



## Cochrane Nigeria: 15 years on



At the Launch of Cochrane Nigeria in July 2021

The story of Cochrane Nigeria dates back to 1998 when Prof. Martin Meremikwu, by chance met Prof. Paul Garner, the Coordinating Editor of the Cochrane Infectious Diseases Group, at the Centenary celebration of the Liverpool School of Tropical Medicine. Prof. Garner introduced Prof. Meremikwu to the Cochrane Collaboration and gave him a head start in the conduct of systematic reviews. In 1999, Prof. Meremikwu conducted his first systematic review on “Blood transfusion for treating malaria anaemia”. He went on to convince as many colleagues of his as he could to learn the art of preparing Cochrane systematic reviews; working from a small office at the Federal Neuropsychiatric Hospital Calabar, which was later moved to a more spacious office at the University of Calabar Teaching Hospital. He mentored them through personal and group mentorship programmes, regular in-house training, hands-on experience as co-authors/authors of systematic reviews and by sharing Cochrane Collaboration literature.

In the bid to build capacity to conduct systematic reviews in the country, an initial group of five young potential Cochrane review authors under the oversight of Prof. Meremikwu received support from the Effective Health Care Research Programme grant held by Prof. Paul Garner to attend 4-week Systematic Review fellowship at the Liverpool School of Tropical Medicine. During the fellowship they received direct mentoring and coaching and also participated in the Critical Appraisal

Module of the Master’s in International Public Health Course. Among these forerunners were Prof. Angela Oyo-Ita (Community Physician), Prof. Afolabi Lesi (Paediatrician), Prof. Godwin Aja (Public Health), Prof. Bosede Afolabi (Obstetrician), Prof. Christy Okoromah (Paediatrician) and Dr. Oluseyi Oniyangi (Paediatrician). Today, they are all accomplished academic researchers and professionals who have continued to contribute to the work of Cochrane while promoting and building capacity for evidence-based healthcare in their home institutions and at various levels of influence. Prof. Afolabi Lesi currently Chairs the Advisory Board of Cochrane Nigeria.

In September 2005, more young Nigerian researchers and health professionals were supported by the Nuffield Foundation to attend a one-month Cochrane Protocol Development Course organized by the South African Cochrane Centre (SACC) under the auspices of the Reviews for Africa Programme (RAP). Some of these authors were later invited to the RAP Finishing School in 2006. The effort of Prof. Jimmy Volmink (then Director of the SACC), Mrs. Joy Oliver, Mrs. Elizabeth Pienaar and Prof. Taryn Young towards making the experience of participants at the RAP course an unforgettable one is worth mentioning.

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Following the increase in the number of Cochrane authors in the country and the capacity of the Nigerian authors to conduct high quality systematic reviews, the Nigerian Branch of the South African Cochrane Centre was formed in 2006 with Prof. Martin Meremikwu as the Branch Director and Prof. Angela Oyo-Ita as the Deputy Director. In 2017, Cochrane African Network was formed with Cochrane Nigeria leading the West African Hub of the network.

Cochrane Nigeria attained full Centre status in December 2020 following the approval of its application by the Governing Board of Cochrane. Today, Cochrane Nigeria has nodes strategically located in the different parts of the country. The Centre is running with the clear mandate of promoting collaboration and evidence-based health care policy and practice in the country through:

1. Production of high quality and high priority systematic reviews
2. Dissemination of Cochrane reviews to relevant stakeholders using channels such as social media, newsletters, podcasts and mass media
3. Multilingual translation of relevant reviews
4. Translation of evidence from reviews into policy and practice
5. Refining the methods of Cochrane reviews

Some of the notable contributions of Cochrane Nigeria to global health were conduct of systematic reviews and provision of technical input towards WHO Guideline on Female Genital Mutilation; systematic review on “Seasonal Malaria Chemoprophylaxis” and “Artemether for Severe Malaria” on which the current WHO guidelines on the management of these health conditions are based. The Centre collaborated with the Federal Ministry of Health to develop a guideline on the management of diabetes. In partnership with professional groups, it has provided support for the production of guidelines for the management of community acquired pneumonia in children, hypertension and post-partum haemorrhage.

With the formal launch of Cochrane Nigeria on the 13th July 2021 at the National Hospital, Abuja, the Centre now has a good launching pad for engagement with relevant stakeholders for the achievement of its core mandates in the country and continent. It is gladsome to note that what started as a humble beginning in 1998 has now metamorphosed into a global movement, impacting on the health of people globally. The days ahead look very promising as we hope to engage more meaningfully with relevant stakeholders and policy makers, increase capacity for the production of high priority systematic reviews that will inform national and global policies and practices, strive for a strong national presence and support evidence-based decision-making processes in the Federal Ministry of Health and other health-related sectors of the country.

