

STRATEGIES TO INCREASE ACCESS TO COCHRANE TRAINING OPPORTUNITIES IN SOUTH AFRICA AND SUB-SAHARAN AFRICA



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BACKGROUND

Cochrane South Africa (CSA) builds the capacity of researchers, health professionals and decision makers to conduct and use high-quality Cochrane reviews to inform healthcare decisions relevant to their context as well as offering general training on evidence-based healthcare (EBHC). However, ensuring equitable access to training remains challenging.

In South Africa, for example, staff and students at Historically Disadvantaged Institutions (HDIs) – labelled as such due to previous racial barriers to accessing adequate resources, are often unaware of EBHC and Cochrane's work. These institutions also often do not have the resources to attend training sessions on these topics. Additionally, we often receive requests for training from other researchers in sub-Saharan Africa. However, with a small CSA team, it is challenging to meet these demands. We have thus developed a strategy to reduce inequity in access to Cochrane training in South Africa and for other researchers in sub-Saharan Africa (SSA).

OBJECTIVE

To describe the approaches CSA has implemented to increase the reach of our training to i) staff and students at HDIs in South Africa and ii) researchers in SSA.

INCREASING REACH OF TRAINING TO HDIs IN SOUTH AFRICA

To increase the reach of training to HDIs in South Africa, we first identified all the HDIs with health science faculties in the country. We obtained this list, and the relevant contacts (e.g. Deans of health science faculties), with the help of the Research Capacity Development Division of the South African Medical Research Council. We then sent out an email to the Deans at these institutions introducing ourselves and our work, and offering to deliver a one-day workshop on EBHC.

These workshops covered what EBHC is and why it is important; why systematic reviews are essential; and, how to search databases to identify systematic reviews, including a practical session on searching. Workshops were evaluated using a post-workshop written survey.

RESULTS

Ten HDIs were identified and contacted in 2019, of which six responded to the request. However, the workshop was only run at three HDIs due to challenges in scheduling the workshops within the current activities in the university calendar. Eighty-two post-graduate participants from diverse health science backgrounds attended the workshops across the 3? institutions (Table 1), and 67/82 (82%) of them completed the evaluation form.

