

Conversation between Dr. Jimmy Volmink (Director of the South African Cochrane Center) and Stephanie Wykstra (GiveWell) on August 17, 2012

These notes reflect answers that Dr. Volmink gave during our conversation.

History of the South African Cochrane Center:

- The South African Cochrane Center was established in 1997; it was then and still is the only Cochrane Center in Africa. The mission is to promote Cochrane's systematic reviews, to help produce and update them and to inform practitioners, policymakers and consumers about the reviews.
- The process of starting the center involved raising awareness of the Cochrane Collaboration in South Africa and training others to do Cochrane reviews. There were not many Cochrane systematic reviews (or non-Cochrane systematic reviews) at the time relevant to developing world health, other than in the areas of pregnancy and childbirth; our mission was to prioritize reviews on topics that are highly relevant to health in Africa, including HIV/AIDS, TB and health systems, as well as continuing to do reviews on childbirth and pregnancy. We identified people interested in those topics in Africa, and worked with the Cochrane HIV/AIDS group (based in San Francisco) and the Infectious Diseases group at the Liverpool School of Tropical Medicine in the UK. We did a lot of research capacity-building, as well as producing reviews and working at the interface between research and policymaking.
- When we founded the South African Cochrane Center, we ran Cochrane-awareness workshops at universities and at medical conferences, first in South Africa and then in other countries. We told people about the importance of reducing bias in conducting reviews and the need for systematic reviews, and invited people to get involved. People generally came forward with their own questions that they wanted to answer; we provided methodological support and a little bit of funding in some cases to bring them to Cape Town and provide training. When we started there were very few reviews done by authors in Africa; now there are about 500 reviews on topics relevant to health in Africa, mostly written by authors in sub-Saharan Africa.

Influence of Cochrane reviews:

- Early on, there were a few reviews that were quite high-profile. One was the review on preventing mother-to-child transmission of HIV (PMTCT) and the other was on directly-observed treatment (DOTS) for the management of tuberculosis. In the PMTCT review, the problem was that at the time (around 1999), the South African government's position was that they would not adopt anti-retroviral therapy (ART) into policy because there was no evidence, according to them, that it was effective and that there was some evidence that the treatment was harmful. The Cochrane review showed the opposite: there was strong evidence that ARV were highly effective in reducing transmission and there was no evidence of an adverse effect. It took a few years, but eventually civil society took the government to court, and one of the pieces of evidence that was used in court was the Cochrane review; the court made the decision that ARV had to be introduced into policy. This case was written up by the Millbank Memorial Fund ("Informing Judgment: Case Studies of Health Policy and Research in Six Countries.")

- We aim to get evidence into policy and practice, and we take this very seriously. We often provide input into WHO guidelines (such as HIV/AIDS guidelines). We've worked with the Belgian Red Cross-Flanders to produce evidence-based materials for use in Africa. We've also worked with the Essential Drugs policy group in South Africa to ensure that the list and guidelines are based on the best available evidence. We have developed materials in collaboration with others such as the "SUPPORT" materials (supporting policy-relevant reviews and trials) to help policy-makers understand the evidence and introduce them to systematic reviews. For this purpose we have also developed structured summaries, such as on the burden of disease, what further evidence is needed, what the implications are of the existing evidence, and so on.
- Another group that we've worked with is the Academy of Science of South Africa; their purpose is to provide evidence that can inform policy, and they work very closely with the government. Members of the South African Cochrane Center have served on a number of their consensus panels, which produce publications relevant to government policies. One example is a document on HIV, TB and nutrition, in which we reviewed basic science and clinical trials; this report was presented to the president of the country as well as ministries, and was widely publicized in the media; it made a contribution to shifting the government's positions on these topics.

The review process:

- The time and effort required to complete reviews varies significantly. Some reviews have 2-3 studies in them, and some of them have many studies, which greatly increases the time to produce them. All reviews require at least two people to work on them, and generally take 1-2 years to complete (for a medium-sized review). Costs involved in the production of reviews include in some cases supporting authors partially or fully for their time working on the review, the costs of searching for reviews, statistical support, and so on; the costs vary quite a lot.
- Some people do reviews without any funding. But generally, the reviews done on a purely volunteer basis take a longer time to be completed (3-4 years). The approach we're taking more and more is targeting really important questions that policy-makers require evidence on (for instance, aspects of HIV prevention), and recruiting someone to work full-time for a year to complete the review. That is the model that we prefer, because we think it is a more effective and efficient model.
- The majority of the reviews produced in Africa so far have been produced by people with some time out (for instance, 2-3 months when they begin to write the review, to receive training); after they write the review, they again take some time out to work with others supporting them in order to finalize the review. In the last 2-3 years, we've had more people who are paid to work full-time or nearly full-time for a longer period. Perhaps 8-10 people have completed reviews on a full-time paid basis. They are paid through university positions and a variety of other funders.

