Cochrane South Africa

Overview of Projects

November 2018

Cochrane Africa

PACTR
PAN AFRICAN CLINICAL TRIALS REGISTRY

READ-It
Research, Evidence & Development Initiative

Cochrane Nutrition

saMRC
advancinglife

Cochrane South Africa

Contents

About Cochrane South Africa

Cochrane South Africa (SA) (https://southafrica.cochrane.org/) is part of the global, independent Cochrane (https://www.cochrane.org/) network of researchers, professionals, patients, carers and people interested in health. Cochrane is a non-profit organisation that prepares and disseminates information (in the form of reviews) on what works and what doesn't in health care. These reviews enable policy makers, health service providers and the public to make informed decisions about health care.

Cochrane Reviews identify and evaluate all relevant research studies on a topic and synthesise their results. A well-conducted Cochrane Review provides the most authoritative evidence on the efficacy of preventive, therapeutic and rehabilitative interventions and is a powerful tool to enhance healthcare knowledge and decision making.

Cochrane SA is one of 19 Centres worldwide and the only one in Africa. It has a branch in Nigeria and facilitates networking between Cochrane and individuals in the African region.

Cochrane SA is a research unit of the South African Medical Research Council (SAMRC) (http://www.mrc.ac.za/). It receives its core funding from the SAMRC and raises project-specific grants from external funders in collaboration with partners. Current external funders include the National Research Foundation, Liverpool School of Tropical Medicine, South African National Department of Health, German Federal Ministry of Education and Research.

Cochrane SA Vision

Healthcare decision-making within Africa will be informed by high-quality, timely and relevant research evidence.

Cochrane SA Mission

- To prepare and maintain Cochrane Reviews of the effects of healthcare interventions and diagnostics
- To train and develop capacity and skills in conducting Cochrane Reviews
- To promote access to, and the use of best evidence, in healthcare decision-making within Africa

Cochrane SA Goals

- To increase the number of relevant, high-quality, up-to-date Cochrane Reviews
- To promote access to Cochrane Reviews and derivative products in countries for which Cochrane SA is the reference Cochrane Centre
- To promote evidence-based practice and policy, through pro-active management stakeholders
- To promote the science of research synthesis
- To promote the optimal functioning and sustainable growth of Cochrane
- To support and promote clinical trial registration
- To enhance and improve capacity development and support, through training and mentoring

SAMRC Vision

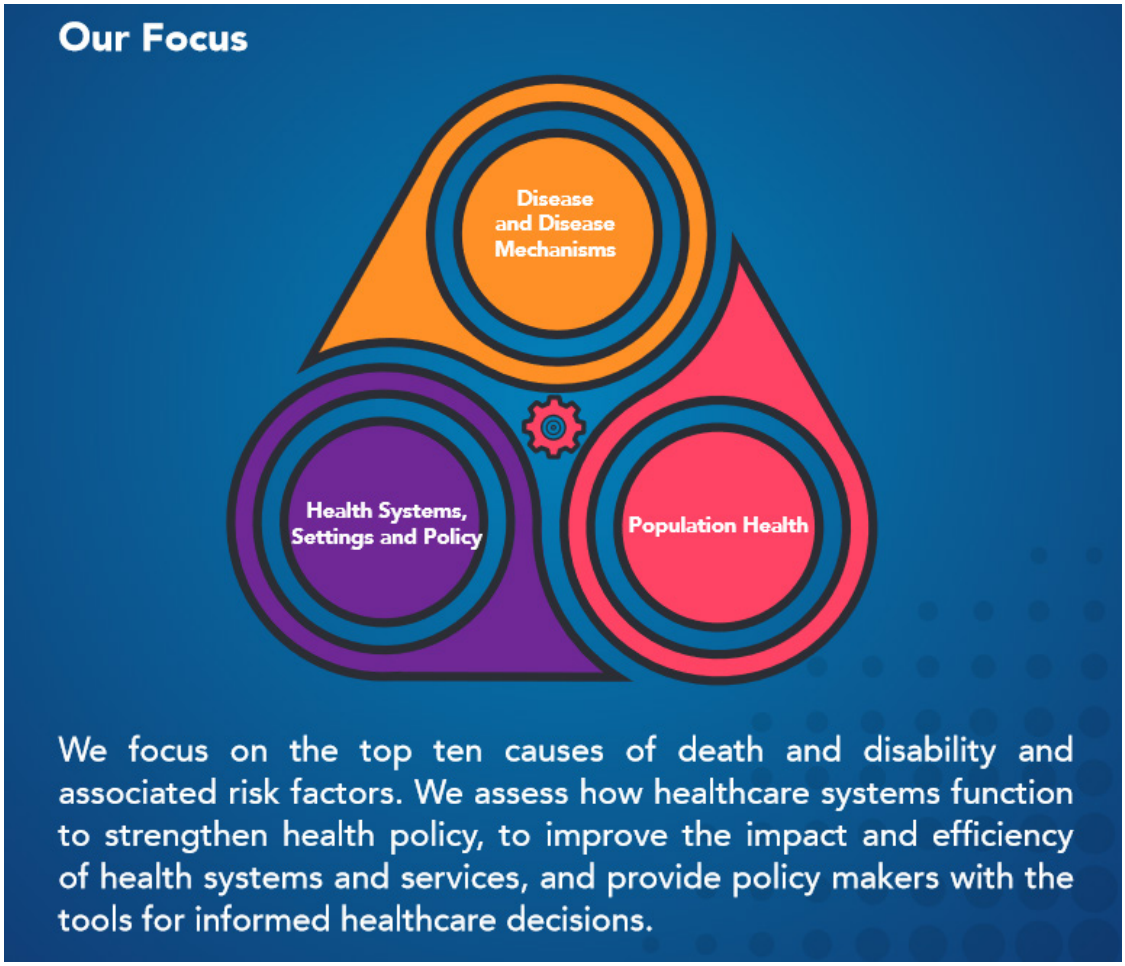
Building a healthy nation through research and innovation.

SAMRC Mission

To improve the nation's health and quality of life by conducting and funding relevant and responsive health research, development, innovation and research translation

SAMRC Goals

- Administer health research effectively and efficiently in South Africa
- Lead the generation of new knowledge and facilitate its translation into policies and practices to improve health
- Support innovation and technology development to improve health
- Build capacity for the long-term sustainability of the country's health research



Cochrane African Network

What is Cochrane Africa?

