

# South African COCHRANE CENTRE

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Another year in the life of the SACC has run its course and what an eventful year it's been! We moved into our wonderful new premises in March. If we sound just a little too proud of these new offices I hope we can be forgiven. After all, not many people have the privilege of having their own shower and braai place at work! However, I do wonder how this will affect the future productivity of the staff. Perhaps a systematic review is needed!

Along with a change in the physical environment came some new developments in the staff structure. We "lost" Nandi Siegfried (she's working on a DPhil in Oxford but happily still supports the work of the Centre) but gained Taryn Young - as specialist scientist - and Karishma Busgeeth - as HIV information specialist.

So what can be said about the achievements of the Centre during 2004? Many good things have happened making it quite hard to single out specific highlights. Here are a few random reflections:

- Following an excellent report by the "Unit review" committee the MRC Board approved funding of the Centre for a further five years. Needless to say, we were all relieved and elated by this news
- George Swingler, honorary SACC staff member, brought us credit by winning the Kenneth Warren Prize for the best Cochrane Review from a developing country (he was also appointed Professor of Paediatrics and Child Health at the University of Cape Town in the same year). Well done George!
- The HIV Mentorship Programme, a joint initiative of the Centre and the Cochrane HIV/AIDS Review Group in San Francisco, is going well and has begun to produce some important reviews. The Centre now has official status as a satellite editorial office of the HIV/AIDS Review Group
- Karishma Busgeeth was awarded the Cochrane Collaboration Exchange Fellowship and spent a month in Oxford developing the HIV/AIDS trials register
- Collaboration with the Cochrane Infectious Diseases Group (CIDG) and the Effective Health Care Alliance Programme at the Liverpool School of Tropical Medicine remains strong. For example, the Centre partnered with the CIDG in seeking funding for the establishment of a prospective register of TB, HIV/AIDS and Malaria Trials and for training in the science of research synthesis for African reviewers. Our fingers are crossed for a good outcome!
- Locally, we joined forces with the Western Cape Department of Health and the University of Cape Town to launch STEPP, a project aimed at Supporting Translation of Evidence to Policy and Practice
- We participated in writing the World Health Organization's *Knowledge for Better Health* Report and contributed to several conferences including the Mexico Ministerial Summit, the Global Health Council's annual conference in Washington DC and the Bangkok International AIDS Conference
- We conducted a global survey to determine difficulties faced by people in developing countries who wish to participate in the Cochrane Collaboration and to obtain suggestions on how to address these difficulties. The preliminary results of the survey were presented at the Cochrane Colloquium in Ottawa.

These and numerous other activities of the Centre reflect the commitment and dedication of all the members of its staff who deserve my sincere thanks.

Collectively we are grateful to our collaborators, members of the Centre's Advisory Board, the MRC and all our friends who helped to promote the work of the Cochrane Collaboration in the African region during the past year.

All the SACC staff join in wishing you all a happy, peaceful and prosperous 2005.

Jimmy Volmink  
Director



Prof George Swingler was awarded the Kenneth Warren Prize in 2004 for the review: Conjugate vaccines for preventing *Haemophilus*, being of high methodological quality and relevance to health problems in developing countries.

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# The Developing Country Initiative

## — have we progressed?

In October 2001, the developing country initiative was officially launched to find ways to increase the involvement of people from developing countries within the Cochrane Collaboration. Initially, the initiative was led by Youping Li of the Chinese Cochrane Centre. In 2002, the responsibility was handed over to Xavier Bonfill of the Iberoamerican Cochrane Centre.

The initiative aims to:

- Identify barriers to participation in the Collaboration by people living in developing countries
- Define specific needs of people in developing countries
- Increase developing country representation within all Cochrane entities
- Develop/build supportive partnerships

A small working group consisting of Jimmy Volmink, Elizabeth Pienaar, Pathrap Tharyan, Luis Gabriel Cuervo, Colleen Murphy and Joy Oliver offered to assist Xavier with this enormous task.