## Launch of Cochrane Nigeria

Cochrane Nigeria recently hosted the International Cochrane Africa Network Conference – 4<sup>th</sup> Indaba. Cochrane Africa is a network of Cochrane entities in sub-Saharan Africa established in 2017 and consists of four hubs – Coordinating hub (South Africa), West Africa hub (Nigeria), Francophone hub (Cameroon) and the Southern and Eastern Hub (Stellenbosch University and Cochrane South Africa). The conference brought together over 90 facilitators, delegates and visitors from more than 15 African countries. The theme of the conference was "Making evidence-based healthcare functional in Africa". The event was a hybrid of virtual and physical sessions, all hosted at the prestigious National Hospital Abuja. The 4<sup>th</sup> Cochrane Africa Network Conference was organised in collaboration with the Federal Ministry of health, Nigeria with funding from the World Health Organisation and the European Union.



A key highlight of the Conference was the Launch of Cochrane Nigeria as a full Cochrane Centre. Cochrane Nigeria was established in 2006 and up till recently, had been an associate centre under Cochrane South Africa. In December 2020, however, Cochrane Nigeria was granted full centre status and will now serve as a reference centre within West Africa.

The launch of Cochrane Nigeria was a memorable and colourful event marked by thought provoking messages and speeches. The event brought together a number of notable personalities from various organizations including the World Health Organization Nigeria, European Union delegation to Nigeria and the Ecowas, National Health Insurance Scheme, and Federal Ministry of Health – all key stakeholders in evidence based health care in Nigeria.

Prof. Angela Oyo-Ita (Co-Director, Cochrane Nigeria) opened the launch with welcome remarks. The Chairman of the occasion, Prof. Ikpeme A. Ikpeme (Chief Medical Director, University of Calabar Teaching Hospital) gave a goodwill message on behalf of the University of Calabar Teaching Hospital which is the host Institution of Cochrane Nigeria. Dr JAF Momoh, the Chief Medical Director of the National Hospital Abuja (Host Institution of the Conference) also gave a goodwill message on behalf of the National Hospital. Ambassador Ketil Karlsen (Head of the European Union delegation to Nigeria and ECOWAS) represented by Dr. Anthony Ayeke (Health Adviser, European Union delegation to Nigeria and ECOWAS) gave a speech on behalf of the European Union delegation to Nigeria and the ECOWAS. In his speech, he identified the launch of Cochrane Nigeria as a laudable advancement in the field of health research, knowledge and evidence generation, and policy making in the health sector, which is expected to contribute to progress towards achieving Universal Health Coverage and the health-related Sustainable Development Goal (SDG 3). He also noted that, in spite of the important role of research in strengthening the health sector, there is still a lag in research output and utilization in policy and

practice in Nigeria. He highlighted the fact that health research is a national priority in the second National Strategic Health Development Plan and that organizations such as Cochrane, with long standing institutional capacity for scoping, rapid and systematic reviews, evidence generation for guidelines development, planning and policy making, will be relevant as partners in building national capacity for systematic reviews and generation of evidence for policy.

The Head of Mission and Country Rep, World Health Organization Nigeria, Dr. Walter Kazadi-Moluombo who was represented by Dr. Kofi Boateng ; and the Minister of State for Health, Dr. Adeleke Olorunnimbe Mamora represented by Advisor to the Minister of State for Health, Dr. Nneka Orji, also gave goodwill messages. Dr. Emmanuel Effa (Chair of the Conference Scientific Committee; and Associate Director, Cochrane Nigeria) chronicled the historical journey of Cochrane Nigeria in a presentation titled “Cochrane Nigeria: 15 years on”. The Keynote Address titled “Reducing waste, improving quality: the Role of clinical Practice Guidelines”, was presented by the Executive Secretary of the National Health Insurance Scheme, Prof. Mohammed Nasir Sambo. The launch of Cochrane Nigeria is expected to position the Nigerian centre as the hub for evidence synthesis with capacity to rapidly respond to evidence needs from policymakers and other stakeholders and drive adoption of evidence informed decision making at all levels of Nigeria’s healthcare system. The launch was wrapped up with closing remarks and a vote of thanks by the Director of Cochrane Nigeria, Prof. Martin Meremikwu. A beautiful cake wearing the national colours of Nigeria was cut to commemorate the event.

