TOP 5 ARTICLES

Director: Prof Mohamed Seedat

Article:

DOI: 10.1016/S0140-6736(19)30031-5 [Letter]
Impact Factor: 53.254

Summary:
Gender is constitutive of men's collective and personal relations to women. Although there are regional, national, and institutional differences and dynamics to consider, gender inequality affects most, if not all, societies. The fields of natural sciences, medicine, and global health are no exception. A range of social scientific theories exist, including divergent approaches within feminism, regarding the definition and understanding of gender, causes of gender inequality, and ways to address it. For example, whereas West and Zimmerman define gender as “the activity of managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one's sex category”, Scott describes gender as “a constitutive element of social relationships based on perceived differences between the sexes and… a primary way of signifying relationships of power”. Despite differences within feminism, a notable achievement of feminist theory has been to shift long-held views on the concept of gender, and by implication, masculinity and femininity. Specifically, two key shifts have been made, namely the uncoupling of gender from a supposedly intractable biological sex (although the relationship between sex and gender is more complex), and the depiction of gender as a cultural construction, rather than a natural characteristic.
Summary:
Tuberculosis (TB) is the leading cause of mortality from an infectious agent globally, with 1.6 million deaths and more than 10 million new cases annually. Since the 1950s, long-term combination chemotherapy has been the cornerstone of TB control. However, the efficacies of first- and second-line anti-TB agents have been eroded by the evolution of drug-resistant strains of Mycobacterium tuberculosis (Mtb), the causative agent. Drug-resistant TB now accounts for 450,000 new TB cases annually, and almost a third of all TB-related deaths are due to antimicrobial resistance. Together with the need for shorter regimens (standard treatment for drug-susceptible TB takes 6 months), these statistics identify the development of TB drugs with different mechanisms of action as a health imperative. On page 498 of this issue, Ballinger et al. report an important step in this direction.
Summary:

Early initiation of and exclusive and continued breastfeeding are among the most effective interventions to reduce infant and child morbidity and mortality. These interventions also improve early childhood development and reduce the risks of childhood obesity and non-communicable diseases: health outcomes desired by parents everywhere for their children. However, rates of exclusive breastfeeding in most regions have increased only marginally in the past 20 years. Yes, some women do have difficulty with attachment and positioning; others choose to give replacement feeds because they need or want to return to work or school, or because they prefer to do so; and marketing by industry to normalise breastmilk substitutes undermines the exceptionality of breastmilk and erodes mothers' confidence in and community support for breastfeeding. The low bar set by the Global Nutrition Targets is perhaps surprising, namely to increase exclusive breastfeeding to 50% by 2025 and even this might not be achieved.
Summary:

Background: The substitution of moxifloxacin for ethambutol produced promising results for improved tuberculosis treatment outcomes.

Methods: We conducted an open-label, randomized trial to test whether a moxifloxacin-containing treatment regimen was superior to the standard regimen for the treatment of recurrent tuberculosis. The primary and secondary outcomes were the sputum culture conversion rate at the end of 8 weeks and the proportion of participants with a favorable outcome, respectively.

Results: We enrolled 196 participants; 69.9% were male and 70.4% were co-infected with human immunodeficiency virus (HIV). There was no significant difference between the study groups in the proportion of patients achieving culture conversion at the end of 8 weeks (83.0% [moxifloxacin] vs 78.5% [control]; P = .463); however, the median time to culture conversion was significantly shorter (6.0 weeks, interquartile range [IQR] 4.0–8.3) in the moxifloxacin group than the control group (7.9 weeks, IQR 4.0–11.4; P = .018). A favorable end-of-treatment outcome was reported in 86 participants (87.8%) in the moxifloxacin group and 93 participants (94.9%) in the control group, for an adjusted absolute risk difference of −5.5 (95% confidence interval −13.8 to 2.8; P = .193) percentage points. There were significantly higher proportions of participants with Grade 3 or 4 adverse events (43.9% [43/98] vs 25.5% [25/98]; P = .01) and serious adverse events (27.6% [27/98] vs 12.2% [12/98]; P = .012) in the moxifloxacin group.

Conclusions: The replacement of ethambutol with moxifloxacin did not significantly improve either culture conversion rates at the end of 8 weeks or treatment success and was associated with a higher incidence of adverse events.
Summary:
This is a protocol for a Cochrane Review (Qualitative). The objectives are as follows:

- Identify, appraise and synthesise qualitative studies exploring: parents’ and informal caregivers’ views, experiences, or decision-making regarding routine childhood vaccination; or the factors influencing acceptance of routine childhood vaccination arising from parents’ and informal caregivers’ accounts.
- Develop a conceptual understanding of what and how different factors influence parental acceptance of routine childhood vaccination.
- Explore how the findings of this review can enhance our understanding of the related intervention reviews (Saeterdal 2014; Oyo-Ita 2016; Jacobson 2018; Kaufman 2018).
1. **INTRAMURAL RESEARCH UNITS**

