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5TH Cochrane Africa INDABA

Theme:

Advancing evidence synthesis for health decision-making in Africa:

Promoting health equity and access

BOOK OF ABSTRACTS

14th - 15th MAY 2025

ARGYLE GRAND HOTEL NAIROBI

REPUBLIC OF KENYA

MINISTRY OF HEALTH

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KENYA MEDICAL RESEARCH INSTITUTE KEMRI

In Search of Better Health

The 5th Cochrane Africa INDABA

14th-15th May 2025
ARGYLE GRAND HOTEL
NAIROBI, KENYA

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Advancing evidence synthesis for health decision-making in Africa:
Promoting health equity and access

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Cocharane Kenya

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1000 - 1030h	**PLENARY 1: Keynote speech: Advancing health decision-making in Africa** **Venue:** Victoria Chair: **Dr James Kariuki** • **Barbara Miheso** Co-Director, Cochrane Kenya, Kenya Medical Research Institute (KEMRI) **Local demand and use of evidence**
1030 - 1100h	**COFFEE BREAK AND NETWORKING**
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Poster presentations programme

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Venue: Victoria 1

Chair: Jackyline Ashubwe

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Peter Kasadha	Transforming Learner Attitudes Toward Evidence-Informed Decision-Making (EIDM) Through a Training Program in Africa
Melody Sakala	Building Capacity to Understand and Communicate Complex Science for decision making
Emmanuel Effa	Assessing and building capacity for clinical guideline development in Malawi, Nigeria and South Africa: A mixed methods study
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Yusuff Adebayo Adebisi	How West African countries prioritize health

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Nyanyiwe Mbeye	Global Evidence, Local Adaptation (GELA): Enhancing evidence-informed guideline recommendations for newborn and young child health in three countries in sub-Saharan Africa
Susan Banda	Lessons from Malawi on a guideline development and adaptation process—Global Evidence and Local Adaptation
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Kimona Rampersadh	Applying the Systematic Review method to laboratory-based research evaluating antimicrobial resistance in LMICs.
Doris Sakala	Factors associated with Multi-Drug Resistance Tuberculosis Treatment Outcomes in Sub Saharan Africa. A Systematic Review Protocol
Lisa Were	Group B Streptococcus Colonisation in Pregnancy and Neonates in Africa; A Scoping Review
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Abstracts

Paper ID: 1

Factors associated with Multi-Drug Resistance Tuberculosis Treatment Outcomes in Sub Saharan Africa. A Systematic Review Protocol

Doris Sakala (Stellenbosch University)*; Jacques Tamuzi (Stellenbosch University); Constance Shumba (Wisconsin University); Peter Nyasulu (Stellenbosch University)

Background: Tuberculosis (TB) is one of the leading causes of death globally due to a single infectious pathogen. Control efforts are adversely hampered by the rise in the Drug Resistant/Multi Drug Resistant -Tuberculosis (DR/MDR- TB) which increases the burden on the health system in terms of cost and longer treatment duration. However, the burden of DR/ MDR-TB and associated treatment outcomes in sub-Saharan Africa is poorly reported. Thus, the study aims to investigate the epidemiological dynamics of MDR-TB treatment outcomes.

Methods: Following the Preferred Reporting Items for Systematic Reviews and Meta-overanalyses, we will conduct a systematic review. We will review studies examining and DR/MDR TB patient outcomes reported in published literature between 2014 to 2024 in sub-Saharan Africa. We will search studies reporting DR/MDR TB treatment outcomes from these databases 'Medline, Embase, CINAHL (EBSCOhost), Scopus, and Web of Science. We will include studies of DR TB/MDR TB mortality fluctuating in space and time across Africa published in English and other languages. We will include operational, cohort, Cross-sectional studies, surveillance and clinical case reports. Two researchers will review the studies and extract data based on author (year), region, study design, data collection, duration, participants/comparators, interventions, control conditions/exposures, and outcomes (DR/ MDR TB mortality). Data will be collected on Age, Sex, Type of TB diagnosis, diagnostic method, names of medication, co-morbidities, HIV/AIDS, ART medication, outcome (cured, retreatment, lost to follow-up, died). We will search the gray literature including theses and dissertations, WHO/STOPTB partnership reports to identify data related to DR/MDR TB mortality within the African region.

Conclusion: This proposed systematic review will consolidate evidence to support the development of public health guidelines to reduce DR/MDR TB-associated morbidity and mortality in Africa

Paper ID: 2

Group B Streptococcus Colonisation in Pregnancy and Neonates in Africa; A Scoping Review

Lisa Were (Kenya Medical Research Institute)*; Jenifer Otieno (Center for Global Health Research, Kenya Medical Research Institute); Lilian Mayieka (Resource Development and Knowledge Management Department, Kenya Medical Research Institute); Barbara Miheso (Resource Development and Knowledge Management Department, Kenya Medical Research Institute); Caleb Sagam (Center for Global Health Research, Kenya Medical Research Institute); Ann-Marie Hosang-Archer (Executive Department, Lignum Vitae Health); Moses Alobo (Science Based Products Department, Science for Africa Foundation); Eleanor Ochodo (Center for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Faculty of Medicine and Health Sciences, Stellenbosch University)

Introduction: Group B streptococcus (GBS) affects 19.7 million pregnant women, causing 58300 infant deaths. Providing a Kenyan advisory board with evidence guiding GBS priority interventions, we reviewed evidence and identified gaps in risks, vertical transmission rates (VTR), signs and symptoms, provision of care, burden, testing, comorbidities, sequelae, and management of maternal GBS colonisation and neonatal early-onset disease (EoD) in Africa.

Method: We searched MEDLINE, EMBASE, Web of Science and Global Index Medicus, CINAHL and SCOPUS and MedRxiv. Two independent reviewers screened studies and extraction was conducted independently. Results were presented descriptively.

Result: Our search yielded 835 studies; we included 59. Most studies were cross-sectional (69.5%), mainly from Ethiopia (30.5%), with three Kenyan Studies (5.0%). Participants totaled 31,544 women, 8,244 neonates. Most studies (77.9%) focused on maternal GBS colonisation, highlighting risks like age of 15-30. VTR range: 33.0-59.1%. Signs and symptoms were reported in 8 studies, with neonatal sepsis reported in 3. Colonisation and EoD prevalence ranged from 1.8-64.0% in pregnancy and 6.8-65.1% in neonates. Most studies (n=58) reported testing criteria, mainly culture methods both in pregnancy (n=45) and neonates (n=25). HIV/AIDS was the common comorbidity. Meningitis was the common neonatal sequelae. Ampicillin was the most common antibiotic reported in three studies. No evidence of maternal mortality was found.

