

BIBLIOGRAPHY**Bibliography of the Literatures on Tuberculosis, TB/HIV and MDR-TB in Ethiopia from 2001 – 2017****Nigussie Assefa Kassaw^{1*}, Jemal Haidar¹, Dawit Assefa², Daniel Fiseha², Dereje Habte³, Ahmed Bedru², Damen Haile Mariam¹****OPEN ACCESS**

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ABSTRACT

Ethiopia is among the thirty-high tuberculosis (TB) burden countries with multidrug resistant tuberculosis (MDR-TB) and Tuberculosis/Human Immunodeficiency Virus (TB/HIV). Given the public health importance of the problem, it is apparent that probing the work done in this regard is essential to mitigate the problem and thus we reviewed research repositories and compile directories of researches in Ethiopia from Jan 1, 2001 to Dec 30, 2017 in order to avail evidence-based information to stakeholders and beneficiaries intervening the problem in the country. The evidences generated in this bibliography are through different databases and websites using key terms. A range of different published and unpublished literatures (journal articles, conference presentations, reports/manual/book, and graduate theses or dissertations) on TB, MDR-TB, extensively drug resistant TB (XDR-TB), or TB/HIV are presented. We presented literatures by four themes (Biomedical and clinical researches, epidemiological researches, operational or implementation researches, and health systems researches). A total of 1571 researches and reports were accessed through the above search engines and revealed 635 epidemiological researches followed by 538 clinical or biomedical researches, 257 operational or implementation research, and 141 health systems research. Interestingly, up to 2008 clinical or biomedical researches were the leading researches and from 2009 onwards, epidemiological researches held the largest constituency. In conclusion, TB or TB/HIV and MDR-TB literatures in Ethiopia have substantially increased over years. Referred journal publications took the leading source and epidemiologic studies were the commonest one. We suggest the need to focus on operational or implementation and health system researches to plummet the disease spreading, drug resistance and impact. We also recommend a regular update of the bibliography every 3 to 4 years with annotations.

INTRODUCTION

This bibliography is a compendium of tuberculosis (TB) or TB/HIV and MDR-TB research done in Ethiopia from Jan 1, 2001 to Dec 30, 2017; a 17 years research corpus.

In this anthology, a range of different studies on TB, multi-drug resistant tuberculosis (MDR-TB), extensively drug resistant TB (XDR-TB), or TB/HIV are presented. The literature covered consists of published or unpublished research work on TB or TB/HIV with an exhaustive inclusion of all citations available through the 17 years period. It included TB or TB/HIV and MDR-TB records from journal articles, government or non-governmental reports, global reports, graduate thesis or dissertation works, and other related references such a multi-center study that involved Ethiopia.

The aim of this bibliography is to establish TB or TB/HIV and MDR-TB research repositories and compile directories of research in order to facilitate access and availability of research data and information for use by policy makers, program planners, researchers, health care services communities, students, and beneficiaries. It will be beneficial also for the national TB prevention and control program to guide the evidence base for designing interventions.

METHODS

We systematically searched different databases and websites and took the utmost care not to miss articles through consistent effort to cover all available literature. While searching the literature in the database or on websites, key search terms and Boolean operators such as TB or Tuberculosis and Ethiopia, TB and HIV/AIDS and Ethiopia, MDR-TB and Ethiopia, XDR-TB and Ethiopia, TB and HIV and Ethiopia, TB and AIDS and Ethiopia were deployed.

