The Cochrane Developing Countries Network

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Based on a presentation of the Cochrane Developing Countries Network
In Beijing, October 2007, the Global Forum of Health Research.
Authors: Zulma Ortiz, Mona Nasser, Li Wang, Youping Li, Jordi Pardo, Xavier Bonfill.
Background

- 2001 Developing Country Initiative (DCI) The DCI was initially Co-ordinated by Youping Li from the Chinese Cochrane centre and later by Xavier Bonfill from the Iberoamerican Cochrane Centre.

- 2004, South-African Cochrane Centre has undertaken a survey and its results were presented and discussed at the Ottawa Colloquium.

- 2005 A meeting in the Cochrane Colloquium Melbourne, discussions were focused on the proposal of constituting a Cochrane entity.
Survey

- 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.
- There is limited awareness of CC, training and mentorship, practical assistance with review completion, funding, access to information and inclusivity.
- Initiation of awareness raising activities, workshops in other languages, making resources geographically accessible.
- More support is needed for developing countries authors.
- Limited access and awareness of the Cochrane Library.
Background

- February 2006, 27-28 in Barcelona (Spain), a meeting was organized and an action plan was written.

Attendees: Xavier Bonfill (Spain), Zbys Fedorowicz (Barhain), Sreekumaran Nair (India), Joy Oliver (South Africa), Zulma Ortiz (Argentina), Charles Wiysonge (Cameroon). Pisake Lumbiganon (Thailand) could not attend at the last minute and Jordi Pardo (Spain) helped taking notes and preparing the minutes.

- Oct 2006, Cochrane Colloquium, Dublin, Representatives from each region were identified and a meeting of the coordinating group of the CDCN was organized along with a discussion workshop on Developing country challenges, solutions and partnerships.
Background

December 2006 The Cochrane Developing Countries Network was officially registered with the CC and the following coordinating group were involved:

Co-ordinating group of the CDCN:
- Representing Sub-Saharan Africa: Joy Oliver and Charles Obonyo
- Representing Middle East and North Africa: Mona Nasser
- Representing South East Asia and Pacific: Pisake Lumbiganon
- Representing South Asia: Sreekumaran Nair
- Representing China: Li Wang
- Representing Latin-America: Zulma Ortiz and Regis Andriolo
- Representing Eastern Europe countries: Vasily V Vlassov

Network Co-ordinators:
- Mona Nasser
- Zulma Ortiz

Network Administrators:
- Jordi Pardo, Paula Toro
**Current Status**

*Co-ordinating group of the CDCN:*
- Representing Sub-Saharan Africa: Jimmy Volmnick and Charles Obonyo
- Representing Middle East and North Africa: Mona Nasser
- Representing South East Asia and Pacific: Pisake Lumbiganon
- Representing South Asia: Sreekumaran Nair
- Representing China: Li Wang
- Representing Latin-America: Mario Tristan and Regis Andriolo
- Representing Eastern Europe countries: Vasily V Vlassov

*Network Co-ordinators:*
- Mona Nasser
- Mario Tristan

*Network Administrator and Executive Assistant:*
- Jessica Beaman

The secretariat moved from the Iberoamerican Cochrane Centre in Spain to IHCAI foundation in Costa Rica.
Advisory Board

- Miguel Gonzalez Block, Editor of Health Research Policy and Systems
- Libby Bogdan Lovis, Deputy Director, Bioethics Research Centre, Michigan State University School of Human Medicine
- Carel Ijsselmuiden, Director of Council of Health Research for Development (COHRED)
- Maryann Lansang, Former Director of International Clinical Epidemiology Network (INCLEN)
- Salvador Moncada, Director, Wolfson Institute for Biomedical Research at University College London
- Sergio Muñoz, President of LatinCLEN
- Vicente Navarro, COHRED
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
What has been done

1. Launch of a website and mailing list for Cochrane authors from developing countries and circulating a newsletter of the activities done in developing countries. (http://dcn.cochrane.org)

2. Establishing of a Database of the contact details of the members of the CDCN and updating it with the information received by people who register in the website. We also facilitate the correspondence of the people registered in the website with other Cochrane entities in which they have shown interest.
What has been done

3. Seeking funding for establishing a mentorship program for authors from developing countries, the Opportunities fund of the Cochrane Collaboration, the Bill Melinda Gates foundation and also requests to the Rockefeller Foundation and Wellcome Trust.

4. Undertaking a priority setting project with the Cochrane Health Equity Field, Cochrane Public Health Review Group, the Oslo satellite of the EPOC review group. The objectives of the project are:
   • To identify high-priority topics for Cochrane reviews of relevance to LMIC, with a focus on improving the health of the poorest and most disadvantaged.
   • To engage diverse stakeholders from LMIC in setting priorities for the Cochrane Collaboration
   • To increase the relevance of the Cochrane Collaboration to stakeholders from LMIC
What has been done

5. Organizing meetings or establishing collaboration with external organizations working in developing countries:

1. Council of Health Research for Development (www.cohred.org)
3. Healthcare Information For All by 2015 (HIFA2015)
4. International Network of clinical epidemiology (www.inclen.org)
5. Health Sciences Online (www.hso.info)
6. EVIPnet
7. Turkish EBM Association
8. Ministry of Health of Iran, Turkey, Costa Rica
8. The Secretariat for 2008 Bamako Global Ministerial Forum on Research for Health
What has been done

6. Relevant projects and programs. Some examples:

a. An english editing pilot project with Wiley-Blackwell to provide support for the developing countries cochrane authors.
b. Guidelines for preparing Cochrane Reviews relevant to Developing Countries.
c. Collaborating in preparing training materials on EBM for developing countries author e.g. the EBM course of People-Uni.
d. Providing training and mentorship in systematic reviews in developing countries
e. Developing guidelines based on Cochrane Reviews
d. Including the concept of Evidence Based Medicine and highlighting the importance of Cochrane reviews in the new Medical and Dental Education program
Muchas Gracias!