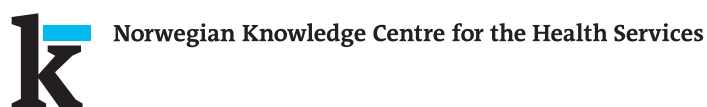


Supporting evidence-informed decisions about healthcare systems in low and middle-income countries. Seminar and launch of the Oslo EPOC satellite.

Minutes from the Norwegian Knowledge
Centre for the Health Services
January 2007



About EPOC: The Effective Practice and Organisation of Care (EPOC) group is one of 50 review groups within The Cochrane Collaboration. The Cochrane Collaboration is an international organisation that helps healthcare providers, policy-makers, patients and others to make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of healthcare interventions. The scope of the Cochrane EPOC Group is to undertake systematic reviews of educational, behavioural, financial, regulatory and organisational interventions designed to improve health professional practice and the organisation of health care services. • An EPOC satellite has now been established and officially launched in Oslo. The seminar, on which this report is based, officially marked the launch of this satellite. • The Oslo satellite will focus on supporting the production and updating of Cochrane reviews that address health systems questions that are relevant to low and middle-income countries (LMIC).

(to be continued next page)

Norwegian Knowledge Centre for the Health Services
PO Box 7004, St. Olavs plass
N-0130 Oslo, Norway
(+47) 23 25 50 00
www.nokc.no
ISBN: 978-82-8121-149-0

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Norwegian Knowledge Centre for the Health Services



(continued from page one)

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Institution Norwegian Knowledge Centre for the Health Services

Responsible John-Arne Røttingen, *director*

Authors Marit Johansen, Susan Munabi-Babigumira, Elizabeth J. Paulsen

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Norwegian Knowledge Centre for the Health Services
PB 7004 St. Olavs plass
N-0130 Oslo, Norway
Telephone: +47 23 25 50 00
E-mail: post@kunnskapssenteret.no
www.kunnskapssenteret.no

Presentations from the seminar can be found at:
<http://www.kunnskapssenteret.no>

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Abbreviations

AHPSR	Alliance for Health Policy and Systems Research
DFID	Department for International Development
EPOC	(Cochrane) Effective Practice and Organisation of Care (group)
EPPI	Evidence-informed Policy and Practice Information and Co-ordinating (Centre)
EVIPNet	Evidence-Informed Health Policy Network
GAVI	Global Alliance for Vaccines and Immunisation
G-I-N	Guidelines International Network
GLOBINF	Centre for Prevention of Global Infections
GRIPP	Getting Research into Policy and Practice (Program)
HTA	Health Technology Assessment
HTAi	Health Technology Assessment international
HPSP	Health Policy Support Project
IDEAHealth	International Dialogue on Evidence-informed Action to achieve health goals
INAHTA	International Network of Agencies for Health Technology Assessment
INCLIN	International Clinical Epidemiology Network
IndiaCLEN	India Clinical Epidemiology Network

IPEN	IndiaCLEN Program Evaluation Network
LHWs	Lay health workers
LMIC	Low and middle-income countries
Norad	Norwegian Agency for Development Cooperation
PAHO	Pan American Health Organization
RAP	Reviews for Africa Programme
REACH	Regional East African Community Health (Policy Initiative)
Sida	Swedish International Development Cooperation Agency
WHO	World Health Organisation

Introduction

The Effective Practice and Organisation of Care (EPOC) group is one of 50 review groups within The Cochrane Collaboration. The Cochrane Collaboration is an international organisation that helps healthcare providers, policy-makers, patients and others to make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of healthcare interventions. The scope of the Cochrane EPOC Group is to undertake systematic reviews of educational, behavioural, financial, regulatory and organisational interventions designed to improve health professional practice and the organisation of health care services.

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The Oslo satellite will focus on supporting the production and updating of Cochrane reviews that address health systems questions that are relevant to low and middle-income countries (LMIC).

The Seminar

OPENING PRESENTATIONS

Mr. Erik Solheim, *the Norwegian Minister of International Development*, opened the seminar. He highlighted the positive impact of globalisation which includes the possibility of sharing research information as well as the challenges such as the migration of health workers from parts of the world where they are most needed. He noted the importance of seminars such as this in sharing ideas on how best to address the challenges while maintaining the positive effects of living in a globalised world.

Dr. Bjørn-Inge Larsen, Director of the *Norwegian Directorate for Health and Social Affairs* welcomed the participants to Norway and to the Directorate for Health and Social Affairs. He introduced the Norwegian health system and highlighted its high investment in health care. He noted the need for careful thought into critical health system issues such as inequality in the distribution of care, wealth and overall burden of diseases.

Prof. Jeremy Grimshaw, Director of the *Canadian Cochrane Centre* and Coordinating Editor of the Cochrane Effective Practice and Organisation of Care (EPOC) group presented the Cochrane Collaboration and EPOC. Dr. Andy Oxman, from the *Norwegian Knowledge Centre for the Health Services* presented the new EPOC satellite in Oslo.

Dr. Atle Fretheim, from the *Norwegian Knowledge Centre for the Health Services* presented *The Centre for Prevention of Global Infections (GLOBINF)*, a partnership between three organisations in Norway; the Medical Faculty of the University of Oslo, Norwegian Institute of Public Health and Norwegian Knowledge Centre for the Health Services. GLOBINF collaborates with 13 institutions in Norway, 12 in Europe and America and 32 in Africa, Asia and Latin America.

GLOBINF focuses on four research topics, HIV/AIDS, tuberculosis, health systems, and meningococcal disease. The research addresses development of new vaccines, rigorous evaluation of currently suggested prevention strategies, development of statistical and epidemiological methods for infectious diseases, evaluation of health services and systems, and understanding of the socio-economic and cultural context of these infections.

INITIATIVES TO HELP DECISION MAKERS IN LOW AND MIDDLE INCOME COUNTRIES

The other speakers during the morning session presented current initiatives that aim to meet the needs of decision makers in low and middle-income countries. A brief summary of these are presented below.

Evidence-Informed Health Policy Network (EVIPNet)

Dr. Tikki Pang presented the Evidence-Informed Health Policy Network (EVIPNet), an innovative program to promote the use of health research in policy-making and practice. EVIPNet is a partnership between policy-makers and researchers to facilitate decision-making and policy implementation through the use of the best quality scientific evidence available globally and locally.

