

## Launch of the South African GRADE Network

The Grading of Recommendations Assessment, Development and Evaluation (GRADE) working group began in 2000 as an informal collaboration of people with an interest in addressing the shortcomings of grading systems in healthcare. The working group has developed a common, transparent approach to grading quality (or certainty) of evidence and strength of recommendations. Many international organisations have provided input into the development of the GRADE approach which is now considered the standard in guideline development.

The GRADE Network was established to develop a unifying, transparent and sensible system for grading the certainty of evidence and making decisions.

A GRADE centre or network serves as the primary hub within a region for GRADE-related questions and for support and collaboration opportunities. The mission of GRADE centres/networks is to help the GRADE working group in the training, promotion, dissemination and implementation of GRADE by spreading the use of GRADE methodology in health guidelines and systematic reviews through advocacy, training and support of guideline developers and review authors; providing methodological support to national, regional or professional organisations and guideline development programmes; and, conducting workshops and graduate courses on GRADE.

The South African GRADE Network was formally launched at the African Cochrane Indaba held in Cape Town in March 2019.

The South African GRADE Network has the following aims:

- To bring together contributors to GRADE within South Africa.
- To jointly agree on the priorities and strategies for advancing GRADE activities.
- To build on the extensive research and training experience of individuals within the network, to coordinate and maximise GRADE training, research and guideline activities in South Africa.

The network is jointly led and managed by the Centre for Evidence-Based Health Care (CEBHC), Stellenbosch University, and Cochrane South Africa (CSA), South African Medical Research Council.

The network aims to bring together contributors to GRADE within South Africa to advance GRADE activities. The SA GRADE network will be well placed to contribute to capacity building and enhanced use of GRADE methodology within South Africa. The aim will be to link with and support researchers, policy makers and methodologists in use of and training in GRADE for systematic reviews and guidelines.

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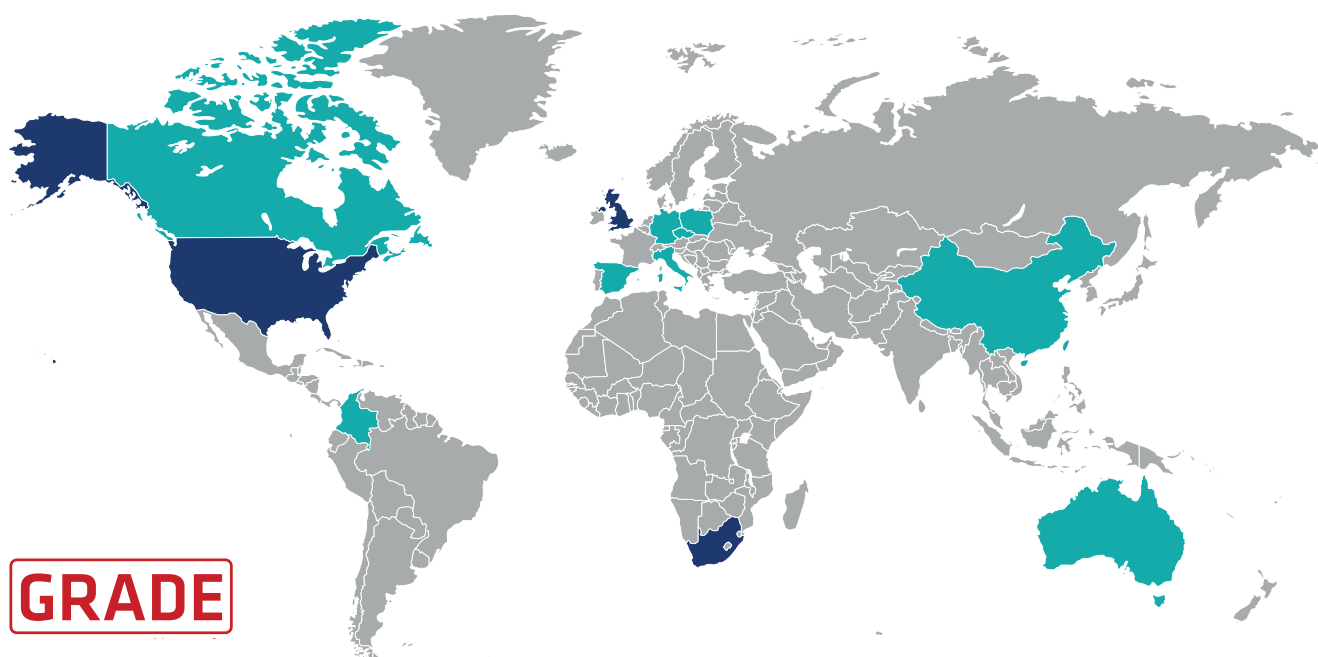
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Dr Holger Schünemann, founder of GRADE



