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Foreword

The year 2015 was marked by several developments that were important to meet our objectives: The Swiss Academy of Medical Sciences, with the support of the Federal Office of Public Health and university libraries, purchased a national license to the Cochrane Library for the coming 5 years. Swiss patients and healthcare practitioners now have access to more than 6500 published systematic reviews in healthcare interventions through one-click access to the Cochrane Library. This is not only a great resource for health professionals, but also for the general public. The plain language summaries available in many languages, including German and French, facilitate access to evidence-based information for everyone. Cochrane Switzerland is now also collaborating with consumer associations to promote broad usage of the Cochrane Library, thus contributing to the appropriate and efficient use of healthcare. In addition, jointly with our colleagues from Cochrane Austria and Cochrane Germany, we started the German language blog ‘Wissen Was Wirkt‘, to further increase the accessibility of Cochrane information to the general public.

The two new Cochrane entities that we helped establish in 2014, Cochrane Public Health Europe and Cochrane Insurance Medicine, completed their first full year of activity in 2015. Cochrane Insurance Medicine helps decision-makers and professionals in a medical insurance context to make evidence-informed decisions. Insurance medicine makes health-related judgments on diagnosis, prognosis and effectiveness of interventions in the context of insurance coverage. The partners from three countries involved in Cochrane Public Health Europe develop joint activities to promote evidence-based public health in Europe, in particular methods for systematic reviews in the public health field and capacity-building.

In 2015, we were also actively involved in promoting Cochrane activities in other world regions: Africa and Russia. We worked with Cochrane South Africa in organising a leadership training event within the context of the Cochrane Africa Network. This is a key development for Cochrane, and is expected to strengthen the use of Cochrane systematic reviews in the African region. Cochrane Russia was established this year and we supported the Russian team with the launch of their branch, sharing our own experience of going through this process only a couple of years ago.

Back in Switzerland, another key development this year was the establishment of a Cochrane Switzerland office in Bern, in the Haus der Akademien. Our presence in Bern greatly facilitates interaction with many partners based in the German-speaking part of the country. We look forward to continue working with our current and new partners to further strengthen evidence-informed health care in Switzerland.

Prof. Bernard Burnand

Dr. Erik von Elm
Cochrane Switzerland in 2015 – Achievements and key activities

The activities of Cochrane Switzerland are described along the axes of the four main objectives of Cochrane’s strategy to 2020: producing evidence, making evidence available, advocating for evidence and developing the organisation. With our own strategic plan we align ourselves to this strategy while adjusting it to best fit our needs.

1.1. Producing evidence

Cochrane Switzerland provides a number of training opportunities every year. These can be training workshops at basic level, thus increasing awareness and interest in carrying out systematic reviews, but also more advanced level training workshops to strengthen methodological and statistical capacity of current and new authors.

In 2015, we organised the following courses and workshops:

- **An introductory course for Cochrane authors (January 2015).** This workshop was organised jointly with Cochrane Austria and Cochrane Germany and took place in Freiburg (Germany) with 31 participants. In this three-day course, they learned the basic concepts for conducting a Cochrane Systematic Review. The course addressed topics such as the definition of a research question, development of the protocol, systematic literature research, selection of studies, evaluation of bias, data extraction, analysis and interpretation. It also introduced participants to Cochrane’s Review Manager software (RevMan).

- **Mixed methods research and mixed studies reviews (June 2015).** This two-day workshop was facilitated by Prof. Pierre Pluye (McGill University, Montreal, Canada) and focused on the use of mixed methods in systematic reviews. Participants learned about the importance of considering qualitative, quantitative and mixed methods studies for the development and the evaluation of health services. Through a balance of instructional and interactive components, they were able to develop an understanding of the methodological underpinnings, to apply the new knowledge during exercises, and to practice on their own research questions.

- **Meta-analysis: advanced methods using Stata (November 2015).** This course was attended by 11 people, most of them with a background in medical statistics. The course was devoted to the statistical methods used for the meta-analysis of health research data, and focused on the use of the software package Stata.

