Dear Equity Colleagues,

Welcome to our second newsletter of 2013! It is hard to believe we are already into September.

This month we are celebrating the Cochrane Collaboration’s 20th anniversary. We hope you have had a chance to watch the anniversary videos available on the Cochrane Anniversary website: http://anniversary.cochrane.org/

We are very excited for this year’s colloquium. It will take place later this month (September 19-23) in beautiful Quebec City. You will find a description of our group’s activities at the Colloquium on page 5.

We hope to see you in Quebec City!

Best regards,

The Equity Team
Equity Update

The Campbell and Cochrane Equity Methods Group

Elizabeth Kristjansson
Advisory Member
kristjan@uottawa.ca

Jennifer O’Neill
Coordinator
jennifer.oneill@uottawa.ca

Mark Petticrew
Co-Convener
mark.petticrew@lshtm.ac.uk

Kevin Pottie
Advisory Member
kpottie@uottawa.ca

Peter Tugwell
Co-Convener
c/o Kerry O’Brien
kerry.obrien@uottawa.ca

Elizabeth Waters
Advisory Member
ewaters@unimelb.edu.au

Vivian Welch
Co-Convener
vivian.welch@uottawa.ca

www.equity.cochrane.org

Equity Initiatives

New publication!

Health equity: evidence synthesis and knowledge translation methods

In June, we published a paper entitled Health equity: evidence synthesis and knowledge translation methods in the open access journal Systematic Reviews. This paper provides guidance on conducting an equity-focused systematic review (SR). It also includes guidance on knowledge translation for equity-focused SRs.

This paper has been highly accessed.

Contact Information:
Vivian Welch
vivian.welch@uottawa.ca

Complex Interventions:
A series of papers in the Journal of Clinical Epidemiology

In February, 2012, the Equity Methods Group along with the Ottawa Hospital Research Institute hosted a 2 day meeting in Montbello, Quebec to discuss methodological issues for complex interventions in systematic reviews. As a result of this meeting, a series of 8 papers have been published.

The titles of the papers are:
1. Introducing a series of methodological articles on considering complexity in systematic reviews of interventions (Anderson et al)
2. Systematic reviews of complex interventions: framing the review question
3. Complex interventions and their implications for systematic reviews: a pragmatic approach (Petticrew et al)
4. Investigating complexity in systematic reviews of interventions by using a spectrum of methods (Anderson et al)
5. Synthesizing evidence on complex interventions: how meta-analytical, qualitative, and mixed-method approaches can contribute (Petticrew et al)
6. Identifying, documenting, and examining heterogeneity in systematic reviews of complex interventions (Sheppard and Pigott)
7. Assessing the applicability of findings in systematic reviews of complex interventions can enhance the utility of reviews for decision making (Burford et al)
8. A research and development agenda for systematic reviews that ask complex questions about complex interventions (Noyes et al)

These articles are available on JCE’s website: http://www.jclinepi.com/inPress
Update from the Campbell Collaboration’s International Development Coordinating Group (IDCG)

New Systematic Reviews Published in the Campbell Library

The IDCG is pleased to announce the publication of two new IDCG reviews in the Campbell Library. A review by Sarah Baird and colleagues, entitled ‘Relative effectiveness of conditional and unconditional cash transfers for schooling outcomes in developing countries: a systematic review’, assesses the evidence on the effectiveness of CCTs and UCTs for improved school enrolment, attendance and test scores in developing countries. The authors provide a useful analysis of the role of conditions by combining detailed coding of implementation and meta-regression analysis. To read the full review, visit the Campbell Library review page (http://campbellcollaboration.org/lib/project/218/) in the Campbell Library, or visit Berk Ozler’s blog post (http://goo.gl/PAxifz) for the World Bank to read about some of the interesting issues the review team faced.

‘Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people’ was published in the Campbell library in May. The review by Esther Coren and colleagues reviews the evidence on how to assist children worldwide living or working on the street that are vulnerable to a range of risks and often excluded from mainstream social structures and opportunities. Visit the Campbell Library review page (http://campbellcollaboration.org/lib/project/206/) to read the full review or Esther and Birte Snisvete’s blog post (http://goo.gl/KaacH4) for 3ie for a discussion of the findings.

In addition, two new protocols and five new titles have been published in the library, and can be viewed here (http://www.campbellcollaboration.org/reviews_IDCG/index.php).

