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Message from Cochrane Africa co-directors

Dear Cochrane Africa friends

In this issue we bring you an interview with Dr Gracian Chimwaza, the newly appointed Chair of the Research4Life Executive Council. Research4Life provides researchers in lower- and middle-income countries (LMICs) with free or low-cost online access to peer-reviewed journals and books in the fields of health, agriculture, environment, applied sciences and law.

We also continue our focus on the people of Cochrane Africa with an interview with Solange Durão in which we trace her journey within Cochrane SA and in the field of EBHC.

As usual we bring you news from Cochrane, information on new and updated reviews on COVID-19 and other priority topics as well as details on training and capacity development opportunities.

Cochrane SA will hold its national symposium at the end of November – we hope that many of you will be joining us for this online event. We continue to encourage you to participate in all the opportunities the network offers and to share some of your own stories to inspire your colleagues across the continent.

Enhancing participation in the global research community



“This partnership started 20 years ago. The aim is to ensure that developing countries have free or low-cost online access to scientific literature - scientific journals, e-books and databases. And, why is that important? Well, to ensure that low- and middle-income countries (LMICs) are part of the conversations and work being done in science and technology – that they have a say because they have access to the latest scientific information. We are trying to open up two-way channels, to promote the generation of science in LMICs,” said Dr Gracian Chimwaza, the newly appointed Chair of the Research4Life Executive Council.

Since 2002, [Research4Life](#) has provided researchers at more than 11 000 institutions in over 125 lower- and middle-income countries (LMICs) with free or low-cost online access to 198 000 leading peer-reviewed journals and books in the fields of health, agriculture, environment, applied sciences and law with the aim of improving teaching, research and policy making.

It’s a partnership that brings together five international organisations - the World Health Organization, the Food and Agriculture Organization of the United Nations, the UN Environment Programme, the World Intellectual Property Organisation and the International Labour Organization – along with Cornell and Yale Universities; the

International Association of Scientific, Technical & Medical Publishers; and, more than 200 international publishers.

There are five content collections covering health (HINARI), agriculture (AGORA), the environment (OARE), development and innovation (ARDI) and global justice (GOALI).

“Institutions only need to register to have full access to the entire collection. Institutions should be local and non-commercial/not-for-profit so that includes all universities (public and private), research organisations, government departments, and local non-government organisations (NGOs),” explained Chimwaza.

“To be eligible an institution has to be in a country that’s eligible,” he added. “The eligibility criteria are based on GNI and World Bank indexes. So it’s for LMICs. They are in two groups – Group A is the lower-income countries – most of sub-Saharan Africa. Then there are Group 2 countries that are largely medium-income countries – mostly in South America and South East Asia, not including India and China. These countries pay a nominal fee of \$1500 annually to subscribe.”

Chimwaza has had a long-term involvement with Research4Life. He is also Executive Director at the [Information Training & Outreach Centre for Africa](#) (ITOCA), an international NGO and Research4Life partner headquartered in South Africa working to promote and build capacity in the use of electronic resources and digital tools in Africa via outreach, training and user-community engagement.

“I initially trained as an electronic engineer – working behind the scenes with machines,” he said. “In the last 15 years I’ve moved towards working more with people and digital resources! I completed an MBA and a PhD in Information Science at the University of Pretoria.”

Supportive collaboration

Chimwaza focused on collaboration as key to the success and longevity of the initiative. “Over the years we’ve seen that it’s the nature of the partnership that has kept it going. We have just launched our new strategic plan which runs to 2030. We are focusing on supporting the aims of the Sustainable Development Goals but also making sure that we cultivate an inclusive, diverse and equitable scholarly communication environment which enables researchers from the Global South to also participate meaningfully. At the heart of it is supporting LMIC researchers - that objective is the glue that has kept this partnership going.”

“The digital divide remains a challenge. In the LMICs infrastructure, internet, ICTs, equipment, devices, and data costs are all a challenge. Access has come a long way in the last few years – thanks to the undersea cables around the coast of Africa but we still need to cover the last miles over ground. It’s taking time to get there. Slowly and gradually the institutions are getting the infrastructure. But we also work with offline, cached databases available on hard drives where necessary.”