Prof. Taryn Young of the Centre for Evidence-Based Health Care



#### GRADE Centres

McMaster University GRADE Center, **Canada**, Lanzhou University GRADE Center, **China**, Barcelona GRADE Center, **Spain**, Freiburg University GRADE Center, **Germany**, American University of Beirut GRADE Center, **Lebanon**, Lazio Region-ASL Rome GRADE Center, **Italy**, Javeriana Bogotá GRADE Center, **Colombia**, JBI Adelaide GRADE Centre, **Australia**, Melbourne GRADE Centre, **Australia**, Nottingham Ningbo Centre, **China**, Masaryk University Centre, **Czech Republic**, and **Poland**

#### GRADE Networks

US GRADE Network, **United States**, Dutch GRADE Network, **Netherlands**, UK GRADE Network, **United Kingdom**, and **South Africa**

For those interested to find out more, email: [sa@gradeworkinggroup.org](mailto:sa@gradeworkinggroup.org)

From the Cochrane Library

## Consumer summaries

# Formula versus donor breast milk for feeding preterm or low birth-weight infants



### Review question

When a mother's own breast milk is not available, does feeding preterm or low birth-weight infants with formula rather than donor breast milk affect digestion and growth and the risk of severe bowel problems?

### Background

Preterm infants often find artificial formula more difficult to digest than human milk, and concerns exist that formula could increase the risk of severe bowel problems. If preterm infants are fed with donor breast milk (when a mother's own breast milk is insufficient or unavailable), rather than an artificial formula, this might reduce the risk of these problems. Donor breast milk, however, is more expensive than many formulas, and may not contain sufficient amounts of key nutrients to ensure optimal growth for preterm or low birth-weight infants. Given these concerns, the authors

reviewed all the available evidence from clinical trials that compared formula versus donor breast milk for feeding preterm or low birth-weight infants.

### Study characteristics

In searches up to June 2017, they found 11 completed trials (including over 1800 infants). Most trials, particularly those conducted more recently, used reliable methods.

### Key results

The combined analysis of data from these trials shows that feeding with formula increases rates of growth during the hospital stay, but is associated with a higher risk of developing the severe gut disorder called 'necrotising enterocolitis'. There is no evidence of an effect on survival or longer-term growth and development.

### Conclusions

The currently available evidence suggests that feeding preterm infants with artificial formula (rather than donor breast milk when mother's own breast milk is not available) is associated with faster rates of growth, but with a near-doubling of the risk of developing necrotising enterocolitis. Further, larger trials could provide stronger and more precise evidence to help clinicians and families make informed choices about this issue. Currently, five such trials (including more than 1200 infants) are ongoing internationally, and the authors plan to include the data from these trials in this review when these become available.

Quigley M, Embleton ND, McGuire W. Formula versus donor breast milk for feeding preterm or low birth weight infants. Cochrane Database of Systematic Reviews 2018, Issue 6. Art. No.: CD002971. DOI: 10.1002/14651858.CD002971.pub4.

## Formulas containing hydrolysed protein for prevention of allergic disease in infants

### Review question

Does feeding infants with a formula containing hydrolysed protein result in decreased risk of developing allergic disease such as asthma, dermatitis/eczema, hay fever and food allergy during infancy and childhood?

### Background

Allergic disease is responsible for a substantial health burden among infants, children and adults. Early dietary intake may influence the development of allergic disease. When babies are not exclusively breast fed, use of hydrolysed formula instead of ordinary cow's milk formula may reduce allergic disease among babies and children, although additional studies are needed to confirm this. Infant formulas have been designed to lower the chance of infants developing allergic disease. These include hydrolysed cow's milk and soy milk formulas. Hydrolysed formulas break down milk proteins into smaller, potentially less allergy-producing proteins.