We looked at previous work to help us to achieve the aims. We found that two previous surveys had been undertaken. The first survey focused on the computer hardware and software needs, while the other looked specifically at the needs of mental health versus other groups in developed and developing countries. What we still needed was information on specific problems and solutions from people in developing countries. We therefore conducted a survey to determine the difficulties faced by people in developing countries who wish to participate in the Cochrane Collaboration and to obtain suggestions on how to address these difficulties. Thank you to all respondents who took the time to respond to yet another survey!

The survey was completed in September 2004 and the preliminary results were presented at the Cochrane Colloquium held in Ottawa in October 2004. What was clear from the survey was that the needs identified were similar to those of the two previous surveys but more importantly, it also provided us with guidance on how these needs could be met.

A report of the final results of the survey is being prepared for the Cochrane Collaboration Steering Group meeting in April 2005.

Have we made any progress? Definitely... a step in the right direction! We have identified the barriers to participation and specific needs have been highlighted. And it is time for action.

"We know the way. What we need is the will and the wallet to get the job done. The question isn't can we or can't we – but will we or won't we. And the answer must emphatically be – we will – and soon." Sandra Thurman, President, International AIDS Trust, Press Conference, Washington DC, June 19, 2001

*Active discussion at the Developing Country meeting, Ottawa, 2004- Photographs courtesy of Prof. Kayode Odusote, Burkino Faso*



If you have any ideas or have found solutions to problems being experienced by people in developing countries, please send them to Joy Oliver at [joliver@mrc.ac.za](mailto:joliver@mrc.ac.za) so that we can share your ideas/solutions.

Joy Oliver

# From The Cochrane Library

## Conjugate vaccines for preventing Haemophilus

### Background

Haemophilus influenzae (H. influenzae) is an important cause of meningitis and pneumonia in children. It causes an estimated three million cases of serious disease and hundreds of thousands of deaths annually worldwide. The introduction of H. influenzae type b (Hib) vaccines into routine immunisation schedules in developed countries has been followed by a rapid decline in disease incidence. However, vaccine cost is a significant barrier to use in developing countries.

### Review Objectives

To determine the effects of conjugate Hib vaccines in preventing Hib disease or death in children under five years and to determine any serious adverse outcomes.

### Main Findings

- Five studies were included in the review and the overall quality of the trials was good
- Compared with control, conjugate Hib vaccine significantly reduced the risk of developing invasive Hib disease by 80% (4 trials; 162140 participants; RR 0.20; 95% CI 0.07 to 0.54)
- The size of the effect found in the trials did not appear to differ with different vaccine types, the number of vaccine doses, age at first vaccination or use in developed vs developing countries, but the confidence intervals for the effect estimates were wide
- Hib-related mortality data were available from two trials included in the meta-analysis and showed a non-significant trend towards benefit (48038 participants; RR 0.29; 95% CI 0.07 to 1.20)
- The relative risk for all-cause mortality in the single trial from which data were available was 1.01 (5190 participants; 95% CI 0.38 to 2.67)
- No serious adverse effects were reported in any of the trials, involving a total of 257000 infants
- No data on HIV status were available for the subgroup analysis comparing the effect in HIV-infected and non-infected people.

### Implications for Practice

Hib vaccines are safe and effective against invasive Hib disease. In resource-poor settings, decisions regarding the use of the vaccine will depend on cost of the vaccine and local burden of disease.

### Implications for Research

Insufficient evidence was identified from randomised controlled trials on the effects of Hib conjugate vaccines on either Hib-specific or all-cause mortality. Vaccine field trials should include the collection and reporting of mortality data, including all-cause mortality.

### Source

Swingler G, Fransman D, Hussey G. Conjugate vaccines for preventing Haemophilus influenzae type b infections. The Cochrane Database of Systematic Reviews 2003, Issue 4. Art. No.: CD001729. DOI: 10.1002/14651858.CD001729.

# OTTAWA 2004: WHAT AN EXPERIENCE!



Karishma Busgeeth, Taryn Young, Joy Oliver and Jimmy Volmink representing the SACC at 'Meet the entities' session

Joy, Taryn and I started preparing for the Colloquium in May, a good couple of months before the event would actually take place. Flight tickets, accommodation, registration fees and most importantly, visas, had to be arranged. It was our first Colloquium and we were

really looking forward to learning more about the Cochrane Collaboration, experiencing and tasting the different aspects of the Canadian culture and cuisine, and, to meeting our Cochrane colleagues in person.