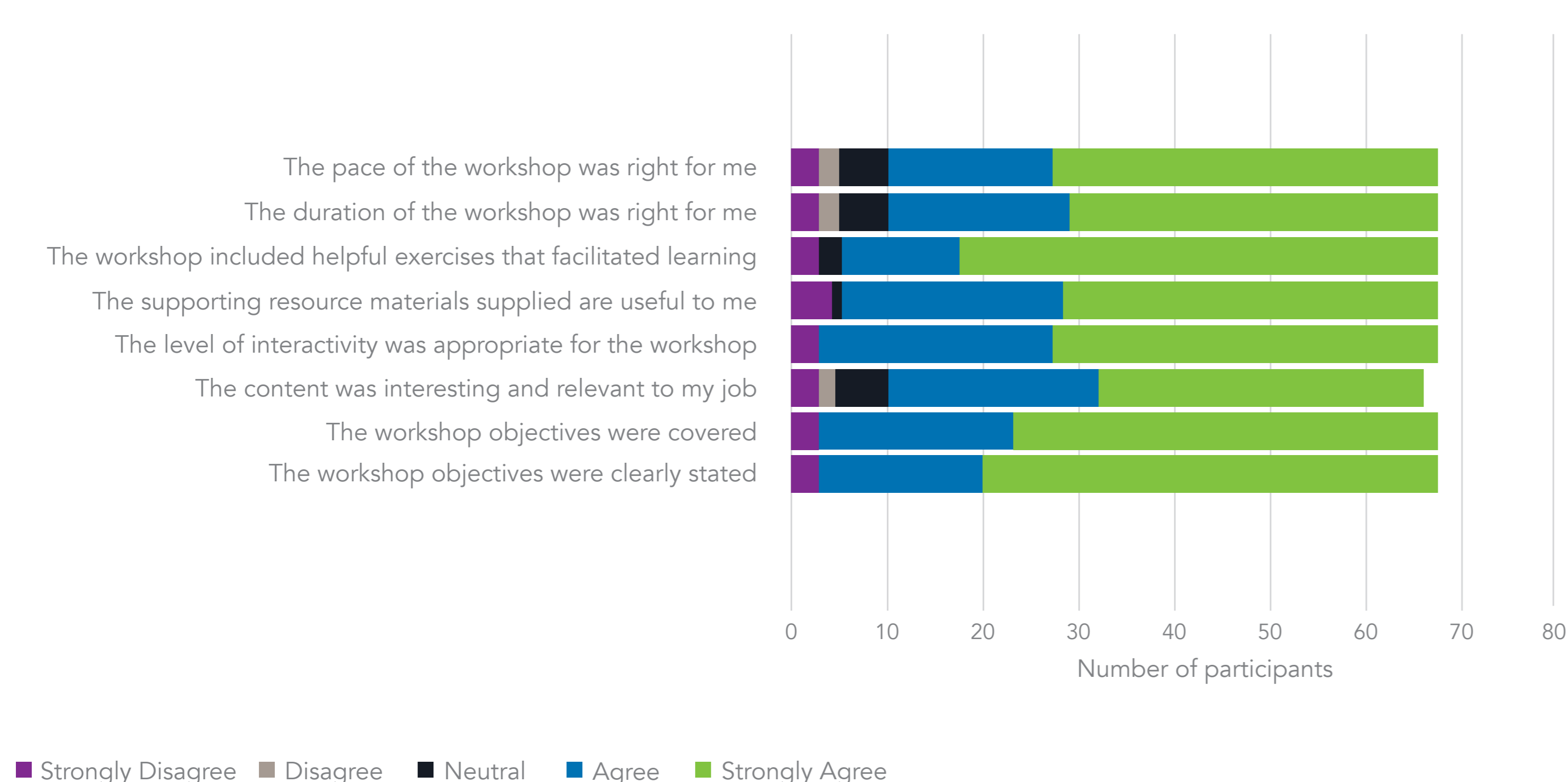
Overall, participant feedback was positive, with most strongly agreeing that objectives were clear; content was relevant and interesting; the level of interactivity was appropriate; activities helped facilitate learning; and, the duration and pace was good. Many delegates who answered the open-ended questions indicated that they were from lab-based backgrounds and were not familiar with reviews. They found that concepts such as PICO were beneficial and could be translated to their work.

Lastly, most noted that the exercises helped facilitate learning; the duration of the workshop was suitable for an introduction to this topic; and lastly, most noted that the exercises helped facilitate learning and the duration of the workshop was suitable for an introduction to this topic (Figure 1).

Table 1.

University name	No. Participants	Departments
Durban University of Technology	25	Somatology, Medical Sciences, Librarians, Community Health, Emergency Medical Care, Research coordinators, Food and Nutrition, Nursing, Radiography, Medical Orthotics and Prosthetics, Chiropractic and Post-graduate students.
Fort Hare University	27	Deans and Heads of various health science departments, Senior Lecturers, Principal Investigators, Nursing Students, Human Movement Science.
University of the Western Cape	30	Pharmacy, Sports, Recreation and Exercises Science, Medical Biosciences, Education, Librarians, Child and Family studies, Social Work, Nursing, Biotechnology, Economic Management Science, Dentistry, Oral Medicine and Periodontology,

Responses to EBHC workshop evaluation across four institutions (Figure 1).



INCREASING REACH OF TRAINING TO RESEARCHERS AND OTHERS IN SUB-SAHARAN AFRICA:

