Cochrane South Africa
NEWSLETTER

Trusted evidence.
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Highlighting the role of evidence during the COVID-19 pandemic and into the future

– the Cochrane SA National Symposium

The need for all Cochrane entities to prepare for future pandemics, to enhance dissemination of evidence and to address equity in both systematic reviews and primary research – were some of the issues highlighted during the Cochrane Virtual National Symposium held on 25 and 26 November.

The symposium emphasised the more-important-than-ever necessity for an evidence-informed approach to healthcare grounded in equity, equality, accountability and transparency.

The symposium explored the evidence ecosystem during the COVID-19 pandemic – from primary research to clinical trials, evidence synthesis, rapid-reviews and guidelines development, and policy implementation, to public understanding of scientific evidence and decision making.

It consisted of plenaries, rapid-fire presentations on innovative COVID-19 projects as well as comprehensive training workshops on systematic-review methods.

Pleanary 1 looked at the perspectives of users and producers of evidence in the context of COVID-19. Speakers included Per Olav Vandvik, co-founder and Chief Executive Officer of the MAGIC Evidence Ecosystem Foundation, who highlighted the development of digitally structured guidelines, evidence summaries and decision aids for clinicians and patients; Andy Parrish, Chair of the South African National Essential Medicines List COVID-19 Committee who outlined the processes involved in developing rapid reviews to inform the National Department of Health guidelines for COVID-19; Mia Malan, founding editor-in-chief of the Bhekisisa Centre for Health Journalism who examined the role of the media particularly in countering misinformation; and, Zahiera Adam of Medscheme who presented the private-sector view.

"We still need better methods to disseminate and adapt guidelines for policy makers and other stakeholders," said Per Vandvik, "and we need to evaluate their impact."

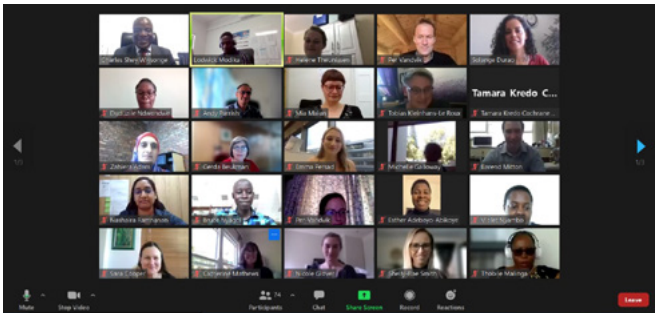
Plenary 2 was a rapid-fire session showcasing South African evidence-based projects including presentations on rapid-review methods, clinical-trial registration via the Pan African Clinical Trials and the South African National Clinical Trials registries; findings on vaccine hesitancy; the need to evaluate knowledge translation of rapidly developed evidence and guidelines; and, the development process for policy briefs for WHO Afro.

In the closing conversation looking at Cochrane into the next decade, Toby Lasserson, Deputy Editor-in-Chief of the Cochrane Library, Charles Shey Wiysonge, Director of Cochrane SA, Martin Meremikwu, Director of Cochrane Nigeria, Lawrence Mbuagbaw, Co-director of Cochrane Cameroon and Eleanor Ochodo, of the Evidence for Health Research Group at the Kenya Medical Research Institute discussed some of the future challenges facing Cochrane with an emphasis on the African region.

"Our understanding of how social factors affect health is changing," said Lawrence Mbuagbaw. "Every systematic review ultimately deals with humans so we must ensure that every systematic review addresses equity comprehensively."

"The pandemic has shown that Cochrane evidence is relevant but we need to keep pace with what evidence is needed and how. We also need to tap into the power of social media to stay relevant," said Charles Wiysonge.

Contents



From the Cochrane Library

Administration of antimalarial drugs to whole populations for reducing malaria

What is mass drug administration (MDA) for malaria?

MDA for malaria consists of giving a full treatment course of antimalarial medicine (even to persons with no symptoms of malaria and regardless of whether malaria is present) to every member of a defined population or every person living in a defined geographical area (except to those for whom the medicine could be harmful) at approximately the same time and often at repeated intervals.

