



# Cochrane and WHO – an expanding partnership

*Cochrane – WHO Strategic Partnership Meeting*

Lisa Bero, co-Chair Cochrane Board

3 April 2017

Trusted evidence.  
Informed decisions.  
Better health.



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## Cochrane in 2017

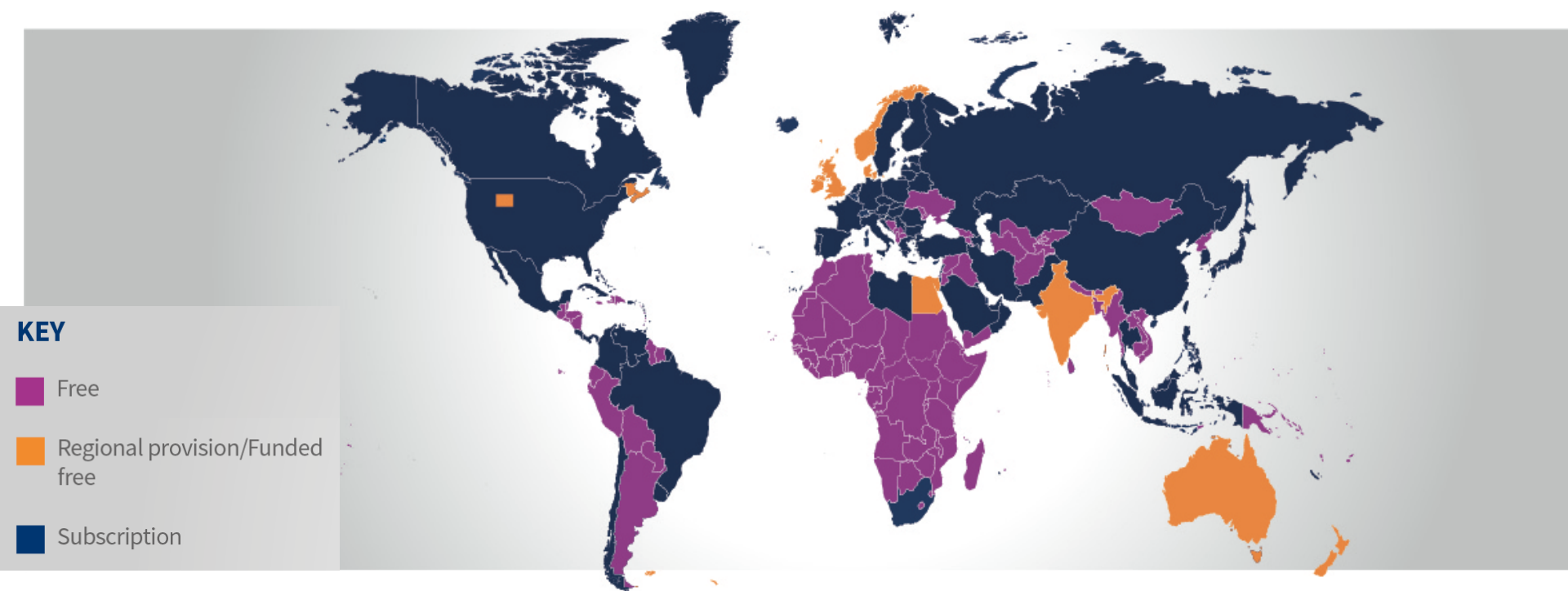
- Cochrane Database of Systematic Reviews in the Cochrane Library includes >7000 systematic reviews
- Considered a top medical journal (impact factor > 6)
- Today there are nearly 38,000 contributors in over 130 countries worldwide
- More than 31,000 registered review authors; over 6,000 active in last six months
- Nearly 1 million trials are registered in database of controlled trials CENTRAL



## **Cochrane Groups span the globe**

- 
- **14 Cochrane Centres & 34 Associate Centres & Affiliates**
  - **52 subject-based Review Groups**
  - **16 Methods Groups**
  - **10 thematic Fields & Networks**
  - **Central Executive Team working in 13 countries**

## Cochrane in 2017 - Open Access



- 3.66 billion people have free access in 148 countries
- Protocols free to view upon publication
- Cochrane Reviews deposited in PubMedCentral and available to users 12 months after publication in the *Cochrane Database of Systematic Reviews (CDSR)*