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## Keynote Address

# Reducing Waste, Improving Quality: The Role of Clinical Practice Guidelines

Summary of the Keynote address by **Professor Mohammed Nasir Sambo**  
**Executive Secretary/CEO, National Health Insurance Scheme (NHIS), Nigeria**  
at the 4<sup>th</sup> International and Scientific Conference of the Cochrane Africa Network  
on July 13, 2021

Professor Mohammed Nasir Sambo delivered the keynote address at the opening ceremony of the Cochrane Africa Conference (4<sup>th</sup> Indaba). He began his address by congratulating Professor Martin Meremikwu, the Local Organizing Committee and all other team members for successfully convening the conference despite the challenges occasioned by the COVID-19 pandemic. He remarked that the theme of the conference, “*Making Evidence Based Healthcare Functional in Africa*” was very timely because sometimes,

healthcare decisions are not based on evidence but on political and social reasons.

He noted that Sustainable Development Goal 3 target 8 emphasizes the importance of achieving Universal Health Coverage including financial risk protection, access to quality and essential health care services as well as access to safe, effective and affordable medicines and vaccines for all. For Nigeria, and Africa, to ensure universal access to quality and affordable healthcare, there must be a paradigm shift towards evidence-based

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decision making for healthcare. Consequently, he emphasized, the need to build the necessary capacity and invest the necessary resources in research across Africa by strengthening relevant institutions to generate evidence for decision making.

Prof Sambo went on to elaborate on the meaning and importance of quality of health care. Quality of health care can be defined as *“the degree to which health services, being consistent with current professional knowledge, achieve desired health outcomes”* or *“the provision of accessible and equitable services with optimal professional performance, taking into account the available resources and achieving consumer acceptability and satisfaction.”* The domains of quality in healthcare include: (i) safety, (ii) timeliness, (iii) effectiveness, (iv) efficiency, (v) patient centredness and (vi) equity. Prof. Sambo pointed out that while all the domains are important, efficiency is key, especially in our relatively resource-constrained settings in Africa. Many Nigerians and indeed Africans lack access to basic needs including health care therefore the need to ensure optimum efficiency by eliminating wastage of resources as part of quality control measures. He explained that poor quality healthcare can manifest as an unsafe environment (for instance, poorly disposed sharps), poor hygiene, untrained or inexperienced personnel, unnecessary treatment, inaccurate diagnoses, dispensing errors and so on. Illnesses and accidents associated with poor quality healthcare are also responsible for additional burdens on the limited resources of families and health care facilities. He proffered that, to ensure quality health care for citizens, the Government must take the lead by establishing relevant institutions, developing policies and strategies, setting standards and monitoring compliance. The health system at all levels needs to be client focused, integrate continuous quality improvement programmes and comply with relevant standards for quality health care at all times. This, he said, is the *raison d’être* of the National Health Insurance Scheme.

The National Health Insurance Scheme (NHIS) is an Agency of the Federal Government of Nigeria, with the mandate to ensure financial access to quality health services for all Nigerians through health insurance. The issue of quality is therefore at the heart of all programmes, interventions and projects implemented by the NHIS. Prof Sambo noted that, since his assumption of office as Executive Secretary and Chief Executive Officer in 2019, NHIS has been reforming its business processes and putting mechanisms in place to improve its quality of service delivery. Some of these include the building of capacity at all levels for NHIS to perform its stewardship and regulatory roles in the health insurance ecosystem effectively; stakeholder engagement, for example, review of quality assurance tools for

healthcare facilities in collaboration with various stakeholders. NHIS has also engaged with pharmaceutical companies and relevant regulatory agencies under the aegis of the *NHIS Drug Supply Initiative* to improve the quality, availability and affordability of pharmaceutical products for its enrollees. In, 2019, a team of researchers from the Scheme, secured a grant from WHO to conduct a research into the Responsiveness of NHIS Accountability Initiatives.

As an Agency of the Federal Government, Prof Sambo stated that, the NHIS is fully aware of the importance of setting standards and developing guidelines for efficient operations and quality health care. The NHIS is working in collaboration with experts, to revise the NHIS Standard Treatment Guideline to ensure that treatments offered to enrollees is in tandem with current global best practices. Under the NHIS, the Standard Treatment Guideline (STG) will be a veritable tool to introduce standardized evidence-based practice to the facilities accredited by the Scheme. It is their hope that the introduction of this STG will attain far reaching reforms in the Nigerian Health System. NHIS is set to enforce compliance with these evidence-based treatment protocols as a means of improving the quality of health care delivery and the health indices in Nigeria.