The databases considered for scientific articles, short communications, editorial notes, and expert opinions were: MEDLINE/PubMed, Scopus, EMBASE, CINHALL, EBSCO, Web of Science, WHO Global Health Library databases, WHO Global

Index Medicus, African Journal online (AJOL), ScienceDirect, EconLit, Global Health, POPLINE, and PsycINFO. Websites were also manually reviewed for non-indexed literature at the aforementioned databases. These websites were: International Union Against TB and Lung Diseases, Armauer Hansen Research Institute (AHRI), World Health Organization (WHO), Federal Ministry of Health (FMOH), Ethiopian Public Health Institute (EPHI), Ethiopian Public Health Association (EPHA), Ethiopian Journal of Health Sciences, Ethiopian Medical Journal, East African Journal of Health and Biomedical Sciences, Ethiopian Pharmaceutical Journal, and an in-house universities repository for graduate student thesis and dissertations works. Besides, the gray literature was searched through reference checking and journal or conference proceeding hand search including the FMOH Tuberculosis Advisory Committee (TRAC) abstract books. In addition, some level of attempt was made to contact experts in the area. We have also drawn from the "Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora" updates that are being published annually since 2002 on Ethiopian Journal of Health Development. Depending on the source of the literature, different methods were used to archive the citations irrespective of year of publication. We exported database articles mainly into Endnote library or Microsoft Office Comma Separated Value (CSV) file, and references either from the websites or gray literature were independently recorded in Microsoft Excel worksheet. All of the references from different sources were added up into a Microsoft Excel worksheet. While we critically examined the merged list of literature, references published before Jan 1, 2001 and after Dec 30, 2017 were removed and duplicated articles from different sources were also singled out.

The presentation of the citations is systematically categorized by four themes – namely: Biomedical and clinical researches, epidemiological researches, operational or implementation researches, and health systems researches. These thematic categories are adopted from the April 2016 National Tuberculosis Research plan by the National TB

Research Advisory Committee (TRAC) of the Federal Ministry of Health (FMOH). Nevertheless, allocation of these references to the thematic categories listed above was challenging. This was because of the overlap between different studies that may make them eligible to be categorized into more than one theme. Nevertheless, we applied a single-entry method whereby one reference is assigned into either of the themes that may be overlapping. This would imply that readers need to exhaust all theme categories to access an article or publication they specifically look for.

Summary of TB or TB/HIV and MDR-TB researches

A total of 1571 references were found, among which 983, 359, 34, and 195 were journal articles, conference presentations, reports/manual/book, and graduate theses or dissertations, respectively. When one looks at the time trend of TB or TB/HIV and MDR-TB literature from 2001 to 2017, a substantial increase is observed from one year to the next although there are slight upward and downward changes during 2002 to 2006 (Figure 1).

