

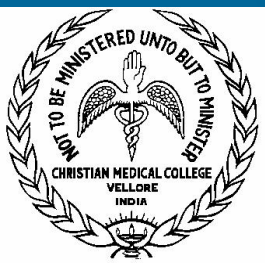


SOUTH ASIAN
COCHRANE NETWORK

Making informed decisions about health policies and systems in Low and Middle Income Countries

STRATEGIC PLANNING

Prathap Tharyan
**South Asian Cochrane
Network**
**Christian Medical
College, Vellore, INDIA**



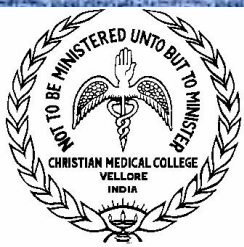


SOUTH ASIAN
COCHRANE NETWORK

Dealing with heterogeneity



Two 'average' men having an 'average' meal.





SOUTH ASIAN
COCHRANE NETWORK

South Asia



Bangladesh · Bhutan · India · Maldives · Nepal · Pakistan · Sri Lanka; Afghanistan



South Asia

- 1.6 billion people
- 1/4 world's population
- Population density of 305 persons per sq. km. is more than seven times the world average.
- Hindu, Muslim, Buddhist, Jain, Sikhs, Christian, Animist, Ahamadi,



Incredible India: the balance sheet

Asian Tiger

- 2003-04 GDP Growth: 7.8%
- Fastest Growing Industries:
 - Business Process Outsourcing
 - Software Services
 - Insurance
 - **Healthcare**

Asian pariah

- *India lags behind on key health indicators*
- *Individuals have limited bargaining power*
- *Indian healthcare system under-performing*
- *Limited reach*
- *Unregulated delivery*
- *Sub-standard facilities*
- *Malpractices*



