Cochrane Africa

Trusted evidence. Informed decisions. Better health.

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Message from Cochrane Africa co-directors

Dear Cochrane Africa friends

In this issue we focus on the people of Cochrane Africa with a series of interviews and articles on some of the Cochrane journeys of researchers in Africa.

As we enter the post-COVID period with increased access to life-saving vaccinations, we also bring you information on new and updated reviews on COVID-19 and other priority topics including nutrition, HIV/AIDS and filariasis, as well as information on training and capacity development opportunities.

At Cochrane South Africa preparations are underway for our national symposium which takes place at the end of November. More news will follow as we confirm an exciting line up of speakers and topics.

We continue to encourage you to collaborate and participate in all the opportunities the network offers and to share some of your own stories to inspire your colleagues across the continent.

Our Cochrane stories

Tracing the Cochrane journey of researchers in Africa

Three new Cochrane entities were launched in Africa, one each in Nigeria, Kenya and Cameroon during 2021. However, whilst the centres were recently launched, their work tracks back many years. Cochrane research, training and advocacy in these countries date back to the late 1990s, with African collaborators working to produce high-quality reviews and promote their use in policy and practice through building relationships with policy makers and practitioners, and training future review authors to do reviews on questions of regional relevance.

In particular, African Cochrane authors were part of important systematic reviews on HIV/AIDS, tuberculosis, malaria and health systems in the late 1990s. The first formal programmes to build capacity included the HIV Mentoring Programme in collaboration with the Cochrane Collaborative Review Group on HIV Infection and AIDS (Cochrane HIV/AIDS Group) at the University of California, San Francisco and the Reviews for Africa Programme (RAP), a research and training initiative funded by the Nuffield Commonwealth Foundation which brought together Cochrane South Africa, the Cochrane Infectious Disease Group at the Liverpool School of Tropical Medicine, and the Cochrane HIV/AIDS Group. The main activities involved a fellowship programme with structured training, and support for first-time Cochrane authors, and pairing them with a mentor with whom to work on their first Cochrane Reviews.

Read about the history and Cochrane journey of researchers in Africa

Interviews with some of the researchers in Africa to trace their Cochrane journey

Steve Gichuhi, Kenya

"I remain passionate about training. I'm very happy to see the establishment of Cochrane Kenya," said ophthalmologist Steve Gichuhi. "Countries with scarce resources should be selective about interventions that cost money. We need to make decisions based on evidence – this has always been and will continue to be. I'm very optimistic about the new entities across Africa. The work needs to be done."

It was this desire for training and the need to answer a research question pertinent to his daily work that brought Gichuhi to training offered by Cochrane SA in the 2000s.

"I was looking for training. I had heard about Cochrane activities in Oxford and tried for admission but it was very expensive. Then I heard that Cochrane SA was offering training. I initially did a one–day workshop in Pretoria, then applied for the RAP programme. It was a great experience."

Read more about Steve's journey

Emmanuel Effa, Nigeria

Nephrologist and associate professor Senior Lecturer in Internal Medicine at the College of Medical Sciences of the University of Calabar, Emmanuel Effa was one of the first RAP cohort in 2005. He described himself as having "drifted" towards Cochrane because he had a specific research question that required an answer.

"We were naïve authors. Most were from Nigeria and Kenya. We were supported to be trained but also to mentor others. We initially spent a month in Cape Town to develop the protocol. And then came back at the end to 'finishing school' to complete the review. We kept in touch throughout and received lots of support from the Cochrane SA group."

Effa's initial review, published in 2008, looked at Azithromycin for treating typhoid and paratyphoid fever.

Read more about Emmanuel's journey

Lawrence Mbuagbaw, Cameroon

"At the time Nevirapine and Efavirenz were the first-line HIV drugs that were available for the treatment of HIV, but we had little guidance on side effects and how to choose. Nevirapine was cheaper but there was concern about adverse events. Both were equally effective but had different adverse event profiles," said Lawrence Mbuagbaw, Research Methods Scientist in Clinical Epidemiology and Biostatistics, McMaster University and Co-director Cochrane Cameroon. "Also to complicate things, Neviparine was used in preventing mother-to-child transmission so children with HIV already had an exposure to it and there was little evidence from paediatric studies regarding its continued effectiveness."