- **In 2015, Cochrane Switzerland started to work with Médecins Sans Frontières (MSF) Suisse in providing an introductory course on Using health research effectively for professionals of the MSF medical teams who are involved in decisions about or implementation of medical interventions in a humanitarian context. The course was given in three blocks of two half days (in November 2015, January 2016 and March 2016). It allows participants to become familiar**
with the concepts of study designs in interventional and observational health research and methods of evidence-based healthcare. The focus is on systematic reviews that summarise evidence from clinical and public health research and provide a key source of information, in particular in guideline development. This initial course was attended by around 25 participants.

Team members were also active in trainings delivered by other Cochrane entities and partners in evidence-based healthcare or public health. In 2015, this included contributions to the:

- Training on evidence-based medicine for health professionals (Ticino, January).

In 2015, we also were involved in four systematic review projects:

- We continued our work on the systematic review on occupational risk factors of developing epicondylitis, a frequent tendinopathy of the elbow, for which we were commissioned by SUVA in fall 2014. Applying Cochrane methodology, we completed systematic searches, the screening of search results, data extraction and risk of bias assessments and are left in 2016 with data syntheses, data analyses and the writing and publication of the final report. The final review will aim to inform decisions on whether epicondylitis meets criteria of an occupational disease in Switzerland.

- A second ongoing project is a synthesis of qualitative evidence on mothers’ experiences with and perceptions of breastfeeding support. This Cochrane review with the Consumer and Communication Review Group is led by our former collaborator Theresa Bengough, now based in Vienna, Austria, together with co-authors in Belgium. It is currently at the protocol stage and part of Theresa’s PhD thesis work at the University of Leuven, Belgium. It will complement an existing Cochrane intervention review on support for breastfeeding mothers.

- Further, we are conducting a Cochrane review with Cochrane Public Health on the effectiveness of interventions implemented within sporting organisations to promote healthy behaviours and health outcomes. This review is conducted together with collaborators of the Epidemiology, Biostatistics and Prevention Institute at the University of Zurich and of the Danube University in Krems, Austria. The protocol is currently under review and will be published in 2016.

- Another evidence synthesis project focuses on the evaluation of current therapeutic strategies for sudden cardiac death prevention in heart failure patients. Through overviews of systematic reviews and meta-analyses, we intend to estimate the public health impact of drug and non-drug interventions in heart failure and seek an optimal strategy supported by evidence in sudden cardiac death prevention. This project is part of the PhD thesis work of our collaborator Muammar Al-Gobari.

Besides its own projects, our team also continued contributing to the following Cochrane Review Groups as authors, editors or referees:

- Tobacco Addiction Group;
- Drugs and Alcohol Group;
- Effective Practice and Organisation of Care Group;
• Injuries Group;
• Methodology Review Group;
• Occupational Safety and Health Work Group;
• Upper GI and Pancreatic Diseases Group;
• Consumers and Communication Group and
• Oral Health Group.

As members, we were involved in the ongoing work of the:
• Prognosis Methods Group and
• Trainers’ Network.

1.2. Making evidence available

Switzerland is a multi-lingual country. Consequently, we provide access to information about Cochrane in French, German and Italian through our website, also by linking it to those of the French, German and Italian Cochrane Centres and to cochrane.org, where appropriate. Many health professionals are able to access and understand the evidence provided through Cochrane and the Cochrane Library in English. But for other target groups such as patient and consumer groups, the media, policy- and decision-makers the preferred language is one of the national languages. Consequently, it is important to provide access to information in one of those. We continue our partnerships with three medical education journals in Switzerland and one in France to respond to this need:

Revue Médicale Suisse
Since 2009, we regularly produce summaries in French for this weekly medical education journal, which is published by “Editions Médecine & Hygiène” (Geneva). In 2015, seven summaries were published in French.

PRAXIS
PRAXIS is a bi-monthly medical education journal for health professionals in German speaking Switzerland and published by (the publisher) Hogrefe. In a special series called „Mini-Review Cochrane für die Praxis“ we address a clinical case scenario and report on the main results of a recent Cochrane Reviews relevant in the context of the clinical case. In 2015, six such articles were published in PRAXIS.