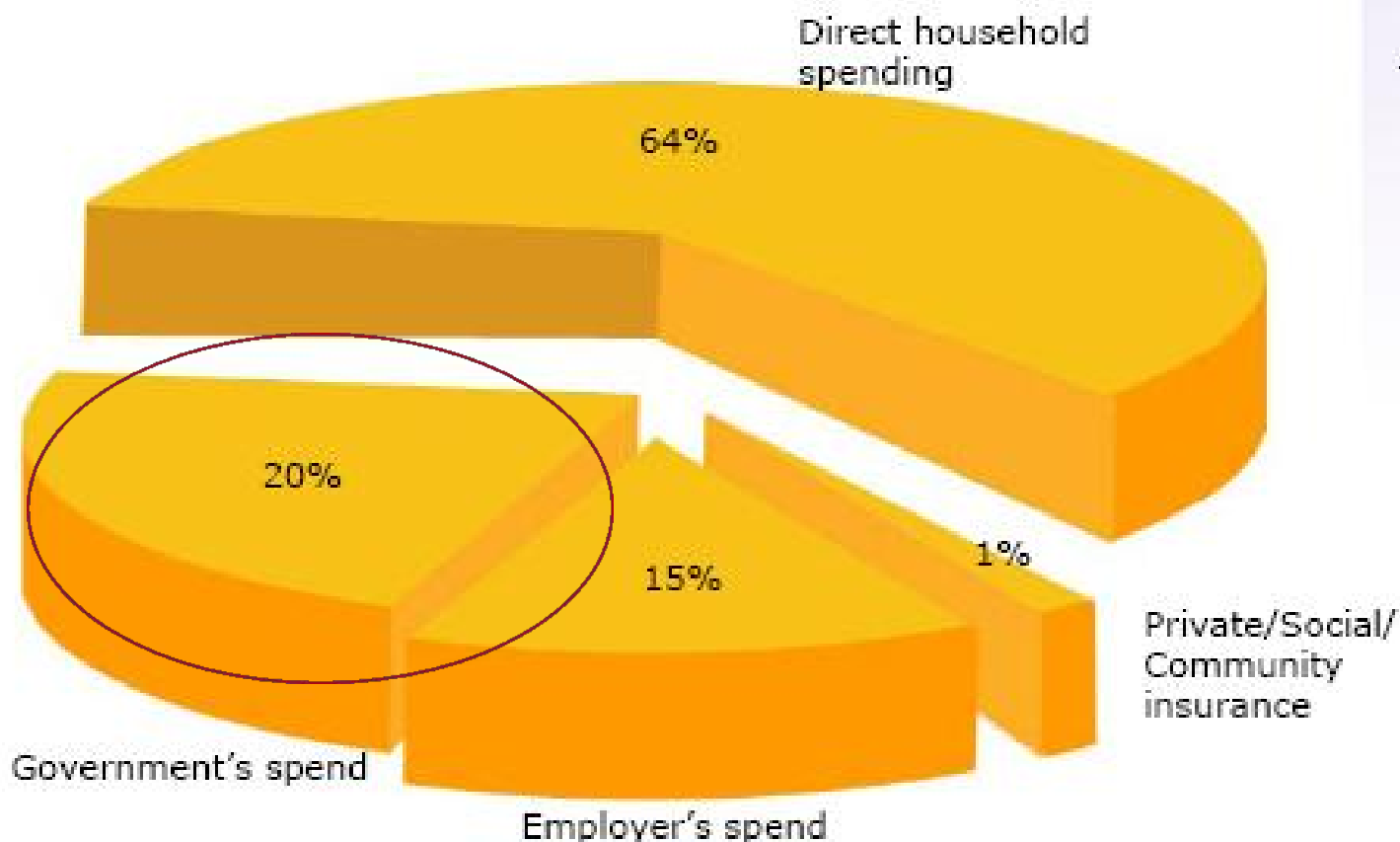
SOUTH ASIAN
COCHRANE NETWORK

Two thirds of health care spending is out of pocket

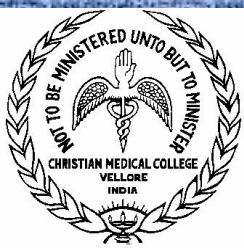
Share of different payors **pocket**

Per cent of total spending, 2000-2001

100% = Rs. 86,000 crore or US \$22 Billion



Source: CII - McKinsey Report, 2002



India has an informal sector of 850 million people

Per cent

100% - 1 billion

Formal*

15%

Informal (above poverty line)

50%

Informal (below poverty line)

35%

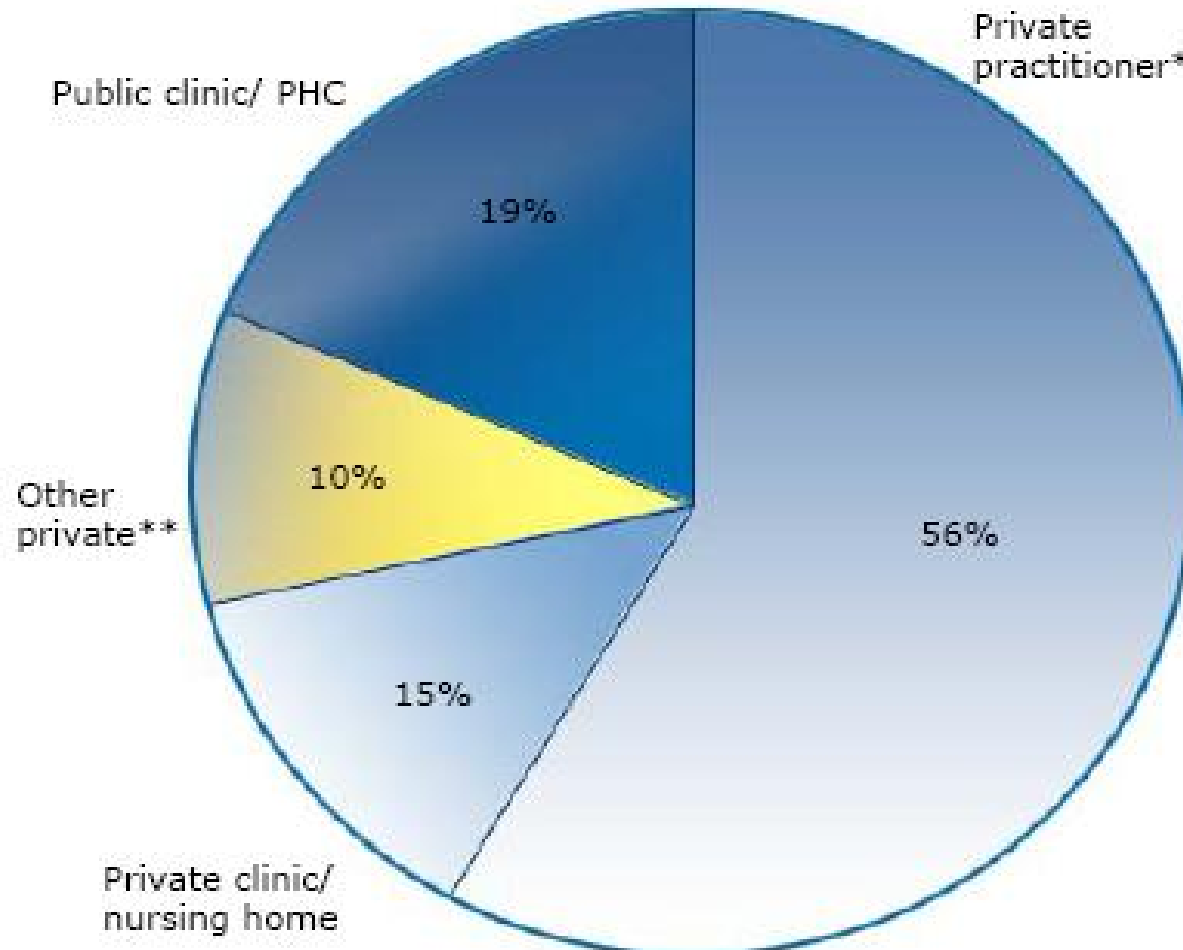
Population



Rural India prefers private providers

Sources of Primary Treatment, Rural

Per cent, 1998



*Private practitioner includes both qualified & unqualified practitioners (60-80% of private practitioners)

** Includes charitable institutions & local practitioners of Indian system of medicine

- Public primary care is underutilised; unqualified providers

More than 70% of people live in semi-urban and rural areas

The Social Burden

- The World Bank in 2002 reported that:
“irrespective of income class, a single episode of illness is enough to eat away the life savings of most individuals in India... Even more disconcerting is the fact that 40% of those hospitalized had to borrow money or sell off assets”

