

South African COCHRANE CENTRE

COCHRANE CENTRE
10TH ANNIVERSARY

Big oaks from little acorns – ten years of passion at SA Cochrane

Like most success stories, the South African Cochrane Centre arose from a small beginning – a series of chance meetings and conversations that planted a seed for the huge developments to come.

One of the most interesting of these goes as follows – in 1993 Jimmy Volmink was in Oxford on a Nuffield Fellowship, almost exactly at the time the Cochrane Collaboration was being inaugurated at the first Cochrane Colloquium. While out cycling with his 18-month old son Jimmy met and struck up a conversation with Iain Chalmers – then leading the development of the fledgling UK Cochrane initiative. This conversation and a follow up over coffee a few weeks later fired up an already ‘skeptical’ doctor to become a passionate advocate for evidence-based health care and an even more passionate advocate for bringing these principles to South Africa and Africa.

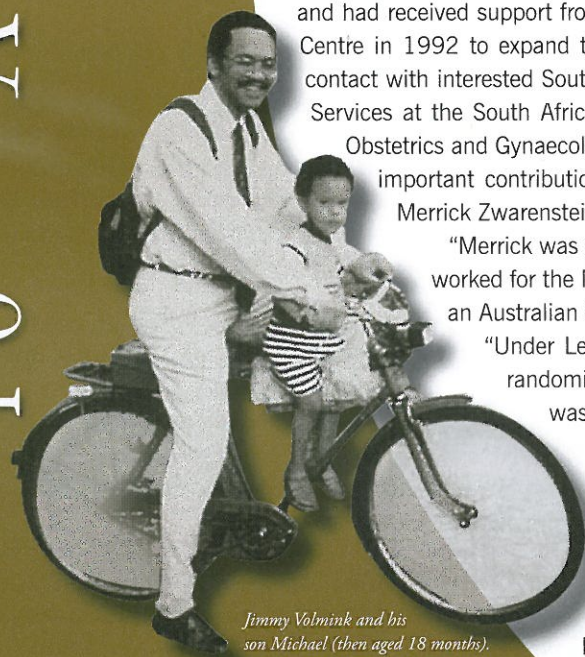
“What Iain Chalmers told me about the importance of being guided by reliable evidence struck a chord with me because all the time I had been at medical school I had serious doubts about some of the medical treatments and interventions that were being put forward as cures,” says Jimmy. “I wasn’t really convinced of the evidence and even after I qualified as a medical doctor, I remained very skeptical. So when I met somebody who shared that skepticism it was very heartening.”

Iain Chalmers had been involved in conducting clinical trials and systematic reviews of trials in the field of pregnancy and childbirth based on the principles of Archie Cochrane for 10 years and had received support from the British National Health Service to establish the UK Cochrane Centre in 1992 to expand this work to other areas of health care. He had already had some contact with interested South Africans – George Milligan, then Division Manager for Information Services at the South African Medical Research Council (MRC), Justus Hofmeyr, Professor of Obstetrics and Gynaecology at the University of the Witwatersrand, who was already making important contributions to the Cochrane Pregnancy and Childbirth Review Group, and Merrick Zwarenstein, then Head of the Health Systems Division at the MRC.

“Merrick was prompted to make contact with me by Les Irwig, who had previously worked for the MRC, and had recently attended a successful exploratory meeting for an Australian Cochrane Centre in Canberra,” says Iain.

“Under Les Irwig’s influence I was getting increasingly interested in rigorous, randomised trial evaluations of complex interventions and realising that there was very little such work going on in developing countries,” says Merrick Zwarenstein. “I and others were also realising that there were severe consequences from introducing interventions into health care policies and programmes without proper rigorous evaluation.”

“I was directed to the Cochrane Collaboration by Michael Power, a paediatrician at Red Cross Children’s Hospital,” he continues, “and made contact with Iain Chalmers and Jeremy Grimshaw, not knowing that Jimmy, then based in Oxford, was doing the same.”



Jimmy Volmink and his son Michael (then aged 18 months).

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COLLABORATE
OR
DIE



The 'gang of four' – Merrick Zwarenstein, Les Irwig, Jimmy Volmink and Iain Chalmers.