The aim of EVIPNet is to decrease the gap between research and health policy-making by improving the standards in evidence-informed decision-making through the collection and dissemination of high quality evidence and through strengthening local and international partnerships. Dr. Tang pointed out some of the challenges faced by EVIPNet which include how to ensure that policy and decision makers request and demand evidence, how to involve them in setting the research agenda, and how to develop innovative partnerships to ensure continuity and sustainability.

EVIPNet Asia

Dr. Maimunah A. Hamid presented EVIPNet Asia, which was launched in June 2005 in Kuala Lumpur, Malaysia. There are seven EVIPNet teams in the region – in China (Beijing, Sichuan and Shandong Provinces), Laos PDR, Malaysia, the Philippines and Vietnam.

The main functions of the network are: 1) to acquire, assess and adapt evidence based on systematic reviews, 2) to enhance linkages among producers and users of research, 3) to provide training, 4) to design and advise on strategies to promote the uptake of evidence, 5) to advocate for evidence use, and 6) to identify health research gaps and communicate the need for new research and systematic reviews.

The innovative approach of EVIPNet Asia consisting of both researchers and policymakers gives it the potential for partnerships within and among countries to encourage and enable decision-makers to have better access to high quality evidence.

The Regional East African Community Health (REACH) Policy Initiative

Prof. Nelson Sewankambo presented the Regional East African Community Health (REACH) Policy Initiative that includes Kenya, Tanzania and Uganda.

REACH aims to improve people's health and increase health equity in East Africa through use of evidence-based health policies. The initiative's mission is to access, synthesize, package and communicate evidence required for policy and practice and to influence policy relevant research agenda for improved population health and health equity.

REACH activities include the establishment of country nodes to support country ministries in making policy decisions. The nodes are needed to coordinate and facilitate country level activities and link them with the regional hub.

Getting Research into Policy and Practice (GRIPP) Program and Reviews for Africa Program (RAP)

Prof. Paul Garner presented two initiatives, Getting Research into Practice Program (GRIPP) and the Reviews for Africa Program (RAP).

Getting Research into Policy and Practice (GRIPP) Program

The purpose of this program is to increase decisions in the health sector that are based on best available evidence in low and middle-income countries. Through interactive workshops targeted at healthcare decision-makers, the program aims to promote better understanding of evidence-based approaches to health care and facilitate dialogue between researchers, policy makers and practitioners.

Participants discuss the value of systematic reviews of the effects of health care and how to identify and interpret the findings of these reviews and other relevant healthcare resources. Attendees also explore factors that need to be considered when applying research evidence in a real world setting and discuss challenges and opportunities for evidence-based policy and practice.

Reviews for Africa Programme (RAP)

This program trains African health researchers and providers in the science of research synthesis and assists them to initiate and prepare Cochrane reviews for publication in The Cochrane Library. RAP is a collaboration between the South African Cochrane Centre and the Liverpool School of Tropical Medicine, with support from the Cochrane HIV/AIDS Collaborative Review Group. The strategic focus of the reviews is HIV/AIDS, tuberculosis, malaria, and other diseases and issues relevant to Africa.

IndiaCLEN Program Evaluation Network (IPEN)

Prof. Ashok Patwari presented IndiaCLEN (India Clinical Epidemiology Network) Program Evaluation Network (IPEN). The evaluation of major health programs by IPEN was initiated in 1997. Since then, IPEN has expanded to 84 partners spread across almost every Indian state. These partners are mostly academics from state medical colleges and six NGOs actively participating in health care.

IPEN has undertaken major nationwide evaluation studies since 1997. This includes evaluation of the Pulse Polio Immunization program, Family Health Awareness Campaign, Vitamin-A and Iron folic acid supplementation programs. Evaluations have also been undertaken of the existing disease surveillance program, perceived barriers among health providers and clients, injection practices in India and the universal immunization program.

The South Asian Cochrane Network

Prof. Meenu Singh presented The South Asian Cochrane Network, which was established in December 2004 as a branch of the Australasian Cochrane Centre. The network was formed to co-ordinate the training and support needs for the growing number of review

authors based in the region and to promote the Cochrane Collaboration. The network regularly conducts and coordinates activities such as review workshops, courses in evidence-based practice and policy making as well as producing and disseminating guidelines for the region and countries. Member countries include Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

The Alliance for Health Policy and Systems Research (AHPSR)

Dr. Sara Bennett presented The Alliance for Health Policy and Systems Research (AHPSR). The Alliance, as it will be referred to in this document, is an international collaboration based within WHO that aims to promote the generation and use of health policy and systems research as a means to improve developing country health systems. The strategies include identifying policy relevant research questions, supporting systematic reviews, packaging syntheses and making them available, sponsoring national processes to support evidence-informed policy and capacity development.

Dr. Bennett concluded that systematic reviews should inform health policy and systems research methods and priority setting.

Evidence-informed Policy and Practice Information and Co-ordinating (EPPI) Centre

Dr. Sandy Oliver presented the Evidence-informed Policy and Practice Information and Co-ordinating (EPPI) Centre. The mission of the EPPI Centre is to collate the results of public policy research into a format that policy-makers, practitioners, academics and other research-users can use to make sensible decisions based on sound evidence. The initiative is supported by a number of core staff working in partnership with other groups and organisations involved in supporting and conducting systematic research syntheses.

A key component is the concept of participative reviews that includes building a team to scope the problem and formulate a clear and useful research question. Participation from policy makers, practitioners and researchers is important due to different perspectives, experiences, ideas and priorities for useful questions. In this way, research is perceived as more useful with more realistic expectations of research. The EPPI Centre is a central resource for those who wish to use the results of systematic research syntheses. The centre also provides training and support for others wishing to undertake systematic research syntheses.

The Health Policy Support Project (HPSP)

Dr. Shanglan Tang presented The Health Policy Support Project (HPSP), a project aimed at increasing the capacity in the Chinese Government to use evidence in policy making to improving health, drawing on national and international sources.

Project activities include pro-poor policy research – evidence generation, rapid response technical advice for policy makers, a senior policy maker development programme, knowledge management and research dissemination.

National Institute of Health, Mexico

Dr. Francisco Becerra Posada presented evidence-based decision-making in Mexico. Mexico became a collaborative member of the Ibero-American Cochrane Network in 2002 and

has provided evidence-based medical courses and clinical guidelines for primary health physicians. Dr. Posada also discussed Mexico's experience in updating of some official standards and controversial issues such as the day after pill, tuberculosis, and milk re-formulation with better absorbed micronutrients.