Global Health Infrastructure

Countries	Beds per 1000 population	Physicians per 1000 population	Nurses per 1000 population
India	1.5	1.2	0.9
Low Income (Sub Saharan Africa)	1.5	1.0	1.6
Middle Income (China, Brazil)	4.3	1.8	1.9
High Income (US, Western Europe)	7.4	1.8	7.5
World Average	3.3	1.5	3.3

Regulatory environment

- Ministry of Health (Central Government)
 - Regulation of healthcare industry
 - Management of Public Health Initiatives
 - Management of Public Health Facilities
- Ministry of Health (State Governments)
 - Management of Public Health Initiatives
 - Management of Public Health Facilities
- Indian Medical Council
 - Licensing and Regulation of all Medical Professionals
- Indian Council of Medical Research
- Drug Controller General of India

The chronology of an infection

- Bitten by the Cochrane bug (Clive Adams) in 1995, in Oxford, UK
- Protocol for systematic review published in Issue 1, 1996
- Review published in Issue 1, 1997
- Updated twice, in 2002 and 2005



An April Fool's Day joke?

- Kenneth Warren Prize 2002
- Cochrane Colloquium in Stavanger



It's three in the morning, and it's clear what we need
Is more confidence in what is and isn't real.
We do know how to do that.
We just need to randomise,
And meta-analyse.


The Cochrane
Collaboration



Statutory Warning!