After 28 hours of travelling, we finally arrived at Ottawa International Airport only to be questioned and interrogated by the immigration officers: "Why are you here? How long will you be in Canada? Where will you be staying? Are you presenting or only attending?" and so on. The letter of invitation did not help much; anyway, we welcomed ourselves to OTTAWA...

The jet lag obviously took its toll on us. We were already up at 4.00 am Canadian time ... Yes! We were starving.

Hello! In South Africa, it was 10.00 am and we wanted food now! It was a lo...ng wait till 7.00am when we finally had breakfast.

The theme of the Colloquium was "Bridging the gaps". The focus was on addressing some of the key gaps that have been identified: gaps between The Cochrane Collaboration and clinical practice, gaps between high and low-income countries and individuals, gaps between methodologists and reviewers, and gaps between producers and users of healthcare information. The plenary sessions and workshops were highly informative, provided ample opportunities to learn and participate and offered helpful solutions. Coming from a developing country, the plenary session "Bridging the gaps across the income divide" was of high relevance. Blunt and rich with examples, Jimmy Volmink's talk opened many eyes to the realities of developing countries.

The most exciting session had to be "Meet the entities"! We represented the South African Cochrane Centre with great enthusiasm, highlighted our research with pride and gladly distributed 'Rooibos' tea and dried fruits coated with sugar to our international collaborators. Another proud moment came when George Swinger was awarded the Kenneth Warren Prize.

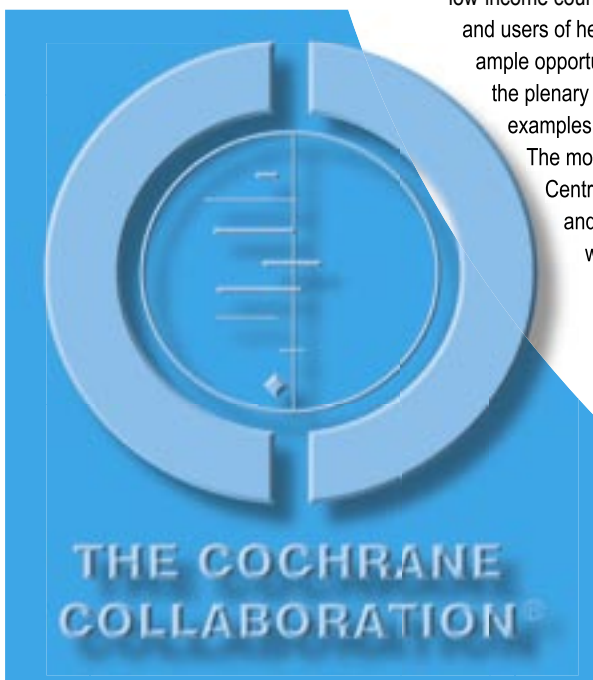
Attending the Colloquium afforded us the opportunity to forge relationships with our Cochrane colleagues. It was interesting to discover that decisions are already being made for the Melbourne Colloquium and plans are being laid for the Colloquia in 2006 and 2007.