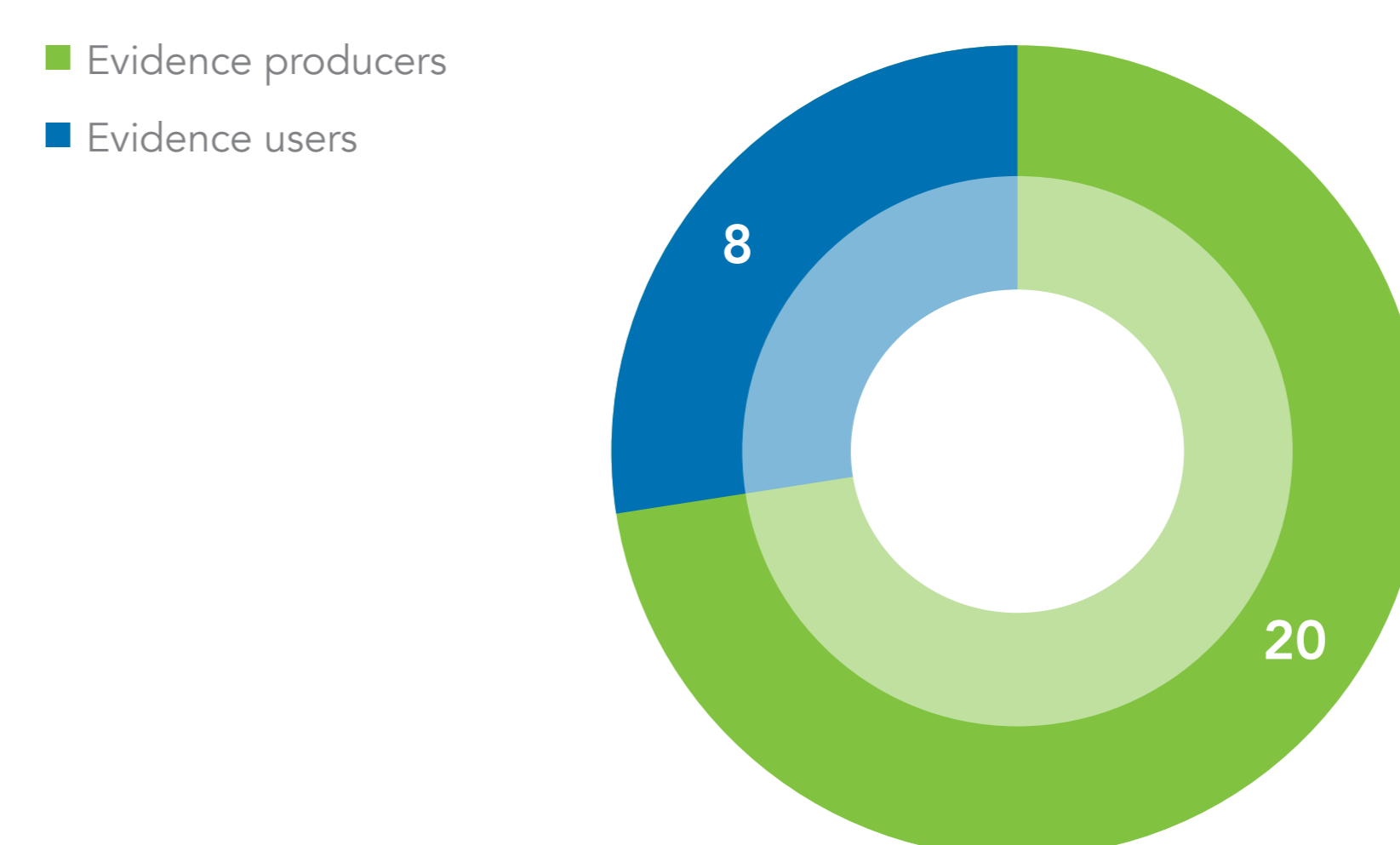
To increase the reach of training to researchers and others in SSA, we moved from monthly face-to-face systematic review (SR) methods seminars to a monthly webinar SR methods series in 2018.

The topics presented address relevant steps in the process of conducting research syntheses, and invited presenters are considered global experts in the particular topic areas. The webinars are presented via GoToMeeting and run for 60 minutes, comprising a presentation and interactive discussion with the participants. Webinars are uploaded to Cochrane SA's YouTube channel, tweeted from @SACochrane and links to Cochrane SA's website. In December 2019, participants evaluated the webinars through an online survey.