And although the last few years have brought new challenges, they have also opened opportunities. “Because of COVID we had to jumpstart some programmes. ITOCA’s face-to-face training at universities had to go online or hybrid. We are reaching many more people in terms of our target audience. There is also much more investment in online training now because you can reach a bigger audience in a better way.”

“This is the first time a person from the Global South is Chair of the Research4Life Executive Council. I’m glad to have that opportunity,” he continued. “My drive is to ensure increased participation from researchers from LMICs, that they are working with researchers from other regions and are not only consumers of research information but also generating research outputs within their disciplines. I hope as LMIC researchers we can take cognisance and hold of local challenges – whether in health, environment or technology – but also export our knowledge to the world.”

“Innovation is not the problem. We’ve got that. We need collaboration, support and training to ensure we can share our knowledge in appropriate high-impact journals. We want to help academics and researchers to be able to do that.”

Our Cochrane stories

Helping to put nutrition on the Cochrane map

“My interest was always health. I initially completed three and a half years of medical school in Mozambique before deciding it was not for me. But I still wanted to do something in health and nutrition and diet had always interested me. At that time in Mozambique, if you had done science with biology in high school, you could only do medicine, veterinary medicine or biology at university so I started looking at other countries and decided to try for dietetics at the University of the Western Cape (UWC) in South Africa,” said Solange Durão.

It was this decision that started Durão on the path to becoming a senior member of the Cochrane South Africa (CSA) team and co-director of the [Cochrane Nutrition field](#), along with Celeste Naude of the Centre for Evidence-Based Healthcare.

On completing her degree at UWC she was still interested in doing clinical work, however, in Mozambique dietetics is not an established profession and such positions are limited in hospitals.

She also was not able to do community service in South Africa, due to being a foreigner, and therefore decided to study further, doing a Masters in Public Health at the University of Cape Town.

“I was very interested in the social determinants of health – how to make people eat better and improve access to healthy, nutritious food. I specialised in epidemiology. I found I enjoyed the research more than I thought I would and that this was the work I wanted to do.”

By the time Solange finished her Masters she had decided to stay in South Africa to pursue a career in research.

Fortuitous connections

While studying for her Masters she had worked on a systematic review and attended a course on EBHC. On completion of her studies, Jimmy Volmink – then director of CSA and also Dean of the Faculty of Medicine and Health Sciences at Stellenbosch University – was one of the people she contacted while searching for work. Although there wasn't a post available at CSA initially, Durão began working for Volmink in 2012 as a research assistant helping him to write a chapter on systematic reviews for the [6th edition of the Oxford Textbook of Public Health](#).

“Assisting in writing the book chapter meant I learnt even more about systematic reviews,” she said.

When a post opened up at CSA Durão applied, was successful, and started work in January 2013.

“So it was all thanks to Jimmy and to having worked on a review during my masters. Otherwise CSA would never have been on my radar,” she said.

In her time at CSA, Durão has completed five Cochrane Reviews (and is currently finalising two non-Cochrane reviews). All except one were supported by the [Research Evidence and Development Initiative \(READ-It\)](#) and its precursors. CSA has been part of collaborative research network funded by DFID United Kingdom (now the FCDO - Foreign, Commonwealth and Development Office) and led by the Liverpool School of Tropical Medicine since 2005. A percentage of her time is supported by READ-It.



A timely review

She highlighted the food insecurity [review](#) published in 2020, which she led, as both a success and huge challenge. The protocol had its infancy in 2013 – other Cochrane reviewers were working on one looking at high-income countries and Durão and her colleagues decided it would be important to do a review looking at interventions to increase food security in LMICs.

Durão described it as “extremely complex, a difficult first review for someone to lead but a very good learning experience”.

“We were in COVID-19 lockdown when we finished it,” she explained. “There was pressure to get it done then because it had become very topical and important. I was literally told to drop everything else. For about a month I only worked on the review – day and night, Saturday and Sunday.” Because of its importance, the review also attracted some media interest which added to the challenge.

The road to developing a dedicated Nutrition field within Cochrane was also complicated.

Because of his longstanding interest in public health, Volmink was interested in nutrition not just as a clinical but as a public-health problem and one that cuts across many conditions/illnesses and body systems. He therefore proposed that Durão and Naude give some thought to the type of entity that nutrition could be within Cochrane.

“We were busy with a project looking at the nutrition reviews in Cochrane - analysing their scope and quality. We found there were many reviews across the 52 Review Groups that addressed nutrition but there was a need for guidance to make sure we were addressing the right questions.”