A home of their own – the first Cochrane house on the MRC campus.



Jimmy Volmink and Bernadette Lackay move in.



Elizabeth Pienaar, Patrice Matchaba, Coceka Nogoduka, Victoria Pillay, Jimmy Volmink, Bernadette Lackay.



The SACC is official opened – Malegapuru Makgoba, Les Irwig, Iain Chalmers and Anthony MBewu.

Ardent campaigning

Jimmy meanwhile had to complete his Fellowship in epidemiology in Oxford but the Cochrane bug had bit hard and he underwent training in Cochrane methodologies and made contact with the other advocates – Les Irwig, Merrick Zwarenstein and Iain Chalmers – to take these ideas back to South Africa. This 'gang of four' – Jimmy, Iain, Les and Merrick began campaigning in South Africa for the establishment of a Cochrane Centre. They went about the country visiting potential stakeholders, universities and other institutions to extol the virtues of the evidence-based approach and the urgent need for such work in South Africa.

"At the invitation of the editor of the South African Medical Journal – Dan Ncayiyana – we also co-authored an article about systematic reviews and the Cochrane Collaboration," says Iain.

A two-day exploratory meeting in Pretoria on 18 and 19 January 1996 cemented the campaigning making it very clear that the interest and the need were both strong. All that was needed was a suitable home.

"The MRC in Cape Town was the unanimous choice," says Merrick, "and from then on it was all inevitable." The MRC took the bait and offered a home and funds to start a South African Cochrane Centre (SACC), which was officially registered in January 1997 and opened its doors – or rather its two borrowed offices within the Health Systems Research Unit at the MRC with a staff of two – Jimmy as Director and Bernadette Lackay as his jack of all trades. In so doing it became the first Cochrane Centre in Africa and one of only three in the developing world, which remains true today. The SACC assumed responsibility for 25 English-speaking sub-Saharan African countries.

The centre soon outgrew its borrowed space and moved to a house (previously a guesthouse) on the grounds of the MRC – the first of two such moves in its 10-year history.

Growing and growing

The two were soon joined, on a part-time basis initially, by Information Specialist, Elizabeth Pienaar, who had been 'converted' by Les Irwig who had occupied an office near her at the MRC while on sabbatical. Elizabeth was quickly whisked off to spend two weeks in Oxford receiving training in trials registration and by July 1998 joined the Centre full time. A move she describes as the "best thing she ever did".

The staff complement continued to grow over the coming years – people like Patrice Matchaba, George Swingler, Louise Spruyt – came, spent time and then moved on to bigger and better things while Joy Oliver, Taryn Young and Karishma Busgeeth came and stayed; and people like Nandi Siegfried and Jimmy stayed a while, left for a while, but soon found themselves drawn back by the evidence-based magnet.

This growth meant that the first house was soon drastically outgrown and the search began for bigger premises on the MRC campus – culminating in a move to a second, more permanent house in 2004.

Right now the Cochrane Centre staff stands at ten.

"I feel greatly honoured to have worked and still be working with fantastic people," says Jimmy. "People who share the passion for basing practice on the best evidence available. People who are very committed to extending evidence-based practice in Africa and also internationally within the collaboration."

Highlights upon highlights



A Colloquium African style.

The centre immediately threw itself in at the deep end by bidding for and successfully winning the right to host the 2000 Cochrane Colloquium.

"We were thrust into the limelight fairly early on," laughs Jimmy. "The South African Cochrane Centre's doors opened in 1997 and in 2000 we hosted the International Cochrane Colloquium. That was rather daunting because many of the other Cochrane

Centres had not hosted this event and here we were, a developing country centre, taking this on."

But as Elizabeth stresses: "We wanted to show people that we could do it."

For Nandi Siegfried the Colloquium was a baptism by fire – she started work at the centre only six weeks before the Colloquium and was immediately given the task of raising R1 million.

The team had to pull together and by all accounts they did in fine style.

As Nandi recalls: "The colloquium was a fantastic experience. It was very unifying in terms of bringing everyone together to muck in – we all did everything. People in the UK still say it was the best Colloquium ever despite the fact that it was very noisy in the basement of the Good Hope Centre. The parties and the tone of the Colloquium really exceeded people's expectations."

