

Medicine and Society

International activity in The Cochrane Collaboration with particular reference to India

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ABSTRACT

The Cochrane Collaboration is the world's largest organization dedicated to preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. It is an international organization with participants in more than 100 countries. Since the year 2000, a periodic audit has been done to count the number of active members in Cochrane Review Groups, categorized by the countries in which these people are based. At the beginning of 2007, there were more than 15 800 people involved, an increase from about 5500 in 2000. The South Asian Cochrane Network was formed in 2005 to raise awareness about the Cochrane Collaboration and evidence-based practice in South Asia, support review authors and contributors from countries within the region, promote access to *The Cochrane Library* and advocate high quality research in South Asia. The growth of activity in India has been dramatic, particularly authors of Cochrane reviews and protocols—from just 19 (with 11 authors) in 2000 to 126 (with 78 authors) in 2007. Increasing the uptake of relevant and reliable evidence in healthcare decisions in India and the South Asian region forms the core of the network's strategic plan. The continued growth of contributors from India and South Asia will help ensure that decisions regarding healthcare in the region are informed by reliable and relevant evidence.

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BACKGROUND

The Cochrane Collaboration (www.cochrane.org) is an international, independent and non-profit organization established in 1993 that has become internationally renowned for striving to improve healthcare for the world's population. It does this by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. Systematic reviews are a key component in the evidence base for healthcare and are vital to making the vast amount of healthcare research manageable and available for decision-makers. During

the past 14 years, more than 3200 full Cochrane reviews have been prepared, protocols are available for 1700 more, and many hundreds more are at earlier stages of development.

This paper describes a periodic audit of the number of active members in Cochrane Review Groups, which are responsible for these Cochrane reviews, with a particular emphasis on activity in India. We show how The Cochrane Collaboration grew from about 5500 people in 64 countries in the year 2000 to more than 15 000 people in over 100 countries by 2007; and how the number of participants in India rose from 19 to 126 over the same period. (Additional information for other countries is available at <http://www.cochrane.org/docs/contributorsbycountry.htm>.) We also detail the activities of the South Asian Cochrane Network (SACN) and its role in improving healthcare in India and the South Asian region.

INTERNATIONAL ACTIVITY AND GROWTH

Since the year 2000, we have conducted a periodic audit of international activity within Cochrane Review Groups using information published in *The Cochrane Library*.¹ This was done most recently with Issue 1 (January), 2007, using data taken from the 'Editorial information' section in each Cochrane Review Group's module. The published information includes the names and country locations of active members of Cochrane Review Groups. These members include people involved in the editorial process for Cochrane reviews, as well as the authors, referees and others, without whom the enormous collaborative, international, multidisciplinary effort would not be possible. One of the authors (CA) extracted data from the modules.

In January 2007, a total of 51 Cochrane Review Groups were registered with The Cochrane Collaboration and 15 804 contributors from over 100 countries were listed in the Cochrane Review Group modules. This represents almost three times the number of active members since the year 2000, when there were 5437 contributors in 64 countries. There has been a steady annual increase of around 20% in the number of contributors over the past 6 years.

The majority of the contributors to the work of Cochrane Review Groups are authors of Cochrane reviews. In 2007, 9457 (60%) of all contributors were listed as review authors, compared with 2840 (52%) in 2000. During this period, The Cochrane Collaboration has paid particular attention to increasing involvement by people in low and middle income countries. In 2006, 1676 (11.2%) people were based in low, lower-middle, and upper-middle income countries (as classified by the World Bank <http://www.worldbank.org/data/countryclass/classgroups.htm>). This is a more than 5-fold increase in the number of people since 2000 (307; 5.6%). The growth in these countries is much larger than the average level worldwide.

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What is a systematic review?

To help identify which forms of healthcare work, which do not and which are harmful, results from similar studies need to be brought together. Potentially eligible studies need to be assessed and those that are good enough can be combined to produce both a more statistically reliable result and one that can be more easily applied in a variety of settings. This combination of trials needs to be done in as reliable a way as possible. It needs to be systematic. A systematic review uses a predefined, explicit methodology. The methods used include steps to minimize bias in all parts of the process: identifying relevant studies, selecting them for inclusion, and collecting and combining their data. Studies should be sought regardless of their results. The method of statistically pooling data from different studies is called a meta-analysis. Not all systematic reviews contain a meta-analysis.