How can MDA reduce malaria transmission in a population?

The life cycle of the malaria parasite consists of human liver, human blood, and mosquito stages. Malaria infection begins with the bite of an *Anopheles* species mosquito carrying the malaria parasite. During the bite, the infective mosquito injects the malaria parasite into the human host. After initially replicating in the liver, the parasites are released into the bloodstream. During the blood stage, parasites multiply in red blood cells, sometimes causing fever and other symptoms characteristic of malaria. Some of these parasites become a form which is infectious to mosquitoes. When the infected person is bitten again, the mosquito ingests blood containing the parasites, which then restarts the transmission cycle.

MDA with antimalarial drugs temporarily prevents new and clears existing malaria infections in the population. Depending on the characteristics of the antimalarial drug used, MDA targets parasites at different stages, which can lead to reduced disease burden and transmission. Whether MDA can successfully reduce or interrupt malaria transmission may depend on how much malaria there is in the area; the use of other tools to control malaria, including preventing mosquito bites; the proportion of the population who receive at least one round of MDA; population movement; and, when MDA rounds occur in relation to the peak malaria transmission season.

What was the aim of the review?

To guide policy making and future research for malaria control and elimination, the aim of this review was to update the evidence evaluating the effect of MDA compared to no MDA on malaria outcomes in moderate- to high-transmission settings and very low- to low-transmission settings. The search of relevant published and unpublished literature identified 13 studies that met the inclusion criteria.

What are the main findings of the review?

Malaria burden was compared in people receiving MDA and those who did not receive MDA, at different time points. The findings differed by malaria transmission setting. In areas with malaria prevalence of 10% or higher (moderate- to high-transmission areas), based on one trial, MDA did not reduce malaria in the population (low-certainty evidence). In areas with malaria prevalence under 10% (very low- to low-endemicity areas), evidence from seven trials indicates that MDA reduced malaria in the population immediately after MDA has stopped (low-certainty evidence), but the authors are uncertain if the decline continues long-term because the number of malaria cases in both intervention and control groups were low (very low-certainty evidence).

In all settings of malaria transmission, the type of antimalarial drug used for MDA, co-interventions such as mosquito control, coverage of MDA, and risk of re-introduction may have an impact on the effect of MDA compared to no MDA. However, the reviewers were unable to explore these factors due to the limited number of studies.

How up to date is the review?

Studies available up to 11 February 2021 were included.

Citation: Shah MP, Hwang J, Choi L, Lindblade KA, Kachur SP, Desai M. Mass drug administration for malaria. Cochrane Database of Systematic Reviews 2021, Issue 9. Art. No.: CD008846. https://doi.org/10.1002/14651858.CD008846.pub3 2021.

From the Cochrane Library

What factors influence parents' views and practices around routine childhood vaccines?

Review aim

This Cochrane synthesis of qualitative evidence aimed to explore the factors that influence parents' views and practices around routine childhood vaccines. To do this, the authors searched for and analysed qualitative studies of parents' views, experiences and practices. This synthesis complements other Cochrane Reviews assessing the effect of strategies to improve the uptake of childhood vaccination.

Key messages

Many factors influence parents' vaccination views and practices, including those related to individual perceptions, social relationships, and the wider context in which parents live. When parents make decisions about vaccination for their children, they are often communicating not just what they think about vaccines, but also who they are, what they value, and with whom they identify.

What was studied in this synthesis?

Childhood vaccination is one of the most effective ways to prevent serious illnesses and deaths in children. However, worldwide, many children do not receive all recommended vaccinations. There are several potential reasons for this. Vaccines might be unavailable, or parents may experience difficulties in accessing vaccination services. Some parents may not accept available vaccines and vaccination services.

Our understanding of what influences parents' views and practices around childhood vaccination, and why some parents may not accept vaccines for their children is still limited. Qualitative research explores how people perceive and experience the world around them, and is therefore well-placed to examine these issues.

What are the main findings of the review?