Cochrane Africa (https://africa.cochrane.org/) is a network with a vision to increase the use of best evidence to inform healthcare decision making in the sub-Saharan African region. Cochrane Africa is part of Cochrane SA. Cochrane produces reviews that summarise the best available evidence generated through research to inform decisions about health. This evidence is used by guideline developers and healthcare decisions makers globally. Our work is recognised as representing an international gold standard for high-quality, trusted information.

Our Story

Where disease burden and health-system challenges are greatest, the need for evidence to support decision making and resource use is most critical. However, the capacity to conduct reviews is limited, particularly in low- and middle-income countries. Since 2007, African collaborators have worked to improve the production of high-quality, Africa-relevant reviews and to support their use in policy and practice through stakeholder engagement and capacity building. Reviews from Africa have informed several national and international guidelines, particularly in the areas of malaria, tuberculosis and HIV/AIDS. Cochrane Africa's work builds on this track record and aims to enhance and expand these activities.

What do we do?

- Conduct relevant reviews based on priority setting, identification of research gaps and regional stakeholder needs
- Build capacity by providing learning and mentoring opportunities for conducting and using relevant reviews
- Advocate for dissemination, translation and use of evidence
- Build partnerships to promote evidence-informed healthcare in collaboration with African leadership.
- Create opportunities to grow the network

Official Launch of CAN, September 2017

Contact person: Ameer Hohlfeld (ameer.hohlfeld@mrc.ac.za)

Cochrane Nutrition

The Cochrane Nutrition Field (https://nutrition.cochrane.org/) was established in May 2016 and is hosted by Cochrane SA, the SAMRC, and the Centre for Evidence-based Health Care (CEBHC), Faculty of Medicine and Health Sciences, Stellenbosch University.

Background

Cochrane Nutrition's establishment followed a need to reshape evidence synthesis and its use in nutrition policy to tackle contemporary nutrition problems, particularly in relation to specific Cochrane activities around priority setting, methods of conducting Cochrane Nutrition reviews, among others. An initial exploratory meeting in Cape Town in 2015 and a Symposium on Nutrition and Evidence for Policy and Practice in Vienna, Austria, as part of the 23rd Cochrane Colloquium in 2015 (https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.ED000118/full) garnered support to establish the Field. The proposal was then submitted in April 2016, led by a team of initiators from Cochrane SA, Stellenbosch University and other international partners.

Governance

The co-directors, Solange Durão (SAMRC) and Celeste Naude (CEBHC), work under the guidance of an international Advisory Board in planning and carrying out the work of the field. The Field's coordinator, personnel and contributors help implement the Field's strategic plan.

Aims and objectives

Cochrane Nutrition's aim is to support and enable evidence-informed decision-making for nutrition policy and practice by advancing the preparation and use of high-quality, globally relevant nutrition-related Cochrane reviews. The objectives of the Field include to:

- increase coverage, quality and relevance of Cochrane nutrition reviews,
- increase the use of Cochrane nutrition reviews across all stakeholders,
- contribute to strengthening methods for conducting Cochrane nutrition reviews, and
- ensure the sustainability of Cochrane Nutrition

The Field's activities are guided by these four objectives and include: stakeholder engagement to identify priorities and evidence needs, coordinating dissemination of evidence from Cochrane Nutrition reviews to various stakeholders through different means (e.g. summaries, blogshots, infographics), conducting methodological research linked to nutrition evidence synthesis, coordinating conduct of Cochrane nutrition reviews, among many others.

Contact person: Solange Durão (solange.durao@mrc.ac.za)

Effects of vaccines

Vaccines are defined as biological preparations which provides active acquired immunity to a particular disease. They contain an agent that resembles a disease-causing microorganism and are often made from weakened or killed forms of the microbe, its toxins, or one of its surface proteins. Vaccines help the immune system fight infections faster and more effectively. When one gets a vaccine the immune response helps the body to act against the disease. Vaccination/immunization is the process of introducing a vaccine into the body to produce immunity to a specific diseases. Vaccination enables the body to create memory cells to assist the body fight against a particular disease. There is overwhelming evidence demonstrating the benefits of immunization to be one of the most successful and cost-effective health interventions. We are currently conducting various systematic reviews assessing the effects of vaccines in situations where there is uncertainty about their effectiveness.

Below are titles of some of the reviews:

- To assess the effects of BCG revaccination against tuberculosis infection and active tuberculosis disease.
- To evaluate the immunogenicity, clinical efficacy, and safety of prophylactic HPV vaccines in People living with HIV.
- To assess the effects of fractional-dose yellow fever vaccination in comparison to standard dose vaccination.
- To assess the immunogenicity of two intradermal fractional doses of inactivated polio vaccine compared to a full intramuscular dose of inactivated polio vaccine in children.
- To provide an up-to-date review of the evidence on the efficacy and safety of vaccines in reducing morbidity and mortality among people with sickle cell disease.

Contact person: Phetole Mahasha (phetole.mahasha@mrc.ac.za)

A systematic review of the effects of HPV vaccines in people living with HIV

Human papillomavirus (HPV) is the most prevalent sexually transmitted disease worldwide. It is estimated that 50-80% of sexually active individuals will acquire an HPV infection in their lifetime. Although the majority (70-90%) of HPV infections are asymptomatic and resolve spontaneously within 1-2 years, persistent HPV infection may result in other diseases. Cancer is the second leading cause of death worldwide, and it is estimated that HPV accounts for 5% of all human cancers. HPV causes approximately 600,000 cancers worldwide every year, including cervical, anal, vulvar and vaginal, penile, and certain oropharyngeal cancers. It is also associated with other skin and mucosal lesions such as warts and benign papillomas. Most of HPV-associated morbidity and mortality is due to cervical cancer, the third most common cancer in women and fourth most common cause of death worldwide, with an estimated 582,000 cases and 266,000 deaths every year.

People infected with human immunodeficiency virus (HIV) are at high risk of HPV infection and developing HPV associated cancers. HPV infections are also more persistent in HIV-infected individuals, which increases their risk of developing HPV-related cancer. The state of immunosuppression induced by HIV infection impairs the ability to clear HPV infection. It is estimated that more than one third of all deaths in HIV-infected individuals are associated with cancer. Currently, there are three licensed prophylactic HPV vaccines. These vaccines have shown a high degree of safety, immunogenicity, and efficacy in HIV-negative individuals.

However, little is known about the effects of these HPV vaccines in HIV-infected individuals. The aim of this review is to systematically evaluate the immunogenicity, clinical efficacy, and safety of prophylactic HPV vaccines in HIV-infected individuals. We prospectively registered the systematic review in PROSPERO, and will publish the protocol and use standard Cochrane methods to collect and synthesise the evidence.