Cochrane reviews are a special type of systematic review, focusing on the effects of healthcare interventions. They are preceded by a published protocol, setting out what the authors of the review intend to do, and are all peer reviewed by at least 2 experts before publication. The authors of Cochrane reviews have also agreed to keep their reviews up-to-date, so as to take account of new evidence as it accumulates.

COCHRANE COLLABORATION ACTIVITY IN INDIA

The SACN was established in January 2005 as a branch of the Australasian Cochrane Centre, with geographical responsibility for South Asia (India, Sri Lanka, Pakistan, Bangladesh, Bhutan, the Maldives and Nepal, and more recently, Afghanistan). There are 3 other branches of Cochrane Centres (Thailand, Nigeria and Singapore) and 3 Cochrane Centres (Brazil, China and South Africa) in low and middle income countries. The SACN (<http://www.cochrane-sacn.org>) consists of a central coordinating base at the Christian Medical College (CMC), Vellore, Tamil Nadu, India and a devolved network of sites across the South Asian region, each contributing to and supporting the activities of SACN. The site representatives make up the steering group of SACN. At present, SACN comprises 6 sites in India, 2 in Pakistan, 1 in Sri Lanka and 1 in Bangladesh. The SACN hopes to expand its activities to Afghanistan, Bhutan, Nepal and the Maldives in the near future. (Further details of the sites, site coordinators and activities, and of the members of the international advisory board can be accessed from <http://www.cochrane-sacn.org>.)

THE GOALS OF SACN

The goals enumerated in the strategic plan of SACN at its

inception were to: raise awareness about the Cochrane Collaboration and evidence-based practice in South Asia; train and support contributors to the Cochrane Collaboration in South Asia; promote access to *The Cochrane Library* for South Asia; ensure a sustainable structure for SACN and represent and advocate for high quality research in South Asia. The activities and achievements to date are detailed below. The revised strategic plan for 2007–2009 extends these goals and adds themes for activities that are summarized in Table I.

Training and mentoring review authors

Since 2004, SACN has promoted Cochrane activities in India with help from the Australasian Cochrane Centre at Melbourne (<http://www.cochrane.org.au/>) and others in the Collaboration, particularly from the UK. Annual 3-day workshops on developing protocols for Cochrane systematic reviews have been held for potential review authors at the coordinating centre at Vellore and have been followed by annual review completion workshops. In 2007 the Indian Council of Medical Research (ICMR) funded a protocol development workshop at CMC, Vellore attended by over 40 members of the ICMR and ICMR-funded institutions, which led to many registered titles for systematic reviews authored

TABLE I. Strategic plan of the South Asian Cochrane Network (SACN) for 2007–2009

Goal	Themes*
I. To increase awareness of The Cochrane Collaboration, <i>The Cochrane Library</i> and evidence-based healthcare in South Asia	1. To increase awareness about Cochrane systematic reviews and evidence-based practice 2. To increase access to and usage of <i>The Cochrane Library</i> 3. To disseminate the results of Cochrane systematic reviews and evaluate their usefulness for clinicians, policy-makers and consumers
II. To train and support contributors to The Cochrane Collaboration in South Asia	4. To develop standard training resources and a pool of trained trainers 5. To conduct a series of workshops and mentoring activities for review authors throughout the region 6. To train information specialists on the use of <i>The Cochrane Library</i> and other evidence-based resources 7. To train and organize hand-searching activities 8. To involve and train consumers of healthcare
III. To increase the use of reliable evidence in healthcare decisions	9. To increase capacity among policy-makers to access, appraise and use evidence from systematic reviews in formulating healthcare policy 10. To increase capacity among clinicians to access, appraise and implement evidence 11. To identify and prioritize locally relevant areas for research
IV. To represent and advocate for high quality research in South Asia	12. To encourage the prospective registration of clinical trials in the region 13. To improve the design, conduct, quality and reporting of clinical trials from the region 14. To develop and maintain a register of published and unpublished clinical trials conducted in the region 15. To identify health research priorities in the region 16. To develop capacity for methodological research in evaluating healthcare interventions
V. To ensure a sustainable structure for SACN and contribute substantially to the Cochrane Collaboration	17. To enhance the capacity of SACN to support the activities of the Cochrane Collaboration 18. To integrate training and support activities within all countries in South Asia 19. To contribute substantially to the Cochrane Collaboration's activities