The reviewers included 27 studies in the analysis. Studies were conducted in Africa, the Americas, South-East Asia, Europe, and the Western Pacific, and included urban and rural settings, as well as high-, middle- and low-income settings.

Many complex factors were found to influence parents' vaccination views and practices, which were divided into four themes.

Firstly, parents' vaccination ideas and practices may be influenced by their broader ideas and practices surrounding health and illness generally, and specifically with regards to their children, and their perceptions of the role of vaccination within this context. Secondly, many parents' vaccination ideas and practices were influenced by the vaccination ideas and practices of the people they mix with socially. At the same time, shared vaccination ideas and practices helped some parents establish social

relationships, which strengthened their views and practices around vaccination. Thirdly, parent's vaccination ideas and practices may be influenced by wider political issues and concerns, and particularly their trust (or distrust) in those associated with vaccination programmes. Finally, parent's vaccination ideas and practices may be influenced by their access to and experiences of vaccination services and their frontline healthcare workers.

The authors developed two concepts for understanding possible pathways to reduced acceptance of childhood vaccination.

The first concept, 'neoliberal logic', suggests that many parents, particularly from high-income countries, understood health and healthcare decisions as matters of individual risk, choice and responsibility. Some parents experienced this understanding as in conflict with vaccination programmes, which emphasise generalised risk and population health. This perceived conflict led some parents to be less accepting of vaccination for their children.

The second concept, 'social exclusion', suggests that some parents, particularly from low- and middle-income countries, were less accepting of childhood vaccination due to their experiences of social exclusion. Social exclusion may damage trustful relationships between government and the public, generate feelings of isolation and resentment, and give rise to demotivation in the face of public services that are poor quality and difficult to access. These factors led some parents who were socially excluded to distrust vaccination, to refuse vaccination as a form of resistance or a way to bring about change, or to avoid vaccination due to the time, costs, and distress it creates.

How up-to-date is this review?

Studies published before July 2020 were included.

Citation: Cooper S, Schmidt B-M, Sambala EZ, Swartz A, Colvin CJ, Leon N, Wiysonge CS. Factors that influence parents' and informal caregivers' views and practices regarding routine childhood vaccination: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2021, Issue 10. Art. No.: CD013265. https://doi.org/10.1002/14651858.CD013265.pub2

From the Cochrane Library

Brief summaries of new and updated Cochrane reviews on COVID-19

Ivermectin for preventing and treating COVID-19

What is ivermectin?

Ivermectin is a medicine used to treat parasites such as intestinal parasites in animals and scabies in humans. It is cheap and widely used in regions of the world where parasitic infestations are common. It has few unwanted effects.

Tests in the laboratory show ivermectin can slow the reproduction of the COVID-19 (SARS-CoV-2) virus but such effects would need major doses in humans. Medical regulators have not approved ivermectin for COVID-19. It should only be used as part of well-designed studies (randomised controlled trials) evaluating potential effects.

Key review messages

- The reviewers found no evidence to support the use of ivermectin for treating or preventing COVID-19 infection, but the evidence base is limited.
- Evaluation of ivermectin is continuing in 31 ongoing studies, and this review will be updated with their results once available.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD015017.pub2/full?cookiesEnabled

Remdesivir to treat people with COVID-19

What is remdesivir?

Remdesivir is a medicine that fights viruses. It has been shown to prevent the virus that causes COVID-19 (SARS-CoV-2) from reproducing. Medical regulators have approved remdesivir for emergency use to treat people with COVID-19.

Key review messages

- For adults hospitalised with COVID-19, remdesivir probably has little or no effect on deaths from any cause up to 28 days after treatment compared with placebo or usual care.
- The reviewers are uncertain whether remdesivir improves or worsens patients' condition, based on whether they needed more or less help with breathing.
- Researchers should agree on key outcomes to be used in COVID-19 research, and future studies should investigate these areas. This would allow future updates of this review to draw more certain conclusions about the use of remdesivir to treat COVID-19.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014962/full?cookiesEnabled

Are laboratory-made, COVID-19-specific monoclonal antibodies an effective treatment for COVID-19?