Contact person: Edison Mavundza (edison.mavundza@mrc.ac.za)

Access to vaccines

Vaccine stock management procedures and effectiveness of stock visibility solution in primary health care facilities in Eastern Cape Province

The success of immunisation programmes depends largely on a well-functioning supply chain.The purpose of the vaccine stock management system in a supply chain is to ensure that vaccines are moved from the source to those who need them at the right time and optimum cost. At the health facility level, this implies that vaccine stocks are always expected to be kept in the right quantities. Vaccine stock-outs at health facilities occur primarily due to stock management issues. When vaccines are not available, this forces the parents and other caregivers to make repeated and costly trips to health facilities. The most vulnerable groups who suffer from the effects of vaccine stock-outs are usually the poor and rural communities who depend on public facilities for health services. There is, therefore need for effective interventions for vaccine stock management to reduce vaccine stock-outs and ensure availability of quality vaccines in healthcare facilities.

Like many low and middles income countries, the department of health in South Africa has developed the stock visibility solution (SVS) to reduce the rate of stock-outs and improve the availability of essential drugs, including vaccines. The use of the SVS approach looks promising, however, there hasn't been a significant reduction in the rate of stock outs in many facilities in South Africa as of 2015 as there are still reported cases of stock outs, especially in rural areas.

It is against this background that the project was designed. It will be conducted in the OR Tambo district of the Eastern Cape Province. This district is one of the poorest districts, depicting a typical resource-constrained area.

The objectives of this of this study are to:

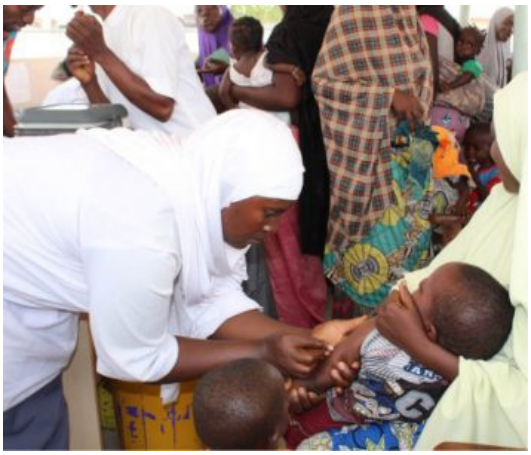
- Assess the vaccine stock management procedures used in selected facilities in OR Tambo district of the Eastern Cape Province of South Africa
- Establish the level and frequency of vaccine stock-outs in OR Tambo district
- Identify the vaccines more likely to be out of stock
- Assess the effectiveness of the SVS in reducing vaccine stock-outs in PHC facilities in OR Tambo district

It is anticipated that findings from this study will provide crucial information for the immunization programme management on the current situation with vaccine stock availability and management in selected facilities in the Eastern Cape. Study findings can be used to inform policy on improving vaccine stock management in South Africa and other countries.

Contact person: Chinwe J. Iwu (chinwelolo@gmail.com)

Using quality improvement approach to address missed opportunities for vaccination in Kano Metropolis, Nigeria

Missed opportunities for vaccination (MOV) have been recognized as an important contributor to low immunization coverage among children at district and national level. An MOV is said to have occurred when a child who is eligible for vaccination and does not have any contraindication, makes contact with a health facility and fail to receive the vaccine(s) or vaccine dose(s) for which they are eligible. It can occur in curative or preventive care setting. Although MOV reflects the performance of health facilities, its determinants spans multiple stakeholders and are multifaceted. Some of the caregiver-related factors include failure to bring vaccination card to clinic, lack of knowledge, fear of vaccinating an ill child involving caregivers among other. While health workers and systems-related factors include failure to screen vaccination history, false contraindication to vaccine, shortage of manpower, shortage or stock-out of vaccines among others.



Against this background, we are testing the effect of quality improvement on MOV in a low immunization coverage setting in Nigeria; the country with the highest number of un-vaccinated children in the world. The specific objectives of the project are as follows:

- To determine factors responsible for missed opportunities for vaccination among children aged 0 – 23 months attending primary healthcare facilities in Nassarawa local government area, Kano State
- To explore reasons for missed opportunities for vaccination from the perspectives of caregivers of children aged 0 – 23 months attending primary healthcare facilities in Nassarawa local government area, Kano State
- To implement a quality improvement programme for addressing missed opportunities for vaccination among children aged 0 – 23 months attending primary healthcare facilities in Nassarawa, Kano Stat
- To explore the facilitators and barriers of implementing a collaborative quality improvement programme to address missed opportunities for vaccination in primary healthcare facilities in Nassarawa, Kano State

As part of this project, we are also conducting two reviews. First is a systematic review and meta-analysis of the prevalence of missed opportunities for vaccination among children aged 0 – 23 months attending health facilities in Africa. In addition, a systems-thinking approach is being incorporated in this review to advance current understanding of the dynamics of factors responsible for missed opportunities for vaccination. The second is a scoping review of the extent to which quality improvement has been used within health facility setting to reduce missed opportunities for vaccination.

Contact person: Abdu Adamu (abdu.adamu@gmail.com)

Vaccine hesitancy

Strengthening capacity for generating and using evidence to understand, measure and address vaccine hesitancy and acceptance

Vaccine hesitancy, which represents a continuum between vaccine acceptance and refusal, is a growing threat to immunisation programmes worldwide. Evidence suggested that an increased number of individuals and communities globally are questioning vaccines, seeking alternative vaccination schedules and deciding to delay or refuse vaccination. Vaccine hesitancy poses significant risks not only for the hesitant individual, but also the wider community. Delays and refusals of vaccination make communities unable to reach thresholds of vaccine uptake that confer herd immunity; thus raising the possibility of an outbreak should a vaccine-preventable organism start circulating in that community. Encouragingly, vaccine hesitancy is currently receiving unprecedented global attention, stimulated by the World Health Organization's (WHO) Strategic Advisory Group of Experts on Immunization (SAGE) identifying it as a priority issue. Yet, there remains key knowledge gaps that need to be addressed for vaccine hesitancy to be properly understood and effectively addressed.