Conclusion: Most evidence concerns maternal colonisation, mainly testing and prevalence. Most research is from Eastern, Southern, and Western Africa, limited evidence from the Central and Northern regions. Main gaps are care provision, EoD burden, maternal mortality, sequelae, comorbidity, and management. Testing/ reporting of GBS should be adapted. Systematic reviews on risk factors and the effectiveness of management strategies will inform the prioritisation of GBS interventions.

Paper ID: 3

A Systematic Review and Meta-Analysis Quantifying the Burden of Group B Streptococcus Disease in Pregnant Women and Children aged under Five Years in Kenya

Jenifer Otieno (Kenya Medical Research Institute)*; Bruce Nyagol (Centre for Global Health Research-Kenya Medical Research Institute); Hellen Barsosio (Centre for Global Health Research-Kenya Medical Research Institute); Bryan Nyawanda (Centre for Global Health Research-Kenya Medical Research Institute); Eleanor Ochodo (Centre for Global Health Research-Kenya Medical Research Institute)

Background: Group B Streptococcus (GBS) disease data, is scarce in resource-limited settings like Kenya. We assessed GBS-related morbidity, mortality, stillbirths, maternal colonization, sepsis, neonatal impairments, and risk factors.

Methods: We searched eight databases (1946–August 17, 2024). Two independent reviewers screened studies and extracted data via Covidence. Bias was assessed using a prevalence study checklist. Outcomes were analysed descriptively and pooled using a random effects model with variance-stabilized data (Freeman-Tukey double arcsine) in Stata 18.

Results: From 1658 records, 10 studies (2003–2023) involving 8424 women and 22308 children were included: nine cross-sectional and one prospective cohort. Maternal outcomes included stillbirths (20%) and GBS colonization (30%), with pooled prevalences of 1% (95% confidence interval (CI): 0–3%) and 16% (95% CI: 11–22%), respectively. Neonatal outcomes included sepsis (40%), meningitis (40%), and deaths (10%), with pooled prevalences of 11% (95% CI: 1–29%) for sepsis and 17% (95% CI: 7–30%) for meningitis. Infant (<3 months) outcomes included sepsis (30%), meningitis (20%), and deaths (10%), with pooled prevalences of 8% (95% CI: 6–12%) for sepsis and 12% (95% CI: 4–22%) for meningitis. The proportion of deaths was 27% (95% CI: 18–37%) for neonates and 1% (95% CI: 0–3%) for infants. No study reported neurodevelopmental impairments. Risk factors included maternal age (odds ratio (OR) 2.59; 95% CI: 2.19–3.06) and parity (OR 2.86; 95% CI: 2.72–3.01). Eight studies (80%) had low risk of bias, two (20%) moderate risk, none used probability-based sampling, and two failed to address non-response bias.

Conclusion: Our findings reveal significant maternal and neonatal outcomes from GBS, including stillbirths, sepsis, and meningitis. The substantial burden of GBS highlights the urgent need for effective prevention, such as maternal vaccination, to ensure broader and lasting protection.

Paper ID: 4

Burden of Respiratory Syncytial Virus disease in young children and pregnant women in Kenya: a systematic review and meta-analysis

Bruce Nyagol (Kenya Medical Research Institute-CGHR)*; Jenipher Akoth (Kenya Medical Research Institute-CGHR); Bryan Nyawanda (Kenya Medical Research Institute-CGHR); Hellen Barsosio (Kenya Medical Research Institute-CGHR); Eleanor Ochodo (Kenya Medical Research Institute-CGHR)

Background: Respiratory Syncytial Virus (RSV) is one of the leading causes of lower respiratory tract infections (LRTI) among younger children, particularly children under 3 months of age. We characterized the burden, healthcare utilization, and risk

factors of RSV disease in young children and pregnant women in Kenya.

Methodology: We searched 8 electronic databases from 1946 to August 17, 2024.Risk of bias was assessed by prevalence study checklist. Heterogeneity (I2) was assessed via chi-square test on Cochran's Q statistics. A random effects meta-analysis model calculated category's prevalence estimates.

Results: We included 21 studies with a total of 51,141 participants. RSV outcomes included hospitalization (n=12), community-setting (n=8), seasonality (n=7), risk factors (n=4) and deaths (n=2). Two reviewers screened studies and extracted data via Covidence. Seventeen (80%) and four (20%) studies had a low and moderate risk of bias respectively. Pooled prevalence of RSV among under-fives was 19% (95% CI 10 – 30%); under one-year-old - 18% (95% CI 8 – 31%); one-to-five-year-old - 19% (95% CI 6 – 37%); hospital setting RSV prevalence - 16% (95% CI 7-28%); and community setting - 21% (95% CI 9-36%). One study reported 1.8% (52 of 2877) laboratory-confirmed RSV among pregnant women, RSV incidence in HIV-positive pregnant women was significantly higher than in HIV-negative pregnant women. The prevalence in rural was 23% (95% CI 10 – 40%) vs urban 12% (95% CI

2-30%). Overall case fatality rate among under 5 years was 5% (95% CI 3 -8%). Age was significantly associated with RSV infections with an estimated pooled odds ratio of 0.39 (95% CI 0.33 – 0.45).

Conclusion: RSV morbidity and mortality were high in children aged ≤ 5 years. In community settings, RSV morbidity is higher than in hospitals. Prevention strategies that target community settings will be beneficial in reducing the burden of RSV.

Paper ID: 5

Artificial intelligence in refractive error management: a systematic review of emerging technologies

Josephine Ampong (Kwame Nkrumah University of Science and Technology)*; Sylvia Agyekum (Kwame Nkrumah University of Science and Technology); Werner Eisenbarth (Hochschule München University of Applied Sciences); Albert Kwadjo Amoah Andoh (Kwame Nkrumah University of Science and Technology); Eldrick Acquah (University of Houston); Emmanuel Assan (Kwame Nkrumah University of Science and Technology); Saphiel Osei-Poku (Kwame Nkrumah University of Science and Technology); Karen Ama Sam (Kwame Nkrumah University of Science and Technology); Isaiah Osei Duah Junior (Purdue University); Josephine Ampomah Boateng (Kwame Nkrumah University of Science and Technology); Kwadwo Owusu Akuffo (Kwame Nkrumah University of Science and Technology)

Artificial intelligence (AI) has recently been extensively used in ophthalmic care. However, evidence supporting its use in refractive error (RE) management is still developing. This systematic review reports on current trends in AI for the diagnosis, detection, prediction, progression, and treatment of REs. A literature search was performed in PubMed, ScienceDirect, Scopus, Cochrane Library, and