New listserv on Systematic Reviews in International Development

3ie, in collaboration with the IDCG, have set up a new listserv for people interested in systematic reviews in international development. The online discussion forum includes the latest systematic review and grant announcements, blogs, events, newsletters and other useful systematic review resources. If you are interested in joining the group, sign up by emailing: srs-in-international-development@googlegroups.com

Highlights from the Campbell Colloquium in Chicago

The IDCG had a very successful Campbell Collaboration Colloquium, held in Chicago from May 21-23 this year. Howard White, executive director of 3ie and co-chair of the IDCG, gave a key note on using a broader range of evidence in systematic reviews and three international development panels discussed recent systematic review evidence on conditional and unconditional cash transfers, self-help groups, nutrition, deworming programmes, and agricultural interventions. Videos from the workshops and slides from the IDCG presentations are available to download on the IDCG website (http://goo.gl/UAnjW).

Contact information:
Jennifer Stevenson
jstevenson@3ieimpact.org

Introducing The Lancet Global Health

The Lancet Global Health is the first online-only, open access journal in The Lancet’s monthly specialty journals.

The first issue of The Lancet Global Health was published in July 2013.

For more information, visit the journal’s website:
http://www.thelancet.com/journals/langlo/issue/current

In addition to The Lancet Global Health, find more global health resources through The Lancet Global Health Portal, including links to previous articles from The Lancet with global health importance as well as links to World Reports and Regional Reports and Commissions.

Visit the portal for more information:
http://www.thelancet.com/global-health
Equity Update

CPHG is pleased to announce the publication of two new Cochrane Systematic reviews.

‘In-work tax credits for families and their impact on health status in adults’, examined the effects of in-work tax credits on health outcomes in working-age adults. In-work tax interventions aim to increase income in families living in or at risk of poverty and to improve attachment to the labour force through creating an additional financial reward for taking up or remaining in paid work. As such, it is expected that by reducing income poverty and unemployment, the health status of low and middle income families will improve. The review examined the international evidence base and identified 5 studies eligible for inclusion. This small and methodologically limited body of evidence with a high risk of bias, provided no evidence of an effect on IWTC for families on health status. The review called for higher quality studies examining the effects of the intervention. In particular, the different impacts of IWTC on subgroups of families should be examined, for instance the role of gender, ethnicity, family type and income level should also be explored, to allow for better targeting of these interventions for greatest effect. goo.gl/mdpYG1

‘Interventions to improve water quality and supply, sanitation and hygiene (WASH) practices, and their effects on the nutritional status of children’ examined the effect that WASH interventions may have on two key measures of nutritional status in children, namely anthropometry (or physical growth) and biochemical measures of nutritional health. 14 studies were eligible for inclusion and the review found that WASH interventions (specifically solar disinfection of water, provision of soap, and improvement of water quality) may slightly improve growth in height in children <5 years of age. This finding identifies that improving access to water, sanitation and hygiene could potentially be a key part of the tool kit to tackle the global burden of undernutrition. goo.gl/DAPdxy

For more information, visit the CPHG website: http://ph.cochrane.org/

Save the Date! 2014 Campbell Colloquium

The next Campbell Collaboration Colloquium will be held from Monday June 17th to Thursday June 19th, in Belfast, Northern Ireland.

More information will be available soon.

Check the Colloquium website for updates.

www.campbellcollaboration.org/colloquium_next/index.php
Upcoming Equity Events

Seyth International Congress on Peer Review and Biomedical Publication
Chicago IL: September 8-10

September 9-10
Poster: Including Equity in Systematic Reviews: Using the PRISMA-Equity extension reporting guidelines for systematic reviews with a focus on equity

Equity Activities at the Cochrane Colloquium
Quebec City, Canada: Sept. 19-23

Sept. 20: During breaks and lunch: Meet the Entities
Sept 20: 5:15-6:30pm Equity Open Meeting
Sept. 22: 1:30-3:00pm Workshop: Introducing the new Cochrane Handbook chapter on equity – methods for systematic reviews with a focus on equity
Sept 22: 3:30-5:00pm Oral presentation: Integrating sex and gender analysis into systematic reviews
Oral presentation: An equity focused approach for systematic reviews: using community dialogue to interpret the implications of findings for safety and security of immigrant children and youth
Sept 23: Poster session
Systematic reviews on nutrition interventions relevant to low- and middle-income countries
Sept 23: 1:30-3:00pm Oral Presentation: The importance of implementation evaluation: Case study of a review on preschool feeding programmes to improve the health of disadvantaged children