EXAMPLES OF EPOC REVIEWS

Lay health workers by Dr. Simon Lewin

Interest and use of lay health workers (LHWs) for the provision of care has grown in the absence of robust evidence of their effects. A systematic review of trials was conducted to answer the following question: Are LHWs effective in improving health care outcomes or the delivery of health care, when compared to usual care or to similar interventions delivered by health care professionals? Multiple electronic databases were searched using 'lay health worker' and 'randomised control trial' terms. Reference lists were screened. Out of 13,647 titles and abstracts, 48 studies that were relevant to maternal child health and to low and middle-income countries were retrieved and assessed by two independent reviewers. This is the first part of an ongoing review.

There was moderate to high-quality evidence that LHWs were effective in improving immunisation uptake and reducing childhood morbidity and mortality from common childhood illnesses. There was moderate-quality evidence that LHWs effectively promote exclusive breastfeeding up to 6 months in LMIC. There was low-quality evidence of the effect of LHWs on promotion of any breastfeeding and exclusive breastfeeding up to 6 months in high-income countries.

There was moderate-quality evidence of the effectiveness of LHW interventions to improve tuberculosis treatment outcomes compared with institution-based directly observed therapy.

Although LHWs were found to be effective in all of the above areas, cautious interpretation is needed as LHWs in experimental studies were carefully selected and the sustainability of the interventions is uncertain. There is little evidence of the effectiveness of substituting LHWs for health professionals, as opposed to using them to provide services not otherwise offered.

Recruiting and maintaining health workers in rural areas by Prof. Ben Marais

The mismatch between the geographical deployment of health care workers and the areas of greatest need, poses a major obstacle to equitable health care delivery. Different educational, financial and regulatory strategies have been employed to address this imbalance. A systematic review was therefore undertaken to assess the effectiveness of interventions aimed at increasing the proportion of health care workers in rural and other underserved communities. Several electronic databases were searched. Reference lists were screened and authors contacted. Out of 656 relevant citations, no relevant studies were eligible for inclusion.

No rigorous evidence currently exists to support the different policy interventions that have been used to address the inequitable distribution of health care workers. Govern-

ments and educators have an obligation to ensure that 'promising interventions' are implemented in the context of carefully conducted trials to enable assessment of the impacts of these interventions.

Financial mechanisms for improving access to health care by Dr. Mylene Lagarde

Poor populations remain excluded from basic health care, even highly cost-effective services. Financial barriers play an essential role. A systematic review was undertaken to evaluate the health financing strategies that improve access to care for poor people. Published and unpublished studies that documented the effects of user fees, contracting out, risk protection mechanisms and conditional cash transfers in LMIC were evaluated. These were retrieved from a search in several bibliographic databases and grey literature. Journals and reference lists were screened. Out of 24,125 records that were screened, 31 eligible articles were identified.

There was weak evidence of the negative effect of introducing or increasing user fees on utilisation and of the positive effect on utilisation of removing or decreasing user fees. There was very limited evidence on risk protection mechanisms and inconclusive evidence on the ability of community-based insurance to improve access to health services. There was good-quality evidence on conditional cash transfers with all the studies showing a positive impact on preventive health services uptake and health outcomes. There was limited evidence on contracting suggesting that under specific circumstances it could improve access to health services for poor people in underserved areas.

Pharmaceutical policies by Astrid Dahlgren

Irrational use of medicines is a major problem worldwide. Systematic reviews are therefore important to guide drug policy decisions. An ongoing review on prescribing policies (financial incentives) and more specifically co-payment and caps (maximum number of prescriptions, drugs, doses or supply per period reimbursed), was presented as part of a larger overview of 13 reviews. Several electronic databases were searched yielding over 20,000 references. A total of 24 studies have been included in the co-pay and cap review. As part of this review, the effects of fixed co-pay, coinsurance, deductibles and caps are to be evaluated. The effects of an intervention will be measured not only by change in drug use, but also by health effects, change in use of health services and change in costs for patients and insurers. Restricting reimbursement can decrease total drug use and save plan costs, but may also have the unintended effect of reducing necessary drug use and adversely affect vulnerable populations, resulting in an increase in the use of health services and deteriorating health in vulnerable populations.

Panel Discussion 1

THE NEED FOR SYSTEMATIC REVIEWS OF HEALTH SYSTEM INTERVENTIONS AND POLICIES

Dr. Maimunah Hamid of the Institute for Health Systems Research, Ministry of Health Malaysia, highlighted the importance of establishing partnerships to support health decision making and health policy formulation. This is necessary to acquire, assess and adapt evidence relevant to the needs of decision makers. She then discussed the impediments to success (e.g. absence of quality evidence, unavailable timely data, lack of capacity for health systems research) and the drivers of success (e.g. strategic alliances and continuous dialogue between researchers and policy makers). She shared the experience of the ongoing process used by EVIPNet Asia.

Dr. Rodrigo Salinas of the Ministry of Health Chile shared the experience from Chile in using systematic reviews to guide a health reform. In the past, health care in Chile by law was guaranteed to provide access, opportunity, financial protection and quality to the citizens. As part of the health care reforms in 2004, explicit rationing and prioritising in health was introduced to ensure access to prioritised services. Systematic reviews were used to determine the effectiveness of interventions for conditions with a high burden of disease. Fifty-six conditions (responsible for 75% of the burden of disease) were identified and guidelines for their management have been developed and are in use.

Prof. Nelson Sewankambo of Makerere University Medical School, Uganda highlighted the issues involved in doing systematic reviews. There is little capacity to implement these studies and therefore REACH plans to contract out these services. There is need to build capacity for sustainability and also for communication of findings from reviews. There is need for collaboration to undertake these activities. The element of using a participatory approach adds a layer of complexity in conducting these reviews. The unexpected impact from conducting reviews should be taken into consideration; e.g. for policy makers, what is the investment needed for this research and what is the return on this investment. Policy makers may decide not to invest and this would be an example of a negative unexpected impact.

Prof. Meenu Singh from the South Asian Cochrane Network presented examples from maternal child health in India. She highlighted the current evidence from systematic reviews on effective interventions to reduce child mortality. Their implementation is crucial in order to achieve the Millennium Development Goals. Experience in influencing health policy in India and use of evidence in major unexpected occurrences such as the tsunami was shared.