"I was involved in clinical practice at the time and we were uncertain about which drug to use. I talked to Charles Wiysonge, a senior colleague from Cameroon and he convinced me that this would make a good question for a Cochrane Review. He also put me in touch with Nandi Siegfried and James Irlam."

Read more about Lawrence's journey

Charles Wiysonge, South Africa

"My first contact with Cochrane was seeing an advert for the Aubrey Sheiham fellowship in 2000, which was part of an effort to get more people from low-and-middle-income countries involved in Cochrane activities and evidence-based healthcare," said Wiysonge. "I applied, was the first recipient, and received advanced training and mentorship in systematic reviews and meta-analysis at Cochrane UK and Oxford University. I was blessed with supervision and mentorship from EBHC leaders such as Ian Chalmers, Phil Alderson, and Peter Brocklehurst amongst others. The two reviews I did during the fellowship were among my first publications – along with a *Lancet* article I wrote with Jimmy Volmink, then Director of Cochrane SA, about the importance of systematic reviews in research capacity development."

"It was a great start! Within two years, I metamorphosed from a health manager/policy maker to a researcher."

Originally trained as a physician, Wiysonge has completed postgraduate training in epidemiology, evidence-based healthcare, and vaccinology. Career highlights include being Manager of the Vaccines for Africa Initiative and Chief Research Officer at the University of Cape Town; Senior Scientist at Cochrane SA; Chief Research Officer at UNAIDS, Geneva; and Deputy Director, National Expanded Programme on Immunisation, Cameroon. In 2013 he became a full professor at Stellenbosch University, where he also served as Deputy Director of the Centre for Evidence-based Health Care.

Read more about Charles' journey

Tamara Kredo, South Africa

"My introduction to Cochrane was a talk in Cape Town in 1997 by Jimmy Volmink, founding Director of Cochrane SA. Ten years later, during my specialist training, I conducted my first Cochrane Review. I was welcomed to Cochrane, mentored and provided with high-quality training sealing a relationship with Cochrane and Cochrane SA, and the wonderful colleagues that generously shared the ethos of the collaboration."

In 2007 Kredo was specialising in the Clinical Pharmacology Division at the University of Cape Town and needed a project for her Masters. She found a topic in HIV looking at measuring concentrations of levels of antiretrovirals in blood to be able to support people on treatment.

"It was very much in my field of therapeutic drug monitoring," she said. "There was quite a lot of flexibility then to bring questions to Cochrane that were relevant for your practice and I was surrounded by colleagues at UCT who knew about and thought highly of Cochrane."

Read more about Tamara's journey

Share your Cochrane story

If you have an interesting story to tell about your Cochrane activities in Africa share it with us and let's keep the conversation about evidence-based healthcare in Africa alive.

News

Everything evidence

In 2020 Dr Nyanyiwe Mbeye of the Kamuzu University of Health Sciences, Malawi, was the prize-money recipient of the Anne Anderson Award from Cochrane. We caught up with her to find out about the impact of the award and the projects she's involved in.

The Anne Anderson Award recognises a female who has made a significant contribution to the enhancement and visibility of women's participation within Cochrane. The winner designates the cash award of US $3000 to assist a woman from a low-resource setting with her Cochrane activities. Prof. Sophie Hill was the winner of the award and nominated Mbeye as the cash recipient.