But she also remembers some distinctly South African challenges! "I also remember it being difficult," she says. "We lost a lot of registrants due to the bombings that were happening in Cape Town at the time. The day the meeting started Pagad marched passed on their way into town." PAGAD – People Against Gangsterism and Drugs – were particularly active in Cape Town at the time.

The hard work paid off and put the SACC on the map as Jimmy confirms: "The Colloquium was a very definite highlight – it almost killed us doing it but people still talk about what a fantastic event it was." Ian Chalmers still describes it as "spectacular".

The Colloquium paved the way for some huge moves to come. The most important was probably the establishment of a working relationship with the Cochrane HIV/AIDS Review Group based in San Francisco which led to the establishment of an HIV/AIDS Satellite

Editorial Base at the SACC and the start of the HIV/AIDS Mentoring Programme which links first-time authors with established authors.

"It led to the establishment of the working relationship between the centre and the HIV/AIDS Review Group which has had an impact on the country and AIDS care as a whole," says Elizabeth. "Shortly after that we started the HIV/AIDS Mentoring Programme."

To date, 28 new authors have passed through this programme. The satellite editorial base was the first in a developing country and reflected the South Africans' commitment to working on diseases burdening Africa – including HIV/AIDS, Tuberculosis and Malaria.

This proved to be one of many highlights to come. The Centre soon started the African Trials Register which included all randomised control and other clinical trials in Africa and, more recently, the HIV/AIDS Trials Register which is soon to be web based and utilises mapping techniques to paint a picture of completed HIV/AIDS trials globally. In 2006 the centre also concluded an agreement with the European and Developing Countries Clinical Trials Partnership (EDCTP) to establish retrospective and prospective registries of HIV/AIDS, Tuberculosis and Malaria clinical trials in sub-Saharan Africa.

The centre is well known within the Collaboration for the high quality of its training including training in protocol development and RevMan (a four-day workshop on the methodological aspects related to developing a Cochrane review protocol and the technical aspects of using RevMan software, the Collaboration's software for preparing and maintaining reviews) conducted throughout Africa, and its workshops with consumer and other groups in South Africa – an area it hopes to expand dramatically in the future.

Evidence in the game

Another early success was the development of the evidence-based reproductive health care board game. This was based on work done for the World Health Organisation which commissioned the SACC to develop a training programme to target reproductive health workers including obstetricians and midwives. The game was refined during a very inspirational pilot workshop held with local midwives.

The resulting board game – similar to snakes and ladders – was a learning tool



Welcome to the Cape. Traditional 'coon' performers entertain the Colloquium guests.

which proved to be huge fun and very popular among the broader collaboration and other stakeholders. The board game continues to be used for local training and is being adapted by a group in Indonesia.

"I would never have expected that a learning tool could be that much fun," says Nandi.

RAPping, STEPPing and SUPPORTing

More recent highlights include the establishment of the Reviews for Africa Programme – a research and training grant awarded by the Nuffield Commonwealth Foundation which is a collaborative enterprise between

the South African Cochrane Centre, the Liverpool School of Tropical Medicine and the Cochrane HIV/AIDS Review Group. The main activity is recruitment and support of Cochrane review authors in the African region through a fellowship programme with structured mentoring and support. The programme is in its third year having seen two intakes of participants – 13 authors thus far.

The STEPP Project – Supporting Translation of Evidence into Policy

and Practice – reflects the centre's newer priority of ensuring that evidence-based work goes right through the chain into changing policies and practices in health care. Currently the project is working with local policy makers in the Western Cape, one of nine provinces in South Africa, who raise questions on which they require evidence – a search for systematic reviews is done and the information is provided to the policy makers in an easy-to-read summary. The project is also looking at feeding in evidence-based work into clinical guidelines.

"Producing evidence is one thing but you have to do something to translate that evidence into policy and practice," says Taryn Young. "We need to become more active in looking at our methods for disseminating our information."