IGH Cochrane Corner
Reporting Equity in Systematic Reviews: The PRISMA Equity Extension

This article originally appeared in Intersections a newsletter of the CIHR Institute of Gender and Health, Spring/Summer 2013, Vol 4, Issue 2

By: Vivien Runnels

Some populations (including women and girls, people living in poverty, and certain racial groups) have limited or unequal access to health interventions and experience differences in health outcomes. Health inequity refers to avoidable differences in health which are unfair and unjust. While systematic reviews are designed to assess and transfer evidence about the effectiveness of health interventions, they are also an important means of transferring knowledge about health inequities. Reporting equity in systematic reviews is critical for building an evidence base of interventions that address and justify action against inequities in health, including those that exist along sexed and gendered lines.

Although there is available guidance on conducting equity-focused systematic reviews, there has been no guidance on reporting them. Failing to report equity-focused reviews can inadvertently perpetuate health inequities by limiting our capacity to understand and address any differential effects of an intervention. Adding an equity 'lens' to widely endorsed reporting guidelines, such as the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement, can have important implications for decision making using systematic review evidence.

The Campbell and Cochrane Equity Methods Group developed reporting guidelines for equity-focused systematic reviews as an extension of the PRISMA Statement, called PRISMA-E 2012. The project had two main goals: (1) to provide structured guidance on transparently reporting methods and results in equity-focused systematic reviews, and (2) to legitimize and emphasize the importance of reporting health equity results. PRISMA-E 2012 is designed at minimum to raise both systematic reviewers’ and users’ awareness of disadvantage and inequities, with sex and gender being one category across which disadvantage may exist. Equity extension items have been added to different sections of systematic reviews. For example, the standard PRISMA item for the Abstract calls for a structured summary, including background, objectives, data sources and other applicable components. The equity extension to the Abstract item expands on this by instructing authors to “present results of health equity analyses (e.g. Subgroup analyses or meta-regression),” focusing attention on specific steps in reporting that are needed to demonstrate equity or inequity.

PRISMA E-2012 was published in October in PLOS Medicine. The authors’ next steps include disseminating the reporting guidelines to increase their uptake, evaluating the effects on reporting equity (including sex and gender) in prospective studies, contacting journal editors to request their endorsement of PRISMA-E 2012, and conducting an evaluation to determine whether journal endorsement of PRISMA-E 2012 impacts reporting of equity considerations in systematic reviews. We also hope that over time, requiring reporting of equity and sex and gender in systematic reviews may influence primary researchers to report more on study characteristics, provide sex disaggregated data, and reflect on the applicability of their findings. In addition, we hope that endorsement of these guidelines by journals will encourage and improve transparency and comprehensiveness of reporting of systematic reviews, therefore improving their relevance for clinical practice and policy making.

References:
2) Welch et al. (2012)

For more information on the CIHR Institute of Gender and Health, visit: http://www.cihr-irsc.gc.ca/e/5673.html
To read the complete issue of Intersections visit: http://www.cihr-irsc.gc.ca/e/47188.html
WHO: The top 10 causes of death

In July, the World Health Organization (WHO) released a fact sheet on the top 10 causes of death in the world in the years 2000 and 2011.

While the top 6 causes of death remained unchanged, the number of deaths due to trachea, bronchus, and lung cancers; diabetes mellitus; and road injuries increased.

The table below lists the top 10 causes of death for the year 2000 compared to 2011.

Noncommunicable diseases were responsible for almost two-thirds of deaths in high-income countries (87%) and just over a third of deaths in low-income countries (36%).

In low-income countries, almost 40% of deaths occur in children younger than 15 years old and only 20% of deaths are in those over 70 which is very different from the proportion in high-income countries where 70% of deaths are among those aged 70 or older.