Tribuna Medica Ticinese
This monthly bulletin publishes summaries of Cochrane Reviews for the family health practitioner, targeting health professionals in the Italian speaking part of Switzerland. In 2015, three summaries were published in Tribuna Medica Ticinese.

Médecine & enfance
In 2015, two summary articles were published in French in Médecine & Enfance, a journal published by (the publisher) Edimark Santé (France) ten times a year, focusing on topics in the area of paediatrics.

See Annex 1 for a full list of publications in these four journals.
In line with Cochrane’s *Strategy to 2020* to make systematic reviews accessible in other languages, we launched *Cochrane Kompakt*, the German-language platform for plain language summaries of Cochrane Reviews ([http://www.cochrane.org/de/kompakt](http://www.cochrane.org/de/kompakt)) in 2014. In collaboration with Cochrane Germany and Cochrane Austria we continue to translate plain language summaries of recently published or updated reviews. In 2015 we obtained additional financial support from the Swiss Academy of Medical Sciences to further expand this service. By the end of 2015, we had made available over 500 plain language summaries in German.

To further expand the reach of *Cochrane Kompakt* we started the German language Cochrane blog “Wissen Was Wirkt” together with our Cochrane colleagues in Austria and Germany. Read an extract from the Cochrane Community blog:

**Wissen was Wirkt: The story behind the start of a German Cochrane blog**

Cochrane Austria, Cochrane Germany and Cochrane Switzerland started a joint blog in German language in June 2015. Why in German? Why a blog? Why in partnership? These questions are answered below and may inspire others to join forces in making Cochrane evidence more widely and easily accessible outside the English-speaking world.

**Why in German?**
During the 23rd Cochrane Colloquium in Vienna, Gerd Antes (Co-Director of Cochrane Germany) reminded the audience that less than 5% of the world population is anglophone. In Germany, the majority (Antes referred to a figure of more than 80%) of healthcare professionals cannot or do not like to read medical information in English. Austria, Germany, and Switzerland have a German-speaking population of around 92 million people. Disseminating Cochrane content in German language to the general public, but also to healthcare professionals, is essential to promote its use.

**Why a blog?**
Cochrane Germany and Cochrane Switzerland already translate plain language summaries into German, available freely on Cochrane Kompakt. While health professionals would be able to make use of the summaries, for the general public the content is often still too complex and often not very inviting to read. Cochrane Austria has focused on developing a German language Blog, Medizin Transparent, aiming at the general public and responding to their questions. Its success is impressive: 70,000 readers per month, partnerships with two big daily newspapers and two magazines, and a book with the blog stories.

We wanted to establish a wider Cochrane multimedia presence in German, using the blog as the starting point. A joint proposal and an action plan were developed. We managed to raise the financial resources, and an enthusiastic journalist (based within Cochrane Austria) took the lead. A catchy name was found and Wissen Was Wirkt (in English: Knowing what is effective) was launched.

Now, at the beginning of February 2016 (around eight months into the project), we have posted 39 blogs, of which 18 had a direct link to Cochrane Kompakt. We have up to 500 visitors per day; already have 242 followers on Twitter and 395 friends on Facebook. These are of course not yet real impact figures but indicate interest and are a positive first sign that we are responding to a need.
Why in partnership?
The development of the blog in partnership with three Cochrane entities was born out of necessity: we all felt we could not do this on our own due to lack of time, skills, and financial resources. Working in partnership is a challenge: it requires agreeing on joint visions and priorities, and it needs coordination and planning. A new team is formed, responsibilities are divided, and expectations need to be managed. This takes time. But it can be very rewarding. The Wissen Was Wirkt team, which has only existed for a few months, has already witnessed how the individual variety of skills, opinions, viewpoints, and experiences help enrich the blog.

The Cochrane network provides an excellent platform for building coalitions, drawing passionate people together with various skills, experiences, and knowledge. It is this kind of networking and cross-group cooperation that makes Cochrane unique. Wissen Was Wirkt is a result of this spirit and we encourage others to work across their national or group borders and find common ground to advance their ideas and visions.

http://www.wissenwaswirkt.org/about

1.3. Advocating for evidence

We promote the use of best evidence from health research, and the use of Cochrane Reviews specifically, through public presentations at conferences and meetings as well as by being spokespersons for health related issues and themes for national media.

