The health care providers in the developing world have an uphill task of catering to the growing health care needs of a growing as well as graying population, all within the constraints of limited resources. While rapid and sustained growth in the economy and pharmaceutical industry in some developing countries like India is very opportune, the trickle-down effect of the economic growth may take a long time to diffuse the health care disparities in the society. In fact, the changing demography and life style may accelerate the looming epidemic of several chronic diseases such as cancer, diabetes and cardiovascular diseases. One of the ways by which the medical community could facilitate the development of effective and sustainable public health policies is by collating, promoting and implementing high quality evidence regarding the clinical effectiveness of medical interventions relevant to their practice.

It seems that the British epidemiologist Archie Cochrane could foresee the explosion of medical technology and designer drugs and how it could possibly fuel craving for medical interventions that were either not proven or were not cost effective. In his book Effectiveness and Efficiency: Random Reflections on Health Services, published in 1972, he highlighted the need for medical profession to seriously consider the issue of collating high quality evidence from randomized controlled trials in order to facilitate rational and equitable use of resources. Writing in 1979, Cochrane commented: “It is surely a great criticism of our profession that we have not organized a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomized controlled trials.” (Cochrane AL. 1931-1971: A critical review, with particular reference to the medical profession. In: Medicines for the year 2000. London: Office of Health Economics, 1979, 1-11).

Archie Cochrane died in 1988, but his encouragement and the endorsement of his views by others, led to the opening of the first Cochrane centre in Oxford in 1992 and ultimately to the founding of The Cochrane Collaboration in 1993. This international not-for-profit organization strives to help people make well-informed decisions about health care by facilitating, maintaining and promoting access to systematic reviews of the effects of health care interventions. Systematic reviews make an important contribution to improved patient care by providing unbiased and reliable evidence of effects and effectiveness of interventions and by identifying treatment effects not apparent when single clinical trials are considered in isolation.

With over 90 bases around the world, the Cochrane Collaboration operates as a global network and plays a leading role in the international effort to synthesize the evidence from intervention studies, using meta-analysis where appropriate. Designed to minimize bias and follow a strictly scientific format, Cochrane systematic reviews are prepared by experienced health care professionals and are reviewed by peers at both the protocol stage and at pre-publication. There are currently over 3,000 Cochrane systematic reviews published on the Cochrane Database of Systematic Reviews on the Cochrane Library, alongside the protocols of an additional 1,707 reviews in progress. These independent high quality reviews are presented in a systematic, unbiased way and updated regularly to include evidence from the latest relevant studies. Over 250 of the Cochrane systematic reviews relate to cancer, with another 150 under preparation.

The main work of the Collaboration is done by 50 Cochrane review groups, within which the reviews are prepared and maintained. Fourteen of these review groups are responsible for cancer reviews. The work of the Cochrane review groups is facilitated by a network of 12 Cochrane centres located around the world. They share responsibility for helping to coordinate and support members of the Collaboration in areas such as training and for promoting the objectives of the Cochrane Collaboration at the national level and regional level. In India this role is managed by the South Asian Cochrane Network (www.cochrane-sacn.
In addition to the Cochrane Centres there are 12 Cochrane Methods Groups, which provide methodological support for the review writing process; and 13 Cochrane fields/networks, which are responsible for promoting the mission of the Cochrane Collaboration in specific areas of health care, e.g., primary health care, child health, cancer.

The Cochrane cancer network, established in 1996, is based in Oxford, U.K. A base of this cancer network is now being established in India at the Tata Memorial Centre, ACTREC. This is expected to facilitate and encourage recruitment and training of new authors in the field of cancer from south Asia. The Network welcomes clinical content experts who are motivated to prepare and maintain reviews that address pressing issues in cancer management relevant to their clinical practice.

With the efforts of the South Asian Cochrane network and the funding from the Indian Council for Medical Research (ICMR), India has recently become the first developing country to purchase for all its citizens, free access to the evidence-based Cochrane database of systematic reviews (www.thecochranelibrary.com). Few other developing countries in Latin and Central America, Africa and Asia have also gained free access to the Cochrane Database through various internationally funded initiatives. In India, the availability of free access nationwide has resulted in a measurable success. During June to December 2006, a total of 3,999 full text articles were downloaded from the Cochrane Library from India and access was denied in a further 2,848 instances due to lack of personal subscriptions. During January to June 2007, the number of full text articles downloaded increased by 350%, to 24,090 (SACN News, Vol. 1, Issue 2, 2007).

The establishment of the South Asian Cochrane network and the forthcoming Cochrane cancer network in India, along with the farsighted move of the ICMR to purchase free access to the Cochrane Library for anyone in India, is a very important initiative. However, true benefit to our patients would come only through very active involvement of the medical fraternity. A Cochrane systematic review from the south Asian region on malaria management has already helped to change national policy in India and Sri Lanka (SACN News, Vol. 1, Issue 2, 2007) and we hope that future reviews from the region on our prevalent cancers would have a similar effect. The oncologists and policy makers in India are today in a position to optimally utilize this rich information resource and to enrich this further by producing systematic reviews in diverse areas – from cancer prevention to palliation – as may be relevant to our own health needs and the health care setup.