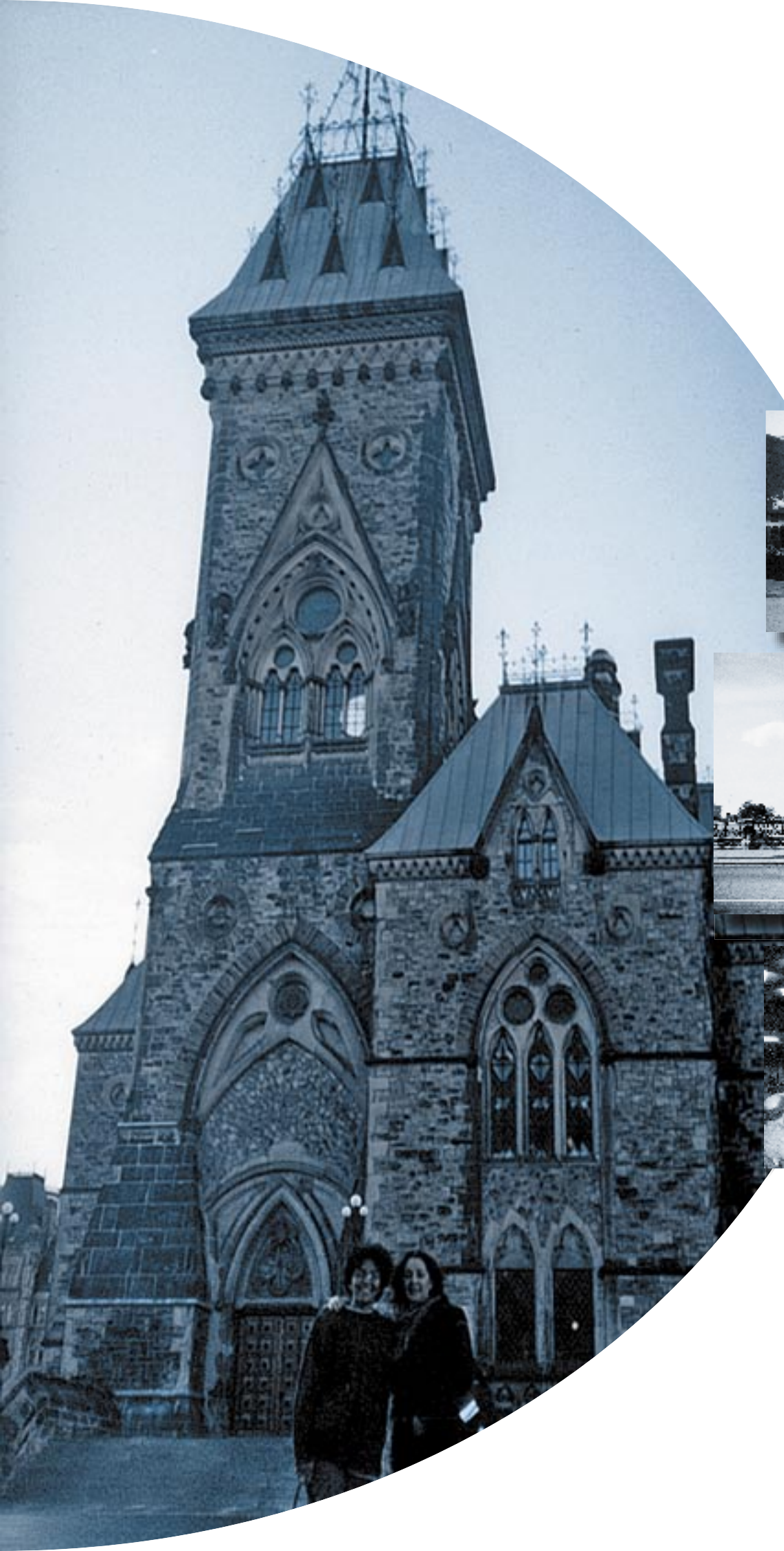
Thanks must go to Kathie Clark, Arne Ohlsson and their team for organizing such a flawless Colloquium.

On a personal note, I would like to share with you that ever since first attending university, the word 'competition' was the first word in my dictionary if not vocabulary. But joining the Cochrane Collaboration has compelled me to substitute the word 'competition' with 'collaboration'.

Meeting and working with collaborators like you all has been truly an amazing experience, Thank You!

Karishma Busgeeth





# The African Trials Register: Providing Africa with the best evidence

The African Trials Register (ATR) is a database of controlled trials performed in Africa. It has been compiled and is maintained by the South African Cochrane Centre. Together with other relevant information, the ATR aims to contribute to evidence-based health care decision-making in Africa and to raise awareness of clinical effectiveness research conducted in Africa.