Dr. Shenglan Tang from the WHO China Office, Beijing shared the Chinese experience in implementing the rural insurance scheme. This is a government supported financing system developed in all the rural areas of China. The design of the schemes may vary from one place to another, albeit the principles being the same. The impact of the different design and package could result in different outcomes. The rural poor are less likely to use the rural health insurance scheme because of relatively high co-payments and this scheme may mainly subsidise the rich. It is therefore important to conduct systematic reviews and to evaluate if the policy objective has been reached.

He emphasized that 'empty reviews', that is reviews without studies that meet the inclusion criteria, are important to reveal knowledge gaps. Also, if studies were found but were of poor quality, this would reveal the need to improve the quality of research. There is a need for donor support to assess the impact of interventions and policy initiatives.

Panel Discussion 2

PRIORITIES, FUNDING, CAPACITY AND COORDINATION FOR SYSTEMATIC REVIEWS OF HEALTH SYSTEM INTERVENTIONS AND POLICIES - ADVICE TO EPOC

Prof. Peter Tugwell (University of Ottawa) introduced this session by mentioning the need to look at issues of importance; e.g. distribution, race, gender and roles, and the need to identify what works among the poor and what does not work. There is a need to consider how best to communicate these issues, especially economic ones. He then invited the speakers to present the key issues.

Dr. Paul Fife (Norad) highlighted the need to understand the local context within the global context. New money is available globally, processes are fast moving, and new ways of working are available. There is need to consider the new roles or functions of organisations such as the WHO within this context.

Other issues he highlighted were:

- Priority setting and decision making at a global level affect poor people. Where pre-funded programs are running, there is a need to generate evidence.
- Organisations need to position themselves and determine what areas of study are important. Financing issues must be taken into consideration.
- The starting point should be at country level. Anything above this level should have added value for investment.
- Need to look outside the health sector and consider other determinants of care, for example in HIV/AIDS. There is need to bridge the gaps between different actors.
- At country level, for non-earmarked budget support, funds for health systems support need to be earmarked with 5% for research. This is the case for the Global Alliance for Vaccines and Immunisation (GAVI).
- Coordination of sector wide approach processes needs to improve.
- Collaboration is needed among partners, although it may be too early to tightly coordinate these processes.

Dr. Tikki Pang (WHO, Geneva) mentioned the need to create awareness and demand for systematic reviews at the policy level. This would generate an interest, and in the long run sustainability of the program. Sustainability could also be attained if governments invest funds for systematic reviews.

There is a need for better coordination to avoid duplication of work. This can be achieved simply by asking: Has this been done elsewhere?

Maintaining the interface between activities is important and we need to ask how can we 'sell' this area and in so doing, increase visibility. One such forum could be at international conferences.

Dr. Shanglan Tang highlighted the need for countrywide strengthening of capacity for conducting systematic reviews. In some countries and regions there is a lack of knowledge about the Cochrane Collaboration and about systematic reviews. Also we need to define what we mean by evidence-based medicine. Coordination, especially in regard to training, is needed.

Prof. Paul Garner mentioned that policy makers need all sorts of information. Sometimes systematic reviews can help. However, often policy makers don't want to know "does it work" but rather guidance on implementation. For example in China the decision to implement community-based insurance has been made and people want to know how to do it.

Dr. Sara Bennett highlighted the need to develop capacity in developing countries to synthesise information, to generate research knowledge and to apply this knowledge to policy and decision-making. Lack of evidence in global health systems research is due to limited investment in this area. Investors in health systems interventions need to ensure that impact evaluations are done.

There is need for conceptual clarity between researchers and policy makers. This necessitates that policy makers and researchers work together through the decisions that need to be made.

She pointed out the need for further thinking about the role of context in influencing the effectiveness of interventions, and the need to define when it is applicable to transfer findings from one setting to another and when there is a need for country specific systematic reviews.

She informed the participants that a request for proposals for centres for systematic reviews of health policy and systems research would be issued in November (with a closing date in January 2007).

There is a gap in communication between policy makers and researchers that needs to be bridged. Information from research needs to be communicated in a way that is understandable for policy makers.

Finally, concerning funding for systematic reviews, policy makers need to be aware of the time and resources needed to conduct systematic reviews. They are not easy and require clear thinking and considerable effort. This has implications for funding and there is a need to market systematic reviews better: to explain what they are and how they can be useful, so that funders better appreciate the returns on investment in this area.

DISCUSSION ON PRIORITIES FOR RESEARCHERS AND POLICY MAKERS

Priority setting at a global or regional level may not be relevant and there is a need to look at the country specific context. The participatory approach is a good way to involve policy makers and researchers to make decisions together. Outcome based research can guide prioritisation. Using the India example from the Kandra province, education, the agrarian society and water treatment improved health care. Social issues may therefore guide the process of priority setting. There may be a need to create knowledge centres in LMIC to provide education.

In priority setting for diseases or topics, policy makers need to be central. Reviews need to be relevant and urgent for their needs. Research should spot problems or identify gaps to inform policy makers in their decision-making processes.

Empty reviews and unexpected outcomes occasionally arise. In this case, policy makers should demand studies of high quality.

Meeting of Stakeholder representatives

COLLABORATION AMONG INITIATIVES TO SUPPORT EVIDENCE-INFORMED DECISIONS ABOUT HEALTH SYSTEMS IN LMIC

On Saturday November 11th a half-day meeting with representatives from various organisations was held. During this meeting, the representatives reported and discussed what their organisations can and cannot do to support low and middle-income countries to make evidence-informed decisions about health systems.

Dr. Andy Oxman (Oslo EPOC satellite)

Within its limited capacity the EPOC satellite in Oslo will provide editorial support, methodological support and training to authors doing systematic reviews on the effects of interventions within the EPOC scope. Training and support can also be provided to policy makers and managers. The possibility to give stipends to people in LMIC to undertake EPOC reviews will be enabled with funding from the Norwegian Agency for Development Cooperation, (Norad). EPOC will provide access to the EPOC Register of primary studies and suggestions for systematic review topics will be appreciated.

Dr. Oxman suggested that when the Alliance initiates a review within the EPOC scope, it should be registered as an EPOC review, especially to ensure updating of the review.

The EPOC satellite cannot commission or fund reviews, and will not do reviews outside EPOC's scope. The satellite would like to avoid unnecessary duplication.

Dr. Sandy Oliver (EPPI Centre)

The EPPI Centre can offer training in writing systematic reviews and can give access to systematic review software useful to review authors. Some support for quality assurance can be provided. The Centre has expertise in synthesising qualitative research and can provide support by e-mail. An online learning package that will help to make learning at a distance possible is under development. Dr. Oliver made it clear that any study without funding will not be undertaken. However, the level of funding depends on how much support is necessary.