The idea attracted the interest of individuals leading the Cochrane Fields Exec at the time, leading to meetings at Cochrane Colloquia and a detailed exploratory meeting involving multiple stakeholders in South Africa in 2014 at which the goals, objectives and activities of the field were agreed upon. From here, they led the development of a proposal to Cochrane and formal registration of the Nutrition Field in 2016. Currently the field is set for further expansion into a bigger thematic group incorporating physical activity, in light of recent changes Cochrane as an organisation is embarking on.

But Durão’s contribution at CSA extends into many other projects. These include the recently launched [GELA project](#) which looks at guideline development for infants and young children in three African countries and the [CEBHA+ project](#) which focuses on building long-term capacity and infrastructure for EBHC and public health in sub-Saharan Africa. Durão is also involved in the leadership co-ordination activities for Cochrane Africa as well as leading Cochrane SA’s training working group.

Opportunities galore

Speaking of her journey within Cochrane, Durão focused on the collaborative aspects and the incredible opportunities offered.

“In my first year there was the Cochrane Indaba in South Africa and I also went to Quebec to attend my first Cochrane colloquium at which I did an oral presentation,” she said. “All of this was instrumental in making me feel part of a big organisation with high, lofty goals, and that I was contributing to something important.”

“I love the work, the goals, the ambition of Cochrane. I agree with it, I connect with it. That’s important. When I started I didn’t have much experience of doing a review or teaching about EBHC. I wouldn’t have got to where I am now without the opportunities offered to me. The opportunity to lead a review, and to connect with people in South Africa and globally to do this, the opportunity to teach, the opportunity to attend Cochrane colloquia and meet the people and be part of the Cochrane ‘gees’ (spirit). It makes you feel that you are contributing to something bigger than yourself, something important. That was key.”

“Because I loved the work I tried to do a good job and when people see you doing a good job you get more to do!” she laughed.

“It’s important to have people who give you opportunities and trust you. Jimmy has been hugely influential in my career. If he hadn’t gone to bat for me initially I don’t know where I would be today. Life works in funny ways.” Another big influence is Tamara Kredo. She has been my manager since I started, and has helped me grow and develop as a researcher in this space through the opportunities she provided for me and by supporting me through challenging times over the years.”

Right now Durão’s focus is on completing her PhD. “It’s the first step toward doing more projects that I’ve conceptualised. I hope it opens doors to other research questions and projects.”

“I want to continue doing research but I also hope we can continue to impact on healthcare decision making in the country and globally,” she concluded. “I’d like to make a difference I can see, a difference in people’s lives.”

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

2022 Kenneth Warren Prize for Eleanor Ochodo



Eleanor Ochodo has been selected as the [Cochrane Kenneth Warren Prize](#) 2022 Winner for her review entitled: *Point-of-care tests detecting HIV nucleic acids for diagnosis of HIV-1 or HIV-2 infection in infants and children aged 18 months or less.*

Ochodo-Opondo is a medical doctor and research scientist. She holds a joint appointment as a senior researcher at the Centre for Evidence-based Health Care at Stellenbosch University, South Africa and as an assistant principal research scientist at the Kenya Medical Research Institute, Kenya. She is a Technical Contributor at Cochrane Kenya.

Her research revolves around evidence-based healthcare with a focus on diagnostic tests and markers looking specifically at their accuracy, their impact on patients and how their results can be translated to policy and practice.

She became a Cochrane Infectious Diseases Group Editor in 2020 and in 2019 was awarded the [UK MRC/DFID African Research Leader award](#). Part of this grant entails building a science programme in evidence synthesis and research translation in Kenya linked to the Stellenbosch programme and in collaboration with the Liverpool School of Tropical Medicine.

Social media mechanisms need to safeguard trusted information

Cochrane's incidents with Instagram, Twitter, and YouTube highlight the realities of Cochrane's call against misinformation while protecting trusted sources. Cochrane's Instagram posts have been removed, their Instagram account has been shadow banned, a Youtube video removed, and a Cochrane Library Twitter post about winning a prestigious award for trustworthy information was tagged as misleading.



