

**Exploratory Meeting for the
Proposed Cochrane Public Health Review Group (PHRG)**

**Global Forum for Health Research, Beijing,
People's Republic of China**

October 29th 2007

1.1 Present:

1. Mai Hoa Do, Deputy Head of Health System Management Department, Hanoi School of Public Health, Vietnam
2. Jean Pierre Poullier, Researcher, Geneva, Switzerland
3. Professor Mark McCarthy, University College London, UK
4. Francisco Yepes, Executive Director, Colombian Health Association, Colombia
5. Dr James Gillespie, Deputy Director, Menzies Centre for Health Policy, University of Sydney
6. Ellen Marks, Senior Survey Director, RTI International, USA
7. Tomohiko Sugishita, Senior Advisor, Institute for International Cooperation, Japan
8. Erika Fukushi, Chief Advisor, Tanzania-Japan Morogoro Health Project,
9. Carmen Aldinger, Project Director, Global Programmes/Health and Human Development Programmes, Education Development Centre, USA
10. Dr Ritu Sadana, Coordinator, Equity, Poverty and Social Determinants of Health/Evidence and Information for Policy, WHO
11. Professor Elizabeth Waters, Director, Cochrane Health Promotion and Public Health Field
12. Naomi Priest, Research Fellow, Cochrane Health Promotion and Public Health Field

1.2 Apologies:

1. Zulma Ortiz, Chief, Training and Research, Epidemiological Research Institute, Argentina and Cochrane Developing Countries Network.

2. Introduction to Meeting

Liz Waters introduced purpose of meeting and facilitated introductions from participants. Slides for all presentations are available at www.ph.cochrane.org.

3. Introduction to The Cochrane Collaboration

Presentation given by Liz Waters providing overview of the Cochrane Collaboration.

Questions from participants:

- Clarification requested regarding difference between the role of a Field and a Review Group within the Cochrane Collaboration. This was explained using a diagram from the slides, with the explanation that Review groups have an editorial role and are able to edit and publish systematic reviews on the Cochrane Library, whereas Fields have a more advisory and advocacy role within the Cochrane Collaboration.

- Is it currently the responsibility of other Review Groups to contact the Health Promotion and Public Health (HPPH) Field if they have a public health related title come to their group or does the HPPH Field monitor titles and then contact review groups? Liz discussed that both of these occur, and that this process is largely reliant on relationships between the HPPH Field and other RGs and on knowledge and experience of those in RGs regarding public health. As a result this process has varying outcomes. It is thought that a dedicated PHRG would lead to better processes for reviews on public health topics as the PHRG would be able to edit and publish reviews itself and processes would be more efficient and timely. Additionally, PHRG editors would be experts in PH methodologies and so better able to guide the review process.
- Was the meeting going to provide a definition of public health? Liz replied that this was going to be discussed later in the meeting.

4. Introduction to the Campbell Collaboration

Recorded presentation regarding role of the Campbell Collaboration and benefits and challenges of co-registering a group across Cochrane and Campbell was played. Liz described recent developments within Campbell, including funding from the Norwegian government and hence a more global and democratic focus for Campbell in the future.

Comments from participants:

- Public health seems to be more within the remit of Campbell than Cochrane and so there are good arguments for co-registration of a PH focussed group.
- Social studies are less likely to be published in peer-reviewed journals and so are there computer-based resources to find this literature? Liz discussed that she can't answer specifically for Campbell at present, however the HPPH field is in the process of developing search strategies specific to public health. This includes establishing a group to explore issues including where literature is published and located, establishment of translation processes to languages other than English, finding grey literature, such as reports and evaluations produced by international agencies. It was discussed by participants that if Campbell has explored these issues then it would be an excellent reason to co-register. One participant (Jim Gillespie) discussed that many within Campbell are working on search strategies for grey literature, reports etc so will be useful to liaise with them as work progresses.

5. Public health and the Cochrane Collaboration

Overview of work of HPPH Field to date and rationale for new group presented by Liz Waters.

Comments from participants:

- Different concepts of public health throughout the world. For example, preventive medicine, social health etc.
- Need to translate life-course model into other languages to promote discussion about concept of public health.
- Consider whether there should be an explicit recognition of the impact of public policy, how is work with individuals translated into macro environmental factors, and how they intersect.

- Proposed that issue to consider is not what the ultimate definition of public health should be, but rather could a group that focuses on upstream determinants make a difference within Cochrane.
- Would be useful to unpack lifecourse model further within scope definition/documents.
- Question regarding whether there are different processes for Cochrane reviews depending on the intended users? For example, different levels of decision makers for public health, e.g. public health physicians, policy makers etc. Discussed importance of advisory groups being established at beginning of review to discuss these issues. Also discussed need for priority setting processes for different end users, e.g. general public etc. Discussed priority setting process already conducted by HPPH field.
- Discussed the need to explore needs of developing countries rather than simply stating to them what PHRG can offer. Discussed need to explore ways of better supporting those in developing countries to do work from the ‘ground up’. Discussed Cochrane EPOC (Effective Practice and Organisation of Care) project regarding use of evidence in decision making and involvement of HPPH field in this project.
- Discussion about area of health system reform and best ways of collecting and making sense of available evidence in this context, including qualitative and quantitative research, and other evidence. Concern about whether the Cochrane and Campbell collaborations are broad enough to encompass such questions. Discussed that both collaborations are dynamic and evolving, and hence the need for more involvement from public health sector to provide input regarding the potential role of PHRG and how it can best meet the needs of the public health community.