In 2015, the Swiss Academy of Medical Sciences, with the support of the Federal Office of Public Health and university libraries, purchased a national license to the Cochrane Library for the period 2016 to 2020. From 2016, Swiss patients and healthcare practitioners have access to more than 6500 published systematic reviews in healthcare interventions through one-click access to the Cochrane Library. This is not only a great resource for health professionals, but also for the general public. The plain language summaries available in many languages, including German and French, facilitate access to evidence-based information. The news about this national license was broadcasted on the national TV channel SRF1 in the programme Puls on 25 January 2016, and by various other media.

We also contributed to the Swiss Public Health Conference, which took place in August in Geneva. We continued our series of workshops that looked at the contribution of Cochrane Reviews on a topic related to the theme of the conference. For 2015, this theme was «Public Health Benefits of Climate Change Policies». We used the example of an ongoing Cochrane
review assessing the effectiveness of interventions for reducing adverse health effects of high temperature and heat waves to illustrate how systematic reviews can help decision-makers and public health professionals prioritise public health interventions. An author of that review, Manuela De Sario, presented early preliminary findings and the presentation was followed by a discussion with the participants.

Further, our team members were invited to present and participate in the following events, thus further advocating for the use of evidence and highlighting the work of Cochrane Switzerland:

- Continuous training of the cantonal medical society of canton Ticino on evidence-based medicine, January 2015;
- Evidence based medicine conference, Berlin / Germany, March 2015, with a workshop organised by the Cochrane Public Health Europe group;
- German Colloquium on Rehabilitation Science, Augsburg / Germany, March 2015, including a session on Evidence-based Methods highlighting Cochrane Insurance Medicine;
- Swiss Society of General Internal Medicine, Annual Congress, Basel, May 2015, with a workshop organised by Cochrane Switzerland on how to read systematic reviews;
- Symposium of the Swiss Society for Hospital Hygiene, Interlaken, September 2015, on how to read research articles, and systematic reviews in particular;
- 23rd Cochrane Colloquium in Vienna, Austria in October 2015, with several contributions in the scientific programme and working groups.

On November 5, Cochrane Switzerland was co-organizer, with its host institutions IUMSP and CHUV and the University of Lausanne, in hosting an international symposium on Health Information: Challenges and Strategies. New and emerging concepts and practices in the translation of medical and scientific knowledge and information from bench to bedside were discussed by an international panel of experts including Ian Graham (University of Ottawa, Canada), co-author of the “knowledge to action cycle”, and Susan Michie (Director of the Centre for Behaviour Change at University of London, UK), a lead researcher in knowledge implementation, and with attending scientists, clinicians and other health professionals. More detail including slide sets of the talks are available at: https://www.iump.ch/fr/symposium-health-info.

In 2015, we also published the first two newsletters of Cochrane Switzerland, in English, French and German, to update interested persons and groups about our work. This newsletter is also available from our website.

1.4. Developing Cochrane Switzerland

Already in 2013, Cochrane organised a consultative process among its global network of contributors, to review and revisit its strategic directions. This resulted in the elaboration of the Strategy to 2020. Building on this strategy, we developed our own Strategic Plan 2015-2020.

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Accordingly, we defined four goals and nine objectives that will guide our work over the coming years (see box below). Of note, the sequence of the goals does not represent a hierarchy of importance, but rather follows the same order as the goals in the *Strategy to 2020*. We assign high priority to Goal 2. We will regularly revisit our Strategic Plan to facilitate response to new opportunities or challenges.

**Cochrane Switzerland’s goals and objectives for 2015-2020**

**Goal 1:** Provide training in systematic reviews, and contribute to Cochrane Reviews and development of review methodology.

**Objective 1.1** Train researchers, health professionals and other interested groups in the principles and methodology of systematic reviews. We aim to capacitate and motivate people to contribute to reviews in their discipline and thus increase the number of contributors residing in Switzerland.