*A detailed list of proposed activities under each theme can be downloaded with the strategic plan from <http://www.cochrane-sacn.org>

TABLE II. Number of contributors from India to Cochrane Reviews Groups, by type and year

Type of contributor	2000	2002	2003	2004	2005	2006	2007
Advisors	2 (2)	2 (2)	2 (2)	1 (1)	1 (1)	1 (1)	1 (1)
Authors	11 (0.5)	15 (0.5)	20 (0.5)	31 (0.5)	42 (1)	80 (1)	78 (1)
Consumers	0	1 (0.5)	1 (0.5)	3 (1)	3 (1)	3 (1)	3 (1)
Editorial team members	0	1 (1)	1 (1)	1 (1)	0	0	0
Editors	2 (1)	1 (0.5)	2 (1)	5 (1)	5 (1)	5 (1)	5 (1)
Hand-searchers	1 (0.5)	2 (1)	3 (1)	3 (1)	1 (0.5)	1 (1)	1 (0.3)
Peer reviewers	3 (0.5)	6 (0.5)	8 (0.5)	17 (1)	21 (1)	26 (1)	35 (1)
Translators	0	3 (2)	3 (1)	3 (1)	3 (1)	3 (1)	3 (1)
Trials search coordinators	0	0	0	0	0	1 (2)	0
Total	19 (0.3)	31 (0.4)	40 (0.4)	64 (0.5)	76 (0.6)	120 (0.8)	126 (0.8)

Note: Figures in parentheses are the proportion of the relevant global figure

by policy-makers. In 2006, a 5-day workshop on basic and advanced statistics for meta-analysis was held at Vellore, India and was repeated in August 2007 in Karachi, Pakistan and Chandigarh, India. Shorter workshops to assist review authors have also been held at other network sites in India, Bangladesh, Pakistan and Sri Lanka. The editorial base of the Cochrane Schizophrenia Review Group in the UK (<http://szg.cochrane.org/en/index.html>) helped establish a satellite centre at Vellore in India in January 2006 that now helps in searching for and coding trials of interventions for people with schizophrenia for the Cochrane Schizophrenia Group's Specialized Register (that holds more than 10 000 reports of randomized controlled trials). The SACN coordinating centre at Vellore also runs a mentorship programme for authors of reviews addressing some of the Millennium Development Goals through its involvement in the Effective Health Care Research Programme Consortium (<http://www.liv.ac.uk/evidence/>) coordinated by the editorial base of the Cochrane Infectious Diseases Review Group at the Liverpool School of Tropical Medicine, UK. The coordinating centre of SACN is now funded by a 5-year grant as an ICMR Advanced Centre for Research and Training in Evidence-Based Healthcare.

The activities of SACN are likely to have been influential in increasing the number of contributors to the work of Cochrane Review Groups in India—from 19 in the year 2000 to 126 in 2007. Particularly dramatic has been the increase in authors from 11 in the year 2000 and 31 in 2004 (before the formation of SACN) to 78 in January 2007 (Table II).

TABLE III. Cochrane Review Groups in which people based in India are listed

Group	Group
Acute respiratory infections	Infectious diseases
Airways	Injuries
Anaesthesia	Movement disorders
Breast cancer	Multiple sclerosis
Childhood cancer	Musculoskeletal
Colorectal cancer	Neonatal
Cystic fibrosis and genetic disorders	Neuromuscular diseases
Dementia and cognitive improvement	Oral health
Ear, nose and throat	Pregnancy and childbirth
Epilepsy	Renal
Fertility regulation	Schizophrenia
Heart	Skin
Hepato-biliary	Stroke
HIV/AIDS	Wounds

By Issue 1, 2007 of *The Cochrane Library*, there were 23 reviews and 27 protocols with a contact author based in India, and contact or co-authors were listed in the modules of 28 (55%) out of the current 51 Cochrane Review Groups (Table III). This increase in participation in the activities of the Cochrane Collaboration from South Asia is, however, far less dramatic than that seen in China; from 15 in 2000 to 454 in 2007, making China the seventh largest contributor in the Collaboration.¹ The majority of reviews published from China cover Chinese herbal medicines and traditional Chinese remedies. Many people in the Indian subcontinent use remedies from within the ancient systems of Ayurveda, Siddha and Unani for their ailments and yoga is also widely used as an intervention in healthcare. The SACN hopes to undertake systematic reviews on the efficacy and safety of the more promising of these interventions so that their continued use is based on reliable evidence.