The SACC is also actively involved in the SUPPORT (SUPporting Policy relevant Reviews and Trials) Collaboration which promotes evidence-informed decision making for policy related to maternal and child health in low- and middle-income countries by improving access to and use of relevant and reliable research evidence. It is an international collaborative project involving 10 international partners, co-ordinated by the Norwegian Knowledge Centre for Health Services.

Groundbreaking reviews

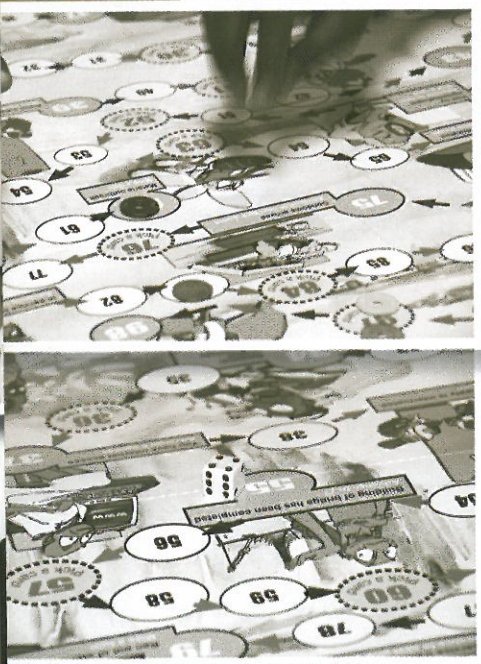
The Centre also quickly became known for some groundbreaking reviews particularly in the field of HIV/AIDS and TB. Probably the most well known are the early work on Mother-to-Child Transmission of HIV (which has recently been updated), the work on TB therapy and DOTs (directly observed treatment) which proved fairly controversial at the time, and the circumcision study which was a review of observational studies to assess whether male circumcision affords protection against men acquiring HIV.

"The male circumcision review has been seen locally and internationally as groundbreaking. It took forward methodologically how you review observational studies as opposed to trials. We will be updating that review on the basis of the newer trials – it is likely that we will find the evidence supports that it is protective but there are serious social and cultural issues around implementing it as a policy which need to be interrogated," says Nandi.

Review work from South Africa has certainly not gone unnoticed – in 2004 George Swinger won the Kenneth Warren prize for the best review by authors in a developing country for a review on conjugate vaccines for preventing *Haemophilus* and in 2006 the honour was repeated when South African researchers at the University of Stellenbosch won the same award for a review on pharmacotherapy for post-traumatic stress disorder.

Another highlight for the SACC has been the collaborative work with other groups within Cochrane. In particular the centre has enjoyed a long and productive relationship with the Liverpool School of Tropical Medicine and the Cochrane Infectious Disease Review Group (CIDG). Jimmy has served as an Editor of the CIDG for years and the SACC has worked on a number of reviews with the CIDG including the early DOTs for TB review with Paul Garner.

Jimmy says "Paul Garner has visited the SACC annually for the past ten years and has been instrumental in assisting the centre to access DFID (the UK Department for International Development) funding. He is also a key partner in the RAP/Nuffield and the EDCTP grants."



Playing with the evidence – the evidence-based reproductive health care board game.

Challenging times along the way

Of course it wasn't all plain sailing. An early 'down' came with the departure of Jimmy in 2001 to a post in the US as Director of Research and Analysis for the Global Health Council in Washington.

It was a difficult time as Nandi recalls: "One of the downlights was definitely shortly after the Colloquium when Jimmy announced that he was leaving the Centre. That had very far-reaching implications and we were all quite traumatised for a while. There was a lot of uncertainty about what was going to happen to the centre."

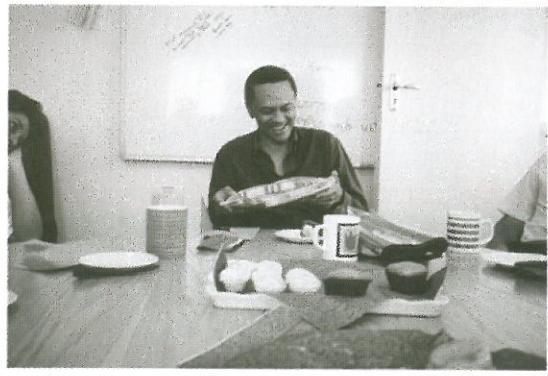
"Finding myself suddenly and unexpectedly Acting Director – with retrospect that whole experience was terrifying," she continues. "Very big boots to fill, but it turned out to be a period of a lot of growth. People realised we could cope. The staff found inner reserves to deal with the whole process."