Google Scholar up to July 1, 2024. Studies investigating the use of AI in REs were systematically reviewed. The AI techniques used in RE were identified, their effectiveness compared, and their clinical implications evaluated. A total of 35 studies were included in the review, with deep learning (DL) being the most frequently utilized AI technique at 65.7% (n = 23/35), followed by machine learning (ML) at 34.3% (n =12/35). On average, DL models achieved higher performance in classification metrics, with sensitivity (0.434, SE = 0.097), specificity (0.41, SE = 0.096), Area Under Curve (AUC) (0.497, SE = 0.102), and accuracy (0.547, SE = 0.095), compared with ML models that had sensitivity (0.156, SE = 0.105), specificity (0.151, SE = 0.102), AUC (0.4, SE = 0.143), and accuracy (0.223, SE = 0.117). Notably, the ML models showed a stronger regression metric with R^2 (0.494, SE = 0.127) than the DL models with R^2 (0.042, SE = 0.042). Across all studies, AI showed significant potential to improve diagnostic and/or predictive accuracy (71.4%) and streamline patient screening processes (14.2%). However, the common challenges identified in most studies were the limited generalizability of AI models, particularly to diverse populations (34.3%), and the reliance on small datasets (42.8%). Overall, AI technologies showed great potential to improve the management of RE through improved diagnostic and predictive accuracy in clinical practice. Future research should prioritize the development of generalizable models trained on diverse datasets to maximize their clinical applicability.

Paper ID: 6

Experiences and perceptions of healthcare services amongst women who have experienced gender-based violence: A qualitative evidence synthesis (protocol)

Kayla Bagg (South African Medical Research Council)*; Sara Cooper (South African Medical Research Council)

Background: Gender-based violence (GBV) is a critical public health and human rights issue, with alarmingly high prevalence rates in Africa. Healthcare services can play a pivotal role in identifying and supporting women affected by GBV, yet many encounter barriers to care, stigma, and inadequate responses. Understanding women's experiences with healthcare in the context of IPV is crucial for improving service delivery, building trust, and enhancing service uptake. This qualitative evidence synthesis (QES) examines these dynamics, highlighting the unique sociocultural and systemic challenges faced by women in Africa.

Methods: This QES aims to explore the lived experiences of women accessing and interacting with healthcare services after experiencing GBV, identifying common and context-specific challenges. A systematic search will be conducted in five electronic databases to include qualitative studies focusing on women aged 18–49 who have experienced GBV. Eligible studies will employ qualitative methods for data collection and analysis, and represent diverse settings globally. A thematic analysis will be conducted to synthesize findings. The methodological quality of studies will be assessed using the Critical Appraisal Skills Programme (CASP) tool, and confidence in the findings will be evaluated with the GRADE-CERQual approach.

Findings and Dissemination: This study will follow the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA) and Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) guidelines. The findings will offer a comprehensive understanding of the interactions between women affected by GBV and healthcare services, informing trauma-informed care practices and future intervention designs. Results will be disseminated via peer-reviewed journals, conference presentations, advocacy group collaborations, and social media platforms to maximize impact and reach.

Paper ID: 7

Integrating the experiences of Knowledge Translation professionals to design a holistic Evidence informed decision-making training curriculum.

Peter Kasadha (THE CENTER FOR RAPID EVIDENCE SYNTHESIS (ACRES))*; Sandy Oliver (University College of London); Prisca Auma (THE CENTER FOR RAPID EVIDENCE SYNTHESIS (ACRES)); Ismael Kawooya (THE CENTER FOR RAPID EVIDENCE SYNTHESIS (ACRES))

Background: Nurturing relationships between researchers and policymakers is core to bridging the gap between them. However, strategies are often at the institutional level and overlook the competencies required for effective individual engagement. Additionally, most capacity-building initiatives usually emphasize technical skills like research methods and evidence synthesis, although these are insufficient without soft skills. This study aimed to create a training curriculum for evidence-informed decision-making (EIDM), drawing on a rapid review and insights from knowledge translation (KT) professionals at various career stages.

Methods: We conducted this study in two phases: First, we conducted a rapid review to identify EIDM competencies. 8544 papers were retrieved and screened, leaving only 39 for extraction. Second, we conducted 36 key informant interviews to explore the experiences of KT professionals and understand the essential competencies for effective practice from their lived experiences.

Results: We identified competencies and from these, we developed a competency map with three broad categories of competencies, including professional, cultural, and collaborative skills. Professional competencies include developing knowledge and skills in evidence synthesis, dissemination, stakeholder engagement and proficiency in project management. Cultural competencies consist of understanding stakeholders' diverse needs, perspectives, and values and ensuring that evidence is inclusive and equitable, while collaboration is essential for building and maintaining partnerships with stakeholders across policy sectors and academic disciplines.

Conclusion: If KT practitioners are to succeed, they should be able to nurture and sustain relationships and partnerships with stakeholders. Therefore, this competency map holistically equips individuals with knowledge, skills, and attitudes for professional excellence, cultural sensitivity, and collaborative efforts.

Paper ID: 8

Enhancing access to digital tools for evidence synthesis. The Living EIDM ToolMap

Caroline Nakalema (The Center For Rapid Evidence Synthesis)*; Peter Mulindwa (The Centre for Rapid Evidence Synthesis)

Background: Knowledge Translation practitioners and policymakers in the Evidence-Informed Decision-Making (EIDM) Space often struggle to find appropriate digital tools to support their evidence-synthesis processes. This can cause delays in finding and using the right tools, which may affect the rigour of the review process. This study aimed to develop a tool map to enhance access to existing digital tools to facilitate evidence synthesis.

Methods: A scoping review of existing digital tools for writing systematic reviews was conducted between February 2024 and October 2024. A comprehensive search was conducted in three electronic databases including IEEE Xplore digital library, the ACM digital library, and EBSCOhost. Grey literature was conducted on websites for EIDM institutions, websites of software repositories and Google searches. Screening and data extraction were conducted independently by two reviewers in Covidence and RedCAP Software, respectively. A web application was developed using the Django Python framework with a PostgreSQL database.

Results: The ToolMap developed is an open-access and web-based repository of 268 digital tools. It enables users to search for digital tools for the EIDM process, such as Protocol Development; search strategy development; Searching; Reference Management; Deduplication; Language Translation; Screening; Citation Tracking; full-text Retrieval; Critical appraisal; Risk of Bias Assessment; Data extraction; Synthesis/Analysis; Writing; Review and Dissemination of findings. Users can search for the tool's specific features such as automated, semi-automated, web/desktop/mobile and offline functionalities.