Prof. Paul Garner (Liverpool School of Tropical Medicine, UK)

The Effective Health Care Research Programme Consortium is a network with partners in China, India, Kazan, Nigeria, the Philippines, South Africa, and the World Health Organization. The main focus is on Cochrane reviews relevant to achieving the Millennium Development Goals, and seeking opportunities to ensure their use in policy and practice. Prof. Garner is also Coordinating Editor of the Cochrane Infectious Diseases Group, which provides editorial support for Cochrane reviews within its scope.

Prof. John Lavis (McMaster University, Canada)

Prof. Lavis' group at McMaster University is currently documenting the production of systematic reviews undertaken by authors based in EVIPNet countries and they hope to document changes over time as capacity-building initiatives are undertaken in these countries. As part of the EU-funded SUPPORT initiative, which includes several sub-Saharan African and Latin American partners, they are developing simple tools and related brief training courses for policy makers to support their identification and use of systematic reviews. As part of a Canadian Institutes of Health Research funded project they are developing 'friendly front ends' for systematic reviews and hope to move on to examine their usefulness in LMICs.

Dr. Signe Flottorp (Norwegian Knowledge Centre for the Health Services, Norway)

Dr. Flottorp reported on an ongoing project with participants from Canada, the UK and Norway. The aim is to do an overview of systematic reviews within the EPOC scope, undertaken by the Cochrane Collaboration and others. Simultaneously, the project will identify gaps in knowledge in this field. Canada is currently responsible for interventions targeted at professional practice, the UK for structural organisational interventions and Norway for staffing, financial and regulatory interventions. The project will need additional resources to be able to finalise the overview. The plan is to make summaries of each systematic review and to gradually make them available for users in LMIC, policy makers and others.

Prof. Jeremy Grimshaw (EPOC)

The Cochrane Effective Practice and Organisation of Care (EPOC) Group will be happy to support authors of EPOC reviews to prepare and to update their reviews. The EPOC group would also welcome reviewers to spend time at the EPOC editorial base in Canada, if this would be helpful for completing a review.

Dr. Tikki Pang (WHO, Geneva)

Dr. Pang pointed out the political legitimacy of the WHO and its ability to reach directly into the ministries of health through regional and country offices. WHO through the World Health Assembly can get countries to morally commit themselves to action, to implement resolutions, to follow these up and thereby hold countries accountable. WHO has been given power as a global health agency and many look to the organisation to set standards for best practice. As a global agency the WHO has capacity to convene meetings, provide support, build consensus and hold workshops. In defining roles and setting standards, different layers between standard Cochrane review practice and the pragmatic information that policy makers need, the WHO can play a brokering role.

WHO would like to give priority to the global health work on LMIC and to work in partnership with others to develop and give identity to this work.

At the moment, WHO does not have expertise in doing reviews, nor does the organisation have funds to commission reviews. With support from the Director General a transition period might be needed for the organisation to review its own work. During this time, WHO will need support to build 'in house' expertise and capacity. The WHO Guidelines Review Committee has been asked to provide the organisation with advice related to how evidence-based guidelines should be done.

WHO has neither funds nor capacity to offer technical day-to-day support.

Prof. Meenu Singh (South Asian Cochrane Network and the Post Graduate Institute of Medical Education and Research, India)

The Institute is able to do systematic reviews in the field of health care systems and to evaluate reviews and comment on their applicability. They therefore can take on 'orphaned' reviews and assess which reviews are applicable to the Asian region. Software development can be undertaken; e.g. for distance learning programs. The Institute is able to offer distance learning courses on evidence based medicine. The Institute is collaborating with African countries using telemedicine where there is need for technical support for reviews.

Prof. Singh would welcome the establishment of an EPPI Centre or a knowledge centre satellite in India.

Viveka Person and Pär Svensson (Sida, the Swedish International Development Cooperation Agency)

Sida is a financier and supports country efforts to build capacity in LMIC. Priorities and subject areas for investment are the countries own responsibility. Sida funds bilateral cooperation between countries. Currently Sida is supporting EVIPNet, the WHO and the Alliance. The Agency will work on spreading the word about the Cochrane Collaboration in Sweden.

At the moment Sida has only three people working on health research, so staff is limited. They would like to avoid duplication and system fragmentation and would like to see capacity built within countries.

Dr. John-Arne Røttingen (Norwegian Knowledge Centre for the Health Services, Norway)

Dr. Røttingen represents Norad on the Board of the Alliance for Health Policy and Systems Research and was happy to see the focus on use of evidence in LMIC. He spoke from the perspectives of the HTA community (representing the Health Technology Assessment international (HTAi) and the International Network of Agencies for Health Technology Assessment (INAHTA)). The HTA organizations produce reports that either build on existing systematic reviews or primary studies. Most HTA reports consider the economic aspects of an intervention e.g. cost effectiveness, and often have local applicability appraisal elements discussing organizational, ethical and consumer perspectives.

The HTA community faces several challenges such as standardisation of the reports, a lack of emphasis on policy interventions, a lack of emphasis on equity perspectives, avoiding duplication of work, a lack of a common methodology and a general lack of LMIC focused reports. HTAi and INAHTA deal with these challenges and work to improve and promote their reports.

Dr. Røttingen would like to see the various international initiatives that synthesise policy interventions consider forming a network of knowledge brokering agencies/units/organizations or, alternatively, that they link to an already existing body.

Prof. Ashok Patwari (Indian Clinical Epidemiology Network (INCLEN), India)

INCLEN has resources for capacity building and can provide leadership training. They can facilitate the identification of priority areas at local or country level, a valuable starting point for commissioning systematic reviews. The organisation can locate human resources among its members and has resources, e.g. space and computers available for them. INCLEN can quickly allocate funds due to existing financial systems and can support partners in different countries. They can facilitate the process of seeking for funds. INCLEN has the resources of a clinical epidemiology unit infrastructure in place. The organization with its network of members can disseminate information about the importance of generating evidence by conducting systematic reviews for guiding policy.

INCLEN cannot offer financial support, but describes it self as a professional funding seeker.

Dr. Rodrigo Salinas (Ministry of Health, Chile)

Chile cooperates internationally, has close relations with its neighbour countries, and can therefore easily respond to their needs. Through the Advisory Committee for Health Research of the Pan American Health Organization (PAHO), Dr. Salinas can support PAHO members to translate research into policy.