**Objective 1.2** Carry out systematic reviews on Swiss priority health concerns. Our team is already involved in conducting systematic reviews. Targeting these reviews to Swiss health priorities will facilitate awareness-raising for evidence-informed decision making.

**Objective 1.3** Contribute to the further development of Cochrane methodologies, especially in the areas of public health and in the organisation and delivery of effective health care practices. Cochrane Switzerland aims to continue its active involvement in the European Satellite of the Cochrane Public Health Group and in the Cochrane Effective Practice and Organisation of Care Group (EPOC).

**Goal 2:** Increase the use of evidence in health care by making it accessible to key actors of the Swiss health system.

**Objective 2.1** Make Cochrane evidence accessible in the three national languages of Switzerland (French, German, Italian). Until recently, most of the Cochrane evidence was available in English only. For consumer and patient groups, the general public, but also for many health practitioners, the language represents a barrier to access and use of scientific evidence. Cochrane, in its *Strategy to 2020*, acknowledges the urgency to address language needs and identifies a number of targets to increase access through multi-lingual content. Cochrane Switzerland will build on these activities and implement additional activities where needed to address the language needs of Swiss stakeholders.

**Objective 2.2** Respond to user needs and align communication formats and channels to these needs. This objective complements objective 2.1, but emphasises increasing access by using various communication approaches.

**Objective 2.3** Liaise with media to raise awareness of the available evidence and resources. Media in Switzerland (as well as elsewhere) report almost daily on new diagnostic tests or treatments. It is often not clear what evidence is used in these reports and how trustworthy this evidence is. With this objective, we aim to increase the use of evidence by the media in their reporting on health issues.

**Goal 3:** Advocate for evidence and make Cochrane’s work known in Switzerland.

**Objective 3.1** Advocate for evidence-informed health decision making and for Cochrane and its resources as the ‘home of evidence’. We acknowledge that decision making is influenced by many factors at national and cantonal levels, but focus our approach on how evidence can be accessed and used so that it can start playing a larger role in decision making.

**Goal 4:** Build an effective and sustainable structure for Cochrane Switzerland to carry out its work.

**Objective 4.1** Develop Cochrane Switzerland into a sustainable structure serving the needs of patients and health professionals in Switzerland. This objective focuses on developing a process and structure that facilitates the participation of stakeholders in the work of Cochrane Switzerland.

**Objective 4.2** Actively contribute to the international activities of Cochrane, especially through the various Cochrane Review Groups and the Cochrane Fields.

A key organisational development in 2015 was the establishment of a Cochrane Switzerland office in Bern, in the ‘Haus der Akademien’ (‘House of Academies’), the new joint headquarters of three national science academies. This presence facilitates partnership development with many partner organisations based in the German-speaking part of Switzerland.
Our team contributed actively to the establishment of four new Cochrane groups, of which two are topic-related and two geographically defined:

**Cochrane Public Health Europe**

Cochrane Public Health (CPH) is one of the 53 Cochrane Review Groups and constitutes a focal point for researchers and stakeholders with an interest in evidence-based public health interventions. It is based at the McCaughey Centre, School of Population Health, University of Melbourne, Australia. CPH had expressed an interest in establishing a stronger basis in other regions of the world, including Europe. Over the past years, several initiatives emerged in European countries, with the common goal to promote the development and use of evidence-based methods in public health. Public health professionals and researchers, mostly from the German-speaking countries, who are active in these initiatives, responded to CPH’s call by proposing to establish a European satellite. In March 2014, an exploratory meeting took place in Halle, Germany, where representatives of institutions based in Germany, Austria, Switzerland and the UK as well as potential stakeholders met to assess the needs and potential roles for such an initiative. Following these discussions and several rounds of consultation, it was decided to move ahead with the formal application to register a European CPH satellite with Cochrane.

Cochrane Public Health Europe has the following terms of reference:

- to support CPH authors in Europe and to encourage potential review authors to engage in a CPH review;
- to undertake methodological peer-review of CPH reviews conducted in Europe and beyond;
- to engage with national and Europe-based public health institutions, in particular WHO and the European Centre for Disease Prevention and Control (ECDC);
- to disseminate up-to-date public health evidence in appropriate formats;
- to contribute to a formal prioritisation process for the CPH.