The Standard Treatment Guideline (STG), used in conjunction with the upgraded Quality Assurance tool will form the bed rock for the integration of performance-based financing and strategic purchasing into the health insurance ecosystem.

Prof Sambo ended his address by calling on the Cochrane Africa Network and other relevant stakeholders to work with the NHIS to utilize evidence to identify gaps in the quality of healthcare delivery and design effective interventions to address those gaps.

*Quality of health care can be defined as the degree to which health services, being consistent with current professional knowledge, achieve desired health outcomes.*

*It is the provision of accessible and equitable services with optimal professional performance, taking into account the available resources and achieving consumer acceptability and satisfaction.*

# Opening Ceremony & Launch of Cochrane Nigeria



Prof. Martin Meremikwu (Director, Cochrane Nigeria)



Prof. Mohammed Nasir Sambo (Executive Secretary/CEO, NHIS) being interviewed by the Press



Prof. Angela Oyo-Ita (Co-Director, Cochrane Nigeria) giving opening remarks



Prof. Afolabi Lesi (Chair, Advisory Board, Cochrane Nigeria) being interviewed by the Press



Networking among conference attendees



Cutting of the Cake at the Launch of Cochrane Nigeria



L-R: Prof Martin Meremikwu, Dr. Mariya Mukhtar (Paediatric Association of Nigeria), Prof. Angela Oyo-Ita at Opening Ceremony



Dr. JAF Momoh (CMD, National Hospital Abuja & Prof. Ikpeme A. Ikpeme (CMD, University of Calabar Teaching Hospital)



## Photo Splash



Dr. Emmanuel Effa (Chair, Scientific Committee) & Prof. Angela Oyo-Ita (Co-Director, Cochrane Nigeria)



Networking among conference attendees



Dr. Anthony Ayeke (EU Delegation to Nigeria & Ecowas) and Prof. Martin Meremikwu (Director Cochrane Nigeria)



Cake to commemorate the Launch of Cochrane Nigeria

## Cochrane's Response to COVID-19: Lessons learned and Future implications for Lessons Learned

One of the speakers we were privileged to have at the Cochrane Africa Conference -4<sup>th</sup> Indaba was Dr. Karla Soares-Weiser, Editor in Chief of the Cochrane Library. Dr. Soares-Weiser assumed the role of Editor-in-chief in June 2019, when she took over from Dr. David Tovey. On Wednesday 14 July 2021, the second day of the Cochrane Africa Conference – 4th Indaba, Dr. Soares-Weiser gave the final presentation under the third Plenary session titled “Cochrane’s response to COVID-19: Lessons learned and future implications for lessons Learned”. Dr. Soares-Weiser began her speech by stating the relevance of the theme of the Conference “*Making evidence based health care functional in Africa*” to the New Cochrane Strategy 2021-2023 which emphasizes the production of trusted evidence, advocating for evidence and informing health and care decisions. She noted that, in light of the current global health challenges, evidence synthesis is more important now than ever. We therefore need to be prepared and “adapt health systems to be more resilient to future pandemics and other global challenges”.

Using a number of specific examples and stories, she highlighted how certain systematic reviews have been used to respond to the COVID-19 pandemic with the aim of informing health care decisions. In Brazil, for example, there was a lot of discussion of how hydroxychloroquine (HCQ) would stop COVID-19. In



Dr. Karla Soares-Weiser

fact, the Ministry of Health went to the point of saying that every single person, including pregnant women and children should receive Chloroquine. The problem with this, as Dr. Soares-Weiser pointed out, was this recommendation was not based on evidence. The Cochrane review, on Chloroquine or Hydroxychloroquine for prevention and treatment of COVID-19 was therefore significant in responding to these issues. It was conducted by a diverse team of experts from different settings and included important steps to assure quality. The review showed that Chloroquine/HCQ does not reduce deaths from COVID-19, probably does not reduce the number of people needing mechanical ventilation and probably increases the risk of adverse events. The review was widely accessed on social media. In this way, Cochrane was able to provide needed information and to support decisions on whether to continue to use a particular treatment or continue to do trials for this question.