**Alcohol, Tobacco and Other Drug**


**Impact Factor: 1.014**

2. Francis JM, **Myers B**, Nkosi S, Petersen Williams P, **Carney T**, Lombard C, Nel E, Morojele N. The prevalence of religiosity and association between religiosity and alcohol use, other drug use, and risky sexual behaviours among grade 8-10 learners in Western Cape, South Africa. PloS One. 2019 Feb 13;14(2):e0211322. DOI: 10.1371/journal.pone.0211322 [Original]

**Impact Factor: 2.766**


**Impact Factor: 2.413**


**Impact Factor: 23.562**

**Biomedical Research and Innovation Platform**


**Impact Factor: 3.687**

**Biostatistics**


**Impact Factor: 2.845**


**Impact Factor: 3.657**
   Impact Factor: 7.867

   Impact Factor: 3.223

Centre for Tuberculosis

   Impact Factor: 3.382

   Impact Factor: 2.766

   Impact Factor: 9.117

   Impact Factor: 3.457

   Impact Factor: 3.202

   Impact Factor: None


**Gender and Health**


**Health Systems**


**Non-Communicable Disease**


Primate
   DOI: 10.1111/jmp.12400 [Original]
   Impact Factor: 0.432

South African Cochrane Centre
   DOI: 10.1080/21645515.2019.1575163 [Original]
   Impact Factor: 2.229

   DOI: 10.1002/14651858.CD013265 [Review - Protocol]
   Impact Factor: 6.754

Violence, Injury and Peace
   DOI: 10.1080/14780887.2019.1577519 [Original]
   Impact Factor: 1.667

   DOI: 10.1016/S0140-6736(19)30031-5 [Letter]
   Impact Factor: 53.254
2. **EXTRAMURAL RESEARCH UNITS**

**Child and Adolescent Lung Health**

   **Impact Factor:** 21.466

   **Impact Factor:** None

**Developmental Pathways for Health**

   **Impact Factor:** None

   **Impact Factor:** 1.365

   **Impact Factor:** 4.455

**Drug Discovery and Development**

   **Impact Factor:** 2.342

   **Impact Factor:** 4.722

**HIV/TB Pathogenesis and Treatment**

   **Impact Factor:** 2.302


Hypertension and Cardiovascular Disease

Maternal and Infant Health Care Strategies

Microbial Water Quality Monitoring


**Impact Factor:** 3.364

**Impact Factor:** 2.028

**Impact Factor:** None

**Molecular Mycobacteriology**

**Impact Factor:** 41.058

**Respiratory and Meningeal Pathogens**

**Impact Factor:** 2.954

**Risk and Resilience in Mental Disorders**

**Impact Factor:** 4.129

**Impact Factor:** 4.287

**Impact Factor:** 1.222


**Rural Public Health and Health Transition**

3. **GRANT FUNDED RESEARCH**

   **Impact Factor: 2.620**

   **Impact Factor: 2.297**

   **Impact Factor: None**

   **Impact Factor: 5.072**

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   **Impact Factor: 2.437**

   **Impact Factor: 2.420**

   **Impact Factor: 2.369**

   **Impact Factor: 1.344**
**Impact Factor:** 7.422

**Impact Factor:** 4.122

**Impact Factor:** 2.731

**Impact Factor:** None

**Impact Factor:** 4.095

**Impact Factor:** 3.831

**Impact Factor:** 1.969

**Impact Factor:** 3.569

**Impact Factor:** 2.284
**Impact Factor: 4.368**

**Impact Factor: 3.520**

**Impact Factor: 4.122**
4. RESEARCH UNITS WITH NO QUALIFYING PUBLICATIONS

Intramural
- Burden of Disease
- Environment and Health
- HIV Prevention
- Office of AIDS
- Office of Cancer
- Office of Malaria
- Office of Tuberculosis

Extramural
- Antiviral Gene Therapy
- Bioinformatics Capacity Development
- Common Epithelial Cancer
- Gynaecological Cancer
- Health Services to Systems
- Herbal Drugs
- Immunology of Infectious Disease
- Prospective Gastrointestinal Cancer
- Stem Cell Research and Therapy

Research Centre
- Advancing Care and Treatment (ACT) For TB/HIV
- Centre for Basic and Translational Human TB Research
- Centre for Multi-disciplinary Research on Malaria
- Centre for Optimising Antimalarial Therapy in South Africa
- Centre for Sustainable Malaria Control
- Centre for Tuberculosis Biomarker-Targeted Intervention
- Clinical and Community HIV-Tuberculosis Research Collaborating Centre
- Soweto Matlosana SAMRC Collaborating Centre for HIV/AIDS and TB
- TB Free through Research and Innovation
- Tuberculosis Collaborating Centre for Child Health (TB-CHILD)
- Tygerberg SAMRC Collaborating centre for HIV Laboratory Research
- Wits Clinical HIV/TB Research Unit, WITS Health Consortium
- Wits RHI Collaborating Centre for HIV/AIDS
### 5. GRANTS AWARDED

<table>
<thead>
<tr>
<th>SAMRC Unit</th>
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