Conclusion: The tool map enhances access to digital tools for evidence synthesis. It will be continuously updated to capture any new tools as they are developed.

Paper ID: 9

PREVALENCE, RISK FACTORS AND IMPACT OF LOW BACK PAIN AMONG HEALTH PERSONNEL AT THE REGIONAL HOSPITAL BAMENDA, CAMEROON

BUWOH NGWEMETOH (St Louis University Institute)*

Background: Low back pain (LBP) is a global public health issue due to its impact on disability, work limitations, and cost. Despite treatments and prevention efforts, it's prevalence remains high, especially in low-income countries like Cameroon.

Purpose: to assess prevalence, risk factors and impact of LBP among health personnel at Regional Hospital Bamenda (RHB).

Methods: it was a hospital-based descriptive cross-sectional study among health personnel at RHB from the 7th May - 7th June 2024. An ethical clearance was given by the St Louis University. An informed consent signed by the participants included using non-probability sampling method and convenience sampling technique. A questionnaire with demographic data, Nordic questionnaire, risk factors, and Owestry Disability Index was used to collect data. The data were analyzed using Microsoft Excel 2013 and SPSS version 25.0. Bivariate analysis was done to determine correlation.

Results: most participants 46(47.42%) were of age group 26-45. 66(68.04%) were female, 53(54.64%) had been working for 1-5years and 55(56.70%) had normal BMI. LBP was 69(71.13%). Awkward posture and job stress have strong positive relationship with prevalence of LBP (r= 0.647, r=0.656). Patient transfer (r=0.588), prolonged standing (r=0.446), bending(r=0.429), lifting heavy loads (r=0.464), prolonged sitting (r=0.377) and overwork (r=0.489) had positive correlation. Working hours had negative correlation with occurrence of LBP with r=-0.429. Majority, 28(40.58%) had mild disability. 40(58%) participants experienced disability due to LBP.

Conclusion: LBP prevalence among participants was high. Repetitive tasks, prolonged awkward posture and job stress were the main risk factors of LBP. Most participants had disability due to LBP.

Implications: this study will enlighten people about risk factors of LBP, measures against LBP and relevant information for future researchers.

Keywords: Prevalence, risk factors, Impact, LBP, Health personnel

Paper ID: 10

Molecular Detection and Antibiotic Resistance of Diarrheagenic Escherichia coli from Street food and Water in Mukuru slums, Nairobi County.

Sheillah Mundalo (KEMRI)*

Globally, diarrheal diseases account for 550 million cases of foodborne illness annually. In Kenya, Escherichia coli (E. coli) infections related to food and water are a major health concern, with diarrheagenic E. coli being significant bacterial causes of gastroenteritis. This study examined the genetic characteristics and antimicrobial resistance profiles of diarrheagenic E. coli isolated from street food and water in Mukuru informal settlements.

A total of 384 samples, including street foods (Mandazi, githeri, French fries), wastewater, and drinking water, were analyzed. E. coli isolates were identified via microbiological culture, antibiotic susceptibility testing using the disc diffusion method, and polymerase chain reaction (PCR) to detect six E. coli pathotypes and three ESBL resistance genes.

Of the 384 samples, 16% (62) were positive for E. coli, with a diarrheagenic E. coli prevalence of 13% (48/384). Wastewater accounted for the highest proportion of positive samples (57%), followed by drinking water (26%), githeri (9%), mandazi (6%), and French fries (2%). ETEC was the most common pathotype (12%), followed by STEC (9%), EIEC (8%), EPEC (2%), and EAEC (1%). Hybrid pathotypes were found in 28 isolates.

Multidrug resistance (MDR) was prevalent across all sample types, with resistance highest to tetracycline (77%) and sulfonamides (71%) and lowest to aminoglycosides (24%) and phenicols (8%). Wastewater isolates exhibited the highest MDR (55%), followed by drinking water (53.4%). ESBL genes, predominantly bla-TEM (25%) and bla-CTX-M (8%), were detected in wastewater and drinking water isolates.

The study highlights the potential of street food and water as reservoirs of MDR diarrheagenic E. coli, posing significant public health risks. The findings underscore the urgent need for interventions to mitigate diarrheal disease risks and antimicrobial resistance in urban informal settlements.

Paper ID: 11

From Climate Change and Health Research to Public Health Action: A Scoping Review

Chanelle Mulopo (University of the Western Cape)*; Bey-Marrie Schmidt (South African Medical Research Council)

Background: Climate Change (CC) is the biggest threat to health in the 21st century. Knowledge Translation (KT) is defined as the methods of closing the gaps from knowledge to action. Given the profound impacts of climate change (CC) on health, there is an urgent need to integrate CC research into health decision-making, ensuring that it informs policy and practice at all levels.

Objective: This scoping review aims to examine the relationship between KT, CC, and health from a planetary health perspective.

Methods: A systematic search was conducted in PubMed, CINAHL, and Scopus on studies that were conducted on climate change and health in the past two decades with no geographic restrictions. The included studies were coded in the ATLAS.ti and analyzed using thematic analysis. Results provide a narrative synthesis of the relationship between climate-health research and decision-making as well as key KT approaches used in translating climate-health research into action.

Results: Only five studies met the inclusion criteria, our findings identify five primary KT approaches used in the translation of climate-health research into action: (1) tracking coverage of climate change

and health through media, scientific publications, and government responses; (2) engaging citizens of all ages in interactive activities to address local climate challenges and co-create policy interventions; (3) employing a combination of knowledge generation, synthesis, and dissemination; (4) prioritizing advocacy and education to build collaborations and secure buy-in from skeptical decision-makers; and (5) utilizing health impact assessment tools to inform decisions on climate change and health.

Conclusion: Despite the significant relevance of the KT approaches identified in the literature, there is a glaring paucity of information on KT and climate change and health in LMICs that can inform decision-making.

Paper ID: 12

LEVERAGING COMMUNITY-DRIVEN SOCIAL INNOVATIONS TO IMPROVE ACCESS TO REPRODUCTIVE HEALTH SERVICES IN LAIKIPIA COUNTY, KENYA

Kellen Kiambati (Karatina University)*; Nicholas Mawira (Karatina University); Beatrice Gichuru (Karatina University); Anne Kariuki (Karatina University)

Background: Access to reproductive health services in Laikipia County, Kenya, remains a critical challenge despite significant investments by the Government of Kenya in Primary Health Care with initiatives such as free primary health services.

Problem: Health performance indicators such as Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), have consistently fallen below the national targets. Laikipia County has a population of 523,735 and health status influenced by environmental factors, social cultural factors, undesirable cultural practices and beliefs, low literacy levels and high fertility rates as per the Kenya Demographic Health Survey (KDHS) 2019. Common cultural practices such as female genital cut (FGC), early marriages, traditional male circumcision and home deliveries are major challenges to access and utilization/demand of RMNCAH.

