



Global Priority setting for Cochrane [C1] and Campbell [C2]

SRs

Peter Tugwell

- **Congrats !**
- **Am a neophyte to this area**
- **Reminds me of HTA when I started in Clinical Epidemiology in 1975!**
- **Movement in Cochrane and Campbell from expert based to needs based !**
- **Mona to be congratulated on this mtg to brainstorm the values as well as the ideas around methods to address not only the 'K' in KAS Knowledge .Attitudes and Skills .**
- **This C1 [and C2] Priorities Group urgently needed**



This C1 C2 Priorities Group urgently needed .

My focus:

- 1] C1 Musculoskeletal
- 2] C 2 International Development
- 3] C1 and C2 Equity

C1 Musculoskeletal

- Stakeholder interviews , focus groups and workshops on OA priorities
 - Cochrane Musculoskeletal Patients –Australia, Canada , Malaysia, Netherlands, Singapore, South Africa,Thailand, UK, US,
 - OMERACT Patient Partners
 - Clinicians –primary care , specialists
 - Systematic Reviewers
 - Funders
 - Policymakers
 - Press

OSTEOARTHRITIS

A.Pharmacologic

Intraarticular corticosteroid for treatment of osteoarthritis of the knee

Viscosupplementation for the treatment of osteoarthritis of the knee

B.Complementary

Glucosamine therapy for treating osteoarthritis

Weight loss for overweight patients with knee or hip osteoarthritis

C. Education/Self management

Preoperative education for hip or knee replacement

Self-management education programmes for osteoarthritis

D. Exercise

Aquatic exercise for the treatment of knee and hip osteoarthritis

Exercise for osteoarthritis of the hip

Exercise for osteoarthritis of the knee

High-intensity versus low-intensity physical activity or exercise in patients with hip or knee osteoarthritis

Physical therapies for osteoarthritis: Overview of Cochrane Reviews

Supervised versus non-supervised exercise therapy for chronic osteoarthritis of the hip or knee

E. Surgical

Total joint replacement surgery for hip osteoarthritis and other non-traumatic diseases: a network meta-analysis and Cochrane overview

C1 Musculoskeletal

Aim :20 Counties X 20 of each Stakeholder Network for outcomes and priorities.

Planned Equity Representation –
Generation, Gender, Geography Literacy, SES



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- 3]C1 and C2 Equity

Systematic reviews 'GAP MAP' on maternal mortality

- Millennium Development Goal 5 aims to “Improve Maternal Health”, a three-quarters reduction in the maternal mortality ratio. So far, progress has been limited, and the UN (2011) estimates that maternal mortality only fell by 34 percent from 1990-2008.
- What are we doing wrong?
- A gapmap shows evidence gaps and provide users with an easy overview and links to existing systematic reviews
- A range of health outcomes from health service utilisation and care, to mortality outcomes.
- 22 systematic reviews found examining “what works”,
- Some interventions can positively affect maternal health. For example, community-interventions suggests improvements in outcomes like breast-feeding and infant mortality (Lassi & Bhutta, 2010).
- However, results can be interpreted as mixed or inconclusive because of the low quality of evidence in included studies [do we include info on quality/results in the map?].
- There are also a lot of gaps in our knowledge of what works to reduce maternal deaths. This is indicated both by the blank boxes in the map, as well as the inconclusive findings on mortality for most interventions where we do have reviews. There is an urgent need for better primary evidence on interventions related to safe abortions and evaluations measuring quality of care.

