

Publishable executive summary



Website address: <http://www.support-collaboration.org/>

Objectives

SUPPORT has two main objectives:

- to improve healthcare decision-making by policymakers in low and middle-income countries (LMIC) by producing highly focused, quality assessed and policy relevant summaries of research evidence in the field of maternal and child health.
- to increase the ability of researchers in LMIC to provide this evidence.

A range of tools and workshops to complement this work will disseminate results to a wide audience in LMIC. Software will be developed to support the day-to-day conduct and management of trials so that it is easier for LMIC researchers to address knowledge gaps. The SUPPORT collaboration builds on two existing networks with experience in research and linkage to policy-making, one in Latin America and one in sub-Saharan Africa.

Contractors

No.	Name	Abbr
1	Nasjonalt kunnskapssenter for helsetjenesten, Norway	KS
2	Centro Rosarino De Estudios Perinatales, Argentina	CREP
3	Medical Research Council, South Africa	MRC
4	University of Eduardo Mondlane, Mozambique	UEM
5	University of Zimbabwe	UZ
6	Instituto de Efectividad Clinica y Sanitaria, Argentina	IECS
7	Universidad de Chile, Chile	UC
8	Javeriana University, Colombia	JU
9	The University Court of the University of Aberdeen, Scotland	UNIABDN
10	Polski Instytut Evidence Based Medicine, Poland	PI EBM

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Work performed and results so far

Making better decisions

One reason for slow progress with the maternal and child health Millennium Development Goals is a lack of awareness among policymakers and others of effective interventions within maternal and child health. SUPPORT has begun to address this problem by developing protocols for searching global databases for systematic reviews of interventions relevant to maternal and child health, and for ways in which health systems can effectively deliver, finance and regulate such interventions. The searches are focused. For example, the protocol for the child health search considers the conditions that produce most of the burden of mortality in children under five in LMIC, together with preventive and therapeutic interventions for addressing those conditions. As a result, the three top priorities for SUPPORT's initial work looking at interventions for children are:

1. Neonatal disorders (birth asphyxia and birth trauma, low birth weight, preterm delivery, neonatal sepsis and neonatal tetanus)
2. Diarrhoeal disease
3. Pneumonia.

The maternal health and health systems work is similarly focused. The initial searches are complete and SUPPORT has started work on producing summaries of the systematic reviews identified in the searches and which meet our inclusion criteria (not all reviews picked up by the search turn out to be relevant). In addition to summarising the results of the review, the summaries also give information on the applicability of the results to other settings, equity issues and challenges regarding scaling up the intervention. These are all questions faced by policymakers and these summaries, therefore, offer more value than the systematic review alone.

Producing summaries is not, however, enough. SUPPORT is also developing ways of delivering these summaries and other resources to researchers and analysts who support policymakers. SUPPORT has produced a scoping document and begun to identify and collate resources. One aspect in particular, active implementation and evaluation of policy and programs is well underway because we will modify an existing resource developed in an earlier EC FP5 project (ReBEQI) called NorthStar (<http://www.rebeqi.org/?pageID=34&ItemID=35>). NorthStar is a tool that will help evaluators of interventions to improve the quality of healthcare and is targeted at quality improvement researchers and healthcare professionals and managers responsible for developing, delivering and evaluating continuing education and quality improvement programmes.

Improving the quality of randomised controlled trials in LMIC

The majority of research evidence is not relevant to LMIC and more LMIC-focused research, especially trials, is urgently needed. The first step in running a high quality trial is to produce a good research protocol. Many of SUPPORT's partners were involved in

producing a Trial Protocol Tool in an earlier FP5 project (Practihc - www.practihc.org/toolindex.htm). The Trial Protocol Tool packages material from journals, websites, books, conference proceedings and software tools into a single, easily accessible and practical tool. But writing a protocol, and obtaining funding, is only the start. The trial has to be conducted and managed well and a tool to support this process was a regular request from participants in Practihc's trial workshops. SUPPORT is now moving the state of the art by starting work on a Trial Management Tool, which will again package a wide range of practical information into a single software tool. The scope of this tool has now been developed. One particular area where SUPPORT is adding immense value to the Trial Management Tool is by providing practical examples that give advice and tips based on the huge experience of running trials available within the consortium. These examples will involve text but we will also provide audio and video clips of SUPPORT members and others providing practical advice on particular trial management issues. We believe that this tool will represent a significant move forward of the state of the art.