Primary objective: Examining the role of Community-Driven Social Innovations in enhancing access to reproductive health service in Laikipia County.

Methods: Mixed-methods approach to capture both qualitative and quantitative data extracting secondary data and interviewing policy makers. Data was analyzed using SPSS and NVIVO.

Results: Preliminary results showed that when community-driven innovations were used, access to reproductive health services significantly improved. Additionally, programs like youth-led peer education programs and cultural health dialogues successfully addressed sociocultural barriers, increasing understanding and acceptance of reproductive health services.

Conclusions and implications: Preliminary findings highlight the necessity for practitioners and legislators to give community-centric approaches top priority in reproductive health initiatives

Paper ID: 13

To adopt or adapt an existing COS for neonatal research: qualitative study

Jamlick Karumbi (Ministry of Health)*; David Gathara (KEMRI-Wellcome Trust Programme); Sarah Gorst (University of Liverpool); Bridget Young (University of Liverpool); Paula Williamson (University of Liverpool)

Background: The development and use of core outcome sets (COS) in low-and middle-income countries (LMICs) are limited. Most COS are developed in high-income countries (HICs), and their applicability to LMICs, with varying contexts and disease burdens, is unclear. Specifically, there exists a COS in neonatal care and research for use in HICs; it consists of the following outcomes: survival,

sepsis, necrotising enterocolitis (NEC), brain injury on imaging, general gross motor ability, general cognitive ability, quality of life, adverse events, visual impairment, hearing impairment, retinopathy of Prematurity (RoP) and chronic lung disease. This study assessed whether the existing COS could be adopted as is or adapted for LMICs.

Methods: We conducted a literature review to identify outcomes relevant to LMICs, followed by focus group discussions with mothers in two neonatal units and key informant interviews with clinicians, nurses, researchers, and policymakers. A multistakeholder consensus meeting was held to finalize the COS, with outcomes requiring ≥70% 'Yes' votes for inclusion.

Results: The literature review identified 20 outcomes, refined to 16 through qualitative interviews. A consensus-building workshop resulted in a final set of 12 outcomes, with seven overlapping with the HIC COS (survival, cognitive ability, visual impairment or ROP, adverse events due to medicines, respiratory distress, quality of life, and sepsis/infections) and 4 excluded (NEC, brain injury on imaging, hearing impairment, and general gross motor ability).

Conclusion: Clear outcome definitions make adaptation possible, but measurement methods must be modified to fit the local context, particularly for non-clinical outcomes. The adapted COS will support evidence-based decision-making and promote health equity in neonatal care in LMICs, including in African settings where neonatal mortality rates are high, and healthcare resources are often limited.

Paper ID: 14

Malawi newborn and child health national Clinical Practice Guidelines: A landscape analysis

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Background: CPGs have not consistently been adopted, updated or adapted in SSA countries such as Malawi. Thus, we aimed to identify the available national Clinical Practice Guidelines (CPGs) for newborn and child-health topics in Malawi.

Methods: 322 records were identified in Google Scholar, Google and the Ministry of Health (MOH) website and hardcopy versions in the Ministry of Health (MOH) offices using the predetermined search terms. In addition, a hand search for eligible CPGs in relevant offices was done. The quality of reporting was appraised using the AGREE II tool.

Results: A total of six CPGs were eligible for this review, five of which were managing children from the perinatal period up to older ages. The CPGs were targeted at healthcare providers (n=6), followed by programme managers (n=2) and researchers (n=2). The topics ranged from prevention, screening and diagnosis to management and rehabilitation. Using quality indicators, we found that reporting was poorly done overall. In particular, reporting on the methodological rigour and editorial independence was poor.

Conclusions: A collaborative effort including the MOH, NGOs, professional associations and researchers in developing and adapting newborn and child-health CPGs could yield large benefits in improving the quality of care of children in Malawi.

Paper ID: 15

Exploration of Emerging Public Health Advocates' Knowledge, Perceptions, and Willingness to Communicate Smoking Cessation and Tobacco Harm Reduction in Africa

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Background: Media campaigns targeting young people play a crucial role in promoting tobacco harm reduction (THR) awareness. Effective advocacy and communication about smoking cessation and THR strategies are essential for improving policy compliance, reducing tobacco-related harm, and encouraging smoking cessation. This study examines the knowledge, perceptions, and willingness of emerging public health advocates in Africa to communicate these strategies.

Methods: This concurrent explanatory sequential study targeted public health enthusiasts, healthcare students, health communicators, and budding journalists aged 18-30 in Nigeria. A validated questionnaire was distributed via Google Forms to 415 participants from a pool of 450 individuals interested in the THRjourno project. The quantitative data were analyzed using Microsoft Excel and IBM SPSS, while Atlas.ti was used for qualitative data interpretation.

Results: Of the 415 participants, 73.7% had limited or no knowledge of THR. The majority (60%) considered Nicotine Replacement Therapy (NRT) the most effective THR strategy, while 26.7% preferred e-cigarettes. Nearly 73.3% viewed NRT as safer than smoking, and 48.3% thought e-cigarettes were safer. Around 70.8% believed THR products aid in smoking cessation, but 38.3% were unsure if they were addictive. Suggested strategies for THR awareness included more advocacy programs, student ambassador roles in universities, and the involvement of tobacco users as champions.

Conclusion: Key barriers to effective THR communication included misinformation, religious and cultural challenges, and difficulties reaching remote areas. Recommended strategies for improving THR communication include enhanced advocacy, government engagement, simplified messaging, and capacity building for advocates.

Paper ID: 16

Clinical Practice Guidelines for managing the leading infective causes of under-five mortality: A scoping review of Guideline Implementation Tools

Freedman Ita-Lincoln (Stellenbosch University, South Africa)*; Emmanuel Effa (Cochrane Nigeria); Susanna S van Wyk (Stellenbosch University); Martin Meremikwu (University of Calabar)

Background: Several guidelines exist for infectious conditions that cause the most mortality in children. Despite this, implementing the recommendations is suboptimal due to lack or poor access to guideline implementation (GI) tools. This scoping review aims to map and describe existing guidelines for the leading infective causes of under-five mortality (tuberculosis, pneumonia, sepsis, malaria and diarrhoea) and their implementation tools.