### Results

This review of trials found no evidence to support feeding with a hydrolysed formula to prevent allergic disease in preference to exclusive breast feeding. This review also found that for infants who are unable to be exclusively breast fed, there is no evidence that prolonged infant feeding with a hydrolysed formula compared with cow's milk is associated with any difference in allergic disease, asthma, eczema, rhinitis or food allergy at any time point. However, limited data in infants who are exclusively formula fed suggest that feeding with a hydrolysed formula instead of a cow's milk formula may reduce infant allergic disease. Concerns regarding quality of the evidence and consistency of the results indicate that continued study is needed. The evidence in this review comes from literature searches updated until November 2017.

### Conclusions

The authors found no substantial evidence to support short-term or prolonged feeding with a hydrolysed formula compared with a cow's milk formula for prevention of allergic disease in infants unable to be exclusively breast fed.

Osborn DA, Sinn JKH, Jones LJ. Infant formulas containing hydrolysed protein for prevention of allergic disease. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD003664. DOI: 10.1002/14651858.CD003664.pub6.



## A very successful Indaba

Cochrane South Africa hosted the 3<sup>rd</sup> African Cochrane Indaba (ACI) in Cape Town, South Africa on 25 – 26 March 2019 – a meeting which brought together continental and international leaders in evidence-informed decision making for healthcare.

The theme of the ACI was 'Trusted evidence for better health decisions in Africa'. The ACI aimed to share knowledge, experiences and skills for evidence-informed policy making and knowledge translation in Africa.

The Indaba was attended by 109 delegates from 17 countries and included international speakers and facilitators. The programme consisted of four plenaries; 51 posters; eight workshops and one panel discussion.

Day one began with plenary presentations by Tigest Tamrat, Emmanuel Effa, Tamara Kredo and Holger Schünemann. Their presentations ranged from digital interventions for health; priority setting for healthcare and research in West Africa; Project SAGE; and, GRADE for trustworthy guideline development.

"The research agenda across the region is not always straightforward," pointed out Effa. "It is influenced strongly by political, community and academic interests. Health-system problems, political developments including war and violence, lack of health infrastructure and financing, and the brain drain from Africa are all important factors. We need to move from a push to an exchange model."

Tamara Kredo continued with this theme saying: "Despite South Africa's middle-income country expenditure on health, many guidelines are not implemented due to problems within the health system."

The second plenary session featured presentations by Pierre Ongolo-Zogo, Anel Schoonees, Austrida Gondwe and Andy Oxman on knowledge translation; Cochrane packaging and push in action; a case-study of knowledge translation in Malawi; and, informing and enabling evidence-informed decisions about healthcare.

"We want ethically sound use of knowledge," said Pierre Ongolo-Zogo. "Knowledge that will bring about change in daily life – not only what is needed but what works in a particular context."

Anel Schoonees focused on the work of the READ-It project (see p. 7) and its focus on: "Getting the right research in the right format to the right audience".

Andy Oxman highlighted the need for "trustworthy and understandable information".

"People need to be enabled to assess the trustworthiness of health claims. Information about the size of the effect and certainty of the evidence is not reported consistently," he said. "Only 37% of people trust research evidence, 63% trust friends and experience."

Mark Wilson, CEO of Cochrane, presented an update on Cochrane's knowledge-translation strategies. "Cochrane is



truly a knowledge-translation centred organisation," he said. "We plan to break out of the review container, allowing you to go and investigate the data."

### Research must be used not wasted

The third plenary session included presentations by Mark Wilson and Jimmy Volmink. In an emotionally charged presentation Volmink challenged Cochrane to ensure that its reviews are relevant.

"If you can't access healthcare, it doesn't matter what the evidence shows," he said. "The social determinants of healthcare deserve more attention. They are shaped by the distribution of money, power and resources. Social determinants are still not high on people's perceptions – health inequalities are not on the public or media radar."

"Most Cochrane reviews are framed in the biomedical paradigm and concern actions in the health sector," he added. "There has been little attention to health inequities driven by wider societal inequalities. If we are about health evidence, we have to go further."