For more information go to the website: http://www.who.int/mediacentre/factsheets/fs310/en/

<table>
<thead>
<tr>
<th>Cause of death, 2000</th>
<th>Deaths in million</th>
<th>% of deaths</th>
<th>Cause of death, 2011</th>
<th>Deaths in million</th>
<th>% of deaths</th>
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<tbody>
<tr>
<td>All causes</td>
<td>52.5</td>
<td>100.0</td>
<td>All causes</td>
<td>54.6</td>
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<td>1 Ischaemic heart disease</td>
<td>5.9</td>
<td>11.2</td>
<td>1 Ischaemic heart disease</td>
<td>7.0</td>
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<td>2 Stroke</td>
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<td>2 Stroke</td>
<td>6.2</td>
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<td>3 Lower respiratory infections</td>
<td>3.5</td>
<td>6.7</td>
<td>3 Lower respiratory infections</td>
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<td>5.9</td>
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<td>4 Chronic obstructive pulmonary disease</td>
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<td>4 Chronic obstructive pulmonary disease</td>
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<td>5 Diarroheal diseases</td>
<td>2.5</td>
<td>4.7</td>
<td>5 Diarroheal diseases</td>
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<td>6 HIV/AIDS</td>
<td>1.6</td>
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<td>7 Prematurity</td>
<td>1.4</td>
<td>2.7</td>
<td>7 Trachea, bronchus, lung cancers</td>
<td>1.5</td>
<td>2.7</td>
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<td>8 Tuberculosis</td>
<td>1.3</td>
<td>2.6</td>
<td>8 Diabetes mellitus</td>
<td>1.4</td>
<td>2.6</td>
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<tr>
<td>9 Trachea, bronchus, lung cancers</td>
<td>1.2</td>
<td>2.2</td>
<td>9 Road injury</td>
<td>1.3</td>
<td>2.3</td>
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<tr>
<td>10 Diabetes mellitus</td>
<td>1.0</td>
<td>1.9</td>
<td>10 Prematurity</td>
<td>1.2</td>
<td>2.2</td>
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<td>11 Road injury</td>
<td>1.0</td>
<td>1.9</td>
<td>13 Tuberculosis</td>
<td>1.0</td>
<td>1.8</td>
</tr>
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</table>

WHO: 10 facts on the state of global health

In July, the World Health Organization (WHO) released the 10 facts on the state of global health.

Here is a brief summary:

1. Life expectancy at birth has increased by 6 years since 1990.
2. About 7 million children under the age of 5 die each year.
3. The leading killer of new-born babies is preterm birth.
4. The leading cause of death worldwide is cardiovascular disease.
5. Most HIV/AIDS deaths occur in Africa.
6. Almost 800 women die each day due to complications of pregnancy and childbirth.
7. Mental health disorders are among the 20 leading causes of disability.
8. Hearing loss, vision problems, and mental disorders are the most common causes of disability.
9. About 1 in 10 adults has diabetes.
10. Almost 3500 people die from road traffic accidents every day.

Read more on these 10 facts by visiting: http://www.who.int/features/factfiles/global_burden/en/
World Health Organization
Geneva, Switzerland

This report brings together a series of policy briefs and is aimed at policy-makers and others interested to improve health equity by acting within the health system and on broader governmental policy.

The report provides an update and overview of the vast amount of evidence produced during the Commission on Social Determinants of Health and identifies policy options to implement the main recommendations of the Commission. It draws from the extensive work of the nine global knowledge networks set up by WHO to generate evidence for the Commission.

It first considers the essential role of the health sector in reducing inequities in five areas (working towards universal coverage; public health programmes; measuring inequities in health; facilitating mobilization of people and groups; intersectoral action). Second, it discusses how the health sector can work with other sectors that are also vital to this task in seven additional areas (early child development; urban settings; globalization).


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Third Global Symposium on Health Systems Research

The third Global Symposium on Health Systems Research will take place next year from September 30th – October 3rd 2014 in Cape Town, South Africa.

The theme of the Third Global Symposium on Health Systems Research is people-centred health systems: a broad concept that concerns creating an enabling policy environment so as to reorient health systems in a way that respects, protects and fulfils human rights.

Participants at the symposium will include researchers, policy-makers, funders, implementers, civil society and other stakeholders from relevant national and regional associations and professional organizations.

For more information: visit the Symposium website: http://www.healthsystemsglobal.org/GlobalSymposia.aspx

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Health Equity Impact Assessment

Earlier this year, the first peer-reviewed paper on health equity impact assessment (HEIA) was published in Health Promotion International.

This paper discusses an international study to examine whether existing health impact assessment (HIA) methods are adequate for global health equity assessments. Data was triangulated from a scoping review of the international literature, in-depth interviews with health equity and HIA experts and an international stakeholder workshop.

