



*Note: Below are the working title, author affiliations and abstract. The full protocol has been submitted for publication and will be made available on HIFA as soon as it is published.*

## **How do primary healthcare workers in low- and middle-income countries obtain information during consultations to aid safe prescribing: systematic review protocol**

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## Abstract (word count: 263)

### Introduction

There is a wide variety in prescribing by primary healthcare workers in low- and middle-income countries. Whilst there is much information available, both on- and off-line, there is variation in quality and relevance to different settings. Acting on incorrect or out-of-date information can lead to inappropriate prescribing and impact on patient safety. The aim of this review is to systematically review the evidence on how primary healthcare workers obtain information during consultations to prescribe safely and appropriately.

### Methods and analysis

We will identify relevant articles by searching electronic databases: Medline (Ovid), EMBASE (Ovid), Cochrane Central Register of Controlled Trials, CABI Global Health (Ovid), World Health Organization global health library, POPLINE, Africa-Wide Information (Ebsco), Library, Information Science & Technology Abstracts (Ebsco), ClinicalTrials.gov, and World Health Organization International Clinical Trials Registry Platform. Also, the *Healthcare Information For All* network will be consulted and evidence databases (TRIP database, Epistemonikos, PDQ Evidence) will be searched. We will hand-search reference lists, run citation searches of included studies and email authors of identified papers. Observational and intervention studies involving primary healthcare workers in low- and middle-income countries who prescribe and/or dispense medication will be included. The primary outcome is the proportion of healthcare workers obtaining information relevant to consultations from different sources. Secondary outcomes are the change in healthcare provider and patient knowledge or behaviour, adverse outcomes, and use of resources. We will exclude studies focusing on secondary care. We anticipate a limited scope for meta-analysis and will provide a narrative overview of findings and tabular summaries of extracted data.

### Ethics and dissemination

No ethics approval is required. Findings will be disseminated through the Health Information For All network.

Key words: primary care, health information, decision-making, LMICs, prescribing