Against this backdrop, we are developing a programme of work to strengthen capacity for generating and using evidence to understand, measure and address vaccine hesitancy and acceptance, with a particular focus on South Africa (SA) and sub-Saharan Africa (SSA). The specific aims of the programme are to:

1. Build evidence and theory on the determinants of vaccine hesitancy and acceptance
2. Develop validated tools to measure the prevalence and determinants of vaccine hesitancy and acceptance in SA and SSA
3. Build knowledge on evidence-based interventions to reduce vaccine hesitancy and enhance vaccine acceptance
4. Develop socio-behavioural insights research capacity in SA and SSA within the field of vaccine hesitancy and acceptance

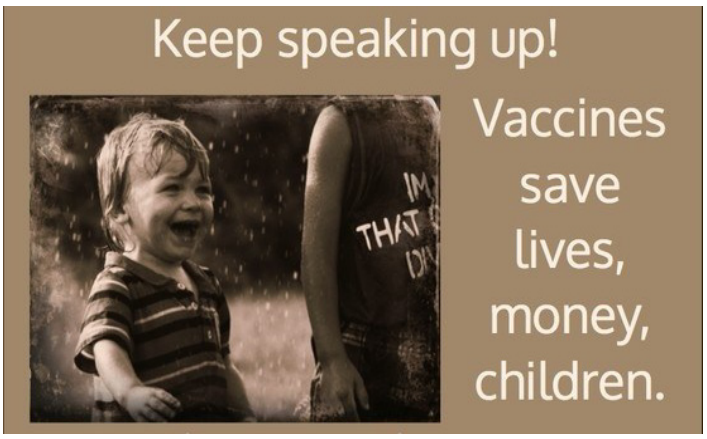
As part of this programme of work, we are currently conducting two Cochrane Qualitative Evidence Syntheses (GES): one on the factors influencing acceptance of childhood vaccines and vaccination services and the second on factors influencing acceptance of human papillomavirus (HPV) vaccination. We are also developing a multi-site and multi-disciplinary research consortium in SSA to better understand vaccine hesitancy in the region. Based in South Africa, Cameroon, Kenya and Nigeria, this consortium will conduct primary, mixed methods research with immunization stakeholders to understand the extent and drivers of vaccine hesitancy, construct validated scales to measure it, and design and test interventions to address it. Ultimately, through this programme of work we hope to generate, synthesise and disseminate evidence-based knowledge on vaccine hesitancy and acceptance to inform Immunization decision-making and strategies in SA, SSA and globally.

Contact person: Sara Cooper (sara.cooper@mrc.ac.za)

A bibliometric analysis of global research productivity on vaccine hesitancy

The implementation of interventions to reduce vaccine hesitancy should be informed by locally-generated research evidence. In general, health research helps to answer questions, generate the evidence required to guide policy and identify new tools. However, factors that influence the publication of research on vaccine hesitancy are not known. We, therefore, plan to undertake this study to fill this research gap by providing insights into factors associated with vaccine hesitancy research productivity worldwide.

We will search PubMed, Embase, and Scopus for articles published by December 2018 from any country in the world. We will use Poisson regression to examine time trends in research publications. In addition, we will use negative binomial regression models to explore country level factors that are associated with research publications on vaccine hesitancy. The factors we will consider include, but are not limited to, childhood vaccination coverage, national gross domestic product, country income status, WHO Region, total health expenditure, public expenditure on health, private expenditure on health, expenditure on research and development, and healthcare work density.



Contact person: Anelisa Jaca (anelisa.jaca@mrc.ac.za)

There are many barriers and facilitators which affect vaccine uptake, from the logistics of ensuring access and affordability, to the psycho-social factors that influence service-seeking behaviours and individual and community-level acceptance. Efforts to boost coverage frequently rely on an intuitive or anecdotal understanding of under-vaccination, rather than evidence grounded in perspectives of caregivers.

However, a broad consensus is emerging that reliable measures to better understand why people do not vaccinate are needed to ensure that evidence informs the design and evaluation of more tailored and targeted interventions to increase vaccine uptake.

Apart from the projects mentioned earlier, our current portfolio of vaccine implementation research work also includes:

1. Review of data from the WHO/UNICEF Joint Reporting Form for annual trends in vaccine hesitancy across Africa since 2014 (Contact: Alison Wiyeh Alison.Wiyeh@mrc.ac.za)
2. Investigating vaccine hesitancy and validating a measuring tool in the Western Cape Province of South Africa (Contact: Elizabeth Oduwole oduwole@sun.ac.za)
3. Human papillomavirus vaccination acceptance and hesitancy in South Africa (Contact: Ntombenhle Ngcobo ntombenhle1m@gmail.com)
4. Contextualising strategies to increase childhood and adolescent vaccination coverage in South Africa (Contact: Phetole Mahasha Phetole.Mahasha@mrc.ac.za)

Policy briefs for decision-makers

Elaboration of health policy briefs for decision-makers in countries of the WHO African Region, to guide actions towards attainment of universal health coverage in the context of the SDGs

Despite an increase in total health expenditure over the past two decades in the African Region, major inequalities in the health gains persist across and within countries, mostly due to inadequate health systems. The WHO Regional Office for Africa, in its role as a key leader in the region has taken steps to provide countries with support to help them identify and plan key interventions that will strengthen health systems towards the attainment of Universal Health Coverage, and other health related Sustainable Development Goal. In line with this, the WHO Regional Committee for Africa elaborated a comprehensive framework of actions to guide member states. The framework highlights several dimensions within each area of the health results chain, around which countries need to define their actions. To facilitate action around the dimensions of the framework of actions, WHO Regional Office aims to generate concise policy briefs that will consolidate the best current evidence that addresses questions which decision makers are grappling with in taking forward the dimension. This process will eventually lead to the construct of a readily available repository of evidence that addresses questions arising from stakeholders on the different dimensions of the framework of actions.

Cochrane SA has expressed an interest in working with WHO African region in elaborating health policy briefs for member states so as to guide actions towards the attainment of Universal health coverage and other health related SDGs.