The authors found that equity is not adequately addressed in HIAs. There are many reasons for this including: inadequate guidance, absence of definitions, poor data and evidence, perceived lack of methods and tools, and practitioner unwillingness or inability to address values like fairness and social justice.

Extending HIAs to cover global equity issues will require the development of new tools that can address macroeconomic policies, historical roots of inequities and upstream causes like power imbalances.

At the 4th HIA of the Americas workshop in March 2013, Human Impact Partners - a pioneering NGO from Oakland, CA - convened a working group on HIA and equity. They handed out the Health Promotion International paper on HEIA to participants, and led a discussion on the barriers HIA practitioners have in addressing equity and how to overcome those.

For more information, read the full article: Povall;, SL Haigh. FA; Abrahams, D; Scott-Samuel , A. Health Promotion International 2013; doi: 10.1093/heapro/dat012

The article can be downloaded here: http://tinyurl.com/k6599f8
The Caribbean Branch of the US Cochrane Centre (CBUSCC) was officially launched on June 6, 2013.

The CBUSCC represents The Cochrane Collaboration across the English-speaking Caribbean and is located at the University of the West Indies in Mona, Jamaica. Equity Methods Group Member Damian Francis is the Co-Director of the branch with Marshall Tulloch-Reid who are supported by team members Nadia Bennett, Chisa Cumberbatch and Ian Hambleton.

Contact information:
Nadia Bennett
nadia.bennett@uwimona.edu.jm

Damian Francis, Nadia Bennett, and Marshall Tulloch-Reid (L to R), of the Caribbean Branch of the US Cochrane Center
Interested in global health and governance?
Health Systems Strengthening - 5 day course in Ottawa

5 day intensive course: October 21-25, 2013

The Centre for Global Health (University of Ottawa), Carleton University and the Swiss Tropical and Public Health Institute of Basel are combining forces and faculty to offer a timely and dynamic, problem-based learning experience in a one week certificate course prior to the 20th Canadian Conference on Global Health: [http://www.csih.org/en/events/conference/](http://www.csih.org/en/events/conference/)

The course is designed to provide a platform for analysis and dialogue to interpret the dynamic social trends and their influence on the evolution of global health and health systems strengthening. This multidisciplinary course is intended for a wide audience, including health development practitioners, health and development donors, civil society representatives, students and mid-level government officials working in the area of global health. The objective of the course is for students to acquire practical foundations in health system strengthening by:

1. Understanding current dynamics and trends in global health and global health governance.
2. Understanding how these dynamics play out in local national health systems.
3. Develop strategies for how to navigate in this changing scene in support of health systems and policy strengthening.

Prospective students should have, at a minimum, a Bachelor’s degree from an accredited university. Preference will be given to students who have a Master’s degree from any related discipline or five years of experience in a related area. Students are expected to have full proficiency (written and spoken) in English.

To apply to the course please submit your CV, as well as a paragraph outlining your learning objectives and how you expect the course to meet those objectives.

The fee for the course is $1200.00 CAD and includes teaching materials and lunches. There may be a limited number of scholarships available, which will be awarded on a needs-basis to developing country participants.

To submit your application and for questions, please contact Janet Hatcher-Roberts jroberts@csih.org or Bente Molenaar-Neufeld at Bente.MolenaarNeufeld@carleton.ca

The organizers reserve the right to cancel the course should there be insufficient enrollment.

For more information, please visit: [http://www.ghd-net.org/HSS](http://www.ghd-net.org/HSS)
Book: Evidence for Health: From Patient Choice to Global Policy

Dr. Anne Andermann
McGill University, Canada

Foreword by Dr Tikki Pang,
Visiting Professor, National
University of Singapore, and
former Director, Research,
Policy and Cooperation, World
Health Organization, Geneva,
Switzerland.

Cambridge University
Press
http://www.cambridge.org/gb/
knowledge/isbn/item6945171/
Evidence-for-Health/?
site_locale=en_GB

Website: http://
www.cambridge.org/97811076
48654

“Evidence for Health: From Pa-
tient Choice to Global Policy…
 provides health practitioners
and policy-makers with a broad
overview of how to improve
health and reduce health ine-
quities, as well as the tools
needed to make informed deci-
sions that will have a positive
influence on health. Chapters
address questions such as:
What are the major threats to
health? What are the causes of
poor health? What works to
improve health? How do we
know that it works? What are
the barriers to implementa-
tion? What are the measures
of success? The book provides
an algorithm for arriving at
evidence-informed decisions
that take into consideration the
multiple contextual factors and
value judgements involved.
Written by a specialist in public
health with a wealth of interna-
tional experience, this user-
friendly guide demystifies the
decision-making process, from
personal decisions made by
individual patients to global
policy decisions.”