Dr. Karla Soares-Weiser explained that, right from the beginning of the pandemic, part of Cochrane's strategy

in responding to COVID-19 has been to undertake reviews that are needed by policy-makers for making decisions. Cochrane, therefore, conducted a number of Diagnostic test Accuracy reviews. One that has been widely used is the Cochrane review on "Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient setting has COVID-19 disease". Another is the review on "Rapid-point-of-care antigen and molecular-based tests for diagnoses of SARS-COV-2 infection". Other responses were through the production of living Systematic Reviews (systematic reviews that are continually updated incorporating relevant new evidence as it becomes available) to keep abreast of rapidly growing research on COVID-19 during the pandemic.

She concluded by emphasizing the need to balance speed and safety — which was characteristic of Cochrane's response to the pandemic. Through collaboration, methodological expertise, quality assurance and innovation, Cochrane was well positioned to provide and respond to the COVID-19 pandemic.

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## Plain Language Summary

# Administering antimalarial drugs to prevent malaria in infants

## What is the aim of the review?

This Cochrane Review aimed to find out if administering repeated doses of antimalarial treatment to infants living in sub-Saharan Africa can prevent malaria. We found and analysed results from 12 relevant studies conducted between 1999 and 2013 that addressed this question in infants (defined as young children aged between 1 to 12 months).

## Key messages

*Intermittent preventive treatment with sulfadoxine-pyrimethamine (SP)*

Giving SP as preventive antimalarial treatment to infants probably reduced the risk of clinical malaria, anaemia, and hospital admissions in the African countries it was evaluated. However, this effect was attenuated in more recent studies.

*Intermittent preventive treatment with artemisinin-based combination therapy (ACT)*

Giving ACT as preventive antimalarial treatment to infants may reduce the risk of clinical malaria. It may also reduce the proportion of infants with malaria parasites in their blood.

## What was studied in the review?

In areas where malaria is common, infants often suffer repeated episodes of malarial illness. In areas where malaria transmission occurs all-year, some authorities recommend intermittent preventive treatment, which requires giving drugs at regular intervals (at child vaccination visits) regardless of whether the child has malaria symptoms or not to prevent malarial illness.

We studied the effects of IPTi with SP and other medicines (including ACTs) on malaria-related outcomes. Review outcomes included clinical malaria, severe malaria, death, hospital admission, parasitaemia, anaemia, change in haemoglobin level, and side effects.

## What are the main results of the review?

We included 12 studies that enrolled 19,098 infants. All studies were done in sub-Saharan Africa (Gabon, Ghana, Kenya, Mali, Mozambique, Tanzania, and Uganda). These studies compared infants who received IPTi to those who received placebo pills or nothing. The infants in the IPTi group were given different medicines, in different doses, and for different lengths of time.

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Ten studies evaluated IPTi with SP from 1999 to 2013. The effect of SP appear to wane over time, with trials conducted after 2009 showing little or no effect of the intervention. The studies show that IPTi with SP probably resulted in fewer episodes of clinical malaria, anaemia, hospital admission, and blood parasites without symptoms (moderate-certainty evidence). IPTi with SP probably made little or no difference to the risk of death (moderate-certainty evidence).

Since 2009, IPTi some small studies have evaluated artemisinin-based combination medicines and indicate impact on clinical malaria and blood parasites. A small study of IPTi with dihydroartemisinin-piperaquine in 2013 showed up to 58% reduction in episodes of clinical malaria (moderate-certainty evidence) and reductions in proportion of infants with blood parasites (moderate-certainty evidence).

## How up-to-date is this review?

The review authors searched for studies published up to 3 December 2018.

### Reference

1. Esu EB, Oringanje C, Meremikwu MM. Intermittent preventive treatment for malaria in infants. Cochrane Database of Systematic Reviews 2021, Issue 7. Art. No.: CD011525. DOI: 10.1002/14651858.CD011525.pub3. Accessed 26 September 2021.

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## Announcements

- **New learning resource:** Webinar recording of “An introduction to prospective meta-analysis (PMA)” is now available on Cochrane training website - <https://training.cochrane.org/resource/introduction-prospective-meta-analysis>
- **Qualitative Evidence Synthesis (QES) - Learning Live webinar series:** Cochrane will be holding a new series of 8 webinars on qualitative evidence synthesis. The first session, Introduction to qualitative research and qualitative evidence synthesis, is on 28th October. For more details on and to register: <https://training.cochrane.org/qes-learning-live-webinar-series> All sessions are freely open to anyone interested in learning more about QES.
- **The Cochrane Library App:** The Cochrane Library App presents the latest up-to-date evidence from the Cochrane Library in a convenient, easy to navigate format which provides you with relevant, accessible research, when you need it, from

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