"I started in the kitchen," she jokes, referring to her first office in the first Cochrane house, "so it was a huge step up."

"I think the MRC needs to be congratulated for not closing the unit down when Jimmy left," she says, "they would have been well within their rights to do so – and for letting us carry on."

Jimmy continued to support the SACC's work from Washington and, ironically, he was to return to his Cochrane roots within two years and Nandi was the next to set off – following in Jimmy's footsteps as a recipient of a Nuffield Fellowship which took her to Oxford to do her DPhil – she has literally just returned to the centre this month in time for the 10-year celebrations – proving that you can't quite escape the Cochrane lure.

"We say in our training sessions that once you are hooked the collaboration never lets you go," laughs Nandi, "both Jimmy and I have proved that true. It's very hard to step away."



Jimmy's farewell.



Musical directors – first there was Jimmy, then Nandi, then Jimmy and Nandi. Iain Chalmers, Nandi Siegfried and Jimmy Volmink.

Into Africa

Being responsible for the whole of Africa has always been a pretty daunting mission for the SACC. A major milestone therefore was the opening of the Nigerian branch office in 2006 based at the University of Calabar and under the leadership of Martin Meremikwu with help from UK partners, mainly the Liverpool School of Tropical Medicine and DFID.

"For me it has been encouraging and heartwarming to see the work expanding into other African countries. Right from the start we were set up to be a resource for Africa – responsible for most of sub-Saharan Africa – but initially we didn't have the contacts and the resources to do justice to that. It has been very much an opportunistic thing – meeting people at conferences and talking to them," says Jimmy. "Now we have a system and a programme of going into the rest of Africa. We have now established a branch of the South African Cochrane Centre in Nigeria which is on a three-year track to grow into a Cochrane Centre. For me that's terribly exciting."

All of the SACC staff agree that expanding in Africa is the way to go.

"I think the Nigerian branch could develop into a full centre," says Elizabeth. "I would love to see another branch in the Eastern part of Africa – maybe in Kenya. The possibility for even more branches is there."

"I see a movement towards having much less emphasis on the South African Cochrane Centre and much more on the Cochrane network in Africa," agrees Jimmy. "I see nodes developing – that will happen across Africa and you will have much more of a meshing of activities."

Nandi points out that working from the tip of Africa has sometimes been a challenge.

"It's always slightly problematic having things based in South Africa. It's pragmatic though because that's where the resources are and we are able to do the work," she says.

"Ten years ago we didn't dream about the kind of connectivity and access we have nowadays," she continues. "My first Cochrane review in 1998 was done by mail – so when people say we can't do things because of access ... there are always ways of doing it and we did manage before we had the Internet. But I do think the next ten years are going to be very exciting in terms of being able to increase the reach. One would like to see countries having their own nationally funded units – if not Cochrane, then evidence-based health care research. It would be disappointing if it didn't happen."

"We are incredibly isolated here. If you think of our people working in information science for Cochrane for example – it's extremely difficult – there are very few people doing that kind of work in the Southern Hemisphere, she says, "so they don't often have the benefit of bouncing ideas off other people working in their line of work."

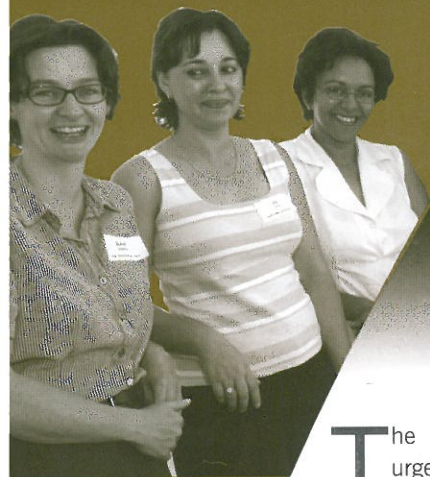
So, hopefully, there will be more offices in Africa in the next ten years allowing much more networking and 'bouncing of ideas' to the benefit of the continent as a whole.