[Read more](#)

The future of evidence synthesis in Cochrane

In February 2022, Cochrane's Governing Board approved the proposed change to Cochrane's [evidence synthesis production model](#). A series of Future of Evidence Synthesis Programme webinars has been underway since April, some focusing on individual projects and other addressing the questions and concerns of specific Cochrane groups, including Geographic Groups, Fields, Review Groups, Methods Groups and Consumers.

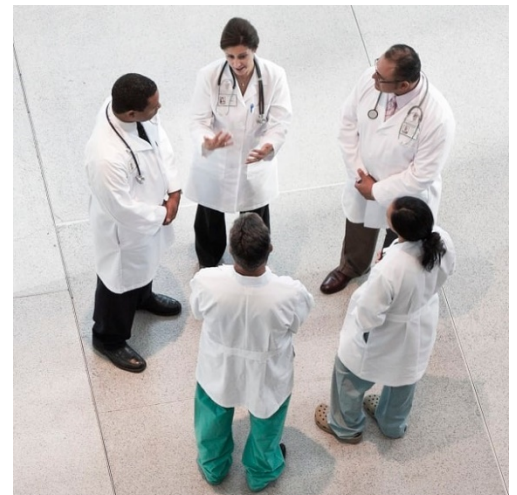
[Catch up on the webinars you have missed and see what's to come](#)

Cochrane Library Editorial and Special Collection on deprescribing

The editorial introduces the Cochrane Library Special Collection on deprescribing which provides a summary of Cochrane Reviews on the topic. This collection of reviews highlight that deprescribing is likely to be feasible and safe and can lead to benefits in prescribing and clinical outcomes. However, they also highlight significant gaps in the literature and methodological challenges to both conducting deprescribing studies and systematic reviews of deprescribing. The editorial calls on the deprescribing research field to focus on universally accepted standards, definitions and checklists, and collaborative work with Cochrane Sustainable Healthcare.

[Read the editorial](#)

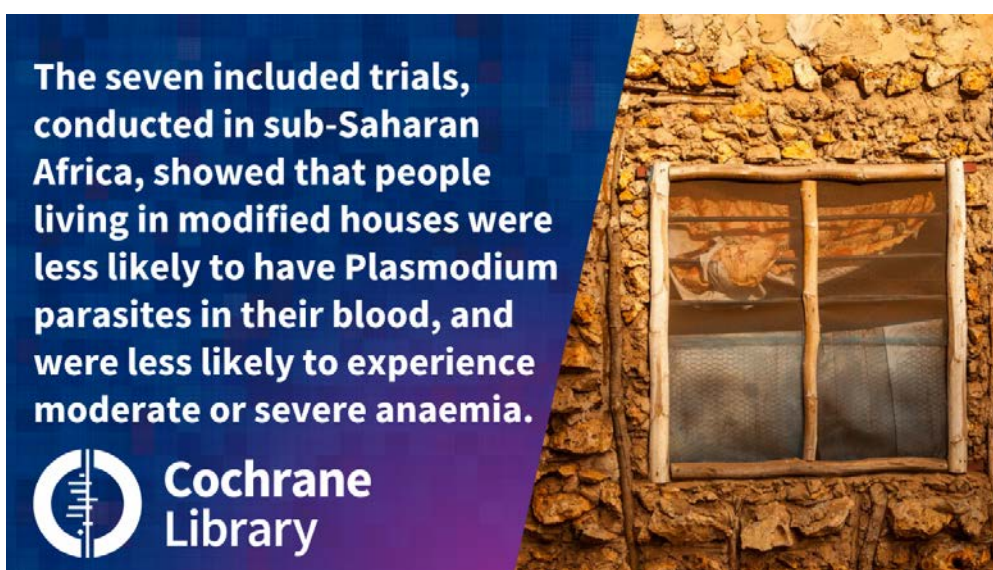
[and visit the Special collection](#)



House modifications to prevent malaria

Installing mosquito screening over house windows and closing the gaps in house eaves can help reduce infection with Plasmodium parasites and the number of people with anaemia in the household, according to an [updated Cochrane Review](#) done by the [Cochrane Infectious Diseases Group](#).

This review is associated with the Research, Evidence and Development Initiative (READ-It) project. READ-It (project number 300342-104) is funded by UK aid from the UK government; however, the views expressed do not necessarily reflect the UK government's official policies.



