



COCHRANE DEVELOPING COUNTRIES NETWORK



# The Cochrane Developing Countries Network:

An initiative to improve equitable access to knowledge and information and to its management.

Zulma Ortiz<sup>1-2</sup>, Mona Nasser M<sup>1-3</sup>, Li Wang<sup>1-4</sup> Youping Li<sup>1-4</sup>, Jordi Pardo<sup>1-5</sup>, Xavier Bonfill<sup>1-5</sup>.

- 1) The Cochrane Developing Countries Network.
- 2) Epidemiological Research Institute, National Academy of Medicine, Buenos Aires, Argentina.
- 3) Dental School, Shaheed Behehshti University of Medical Sciences, Tehran, Iran
- 4) The Chinese Cochrane Centre/ Chinese EBM Center, West China Hospital, Sichuan University, Chengdu, China.
- 5) The Iberoamerican Cochrane Centre, Hospital de la Santa Creu i Sant Pau. Barcelona, Spain.

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## 1/7 Background

There is a need to have access to valid and systematically collected data and appropriate scientific evidence.

According to Black et al<sup>1</sup>, in the year 2000, 42 countries accounted for 90% of the 10.8 million infant deaths.

Universal availability of 15 preventive interventions and eight treatment interventions may reduce infant mortality by 63% in these 42 countries.<sup>2</sup>

1) Black R, Morris S, Bryce J. where and why are 10 million children dying every year? Lancet 2003; 361:2226-34.

2) Jones G, Steketee R, Black R, Bhutta Z, Morris S, Belaggio Child Survival Study Group. How many child deaths can we prevent this year? Lancet 2003; 362:65-71.



## 2/7 Background



Archie Cochrane, have warned in the 1970s against the significant knowledge gap about the effects of health care administered by health care systems, arguing the need of better use of scientific evidence for healthcare policy making.

*"...as resources will always be limited, these should be used in such a way as to equally provide those health care forms which have been shown to be effective through appropriately designed assessments..."*



## 3/7 Background

In view of this challenge, the Cochrane Collaboration (CC) has been developed to prepare updated systematic reviews on the effects of health care, and to make them public in order to help those who need to make well-supported clinical and health care decisions.

There is a wide consensus in the CC nowadays that more needs to be done to extend the activities and outputs of the Collaboration to developing countries (DC).



## 4/7 Background

Until 2005, less than a 10% of the Cochrane Reviews were authored by people based in a developing country.

Furthermore, many topics relevant to the developing world and addressing problems that affect large populations remain neglected. Moreover, there is a low awareness of the CC and the Cochrane activities in many DC.



## 5/7 **Background**

The production of systematic reviews in developing countries is a challenging process.

There are not only methodological challenges but also political, economic and socio-cultural barriers



## 6/7 **Background**

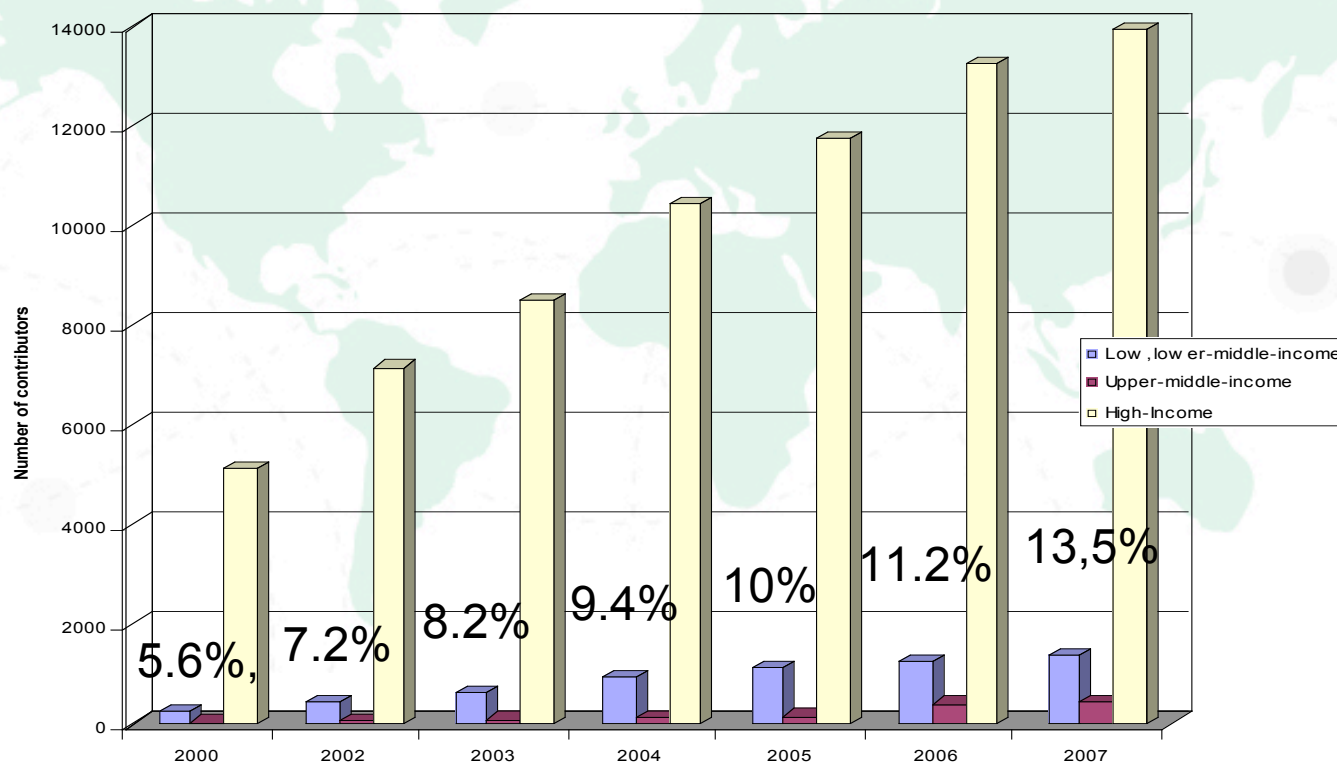
### **Some of the methodological challenges are**