Read more about Dr Mbeye, her work and her Anne Anderson Award

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Global Evidence – Local Adaptation (GELA): Grant to enhance evidence-informed guideline recommendations for newborn and young child health in three sub-Saharan African countries

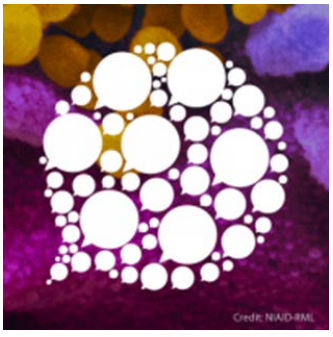
The European and Developing Countries Clinical Trials Partnership (EDCTP) has awarded three-year (2022 – 2025) funding of over 3 million Euro to a partnership coordinated by Cochrane South Africa (SA), South African Medical Research Council along with partners from the Norwegian Institute of Public Health, Stellenbosch University (South Africa), Cochrane Nigeria at the University of Calabar Teaching Hospital, Kamuzu University of Health Sciences (Malawi), Cochrane and the Stiftelsen MAGIC Evidence Ecosystem (Norway).

The project is titled GELA - Global Evidence, Local Adaptation - and will aim to enhance evidence-informed guideline recommendations for newborn and young child health in three countries in sub-Saharan Africa.

Read more about GELA

Preparing for and responding to global health emergencies – Cochrane Convenes report published

Drawing on the COVID-19 pandemic, the inaugural Cochrane Convenes brought together leaders in health research and health evidence to explore and recommend the changes needed in evidence synthesis to prepare for and respond to future global health emergencies. The report, which is now available, presents reflections and recommendations from seven roundtable meetings and from discussions at the open plenary in October 2021.



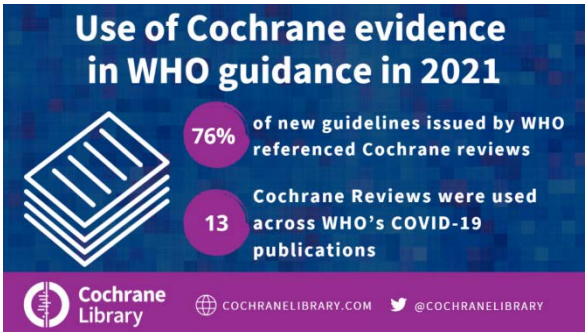
Read the report

Unpacking the future of evidence synthesis in Cochrane

In 2021 a new model for producing Cochrane Evidence Syntheses was presented to the Cochrane community. The model aims to assist Cochrane to respond to the immediate and future challenges facing the organisation, and is designed to be sustainable, attractive to funders and allow Cochrane to respond to global health issues.

Read more here

Cochrane's partnership with WHO renewed



Cochrane's status as a non-governmental organisation in official relations with the World Health Organization (WHO) was recently renewed at the WHO's Executive Board meeting.

The official relation status enables Cochrane to join and make statements at key WHO meetings as a non-voting participant. This includes the World Health Assembly (WHA), WHO's decision-making body, which is attended by representatives of all Member States and is a key forum to advocate for evidence-informed health policies.

The renewal is also underpinned by a new joint plan of work for the next three years. Activities include:

- Providing relevant evidence synthesis and methodological support for consideration in the development of new WHO guidelines, the Essential Medicines List and other guidance.
- Supporting WHO with training in the interpretation of evidence synthesis.
- Contributing to activities that facilitate the use of evidence in policymaking at national, regional and global levels.
- Collaboration on areas of mutual interest, including essential medicines and diagnostics; research integrity; healthy ageing; reproductive health and nutrition.

Cochrane's statement on Ukraine

A statement from Cochrane's Governing Board on 8 March 2022

"Ukraine situation: Cochrane is an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use. Our guiding principles include participation, collaboration and access. We endorse peace and share the World Health Organization's concern for the health of those affected.

Cochrane and Wiley provide one-click free access to the Cochrane Library for Ukraine via IP recognition. There is also full-text access available through a partnership with Research4Life for Refugee Camps recognised by UNRWA or categorised by UNHCR as 'planned/managed camps'."