# Cochrane in 2017 - Linked Data

- Enrich our content and data with metadata using controlled vocabularies (SNOMED CT, etc.)
- Construct knowledge models and structures (ontologies) that will allow re-use of this metadata (annotations) for both downstream (dissemination) and upstream (production) use
- Become more interoperable with other projects, products, datasets, and systems
- Improve production (“smarter data”) and dissemination of evidence (“unlocking the evidence”)
- <http://linkeddata.cochrane.org>



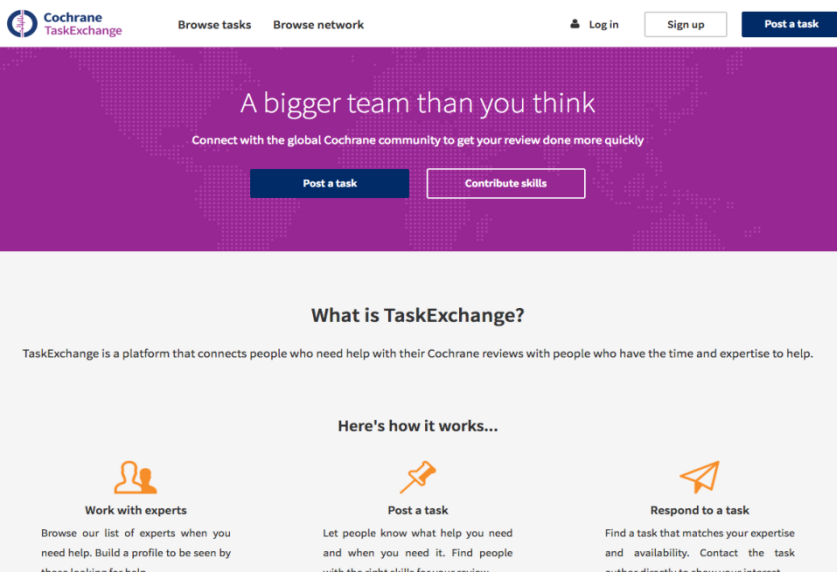
Trusted evidence.  
Informed decisions.  
Better health.

[Cochrane Library](#) | [Cochrane.org](#) | [Admin](#)

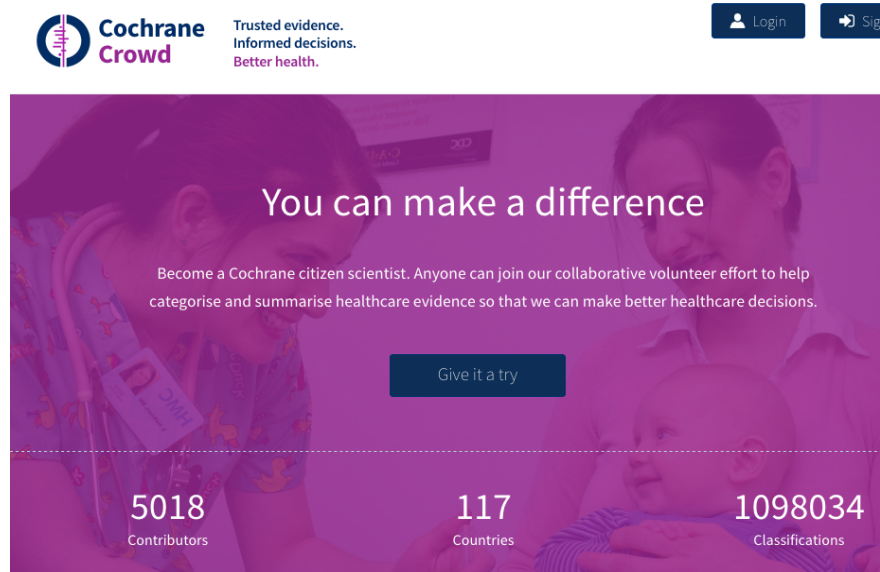
[Home](#)[PICOfinder](#)[PICO ontology](#)[Vocabularies](#)[New Opportunities](#)[About](#)