The trials included in the ATR are all the trials conducted in Africa and published in any journal. Trials are identified through hand and electronic database searching. Eleven journals published on the African continent have been hand-searched back to 1948, or the first year of publication, in order to identify eligible studies for inclusion in the ATR. Only 6 of these journals are indexed on MEDLINE. An appropriate search profile is used to search The Cochrane Controlled Trials Register and the African Health Anthology (AHA) to identify trials for inclusion in the register. AHA is a collection of 7 health-related databases with specific reference to Africa. Other non-African-specific databases, like AIDSearch and PopLine, are also being searched for reports of trials. Update searches are performed on a quarterly basis.

Currently there are 2954 records in the register. A total of 1160 (39%) records were identified from journals published on the African continent, with the remainder from journals published elsewhere. The register currently contains 1970 randomised controlled trials (RCTs) and 869 clinical controlled trials (CCTs) with the balance consisting of other clinical trials. Handsearching of journals identified 1146 records.

As the results of studies conducted in developed countries are not always applicable in a third world setting, this database can be used to improve generalisability. The database also provides a unique opportunity to describe African trials, including the "lost science" not identifiable via large electronic databases. It also provides an opportunity to study patterns of research into health care interventions in Africa.

The ATR has already been used for three studies from which the following publications emanated:

1. Pienaar ED, Volmink J, Zwarenstein M, Swingler GH Randomised trials in the South African Medical Journal: 1948 - 1997. S Afr Med J 2002 Nov;92(11):901-903
2. Isaakidis P, Swingler GH, Pienaar E, Volmink J, Ioannidis JPA. Relation between burden of disease and randomised evidence in sub-Saharan Africa: survey of research. BMJ 2002;324:1-5
3. Swingler G, Pillay V, Pienaar E, Ioannidis, J. International research collaboration and funding and the relevance of African randomized controlled trials. WHO Bulletin (in press)

Maintaining this trial register is one of the priority projects of the South African Cochrane Centre. The ATR can be accessed free of charge at <http://www.mrc.ac.za/ATR/>

Please send me the bibliographic details of any controlled trial conducted on the African continent you may come across. This will allow me to ensure that the ATR is as up-to-date as it can be!

Elizabeth Pienaar  
[epienaar@mrc.ac.za](mailto:epienaar@mrc.ac.za)

# More about CCNet



The Consumer Network (CCNet) of The Cochrane Collaboration is entering a new phase as Godwin joins Janet as one of the two CCNet representatives on the Cochrane Collaboration Steering Group. CCNet sees its role of ensuring a consumer or patient perspective on Cochrane reviews as a way of making reviews relevant to as wide an audience as possible. If consumers can read and understand a review, the information within that review is more likely to be more available to a wider audience than just specialists in a particular field of health care. With globalisation and increased medical and other technology, costs of health care are rising rapidly. We are also more aware of inequalities in availability of health care and the need to decide which interventions are appropriate in a particular setting. We are all affected by the decisions on which health care interventions are based.

The consumers within the CCNet come from a range of settings, geographical, expertise, levels of health and financial in a way that may not be possible for others involved in the work of The Cochrane Collaboration. From this perspective, also, our voice is an important one. It is a reality that despite globalisation we still have people who have and those who do not, including education and opportunity. CCNet aims at playing a part in bridging the gap.

People become involved in CCNet because of personal experiences, their own or someone's close to them, and because of the type of work they undertake. Their work could be with a government department or a health support group. We encourage both  
□  
have in being translators of knowledge.

We think the dissemination of existing Cochrane Reviews to developing countries through effective traditional community channels should be given due consideration. The problems of low literacy level and poor access to internet and other resources call for more meetings and workshops - not only at international colloquia but at local and national level..

We support the laudable effort of the South African Cochrane Centre (SACC) to develop the African Trials Register. We also appreciate the unrelenting effort of the Steering Group to increase the involvement of people from the developing countries, improve access to The Cochrane Library, and promote reviews relevant to the health needs of the under-served. The Developing Countries Initiative is a welcome development that is geared towards making the Collaboration more global.

Consumers from African countries form part of the membership of CCNet. Godwin Nwadiobia Aja (Lagos, Nigeria) is involved in the management of CCNet and is a review co-author on a review about lay health workers in primary care and community health, coordinated by the Cochrane Effective Practice and Organisation of Care (EPOC) Group. Esther Umahi, (Ikeja-Lagos, Nigeria), is a key member of Quality Health Information Network and Better Life for Women, local NGOs actively involved in sharing evidence based health information from The Cochrane Library and WHO Reproductive Library to consumers in south west Nigeria.