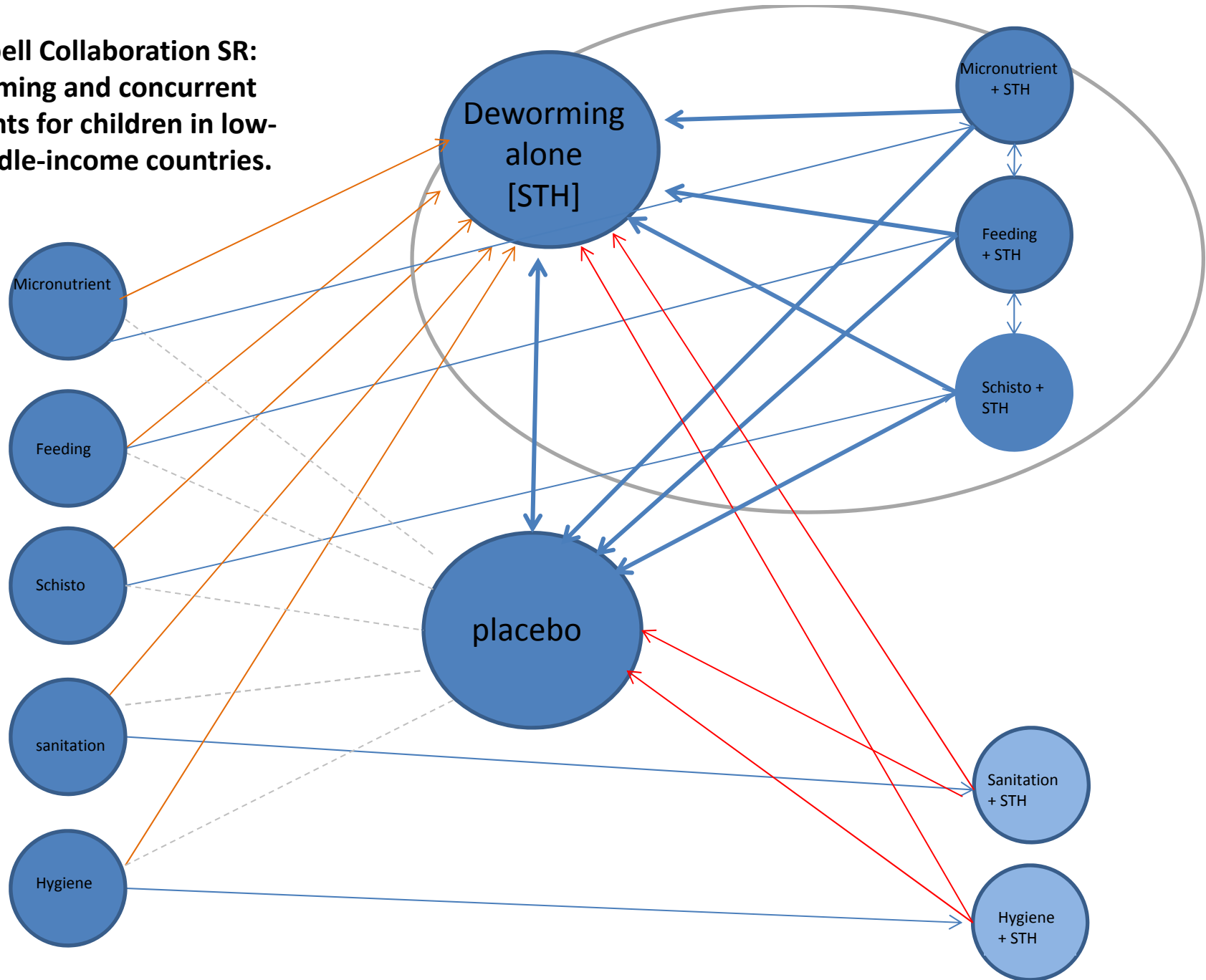
What kinds of policy and programme interventions contribute to reductions in maternal mortality? Hussein et al_2011												
	Health Service Utilisation and care				Knowledge and Behaviour				Morbidity and Mortality			
	Access/affordability/availability	Quality care/ Patient Satisfaction	Knowledge Attitude and Practice of Contraceptives and unplanned pregnancy	Safe Abortion	Care seeking behaviour	Institutional Deliveries/ referrals	Breast feeding behaviour	Maternal Mortality	Maternal Morbidity	Infant/child Mortality and Morbidity	Costs	
S u p p l y S i d e I n t e r v e n t i o n s	Community based interventions							Community-based Intervention Packages, Lassi et al. 2010	Community-based Intervention Packages, Lassi et al. 2010			
								Community-level Interventions, Sidney et al. 2009				
								Community-Based Interventions for Perinatal and Neonatal Health, Bhutta et al. 2005	Community-Based Interventions for Perinatal and Neonatal Health, Bhutta et al. 2005		Community-Based Interventions for Perinatal and Neonatal Health, Bhutta et al. 2005	
								Integrated Primary Health Care Strategies, Bhutta et al. 2008	Integrated Primary Health Care Strategies, Bhutta et al. 2008	Integrated Primary Health Care Strategies, Bhutta et al. 2008		
	Integrated primary health care for MNCH	Primary level referral systems for emergency maternity care, Hussein et al. 2011				Primary level referral systems for emergency maternity care, Hussein et al. 2011			Primary level referral systems for emergency maternity care, Hussein et al. 2011	Primary level referral systems for emergency maternity care, Hussein et al. 2011		
								Review of packages, Nyamtema et al. 2011			Packaged Interventions for Neonatal Health, Howes et al. 2007	Packaged Interventions for Neonatal Health, Howes et al. 2007
								What interventions have been evaluated, Burchett and Mayhew 2008				
								Contribution of Primary Care, Kruk et al. 2010			Contribution of Primary Care, Kruk et al. 2010	
	Health workforce	Human Resources for Improved Maternal Health Outcomes, Bhutta et al. 2010	Human Resources for improved Maternal Health Outcomes, Bhutta et al. 2010			Human Resources for Improved Maternal Health Outcomes, Bhutta et al. 2010	Human Resources for improved Maternal Health Outcomes, Bhutta et al. 2010	Human Resources for Improved Maternal Health Outcomes, Bhutta et al. 2010	Human Resources for Improved Maternal Health Outcomes, Bhutta et al. 2010	Human Resources for Improved Maternal Health Outcomes, Bhutta et al. 2010	Human Resources for Improved Maternal Health Outcomes, Bhutta et al. 2010	
					Lay Health Workers, Lewin et al. 2010		Lay Health Workers, Lewin et al. 2010					
Training midwives or health workers									Traditional Birth Attendants Training, Libby et al. 2007			
Infrastructure								Maternity Waiting Facilities, Lohmujzen et al. 2009	Maternity Waiting Facilities, Lohmujzen et al. 2009		Maternity Waiting Facilities, Lohmujzen et al. 2009	
								Birth kits, Hundle et al. 2011		Birth kits, Hundle et al. 2011	Birth kits, Hundle et al. 2011	
Aid assistance			Impact of aid on maternal health, Hayman et al. 2011					Impact of aid on maternal health, Hayman et al. 2011	Impact of aid on maternal health, Hayman et al. 2011			
D e m a n d	Health financing (Insurance/loans/User fees)	Demand side financing (DSF) measures to improve maternal health service utilization										
		Conditional cash transfers and health, Gaarder et al. 2011	Conditional cash transfers and health, Gaarder et al. 2011			Conditional cash transfers and health, Gaarder et al. 2011	Conditional cash transfers and health, Gaarder et al. 2011	Conditional cash transfers and health, Gaarder et al. 2011				
	Conditional Cash transfers	Vouchers for Reproductive Health Services, Bellows et al. 2010	Vouchers for Reproductive Health Services, Bellows et al. 2010									
					Maternal and Child Undernutrition and Survival, Bhutta et al. 2008	Maternal and Child Undernutrition and Survival, Bhutta et al. 2008	Maternal and Child Undernutrition and Survival, Bhutta et al. 2008	Maternal and Child Undernutrition and Survival, Bhutta et al. 2008	Maternal and Child Undernutrition and Survival, Bhutta et al. 2008	Maternal and Child Undernutrition and Survival, Bhutta et al. 2008	Maternal and Child Undernutrition and Survival, Bhutta et al. 2008	Maternal and Child Undernutrition and Survival, Bhutta et al. 2008
				Education for Contraceptive Use, Lopez et al. 2010								
E f f i c i e n c y	Education and counselling on Nutrition, health, hygiene and Family planning							Nutrition support programs impact, Middleton et al.	Nutrition support programs impact, Middleton et al.			
			Preventing Unintended Pregnancies, Demaree et al. 2009	Preventing Unintended Pregnancies, Demaree et al. 2009								
			Post-abortion & family planning, Trivette et al. 2011	Post-abortion & family planning, Trivette et al. 2011			Post-abortion & family planning, Trivette et al. 2011	Post-abortion & family planning, Trivette et al. 2011	Post-abortion & family planning, Trivette et al. 2011			

