sub- locations in Kenya where hundred community health workers were trained on community based referral and counter referral model and issued with referral tools. Each was assigned 25 households, instructed to regularly visit them in order to identify sick persons counsel and refer them to link hospitals. One hundred villages comprising 2209 households with a population of 11,000 people were covered where the counter referral model was implemented. **RESULTS:** Three hundred and twenty two sick persons were identified, counseled and referred to the two link health facilities by one hundred community health workers who covered one hundred villages. It was further shown that 82% (263/322) arrived in the referral health facilities with referral slips on the same day, 5% (15/322) second day, 6% (20/322) third day and over while 7% (24/322) did not arrive in the hospitals. **CONCLUSIONS:** It was observed that community health workers regularly visited households. This observation is consistent with findings of previous similar studies. Only about less than a third of all the referrals did not arrive the link referral hospital the first day. It is therefore concluded that community health workers are a critical link between the households and primary health care facilities. They are likely to identify common illnesses during routine household visitation, counsel and refer sick persons to health facilities for care.

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CHOOSING IMPORTANT HEALTH OUTCOMES FOR COMPARATIVE EFFECTIVENESS RESEARCH: A SYSTEMATIC REVIEW

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OBJECTIVES: A core outcome set (COS) is a standardised set of outcomes which should be measured and reported, as a minimum, in all effectiveness trials for a specific health area. This will allow results to be compared, contrasted and combined as appropriate, as well as ensuring that all trials contribute usable information. The aim of this review was to identify studies which sought to determine which outcomes or domains to measure in all clinical trials in a specific condition, and to describe the methodological techniques used in these studies. **METHODS:** We developed a multi-faceted search strategy for electronic databases (MEDLINE, SCOPUS, and Cochrane Methodology Register). We included studies which sought to determine which outcomes/domains to measure in all clinical trials in a specific condition. **RESULTS:** 198 studies (250 reports) were included in the review. Studies covered various areas of health, most commonly cancer, rheumatology, neurology, heart and circulation, and dentistry and oral health. A variety of methods have been used to develop COS, including semi-structured discussion, unstructured group discussion, the Delphi Technique, Consensus Development Conference, surveys and Nominal Group Technique. The most common groups involved were clinical experts and non-clinical research experts. Thirty-one (16%) studies reported that the public had been involved in the process. The geographic locations of participants were predominantly North America (n=164; 83%) and Europe (n=150; 76%). **CONCLUSIONS:** This review has brought together the existing research in a single place. COS will increase the efficiency and value of the research process and make it easier for people to make well-informed decisions about health care. Design of new trials will be simplified, risk of measuring inappropriate outcomes reduced, and selective reporting of outcomes less likely. We have highlighted future areas of research, including the need for methodological guidance for COS development and better reporting of COS studies.

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THE ROLE OF PATIENTS IN CLINICAL RESEARCH AND EVIDENCE BASED DECISION MAKING AS REPORTED VIA A SURVEY OF PATIENT ADVOCATES

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OBJECTIVES: Increasingly, patients are becoming more active contributors to research. The purpose of this survey was to understand the experience and expectations of patient organizations (POs) with clinical research and patient reported outcomes. **METHODS:** An online survey was conducted in English language during May 2014 among 40 participants of a global cross disease patient forum. The information was used to provide background regarding patients as active contributors in clinical research. The participants represent a broad range of disease specific and general patient organizations from various countries including USA, European countries, Asia, Latina America, Middle East and Australia. **RESULTS:** The most important deficiencies of current clinical research practice were described as a lack of patient friendly reporting, incomplete reporting and a lack of patient involvement in the study design. Over the half of respondents stated that clinical trials are conducted in a way that does not yield information relevant to the patients. Active involvement in clinical trials was specified through 79 different expectations which fell into 7 categories: (1) Accessibility of new medicines (2) More representative patient selection for studies (3) Transparent conduct of the study (4) Better information on safety and risks to participants (5) Active versus passive role of patients (6) Contribution to innovation (7) Improved result reporting; especially to patients. One third of the respondents have already been actively involved in clinical research and felt that this was a mostly positive experience. Globally, patients and patient organizations are becoming increasingly involved in clinical research through multiple formal or informal routes of engagement. **CONCLUSIONS:** Patients should be better represented in clinical research and consulted for patient relevant study aspects in order to provide information of greater relevance to patients in their own therapeutic decisions.

