What we did

Aim
There were no prevention or treatment protocols in place when COVID-19 reached South Africa. Policy-makers needed to work rapidly to support our diverse communities. There were thousands of studies emerging from around the world, but there was a lot of duplication, variable quality and sometimes contradictory findings. We wanted to help policy-makers make decisions based on the best available research evidence in a timely way.

Activity
We worked with a sub-committee of the National Essential Medicines List Committee (NEMLC) from the South African National Department of Health. The sub-committee prioritised research questions. We worked with them to complete rapid reviews to answer these questions within 7-10 days.

Collaboration
Members of the South African GRADE Network worked on these rapid reviews with members of the Government sub-committee. This novel approach meant that we could work collaboratively and build relationships, ensuring that the reviews met policy-makers’ needs.

Policy-makers in South Africa (SA) needed good quality evidence urgently to help prevent and treat COVID-19. The SA GRADE Network, co-lead by Cochrane South Africa and the Centre for Evidence-based Health Care, provided rapid reviews of evidence in just 7-10 days to help inform National Guidelines.
What we achieved

- The pandemic encouraged us to develop a rapid review process that balanced urgency with rigorous methods. The South African National Department of Health needed to make quick and reliable evidence-based decisions to inform National Guidelines and to guide procurement in the context of a rapidly expanding pandemic with global demands on medicine supply. The approach was based on Cochrane’s evolving rapid review methodology, which we adapted to meet the needs of South African guideline panels and policy-makers. Systematic reviewers searched for evidence, assessed the quality of the evidence and summarized the key findings. Members of the Government sub-committee then structured their conclusions and recommendations, using the GRADE Evidence to Decision Framework.

- The NEMLC sub-committee have provided recommendations about 11 potential treatments for COVID-19 and three potential preventive medicines (prophylactics). Eight updates have already been completed to keep pace with the emerging evidence. Our rapid reviews have directly shaped South African National Guidelines and influenced people’s health.

- Our approach has been enabled by the current window of policy change in which urgent decisions require nimble responsive evidence reviews. There are new collaborations and better use of GRADE methods for reviews and guidelines. We have strengthened our relationships with the Department of Health, South African GRADE Network and other stakeholders.

See more here:

What we learnt

1. It is important to make sure reviews meet the needs of the people using them. Even though we were working very fast, we sought feedback from the people using the evidence about whether the review met their needs. We asked people for help interpreting the results using easy-to-understand language.

2. We can work very efficiently. We piloted our rapid review approach using iterative real-time collaboration. This minimized the time we spent planning. We could provide a timely response and keep improving as we undertook each review. Working in partnership with the Government was key to success.

3. We learnt that there is no need to reinvent the wheel or do everything ourselves. It is possible to undertake urgent assessments if work is shared freely across researchers and evidence providers globally. Reviews with a clearly identified leader progressed more quickly and smoothly. We tapped into available resources. We searched for evidence that had already been appraised using GRADE and we used the results of high-quality systematic reviews. This allowed us to deliver reviews very quickly.

Learn more
For more information contact:
sa@gradeworkinggroup.org

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