Objectives of the project

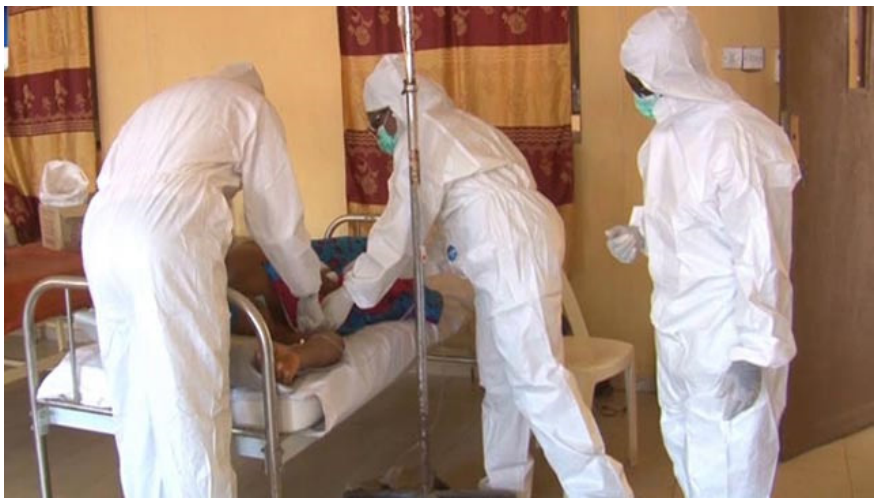
- Cochrane SA if awarded the tender will ensure the production of health policy briefs that are responsive to commonly asked questions from decision makers in Africa over six months
- Build the capacity of WHO AFRO researchers on how to conduct and use Cochrane systematic reviews; and
- Publish adapted versions of briefs in an open access African peer-reviewed journal

Cochrane SA will aim to generate 45 policy briefs that encompass all the 20 dimensions of the framework of actions over a period of six months. Answers to questions that arise from stakeholders will be obtained by systematically searching existing literature to identify and synthesize relevant evidence in the form of systematic reviews. The evidence from these systematic reviews will be used to generate responsive policy briefs. When there is no existing systematic reviews that is answers to the needs of stakeholders, Cochrane SA will synthesize the evidence in the form of new rapid reviews followed by a summary in form of the health policy brief. All policy briefs produced by Cochrane SA will be submitted to WHO Regional office for peer review. We anticipate that in addition to generating policy briefs for relevant stakeholders, authors from both institutions will collaborate on disseminating the synthesized evidence through publications in peer reviewed journals. Capacity building workshops for WHO AFRO researchers on the use of Cochrane Reviews will also be conducted by Cochrane SA at WHO AFRO head offices in Brazzaville. Collaboration is critical to achieving the health-related SDGs. A partnership between WHO Africa office and Cochrane SA will further strengthen the warm relationship that already exists between WHO/AFRO and the SAMRC.

Contact person: Alison Wiyeh (alison.wiyeh@mrc.ac.za)

Influenza, disease surveillance, epidemic preparedness

Seasonal and pandemic influenza are global public health problems often neglected in Africa. Seasonal influenza cause severe illness in about 3–5 million people and responsible for 290 000–650 000 deaths worldwide each year. Historically, pandemic influenza outbreaks of the 1918 caused between 50-100 million deaths worldwide. Both remains an important source of economic loss worldwide due to losses in working days and increased use of hospital resources as a result of hospitalization, reduction in quality of life due to secondary infections and increased school absenteeism due to illness. In view of this background, we are working to generate epidemiological evidence on the surveillance systems and burden of influenza to inform the planning for and response to these diseases in terms of prevention, treatment and vaccination. In addition to influenza surveillance and its role in rapidly detecting and sending early signals for new cases, our work extends to other epidemic diseases such as Ebola Virus Disease (EVD). We are currently developing a study proposal that investigates the preparedness of EVD in South Africa and Africa generally.



Since responding to epidemics during emergencies raise considerable disagreements on the course of actions including moral tensions between the demands of civil liberties and the goals of public health. As part of this project, we are interested in studying and providing evidence on how to identify and resolve ethical issues that arise epidemics, including public health and medicine. Recently, we have been studying an ethical decision-making framework that draws on the central tenants of the Ubuntu philosophy. This framework is unique and it is the first attempt to be applied in public health by providing some initial insights for how Ubuntu philosophy might be applied to dealing with the ethical quandaries that arise with pandemics and other large-scale emergencies in Africa more specifically. In the future, we hope to apply this framework to inform vaccine hesitancy and vaccination generally. So far in this project, we have published a systematic review on the burden of seasonal influenza in sub-Saharan Africa. The forthcoming articles includes an evaluation of surveillance systems in Africa, review of the global introduction of seasonal influenza vaccines and preparedness planning for pandemic influenza in Africa.

Contact person: Evanson Sambala (evanson.sambala@mrc.ac.za)

Pan African Clinical Trials Registry (PACTR)

What is PACTR?

PACTR (https://pactr.samrc.ac.za/) is the only African World Health Organization (WHO)-endorsed primary registry of clinical trials conducted in Africa. It is open-access and trials are registered free of charge. PACTR was originally developed in 2006 with a focus on AIDS, Tuberculosis and Malaria. In 2009 it was expanded to include all conditions and renamed PACTR. PACTR is based at the SAMRC and is managed by Cochrane SA with initial funding from the European and Developing Countries Clinical Trials Partnership.

PACTR'S mission

To harmonise regulatory, registration and ethical clearance efforts for clinical trials. PACTR is a regional clinical trials registry which aims to serve the needs of African clinical trialists, trial participants, regulators, funders and policymakers. PACTR aims to increase transparency and provide networking opportunities for researchers who conduct clinical trials in Africa. The goal is to help to harmonise the regulation, registration and ethics of clinical trials, and foster collaboration and networking amongst stakeholders on the continent.

Benefits of registering a trial with PACTR

- Reduces publication bias and fulfils ethical obligations to research participants
- Ensures transparency and enhances public trust in clinical research
- Reduces research duplication and thus wastage of limited resources
- Allows information from clinical trials to reach the public
- Researchers in Africa can register their trials in an African-based registry
- PACTR aligns with WHO standards
- Registration and searching the database is free and easy to access

What does it mean to be a member of the WHO network of primary registries?

Primary registry status is granted by the WHO to registries that meet specific criteria for content (i.e. the 24-item dataset). Primary registries within the WHO network meet the requirements of the ICMJE, and feed data into the WHO's International Clinical Trials Registry Platform (ICTRP); a search engine for all trials registered in accordance with international standards. The dataset can be found at http://www.who.int/ictrp/network/trds/en/

PACTR'S unique features

PACTR has been redeveloped in 2018 with the aim of providing a more user-friendly, easy-to-navigate website. The database is available at www.pactr.org. Trial registration can be retrospective or prospective. To qualify, a trial must be a RCT or CCT. All items of the 24-item dataset must be completed.

PACTR features include: easy navigation; an easy-to-search GIS map showing clinical trial locations by subject; optimised search functions with easy-to-download formats.

How to register

Online at www.pactr.org and register as a user before adding your trial information.