The Indaba featured the launch of the South Africa GRADE Network (see p.1) and the 21<sup>st</sup> birthday celebration of Cochrane SA. The closing plenary included a presentation by Prof. Glenda Gray, President of the South African Medical Research Council, on the importance of funding knowledge translation.

### Feedback from the stipend recipients

Fifteen attendees of the Indaba were awarded stipends from TDR, the Special Programme for Research and Training in Tropical Diseases, World Health Organization. The stipends were awarded to cover conference registration fees, accommodation and flights.



We feature some of their feedback:

"The presentation by Prof. Volmink was inspiring. It focused on an important, but not addressed, problem that affects health which is social wellbeing." – Ashwag Abdulrahim, National Health Insurance Fund, Sudan

"Attending the conference gave me an opportunity to expand my network and to interact with fellow systematic reviewers and learn from their unique experiences. I was also given the opportunity to present findings from my systematic review to an audience that gave me constructive criticisms which have already given me ideas towards publishing my research and conducting more reviews in future. Overall, the Cochrane conference gave me the opportunity to meet like-minded researchers, to learn about new tools being used in systematic reviews as well as inspiration to dare to dream bigger." – Dr Azeezat Sallahdeen, research clinician at the Tuberculosis Platform, Medical Research Council, Gambia

"I met many intelligent and sharp international colleagues, experienced researchers, method and translation experts, specialists in various evidence-synthesis disciplines, and health practitioners from different academic cultures." – Dr George Uchenna Eleje, Nnamdi Azikiwe University, Awka, Nigeria

"I teach MPH students in the use of systematic reviews for generating evidence when reviewing traditional literature as part of their final-year dissertations. The new tools acquired in this conference have updated me with the skills to enhance this for the benefit of my students. My own research and interest in systematic reviews is also deepened with new insights gained from this conference. Overall, I found the conference very beneficial. I look forward to the next South African Cochrane conference." – Dr Martin Amogre Ayanore, Ghana



"The conference was a great platform to learn from experts in the fields of evidence synthesis, knowledge translation, use of GRADE and the tools used in these activities. The opening plenary helped me appreciate the ongoing work in the area of evidence-informed policy making in various parts of Africa." – Perpetua Karanja, Kenya

**Michelle Galloway**

Cochrane SA

## CEBHA+ annual networking meeting in Malawi

Cochrane South Africa (SA) is one of the partners of the Collaboration for Evidence-Based Healthcare and Public Health in Africa (CEBHA+). The goal of CEBHA+ is to build long-term capacity and infrastructure for evidence-based healthcare and public health in sub-Saharan Africa. This includes primary research, evidence synthesis, and evidence-based policy and practice focusing on diabetes, hypertension and road-traffic injuries as priority areas.

Tamara Kredo and myself attended the CEBHA+ Annual Networking Meeting held in Malawi in February 2019, on behalf of the Cochrane SA team. At the meeting, all CEBHA+ partners from Uganda, Germany, Malawi, Rwanda, Ethiopia and South Africa had the opportunity to provide updates on research, methodological support, capacity building and networking tasks.

### Meeting highlights

One of the highlights of the meeting was a session on the Integrated Knowledge Translation (IKT) approach that is being implemented across CEBHA+ country partners. Simply put, IKT represents an ongoing collaboration between researchers and decision makers to jointly generate evidence and translate it into policy and practice. IKT was used in setting the research priorities for CEBHA+, and for developing, implementing and evaluating an intervention that engages policy and practice decision makers in research activities, which sometimes overlaps with the capacity building and networking activities of CEBHA+. Country

partners previously identified and mapped key stakeholders at a joint workshop held at Stellenbosch University in Cape Town in November 2018. Each country partner drafted a strategy for engaging the identified stakeholders, and at the Malawi meeting, reported back on initial engagements with these stakeholders.

Another highlight of the meeting was the presence of the local media. Representatives from the funding agencies, the German Embassy in Malawi and the Ministry of Health, Malawi also attended. The representative from the Ministry of Health, in particular, featured on television and radio saying that "evidence-based research is crucial" and he also made the public aware of the "non-communicable diseases scare". Meeting attendees shared that a strength of the meeting was the opportunity it afforded researchers, funders, decision makers and the media to interact and collaborate with one another.