Survivor, family and professional experiences of interventions for sexual abuse and violence

The aim of this review was to explore the experiences of survivors of sexual abuse and violence who received interventions to support them and improve their health and well-being, as well as experiences of their family members and the professionals who delivered such interventions. To do this, 37 studies that described views and experiences of an intervention were analysed.

[For more see here](#)

[Read the full review](#)

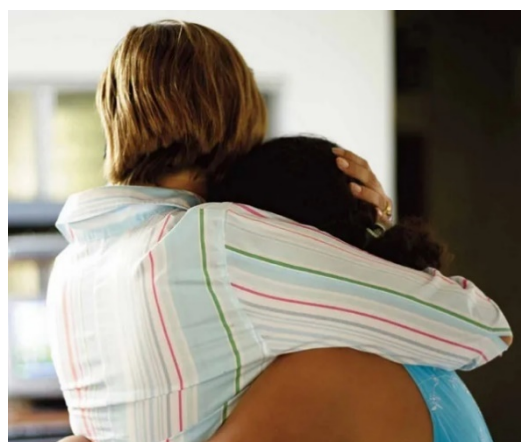


Photo: Amnesty International/Flickr.

Using low sodium salt substitutes

This review asks what are the effects of using low-sodium salt substitutes instead of regular salt on blood pressure, heart disease, and death from heart disease.

[For more see here](#)

[Read the full review](#)



Cochrane Reviews on COVID-19

- [Nirmatrelvir combined with ritonavir for preventing and treating COVID-19](#) (20 September 2022)
- [Fluvoxamine for the treatment of COVID-19](#) (14 September 2022)
- [Immunity after COVID-19 vaccination in people with higher risk of compromised immune status: a scoping review](#) (9 August 2022)
- [Interventions to increase COVID-19 vaccine uptake: a scoping review](#) (3 August 2022)
- [Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection](#) (updated 22 July 2022)
- [Early spontaneous breathing for acute respiratory distress syndrome in individuals with COVID-19](#) (29 June 2022)
- [Ivermectin for preventing and treating COVID-19](#) (updated 21 June 2022)
- [SARS-CoV-2-neutralising monoclonal antibodies to prevent COVID-19](#) (17 June 2022)
- [Janus kinase inhibitors for the treatment of COVID-19](#) (13 June 2022)
- [Unintended consequences of measures implemented in the school setting to contain the COVID-19 pandemic: a scoping review](#) (6 June 2022)
- [Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 disease](#) (updated 20 May 2022)
- [Thoracic imaging tests for the diagnosis of COVID-19](#) (updated 16 May 2022)
- [Workplace interventions to reduce the risk of SARS-CoV-2 infection outside of healthcare settings](#) (6 May 2022)
- [Inhaled corticosteroids for the treatment of COVID-19](#) (9 March 2022)
- [Anticoagulants for people hospitalised with COVID-19](#) (updated 4 March 2022)
- [Interleukin-1 blocking agents for treating COVID-19](#) (26 January 2022)
- [Measures implemented in the school setting to contain the COVID-19 pandemic](#) (17 January 2022)

Other useful reviews on COVID-19

Should Baricitinib be used for patients hospitalised with COVID-19? Yes!

[Read the review](#)

SHOULD BARICITINIB BE USED TO TREAT COVID-19?
Rapid Review for COVID-19

THE KEY REVIEW QUESTION
This review aimed to determine the benefits and harms of baricitinib for treating patients hospitalised with COVID-19 on supplemental oxygen.
This review incorporates additional evidence. [View full rapid review of baricitinib](#)

WHAT WAS INCLUDED IN REVIEW?
• This review summarised data from **three randomised placebo-controlled trials (RCTs)** pooled in a [Cochrane living review](#).
• Data was gathered from **9 782 hospitalised adult patients**, comparing baricitinib to the standard of care/placebo.

BACKGROUND
Baricitinib is registered for the treatment of several dermatological conditions, rheumatoid arthritis and COVID-19.
Several studies of COVID-19 patients showed evidence of clinical improvement with baricitinib. It reduces levels of multiple cytokines associated with the pathophysiology of COVID-19 disease, as well as having anti-viral activity.

ADDITIONAL RAPID COVID-19 REVIEWS CAN BE FOUND [HERE](#)

WHAT DID THE REVIEW FIND?