# Cochrane in 2017 – demand driven and inclusive

- Crowd sourcing platforms:
  - Cochrane Crowd
  - Task Exchange
- Continued investment in translations
  - September 2016: 64% of all visits to cochrane.org came from non - English language browsers (up from 2% in 2012)
- Knowledge translation strategy – emphasises prioritisation and engagement with external stakeholders
- Board reform – now with external members



The screenshot shows the Cochrane TaskExchange homepage. At the top, there's a navigation bar with the Cochrane TaskExchange logo, links to 'Browse tasks' and 'Browse network', and buttons for 'Log in', 'Sign up', and 'Post a task'. The main header features the text 'A bigger team than you think' and 'Connect with the global Cochrane community to get your review done more quickly', with buttons for 'Post a task' and 'Contribute skills'. Below this, a section titled 'What is TaskExchange?' explains that it's a platform connecting people who need help with their Cochrane reviews to those who have the time and expertise to help. A section titled 'Here's how it works...' follows, with three columns: 'Work with experts' (Browse our list of experts when you need help...), 'Post a task' (Let people know what help you need and when you need it...), and 'Respond to a task' (Find a task that matches your expertise and availability...).



The screenshot shows the Cochrane Crowd homepage. At the top, there's a navigation bar with the Cochrane Crowd logo, the tagline 'Trusted evidence. Informed decisions. Better health.', and buttons for 'Log in' and 'Sign up'. The main header features the text 'You can make a difference' and 'Become a Cochrane citizen scientist. Anyone can join our collaborative volunteer effort to help categorise and summarise healthcare evidence so that we can make better healthcare decisions.', with a button for 'Give it a try'. Below this, three statistics are displayed: '5018 Contributors', '117 Countries', and '1098034 Classifications'.



## **Global Evidence Summit**

Using evidence. Improving lives.



**13 - 16 Sept 2017, Cape Town, South Africa**  
**[globalevidencesummit.org](http://globalevidencesummit.org)**

## **WHO involvement:**

- Alliance for Health Policy and Systems Research: sponsoring GES and LMIC participants
- TDR: sponsoring LMIC participants
- Various sessions proposed by the Alliance, TDR, GRC, HRP, others