Attending Cochrane Colloquia may
be fatal
to your free time in years to come

Cochrane Centres



Exploratory meeting: Goa December 2004





SOUTH ASIAN
COCHRANE NETWORK

South Asian Cochrane Network



Exploratory meeting at Goa; December 2004





**SOUTH ASIAN
COCHRANE NETWORK**

The South Asian Cochran Network



Prof BV Moses Centre for Clinical Trials & EBM



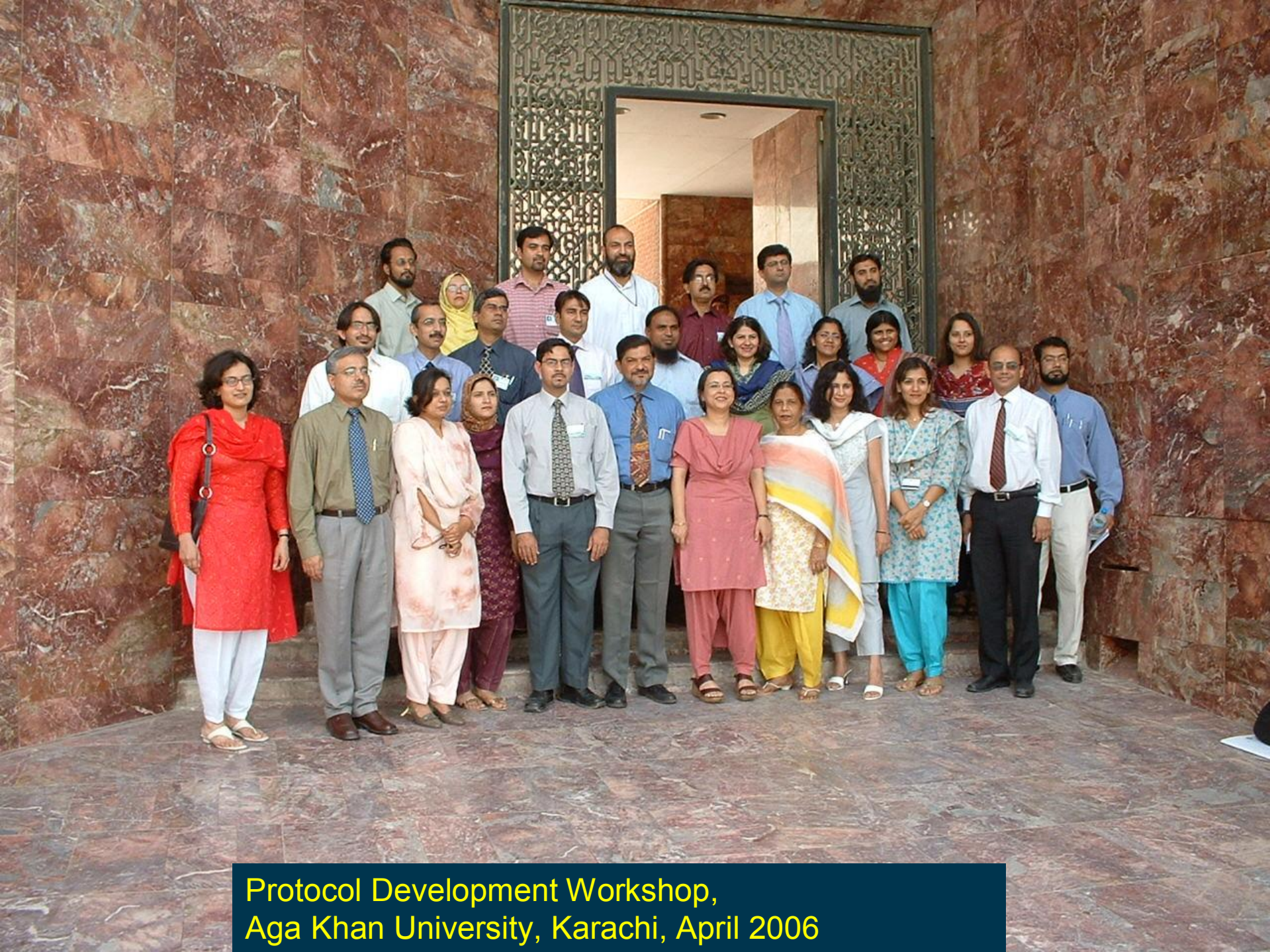


Goals of the SACN

- Goal 1: To raise awareness about the Cochrane Collaboration and evidence based practice in South Asia
- Goal 2: To train and support contributors to the Cochrane Collaboration in South Asia
- Goal 3: To promote access to *The Cochrane Library* for South Asia
- Goal 4: To ensure a sustainable structure for the South Asian Cochrane Network
- Goal 5: To represent and advocate for high quality research in South Asia

To train and support contributors to the Cochrane Collaboration in South Asia





Protocol Development Workshop,
Aga Khan University, Karachi, April 2006



Workshop on



Introduction to Cochrane Systematic Reviews and Metaanalysis

Friday, 4th May, 2007

Organized by: Centre for Health, Population and Development
Independent University, Bangladesh



Sensitization workshops

- 18 in different parts of India, Sri Lanka since 2005



Post Graduate Institute;
Colombo Dec 05

SACN participation in systematic reviews (Issue 3, 2005)

Country	Reviews	Protocols	Titles	Total
India	11	19	33	63
Pakistan	1	3	9	13
Sri Lanka	2	1		3
Nepal	2			2
Combined	15	23	42	81

SACN participation in systematic reviews (Issue 3, 2006)

Country	Reviews	Protocols	Titles	Total
India	15	23	39	77
Pakistan	3	6	9	18
Sri Lanka	2	2	3	7
Nepal	2			2
Combined	22	31	52	104

Growth of contributors in India

	2000	2002	2003	2004	2005	2006
Authors	11	15	20	31	42	80
Editors	2	1	2	5	5	5
Others	2	15	18	28	19	35
Total	19	31	40	64	76	120

The Cochrane Collaboration's response to the tsunami, 2004



Nagapattinam District

- 73 affected villages
- 1,96,184 population
- 36,860 homes
- 6053 human lives lost
- 5023 livestock perished
- 40 relief camps
- 36,664 people in camps



Psychological debriefing for preventing post traumatic stress disorder (PTSD) (Cochrane Review).

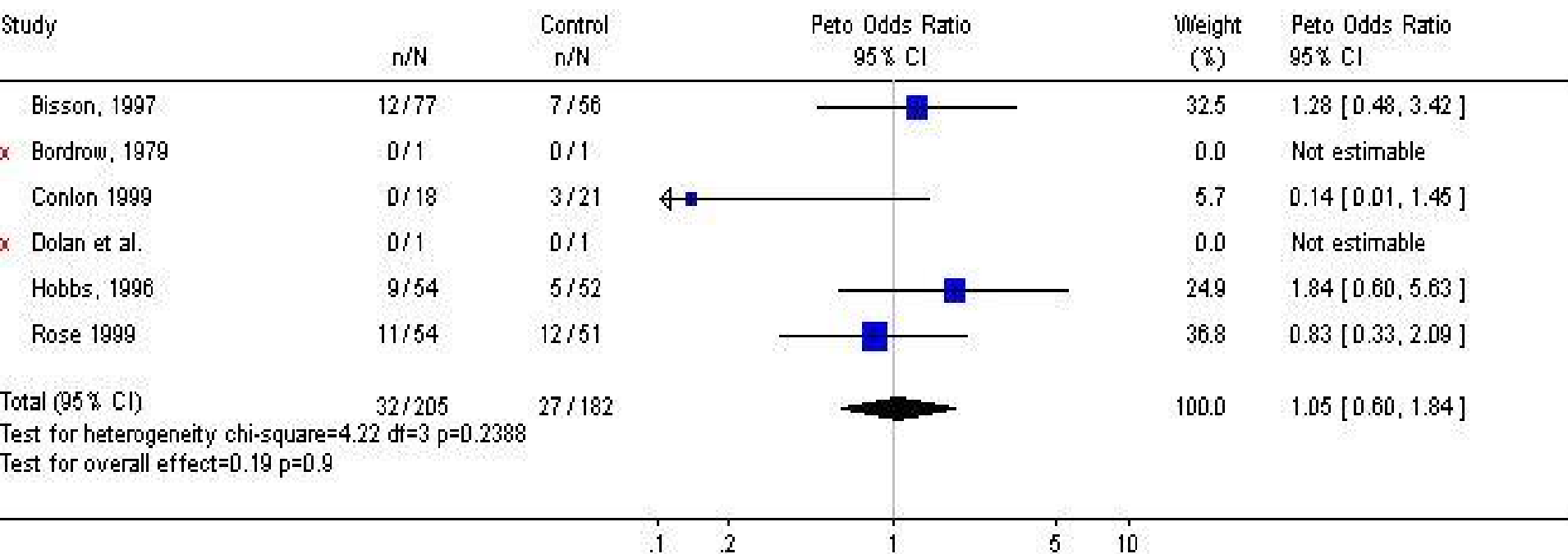
Rose S, Bisson J, Wessely S.