Methods: We searched MEDLINE, EMBASE, CINAHL, Global Index Medicus, Global Health, and TRIP databases from 2015 through 24th August 2024 without language restrictions. We included guidelines related to the above-mentioned conditions in children. If publications only referred to guidelines, we searched Google and guideline websites (NICE, WHO, GIN, Guideline Central, and

ECRI) for these guidelines. Screening and extraction were carried out in duplicate and independently. Guideline characteristics and their implementation tools were reported using summary statistics.

Results: In all, 108 guidelines on tuberculosis, pneumonia, sepsis, malaria and diarrhea were included. More than half of the guidelines were on tuberculosis (n=56, 52%), developed denovo (n=63, 58%), and produced in high-income countries (n=57, 54%). Government agencies and professional societies (n=45, 42% each) produced the most guidelines. Overall, 216 GI tools were identified in 54% (n=58) of the guidelines included. Algorithms (n=122, 56%) and clinician support (n=159, 74%) were the most frequent GI tool and GI tool category respectively. Funding was found to be associated with the presence of GI tools (p=0.034). Many GI tools did not possess features considered desirable by the International guideline community.

Conclusion: Many guidelines on leading infective causes of child mortality did not include any GI tools. While this may vary by guideline developer, this evidence suggests the need to design and include implementation tools in future guidelines.

Paper ID: 17

Gender Disparities in Financial Inclusion: the Potential of Digital Loans in Empowering Female Health Entrepreneurs in Kenya

Jacklyne Ashubwe (Medwise Solutions)*; Maureen Ambasa Ambasa (Medwise Solutions); Charlotte Dieteren (PharmAccess Foundation); Sabine Verschuur (Medical Credit Fund); Joseph Siyumbu (Medwise Solutions); Inès C. van Zuijlen (PharmAccess Foundation); Nick Mutegi (Medical Credit Fund); Tobias F. Rinke de Wit (Amsterdam Institute for Global Health and Development); Dorien Mulder (Medical Credit Fund); Wendy Janssens (School of Business and Economics, Vrije Universiteit)

Background: In Sub-Saharan Africa, female health Small and Medium Enterprises (HSMEs) contribute substantively to healthcare but face encumbrances accessing financial services. Evidence on digital financing technologies can facilitate addressing this gender-gap. This study gathered evidence on the readiness, perspectives and gender disparities in digital loan access among Kenyan female HSMEs to inform decisions for enhancing equitable access to financing for health.

Methods: We interviewed 24 and surveyed 410 HSME owners. Additionally, we analyzed real-world loan-history data from 850 HSMEs to compare loan profiles of traditional versus digital loans, focusing on evaluating gender disparities by using qualitative, descriptive statistics and regression analyses.

Results: Evidence from the study revealed male HSME ownership exceeded female ownership by 2.5 times. The in-depth interviews highlighted mistrust of digital lenders as a barrier to digital loan uptake; however, the survey indicated an appetite for loans among the HSMEs (39%), regardless of ownership gender. HSME owners who were prepared to take risks, had monthly financial needs and positive perceptions of digital loans were more likely to take a digital loan. The loan-history data demonstrated that on average women received a lower initial loan amount when taking a traditional loan, however, this gender gap disappeared for digital loans. We also found that women-owned businesses benefitted significantly from digital loans, since over 50% gradually demonstrated increased digital revenues likely associated with these loans.

Conclusions: Female HSMEs face challenges accessing digital financial services primarily due to misinformation; whereas access to digital loans facilitated business growth. This evidence is a clarion call for the development of financial policies promoting digital financial literacy and digital loan uptake incentives among female HSMEs to contribute to overall economic growth and development

Paper ID: 18

The experiences of patients living in hospital detention for inability to pay their bills in Africa; A qualitative systematic review.

Asahngwa Constantine (Cameroon Centre for Evidence Based Healthcare)*; Utabella Khan (CCEBHC); Canisia Nsom (CCEBHC)

Background: Equitable access to quality healthcare services at an affordable cost to all segments of the population remains a huge challenge to many African health systems. It is very common to find medically discharged patients withheld in hospitals due to medical debts for as long as a day to three years. Even the dead bodies of patients owing hospitals are also withheld. The practice of hospital detention is a violation of human rights, perpetration of inequality, social injustice. While this practice has been going on for several years, policy makers have not put an end to this practice. Perhaps they may not be aware as empirical evidence on the practice has not been synthesized. The objective of this study was to identify and synthesized the best available evidence on the experiences of medically discharged patients living in detention in Africa.

Method: Searched databases were not limited to PubMed, CINAHL, EMBASE and Psy Infos, using specific search terms on qualitative studies that reports the experiences of patients living in hospital detention in Africa. Two independent reviewers selected, appraised and extracted data using the JBI Qualitative data extraction tool in SUMARI. Meta-aggregation was used to synthesized extracted qualitative findings.

Results: A total of 4 studies were included out of 13 identified studies. The findings demonstrate that living in hospital detention constitute a multidimensional burden to detained patients. Economically, patients suffered from deepening poverty as they could not acquire income to buy food, medications and pay their debts. Psychologically, they suffered from stress, depression, stigma and the desire to commit suicide. Socially, they suffered from isolation, loneliness and loss of freedom.

Conclusion: Detained patients lived under very deplorable conditions which exacerbated their poverty. There is urgent need to end the practice and render universal health coverage fully operational in Africa.

Paper ID: 19

Effectiveness of behavioral activation (BA) for anxiety in adults: A Systematic Review and Meta-Analysis

Bilal Khan (ORIC - Khyber Medical University, Peshawar)*; Saima Afaq (Department of Health Sciences, University of York, UK); Gerardo Zavala (Department of Health Sciences, University of York, UK)

Background: Anxiety disorders affect 300 million people globally (2019), with only one-third receiving treatment. Behavioral Activation (BA) therapy, focusing on increasing adaptive activities rather than cognitive patterns, offers potential as a scalable intervention deliverable by non-mental health specialists to address this treatment gap.

Methods: Wesearched MEDLINE, Embase, PsycINFO, and CENTRAL through March 2023 (Figure 1). Eligible studies included randomized controlled trials involving adults (≥18 years) with anxiety disorders (Table 2). The intervention was BA therapy, compared against treatment as usual or other psychological therapies. Risk of bias was assessed using Cochrane's RoB-I tool (Figure 2). A random-effects meta-analysis examined outcomes at short-term (0-2 months) and medium-term (3-6 months). Certainty of Evidence was evaluated via GRADE.