Improving knowledge about what funders are looking for

One of the important barriers to increasing the production of high quality research in LMIC, particularly in maternal and child health, is the difficulty in accessing funds for such research both within country and internationally. SUPPORT, therefore, has a workpackage that will review barriers and mechanisms to improving access to funding for researchers in LMIC who wish to undertake high quality pragmatic RCTs on priority maternal and child health service and public health questions. The consortium has developed a protocol and interview guide so that interviews will be semi-structured and collect consistent information across partners. The interviews will initially be done in two ways: as groups if a group meeting can be arranged, or individually by telephone. We will begin to develop a package of resources to improve access to information and support on RCT funding for such researchers in Year 2.

Developing skills in partner countries

For analysts and policymakers to base policies on research evidence, they must first be able find research, appraise its quality and relevance to their decision-making settings, and identify potential applications. Similarly, researchers must have an understanding of the different approaches to promoting the use of research-based evidence in healthcare organisations and an understanding about which approach or combination of approaches is best suited to each policymaker's management style, organisational context, and intervention project.

Such courses are thin on the ground, especially in LMICs. SUPPORT has run workshops for over 42 policymakers and researchers in Argentina and Zimbabwe and has sent three South African researchers on a course on randomised controlled trials. The policymaker workshops build on John Lavis' "Executive Training for Research Application", (EXTRA), programme, (www.chsrf.ca/extra), which received exceptionally high ratings by the 100 policymakers who have participated in the Canadian workshops. Experience from the SUPPORT workshops in Argentina and Zimbabwe (and a South African workshop to be held at the beginning of Year 2) is informing the development of a shorter, two-and-a-half-

day workshop, which is likely to be easier for policymakers to attend than the original one-week EXTRA format. We anticipate that this course structure and materials will be available on the SUPPORT website (www.support-collaboration.org) during Year 2.

Sharing and disseminating the work of SUPPORT

SUPPORT's work is being disseminated in a variety of ways, including the following:

- A project website.
- Free access, via websites, to all of SUPPORT's tools.
- Expansion of our partnership's existing policymaker-researcher networks
- Involving (and reporting to) policy and decision makers.
- Publication of the results and presentations at appropriate conferences.
- Personal contact between the SUPPORT partners and other investigators.
- Formal and informal contacts with individuals participating in SUPPORT's knowledge exchange workshops.
- Linking with researchers in Canada and Asia to extend the reach of SUPPORT.
- Discussing the SUPPORT project and its results with students and with healthcare professionals via the teaching and training commitments of members of our partnership.

Expected results and impact

The first year of SUPPORT has laid the foundations for all of the Deliverables that SUPPORT will produce. It will produce overviews of what is known about effective interventions in maternal and child care and health services and develop a software tool, the Trial Management Tool, to support the conduct and management of pragmatic randomised controlled trials, which will help trialists to resolve practical issues regarding the day-to-day management of a trial. The project will build capacity by running a series of workshops and other knowledge transfer activities for policymakers and funders and for trialists and authors of systematic reviews. Through these results and outcomes, SUPPORT will improve healthcare delivery and health systems in LMIC by increasing the proportion of care that can be regarded as best practice and the extent to which health care policies are based on rigorous evidence of intervention effectiveness. SUPPORT's aims and outputs will support and promote European values such as solidarity while also directly supporting European Union development policies such as reduction of poverty, sustainability, good governance and long-term economic growth.