What are 'monoclonal' antibodies?

Antibodies are made by the body as a defence against disease. However, they can also be produced in a laboratory from cells taken from people who have recovered from a disease.

Antibodies that are designed to target one specific protein – in this case, a protein on the virus that causes COVID-19 – are 'monoclonal'. They attach to the COVID-19 virus and stop it from entering and replicating in human cells, which helps to fight the infection. Monoclonal antibodies have been used successfully to treat other viruses. They are thought to cause fewer unwanted effects than convalescent plasma, which contains a variety of different antibodies.

Key review messages

- The reviewers do not know whether antibodies (the body's natural defence against disease) made in a laboratory and all the same as one another (monoclonal) and designed to target COVID-19, are an effective treatment for COVID-19 because they assessed only six studies exploring different treatments in different types of patients.
- The reviewers identified 36 ongoing studies that will provide more evidence when completed.
- This review will be updated regularly as more evidence becomes available.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013825.pub2/full?cookiesEnabled

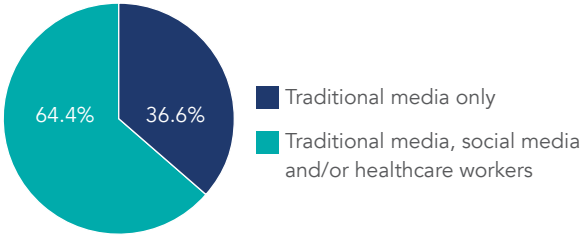
Early learnings from public-engagement activities to increase vaccine confidence

Despite significant efforts to roll-out COVID-19 vaccines, uptake has been hampered by large-scale vaccine hesitancy as well as devastating vaccine inequity. As the significance of vaccine hesitancy within South Africa started to become apparent, Eh!woza aimed to contribute to the promotion of COVID-19 vaccines by creating animations to translate complex biomedical concepts into short visually engaging content. During this time, an informal but growing collaboration began to develop with Cochrane SA at the SAMRC to share data, information and ideas around combatting vaccine hesitancy.

Eh!woza operates at the intersection of public engagement, youth education, advocacy, skills development and research. All projects are youth-focused and driven by a desire to engage people and communities directly impacted by infectious diseases. Public engagement, rather than pure science communication, drives all of our activities. Therefore, to guide the creation of our COVID-19 media we used an evidence-based model (surveys) to ascertain who our target audience **trusts to provide health information** and where **health information is accessed**. Additionally, we also wanted to determine what COVID-19 vaccine information people were exposed to and their **motivations for vaccine acceptance or hesitancy**.

Preferred platforms to access health information

November – December 2020 (n=451)



A selection of Eh!woza-produced animations aiming to describe COVID-19 information.

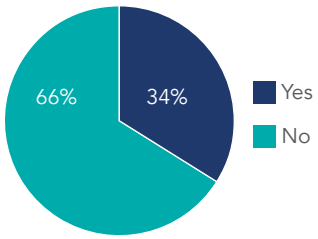
Survey results highlighted that the majority of COVID-19 vaccine hesitancy was due to low trust in COVID-19 vaccines and limited access to accurate information about COVID-19 vaccine testing and safety. We thus created animations that shared information on how vaccines are tested and why vaccines may have side effects. Before 2020, we primarily disseminated our content on social media. However, our survey data highlighted that we were missing a key demographic: individuals who exclusively seek health information from traditional media. Based on these data we amended our dissemination strategy to include dissemination on traditional media such as community television (Cape Town TV) and local newspapers (Vukani).

Field testing of the animations demonstrated that they were easily understood and had the potential to shift people's attitudes towards vaccine acceptance. However, the increase in vaccine acceptance among hesitators was not complete, demonstrating the limited impact of only presenting accurate information to increase vaccine acceptance.