# Overview of collaboration with WHO



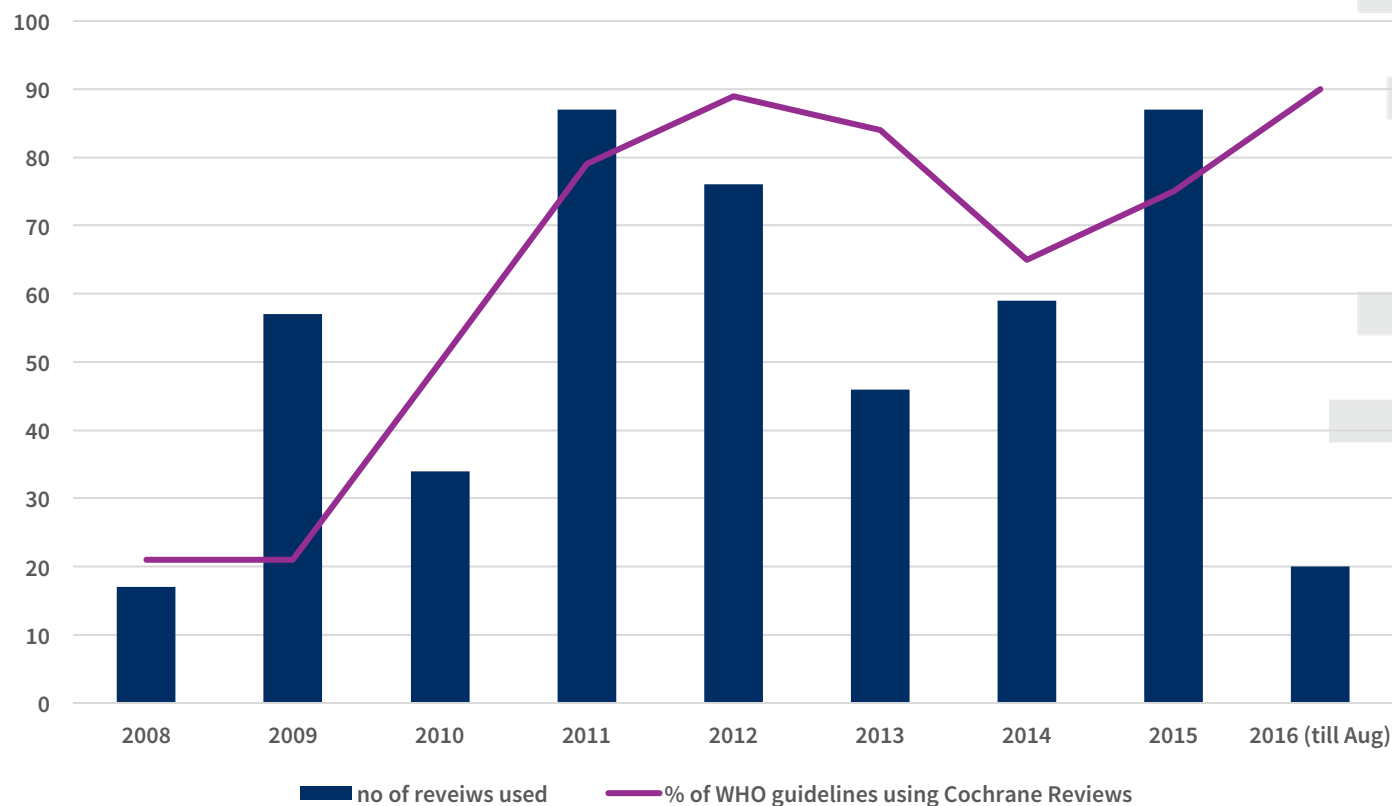
# Background

- In official relations with WHO since 2011
- Current plan of work from 2016 – 2018, with following key areas:
  - Reproductive Health Library
  - e-Library of Evidence for Nutrition Actions (eLENA)
  - Support of guideline development
  - Provision of training to WHO staff and guideline groups
  - International Clinical Trials Registry Platform
  - Essential Medicines List
  - Global Evidence Synthesis Initiative
  - Health Technology Assessment
  - Work with regional offices, in particular PAHO



# Key results of the collaboration -

## *Use of Cochrane reviews in WHO guidelines*



## Examples of priority reviews (2016) in response to demand

Cochrane Group	Review Title	Published	Notes
Developmental, Psychosocial & Learning Problems	Vitamin A supplementation for preventing morbidity and mortality in children from 6 months to 5 years of age		WHO Vitamine A guideline
Metabolic & Endocrine Disorders	Intermediate hyperglycaemia as a predictor for the development of type 2 diabetes: prognostic factor exemplar review		WHO guidelines
Movement Disorders	Dopamine agonist therapy in early Parkinson's disease		WHO EML topic
Skin	Interventions for Old World cutaneous leishmaniasis		Office of Control of Neglected Tropical Diseases (WHO/CDS/NTD/IDM), Communicable Disease Cluster
Upper Gastrointestinal & Pancreatic Diseases	Chemotherapy for advanced gastric cancer		Incorporates topic from WHO EML
Neonatal	Kangaroo mother care to reduce morbidity and mortality in low birthweight infants	Updated Review published, Issue 8, 2016	WHO - part of a suite of reviews we are updating for their "Ten Steps to Successful Breastfeeding."
Neonatal	Vitamin A supplementation to prevent mortality and short- and long-term morbidity in very low birth weight infants	Updated review published Issue 8, 2016	WHO - update required for Vitamin A guideline

# Examples (cont.) – Vaccine research

For Initiative for Vaccine Research:

- Safety and efficacy from randomized controlled trials and observational studies of childhood schedules using Hepatitis B Vaccines (conducted by Cochrane Response)
- Currently licensed HPV vaccines in females and males aged 9-26 years: systematic review and meta-analysis of immunogenicity and efficacy data from published and unpublished studies (by Cochrane Response)
- Targeted Updates on Typhoid Vaccines (prepared by Cochrane Response and Cochrane Infectious Disease Group)



