

When should EPOC reviews only include studies from low- and middle-income countries?

The Norwegian satellite of the Effective Practice and Organisation of Care (EPOC) group supports reviews that are relevant to low- and middle-income countries (LMICs) and that are undertaken by people from LMICs. For reviews that are particularly relevant to LMICs the title registration form should specify clearly whether the review will only include studies from LMICs and, if so, why.

Terminology

“Low- and middle-income countries” should be used consistently instead of “developing countries”. “LMICs” should be used if this is abbreviated. For definitions see <http://data.worldbank.org/about/country-classifications/country-and-lending-groups>.

Possible reasons for only including studies from LMICs in an EPOC review include:

1. The intervention(s) and/or problem that the review addresses are highly relevant in LMIC and of little or no relevance in high-income countries (HICs). Examples include:
 - Community mobilization for safe motherhood
 - Interventions for controlling emigration of health professionals from low- and middle income countries
 - Facility-based versus non-facility-based deliveries in low- and middle-income countries
 - The effect of social franchising on access to, quality of, and utilization of health services in low- and middle-income countries
 - The impact of conditional cash transfers on access to health services in low- and middle-income countries
2. There are compelling reasons to believe that the problem or the intervention(s) or the outcomes of interest are different in LMICs and HICs, and the intervention(s) would be expected to function differently in LMICs and HICs, so that the evidence would be unlikely to be transferrable between LMICs and HICs. Such reasons should be clearly articulated in the title registration form in a way that convinces the editorial team that most people in the target audience would agree with the decision to exclude studies from HIC. Examples include:
 - Paying for performance to improve the delivery of health interventions in low- and middle-income countries
 - Interventions for improving coverage for child immunisation in low- and middle-income countries
 - The impact of risk sharing mechanisms on access to health services in low- and middle-income countries
 - Supervision outreach visits to improve the quality of primary health care in low- and middle-income countries
 - The impact of contracting out on access to health services in low- and middle-income countries
 - The impact of user fees on access to health services in low- and middle-income countries

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- Strategies for integrating primary healthcare services in low- and middle-income countries at the point of delivery

Titles should include “in low and middle-income countries” if only studies from LMICs are included.

Reasons that do not by themselves adequately justify restricting the focus of an EPOC review to studies from LMICs include:

1. The intervention(s) is common in LMICs and uncommon in HICs, but there are not compelling reasons to believe that the problem or the intervention(s) or the outcomes of interest are different in LMICs and HICs, and the intervention(s) would not be expected to function differently in LMICs and HICs
2. The researchers or those who commissioned the review are particularly interested in evidence from LMICs

Titles should not include “in low and middle-income countries” if studies from HICs are included, even if the focus is primarily on LMICs.

For reviews that include studies from LMICs and HICs, where the topic is particularly important for LMICs and also relevant for HICs, the review authors should consider reasons why the same intervention might have different effects in LMICs and HICs in the background; if relevant include appropriate subgroup analyses for LMICs and HICs, and consider the applicability of the evidence in LMICs and HICs in the discussion.

The Norwegian EPOC satellite assumes responsibility for reviews that are not restricted to studies from LMIC if the topic is particularly important for LMICs and also relevant for HICs and (some of) the review authors are from LMICs. Examples include:

- Mobile clinics for women’s and children’s health
- Outreach strategies for expanding health insurance coverage in children
- Interventions to reduce corruption in the health sector
- Effects of interventions to manage dual practice
- Microfinance-based interventions for health outcomes in persons of low socio-economic status
- Interventions for increasing the proportion of health professionals practising in under-served communities
- Effects of changes in the pre-licensure education of health workers on health worker supply
- Preventive staff-support interventions for health workers
- Lay health workers in primary and community health care for maternal and child health and the treatment of infectious diseases

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