Promoting access to The Cochrane Library

The abstracts of Cochrane systematic reviews are freely available to anyone in the world, but access to the full resources of *The Cochrane Library* requires a subscription. All countries in Latin and Central America and the Caribbean, and several other developing countries in many parts of Africa and Asia (including Afghanistan, Bangladesh, Bhutan and Nepal) get free access through internationally funded initiatives. India was ineligible for free access via these sponsored initiatives, hence the need to consider other means for universal access.

In January 2007, an agreement was reached between the ICMR and the publishing partner of The Cochrane Collaboration, John Wiley and Sons Limited, to ensure provision of *The Cochrane Library* to all residents of India with internet access, free at the point of use. One concern expressed was that this national provision would not be widely used. This fear was belied by data provided by the publishers that reveals a 350% increase in downloads of full texts of Cochrane reviews from *The Cochrane Library* by users in India in the first 6 months of 2007 over the last 7 months of 2006 (3999 downloads with 2848 instances where access was denied in 2006 versus 24 090 downloads and no instances where access was denied in 2007). India is the first low income country to purchase national access to this evidence-based information resource for its entire people. This initiative of the ICMR has the potential to help shape the future of healthcare in India.

If this investment is to prove worthwhile, then dissemination of this information needs to be coupled with more workshops on

the role of systematic reviews in informing healthcare decision-making and on using *The Cochrane Library*, for clinicians, students, policy-makers and members of the public.

Disseminating evidence from Cochrane systematic reviews

It is also important to disseminate the evidence from systematic reviews in the form of summaries that are easily understood by busy clinicians. One such initiative is *Evidence Update* (www.liv.ac.uk/evidence/evidenceupdate/home.htm), 2-page summaries of Cochrane Reviews of healthcare interventions relevant to people in low income and middle income countries. Each *Evidence Update* is prepared by a member of the Effective Health Care Research Programme Consortium (a partnership of researchers from the UK, Africa, China, India, Russia and the Philippines, coordinated by the Cochrane Infectious Diseases Group from Liverpool, UK) in collaboration with the Australasian Cochrane Centre, and is updated every time a review update is published in the *Cochrane Database of Systematic Reviews*. The SACN coordinating site is helping to disseminate and evaluate *Evidence Update*. Currently, over 45 such summaries are free to download, print, include in news bulletins, journals and continuing education programmes.

Another initiative to disseminate evidence from Cochrane reviews is the 'Evidence Aid Project: Resources for natural disasters and other healthcare emergencies' (www.cochrane.org/evidenceaid/project.htm). This is a project initiated by the Collaboration in 2005 in the aftermath of the Asian tsunami in December 2004.² Where possible, a structured summary (*Evidence Update*) or another summary has been prepared, based on one or more Cochrane reviews of interventions relevant to healthcare emergencies. A link is given to the review in *The Cochrane Library*, if a summary is not available but a relevant Cochrane review exists. 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*. It is hoped that *Evidence Aid* will help government and non-government agencies, other organizations and individuals in planning and making decisions about healthcare in the aftermath of disasters or healthcare emergencies. The site also contains a list of topics for which no Cochrane review is currently available; this list could inform potential review authors who seek a suitable topic to review.

Using evidence to change policy

Cochrane systematic reviews have been influential in changing policy and practice, and are systematically incorporated into many practice guidelines worldwide (for more details, see <http://www.cochrane.org/reviews/impact/index.htm>). In India, the results of Cochrane reviews were used to guide the content of counsellor training and the official response to the psychological trauma wreaked by the Asian tsunami.² More recently, the results of a Cochrane review, with authors from the region,³ were

influential in changing the Malaria Drug Policy 2007 in India (<http://www.nvbdc.gov.in/Doc/Revised%20drug%20policy.pdf>) on dosing regimens for primaquine in preventing relapses of malaria due to *Plasmodium vivax*.