Dr. Simon Lewin (London School of Hygiene & Tropical Medicine, UK and Medical Research Council, South Africa)

The London School has a large number of researchers in health services and other fields, some already involved with the Cochrane Collaboration and others who might be interested in EPOC reviews. There are also a large number of MSc and PhD students, many from LMIC, who are probably not aware of EPOC's work but might be interested in it. The School has offered to host a meeting focusing on the Cochrane Collaboration and the work of EPOC. Several researchers have expressed an interest in methodological questions related to reviews of complex interventions and it may be useful to combine the meeting with some discussion of these issues. The school can offer postgraduate courses, but is unable to fund reviews.

Dr. Lewin also noted that the South African Cochrane Centre, based at the Medical Research Council of South Africa, offers training and support to African authors and has the institutional setting to support those undertaking reviews. There may be funding available, for example, for authors to spend time at the Centre.

Dr. Maimunah A. Hamid (EVIPNet Asia and the Institute for Health Systems Research, Ministry of Health, Malaysia)

EVIPNet Asia can offer a test field, both for the implementation and evaluation of the initiatives toward enhancing evidence-based decision-making. EVIPnet needs financial and technical support to build capacity. The institute can offer some technical and administrative support for activities, including organising regional meetings/workshops.

Dr. Xavier Bosch-Capblanch (Liverpool School of Tropical Medicine)

The school offers postgraduate courses in health management. Dr Bosch-Capblanch called attention to the need for support in LMIC to increase the knowledge and use of evidence based medicine and systematic reviews.

Prof. Nelson Sewankambo (Makerere University Medical School, Uganda)

The Regional East African Community Health (REACH) Policy Initiative will only take on tasks that are relevant to the three involved East African countries, Kenya, Tanzania and Uganda. The initiative will commission reviews, will build on research institutions in the region, will work towards developing credibility in the region, will support capacity building in the three countries and will take advantage of existing systematic reviews.

REACH will not undertake research, will not set any policy for the involved countries and will not build expertise within the initiative. Although Uganda will be able to offer some funding, REACH is still in need of funds.

Dr. Sara Bennett (The Alliance for Health Policy and Systems Research)

One of the core objectives of the Alliance is to support evidence-informed decision making around health policy and health systems in LMICs. The Alliance for Health Policy and Systems Research has three thematic areas that it will be focusing on: human resources for health, health financing and the role of the non-state sector. At the moment the Alliance has funds for investment, approximately 3 million dollars per year, and is committed to ensuring that most of these funds go to projects in LMIC.

The Alliance could complement the role of other partners through advocacy with actors in order to raise the profile of systematic reviews of health policy and systems research and the use of evidence in policy making. The Alliance also has a mandate to promote networking between partners working in this area. The Alliance is trying to build intelligence about what different funders are interested in supporting and can help inform participants at the workshop about what they learn in this respect.

The Alliance is currently building up its secretariat, but it does not intend to build capacity in specific technical areas e.g. conducting reviews. The organisation would like consultant services and internship from others and would like to discuss how this can be done.

Despite the risk of fragmentation, Dr. Bennett was not in favour of establishing a new formal organisation of the different initiatives at this stage. There is a need for careful thought on how to find the best structure and how to coordinate and link the various initiatives together.

Dr. Shanglan Tang (WHO China Office, Beijing, P.R. China)

The WHO office in China will be able to facilitate collaboration with Chinese institutes and others. With the WHO and Department for International Development (DFID)/UK support, the China office has a budget to support the development of systematic reviews, but cannot do reviews themselves. The office will therefore need technical assistance from other centres and would like to learn from other initiatives like REACH and EVIP-Net.

Dr. Ulysses Panisset (WHO, Geneva)

WHO is open to support EVIPNet initiatives in other countries and will stimulate capacity at local levels for translating evidence into policy. Funding should be strengthened in this area. There is a need to review the methods that can be used by countries to improve adaptation of evidence at local, country, and regional level. There is a need for capacity building for conducting reviews and to monitor and evaluate what already is going on. The ethics related to research evidence should be improved.

The WHO is promoting a global ministerial forum in Mali in 2008, an opportunity to provide the ministers with information on the importance of using an evidence-based medicine approach.

Dr. Francisco Becerra Posada (National Institute of Health, Mexico)

The change of government in Mexico this year will provide a new minister of health from the 1st of December 2006. One of the issues to be discussed in Mexico is how much of the total funding for health policy research should be spent on health systems research. There is a need to ensure that systematic reviews are incorporated as part of research funding so that this activity can be better secured and incorporated as a research activity.

The Ministry needs to build capacity for conducting systematic reviews on health systems. There is a need for best practices when governments commission reviews with tight delivery deadlines. This challenge must somehow be met and guidelines on how this should be done might be needed. The institute will ensure that reviews get incorporated in policy decisions.

DISCUSSION

The issues raised by many of the representatives can be summed up in five main areas:

- Networking, cooperation and avoiding unnecessary duplication
- Methods for systematic reviews of health systems research
- Linking systematic reviews to health systems research
- Funding and communication with funders
- Capacity building and how to move forward

The discussion that followed focused on networking, methods and language, linking systematic reviews to health systems research, and on how to move forward.

Networking

The question whether the initiatives should form a formal partnership was discussed. The Alliance was in favour of letting the initiatives at this stage move forward without having to establish a new organisation. Dr. Bennett pointed out that in fact there is already a network made up of participants around the table.

To facilitate the network building it was suggested that the Alliance could act as a clearinghouse. It could either link to or present the various initiatives and ongoing work, as well as pooling together the different methods used, on their web site. Other relevant organisations than those represented at this meeting should be located. Other organisations that support policy makers and do work related to health systems research must be taken into account. Such a clearinghouse would help avoid duplication of work. Dr. Bennett welcomed the idea and would follow up on it.

Inspired by Friday's presentation of examples of EPOC reviews, it was suggested to create a forum where young researchers could be given the opportunity to present systematic reviews of health systems research.

To meet the needs for ongoing communication between the various initiatives and participants, a list server should be set up. The Alliance agreed to do so.

It was noted that some organisations are playing a knowledge brokering role e.g. EVIPNet and REACH. It is hard to identify the knowledge brokering institutions as these are generally diffuse. The formation of a network may be a little premature but there is need for ongoing communication and to address this point, perhaps in one year's time.

There is a need to map the work already done in different regions to avoid duplication. EVIPNet does so through one to one communication and through its newsletter. It was suggested that the Cochrane Collaboration information channels might be used for this purpose and Dr. Bennett offered to follow up on this.

