

Five studies were carried out in university teaching hospitals, relatively high complexity care institutions (Dannecker 2004<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0003>; Juste-Pina 2007<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0007>; Klein 1992<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0008>; Rodriguez 2008<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0010>; Sulaiman 2013<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0012>). One of these five studies also recruited some of participants from a mid-complexity level hospital (Rodriguez 2008<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0010>). The remaining seven studies were conducted in maternity units with inadequate information to judge the institution's level of care (Ali 2004<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0001>; Belizan 1993<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0002>; Eltorkey 1994<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0004>; Harrison 1984<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0005>; House

1986<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0006>; Murphy 2008b<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0009>; Sleep 1984<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000081.pub3/full#CD000081-bbs2-0011>).

Personally I would avoid trying to think that a systematic review applicability should be different A PRIORI between high and low income settings. I would much rather generalise the evidence then particularise the decision. to a particular setting. This debate came up in the early days of the MGS04 Trial in eclampsia. some people thought the comparative effects with diazepam would differ with race/continent. It seems most unlikely. Whilst some interventions the balance between good and harm may vary with context, this is up to the people interpreting the review to take into account. For example with episiotomy. Some countries babies may be small; in other countries episiotomies may be performed in hospitals that regularly run out of antibiotics or sutures (see http://journals.sagepub.com/doi/pdf/10.1177/004947559802800209).

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Increasingly, the date the studies were carried out is becoming increasingly important, especially with Vitamin Supplementation or deworming in children. Current policies are based on trials carried out 20 years ago. Things have probably changed since then, irrespective of the country. Same for Zinc with diarrhoea. The essential medicines committee in Ghana declined to recommend zinc in diarrhoea because they did not see zinc deficiency as an Africa or Ghana problem. See http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001449 [http://journals.plos.org/plosmedicine/article/figure/image?size=inline&id=info:doi/10.1371/journal.pmed.1001449.t001]<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001449>

PLOS Medicine: Integrating Global and National Knowledge ...<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001449>
journals.plos.org
Integrating Global and National Knowledge to Select Medicines for Children: The Ghana National Drugs Programme. David Sinclair ,

Interesting debate
best wishes

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Systematic Reviews (85) Relevance of SRs/guidelines to LMICs (4)

Dear Paul, (Paul Garner, UK)

"I think you might need to read the review section titled, "description of studies""

Thanks, indeed I completely missed this!

"Personally I would avoid trying to think that a systematic review applicability should be different A PRIORI between high and low income settings. I would much rather generalise the evidence then particularise the decision. to a particular setting. This debate came up in the early days of the MGS04 Trial in eclampsia. some people thought the comparative effects with diazepam would differ with race/continent. It seems most unlikely. Whilst some interventions the balance between good and harm may vary with context, this is up to the people interpreting the review to take into account. For example with episiotomy. Some countries babies may be small; in other countries episiotomies may be performed in hospitals that regularly run out of antibiotics or sutures (see http://journals.sagepub.com/doi/pdf/10.1177/004947559802800209)."

Valuable comments. Would others like to comment further?

The sequence of 'generalise the evidence then particularise the decision' is in line with our previous discussions on the subject of evidence-informed policy and practice. It would be interesting to explore this further.

Best wishes, Neil

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (86) Relevance of SRs/guidelines to LMICs (5)

I could not understand the statement [Paul Garner, UK] that 'Some countries babies may be small; in other countries episiotomies may be performed in hospitals that regularly run out of antibiotics or sutures (see http://journals.sagepub.com/doi/pdf/10.1177/004947559802800209'
I opened the url and its an Abstract. Could not access the full text.

It seems to me that something is missing in the statement because why would episiotomies be performed in countries that 'regularly run out of antibiotics or sutures'. I thought it would be the reverse.

Joseph Ana.

From: "Paul Garner, UK" <paul.garner@lstmed.ac.uk>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (87) Relevance of SRs/guidelines to LMICs (6) Routine versus selective episiotomy

Hi Joseph

Yes, did not realise it was behind a paywall, apologies. I was suggesting that routine episiotomies are clearly inappropriate when in a population where many of the babies are small, and tearing is less of a problem; and obviously silly to do in locations where hospitals frequently run out of sutures or antibiotics. The article behind the paywall describes this but this commentary also describes the findings:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1112977/

The Cochrane review documents that the pain and suffering from episiotomies has not been well documented in studies. Commercial considerations (private doctors charging for episiotomies and repair) and medico-legal (in China, some people are concerned they will be sued if a woman tears - but wont' be with an episiotomy) seems to maintain high rates in some settings for a procedure where there is no evidence of benefit. I agree with Neil there needs to be a study documenting variations in practice across settings and countries. WHO are not interested. Who might pick this up?

Paul

HIFA profile: Paul Garner is Professor (evidence synthesis in Global Health), United Kingdom. Email address: paul.garner AT lstmed.ac.uk

From: "Kelly Dickson, UK" <k.dickson@ucl.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (88) Q5: What can be done to promote the production, interpretation and synthesis of SRs in LMICs? (2)

Hi Neil,

This is something the EPPI-Centre have also been working on. We started with the WHO Alliance for Health Systematic Research funded project, to support teams in LMIC produce systematic reviews (with Andy Oxman, Paul Garner, Sandy Oliver at EPPI-Centre). We have since been funded by DFID, and DFID South Asia to also support teams produce policy-relevant systematic reviews in International Development (3ie also) as well as producing reviews ourselves in health and related social science and transdiscplines topics. Sandy Oliver and I have also produced some papers drawing on conversations with reviewers and policymakers on the institutional mechanisms, and the need for diverse methodological approaches to reviewing, to support evidence synthesis knowledge production (Also funded by the alliance).

We also found that alongside systematic reviews drawing global evidence, policymakers, particularly in South Asia want teams to 'contextualise' that knowledge with a country specific focus, this is also supporting the development of new methods, which bring the two together. Or doing sub-group analysis specific to certain geographical locations, where it is

more pertinent to the substantive topic or a policy country office that wants evidence specific to their context.

Look forward to the synthesis on this topic in Cape Town!

Best
Kelly Dickson

HIFA profile: Kelly Dickson is Research Officer at the University College London, UK. Professional interests: Mixed methods systematic reviews. k.dickson AT ucl.ac.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Systematic Reviews (89) Q5 Production of SRs in LMICs (3) Q3 What is the role of SRs versus local research? (8)

Dear Kelly and all,

"We also found that alongside systematic reviews drawing global evidence, policymakers, particularly in South Asia want teams to 'contextualise' that knowledge with a country specific focus, this is also supporting the development of new methods, which bring the two together. Or doing sub-group analysis specific to certain geographical locations, where it is more pertinent to the substantive topic or a policy country office that wants evidence specific to their context."

This relates to Q3 What is the role of SRs versus local research? This question (which has several parts, eg actual, potential and perceives roles) remains largely unanswered. It sounds like your werk is helping to answer the question collectively with researchers in LMICs, building mutual and collective capacity to interpret and synthesise evidence from systematic reviews and local research. A parallel - and perhaps even more common - challenge is to interpret and synthesise evidence from international guidelines (which are now largely based on systematic reviews, when previously they were based largely on expert opinion) and local research.

I look forward very much to learning more about this from you and others on HIFA. The actual, perceived and potential roles of systematic reviews and local research seem to lie at the heart of evidence-informed policy and practice at country level.

Best wishes, Neil

Coordinator, HIFA Project on Evidence-Informed Policy anhd Practice
http://www.hifa.org/projects/evidence-informed-policy-and-practice

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