To get a sense of what people were feeling, we also produced a short documentary: "COVID VACCINES: the importance of sharing accurate information" facilitated by the NRF-SAASTA's National Schools Week Programme and subsequently disseminated by The Daily Vox. The film was shot and directed by Khayelitsha locals and Eh!woza alumni, Samuel Flans and Alfa Fipaza, who have been through intensive film-production training. While only sampling a small subset of the population, the film uncovers peoples' viewpoints and concerns around COVID-19 vaccines, and highlighted that many individuals do not have access to accurate information. Moreover, negative information that rapidly spreads on social media (and is sometimes amplified by traditional media) can increase mistrust and fear.

Can animations shift vaccine hesitators views towards COVD-19 vaccine acceptance?

May – September 2021 (n=53)



A screenshot of COVID-19 documentary, available on our website.

Survey data and sentiments shared in film, together with themes emerging from in-depth focus group recently held with young people previously enrolled in Eh!woza programmes (data analysis is currently under way), highlight the limitations of only focusing on informational messaging, and emphasise the need for combining health information with open and in-depth discussion sessions to positively influence vaccine behaviour. This engagement should not only focus on sharing vaccine information but could also promote robust dialogue in an environment that stimulates trust.

Eh!woza is enthusiastic to further build its collaboration with the Cochrane SA, particularly around how robust data collection and analysis can guide and assess COVID-19 public engagement and media production, and welcomes both informal and formal collaboration and input from other groups. All media mentioned above is freely available for use and can be found on our website.

Cheleka Mpande and Tasha Koch
Eh!woza

World must learn from pandemic lessons – Cochrane Convenes

Health leaders and experts met in October to recommend that the international community urgently mount stronger evidence-based responses to global health emergencies.

Led by Cochrane, co-sponsored by the World Health Organization (WHO), and co-organised with partners of COVID-END (COVID-19 Evidence Network to support Decision-making), Cochrane Convenes brought together leaders in healthcare and evidence synthesis to discuss the global healthcare challenges created by COVID-19.

COVID-19 has created a once-in-a-generation focus on health evidence for governments, businesses and non-governmental organisations, professionals and the public. The pandemic fast-tracked collaboration among decision-makers and researchers but also laid bare shortfalls in the systems of producing and sharing evidence.

"During the COVID-19 pandemic, WHO's Science Division has worked closely with the Health Emergencies Programme to produce and quality-assure more than 1600 guidance documents," said WHO Director-General Tedros Adhanom Ghebreyesus. "This would not have been possible without our partnership with Cochrane, the partners of the COVID-END network, and our WHO Evidence Collaborative for COVID-19."

"We have to learn the lessons of the pandemic to ensure a healthier, safer and fairer future," he continued.

"As a community of evidence producers and users we had a huge amount to take stock of. We needed to harvest what we've learned and Cochrane Convenes has given us the opportunity to start this," said John Grove, WHO Director of Quality Assurance, Norms and Standards. "It has come out loud and clear that we need to remain connected as a community around our aim to shore up good practice in evidence production and use – for the good of all our health across the world.

"The participants have shown the collective will exists to get us fit for purpose and now we need to move towards putting these recommendations into action."

Specifically addressing the lessons learnt for guideline development, Grove pointed to the need for mechanisms and models for expedited evidence-based guideline development and the need for partnerships to address the infodemic and ensure that scientific products are effectively communicated.

Charu Klaushic, the chair of GloPID-R (Global Research Collaboration for Infectious Disease Preparedness), emphasised that the impact of the pandemic is far beyond the immediate health effects. "It reflects the state of society and how we interact," she said. "We need responsible leadership, engaged citizenship, strong and agile national and global health systems and sustained investment."

"There has been too little funding to lower and middle-income countries – we need to model the response to priorities identified by LMICs and include more LMICs in building capacity, strengthening preparation and information exchange."

"Cochrane's unique perspective placed us well to host these strategic discussions and we've been pleased to see a global community of evidence producers and users come together. We know we need to support the WHO and its member states with the best-possible evidence and guidance to ensure that local decision-makers and frontline healthcare professionals have the trusted, high-quality evidence and information they need – but the question has been how to improve and do this better," said Cochrane's Editor-in-Chief, Karla Soares-Weiser.