Health is a state subject in India. If healthcare at the state level is to be based on reliable evidence, progress in engaging policy-makers within the ICMR and ICMR-supported institutions needs to be followed up with engaging policy-makers within health ministries in every state in India.

Ensuring a sustainable structure for SACN

In April 2008, the coordinating centre of SACN at Vellore, India, will host the mid-year meetings of the Cochrane Collaboration Steering Group (which is the internationally elected group of people who make policy decisions on behalf of The Cochrane Collaboration), the Cochrane Centre Directors and Editorial Board of the Coordinating Editors of the Review Groups. This will hopefully raise the profile of both SACN and the Collaboration through a series of associated meetings, including a South Asian Regional Seminar on Evidence Based Healthcare. The SACN also hopes to succeed in its bid to become an independent South Asian Cochrane Network and Centre in the interim.

Limitations of the evidence in the Cochrane Library

The overall quality of systematic reviews produced by The Cochrane Collaboration has been judged to be of greater methodological rigour than systematic reviews published in printed journals indexed in MEDLINE.⁴ However, the *Cochrane Database of Systematic Reviews* does not provide definitive answers to all questions raised about the efficacy and safety of interventions. Roughly 50% of reviews for some healthcare conditions have uncertain results and a third of the interventions, from the ones that do have conclusive results, may not be applicable in developing country settings. Less than 10% of the trials in many Cochrane reviews were conducted in countries with similar healthcare problems or delivery systems to those in India and the South Asian region, adding further to the difficulties in generalizing the results of these reviews to policy and care in India.⁵ The responsibility for rectifying these limitations undoubtedly rests with the Collaboration, but since the Collaboration largely exists because of the enthusiasm, involvement and generosity of individuals, it would be fair to lay a large part of this responsibility with all those in the South Asian region interested in using reliable evidence to inform healthcare decisions.

Advocating for high quality research in the region

Cochrane reviews often exclude randomized trials of poor methodological quality and those that are not randomized, in order to provide reliable answers to review questions. The full benefits of the national provision to *The Cochrane Library* are therefore unlikely to be realized unless more randomized trials that adequately report methods that minimize bias, confounding and the effects of chance are conducted and published from the region, so that their inclusion in systematic reviews could provide evidence that is relevant to the region. This requires the coordinated efforts of medical journal editors, peer reviewers, institutional review boards and trialists, and conformity with international standards in prospectively registering these trials and in reporting results. If more people from India and the region undertake systematic reviews, then the review questions themselves are also more likely to be framed to reflect the healthcare conditions and interventions used in the region.

What is *The Cochrane Library*?

The Cochrane Library is an electronic publication, available on the internet. It contains high quality, independent evidence to inform healthcare decision-making. It includes reliable evidence from Cochrane and other systematic reviews, a register of published and unpublished clinical trials, and more. Cochrane reviews bring you the combined results of the world's best medical research studies, and provide the knowledge needed to underpin many decisions for evidence-based healthcare.

Getting involved with The Cochrane Collaboration

There are many ways in which you can get involved with the activities of The Cochrane Collaboration:

As a review author

Resources: The Cochrane Collaboration's web-page has useful resources for learning more about how to do systematic reviews (http://cochrane.org/index_authors_researchers.htm) that include the Collaboration's handbook and links to download RevMan, the Collaboration's software to prepare and maintain systematic reviews; online training through the open learning materials that complement the Collaboration's handbook can be accessed at <http://www.cochrane-net.org/openlearning/>

Face to face training workshops: Schedules for training workshops worldwide can be accessed at <http://www.cochrane.org/news/workshops.htm> and for workshops in the South Asian Region at <http://www.cochrane-sacn.org>

You can also contact Cochrane Review Groups to enquire about local workshops and about review topics at <http://www.cochrane.org/contact/entities.htm>

As a hand-searcher

You can hand-search healthcare journals from the region that are not indexed in international databases and contribute trials from the region to the Cochrane Central Register of Controlled Clinical Trials (CENTRAL). Databases and procedural documents, training resources including an online training course and other resources are available at <http://cochrane.org/resources/hsearch.htm>

As a consumer of healthcare

You can help by providing consumer input into developing Cochrane systematic reviews of best evidence in healthcare and in utilizing this evidence. The Cochrane Consumer Network homepage with resources and information on how you can contribute can be accessed at <http://www.cochrane.org/consumers/homepage.htm>. You may also contact cochrane@cmcvellore.ac.in for guidance.