6. Mapping stakeholders and opportunities for knowledge synthesis: experience from WHO and the Commission on the Social Determinants of Health

Presentation from Dr Ritu Sadana, Director, Equity Analysis and Evidence Unit Information, Evidence and Research, WHO.

Key discussion points arising from this presentation:

- Need for more systematic reviews that are on ‘upstream issues’ and aligned with the WHO Global Commission on SDH model.
- New PHRG could be an opportunity to continue the work of the knowledge networks (KN) established by the WHO Global Commission on SDH and for these groups to further develop skills in synthesis of evidence. This may include KNs increasing the transparency of their mapping and synthesis methodologies and inclusion/exclusion criteria for evidence. Many of the KNs have been asking “what next?” so this may be a role for new group to be involved in such processes.
- There has also been demand for action within specific countries for further action and the new PHRG may also contribute to this.
- Specific research questions for primary research have also been identified. Many KNs lacked primary studies and while commissioners liked case studies as a way of engaging people in the work of the commission, this can be challenging for researchers as they are not representative. Role for new PHRG to explore these issues further. WHO is planning to work with funding bodies

to fund more complex and longer study designs to understand social determinants. In the medium term consideration is need regarding what can be done in 2-4 year studies and consensus building on methods for action.

- KN work ends at end of 2007 and new group may assist with
 - o Facilitating and encourage greater disaggregation within routine information systems and within health programs.
 - o Strengthening integration and leadership of scientists from LMIC
 - o Strengthening institutional capacities to collect, analyse and synthesise evidence in LMIC

7. Cochrane Developing Countries Network Presentation.

Slides provided by Zulma Ortiz (and presented by Liz Waters) who was unable to attend the meeting due to other commitments.

8. Break for lunch with informal discussion with participants

Summary of discussion and comments:

- Suggestion that people most open are those that other people think are closed. Ministers of Finance are important people to engage with.
- Phil Davies, of Campbell Collaboration, has come from Finance sector background and has brought richness of this context to the perspective of the group. The drive for social determinants in the UK has come from finance departments in governments. In Australia, the Federal Treasury was the first to do analysis about chronic disease and 30 year projection for future spending whereas health departments were stuck in existing silos and programs of work.
- Evidence leads to people realising that things are done differently elsewhere, which can then lead to change in practice. Often it is an influential person in a particular place who leads change. E.g. Bangladesh is ahead of many OECD countries in health accounting because of one key person interested in this area.
- This meeting was useful to find out ways of being involved. Interest in how a systematic review can be the first step of a larger project and that the new group can supporting finding funding to do review. Discussion about issues related to a health promoting schools project in China and how health and education government departments can be working together in a more productive manner. Discussed new health promoting schools review being conducted presently and information will be provided to participant.
- Relationship with Campbell and their move to Norway sounds encouraging, however a meeting participant who attended the Campbell conference in May 2007 expressed some concerns about their directions. However, believe is worth exploring given that many PH questions are inter-sectoral. One example is disability pensions and relationship with screening. Potential joint registration with Campbell seen by participants as a positive opportunity but needs to evolve and be explored further. Issue raised that outcome measures may be different, e.g education, health. Health usually has had disease reduction targets, but there is a need to move beyond 'business as usual' to address equity and social determinants as well. This is needs a whole of government approach rather than there being an education goal or a health goal.
- Key interest in grey literature because of need for program evaluations that have been conducted but may not be published. (Ellen)

- Idea of moving from Field to a Review Group is good and timely and can offer further links with other public health European agencies that would be good to engage with. (Mark)
- Important to engage with editors, peer reviewers and translators from different countries
- Collaboration with developing countries very possible, very interested in supporting the group. (Francisco)
- Discussed regular JPH papers currently written by HPPH field and that this might be able to occur in a similar way with other journals in low and middle income countries (LMIC). African network of journals may be a useful network to support and engage with. Jimmy Volmink suggested as a key contact for this.
- WHO can provide list of KN members to engage with re work of group with potential for communication and longer term partnerships.

9. Next steps

- Plan to have a methods meeting in March 2008, though funding for this is not yet confirmed. Suggestions regarding methodological or editorial experts to invite are most welcome.
- The process of approval for the registration of the new Cochrane Public Health Review Group is through the Cochrane Monitoring and Registration Group. This process allows for people to oppose or approve it's registration. 5 years ago there was greater concern for the potential of overlap and replication across the Review Groups. However, people are now realising that these complex public health reviews do not fit within the scope of existing review groups. As a result, the need for a specific PHRG is being recognised.
- Further consideration of links with the recommendations arising from the WHO Global Commission on SDH.
- Potential for clusters to develop internationally over time to be explored.

10. Additional comments from marketplace stall during Global Forum for Health Research

- A number of requests were made for training in systematic review methods including from universities in Vietnam, Malaysia, Philippines, South Africa, Egypt and Pakistan.
- Interest was expressed in conducting a systematic review by academics from the US, Norway and Ireland.
- Representatives of several key international health agencies indicated their support of a new Cochrane PHRG and/or expressed interest in ongoing involvement. These were PAHO (Brazil), CDC (Atlanta, USA), and the Alliance for Health Policy Systems Research.

For more information about the meeting and the Proposed Cochrane PHRG, or to provide your comments and feedback, please contact:

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