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1. Gap Maps

2. Deworming

**Campbell Collaboration SR:
Deworming and concurrent
treatments for children in low-
and middle-income countries.**



Note – DOTTED LINES you can see how including the single treatment vs. placebo may close some loops and therefore, add value to the network.



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- 3]C1 and C2 Equity**

Equity Evidence Aid

- Does it work in the poor?
- Does it work in the disadvantaged?



uOttawa



Inspired by Tsunami Evidence Aid!

Equity Evidence Aid

- ‘special collections’ that highlight which interventions
 - Work
 - Don’t work
 - Which despite good intentions can cause harm
 - Which need more research
- **Target Users: 6 Ps**



'Equity Evidence Aid'

OBJECTIVES

Educate all policymakers, practitioners and patients to refuse to accept mean results ALONE and insist on asking ***“does this intervention work in the most disadvantaged?”***

Special Collection by theme of Campbell and Cochrane SRs with FFEs useful to agencies making decisions about interventions to help the disadvantaged



Equity Evidence Aid topics

1. Childhood Nutrition including:

- Breastfeeding support
- Complementary feeding
- Conditional cash transfer
- Deworming
- School feeding
- Vitamin A supplementation
- Zinc supplementation

2. HIV

3. Malaria

4. Maternal, Child, Neonatal Health

Equity Evidence Aid Summaries Nutrition Series – Infant and Child Health

✓ Means that there is sufficient evidence for the outcome and that there is at least a 10% difference (reduction or improvement) between the intervention and the control groups.

	Cause of under-5 death						
	Diarrhea	Pneumonia	Measles	Malaria	Stunting	Weight	Education
Preventive Interventions							
Breastfeeding	✓	✓					
Complementary Feeding	✓	✓	✓	✓			
Zinc	✓	✓					
Vitamin A	✓						
School feeding						✓	?
Conditional cash transfer						✓	✓
Treatment Interventions							
Zinc	✓						
Vitamin A			✓				
Deworming							✓

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Thanks!

- Hope we can go over Mona's Framework slide by slide!