Contact persons: Elizabeth Pienaar (epienaar@mrc.ac.za)
Lindi Mathebula (lmathebula@mrc.ac.za)

South African National Clinical Trials Registry

Background

The establishment of the South African Clinical Trial Register (SANCTR) follows international calls for prospective registration of clinical trials to ensure greater transparency in trial conduct from the planning stages. In 2005 Department of Health (DoH) commissioned the establishment of a clinical trials register. A statement was issued in November 2005 by DoH that as from the 1 December 2005 all new clinical trials that are conducted in the country must be registered in SANCTR. Registration on SANCTR requires that a trial is approved by a Research Ethics Committee and meets the requirements of the National Regulatory Authorities, South African Health Products Regulatory Authority (SAHPRA). In meeting those requirements, SANCTR serves as a tool for approving and monitoring the conduct of clinical trials in South Africa.

health
Department:
Health
REPUBLIC OF SOUTH AFRICA
South African National Clinical Trial Register

"Sponsors are required to register all South African based trials on the South African Clinical Trial Register (SANCTR) managed by the Department of Health. If there is no sponsor, then it is the responsibility of the PI to register the trial. Once registered, the trial will be issued a unique study number within two working days of the application being received by the Department of Health. Trials should not commence without this number".

> The Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, 2nd Edition (2006), section 1.5.2

Ethical obligation for trial registration

Clinical trial registration can assist a researcher fulfill ethical obligations by abiding to the South African Good Clinical Practice Guideline (2006). Ensuring that transparency and information dissemination (autonomy, do no harm, voluntary informed consent) as outlined by the Declaration of Helsinki. While providing public trust in the conduct of clinical research (experiments should serve the public good).

Current plans with SANCTR redevelopment

SANCTR seeks to facilitate registration of trials in accordance with the WHO International Clinical Trials Registry Platform (ICTRP) initiative and the International Committee of Medical Journal Editors (ICMJE) both require prior registration of planned clinical trials in a public registry as a condition for publication. Additionally, in accordance with section 1.6 of SAGCP guideline (2006). The SANCTR database will align with PACTR which is a WHO Primary Registry for the African continent to become a Partner Registry.

SANCTR was initially developed by the Wits Health Consortium with grant funding and there is a process underway to move the database to the SAMRC as requested by DoH back in 2015.

Contact person: Duduzile Ndwandwe (duduzile.ndwandwe@mrc.ac.za)

Collaboration for Evidence-Based Healthcare and Public Health in Africa (CEBHA+)

Sub-Saharan Africa is affected by a substantial burden of disease, with premature deaths due to non-communicable diseases (NCDs) and unintentional injuries being on the rise. There is thus a substantial need to develop and implement evidence-based interventions to prevent and treat NCDs and unintentional injuries in Africa, as well as to address their root causes. The Collaboration for Evidence-Based Healthcare and Public Health in Africa (CEBHA+) is a research network funded by the German Ministry of Education and Research. CEBHA+ comprises six partner institutions in Africa, in Uganda, Malawi, Rwanda, Ethiopia, and South Africa, and two partner institutions in Germany. This network intends to translate the principles of evidence-based healthcare and public health in sub-Saharan Africa by ensuring that the priority research questions are relevant and fill a real gap, through conducting robust research and through overcoming the disconnect between primary research, evidence synthesis and implementation into policy-and-practice.

Cochrane SA is one of the African partners, contributing towards the majority of work packages of the network, including:

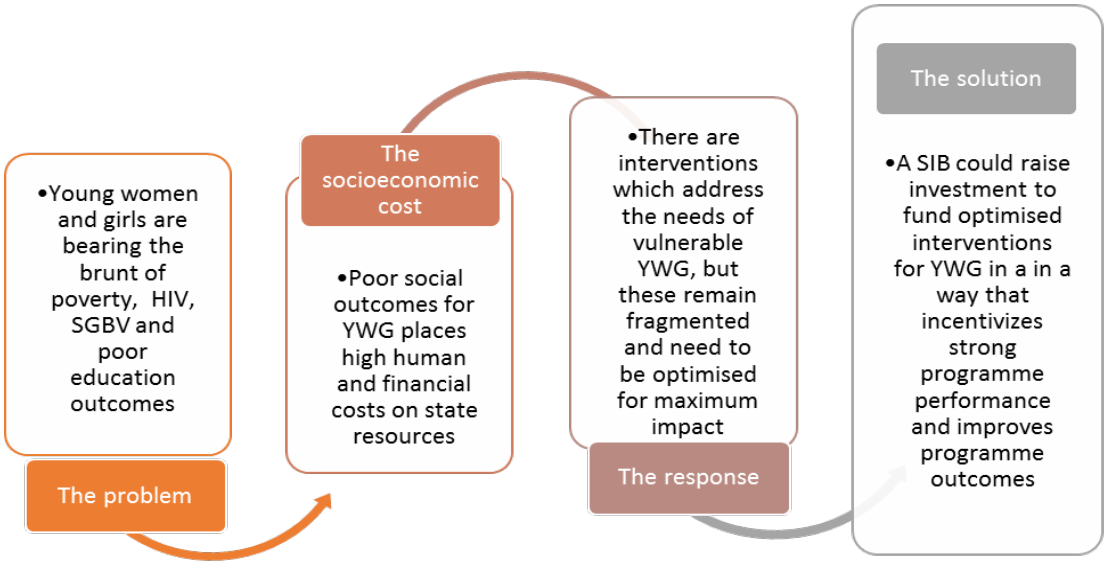
- Leading a systematic review on population-level interventions to increase physical activity to prevent cardiovascular diseases and diabetes in low- and middle-income countries
- Leading systematic reviews on screening strategies for diabetes and hypertension, and contributing to other research projects
- Building capacity and providing methodological support to conduct high quality evidence syntheses, and to translate evidence into policy and practice and
- Networking, to increase connectivity between all partners and with relevant stakeholders to enhance evidence informed policymaking

Contact person: Bey-Marrie Schmidt (bey-marrie.schmidt@mrc.ac.za)

Social Impact Bond - to address HIV and SGBV in young women - innovative financing and research

Background and purpose

The HIV problem in South Africa will not be resolved unless the high rate of incidence in young women is comprehensively addressed. This is a turnkey programme that is essential to the overall control of the HIV epidemic. Programmes to address the needs of young women are lacking in understanding of the micro dynamics of the social and structural drivers and the behavioural factors that drive these new infections and with regard to what interventions will make a difference at the individual and community levels. The Social Impact Bond, in parallel with a grounded body of research that is linked to current and past experience in the field, is at the heart of this business plan. A Social Impact Bond (SIB) is an innovation in financing socially complex programmes that are difficult for governments to address. From a research, innovation and financing point of view, the aim is to put HIV and SGBV programming on a stronger and more evidence-based footing.