Cochrane Switzerland is one of the co-founding institutions of this initiative. The European satellite was formally established in March 2015. More information at: http://ph.cochrane.org/cochrane-public-health-europe.

Besides several individual projects of the participating centres, three collaborative projects are currently being carried out:

- Priority setting project to inform selection of public health topics for the conduct of systematic reviews;
- Workshop on rapid reviews at the Cochrane Colloquium in 2015 in Vienna; and
- Dissemination project: Development and testing of a German-language summary format for Cochrane Public Health reviews.

**Cochrane Insurance Medicine**

In December 2014, Cochrane approved the establishment of a new Cochrane field in insurance medicine. Cochrane Insurance Medicine will support the development of evidence-based methods in insurance medicine and work with stakeholders such as medical experts; researchers; policymakers; claimants and lawyers concerned with medical judgments and medical decisions in an insurance context. The Cochrane field is led by Prof. Regina Kunz, Director of the Swiss Academy of Insurance Medicine, University of Basel, and co-directed by colleagues in The Netherlands, Sweden and Canada. We provided expert advice for the development of the field
and helped promoting it within our network. More detailed information can be found at: http://insuremed.cochrane.org/.

**Cochrane African Network**

We worked with Cochrane South Africa in organising a leadership training event within the context of the Cochrane Africa Network.

The Cochrane Africa Network (CAN) aims to increase the use of evidence to inform healthcare decision-making in Africa by expanding Cochrane activities in the region. Cochrane South Africa and Cochrane Switzerland joined forces to request financial support from the Swiss Commission for Research Partnerships with Developing Countries (KFPE). The grant thus obtained was used to organise a first workshop with health research leaders from several African countries in Cape Town / South Africa. This workshop was attended by 21 participants from five African countries, Switzerland and the UK. Besides a training programme aimed at building capacity for future leaders of CAN hubs in the sub-regions of the African continent, the participants discussed the best strategies to further strengthen the network, the resources needed and the external partnerships to be developed. The last half-day was devoted to a meeting with potential stakeholders including the Bill and Melinda Gates Foundation, South African Medical Research Council and WHO. A more detailed report is available at: http://www.naturwissenschaften.ch/organisations/kfpe/learning_events

**Cochrane Russia**

We supported the team led by Prof. Liliya Ziganshina, Kazan University, Republic of Tatarstan, Russia with the launch of Cochrane Russia, sharing our own experience of going through this process only a couple of years ago. While the formal application process to establish Cochrane Russia was under the patronage of the Nordic Cochrane Centre, we helped develop the plan for the kick-off event held in Kazan, Tatarstan in December 2015, and contributed with a lecture on public health reviews and a full-day workshop for a smaller group of potential Cochrane review authors from different parts of the country.
2. Partners and partnerships

Cochrane Switzerland is hosted by the Institute of Social and Preventive Medicine (IUMSP) at Lausanne University Hospital (CHUV and UNIL). It is through this set up that Cochrane Switzerland has a sustainable human resource base as well as infrastructure.

External partnerships are crucial for us to achieve our goals. Team members are active in a range of networks, advisory bodies, and professional associations, which facilitates the development of these partnerships. This includes membership and involvement in:

- Coordination pour l’Evaluation des Pratiques Professionnelles en Santé en Rhône-Alpes (CEPPRAL);
- Collaborative Group of the Appraisal of Guidelines, Research, and Evaluation in Europe (AGREE-Trust);
- Commission fédérale des prestations générales et des principes, Federal Office of Public Health;
- Enhancing the QUAlity and Transparency Of health Research (EQUATOR Network);
- Federal Quality Strategy for the Swiss Health Care System, Federal Office for Public Health;
- German Network for Evidence-based Medicine (DNEbM);
- Grading of Recommendations Assessment, Development and Evaluation (GRADE) Working Group;
- Guidelines International Network (G-I-N);
- International Epidemiological Association (IEA);
- International Methodology Consortium on Coded Health Information (IMECCHI);
- International Society for Quality in Healthcare (ISQUA);
- Public Health Switzerland;
- Réseau d’Épidémiologie Clinique International Francophone (RECIF);
- STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) Initiative;
- Swiss Health Technology Assessment Network;
- Topic Advisory Group ‘Quality and Safety’, WHO;
- Working group ‘Versorgungsforschung in der Schweiz’, Swiss Academy of Medical Sciences.
3. Our team

In 2015, our team consisted of eleven people directly connected to our host institution IUMSP in Lausanne. Two additional team members are based in Bellinzona and volunteer time for Cochrane Switzerland. The team members are listed in alphabetical order.

