



Mentions of Cochrane on HIFA, a global health discussion forum, 2015-16

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Introduction: Systematic reviews are widely recognised as essential for evidence-informed policy and practice. It has been argued that they are particularly important in low- and middle-income countries (LMICs), where it is vital that policymakers and practitioners target scarce resources on cost-effective interventions. However, there are many potential barriers to the use of systematic reviews in LMICs, which include: understanding, awareness and perceptions of policymakers and practitioners; geographical biases of health research and systematic reviews; and the ability to access, interpret systematic reviews in international and national clinical and policy guidelines. The Cochrane Collaboration is the leading producer of systematic reviews.

The HIFA Working Group on Evidence-Informed Policy and Practice collaborated with the University of Ottawa to analyse part of the HIFA discussion archive for mentions of Cochrane.

Method: We set out to see how many times Cochrane was mentioned and how it was discussed. To do this, we ran a search through the emails provided, through a 22-month period dated between January 3, 2015 and October 24, 2016. Using the Eudora search functionality, we performed a search of the subject and body of the emails using “Cochrane” as the sole search term.

Results: This search yielded 256 messages (4.8% of 5307 total number of messages), of which 200 were excluded due to Cochrane being mentioned in contact or credential information, irrelevance, or duplicates. 56 emails were included for further analysis. We further segregated these emails into two categories, one that contained emails that referenced Cochrane reviews for information purposes, containing 18 emails, and one for information on Cochrane and systematic reviews more generally, containing 38 emails. The second category was broken down further into sub-categories, one dealing with how Cochrane reviews are or could be accessed such as access in low- and middle-income countries (9), one surrounding how Cochrane reviews can be used like in country-level policy-making (5), one on general information and discussions on systematic reviews such as uptake, knowledge translation, and implementation research (9), and lastly a category to discuss Cochrane as an organization such as its priorities, critiques both about to from the collaboration, and relevant news (15).

Table 1. Overview of Analysis Categories

Category	Sub-Category	Count
Information on Cochrane Reviews	Cochrane Effective Practice and Organization of Care group	7
	Cochrane Pregnancy and Childbirth Group	3
	Cochrane Developmental, Psychosocial and Learning Problems Group	1
	Cochrane Wounds Group	1
	Cochrane Eyes and Vision Group	1
	Cochrane Infectious Disease Group	1
	Cochrane Consumers and Communication Group	1
	No Group Listed	1
	Research Release	2
		18
Information on Cochrane and practice of systematic reviews	Access	10
	Use	5
	Systematic Review Discussion	7
	Organization Information and Discussion	16
		38
Grand Total		57

Specific Cochrane reviews

There were a total of 13 specific Cochrane reviews and one protocol mentioned in the emails, coming from many different Cochrane groups including Cochrane Effective Practice and Organization of Care group (seven emails), Cochrane Pregnancy and Childbirth Group (three emails), Cochrane Developmental, Psychosocial and Learning Problems Group (one email), Cochrane Wounds Group (one email), Cochrane Eyes and Vision Group (one email), Cochrane Infectious Disease Group (one email), and Cochrane Consumers and Communication Group (one email). There was also one review that was not assigned to a group and two links to Cochrane research releases.

Only one review generated a conversation. This was about electronic health information published by the Effective Practice and Organization of Care group and accounted for three of the eight emails about that group. One comment pointed to a similar review from 2012 that looked at effectiveness of printed educational materials in high-income countries, and the other stated “Always good to see a Cochrane review (surely the 'gold standard' for systematic reviews)”.

Improving knowledge and practice of practitioners

A thread (two emails) surrounding the Vienna decision on open access had a very positive comment noting that Cochrane is “a good resource for [decision-making on] management and evidence-based practice” (researcher from Ghana).

One thread (one email) suggests that too little attention is being given to address the gap between what is known (from health research) about effective policy and practice, and what individual policymakers and health professionals actually know and put into practice. Groups like Cochrane's Effective Practice and Organization of Care Group (EPOC) go some way towards addressing this gap.

Improving knowledge and practice of policymakers

The main thread on use of Cochrane reviews was based on how systematic reviews, particularly those published by Cochrane, can be used for country-level policymaking (five emails). Local Cochrane centres are “an important player and source of good quality information and training on how to use evidence in LMICs”, for instance in Brazil, reviews have been used by the Brazilian Ministry of Health to help inform decision and has helped to save public money. Local centres can be established through collaboration between countries and development partners working together to locate resources needed to establish them, as “ideally every country should have one such centre!”. Another email brings up a foreseeable issue with research and knowledge being transferred such as the lack of structure in many areas, few trained in systematic reviews or meta-analysis, that those who work on policy do not have access to high quality information, and when information is available, internet access is very poor.

One thread (four emails) is surrounding implementation research and systematic reviews. This thread begins with the question: “What is the role of systematic review in implementation research?”. One author sees systematic reviews playing a role in implementation in two ways, first through identifying evidence of sufficient quality to translate into practice and second through the use of approaches to implementation research that are themselves based on systematic reviews (eg the behavior change wheel and Damschroder et al's Consolidated Framework for Implementation Research). Also PubMed now allows authors to “self-index”, thereby ensuring that keywords descriptions of "implementation research" are added to their publications. There is also a change in MeSH and indexing policy where Cochrane and NLM work together to add subject headings to MeSH.