Results: For BA versus control, short-term anxiety outcomes showed a large effect favoring BA (SMD

-2.57, 95% CI: -5.65 to 0.51) with low certainty evidence, while depression outcomes showed moderate improvement (SMD -0.68, 95% CI: -1.21 to -0.16) with very low certainty evidence. In BA versus CBT comparisons, short-term anxiety outcomes slightly favored CBT (SMD 0.16, 95% CI: -0.64 to 0.95, I^2=71%), while medium-term outcomes showed a small advantage for BA (SMD 0.36, 95% CI: -0.19 to 0.90, I^2=15%). For depression, short-term outcomes demonstrated minimal difference (SMD -0.25, 95% CI: -1.40 to 0.90, I^2=85%), with medium-term results slightly favoring BA (SMD 0.12, 95% CI: -0.53 to 0.78, I^2=42%) (Figure 3). Certainty of evidence was very low for all comparisons (Figure 4).

Conclusion: BA shows promise to treat anxiety symptoms. However, given the very low certainty of evidence, these findings should be interpreted with caution, and further high-quality research is necessary to draw definitive conclusions.

Acknowledgement: I would like to thank our collaborative team for their valuable contributions (Table 1).

Paper ID: 20

Measuring social determinants of preeclampsia in epidemiological studies in Africa – a systematic review protocol

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Background: Social factors are well known to increase the risk of poor health outcomes. While social factors are best understood within their specific context, many epidemiological studies, including those conducted in Africa, frequently rely on quantitative measurements that are western-centric. This review aims to assess which and how social factors are measured in studies on preeclampsia in Africa, including any evidence for their assessment of contextual relevance.

Methods: The systematic review will be registered in PROSPERO. We will conduct searches in Medline, Embase, Cochrane Library, CINAHL, Web of Science and Global Health using a variation of the terms: “preeclampsia”, “social determinants/factors” and “Africa”. The search will be quality assured by a medical information specialist. All included studies will be screened for their reference list to ensure no citations have been missed. The review will include primary studies with all epidemiological study designs with any preeclampsia related outcome among pregnant women in African countries published between 2000 and April 2025. There is no one exhaustive list of social determinants, and these will thus be broadly defined, and guided by the WHO definition of social determinants: “conditions and environments in which people are born, live, work”, and the PROGRESS-plus framework. Two reviewers will independently screen all titles and abstracts and extract data using an extraction tool. Bias in individual studies will be assessed using study-design appropriate quality appraisal checklists.

Results: The search will be finalized in April 2025, with screening planned between May and September 2025. Synthesis and interpretation of results will be conducted in 2025, and results published in 2026.

Conclusion: The findings will present evidence on social determinants measurements in studies on preeclampsia in Africa and inform the development of contextually relevant measurements of social determinants of health.

Paper ID: 21

Clinical practice guideline recommendations for prevention of severe preeclampsia: a protocol for a realist review

Andrea Solnes Miltenburg (UIO)*; Albert Kihunwra (CUHAS)

Background: Clinical Practice Guidelines recommendations for care provision to prevent severe preeclampsia have been available for over a decade, yet implementation remains suboptimal in low resource settings where hypertensive disorders of pregnancy increasingly are being reported as the main contributor to high rates of maternal deaths. Most of the global evidence, on which care recommendations are based, are from high resource settings, are not adapted to local realities and have little emphasis on the context and mechanisms that influence the outcomes of such recommendations, once implemented. The aim of the current study is therefore to identify how, why, for whom and in what way clinical practice guideline recommendations for prevention of severe preeclampsia work or not, in an East African setting.

Methods: For this realist review we will use the Realist and Meta-narrative evidence Syntheses Evolving Standards (RAMESES) for realist synthesis. The review team will consist of clinicians with experience in obstetrics and gynaecology, anthropologists, health systems and public health specialists, methodologist and an expert committee consisting of preeclampsia survivors. An initial search will be performed in Medline, Embase, Cochrane Library, CINAHL, Web of Science and Global Health. Search will be limited to East-Africa.

Results: The initial search will be finalized in February 2025. Document analysis and stakeholder consultation will result in an initial program theory consisting of context, mechanisms and outcomes.

Conclusion: The findings will result in an initial program theory that answers to 'what works for whom, how and under what circumstances' with regards to implementation of recommendations for prevention of severe preeclampsia in an East African context.

Paper ID: 22

Mapping outcomes reported in primary studies of interventions addressing access to food in LMICs to inform a core outcome set

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Background: Trials assessing the same condition and intervention report outcomes inconsistently, stemming from multiple definitions and measures for the same outcome. This undermines the utility of intervention research. Multiple outcome reporting has been demonstrated in food security intervention evaluations. Developing a core outcome set (COS) to measure in related primary studies may help address this issue. In a project aiming to strengthen the evaluation of interventions addressing food access in LMICs, we are developing a preliminary list of candidate outcomes for the COS.

Aim: To map the outcomes reported in primary intervention research on food access. The eventual goal

is to develop a COS.

Methods: We examined 94 studies from a published systematic review on the topic. Data on the study characteristics and outcomes reported, including their definitions, were extracted independently. We are mapping outcomes onto pre-specified outcome categories to build a taxonomy of outcomes related to interventions to promote food access.

Results: In 46 (of 94) studies analysed published from 1989 to 2023, most were cluster RCTs (n=23) of adults (n=21) in rural settings (n=31) in Africa (n=25) or Asia (n=17). All included poor and vulnerable households. Most assessed interventions to increase buying power (n=36), mostly income generation interventions (n=25).

The 46 studies reported 639 outcome instances, of which 120 were unique. The most frequently reported unique outcomes were anthropometric (20 in 33 studies) and food-intake outcomes (17 in 39 studies). The least reported were quality of life, clinical, and functional status outcomes. None reported on adverse outcomes or satisfaction. The final analysis will be presented at the conference.

Conclusion: The outcomes identified in this analysis will inform a final taxonomy of outcome categories and domains. This will inform a Delphi survey with stakeholders in the next phase of this project aiming to develop a COS.

Paper ID: 23

Nigeria's scientific contributions to COVID-19: A bibliometric analysis

Yusuff Adebayo Adebisi (Global Health Focus)*

Background: The COVID-19 pandemic has prompted a historic global research effort to create a knowledge base that can guide mitigation strategies. This study uses the Scopus database to examine the literature published by Nigerian institutions since the outbreak of COVID-19, with a focus on bibliometric items, global collaboration, Scopus subject area classification, document types, active authors and institutions, journals, highly cited papers, and funding agencies.

Method: We searched for articles indexed in the Scopus database between January 1st, 2020 and July 20th, 2022 using predetermined search terms. All article types and study designs were included.