In: *The Cochrane Library*, Issue 4, 2003.

Review: Psychological debriefing for preventing post traumatic stress disorder (PTSD)

Comparison: 01 Debriefing versus control

Outcome: 03 PTSD (short term)



Objectives

- To familiarize participants with:
 - Normal and pathological grief
 - Stages of recovery from disasters
 - Post traumatic stress disorder
- Principles of intervention in different phases of grief and disasters
- Career stress and burnout
- Appreciate the roles people from disciplines may play



www.cochrane.org > Home

The Cochrane Collaboration

The reliable source of evidence in health care



- » About us
- » Cochrane reviews
- » News
- » Events
- » Training resources
- » Administration
- » Consumers

The Evidence Aid project: Resources for natural disasters and other healthcare emergencies

- [Evidence Summaries](#) - evidence to help people making decisions about health care in natural disasters and other healthcare emergencies
- The Evidence Aid project -
 1. [Resources for health professionals](#)
 2. [The Cochrane Collaboration working party](#)
 3. [How you might help](#)
 4. [Leaflet on The Cochrane Collaboration's response to healthcare emergencies](#)

Resources for health professionals

The Cochrane Collaboration is preparing [evidence summaries](#) for interventions relevant to health care in natural disasters and other healthcare emergencies, such as those following the 2004 tsunami, and more recent events in the USA and South Asia. These summaries are being included here, along with links to other sources of evidence if summaries are not yet available. It is hoped that Evidence Aid will help government and non-government agencies, other organisations and individuals in planning and making decisions about health care.

Evidence summaries are [here](#). Details of the prioritisation process for topics are here: [prioritisation process](#), [list of topics for which up-to-date Cochrane reviews are available](#), and [list of topics for which up-to-date Cochrane reviews are not currently available](#). Suggestions for changes and additions to the prioritised topics are welcome and should be sent to reviews@cochrane.org.

An article about the Evidence Aid project was published in the June 2005 issue of PLoS Medicine. To read, print or download it click [here](#).

The Cochrane Collaboration working party

Versions : printable

Search

this site

Search

[A-Z index](#) [Help](#)

From the newsroom

[Evidence-based Child Health - Issue 2 now available](#)

In the latest issue of Evidence-Based Child Health: A Cochrane Review Journal, an Umbrella Review looks into nephrotic syndrome....

Published: 2006.09.09

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The Cochrane Collaboration

The reliable source of evidence in health care



Cochrane Collaboration - Evidence Aid Category Index

Versions : printable

Search

[A-Z index](#) [Help](#)

From the newsroom

[Evidence-based Child Health - Issue 2 now available](#)

In the latest issue of Evidence-Based Child Health: A Cochrane Review Journal, an Umbrella Review looks into nephrotic syndrome....

Published: 2006.09.09

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- » [Home](#)
- » [About us](#)
 - » [Evidence-based healthcare](#)
 - » [The organization](#)
 - » [Support](#)
 - » [Our Review Groups & Centres](#)
 - » [Press kits & background docs](#)
 - » [Get involved](#)
 - » [Jobs](#)
- » [Cochrane reviews](#)
- » [News](#)
- » [Events](#)
- » [Training resources](#)
- » [Administration](#)
- » [Consumers](#)

This website highlights evidence relevant to the effects of interventions. Its aim is to help people making decisions about health care in natural disasters and other healthcare emergencies. The topics were originally identified as priorities by people in the regions affected by the 2004 tsunami, and relate to interventions that might be used or available. Where possible, a structured summary ('Evidence Update') or another summary has been prepared, based on one or more Cochrane reviews. If a summary is not available but a relevant Cochrane review exists, a link is given to the review in [The Cochrane Library](#). If a suitable Cochrane review is not available, there are links to other sources of evidence, in particular to topics in the BMJ's [Clinical Evidence](#). (The inclusion of links to material from outside The Cochrane Collaboration does not imply endorsement of that material by the Collaboration.) If you would like to comment or ask questions, please email reviews@cochrane.org.

[Infectious diseases](#)

[Injuries and wounds](#)

[Rebuilding of communities and infrastructure](#)

[Mental health](#)

[Nutrition](#)

[Rehabilitation](#)

[Pregnancy and childbirth](#)



Usage statistics of *The Cochrane Library* (Jan-June 2005)

Country	Jan	Apr	May	June
Thailand	632	821	1527	1914
Indonesia	49	363	532	366
India	385	581	603	624
Malaysia	145	231	236	293
Pakistan	24	52	46	66
Sri Lanka	11	33	42	43

Dissemination of Evidence Aid

- Ministry of Health
- Indian Council of Medical Research
- Director General of Health Services
- Non-governmental aid agencies
- Following the Mumbai floods
- Following the earthquake in Pakistan and Kashmir

Promoting access to *The Cochrane Library*

CMC Vellore - Cochrane Library - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Mail Print View Source