Rosette Mutambi, (Kampala, Uganda), is the National Co-ordinator of the Coalition for Health Promotion and Social Development (HEPS) which provides information of patient rights and responsibilities and engages in health policy advocacy. Ms Byarugaba Mary Assumpta is a Program Assistant for HEPS on the school outreach programme. Samuel Ochieng, Nairobi, Kenya is also a member of CCNet management, a consumer advocate at an international level and a previous consumer Network representative on the Steering Group of The Cochrane Collaboration. Nelly Orifa (Nairobi, Kenya) works in the Kibera slums. She has children with asthma and comments on reviews for the Cochrane Airways Group.

Please contact us if you feel you have a role to play within the CCNet. In this way, we work toward a critical mass of people who can make a difference by being more effective both in commenting and getting input on relevant reviews from an African perspective and in raising issues relevant to this large and multifaceted continent.

For further enquiries contact  
[ccnet-contact@cochrane.de](mailto:ccnet-contact@cochrane.de)

# My American Experience

My abstract entitled Cards, dice, game and – Evidence in Action! was accepted by the Global Health Council to be presented at their annual conference in Washington DC, USA in June 2004. I was fortunate to be awarded a scholarship (for developing country delegates) by the Global Health Council, which covered most of my expenses.

The theme of the 31st annual conference was Youth and health: generation on the edge. Some of the topics discussed at the sessions I attended were:

- Examining the risks, rights & potential of global youth;
- Youth involvement in infectious diseases prevention efforts;
- Addressing substance abuse and violence among youth. This session looked at factors influencing threats to youth from violence and substance abuse, and interventions to reduce the direct harm and complementary risks they provoke. Dr Neo Morojele, MRC Drug and Alcohol Abuse Research Group deputy director, was one of the plenary session speakers. Another speaker in this session was a 13-year old girl from northern Uganda who shared her story about having to flee her village to escape abduction from the rebels;
- Research methods involving youth;
- Adapting HIV Education to local needs;
- Debating the ABC's of HIV/AIDS

My own presentation on the board game, developed as part of an evidence-based reproductive health care training package, went very well.

In addition to the conference itself I enjoyed the organized visit to Capitol Hill – Advocacy Day. This involved meeting and interacting with representatives of two congressmen and sharing views and experiences.

The conference was a huge learning experience for me; I met and shared information with people from several continents. On the one hand, it was sad to hear of the plight of youth in war-ravaged countries; on the other, many positive stories were told about youth taking a stand and making a difference in their countries.

Several youth groups from different countries conveyed their message by using drama, music and dancing. This was widely embraced by conference participants who joined the dancing groups at every opportunity they could.

A highlight of the conference was attending the Awards Banquet, where the Gates Award for Global Health (\$1 million) was awarded to Dr Fazle Hasan Abed of Bangladesh Rural Advancement Committee (BRAC), by Mr Bill Gates snr.

Bernadette Bredekamp



## The 13th Cochrane Colloquium – 22-26 October 2005 – Melbourne, Australia



The work of the Cochrane Collaboration has provided the stimulus for impressive advances in our understanding of how to prepare systematic reviews and promote them to a wide audience. The scientific program of plenaries, workshops, papers and posters will focus on the challenges that remain in these

areas and provide ample opportunities for people to learn and participate. A theme running through the 13th Cochrane Colloquium will be the question of whether the Collaboration should expand its mission to acknowledge its widening sphere of influence.

### Important dates

Abstract submission deadline:	18 April 2005
Notification of abstract acceptance:	16 May 2005
Consumer and developing country stipend deadline:	30 May 2005
Notification of stipend acceptance:	20 June 2005
Early registration deadline:	15 July 2005
Meeting room request deadline:	1 August 2005
Hotel registration deadline:	16 September 2005
Cancellation refunds deadline:	23 September 2005
13th Cochrane Colloquium:	22–26 October 2005