Increasing relevance of Cochrane reviews to LMICs

Another thread (one email) questioned whether the content coverage of systematic reviews is in line with the global burden of disease. This may partly reflect the relative lack of health research relating to LMICs (“10-90 gap”), but could also be related to LMICs having little say in priority-setting. Another problem may be that the “production of systematic reviews is limited by language (many rely on English-language studies only); by restricted-access publishing; and by the low visibility of research that it not indexed in Medline or other major databases”. To avoid this, Cochrane is committed to moving toward open-access publishing to help increase recognition and understanding of the value of systematic reviews.

A thread (two emails) discusses how health research from LMICs can be more accessible and thereby included in Cochrane reviews. It acknowledges that more can be done to include research in LMIC areas and that there are steps being made to do so.

The longest thread (ten emails) discussing Cochrane as an organization is about priority setting in Cochrane. The first question is about how Cochrane determines its priorities, only stating that their methods are based on stakeholder consultations and research recommendations of high-income countries. A HIFA member brought up the point that researchers from low resourced countries face barriers when engaging with Cochrane and other systematic reviews as they lack training, have heavy workloads, and have little to no institutional support. These barriers need to be addressed for systematic reviews to be more meaningful, “Otherwise [practice of systematic reviews] will only be an academic exercise which might benefit few patients in the developed world without any meaningful real time impact on majority of the patients in the low resourced countries”. Another thing that complicates priority setting in Cochrane is that review groups have their own methods for priority-setting and there is no standardized way to complete them.

There is also one email concerning what the author refers to as the “Cochrane divide”, that in many countries like India there are a minority group of expert authors and a large majority of health professionals and students who do not know anything about Cochrane or the practice of systematic reviews. There needs to be more awareness building on importance of systematic review for use of evidence, particularly because many of these countries have free access to Cochrane reviews.

Translation of Cochrane reviews

The last topic was on translation and contained two emails. The author of the email commended that Cochrane translates their reviews to 13 languages other than English, but hoped that in the future additional languages, particularly those of African origin, would be available. There was a comment that this may take a while as much of the work in Cochrane is done a volunteer basis.

Another thread commented on an article that examined awareness, knowledge, use and attitude toward evidence-based medicine and the Cochrane library among physicians from Bosnia and Herzegovina. Main conclusions were that “Educational interventions in popularizing EBM and Cochrane are needed to raise awareness both among students and practicing physicians, and finally

among lay audience”. It was noted that physicians in Bosnia and Herzegovina have access to summaries of Cochrane reviews in Croatian.

Increasing visibility, awareness and understanding of Cochrane reviews

One thread (two emails) was on medical content on Wikipedia and Cochranes’s role in this. There was agreement that it would be beneficial, but a HIFA member mentions that “The collaboration with Cochrane moves slowly. Many researchers are so busy that they have trouble carving out time for more. Especially something which may have less direct benefit to their career.”

Another email provides information on EvidenceAid, an organization that collates and interprets systematic reviews, including Cochrane.

Miscellaneous comments

There were also a few emails (four emails) that announce news in the organization such as the Cochrane-Campbell partnership, the release of a statement about Cochrane’s critique of WHO guidelines, information on Cochrane Canada learning opportunities, and on having the Bill and Melinda Gates Foundation as a donor.

Analysis

One major theme throughout the emails was the focus on how low and middle income countries (LMICs) should be more included in Cochrane and in health research more generally, as well as how this can be done. This is relevant to the Cochrane Collaboration as the Cochrane Strategy to 2020 states: “[Cochrane] will become a truly global organization by establishing a Cochrane organizational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change”. Cochrane seeks for there to be more low or middle income country reviews, and is making every effort to do so, including the plan to make all new reviews available open access. The unequal representation is first brought out when it is noted that the priority list in Cochrane was developed mainly with input from high-income countries’ research recommendations and stakeholder consultations.

The HIFA moderator (Neil Pakenham-Walsh) suggested it would be a useful exercise to “review the review list” and see how the priorities compare to the actual global burden of disease. However, a HIFA member mentions that review groups in Cochrane use different methods to establish priorities, and therefore there may be discrepancies in their priority lists both in content and methodology. A second HIFA member began to orientate the conversation toward reasons for why LMICs are not prominent, stating that researchers from LMICs do not engage in Cochrane and systematic reviews because they lack training, have heavy patient workloads and often face poor institutional support. He goes on to state that more researchers and patient groups from low resourced countries should be engaged to ensure systematic reviews do not become only academic

exercise. A third HIFA member mentions that although many Cochrane reviews are available through open access, many researchers cannot access them as they often have poor internet access.

A 4th member states that Cochrane is “an important player and source of good quality information and training on how to use evidence in LMIC”, and illustrates this point with an example of how the Brazilian Cochrane Centre has been producing reviews for the Brazilian Ministry of Health, helping them to save millions of public dollars. A 5th member echoes this point and believes collaboration between countries and development partners to establish such centres is beneficial, as “Ideally every country should have one such centre!”. These comments show that Cochrane has been able to provide quality evidence used to inform policy, but more still needs to be done. One way this could happen was brought up in a thread surrounding the translation of Cochrane reviews. A 6th member states that more translation should be done to include some languages with African origins; he also mentions that more efforts to integrate Africa as there are only two Cochrane centres on the continent (South Africa and Nigeria).

Overall Cochrane was seen positively, but with critiques of its perceived bias to high-income countries and donors.

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