"What we have learned today is that the focus lies not only in maintaining the rigour of the science but also investing in our global networks and partnerships," she continued. "We need to build a system we can all trust – that caters for all users of evidence wherever they are in the world."

The recommendations and learning from Cochrane Convenes will inform an action plan to advocate for change ensuring better preparedness for future global health emergencies. This will include those who produce evidence, use evidence to make decisions in policy and practice, and share health messages.

Cochrane Convenes recordings are available here

Cochrane South Africa's online protocol development course

During May and June staff of Cochrane South Africa delivered an online protocol development course. The aim was to enable participants to develop high-quality, methodologically sound protocols for systematic reviews of healthcare interventions.

The course was delivered on two platforms:

- Cochrane Interactive Learning (CIL) (https://training.cochrane.org/interactivelearning), where the participants completed eight online learning modules related to the different steps of conducting a systematic review. Participants had dedicated time to view and complete these modules during the week.
- Interactive Zoom sessions during which participants could put into practice what they learned in the CIL modules. The sessions were aligned to occur after the participants completed the relevant CIL module.

The course was open to researchers and health professionals interested in conducting systematic reviews and included 26 participants. Most were from South Africa (20), two from Kenya, and one each from Cameroon, Ethiopia and Lesotho.

Valuable feedback

Twenty participants completed an online evaluation for this course and the feedback was generally very positive (see Figure). One challenge identified was that the time allocated to the course and modules was too short to cover and digest all the content properly.

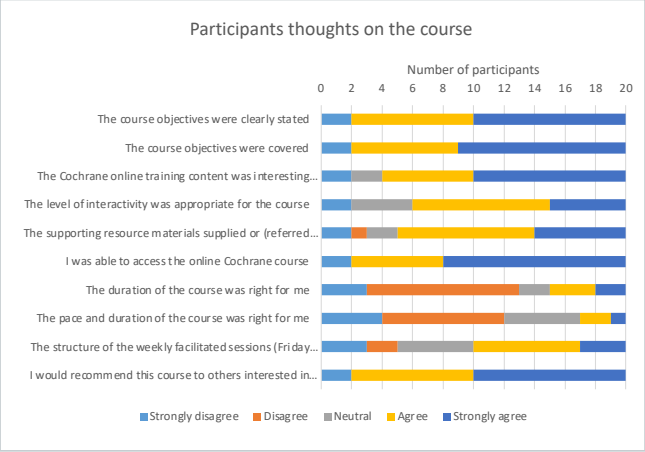
Participants reported that they had learned about writing SR protocols, were able to read and understand reviews more intelligently, and able to better understand specific methods such as risk-of-bias assessment, statistical analysis, using PICO to formulate clear questions, developing a search strategy, and GRADE. The sessions they found more difficult to understand were the risk-of-bias assessment (module 5), analysing the data (module 6) and interpreting findings (module 7).

What they liked most about the course included the live interaction, blended learning and modular approach; the participatory nature of sessions; rich information/content shared; and, using practical examples. What they felt could be improved was the time allocated to the course and for each module, particularly for the more difficult modules. Some participants had difficulties accessing the online platform and expressed some discontent with the design of some of the assessments in the CIL modules.

Participant's suggestions to improve the course included:

- allow for more time; e.g. run the course over a period of weeks, especially for those not doing it full time. (The course advert had indicated that this was a full-time course);
- allow students to access course modules before the course starts and for a longer period of time;
- assist participants in completing a draft protocol over the course of four weeks;
- add an introductory statistics module for those without any such background; and,
- pair participants to work on assignments after the session.

Solange Durão
Cochrane SA Protocol Course Convenor



Rapid reviews and Guidelines on COVID-19 – National Department of Health

Staff of Cochrane SA have been involved in rapid reviews and guidelines development for the South African National Department of Health via participation in the National Essential Medicines List Ministerial Advisory Committee on COVID-19 therapeutics (committee member Tamara Kredo).