"The ultimate would be to have lots of branches throughout Africa all promoting Cochrane work," says Joy Oliver.

"We need to do more work in the other African countries we are responsible for. We need to reach key individuals so that they can become champions for this work," says Taryn Young.

"We do get asked why we are situated at the tip of Africa," continues Taryn. "I think if we have more branches in Africa then where the formal centre is placed is not such a big question."

WHERE TO in the next 10 years?



Nandi Siegfried, Joy Oliver
and Taryn Young.



Liesl Grobler



Charles Wiysonge



Elizabeth Pienaar



Idowu Araoyinbo



Mark Engel, Jimmy Volmink and Karishma Busgeeth.

The SACC staff all acknowledge the urgent need to 'market' the centre and the whole realm of evidence-based work further – to policy makers, clinicians, the media, health educators and consumers, to name only a few.

The 'converted' are passionate as Jimmy emphasises: "You don't have to convince people to do this work because they really believe in it. That's been the culture of the Cochrane Collaboration from its inception. Most people participate as volunteers in their spare time because they are passionate about helping to get the evidence right. There are now something like 14 000 people involved across the world and most of those people are not paid to do Cochrane work."

But that's not enough – people need to know about the great work Cochrane is doing and the work needs to lead to change where change is indicated.

"Now that we've got these reviews done we have to turn our attention to getting people to use them. We see the whole area of evidence to practice and policy as being very important," says Jimmy. "We are looking for strategic partners to help us get the evidence out. We would like to see more of a continuum between trials being conducted, systematic reviews of those trials being completed followed by a whole range of knowledge translation activities involving many stakeholders to move from evidence to action."

There are clearly many audiences for Cochrane work – most important among these are policy makers, clinicians and the general public (which often means engaging with the media to reach health consumers in their homes). All of these sectors are targets for the SACC's future efforts. But it's all a challenge.

As Nandi says: "We still haven't learnt how to speak to policy makers – that's definitely something for the future that we need to work on. We have to engage to make ourselves relevant."

Joy, on the other hand, is particularly passionate about reaching consumers – the users of health care and the ones most affected by bad, ill-informed decisions by policy makers and clinicians.

"We still have a long way to go in educating people about the need for evidence-based health care," she says. "In many

parts of the world people go to the doctor and just take what he/she gives them – they don't question because people are not empowered and it is important that we do empower people to make the right decisions about their own health care. We've got a tough job ahead of us."

Elizabeth believes that training is the way to go and that catching students in the health sciences is one way to ensure more informed practitioners in the future.

"Convincing people that evidence-based is the way to go is a challenge," she says. "If we can convince students – that's the way to go. It's difficult to change mindsets of established practitioners – sometimes you can do it, but it is difficult." The centre currently runs workshops with some of these future health care practitioners.

And one of the original advocates, Les Irwig, is passionate about taking the work those few important steps further to make it even more relevant.

"Reviews on topics relevant to Africa often show that evidence is lacking or of inadequate quality," he says. "The SA Cochrane Centre could take the lead in stimulating research to provide better evidence. This will require more randomised trials – some small, some large – but all innovative and targeted to local needs. Instead of making immediate but sometimes arbitrary decisions on public health issues, policy makers need to acknowledge the uncertainty of the evidence. Alternative policies can then be tested in large-scale collaborations between health services and researchers using designs such as cluster randomisation, in which different areas are randomly allocated to alternative interventions. This approach will allow cost-limited implementation of new initiatives with the capacity to provide better answers for the next round of decision making about how to maximise health within the available budget."

"By helping health professionals learn how to do systematic reviews," he continues, "the SA Cochrane Centre is introducing a wider group to an important facet of decision-relevant research. To support future reviews, education and decision-oriented research, there needs to be strong capacity building of the next generation of academic leaders."

"Involvement in the Cochrane Collaboration will ensure that reviews relevant to Africa will continue to be done, and that clinicians and researchers further develop their skills to ensure evidence-based decision making at clinical and public health levels," he concludes.