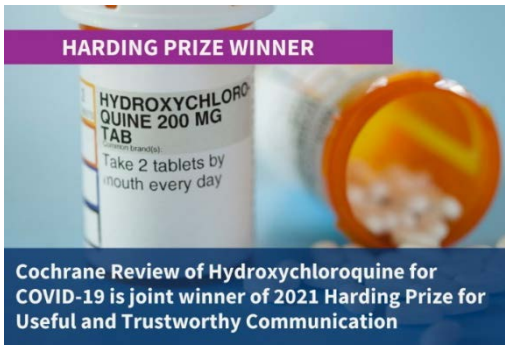
Trusted information needs to be protected on social media

Cochrane's health evidence syntheses are recognised as the international gold standard for high quality, trusted information. Our reviews are used to support global and national health guidelines and policy. We advocate for evidence-informed healthcare and make our trusted evidence accessible and available to all. One way we do this is using social media to reach different audiences.

Read the full story

Cochrane hydroxychloroquine review is joint winner of the 2021 Harding Prize for Useful and Trustworthy Communication

The inaugural Harding Prize for Useful and Trustworthy Communication has been jointly won by the ONS Covid Infection Survey and the Cochrane Review of Hydroxychloroquine for COVID-19.



The Winton Centre at the University of Cambridge launched the Harding Prize this year to celebrate individuals or teams who had communicated information in a trustworthy and useful way - that genuinely helped people decide what to do, or help them judge a decision made by others. The award was run in association with Sense About Science and the Science Media Centre, and is supported by Sir David Harding.

Read more here

Cochrane Reviews and Other Resources on COVID-19

Inhaled corticosteroids for the treatment of COVID-19?

Key messages

- The review evaluated Inhaled corticosteroids (anti-inflammatory medicines) given via the oral inhaled route for treatment of coronavirus disease 2019 (COVID-19).
- The authors identified three published studies for people with mild disease. Inhaled corticosteroids probably reduce the risk of people going to hospital or death (admission to hospital or death before hospital admission). Inhaled corticosteroids may lower the number of days people have symptoms of mild COVID-19 and probably increase resolution of COVID-19 symptoms at day 14. They may make little to no difference in death from any cause, and we do not have enough evidence to know whether they cause serious harms.

- There are no data for people with COVID-19 with no symptoms (asymptomatic) or people with moderate-to-severe COVID-19.
- The authors found 10 ongoing and four completed unpublished studies. We will update this review when their results become available.

For more see here

Read the full review

Do blood thinners prevent people who are hospitalised with COVID-19 from developing blood clots?

Key messages

- The review found that high-dose blood thinners result in little or no difference in death rate and increase minor bleeding compared to low-dose blood thinners for people hospitalised with COVID-19. Giving blood thinners compared to not giving blood thinners might reduce the death rate.
- It is very likely that new studies will not change the evidence about the effects of different doses of blood thinners on death rate and minor bleeding. High-quality studies are still needed to analyse the need for additional respiratory support, giving blood thinners compared to no blood thinners, comparing different blood thinners, and giving blood thinners for extended periods.

For more see here

Read the full review

Classification schemes of COVID-19 high risk areas and resulting policies

This rapid review looks at how countries classified high-risk COVID-19 areas in 2020 and the resulting policies implemented, with the aim of understanding the effectiveness of the policies.

Read the article

Variation in the COVID-19 infection-fatality ratio by age, time and geography during the pre-vaccine era

The infection–fatality ratio (IFR) is a metric that quantifies the likelihood of an individual dying once infected with a pathogen. Understanding the determinants of IFR variation for COVID-19, the disease caused by the SARS-CoV-2 virus, has direct implications for mitigation efforts with respect to clinical practice, non-pharmaceutical interventions, and the prioritisation of risk groups for targeted vaccine delivery. The IFR is also a crucial parameter in COVID-19 dynamic transmission models, providing a way to convert a population's mortality rate into an estimate of infections.

Read the article

Other Cochrane Reviews and Resources

Low-carbohydrate versus balanced carbohydrate diets for reducing weight and cardiovascular risk

Key messages

- There is probably little to no difference in the weight lost by people following low-carbohydrate weight-reducing diets (also known as 'low-carb diets') compared to the weight lost by people following balanced-carbohydrate weight-reducing diets, for up to two years.
- Similarly, there is probably little to no difference between the diets for changes in heart disease risks, like diastolic blood pressure, glycosylated haemoglobin (HbA1c, a measure of blood sugar levels over 2-3 months) and LDL cholesterol ('unhealthy' cholesterol) up to two years.

