A report from #BlueJC: How can we improve global women’s health research after 2015?


**Location:** Twitter  
**Date of journal club:** 25 February 2015  
**Number of participants:** 16  
**Number of tweets:** 107  
**External hosts:** @BlueJCHost

**Paper summary:**

<table>
<thead>
<tr>
<th>Participants</th>
<th>All active randomised trials in LMICs registered on the WHO International Clinical Trials Registry Platform (ICTRP) between 1 April 2012 and 31 March 2014.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Trials of women’s health interventions or with a significant outcome for women.</td>
</tr>
<tr>
<td>Comparison</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Number of trials, their geographical spread, study size, speciality areas and sources of funding, and whether the trials were registered pre-enrolment.</td>
</tr>
<tr>
<td>Study design</td>
<td>Review of the WHO ICTRP database.</td>
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<tr>
<td>Findings</td>
<td>Only half of the trials in LMICs were registered before enrolment. Although large multi-centre clinical trials funded by international funders existed, many trials in LMICs were small. The quality of trials was not evaluated in this study.</td>
</tr>
</tbody>
</table>

**Research literacy**

*The AllTrials Campaign*

All results of clinical trials are important to inform evidence-based practice. The combination of compulsory pre-enrolment registration and reporting of clinical trials can ensure all research results are made public, which also aids critical appraisal of trials. Moreover, clinical trial registration is a prerequisite for publication for most leading scientific journals.

**Key discussion points**

*Tackling persistent research gaps in the post-2015 era*

The Millennium Development Goals (MDGs) end in 2015. After MDGs, 17 Sustainable Development Goals (SDGs) guide global development, and the third SDG aims to ‘ensure healthy lives and promote wellbeing for all at all ages’.

Multiple agencies have tried to steer the post-2015 global women’s health agenda. For example, the Maternal Health Task Force at the Harvard School of Public Health identified a number of priorities, including the increasing burden of non-communicable diseases, implementation research and research in conflict or fragile settings (http://bit.ly/1FQih9k).

*Variations between clinical trials in LICs and MICs*

The majority of registered trials in LICs were in obstetrics and funded by international agencies, often with large numbers of participants. In contrast, a high proportion of registered trials in MICs were small, locally funded trials in fertility and benign gynaecology. The difference in funding sources provided a plausible explanation for the observed variation between LICs and MICs.

*How to improve global women’s health research in LMICs?*

Recognition of evidence-based medicine (EBM) has not been adopted universally and therefore continual support to promote EBM awareness and training are keys to improve global women’s health research. Developing engaging and clinically integrated training in research and EBM can lead to success and potentially be delivered as training workshops at international conferences.

*Take-home messages*

The post-2015 agenda in global women’s health is being set by multiple agencies. Compulsory pre-enrolment of clinical trials is an essential first step to improve the conduct of trials in LMICs. Future studies should evaluate the quality of trials in LMICs.

**Acknowledgements**

We are grateful to all contributors to this journal club. A transcript and a list of contributors can be viewed at: http://bit.ly/1Cwm4BY. The Altmetric summary of this journal club paper can be viewed at: http://bit.ly/1PiRuWL.

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**About #BlueJC:** Regular #BlueJC starts on the last Wednesday of each month (except December). For an introduction to #BlueJC, please refer to BJOG 2013;120:657–60. Further information is available on www.BJOG.org. Follow @BlueJCHost on Twitter to receive update #BlueJC news. Queries should be sent to bjog@rcog.org.uk or @BlueJCHost