So the way of the future for Cochrane South Africa is undoubtedly knowledge translation – making sure the very best evidence becomes the very best information that people at different levels can use to substantially improve their health and their lives. But this doesn't, unfortunately, come cheap.

"There aren't a lot of funders in the world right now who fund knowledge translation activities," says Jimmy. "The situation has improved but we still have a lot of convincing to do. They would get a lot more bang for their buck if they didn't just invest in the initial research but also in getting it out there and implemented, but it's hard to get them to understand that."

It sounds like there's still plenty of work ahead for the next ten years!

TRIBUTES TO THE SACC

and Statements of support from Stakeholders

"The South African Cochrane Centre has played a vitally important role in promoting the involvement of African people in the work of the Cochrane Collaboration over the past ten years. The meeting in May 2007 to establish an African Cochrane Network is the culmination of untiring efforts by Jimmy Volmink and his colleagues. In 2000 the Centre successfully hosted the annual Cochrane Colloquium in Cape Town, attended by nearly 600 people. Last year, a branch of the Centre was established in Nigeria, co-ordinated by Dr Martin Meremikwu. There are now approximately 250 African people contributing to the preparation of Cochrane reviews. The work of the Centre has gone from strength to strength, and we wish its staff and supporters, especially the Medical Research Council, continued success over the next decade and beyond."

Adrian Grant, Cochrane Collaboration Steering Group

"I have repeatedly seen how Cochrane systematic reviews influence our policy makers because the reviews are independent. The SA Cochrane Centre performs a critical training role in evidence-based medicine that serves the whole continent."

Gary Maartens, University of Cape Town

"The South African Cochrane Centre is an example of making the Cochrane Collaboration a truly global organisation. In the past ten years the SACC helped capacity-strengthening in research synthesis not only in South Africa but also in the rest of the continent; increased awareness about systematic reviews; assisted the World Health Organisation in developing training courses and, most importantly, conducted systematic reviews and evidence summaries relevant to health care practice and policy in sub-Saharan Africa. I hope that we will continue our productive partnership with the SACC in the future."

A. Metin Gülmezoglu, Department of Reproductive Health and Research, World Health Organisation

"The SACC has been an inspiration to me and many others around the world for the high-quality scientific work it has done, all the training and support it has provided to people throughout Africa, the outstanding people that it has attracted and its generosity. Congratulations on 10 highly successful years and I look forward with high expectations to what you will achieve during the next 10 years!"

Andy Oxman, Norwegian Knowledge Centre for the Health Services

"One of the biggest problems created by the global system of modern science is the overwhelming size and scope of the ever-expanding knowledge base, despite the built-in controls provided by the 'original, first-time only criterion', peer review, editorial discretion and the widespread application of the Bradford principle ('getting access to the core 20% of the system gives you 80% of the total value available'). The Cochrane Collaboration is a further, highly effective mechanism to assist all of us, but especially policy makers, to get a reliable take on what the mass of papers is actually saying about important issues. The Academy of Science of South Africa (ASSAf) is committed to providing evidence-based advice on science-related

matters of national importance; there is a natural synergy with the work of the national Cochrane Centre, which in its ten years of functioning has achieved a great deal."

Wieland Gevers, Academy of Science of South Africa

"Using evidence to guide practice is a cornerstone of quality health care, an entitlement which is due to each South African. The SA Cochrane Centre has made a critical contribution to this national goal; it has also built a culture and a human resource base capable of sustaining evidence-practice way beyond this first decade. Congratulations and best wishes from the Faculty of Health Sciences at the University of Cape Town."

Marian Jacobs, Faculty of Health Sciences, University of Cape Town

"The *South African Medical Journal* wishes to convey its heartiest congratulations to the South African Cochrane Centre on the occasion of its 10th Anniversary. The only Cochrane Centre on the African continent, the SACC is a feather in South Africa's cap, and we are immensely proud of the SACC's role as a conduit for Africa's contribution to the global production and dissemination of knowledge and information for evidence-based health care interventions."