This was the case in people with and without type 2 diabetes.

For more see here

Read the full review

Point-of-care viral load tests to detect high HIV viral load in people living with HIV/AIDS attending health facilities

Key messages

- The review aimed to determine the accuracy of point-of-care (POC) tests for diagnosing high HIV virus levels in PLHIV attending healthcare facilities.
- The authors found POC VL to have high sensitivity and high specificity for the diagnosis of high HIV viral load in PLHIV attending healthcare facilities at a clinical threshold of ≥ 1000 copies/mL.

For more see here

Read the full review

Community views on mass drug administration for filariasis: a qualitative evidence synthesis

Mass drug administration (MDA) involves the regular delivery of treatment medicines to whole populations, regardless of whether an individual has the disease or not, and aims to prevent onward transmission (passing from one person to another). It is currently recommended for some disease control programmes in low- and middle-income countries, including the parasitic disease lymphatic filariasis, which can result in swollen limbs and disability. For governments and their health service this is a large logistical task requiring money and staff, and success depends on communities taking the medicines given.

This review looked for studies that explored how people view and experience these programmes. Twenty nine studies were included in this synthesis.

In this synthesis of qualitative research, we aimed to explore people's views on MDA programmes for treating lymphatic filariasis in low- and middle-income countries.

Key messages

People must weigh up a number of factors before deciding to take the medicines. Not everyone benefits from MDA and some may experience harms.

The decision to adhere therefore, depends on a complex balance between their trust in the government distributing the medicines; their prior understanding of the disease and the knowledge they receive on the programme; their experience of harms; the influence of family, neighbours, and health staff; and their experience and perception of the people distributing the medicines.

For more see here

Read the full review

Events and Training Opportunities

Cochrane SA National Symposium 2022

Cochrane SA will be hosting its national symposium from **22 to 23 November 2022**. Watch the Cochrane SA website for updates as they become available.

Systematic review methods webinars

Cochrane SA hosts monthly webinars on methods for conducting systematic reviews and related content. Our webinars are aimed at researchers and health professionals interested in conducting systematic reviews or using them to inform policy and practice.

To view the webinars for 2022 click here

Online learning events

16 May 2022, 13:00 UCT

Integrating qualitative evidence syntheses with intervention effect findings

Angela Harden, Professor of Health Sciences, University of London
James Thomas, Professor of Social Research & Policy, UCL Social Research Institute, UCL Institute of Education, London

SIGN UP

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5 July 2022, 16:00 UTC

Interpreting results of network meta-analyses: the GRADE minimally contextualized approach

Gordon Guyatt, Distinguished Professor McMaster University, co-chair GRADE working group, co-convenor Cochrane GRADEing methods group

SIGN UP

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13 September 2022, 13:00 UTC

Updated GRADE guidance for imprecision rating using a minimally contextualized approach

Dr. Linan Zeng, Guideline methodologist, McMaster University and West China Second University Hospital

SIGN UP

Methods Support Unit web clinic

Each month, Cochrane Review authors and Cochrane Review staff are invited to join a 60 minute web clinic hosted by Cochrane's Methods Support Unit to discuss methodological questions during the production of Cochrane Protocols and Reviews.

The previous web clinic recordings are available here

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12 May 2022, 16:00 – 17:00 UTC

Writing up Risk of Bias 2

Rachel Richardson and Kerry Dwan

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9 June 2022, 09:00 – 10:00 UTC

Preferred and accepted risk of bias tools for assessing bias in non-randomised studies of interventions

Michele Hilton Boon

SIGN UP

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11 August 2022, 09:00 – 10:00 UTC

Development of materials to facilitate implementation methods for presentation and statistical synthesis when data are not amenable to meta-analysis

Jo McKenzie and Sue Brennan

SIGN UP