Address <http://dodd.cmcvellore.ac.in/cochrane.html> Go Links

Department of Library Services, Christian Medical College - Vellore

E-Resources Services New Arrivals Publications Search Holdings Home

Hospital Home CMC Home CHIPS Home

Hospital / CMC Home Page / Patient Result / X-ray / Paging

Dodd Memorial Library



E-Journals >
E-Resources >
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New Arrivals >
User Information
Digital Library
History of Medicine
Holding >
PubMed
Services >
Inst. for Authors >
Cochrane Library
OVID Journals
Alumni Academic

COCHRANE LIBRARY



The Cochrane Library is a unique source of reliable and up-to-date information on the effects of interventions in health care. Published on a quarterly basis, it is designed to provide information and evidence to support decisions taken in health care and to inform those receiving care.



THE COCHRANE COLLABORATION®

The Cochrane Library consists of a regularly updated collection of evidence-based medicine databases. One of these is the Cochrane Database of Systematic Reviews (Cochrane Reviews) prepared by the Cochrane Collaboration. The Cochrane Collaboration is an international non-profit and independent organisation, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions. The Cochrane Collaboration was founded in 1993 and named for the British epidemiologist, Archie Cochrane.

For further information on the Collaborations' activities in this region, contact the South Asian Cochrane Network office at the Prof Bhooshanam V Moses Centre for Clinical Trials

Internet

start Microsoft PowerPoint ... SACN My Pictures Mumbai CMC Vellore - Cochra...

4:25 AM

Promoting access to the Cochrane Library

- Many countries have a national provision
- Many countries have free access via Bireme, HINARI, INASP/PERI
- India in low income group but not eligible
- Previous attempts to get ICMR/DBT to purchase a national subscription had failed
- ICMR/DST purchased national subscription to Cochrane Library- deal brokered by SACN with John Wiley & Sons

- *“Developing countries like India, with limited resources and many competing priorities, are even more in need than developed countries of the wherewithal to access the best scientific evidence in order to make informed decisions about health care policy and practice, and to improve the health of what amounts to one sixth of humanity. The ICMR has shown tremendous leadership and commitment in getting to this point.....”*

(Dr. Tikki Pang, Director, Research Policy and Cooperation, World Health Organization)

Free access to the Cochrane Library to anyone in India

Get a computer and crosscheck your doctor's prescription

G.S. MUDUR



New Delhi, Feb. 3: Anyone with a computer in India may soon have free access to information on what works and what doesn't in medicine, allowing them to verify whether the treatment offered by their doctor is the appropriate one.

India has become the first low-income country to buy and offer to residents free access to information on treatment and prevention methods that have passed the toughest of scientific tests — whether it's about ushering a baby into the world, treating infections or combating obesity.

The Indian Council of Medical Research (ICMR) has signed a contract with the international publishing company, John Wiley and Sons, for nationwide access to the Cochrane Library. The library is a vast storehouse of what medical researchers view as reliable information about proven treatment and prevention strategies across myriad medical topics, from surgery to general health.



Free access to the Cochrane Library to anyone in India



Free access to the Cochrane Library to anyone in India

But some are sceptical about the impact that the Cochrane Library may have on India.

"We have a medical system that does not in any way encourage doctors to keep themselves abreast of the latest research," said a senior health official. "The big question is, will our doctors make use of the database?"

As for the consumers, while the library offers them a way of checking up on the treatment, they should not be tempted to try self-medication.

Home Insert Page Layout References Mailings Review View

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¶ Heading 1 ¶ Heading 2 ¶ Heading 3 ¶ Heading 4

Styles



Change Styles

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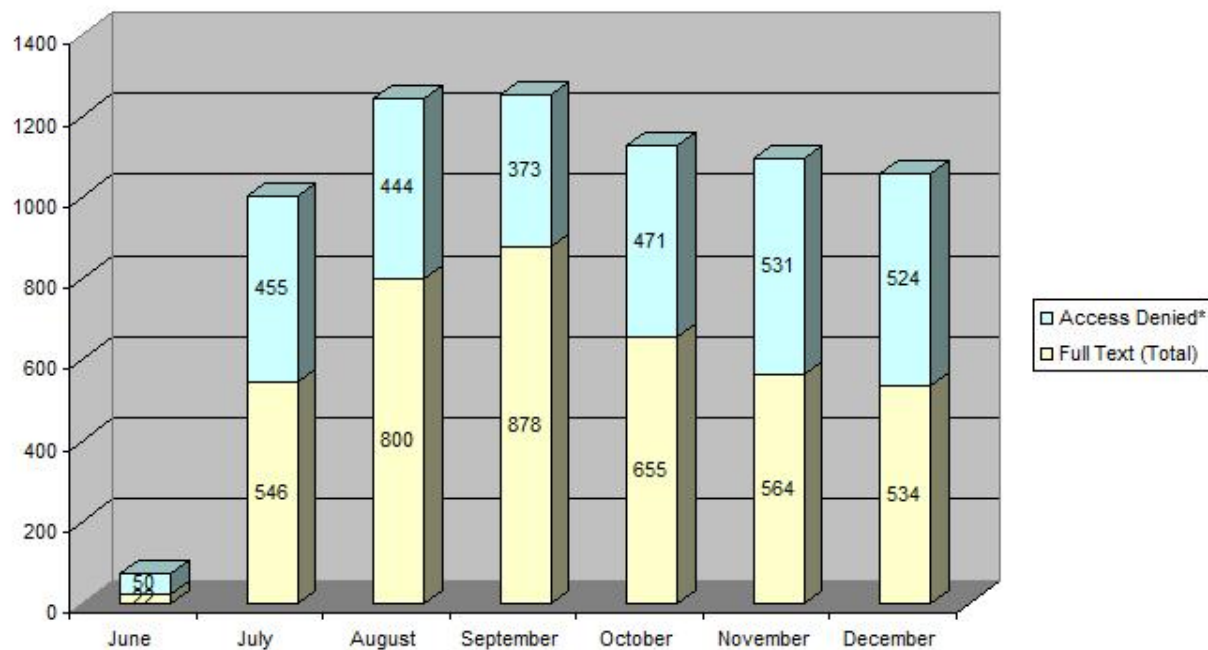
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Select