Methods

Methodological issues related to reviews of health systems research must be addressed. There is currently a variety of methods in use. Some use qualitative methods, some do not. Methodological practice varies between, for example, the Cochrane Collaboration, HTA organisations, the Campbell Collaboration, the European Observatory on Health Systems and Policies, and the Guidelines International Network (G-I-N).

However, it is important to note that different questions require different methods and therefore it becomes crucial to define the kind of questions we are asking. Appropriate methods to synthesise health systems research must be discussed. It was suggested that the proposals to the Alliance should include studies that will focus on methodological questions.

Different methods for mapping the application of studies to different settings are under development and will soon be ready for testing. These however are developed in high-income countries.

Another challenge that needs to be addressed is the use of languages apart from English in LMIC. The Alliance call for proposals will request that centres can work in other languages than English, but will be committed to translate summaries. It was suggested to contact the Cochrane Collaboration to find out how they have dealt with this challenge. REACH will look into how to solve the need for translations and try to find a way to link those that need translation with translators. The Institute of Clinical effectiveness and Health Policy, Buenos Aires, in Argentina could also be of help as they have developed software for rapid translation.

Linking systematic reviews to health systems research

Linking systematic reviews to health systems research might be a challenge knowing that, for example some African countries are lacking a health system and are unfamiliar with the concept of evidence informed health policy and systematic reviews. Furthermore, there is a need to get health systems researchers and policy makers to work together. In order to learn from past experiences, we should try to locate successes and failures, and find systems that have linked reviews with health systems research and accomplished this well.

It may be necessary to develop and share key messages relevant for policy makers and find channels to disseminate this information. This will ensure a uniform message is shared.

Funding

Donors have different funding channels, for example bilateral cooperation, through the Alliance, sector wide approaches, etc. Countries need to state what they need funding for. Some organisations for example the Wellcome Trust and Fogarty are willing to rely on country priorities.

As part of mid and long-term commitments, funders have discussed knowledge translation but not systematic reviews. There is a need to discuss this. Other important building blocks, such as the need to improve the quality of research, must be addressed. Dialogue with funders is possible, for example how to translate research to policy and to influence poverty.

There is an opportunity to use the International Dialogue on Evidence-informed Action to achieve health goals (IDEAHealth) meeting in December 2006 to communicate concerns, such as priority setting. This could also be a place to raise what is going on in systematic reviews. The Alliance's biannual reports with its section on strengthening capacity of institutions could be utilised as well.

There is need for a lay guide to knowledge translation. There is already a lay guide for HTA that could be used for health systems research.

Future meetings

Advantage should be taken of the several future meetings that have been suggested or scheduled. Further reflection is needed on the functions of such meetings.

Suggested meetings were:

- A follow up meeting next year.
- A follow up meeting in 2008 before the Mexico summit with more researchers from LMIC and including policy makers.
- The Cochrane Colloquium in Brazil 21-25 October 2007 will focus on consumers, including policy makers and providers. This could be an opportunity for coordination and capacity building. Resources from SUPPORT might help to set up such a meeting in conjunction with the Colloquium.
- SUPPORT meetings also offer opportunity for training.
- A meeting in June 2007 has been organised for francophone countries within EVIP-Net and some African countries
- In March 2007 EVIPNet will run a course on evidence-based medicine and could include policy makers.
- Country specific workshops and meetings might be set up as 'moving circuses' to promote evidence informed health policy. In order to change culture we will need a variety of actions. It may be possible, for example, to use web casts and to take advantage of technology in other ways to increase access.

Acknowledgements

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Appendix I

CONTACT INFORMATION

Seminar Speakers and stakeholder representatives		
Dr. Sara Bennett	The Alliance for Health Policy and Systems Research, Switzerland http://www.alliance-hpsr.org/	BennettS@who.int
Dr. Xavier Bosch-Capblanch	Liverpool School of Tropical Medicine http://www.liv.ac.uk/lstm/	xbc@liverpool.ac.uk
Astrid Dahlgren	Norwegian Knowledge Centre for the Health Services, Norway http://www.kunnskapscenteret.no	Astrid-Austvoll-Dahlgren@nokc.no
Dr. Paul Fife	Norwegian Agency for Development Cooperation, Norway http://www.norad.no	Paul.Fife@norad.no
Dr. Signe Flottorp	Norwegian Knowledge Centre for the Health Services, Norway http://www.kunnskapscenteret.no	signe.flottorp@nokc.no
Dr. Atle Fretheim	Norwegian Knowledge Centre for the Health Services, Norway http://www.kunnskapscenteret.no http://www.med.uio.no/forskning/tematisk/globinf/	atle.fretheim@nokc.no
Prof. Paul Garner	Liverpool School of Tropical Medicine, UK http://www.liv.ac.uk/lstm/ http://www.mrc.ac.za/cochrane/rap.htm	pgarner@liverpool.ac.uk
Prof. Jeremy Grimshaw	University of Ottawa, Canada http://www.uottawa.ca/ http://www.epoc.uottawa.ca/	jgrimshaw@ohri.ca
Dr. Maimunah A. Hamid	Institute for Health Systems Research, Ministry of Health, Malaysia http://www.nih.gov.my/ http://www.who.int/rpc/evipnet/asia/en/index.html	maimunah.ah@ihsr.gov.my
Dr. Bjørn-Inge Larsen	Norwegian Directorate for Health and Social Affairs http://www.shdir.no	Bjorn-Inge.Larsen@shdir.no