The rapid reviews evaluate treatment options for COVID-19 and are available at https://www.health.gov.za/covid-19-rapid-reviews/

The Clinical Management Guidelines are at https://www.health.gov.za/policies-and-guidelines/

The reviews and guidelines will be updated regularly as evidence is updated.

The SA GRADE Network is acknowledged for contributions to the review methods. Support was also received from the Research, Evidence and Development Initiative (READ-It) (project number 300342-104) funded by UK aid from the UK government; however, the views expressed do not necessarily reflect the UK government's official policies]; the Collaboration for Evidence Based Health Care and Public Health in Africa and SAMRC Corporate Communications.

Staff movements

Professorships for Kredo

Cochrane SA's Tamara Kredo was recently appointed Associate Professor Extra-ordinary in the Department of Global Health, Division of Epidemiology and Biostatistics, and Department of Medicine, Division of Clinical Pharmacology, Faculty of Medicine and Health Sciences at Stellenbosch University as well as Honorary Associate Professor at the School of Public Health and Family Medicine, University of Cape Town.

Kredo has fulfilled several leadership roles since joining Cochrane SA in 2010 including being Acting Director of the Centre; co-directing Cochrane Africa, and as co-lead of SA GRADE Network. She was also a member of the Centre Directors Executive (now Geographic Groups) and has been on several strategic and advisory committees including acting as organising committee chair of the Global Evidence Summit in 2017.

She is currently a committee member of the National Essential Medicines List Ministerial Advisory Committee on COVID-19 therapeutics for the South African National Department of Health.

She was also a co-opted Trustee of the Guidelines International Network Governing Board, a member of the Cochrane Nutrition Advisory Board and is currently on the Advisory Board for Cochrane Sweden. In 2020 she was voted onto the Board of Cochrane.

Farewell to Elizabeth

Cochrane SA also sadly said *Au revoir* to Elizabeth Pienaar who retired in August after 34 years of service to the SAMRC. Elizabeth joined the SAMRC on 1 August 1987 as an Information Officer in the Institute for Biomedical Communication headed by Steve Rossouw and working under George Milligan.

Elizabeth was one of the original Cochrane SA staff having joined shortly after the Centre was officially registered and opened its doors in 1997. Initially she worked 20% of her time for Cochrane with her first big task being to identify all randomised controlled and controlled clinical trials published in the *South African Medical Journal* starting from 1948! By 1998 she became a full-time staff member of the newly established Cochrane Centre.

On a journey with some very rewarding detours – including an international Fogarty Fellowship which allowed her to spend six months in the Cochrane Centre in the Medical School of Tufts University in Boston as a research fellow – Elizabeth eventually found herself as Project Manager in Cochrane SA with responsibility for the Pan African Clinical Trials Registry (PACTR).

Cochrane SA will miss her huge depth of experience, knowledge and wisdom but we wish her well for the next chapter of her life.

Conferences

16th Guidelines International Network (G-I-N) Conference
21 – 24 September 2022, Toronto, Canada
https://www.icsevents.com/events/16th-guidelines-international-network-g-i-n-conference/

Global Evidence Summit
2 – 6 October 2023, Prague, Czech Republic
https://www.globalevidencesummit.org/

Cochrane SA Writing Retreat

Cochrane SA staff and friends visited Mont Fleur in Stellenbosch in the Western Cape for a writing retreat from 3 – 5 November. The purpose of the time away was to focus on advancing scientific writing, work with co-authors and engage in peer discussions. This was for many of the team the first time they had seen each other in over a year. In addition to the dedicated and uninterrupted work time, some time was spent enjoying the beautiful nature with mountain walks and visits to nearby wine farms.

Elizabeth Pienaar

Tamara Kredo

saMRC advancinglife

Cochrane South Africa is an intramural research unit of the South African Medical Research Council

Cochrane South Africa
PO Box 19070, Tygerberg 7505, Francie van Zijl Drive, Parow Valley
Tel: +27 21 938 0438 | Fax: +27 21 938 0836
email: cochranesa@mrc.ac.za | http://southafrica.cochrane.org/
http://www.mrc.ac.za/cochrane | Twitter: @SACochrane