- (1) Formulation of research questions consistent with local needs,
- (2) Lack of communication skills because of the language that do not allow the networking with the Cochrane Review Groups,
- (3) Access to the evidence,
- (4) Need of policy-makers, clinicians and other types of consumer advocacy approach.



## 7/7 Background

In 2007, of the 15,804 contributors, 2134 were from low, lower-middle and upper-middle income countries, accounting for 13.5%



Source: Claire Allen, Mike Clarke, Diana Wyatt. International Activity within Cochrane Review Groups.

Beijing, Octobre 2007



1/3

## What can The Cochrane Collaboration do to support people living in developing countries?

**2001**, the CC Steering Group promoted a Developing Country Initiative (DCI). This initiative was initially coordinated by Youping Li and later by Xavier Bonfill.

In each annual Colloquium, several meetings

**2004**, a new survey was designed and conducted by the South-African Cochrane Centre. Overall results showed

- 24% response rate of 1927 emails sent;
- 55% were affiliated to a Cochrane Review Group (CRG).

(...)



## 2/3 **What can The Cochrane Collaboration do to support people living in developing countries?**

(...)

- While most respondents were either very comfortable or comfortable reading or writing English, 19% were either very uncomfortable or uncomfortable with English.
- A significant number of respondents had limited knowledge about the Collaboration.
- One of the main needs identified was related to limitation(s) in awareness of CC, training and mentorship, practical assistance with review completion, funding, access to information and inclusivity.
- A major need mentioned by respondents was limited awareness and access of (to) The Cochrane Library.

(...)



## 2/3 What can The Cochrane Collaboration do to support people living in developing countries?

(...)

**2007**, the Developing Countries Initiative was officially registered as Cochrane Developing Countries Network (CDCN).

CDCN has a Coordinating Group, consisting of people living in a low or middle income country and representing the different DC areas in the world: Sub-saharian Africa, Middle East and North Africa, South East Asia and Pacific, South Asia, China, Latin-America and Eastern Europe countries. Also, an Advisory Board will be created.



COCHRANE DEVELOPING COUNTRIES NETWORK



**The vision** of the CDCN for the next five years is to build a network that becomes the best way for people living in developing countries to be involved in The Cochrane Collaboration particularly where there is no Cochrane activity.

**Our goals** are to facilitate the access and increase the production of systematic reviews and to address research questions relevant to the developing world in collaboration with other Cochrane entities which are actively promoting the CC in developing countries.



## The objectives are:

- To analyze the mechanisms for networking in developing countries and actively promoting synergies from current entities devoted to health research
- To establish strategic alliances with other organizations whose activities are devoted to developing countries
- To promote the knowledge translation and dissemination in the developing countries.

## Our challenges are:

- To increase the number of high quality reviews relevant to developing countries and made by people living in developing countries.
- To identify funding opportunities to help people from DC



## The action plan

### **CDCN would be organized in three components**

- a) Building capacity
- b) Provision of methodological support
- c) Investigating the gaps



Since February 2007, the CDCN have made several progresses including the launch of website to help authors from developing countries to get involved, to provide English editing support and to develop collaboration with several international institutes like COHRED and INCLEN.

The screenshot shows the homepage of the Cochrane Developing Countries Network. At the top, there is a navigation bar with the CDCN logo and the text 'Cochrane entities >'. Below this is the main heading 'Cochrane Developing Countries Network'. A 'Welcome' section follows, containing a paragraph about the network's mission and a list of links: 'Aims and activities' and 'Scope and topics'. Below the list is a section for the 'Cochrane Colloquium' held in Sao Paulo, Brazil, from 23-27 Oct, 2007. On the right side of the page, there is a search box with a dropdown menu set to 'This website', a search button, and links for 'Advanced' and 'Tips'. Below the search box are two sections: 'Opportunities', which lists the 'Olle Hansson Award 2007' and 'Cochrane Library now freely available in India', and 'Current news at The Cochrane Collaboration', which lists 'Issue 4, 2007 of The Cochrane Library is now online!', 'Canadian Cochrane Symposium - Call for abstracts', 'RevMan 5 - Rollout and implementation strategy', and 'Cochrane News - call for articles'.

<http://dcn.cochrane.org/en/index.html>



There has been an increase of over 25% in the total number of contributors from low, lower-middle and upper-middle-income countries in the last twelve months, with the number of authors increasing from 226 in 2000 to 1433.



## Conclusions

The Collaboration's key to success is to find the best way to optimize the use of specific interests and enthusiasm from individuals who support the Collaboration's global aims, as well as to find various ways to finance the preparation and the updates of systematic reviews.

CDCN attempts to promote greater participation and inclusiveness within the Cochrane Collaboration for people living in developing countries, to become the information and resource point for health research activities related to evidence based health care for DC, and to reduce the inequity access to systematic reviews.