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DRUG REPURPOSING AS AN EFFICIENT STRATEGY IN DRUG DEVELOPMENT – EXAMPLE OF CNS AREA

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OBJECTIVES: Traditionally, drug repurposing has been considered as a cost-effective and a reduced-risk strategy for developing new drugs. Currently little is known and documented regarding efficiency of repositioning strategies in drug development. The objective of this article is to assess the meaning of this process with focus on CNS area. We aim to identify the repositioning strategies that conducted to the discovery and development of new CNS products as well as identify the source and target indication and development status. **METHODS:** In order to identify repurposing cases that target CNS, an extensive research was performed. It included a literature review as well as search of websites of organizations engaged in promoting and development of drug repurposing. Cases were extracted from the source material. For each molecule, its initial and target indication as well as development status was recorded. Each case was classified by type of repurposing strategy (repositioning, reformulation or both). **RESULTS:** 109 source products were identified. They were repositioned 183 times. About one third of the source products have been repositioned more than one time. Half of new indications was approved. The majority of cases were repositioned while only 10 were reformulated and 16 were reformulated and repositioned at the same time. The highest number of repurposed molecules was originating from CNS therapeutic area (67 molecules targeted 127 indications). Among new therapeutic indications alcohol / opioid / drug dependence was targeted most often (20 repositions). Regarding repositions within CNS area, Schizophrenia, Epilepsy and Depression were the richest sources of repositioned drugs with 10 and more products each. **CONCLUSIONS:** Drug repurposing in CNS is an efficient and currently very active drug development strategy, exemplified by the considerable amount of new indications that have been found via this strategy, with approximately half of the target indications being currently under development.

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COMPONENTS OF SUSTAINABLE HEALTH SYSTEMS: WHAT IS KNOWN ABOUT THE COST-EFFECTIVENESS OF CLINICAL CARE?

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OBJECTIVES: Evidence to ensure cost-effective purchasing of services are an important pre-requisite for ensuring financial sustainability of health systems. The Research Agenda for Health Economic Evaluation project aims to map out the economic evidence available for the treatment of the 10 highest burden conditions in the European Union and identify evidence gaps. **METHODS:** The 10 highest burden diseases are selected by Disability Adjusted Life Years (DALYs) based on the Global Burden of Disease study for Europe (Ischemic Heart Disease, Low Back Pain, Stroke, Major Depressive Disorder, Lung Cancer, Falls, COPD, Diabetes, Other musculoskeletal, Neck pain). Clinical pathways are generated for these conditions by merging published clinical guidelines from public and professional bodies. Economic (cost-benefit and cost-effectiveness) evidence indexed by MEDLINE is stratified by treatment pathways to identify evidence gaps. Existing reviews are analysed to assess coverage of primary evidence. **RESULTS:** Results are presented for diabetes: 1,208 articles were retrieved from MEDLINE, of which 315 mapped to the treatment pathway. Most evidence was published after 2000. 74 reviews were identified, of which 24 were published between 2009-13. Volume of economic studies for each treatment ranged from 0 to 39 studies. The most intensively studied were diabetic retinopathy (n=39), foot ulcers (n=34) and renal disease (n=31). Areas with no economic evidence included non-pharmacological blood pressure and dyslipidemia control. In some cases economic evidence was available, but no recent reviews of the evidence were identified (eg. islet or pancreas transplantation, diabetic neuropathy, interventions for weight loss). **CONCLUSIONS:** Economic evidence was available for the majority of treatment modalities for diabetes, however for several treatments no studies were identified. Importantly, reviews were not identified for several treatments where economic evidence was available. Lack of economic evidence prevents cost-effective commissioning, and lack of reviews of evidence may be a further barrier to translation.

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HEALTH CARE REFORM IN CHINA AND THE UNITED STATES: A TALE OF TWO NATIONS SEEKING TO IMPROVE ACCESS TO AFFORDABLE COVERAGE

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OBJECTIVES: China and the United States have approved massive health care reforms seeking to increase access to affordable health care services. Both countries employed a composite of government programs and private enterprises designed to improve efficiencies in their health care markets. This study compares the results of these health care reforms so far, explores the longer-term prognoses and considers how lessons learnt can inform health care reform elsewhere. **METHODS:** In the U.S., 80 MCOs and 240 physicians were surveyed about their participation in reform programs. Quarterly data on the uninsured and health care cost trend data were also assessed. In China, 670 patients were surveyed regarding their access to a health care provider. **RESULTS:** Early returns show mixed results that stem from policy decisions inherent in the original programs as well as from national political considerations. Overall, both the U.S. and China health care reforms are enjoying success but have shortcomings. In the U.S, partisanship, technology issues, and implementation uncertainties have undermined the reform legislation. However, the nation's uninsured rate declined from 17.1% in Q4 2013 to 13.4% in Q2 2014, and the health care cost trend has fallen. Moreover, the predicted spike in emergency room utilization has not yet appeared. In China, the percentage of citizens with coverage increased from 30% in 2003 to 95% in 2011, while patients' share of out-of-pocket costs fell. However, improvement is felt less in rural regions and demand for services is increasing. Consequently, Chinese citizens still have difficulty accessing health care providers, which, combined with inadequate reimbursement rates, means health care in China remains suboptimal. **CONCLUSIONS:** Together with early coverage statistics, responses from both the U. S. and China to challenges in their respective health care reform efforts indicate that long-term success is achievable. Their experiences underscore the