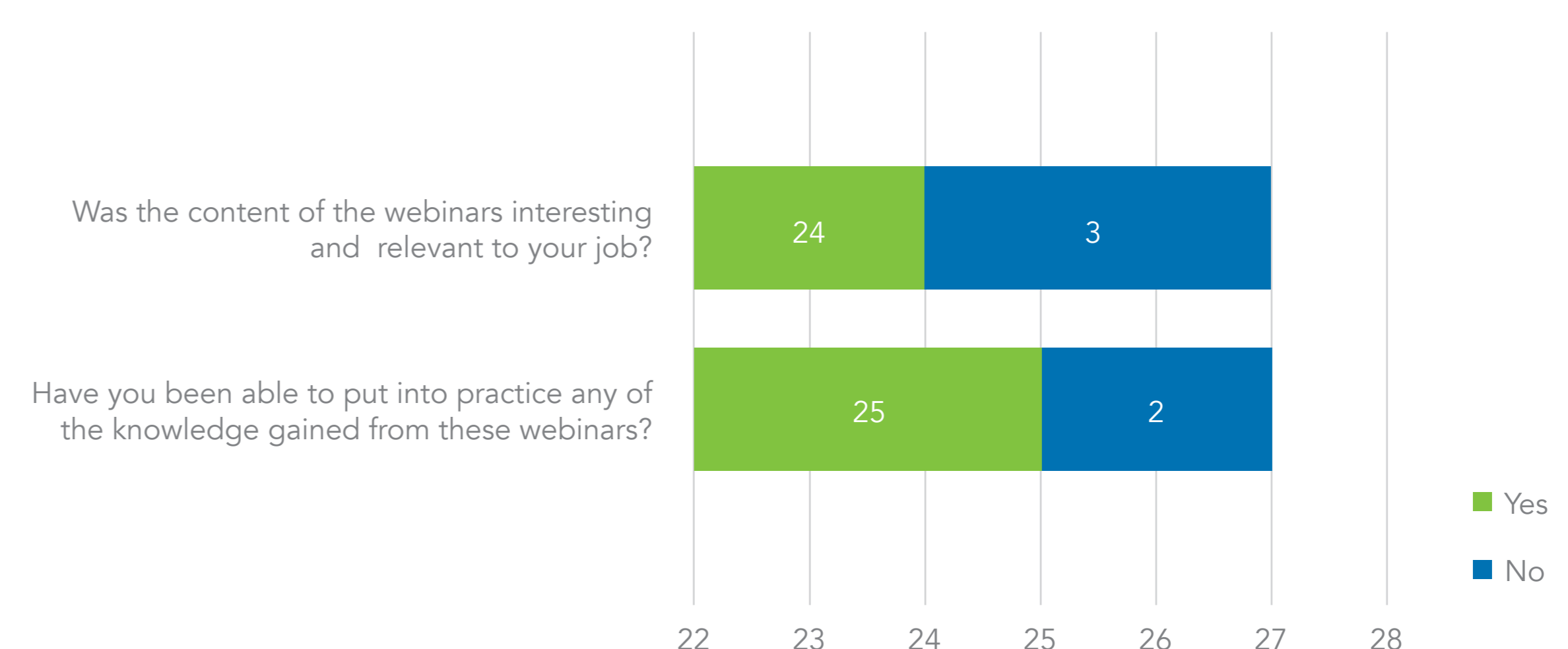
RESULTS (cont.)

Cochrane SA presented nine webinars in 2019 to about 450 delegates. The average attendance per webinar was 46 participants, ranging from 27 to 102 participants. Participants were from at least eight countries, including South Africa, Uganda, Nigeria, Malawi, Zambia, Congo, Namibia and Kenya. Only 27/470 participants responded to the survey in December 2019 (6% response rate). Of these, most reported being evidence producers (Figure 2), and most found the webinar content interesting and relevant to their jobs (n=24) and able to put what they had learnt into practice (n=25) (Figure 3).

Webinar participants who completed the evaluation form (27/470) (Figure 2).



Participant's thoughts on webinar content (Figure 3).



CONCLUSION

To combat the historical inequities that still exist in attaining knowledge, it is necessary for CSA as a regional Centre to ensure that various stakeholders are aware of the importance of Cochrane Reviews, EBHC, and the the latest methodologies. Cochrane SA implemented two strategies to reduce the inequities in accessing Cochrane training in South Africa and SSA. Both strategies were successful at reaching more individuals. Furthermore, additional requests for training were received from other HDIs.

The webinar-based training allowed us to invite international researchers to present cutting-edge methodologies related to research synthesis. It was also a fortuitous move that prepared us to adapt to the unforeseen pandemic in 2020. CSA will continue to evaluate these capacity development efforts carefully.