- HIGH CONFIDENCE:** Baricitinib reduced progression to mechanical ventilation with/without additional organ support or death by day 28.
- MEDIUM CONFIDENCE:** Baricitinib reduced all-cause mortality at Day 28.
- MEDIUM CONFIDENCE:** There were fewer adverse events and possibly less serious adverse events.
- LOW CONFIDENCE:** Baricitinib is contraindicated in pregnancy.
- LOW CONFIDENCE:** There is uncertainty regarding use of baricitinib in children.

RECOMMENDATION OF THE NATIONAL ESSENTIAL MEDICINES LIST COMMITTEE ON COVID-19 THERAPEUTICS ON USE OF BARICITINIB

STRONGLY AGAINST USE | **CONDITIONALLY AGAINST USE** | **CONDITIONALLY IN FAVOUR OF USE** | **STRONGLY IN FAVOUR OF USE**

Desirable effects do not outweigh the undesirable effects | Desirable effects do outweigh the undesirable effects

CONSIDERATIONS

- Baricitinib **reduced mortality**
- It is not associated with an increased risk of **adverse events**
- It is **cheaper** than tocilizumab
- It may be administered orally or via a nasogastric tube
- Its cost may result in **inequitable access**
- There is uncertainty regarding **supply**

RECOMMENDATION

The trials were assessed as **high quality** and the **benefits of baricitinib outweigh the risks**.

NEML MAC recommends the use of baricitinib in hospitalised patients with confirmed COVID-19 who require supplemental oxygen.

REVIEW PUBLICATION DATE
8 May 2022

SA GRADE IS SUPPORTED THROUGH FUNDING FROM CESHA+ AND READ-IT. [DETAILS \[HERE\]\(#\)](#)

Logos: health Department of Health REPUBLIC OF SOUTH AFRICA, 2030 NDP, SA MRC

Should the BNT162b2 Pfizer COVID-19 vaccine be used for children aged 5 - 11 years old in South Africa?

[Read the rapid review](#)



Events and Training Opportunities

Cochrane Lecture with Jimmy Volmink - 30 November 2022

Join the free [Cochrane Lecture 2022](#) with Jimmy Volmink, the 'father of evidence-based medicine in Africa' and dedicated Cochrane member.

[Cochrane Lectures](#) provide a forum for influential thinkers to deliver thought-provoking talks on the key challenges for the future Evidence-Based Medicine.



Cochrane's vision is for a world in which "decisions about health and care are informed by high-quality evidence." As a trusted source of evidence, the organisation is making a substantial contribution to the realisation of this ideal. Yet, more can be done to extend Cochrane's global reach, and enhance its relevance and impact worldwide. In this year's Cochrane Lecture, Prof. Jimmy Volmink will call for the adoption of global health equity as a strategic priority for Cochrane, and explore ways this can be actioned through steps such as prioritising review topics, enabling participation and promoting diversity and inclusion.

Cochrane Colloquium 2023, London

The Cochrane Colloquium 2023 will take place in London. For more see [here](#)



Cochrane
London 2023

Join us in London as we go forwards together at the Cochrane Colloquium

Save the Date

3 September - Satellite events

4-6 September Cochrane Colloquium



Find out more at the [Colloquium website](#)



7 December 2022

Trust and integrity in pain evidence and practice" hosted by Cochrane Pain, Palliative and Supportive Group

In-person event in London, more details to follow in the coming months. For more info [here](#).

7-9 December 2022

Systematic reviews and meta-analysis of diagnostic test accuracy studies

An online workshop targeted at people who wish to learn how to summarise evidence of studies about diagnostic tests.

The workshop is directed to people who need to make decisions about diagnostic tests and forms a coherent basis for systematically reviewing, analysing and interpreting diagnostic evidence – see for [more information](#).

8 December 2022

2022 in review - Cochrane Evidence Production & Methods

Join Cochrane as they look back over 2022 – see for [more information and registration](#).



17-21 April 2023

Introduction to Cochrane Methodology

The course is primarily aimed at Ph.D. students and researchers from the fields of medicine, health science or epidemiology but is open to join for everyone interested in creating or understanding systematic reviews. More information can be found [here](#).

11 August 2023

How to make your research more visible using audiovisual materials and social media

This session will be presented by Dr Soumitra Datta, sign up [here](#).

4-6 September 2023 Central London, UK

Cochrane Colloquium 2023: Forward together for trusted evidence

[See here for more information](#).