Prof. John Lavis	McMaster University, Canada http://www.mcmaster.ca/	lavisj@mcmaster.ca
Drs. Simon Lewin	London School of Hygiene & Tropical Medicine, UK http://www.lshtm.ac.uk/	Simon.Lewin@lshtm.ac.uk
Prof. Ben Marais	University of Stellenbosch, South Africa http://www.sun.ac.za/	bjmarais@sun.ac.za
Dr. Sandy Oliver	University of London, UK http://www.london.ac.uk/ http://epi.ioe.ac.uk/cms/	S.Oliver@ioe.ac.uk
Dr. Andy Oxman	Norwegian Knowledge Centre for the Health Services, Norway http://www.kunnskapsenteret.no	Andy.oxman@nokc.no
Drs. Natasha Palmer and Mylene Lagarde	London School of Hygiene & Tropical Medicine, UK http://www.lshtm.ac.uk/	Natasha.Palmer@lshtm.ac.uk Mylene.Lagarde@lshtm.ac.uk
Dr. Tikki Pang	WHO, Switzerland http://www.who.int/ http://www.who.int/rpc/evipnet/en/	pangt@who.int
Prof. Ashok Patwari	Indian Clinical Epidemiology Network (INCLEN), India http://www.indiaclen.org/ http://www.ipen.org.in/	akpatwari@dca.net
Viveka Person	Sida, the Swedish development cooperation agency http://www.sida.se/	viveka.persson@sida.se
Pär Svensson	Sida, the Swedish development cooperation agency http://www.sida.se/	par.svensson@sida.se
Dr. Francisco Becerra Posada	National Institute of Health, Mexico http://www.insp.mx/	fcobecerra@gmail.com
Dr. Jon Arne Røttingen	Norwegian Knowledge Centre for the Health Services, Norway http://www.kunnskapsenteret.no	john-arne.rottingen@nokc.no
Dr. Rodrigo Salinas	Ministry of Health, Chile http://www.minsal.cl/	rsalinas@minsal.gov.cl
Prof. Nelson Sewankambo	Makerere University Medical School, Uganda http://www.makerere.ac.ug/medicine/ http://www.idrc.ca/en/ev-101084-201-1-DO_TOPIC.html	sewankam@infocom.co.ug
Prof. Meenu Singh	Post Graduate Institute of Medical Education and Research, India http://pgimer.nic.in/	meenusingh4@rediffmail.com
Erik Solheim	Minister of International Development, Norway http://www.dep.no/ud/	
Dr. Francisco F. Songane	The Partnership for Maternal, Newborn and Child Health (PMNCH), former MoH, Mozambique http://www.who.int/pmnch/en/	SonganeF@who.int
Dr. Shanglan Tang	WHO China Office, Beijing, P.R. China http://www.wpro.who.int/china	Tangs@chn.wpro.who.int
Prof. Peter Tugwell	University of Ottawa, Canada http://www.uottawa.ca/	ptugwell@uottawa.ca

Appendix II

SEMINAR PROGRAM

08:00 Welcome and introductions

Chair: Dr. Signe Flottorp (Norwegian Knowledge Centre for the Health Services, Norway)

- Erik Solheim, Minister of International Development, Norway
- Dr. Atle Fretheim (Norwegian Knowledge Centre, Norway):
The Centre for Prevention of Global Infections (GLOBINF)
- Dr. Bjørn-Inge Larsen (Norwegian Directorate for Health and Social Affairs): The Norwegian Directorate for Health and Social Affairs
- Prof. Jeremy Grimshaw (University of Ottawa, Canada):
The Cochrane Effective Practice and Organisation of Care Review Group
- Dr. Andy Oxman (Norwegian Knowledge Centre for the Health Services, Norway):
The Oslo EPOC satellite

Discussion + break

09:30 Initiatives that aim to meet the needs of decision makers in low and middle-income countries (1)

Chair: Prof. John Lavis (McMaster University, Canada)

- Dr. Tikki Pang (WHO, Switzerland):
The Evidence Informed Policy Network (EVIPNet)
- Dr. Maimunah A. Hamid (Institute for Health Systems Research, Ministry of Health, Malaysia): EVIPNet Asia
- Prof. Nelson Sewankambo (Makerere University Medical School, Uganda):
The Regional East African Community Health (REACH) Policy Initiative
- Prof. Paul Garner (Liverpool School of Tropical Medicine, UK):
Getting Research into Practice Program (GRIPP) and Reviews for Africa Programme (RAP)
- Prof. Ashok Patwari (Indian Clinical Epidemiology Network (INCLEN), India):
INCLEN Program Evaluation Network (IPEN)

Discussion + break

11:00 Initiatives that aim to meet the needs of decision makers in low and middle-income countries (2)

Chair: Prof. John Lavis (McMaster University, Canada)

- Prof. Meenu Singh (Post Graduate Institute of Medical Education and Research, India):
The South Asian Cochrane Network
- Dr. Sara Bennett (The Alliance for Health Policy and Systems Research, Switzerland):
The Alliance for Health Policy and Systems Research (AHPSR)
- Dr. Sandy Oliver (University of London, UK)
Evidence for Policy and Practice Information and Co-ordinating (EPPI) Centre
- Dr. Shanglan Tang (WHO China Office, Beijing, P.R. China)
The Health Policy Support Project (HPSP)
- Dr. Francisco Becerra Posada (National Institute of Health, Mexico)
Coordination & Academic Dissemination

Discussion

13:00 Examples of EPOC reviews

Chair: Dr. Sara Bennett (The Alliance for Health Policy and Systems Research, Switzerland)

- Drs. Simon Lewin and Susan Munabi-Babigumira (London School of Hygiene & Tropical Medicine, UK and Norwegian Knowledge Centre for the Health Services, Norway):
Lay health workers
- Prof. Ben Marais (University of Stellenbosch, South Africa):
Recruiting and maintaining health workers in rural areas
- Drs. Natasha Palmer and Mylene Lagarde (London School of Hygiene & Tropical Medicine, UK):
Financial mechanisms for improving access to health care
- Astrid Dahlgren (Norwegian Knowledge Centre for the Health Services, Norway):
Pharmaceutical policies

Discussion + break

14:30 The need for systematic reviews of health system interventions and policies Panel discussion

Chair: Dr. Francisco F. Songane, Director, Partnership for Maternal Newborn and Child Health (PMNCH), former MoH, Mozambique

- Dr. Maimunah A. Hamid (Institute for Health Systems Research, Ministry of Health, Malaysia): EVIPNet Asia
- Dr. Rodrigo Salinas (Ministry of Health, Chile)
- Prof Nelson Sewankambo (Makerere University Medical School, Uganda)
- Prof. Meenu Singh (Post Graduate Institute of Medical Education and Research, India)
- Dr. Shanglan Tang (WHO China Office, Beijing, P.R. China)

Break

16:00 Priorities, funding, capacity & coordination for systematic reviews of health system interventions and policies + advice to EPOC

Panel discussion

Chair: Prof. Peter Tugwell (University of Ottawa, Canada)

- Dr. Sara Bennett (The Alliance for Health Policy and Systems Research, Switzerland)
- Prof. Paul Garner (Liverpool School of Tropical Medicine, UK)
- Dr. Tikki Pang (WHO, Switzerland)
- Dr. Shenglan Tang (WHO China Office, Beijing, P.R. China)
- Dr. Paul Fife (Norwegian Agency for Development Cooperation, Norway)