To find out more about the work of CEBHA+ and its partners: <https://www.cebha-plus.org/>

**Bey-Marrié Schmidt**

Cochrane SA



## Mphatlalatsane Project - workshop on evidence-informed healthcare offered by the South African Global Evidence Synthesis Initiative collaborating centres

Evidence-informed healthcare results from implementing the best-available evidence on the effects of an intervention as well as its feasibility and acceptability amongst the recipients and implementers. However, decision makers are often pressured to respond within short timeframes to address clinical, service and policy demands, which does not allow them to access multiple sources of evidence.

Accessing and using synthesised evidence is one way of addressing this. Thus, in March 2019 researchers from the African Centre for Evidence, University of Johannesburg; Centre for Evidence-based Healthcare, Stellenbosch University; Centre for Health Policy, University of the Witwatersrand; Cochrane South Africa and Health Systems Research Unit, SA Medical Research Council conducted a workshop with the aim of increasing knowledge and skills in, and promoting the use of, synthesised evidence among clinical practitioners, public-health specialists, policy makers and other decision makers in healthcare.

The programme covered topics such as setting answerable questions, how to search for reviews in the Cochrane library and other health system databases and understanding the role of evidence gap maps.

The training was attended by 27 provincial and district managers, as well as clinicians from the District Clinical Specialist Teams, from the National Department of Health, the Departments of Health in the Eastern Cape, Limpopo and Mpumalanga provinces, and UNICEF. The participants were very positive in their feedback, as evident in the following comment: "It [the training] was helpful in reading and assessing research papers to [help us] make informed decisions."

**Ameer Hohlfield**

Cochrane SA



## READ-It moves forward



Getting Cochrane reviews done – by people from the region – is central to the new grant called READ-It – the Research, Evidence and Development Initiative. This initiative builds on a 20-year collaboration between Cochrane SA, the Centre for Evidence-based Health Care (CEBHC) at Stellenbosch University, and the Liverpool School of Tropical Medicine. The CEBHC hosted a partner meeting in Cape Town from 28 to 30 January 2019, with people from the Health Sector Programme in Nepal, from the TB Union in India, from the Campbell Collaboration, the University of Colombo and from the American University in Lebanon, potential partners from other countries in Africa and staff from the two Cape Town centres.

READ-It comes back to the core mission of Cochrane – to prepare reliable, up-to-date, scientifically defensible Cochrane or other reviews. All the reviews must have anticipated high impact, be relevant to low- and middle-income countries (including HIV, nutrition, tuberculosis and malaria). The programme key performance indicators include involvement and leadership by people from low- and middle-income countries in developing the review portfolio and in preparing the review, aligning with the mission of Cochrane SA.

“Evidence synthesis is now widely accepted in policy,” said Paul Garner, Director of READ-It, from the Liverpool School of Tropical Medicine. “Cochrane needs to stay at the front of the game with high-quality reviews, and Cochrane SA and the CEBHC have a key role in ensuring people from the region are part of this global effort.”

The meeting in January 2019 discussed the work programme of partners, in particular the planned reviews, methods and approach. UKaid, which is funding this six-year programme, also participated.

### Activities in South Africa

The South African team specifically aims to prepare and conduct systematic reviews; enhance the capacity of systematic review author teams; contribute to national guideline development; and, promote the dissemination

and use of systematic reviews by researchers, clinicians, guideline development teams, policy makers and the media.

“Engaging decision makers and influencing policies in priority areas for the region including HIV, nutrition, tuberculosis and malaria is a huge part of our efforts,” said Taryn Young, READ-It project lead and CEBHC director.

The current projects include:

- Developing new reviews for completion in the coming years. This includes examining topic portfolios through engagement, assessing existing systematic reviews and evidence mapping.
- Completing a set of HIV reviews prepared in the previous grant. This includes cryptococcal meningitis in HIV-positive people; rapid initiation of antiretroviral therapy; and adherence, linkage and retention in care.
- Publishing priority nutrition reviews. Current review topics include: Interventions to improve food access; home-based treatment of severe malnutrition in children; caregiver involvement in dietary interventions; and, low-carbohydrate diets.
- Publishing other priority reviews including reviews on: TB vaccines, community-based treatments for malaria; and, optimising antenatal corticosteroid administration.