Editing

Full Text Usage in India 2006

Activity 2006	June	July	August	September	October	November	December	Year To Date
Full Text (Total)	22	546	800	878	655	564	534	3999
Access Denied*	50	455	444	373	471	531	524	2848

2006 Full text download

*Access Denied counts attempts to download the full text of an article where no subscription exists



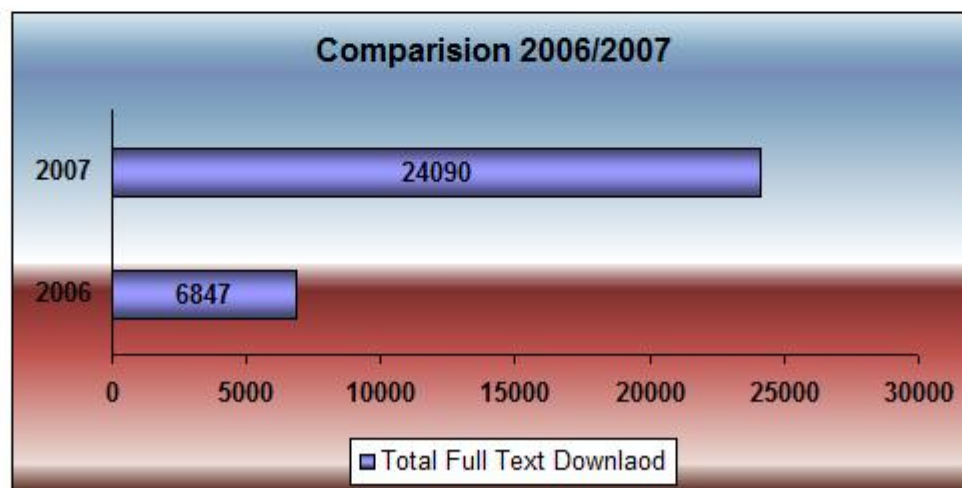
W:\Cochrane\India provision report 2007.doc

2

Comparison 2006/2007

	*2006	2007
Total Full Text Download	6847	24090

(*includes access denied data)



Usage for 2007 to *The Cochrane Library* in India grew by 350% to over 24,000 full-text downloads in 6 months (January to June) compared with 2006 (June-December). This strong growth is comparable to many of The Cochrane

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EVIDENCE POLICY GAP

Primaquine for preventing relapses in people with *Plasmodium vivax* malaria

Galappaththy GN L, Omari AAA, Tharyan P. *Cochrane Database for Systematic Reviews* Issue 1, 2007

- **Background**

- *Plasmodium vivax* infections contribute to a significant proportion of the malaria infections in many countries. Primaquine is the most widely used drug for treating the dormant liver stage. Different primaquine dosing regimens are in use.
- WHO recommends 15 days of Primaquine following chloroquine; India recommends 5 days of primaquine following chloroquine

- **Objectives**

- To compare primaquine regimens for preventing relapses in people with *P. vivax* malaria.

Influencing health policy in India

- Workshop for senior faculty of the Indian Council of Medical Research (ICMR) (October 10, 2006)
 - Using Cochrane reviews to inform health policy and care
- Review published Jan 2007
- Policy unchanged Feb 2007
- Disseminated results of review



**Directorate of National Vector Borne Disease
Control Programme
(Directorate General of Health Services)
Ministry of Health and Family Welfare
22-Shamnath Marg, Delhi-110054.**



MALARIA DRUG POLICY (2007)

Lessons learned

- *“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it’s the only thing that ever has.”*

[Margaret Mead]

Relevance of the SACN to health care in South Asia

- Ask questions about efficacy of interventions of relevance to health care in the region
 - Train people to do systematic reviews
 - Disseminate evidence from Systematic Reviews
 - **Access to the Cochrane Library**
 - **Evidence Based Summaries**
 - Identify all RCTs and controlled clinical trials from the region
 - **Prospective registration of trials**
 - **National Register of Dissertations**
 - Orient and train health professions and policy makers in EBM
- Use results of Systematic Reviews to guide health care policy

Management of violent or aggressive behaviour

- Health services often manage agitated or violent people and for emergency psychiatric services such behaviour is particularly prevalent (10%).
- The drugs used in this situation should ensure that the person swiftly and safely becomes calm
- Guidelines, however, are usually statements of consensus and differ on which drugs to use (Experts 1999, RCPsych 1998).
- Surveys of clinicians' preferred drug treatments also show variation (Cunnane 1994, Binder 1999)

NMJI (in press)

- **Registering Clinical Trials in India: a scientific and ethical imperative**
- **Prathap Tharyan¹, Davina Gherzi²**
- **Short Title: Registering Clinical Trials in India**

Rapid tranquilization of violent or agitated people in psychiatric emergency settings: A pragmatic randomised controlled trial of intramuscular olanzepine versus intramuscular haloperidol plus promethazine.