Cochrane SA activities:

- Input into designing the intervention – using approaches best suited for designing complex interventions
- Current Global Fund programme evaluation
- Overview of reviews
- Prep in women review
- Guidelines/ policy for adolescents review
- New reviews where gaps emerge

Project partners include: MRC office of HIV and TB (lead), National Treasury, SANAC, SAPS, DBE, DSD, DST, Global Fund, Bertha Centre for Innovation at UCT, Social Financing (UK)
Many MRC units conducting research: Burden of Diseases Unit, Health systems research unit, Gender Health Research Unit, ATODRU, HIV Prevention Unit

Contact person: Tamara Kredo (tamara.kredo@mrc.ac.za)

The Research, Evidence and Development Initiative (READ-It): evidence synthesis for sustainable development

READ-It is a UK aid-funded research and development project.

Translating research into policy requires up-to-date, independent, rigorous systematic reviews. Policy makers need clear messages, and systematic reviews provide this. Cochrane leads the world in producing internationally recognised, high quality systematic reviews

Impact
Improved health outcomes through the application of reliable research summaries

Outcome
To increase the number of evidence-informed decisions by intermediary organizations (WHO, bilateral agencies, NGOs, philanthropic organizations) and national decision makers that benefit the poor, including women

Outcome indicators

- New or amended SDG policies or guidelines influenced by partners' products.
- Major SDG funding decisions by bilateral or multilateral agencies influenced by partner outputs.
- National or global policy makers change information requirements for funding decisions resulting from partners' work

Key outputs

- High quality, up-to-date, relevant Cochrane or related systematic reviews
- Products that contribute to knowledge uptake, including dissemination products; institutional partnerships to develop policy guidance; and bespoke training programmes linked to improving review output or knowledge uptake
- Partners and collaborators with increased competence in high quality evidence synthesis and applying it to policy

Our target groups are primarily policy specialists engaged in policy formulation and guideline development in low- and middle-income countries (LMICs) for poor and vulnerable groups.

Thematic areas
Nutrition; Planetary health; Humanitarian health; Malaria vector control, Neglected tropical diseases: HIV; Other SDG-related reviews (response mode)

Project Partners
Cochrane Infectious Disease, South Africa partner (CEBHC, Cochrane SA, Cochrane Nutrition) with links to Cochrane Africa, Cochrane EPOC, EPPI Centre, Asian Evidence Network and growing

Contact person: Tamara Kredo (tamara.kredo@mrc.ac.za)

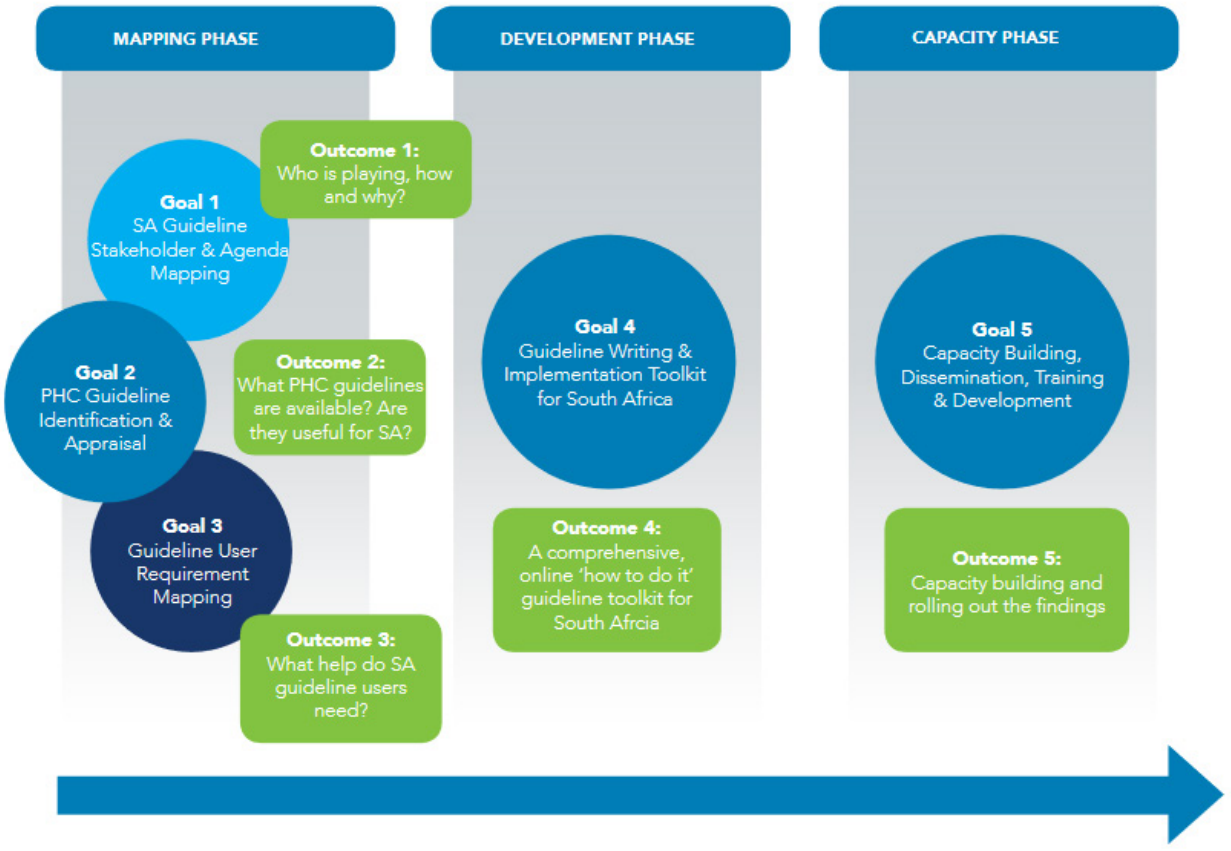
South African Guidelines Excellence (SAGE)

Project overview

Project SAGE is a multi-partner research initiative aimed at setting in motion a stakeholder-driven process to contribute to both understanding and improving standards of national clinical practice guideline (CPG) development, adaptation and implementation for primary healthcare. The project consisted of several components, including stakeholder mapping; local guideline quality evaluation; systematic review of 'gold standard' CPG development strategies; identification of implementation enablers and constraints; development of an online CPG resource; and, capacity building opportunities for those involved in CPG development and implementation. These components can be divided into three project phases – mapping, development, and capacity building (Figure 1).

The project was made possible through a three-year Flagship Grant from the SAMRC.