## **Targeted Update 1: Efficacy, immunogenicity and safety of typhoid conjugate vaccines in children and adults**

### **Contents**

Summary

1.1 Vi-rEPA versus placebo, no intervention or control:

### **Page**

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### **Key findings**

- 1.1 Vi-rEPA compared with placebo, no intervention or control vaccine**
  - probably results in reduced incidence of typhoid fever (moderate-quality evidence)
  - may result in improved GMTs (low-quality evidence)
  - probably has a very low SAE rate (moderate-quality evidence)
- 1.2 Vi-TT compared with placebo, no intervention or control vaccine**
  - may result in improved GMTs and seroconversion rates (low-quality evidence)
  - we are uncertain about the effect on incidence of typhoid fever (very low-quality evidence)
  - may have a very low SAE rate (low-quality evidence)
- 1.3 Vi-rEPA compared with ViPS**
  - may result in little or no difference on seroconversion rate (low-quality evidence)
  - we are uncertain about the effect on GMTs (very low-quality evidence)
- 1.4 Vi-TT compared with ViPS**

# Key results of the collaboration –

## *Use of Cochrane reviews in EML*

177 reviews from 40 Cochrane Groups informed the nine reports of the *WHO Expert Committee on the Selection and Use of Essential Medicines* published between 2000 and 2015.

Ways in which reviews are used:

- to reject applications to add or delete medicines from the core Essential Medicines List (n=37)
- to recommend adding new medicines to the list or additional footnotes to clarify specific uses for existing medicines listed (n=71)
- to recommend deletions from the list (n=24)
- to recommend moving items from the Essential Medicines List to the Complementary Medicines List or adding items to the Complementary Medicines List only (n=13)
- to defer decisions pending more information (n=2)

# Key results of the collaboration –

## *Providing methods expertise*

- Access to training materials provided by Cochrane Training
- Contributing technical expertise to guideline committees, EML, ICTRP
- Providing training: seminars by Cochrane people visiting WHO; workshops



Learn how to conduct, edit, and read systematic reviews.

### Learn Online

Use our learning resources to explore topics in

### Learn at a training event

We hold regular workshops around the world, and

# Key results of the collaboration –

## *Contributing to WHO governance and technical meetings*

- Position statements in support of WHO's work
- Side event at WHA in 2016
- Linking Cochrane Groups to work and initiatives within WHO:
  - Cochrane Global Ageing
  - Cochrane Mental health
  - Cochrane Nutrition

### Cochrane statement to WHA on managing conflict of interest

- ◆ News and Events
- ◆ Featured Reviews
- ◆ Jobs
- ◆ Making a Difference

Print

#### Cochrane statement on Framework of engagement with non-State actors (World Health Assembly) (WHA) Agenda item 11.3)



Thank you for the opportunity to deliver this statement on behalf of The Cochrane Collaboration. An important part of Cochrane's work with WHO involves support for guideline development. In 2015, 75% of the WHO guidelines issued cited a Cochrane

### Cochrane Global Ageing makes a statement at the World Health Organization

The World Health Organization (WHO), at the United Nations International Day of Older Persons (September 30), organised an event to support this year's theme 'Take a stand against ageism'.

Cochrane Global Ageing, represented by Sue Marcus and Tracey Howe, participated in the





# Future strategic areas of work – the focus of today's meeting



# Future of Cochrane-WHO partnership

- Joint work is expanding
- Renewal of official plan of work will be done next year
- What are the key areas to focus on, what should we do more or less off?
- What are challenges and opportunities?

# What would we like to see happen?

- Cochrane is responsive to WHO's evidence needs:
  - Increased uptake of Cochrane Reviews;
  - Increased involvement of WHO in Cochrane priority setting.
- Cochrane is responsive to WHO's technical/methodological needs:
  - Increased number of WHO staff receiving methods training and support through Cochrane;
  - Increased involvement of Cochrane contributors in guidelines and other technical committees.
- Increased visibility for Cochrane within all major WHO departments and meetings as a trusted partner for evidence synthesis work;
- Cochrane supports WHO positions that are aligned with Cochrane's mission through statements for EB and WHA agenda items.

## For discussion today:

1. Streamlining collaboration for standard guidelines development
2. Rapid advice and ultra-fast guidelines in public health emergencies
3. Ensuring applicability of systematic reviews in LMIC contexts
4. Facilitating use of various types of evidence (qualitative and quantitative) in guideline development.
5. ICTRP and results reporting

Open Space: place to raise any other question or issue you would like to address