Authors:

Nirmal S. Raveendran¹, Prathap Tharyan^{1,2}, Jacob Alexander¹, Clive Elliot Adams³ and the
TREC-India II Collaborative Group⁴



SOUTH ASIAN
NETWORK

Clinical Trials Registry India

Clinical Trials Registry - India (CTRI) - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://ctri.in:8080/Clinicaltrials/trials_jsp/index.jsp

Getting Started Latest Headlines

Google who ictrp Search PageRank Check AutoLink AutoFill Subscribe Options who ictrp

WHO WHO | We... WHO ICTR Search... WHO WHO | Pu... WHO who_role... WHO who-coll_i... The Lancet Clinical Tri... WHO WHO | Wo... WHO ICTR Search... WHO WHO | List... Clinical ... WHO WHO | Wo...

CLINICAL TRIALS REGISTRY-INDIA

NATIONAL INSTITUTE OF MEDICAL STATISTICS(ICMR)



[Home](#) | [Trial Search](#) | [Register Trials](#) | [FAQs](#) | [Feedback](#) | [Contact Us](#) | [Sitemap](#)

Font Size: A | A | A | A

SIGN IN TO CTRI

Username

Password



[Forgot Password](#) | [New User](#)

Trial Registration Set Download: [\[Word\]](#)[\[Pdf\]](#)

SEARCH FOR TRIALS



[\[Advanced Search\]](#)

News & Events

The Clinical Trials Registry- India (CTRI) has been set up by the ICMR's National Institute of Medical Statistics (NIMS) and is funded by the Department of Science and Technology (DST) through the Indian Council of Medical Research (ICMR). It also receives financial and technical support through the WHO, WHO-SEARO, and the WHO India Country office. [\[Read more...\]](#)



Clinical Trials Registry-India (CTRI)

The CTRI is an online register of clinical trials being conducted in India. Any researcher who plans to conduct a trial involving human participants, of any intervention (drug, surgical procedure, preventive measures, lifestyle modifications, devices, educational or behavioral treatment, rehabilitation strategies and complementary therapies) are expected to register the trial in CTRI before enrollment of the first participant. Registration is voluntary but some fields marked* are mandatory for registration to proceed. Some fields marked WHO also need to be filled if the trial is to receive a registration number and fulfill WHO/ICMJE requirements. Incomplete entries will be given a provisional registration number that will not suffice for purposes of publication in journals that endorse the ICMJE recommendations for trial registration. Registration of trials in the CTRI is free. All registered trials will be

Mission

The mission of the Clinical Trials Registry-India (CTRI) is to encourage all clinical trials conducted in India to be prospectively registered before the enrollment of the first participant and to disclose details of the 20 mandatory items of the WHO International Clinical Trials Registry Platform (ICTRP) dataset. [\[Read more...\]](#)

Vision

The vision of the CTRI is to ensure that every clinical trial conducted in the region is prospectively registered with full disclosure of the 20-item WHO ICTRP dataset, as well as all items of the CTRI dataset, in order to 1) improve transparency and accountability, 2) improve the internal validity (details of the methods of the trial that produce reliable

www.ctri.in

Done

NMJI (in press)

- **Registering Clinical Trials in India: a scientific and ethical imperative**
- **Prathap Tharyan¹, Davina Gherzi²**
- **Short Title: Registering Clinical Trials in India**

IJME (in press)

- **Ethics committees and Clinical Trials Registration in India: an essential alliance**
- **Prathap Tharyan¹, Davina Gherzi²**

The power of collaboration





CHALLENGES & OPPORTUNITIES



SOUTH ASIAN
COCHRANE NETWORK

EVIDENCE BASED MEDICINE

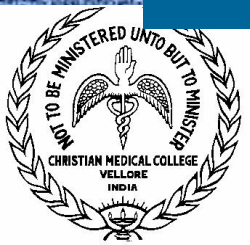
- “Evidence-based medicine is the integration of **best research evidence** with **clinical expertise** and **patient values**”
(Sackett, et al 2001)

Challenges:

Generalization of Evidence

Incorporating patient's values

Particularizing the Evidence



The South Asian Cochrane Network

Web-site: <http://www.cochrane-sacn.org>

For details of activities, training programmes, publications

email list

Keep up to date with what's happening in the Network by subscribing to the Cochrane - India and South Asia mailing list.

<http://sun21.imbi.uni-freiburg.de/mailman/listinfo/south-asian-subscribers>

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