Muaamar Al-Gobari, MSc, MPH  
PhD student

Chantal Arditi, MSc, MA  
Researcher

Lucienne Boujon  
Secretary

Prof. Bernard Burnand, MD, MPH  
Director Cochrane Switzerland

Erik von Elm, MD, MSc  
Co-director Cochrane Switzerland

Aline Flatz, MD, MPH  
Researcher

Sylvia de Haan, MSc, MPH  
Coordinator Cochrane Switzerland

Prof. Isabelle Peytremann Bridevaux, MD, MPH, DSc  
Senior researcher

Nadine Pfeifer, MSc  
Researcher

Patrick Taffé, MSc, PhD  
Statistician

Kathelene Weiss, MA  
Development Coordinator at Cochrane Central Executive Team

Fabrizio Barazzoni, MD, MPH  
(based in Bellinzona)  
Contributor

Stefania Pelli, MBA  
(based in Bellinzona)  
Contributor
4. Key financial data

The figure below indicates the total income (in CHF) of Cochrane Switzerland in previous years and as projected for 2016.

*Figure: Income in CHF from 2013 to 2016*

Cochrane Switzerland receives in-kind support from the Institute for Social and Preventive Medicine (IUMSP) at the Lausanne University Hospital (CHUV and UNIL). The IUMSP implements research projects that reinforce and complement the work of Cochrane Switzerland, for example in the area of knowledge management or health services research. Resources related to these projects are not included in the financial overview presented above.
Annex 1 – Publications by Cochrane Switzerland

We work with several medical education journals to publish contextualised Cochrane summaries in French, German and Italian. Some summaries are published in more than one language in different journals.

Articles published in Revue Médicale Suisse in the series ‘Revue Cochrane pour le praticien’:


Articles published in PRAXIS in the series ‘Mini-review Cochrane für die Praxis’:


Articles published in Tribuna Medica Ticinese in the series 'Revisione Cochrane per il medico di famiglia':


Articles published in Médecine et enfance in the series 'Côté Cochrane':

Annex 2 – Other 2015 publications by our team


discontinuations of clinical trials were not based on preplanned interim analyses or stopping rules. J Clin Epidemiol (2015).


Annex 3 – Cochrane reviews newly published or updated in 2015 involving authors based in Switzerland

This annex provides an overview of new and updated Cochrane systematic reviews published in 2015 that included one or more authors based in Switzerland. The table below provides the title of the review as well as the Cochrane Review Group in charge. The full reviews are available in the Cochrane Library, free of charge in Switzerland (see: http://www.cochranelibrary.com/).