“We are also working with the South African National Department of Health on several priority programmes, including the Essential Drug List standard treatment guideline-development process,” added co-project lead Tamara Kredo, senior scientist, Cochrane SA.

“In terms of capacity development we offer fellowships for systematic review authors to have time out to work on their reviews,” added Young. “We also work with guideline developers, researchers and clinicians to enhance their capacity to find, interpret and consider the use of systematic reviews.”

READ-It is funded by UKaid from the UK government Department for International Development (DfID) (project number 300342-104).

## Update on the implementation of Risk-of-Bias 2 in Cochrane

Cochrane will be rolling out the Risk-of-Bias 2 (RoB 2) tool on new reviews in 2020. The first structured tool to assess the risk of bias was launched in 2008, with guidance included in the fifth version of the Cochrane Handbook for Systematic Reviews of Interventions and integration in Review Manager 5 software. Since then, Cochrane has required all reviews to assess the risk of bias in the studies they include (see the MECIR standards for assessing risk of bias at <https://community.cochrane.org/mecir-manual>).

The aim of RoB 2 is to improve the reliability and transparency of risk-of-bias assessments in Cochrane reviews, facilitating more concrete conclusions and ultimately making health decisions more informed. The team hopes to continue working with all key stakeholders to develop a clear and streamlined process for authors, editors and other users to conduct or assess risk of bias using the RoB 2 tool.

Plans for implementing RoB 2 were discussed at the mid-year Cochrane Governance Meeting in Krakow, Poland in May.

This was also a good opportunity to obtain feedback on its implementation. Feedback included delegates giving their inputs on the tools, guidance, training and support they feel are needed. This included:

- Guidance = Quick-start, bite-sized guides (such as on each domain) using diagrams, 'how-to' YouTube clips, etc. that support full guidance.
- Training = Virtual sessions, including offline, webinars, recorded webinars, and interactive e-learning tools.
- Support = Centralised, ongoing, expert support for editorial teams and authors including a 'Help' channel or clinics.
- Tools = Integration of all tools with RevMan Web, including the RoB 2 Excel tool, Covidence, updates to GRADE, Archie, and signaling questions.

Questions or feedback can be sent to [methods@cochrane.org](mailto:methods@cochrane.org)

## Conferences

### Inaugural symposium of the Amsterdam Satellite of Cochrane Work

6 September 2019

Vrijzaal of Amsterdam Medical Center

[Amsterdam\\_Satellite\\_of\\_Cochrane\\_Work@amc.nl](mailto:Amsterdam_Satellite_of_Cochrane_Work@amc.nl)

### Symposium on using qualitative evidence to inform decisions in the SDG era

9 – 11 October 2019

Brasilia, Brazil

[qesymposium2019@qesymposium.org](mailto:qesymposium2019@qesymposium.org)

### 36<sup>th</sup> Annual ISQua conference

20 – 23 October 2019

Cape Town

<http://www.cohsasa.co.za/articles/cohsasa-co-host-isqua-2019-conference-cape-town>

### Cochrane Colloquium Santiago

22 – 25 October 2019

Casa Piedra

Avda. San Josemaría Escrivá de Balaguer 5600

Vitacura

Santiago, Chile

General enquiries: [colloquium@cochrane.org](mailto:colloquium@cochrane.org)

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LMIC/UMIC Stipends: [lmicstipends@cochrane.org](mailto:lmicstipends@cochrane.org)

### G-I-N & JBI Conference 2019

30 October – 2 November 2019

Adelaide, Australia

Theme: Trustworthy Evidence for Questions that Matter - The value of guidelines in 21<sup>st</sup> century healthcare

<https://www.ginconference.net/>

### 9<sup>th</sup> International Conference of Evidence-Based Health Care Teachers & Developers and 8<sup>th</sup> Conference of the International Society for Evidence-Based Health Care

6 – 9 November 2019

Taormina

<https://www.ebhc.org/index.php>

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



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We welcome contributions and article ideas for the Cochrane SA newsletter. If you would like to 'pitch' an idea contact us at [michelle.galloway@mrcc.ac.za](mailto:michelle.galloway@mrcc.ac.za).