Advance praise:
'Decision-making is a complex
process, particularly in medi-
cine and public health. It fre-
quently implies the simultane-
ous display of technical abili-
ties, political appraisals, and
moral judgements. Anne An-
dermann’s book … makes this
process accessible to all. I have
no doubt that it will become
an invaluable tool for health
professionals working in clini-
cal, management, and public
health settings.' Dr Julio Frenk,
Dean, Harvard School of Public
Health, Boston, USA and former
Minister of Health, Mexico

'Andermann, in her thought-
provoking book, points not
only to the value of evidence
but to the imperative to learn
how to integrate it more sys-
tematically in all decisions re-
lated to health from local to
global.' Dr Timothy Evans, Direc-
tor, Health, Nutrition and Popula-
tion, World Bank and former
Assistant Director General, World
Health Organization, Geneva

‘Evidence for Health: From Patient
Choice to Global Policy is an in-
novative and timely book that
provides important insight on
how to make more transparent
and informed decisions that
will result in healthier individu-
als and more equitable socie-
ties.' Professor Sir Michael Mar-
mot, Director, UCL Institute of
Health Equity and former Chair,
WHO Commission on the Social
Determinants of Health

Contact Information:
Anne Andermann
anne.andermann@mail.mcgill.ca

Page 10
Thank you to our contributors and funder!

The Campbell and Cochrane Equity Methods Group would like to thank those who have contributed to this edition of Equity Update:

We would also like to thank our funder, the CIHR Institute of Gender and Health, for their support of our work: they make our group’s initiatives and activities possible!

Equity Team Update

Equity Methods Coordinator, Jennifer O’Neill, is pursuing her PhD at the University of Split in Croatia. Her thesis will focus on the evaluation of the Equity Group’s Evidence for Equity (E4E) project.

Thanks to our students Julia Lansing, Brittany Thurston, Miranda Sculthorp, and Manosilah Yoganathan for all of their hard work on our various equity projects over the last few months!

New publications!


The Cochrane Collaboration is celebrating its 20th anniversary in 2013!

Visit http://anniversary.cochrane.org/ for videos, events, and more information.

Panel Presentation at the Campbell Colloquium (May 21-23, 2013)

At this year’s Campbell Colloquium Vivian Welch delivered a panel presentation Using network meta-analysis methods for a systematic review of deworming interventions in low- and middle-income countries.

Successful grant application

The Equity Methods Group has successfully secured a small grant to help with dissemination activities for the PRISMA-E 2012 reporting guidelines for systematic reviews with a focus on health equity.

Upcoming Equity Special Interest Group at the 2014 OMERACT Meeting

The Equity Methods Group will hold a workshop to explore whether OMERACT core outcomes instruments are appropriate for patients with lower literacy levels. This workshop will be held at the 2014 OMERACT Meeting taking place in Budapest, Hungary from May 7-11, 2014.

(Continued on page 12)
Equity Support Services

Are you doing a review that considers equity? Does your review include disadvantaged populations? The Equity Methods Group is keen to help! We are happy to provide peer review, suggest Review Advisory Group members, give methodological support, and provide other assistance upon request. Please contact Jennifer O’Neill (jennifer.oneill@uottawa.ca) to discuss your needs.

Equity Update Submissions: Seeking Your Input!

Has your group published a report on equity and global health? Are you looking for collaborators on a methods project?

We would be honoured to feature your work in our next issue of Equity Update! Please contact Jennifer O’Neill at jennifer.oneill@uottawa.ca to share your materials.

Follow us on Twitter! @uOttawaCGH

Staff and students of the Centre for Global Health, August 22, 2013
L-R: Bob Shumsky, Peter Tugwell, Jennifer O’Neill, Maria Cannataro, Elizabeth Tanjong-Ghogomu, Manosilah Yoganathan, Tamara Rader, Vivian Welch, Jordi Pardo Pardo, Brittany Thurston, Miranda Cumpston, Kerry O’Brien.
Photo credit: Shawna Grosskleg