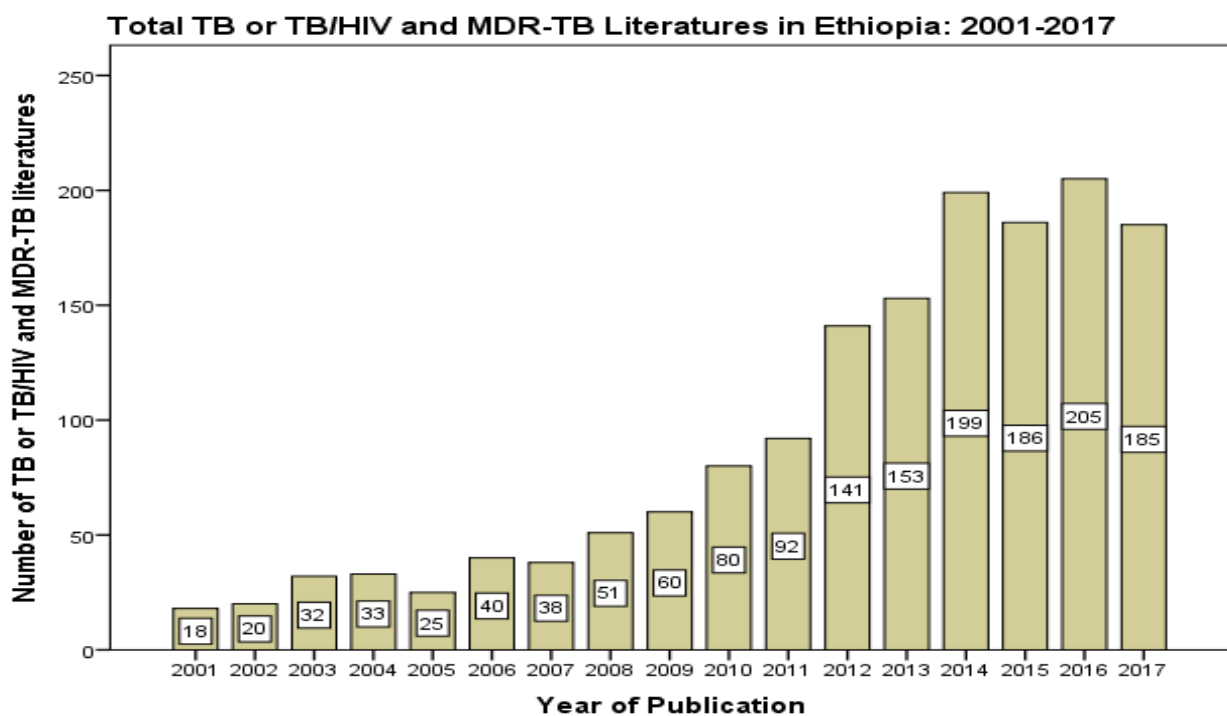


Figure 1: Total TB or TB/HIV and MDR-TB Literature in Ethiopia from 2001 to 2017

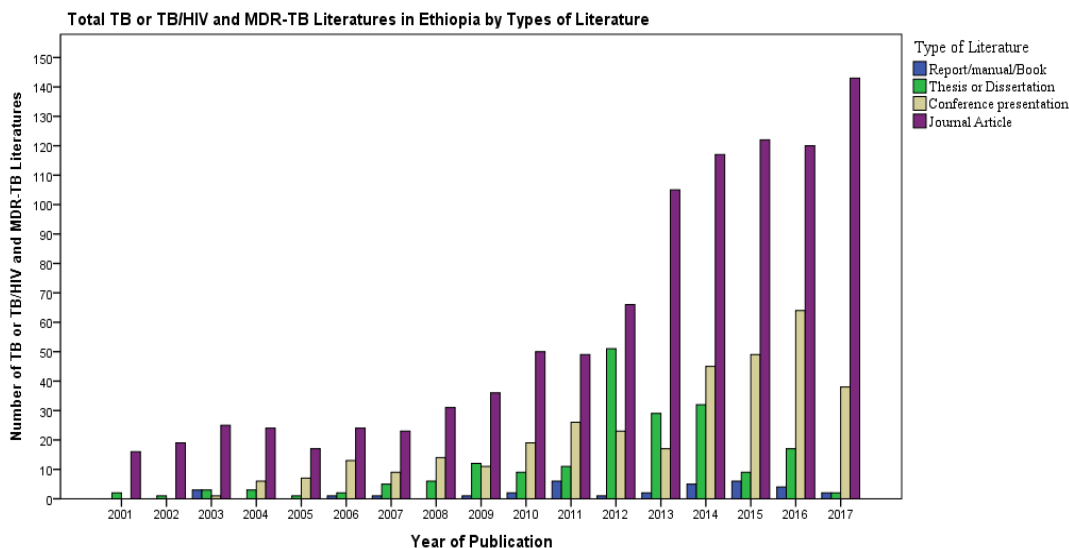


Figure 2: TB or TB/HIV and MDR-TB literatures in Ethiopia from 2001 to 2017 by type

Likewise, journal articles were the main types of literature represented with substantial increase across the years (Figure 2). Overall, epidemiological researches (635) were the largest research types followed by clinical or biomedical researches (538) in the 17 years

under review. However, up to 2008 clinical or biomedical researches were the leading in number and from 2009 onwards, the number of epidemiological researches held the largest constituency (Figure 3).