Figure 1: *SAGE project phases*



For more information about the project visit the website http://www.samrc.ac.za/intramural-research-units/Cochrane-SAGE

Project partners:

Health Systems Research Unit, SAMRC; Centre for Evidence-based Health Care, Stellenbosch University; International Centre for Allied Health Evidence, University of Australia

Contact person: Tamara Kredo (tamara.kredo@mrc.ac.za)

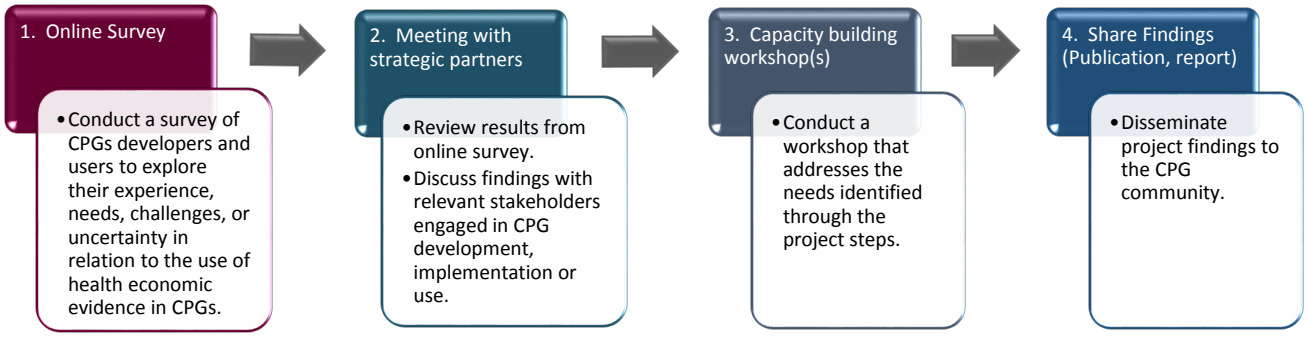
Health Economics Evidence in Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) can be a useful tool to aid healthcare decision making, but in order to be relevant and used in practice the CPG content should support users to make transparent, informed healthcare decisions when allocating and consuming finite resources. Health economic evidence can be incorporated in CPG development using a variety of methodological approaches. The best approach might vary depending on the intervention type, data availability, and technical skill, but should ideally enable the user/decision-maker to make a more informed decision on whether a particular intervention represents the best use of available health resources in their local context.

The main aim of this project is to advance the usability of CPGs in decision-making through relevant incorporation of health economic evidence, in addition to other factors.

We hope to achieve this aim in collaboration with the South African CPG community (funders, developers and users) by eliciting views and encouraging debate on the current challenges in using health economic evidence in CPGs, its ideal future role (if different), and possible solutions that can help bridge the gap. The project will consist of four stages as illustrated in Figure 1.

Figure 1: Project stages for health economic evidence in CPGs project



The project will be a joint initiative between PRICELESS SA, Cochrane SA and the CEBHC. Strategic input on the project approach and deliverables will be gained from strategic partners (including the National DoH, Council for Medical Schemes, and the South African Medical Association) throughout the project.

Stakeholders from the CPG community (100+ people) will be engaged via the online survey, as well as the capacity building workshops. Stakeholders will include medical professionals, academics, and national and provincial health decision makers.

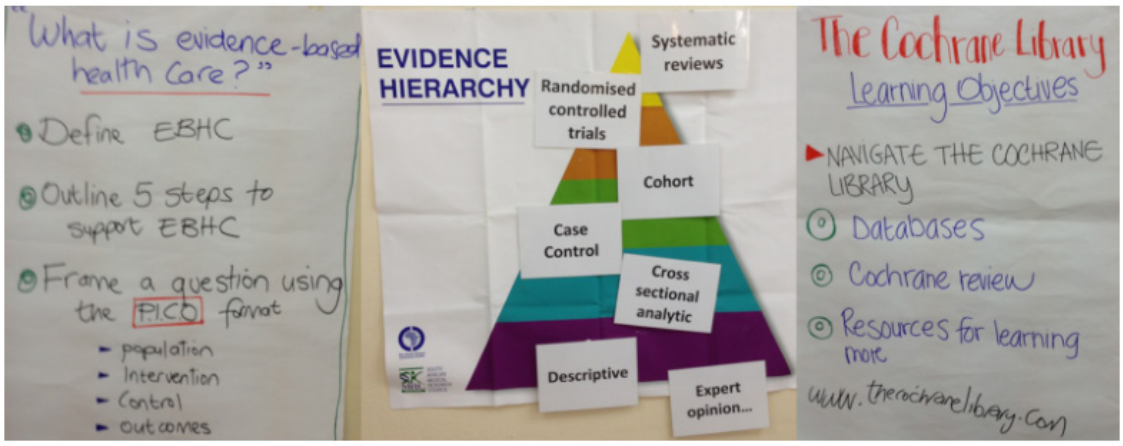
The findings from the online survey and the workshop will then be shared with the wider CPG community and interested parties through a project report (and possible journal publication) summarising the current use (and barriers to use) of health economic evidence in CPGs, and the next steps required to advance the usability of CPGs in decision-making through relevant incorporation of health economic evidence.

Contact person: Tamara Kredo (tamara.kredo@mrc.ac.za)

Learning and Support Initiatives

Background

As part of Cochrane SA's mission, we aim to train and develop capacity and skills in conducting Cochrane Reviews, as well as to promote the use of best evidence in healthcare decision-making within Africa. To achieve these aims Cochrane SA undertakes different types of training.



Learning support offered

1. Capacity building for those undertaking reviews (researchers) – this training covers protocol development, use of the essential review software like RevMan and GRADE, and review conduct. Linked to this, Cochrane SA hosts monthly webinars on systematic review methods (https://southafrica.cochrane.org/learning-support/systematic-review-methods-webinars). These webinars provide an opportunity to learn more about specific systematic review methodology.

2. Capacity building of health practitioners, students, policy-makers and others - this includes building their skills to find and use Cochrane Reviews to inform healthcare decision making, and also awareness raising about the importance of evidence-based healthcare and increase understanding and implications of review content for policy makers and other stakeholders.

Cochrane SA has a Training menu, with more detail about the learning opportunities available, as well as a Training Request form that is completed by entities requesting training.

Decisions about what training the Centre undertakes are made according to training targets set out at the beginning of each year, and through deliberation by the Centre's Training Working Group (TWG). The TWG meets monthly to discuss training issues and any staff is welcome to join the TWG.

For more information about Cochrane SA's learning and support initiatives visit the website https://southafrica.cochrane.org/learning-and-support-initiatives

Contact person: Solange Durão (solange.durao@mrc.ac.za)