As a methodologist

If you are a statistician or have expertise in other methodological aspects of systematic reviews, you can contribute through one of the 12 Cochrane Methods Groups (<http://www.cochrane.org/contact/entities.htm#MGLIST>).

As a translator

Many reports of trials are in languages other than English. If your language skills extend beyond English or Indian languages, and you are willing to contribute your time and skill free of cost, please contact the SACN coordinating centre (<http://www.cochrane-sacn.org>). We also need help in translating evidence summaries into Indian languages.

As a member of a Cochrane field

Cochrane fields focus on dimensions of healthcare other than interventions such as the setting of care (e.g. primary care), the type of consumer (e.g. older people), the type of provider (e.g. nurses) or the type of intervention (e.g. physical therapies). For more information on ways to get involved, contact one of the relevant fields (<http://www.cochrane.org/contact/entities.htm#FIELDLIST>).

As a funder

The work of the Collaboration is based on voluntary commitment of individuals and organizations. If you or your organization wishes to fund the activities of the Cochrane Collaboration, you may contact the relevant review group, field or network or the Collaboration's secretariat (secretariat@cochrane.org). If you wish to support the work of SACN, please contact cochrane@cmcvellore.ac.in.

Evidence-based healthcare in South Asia

There will always be tension between the disciplines of evidence-based medicine and the experiences of people in the developing world pertaining to what the evidence indicates and what people actually do. Healthcare in the region is largely driven by profit (profit-based medicine) and people have largely sought traditional remedies and magical-religious treatments (fate or faith-based medicine). However, evidence-based medicine attempts to integrate the best research evidence with clinical expertise and the values and preferences of people. These tensions are therefore inevitable and do not detract from the need to continue to assemble, synthesize, maintain and disseminate the evidence, and even to attempt to produce good quality, real-world evidence, when indicated by the results of systematic reviews.^{5,6} The greater participation from people in India and the region in this

collaborative endeavour is the best way to ensure that healthcare in the region is based on reliable and relevant evidence.

CONCLUSIONS

Through international cooperation, the 51 Cochrane Review Groups with editorial bases around the world have produced 3000 full Cochrane reviews and are working on thousands more. However, it has been estimated that at least 10 000 or more separate systematic reviews would be needed to cover all healthcare interventions investigated in randomized trials published before 2001,⁷ and maintaining these reviews would require that at least 5000 would have to be updated every year in accordance with The Cochrane Collaboration's current policy of updating reviews every 2 years. This will require continuing global cooperation and collaboration.

India has one of the largest populations in the world and, therefore, can be thought to have one of the greatest potentials to be a country with the most active contributors to The Cochrane Collaboration. It has shown a rapid growth in the number of participants between 2000 and 2007. Given that one of the objectives of SACN is to identify and support people in the South Asian region who wish to prepare and maintain Cochrane reviews, it is to be expected that the number of authors based in those countries will continue to rise, as will the number of their reviews in *The Cochrane Library*. This is likely to bring fresh challenges for cooperation between these authors, the SACN and Cochrane Review Groups. However, without such cooperation the growth will not be sustained and the potential enormous value of Cochrane reviews for well-informed decision-making in India may be lost. As with many other aspects in the growth of The Cochrane Collaboration during its first 14 years, we look forward to these challenges being met.

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More information about *The Cochrane Collaboration* is available from <http://www.cochrane.org>, including 5 introductory leaflets (<http://www.cochrane.org/resources/leaflet.htm>). The SACN invites subscribers to its mailing list that can be accessed via: south-asian-subscribers@cochrane.de

The views expressed in this paper are those of the authors and not necessarily those of The Cochrane Collaboration. A part of this article has been published previously.¹

DECLARATION OF INTEREST

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Obituaries

Many doctors in India practise medicine in difficult areas under trying circumstances and resist the attraction of better prospects in western countries and in the Middle East. They die without their contributions to our country being acknowledged.

The National Medical Journal of India wishes to recognize the efforts of these doctors. We invite short accounts of the life and work of a recently deceased colleague by a friend, student or relative. The account in about 500 to 1000 words should describe his or her education and training and highlight the achievements as well as disappointments. A photograph should accompany the obituary.

—Editor