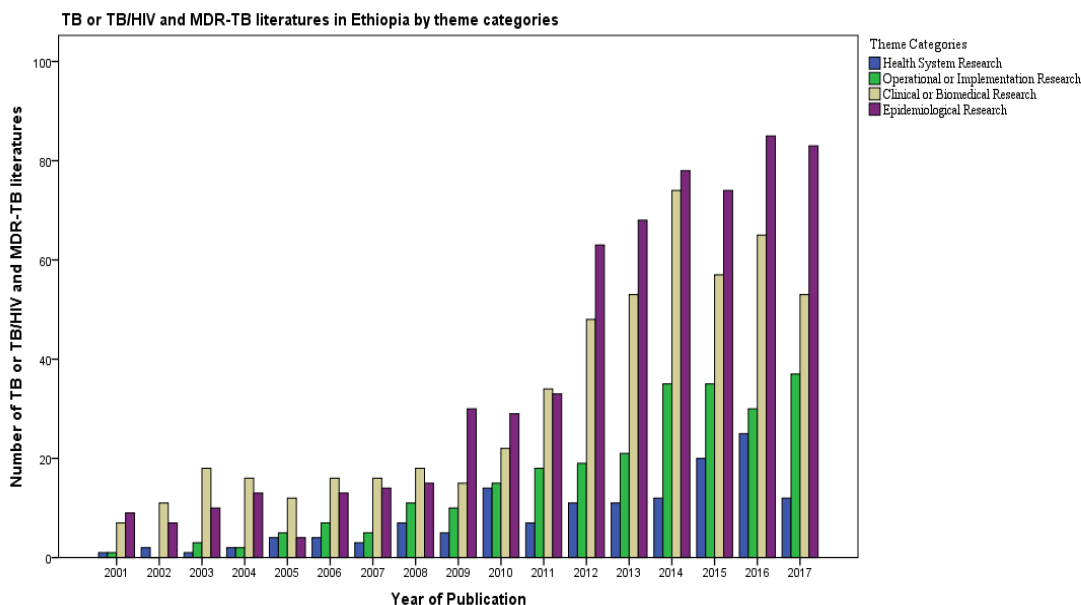


Figure 3: TB or TB/HIV and MDR-TB literatures in Ethiopia from 2001 to 2017 by theme categories

Literature List by Theme Categories

The following are the lists of TB and HIV literature presented by theme category. Most of the literature list is the same as the source format to ease the retrieval of the documents when readers are in need.

The listing order is alphabetical and a new numbering for the literature is used for each section. A total of 538, 635, 141, and 257 literature lists were included in biomedical or clinical research, epidemiological research, health systems research, and operational or implementation research sections, respectively.

Section 1: Biomedical or clinical research

This category encompasses a wide array of research, extending from basic research – involving fundamental scientific principles that may apply to a preclinical understanding – to clinical research which involves studies of people who may be subjects in clinical trials and those that determine the safety and effectiveness (efficacy) of medications, devices, diagnostic products and treatment regimens intended for human use. A total of 538 references are included in this category.

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Section 3: Operational or implementation research

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Section 4: Health systems research

This category included 141 studies that deal with how social factors, health policy, financing systems, human resources, organizational structures and processes, medical technology, and personal behaviors affect, access to health care, the quality and cost of health care, and quantity and quality of life.

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LIMITATION OF THE STUDY

Although our literature search strategy was carefully developed to be comprehensive, it may not have captured all relevant literatures particularly the unpublished one, as the websites of some of the local universities were inaccessible or incomplete for resources and we could have missed to reach all potential source persons.

CONCLUSION

TB or TB/HIV and MDR-TB literatures in Ethiopia have substantially increased over years. Referred journal publications took the leading source and epidemiologic studies were the commonest one. Based on the evidence generated, it is time to focus on operational or implementation and health system researches to plummet the disease spreading, drug resistance and impact. Other than this, it is equally important to update the bibliography every 3 to 4 years with annotations regularly.

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