The South African Cochrane Center's activities:

- The South African Cochrane Center's activities include:
 - Conducting Cochrane reviews and helping to ensure that they are done by others.
 - Doing capacity-building in South Africa and the sub-Saharan region by providing trainings, workshops and fellowships.
 - Developing training materials for preparing and using systematic reviews

- Knowledge translation: providing input into clinical practice guidelines and engaging with policymakers to promote evidence-informed policy.
- Running a trials registration program: we have established the only WHO-approved trial registration program in Africa, called the Pan-African Clinical Trials Registry. We register trials that are done throughout Africa. To be a WHO-approved registry, you have to comply with certain requirements such as making a minimum data set publically available. We have a full-time person who makes contact with researchers running clinical trials to inform them that there is a WHO-approved registry and to invite them to register with us. We started by focusing on three diseases only: malaria, TB and HIV. But we have now expanded and register clinical trials in all areas.
- We work internationally with Cochrane review groups, particularly those concerned with topics that are a high priority for sub-Saharan Africa such as the Infectious Diseases group and the HIV/AIDS group. We now have a HIV/AIDS satellite editorial team in South Africa as well.
- We have been able to develop a critical mass of people in Nigeria, where we now have a branch of our center. There are many very good people involved in Cochrane activities in Kenya as well. We also have the African Cochrane network, which connects people in those countries and in others.

The South African Cochrane Center's funding:

- Originally our funding was exclusively from the South African Medical Research Council, which is the main healthcare research funder in South Africa. Through partnerships with other Cochrane entities such as the Infectious Diseases Review Group, we have attracted funding from other sources; the main one is the Department for International Development (DFID) in the UK, as well as the Commonwealth Foundation and the European Developing Countries Trials Partnership.
- The South African Cochrane Center receives about \$200,000 per year, half of which is from the South African Medical Research Council. This funding supports the salaries of four full-time people who run the Center (a full-time Deputy Director, administrator, two researchers and a couple of part-time employees) as well as operational costs. The funding for the Center does not fund any work outside of South Africa or any Cochrane reviews. For Cochrane review costs, we have to look for external sources of funding.
- The South African Cochrane Center is responsible for 25 countries in sub-Saharan Africa. We have also established a branch of the center in Nigeria. One thing we're working on is getting other branches established in Africa which can eventually develop into centers. The challenge has been funding; having stable funding – ideally from an in-country funder - is a requirement for getting approval for the establishment of a new Cochrane Center.

How the South African Cochrane Center would use further funding:

- We are responsible for sub-Saharan Africa, but there are a number of countries we haven't been able to reach out to because of a lack of funding. The funding would support further staff at the Center do this work. We would put that under the umbrella of building the African Cochrane network. There are people in countries that we know are interested in being more involved, but which we don't have the capacity to support. We also believe there are quite a few people who would get involved in Cochrane if they knew of the opportunity, but in a number of countries, they may not yet be aware of Cochrane or of the possibility of becoming a Cochrane author.

- We also need further funding for training. If people haven't done a Cochrane review before, they need intensive training. We would like people to come for three months at a time and work with us at the Center, where we train them. There are a lot of people that we support at a distance; we could achieve much more if we could have in-person time for training. This would require further funding for staff at the South African Cochrane Center as well as financial support for authors.
- Methodological support is needed as well, and is one thing we lack in Africa to a greater extent than in other geographic areas. For example, we require biostatistician support. We would like to hire a biostatistician who could provide support to reviewers in Africa. Now, the methodological support for our authors is provided by statisticians that are part of review groups elsewhere, based mostly in Europe and the US. Typically, they are overwhelmed and are not able to give us as much time as we need.
- Another need is for funding to pay researchers to take time out to complete a review. If we had funding for fellowships, this would help us speed up the number of reviews that we can complete. We have modules on systematic reviews in university courses for those receiving Master's degrees in relevant disciplines, and this is a pool of people who would be able and willing to take fellowships to write reviews.
- Finally, we would like a national subscription to The Cochrane Library. In Africa, nearly all of the sub-Saharan African countries have free access because their income level is below a certain threshold. South Africa is a little above that, as a middle-income country, so it doesn't qualify for free access. This means that many people in South Africa don't have access to the library. We are looking for funding for this.

The outputs of further funding to the South African Cochrane Center:

- The outputs of additional funding would certainly be more reviews, but also once people are inducted into Cochrane, they become champions for evidence-based healthcare. They start teaching people about evidence-based healthcare by training students and other healthcare professionals, and they also start serving on advisory bodies and engage with policymakers. So, all of these would be direct benefits of escalating the South African Cochrane Center's activities.
- After the Nigerian branch started, there was an increase in the number of Cochrane authors in Nigeria. If one looks at where the authors are in Africa, the greatest number is in South Africa by far, followed by Nigeria; this is due to the greater level of advocacy and support in these countries.