<table>
<thead>
<tr>
<th>Review Title</th>
<th>Cochrane Review Group</th>
<th>New/updated review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive-behavioural treatment for subacute and chronic neck pain</td>
<td>Back and Neck Group</td>
<td>New</td>
</tr>
<tr>
<td>Oral non-steroidal anti-inflammatory drugs versus other oral analgesic agents for acute soft tissue injury</td>
<td>Bone, Joint and Muscle Trauma Group</td>
<td>New</td>
</tr>
<tr>
<td>123I-MIBG scintigraphy and 18F-FDG-PET imaging for diagnosing neuroblastoma</td>
<td>Childhood Cancer Group</td>
<td>New</td>
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<tr>
<td>Extracorporeal photopheresis versus alternative treatment for chronic graft-versus-host disease after haematopoietic stem cell transplantation in paediatric patients</td>
<td>Childhood Cancer Group</td>
<td>Updated</td>
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<tr>
<td>Extracorporeal photopheresis versus standard treatment for acute graft-versus-host disease after haematopoietic stem cell transplantation in paediatric patients</td>
<td>Childhood Cancer Group</td>
<td>Updated</td>
</tr>
<tr>
<td>Physical exercise training for cystic fibrosis</td>
<td>Cystic Fibrosis and Genetic Disorders Group</td>
<td>Updated</td>
</tr>
<tr>
<td>Chronic disease management programmes for adults with asthma</td>
<td>Effective Practice and Organisation of Care Group</td>
<td>New</td>
</tr>
<tr>
<td>Doctors or mid-level providers for abortion</td>
<td>Fertility Regulation Group</td>
<td>New</td>
</tr>
<tr>
<td>Techniques for the interruption of tubal patency for female sterilisation</td>
<td>Fertility Regulation Group</td>
<td>Updated</td>
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<tr>
<td>Prophylactic antibiotics or G(M)-CSF for the prevention of infections and improvement of survival in cancer patients receiving myelotoxic chemotherapy</td>
<td>Haematological Malignancies Group</td>
<td>Updated</td>
</tr>
<tr>
<td>Prophylactic milrinone for the prevention of low cardiac output syndrome and mortality in children undergoing surgery for congenital heart disease</td>
<td>Heart Group</td>
<td>New</td>
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<tr>
<td>Psychosocial interventions for smoking cessation in patients with coronary heart disease</td>
<td>Heart Group</td>
<td>Updated</td>
</tr>
<tr>
<td>Adjunctive corticosteroids for Pneumocystis jiroveci pneumonia in patients with HIV infection</td>
<td>HIV/AIDS Group</td>
<td>Updated</td>
</tr>
<tr>
<td>Vector and reservoir control for preventing leishmaniasis</td>
<td>Infectious Diseases Group</td>
<td>New</td>
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<tr>
<td>Clinical symptoms, signs and tests for identification of impending and current water-loss dehydration in older people</td>
<td>Kidney and Transplant Group</td>
<td>New</td>
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<td>Topic</td>
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<tr>
<td>Teledisabilization for persons with multiple sclerosis</td>
<td>Multiple Sclerosis and Rare Diseases of the CNS Group</td>
<td>New</td>
</tr>
<tr>
<td>Adjuvant corticosteroids for reducing death in neonatal bacterial meningitis</td>
<td>Neonatal Group</td>
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<tr>
<td>Quinine for muscle cramps</td>
<td>Neuromuscular Group</td>
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<tr>
<td>Single crowns versus conventional fillings for the restoration of root-filled teeth</td>
<td>Oral Health Group</td>
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<tr>
<td>Surgical adjunctive procedures for accelerating orthodontic treatment</td>
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<tr>
<td>Corticosteroids for the management of cancer-related pain in adults</td>
<td>Pain, Palliative and Supportive Care Group</td>
<td>New</td>
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<tr>
<td>Daily oral iron supplementation during pregnancy</td>
<td>Pregnancy and Childbirth Group</td>
<td>Updated</td>
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<tr>
<td>Controlled cord traction for the third stage of labour</td>
<td>Pregnancy and Childbirth Group</td>
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<td>Alternative versus standard packages of antenatal care for low-risk pregnancy</td>
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<td>Duration of treatment for asymptomatic bacteriuria during pregnancy</td>
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<td>Effects and safety of periconceptional oral folate supplementation for preventing birth defects</td>
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<td>Expedited versus conservative approaches for vaginal delivery in breech presentation</td>
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<td>External cephalic version for breech presentation at term</td>
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<td>Intermittent oral iron supplementation during pregnancy</td>
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<td>Multiple micronutrient powders for home (point-of-use) fortification of foods in pregnant women</td>
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<td>Prenatal education for congenital toxoplasmosis</td>
<td>Pregnancy and Childbirth Group</td>
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<tr>
<td>Interventions for hirsutism (excluding laser and photoepilation therapy alone)</td>
<td>Skin Group</td>
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<td>Home-based versus clinic-based specimen collection in the management of Chlamydia trachomatis and Neisseria gonorrhoae infections</td>
<td>STI Group</td>
<td>New</td>
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