By encouraging and promoting randomised controlled trials and systematic reviews, the SACC has contributed significantly to the quality of South African research submitted for publication in the *SAMJ* and, no doubt, other medical publications in the country."

Daniel J. Ncayiyana, South African Medical Journal

"The establishment of the SA Cochrane Centre is an important milestone in the history of evidence-based health decision making in South Africa. It has been a privilege to play some small part in its development. Its success is attributable to the many people involved. I would like to pay special tribute to Jimmy Volmink for his inspiring leadership and to the MRC for their foresight in providing the support for the establishment and ongoing work of the Centre. May it continue to flourish and expand its role!"

Les Irwig, University of Sydney

"I meet frequently with staff of the South African Cochrane Centre. These contacts leave me feeling very proud to have been one of the Centre's 'midwives', and completely confident that it will continue to go from strength to strength."

Iain Chalmers, Former Director, UK Cochrane Centre and Editor, James Lind Library

"SACC means to us sustained leadership, vision and scientific integrity of the highest order. It is a pleasure to work with such a team at all levels, and our collaborative efforts prove that a collaborative international team working on a project produces more than the individual components alone, challenging scientific myths and generating new knowledge. We look forward to our continuing, fruitful relationship."

Paul Garner, International Health Group, Liverpool School of Tropical Medicine

THE COCHRANE COLLABORATION

– the reliable source of evidence in health care

What is the Cochrane Collaboration?

The Cochrane Collaboration is an international not-for-profit and independent organisation, dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide. It produces and disseminates systematic reviews of health care interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions. The Cochrane Collaboration was founded in 1993 and named after the British epidemiologist, Archie Cochrane.

The major product of the Collaboration is the *Cochrane Database of Systematic Reviews* which is published quarterly as part of the *Cochrane Library*.

Those who prepare the reviews are mostly health care professionals who volunteer to work in one of the many Cochrane Review Groups, with editorial teams overseeing the preparation and maintenance of the reviews, as well as application of the rigorous quality standards for which Cochrane Reviews have become known.

The activities of the Collaboration are directed by an elected Steering Group and are supported by staff in Cochrane Entities (Centres, Review Groups, Methods Groups, Fields/Networks) around the world.

There are twelve Cochrane Centres and a number of branches across the world. The centres are the following – Australasian Cochrane Centre, Brazilian Cochrane Centre, Canadian Cochrane Centre, Chinese Cochrane Centre, Dutch Cochrane Centre, German Cochrane Centre, Iberoamerican Cochrane Centre, Italian Cochrane Centre, Nordic Cochrane Centre, South African Cochrane Centre, UK Cochrane Centre, US Cochrane Center.

Information obtained from the Cochrane website – <http://www.cochrane.org>

Footnotes from the SACC staff

"I really want to honour the people in the centre here – both those who are here now and also people who used to be part of our centre. They need to get all the praise for the success of the centre – without their commitment, without the teamwork I don't think we could have come this far."

– Jimmy Volmink

"I must express appreciation to the MRC. We have come through three presidents and we have always had tremendous support. The quality of that support has been extraordinary."

– Jimmy Volmink

"Being at the MRC facilitates the credibility and the partnerships. It has also allowed us to get significant overseas funding."

– Nandi Siegfried

"We have led the developing country initiative – both in terms of showing the need for extra support for people conducting reviews in resource-poor settings and in providing the collaboration with useful models of how to address inequalities in access through the mentoring and the RAP."

– Nandi Siegfried

"I think we've shown the collaboration that you don't have to give up just because you can't have everything. We have shown that you can achieve an enormous amount with dedicated staff who are really passionate about their work. There are some really inspiring people in the centre who go above and beyond the call of duty to do incredible things. I think it's driven by their belief (and the evidence!) that Cochrane reviews can make a difference."

– Nandi Siegfried

"We need to let reviewers know that the support is available – they are not alone out there."

– Elizabeth Pienaar

"It's a great place to work."

– Joy Oliver

"The MRC has been very good to the centre and very supportive. It has been a good environment."

– Taryn Young

"For a handful of people we are actually achieving a lot. We work together and pull together very well as a team. Everyone is always focused around what's best for the centre."

– Taryn Young