Results: During the period under consideration, researchers affiliated with Nigerian institutions published a total of 2,217 COVID-19 papers out of a total of 281,589 global outputs, implying that Nigerian institutions contributed 0.8% of total global COVID-19 scientific output. The majority of the documents published were articles/original research (n = 1,455, 68.4%). The National Institute of Health was the top funder, and the University of Ibadan was the most active institution. The vast majority of publications (38.3%) were in the field of health sciences, with 1197 papers in the medicine sub-category. The top journal was Pan African Medical Journal, which published 114 COVID-19 papers with at least one Nigerian institution affiliation. The most active collaborator with Nigerian institutions was the United States. With 745 citations, the most cited paper with at least one Nigerian institution affiliation was from the Nigeria Center for Disease Control.

Conclusion: Nigerian institutions have contributed to the scientific output of COVID-19. There is, however, a need to improve research capacity across all subject areas.

Paper ID: 24

How West African countries prioritize health

Yusuff Adebayo Adebisi (Global Health Focus)*

Background: The goal of Universal Health Coverage (UHC) is to ensure that everyone is able to obtain the health services they need without suffering financial hardship. UHC remains a mirage if government health expenditure is not improved. Health priority refers to general government health expenditure as a percentage of general government expenditure. It indicates the priority of the government to spend on healthcare from its domestic public resources. Our study aimed to assess health priorities in the Economic Community of West African States (ECOWAS) using the health priority index from the WHO's Global Health Expenditure Database.

Method: We extracted and analysed data on health priority in the WHO's Global Health Expenditure Database across the 15 members of the ECOWAS (Benin, Burkina Faso, Cabo Verde, Cote d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo) from 2010 to 2024 to assess how these countries prioritize health. The data are presented using descriptive statistics.

Results: Our findings revealed that no West African country beats the cutoff of a minimum of 15% health priority index. Ghana (8.43%), Carbo Verde (8.29%), and Burkina Faso (7.60%) were the top three countries with the highest average health priority index, while Guinea (3.05%), Liberia (3.46%), and Guinea-Bissau (3.56%) had the lowest average health priority in the West African region within the period of our analysis (2010 to 2018).

Conclusion: Our study reiterates the need for West African governments and other relevant stakeholders to prioritize health in their political agenda towards achieving UHC.

Paper ID: 25

Barriers to Accountability for Sexual Violence in Low- and Middle- Income Countries (LMIC)

Jessica Lee (Wash U)*

Background: Most acts of sexual violence are perpetrated without consequence 1,2. Accountability is generally considered a key requirement of violence prevention 3, and prevention is important because sexual violence poses a significant public health concern - it occurs in every nation and with severe physical and mental health consequences 3. Although ensuring accountability requires cross-sectoral multilevel working, investigations of impunity are generally undertaken through a legal lens and disaggregated from forensic evidence collection and social and sexual and reproductive care provision 4,5. This review looks to systematically document cross-sectoral determinants of perpetrator impunity for sexual violence in LMIC. A previous review has explored criminal justice system only barriers to sexual violence convictions in HIC 6.

Methods: This review employs Joanna Brigg's Institute meta-aggregative methodology 7. Meta-aggregation lends itself to incorporation of various forms of qualitative literature across paradigms (both critical and interpretive literature). Through critical appraisal of the quality of the included studies, transparent linkage of the original data with the synthesised findings, and without re-interpretation based on a review authors interests, meta-aggregative reviews (which are philosophically grounded in both pragmatism and transcendental phenomenology) lend to the development of context-rich, relevant and applicable recommendations for practice 7,8.

Results: We present learning points from this ongoing project - the challenges faced and decisions made whilst aggregating cross-sectoral findings from multiple academic disciplines to develop practice-level theory and inform policy and practice. We offer suggestions for future review teams.

Conclusion: We present novel insights into aggregating cross-sectoral, cross-paradigmal findings to inform policy and practice.

Paper ID: 26

Bridging the Gap: Enhancing Evidence-Informed Decision-Making in Newborn and Child-Health through the Global Evidence, Local Adaptation (GELA)

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Background: Poverty-related diseases (PRDs) are responsible for a significant number of deaths among children in Sub-Saharan Africa. Predominantly, PRDs affect impoverished communities with limited access to healthcare, clean water, sanitation, and proper nutrition. The best available evidence-based clinical practice guidelines (CPGs) are essential for bolstering health systems and promoting equal access to healthcare for children under five. The Global Evidence, Local Adaptation (GELA) initiative aims to improve the CPG development process in SSA, thereby enhancing the impact of evidence-informed guideline recommendations in practice; however, it is a resource-intensive and difficult process.

Methods: This study takes a mixed-method longitudinal approach. Interviews and observations will be conducted to explore multiple issues and experiences of Guideline Development Groups (GDGs). A user testing approach will be implored to observe people as they engage with a product to get views and experiences as well as problems faced. Qualitative data will be collected using open-ended questions, and coding and analysis will be done using NVIVO. For quantitative data, only descriptive statistics will be used to determine the various training needs.

Results: Enhanced Guideline Panel Interaction: Through the user testing approach, we anticipate a refined and user-friendly format for summarizing reviews of qualitative research.

Improved User Understanding: The iterative user testing will ensure that the developed summary format is easily comprehensible to guide panel members.

Informed decision-making processes: The accumulated feedback incorporation is anticipated to contribute to guideline panel members' broader views and experiences in using evidence from reviews of qualitative studies.

Conclusion: Evidence-based guideline development is a multi-stakeholder, multi-perspective, complex set of tasks. Further research to inform child-health prioritization topics is necessary.

Paper ID: 27

Using AI to Understand the Health Decision-Making Framework from a Perspective of the Theory of Everything: Case Studies of Cameroon, Nigeria, and South Africa

Kinlabel Okwen Tetamiyaka Tezok (eBASE Africa)*

Background: Health decision-making systems in Africa are usually fragmented, often leading to duplicate efforts. Holger Schünemann's "Theory of Everything" (ToE) proposes a unified framework to allow these systems to work together rather than in silos. However, its global perspective lacks prioritization of tools for local contexts. Subsystems, such as those within the guideline developers and coverage decision-makers, highlight the importance of this theory in our local context. This study applies artificial intelligence (AI) to analyze how Cameroon, Nigeria, and South Africa's health systems differ from the principles in the ToE.

Methods: A comparative case study approach was followed to analyze health decision-making frameworks in the three countries. Sources of data were policy documents, HTA reports, and systematic reviews. AI-driven text analysis and natural language processing were used on reports from Google Scholar to identify key actors in each country. Stakeholder mapping was conducted to assess the influence of government agencies, regulatory bodies, and international partners on decision-making.

Results: Rather than completely fragmented systems, results showed subsystems within larger structures.In Nigeria, the Federal Ministry of Health holds the most significant influence on policy decisions, while other organizations such as the Nursing and Midwifery Council of Nigeria hold greater influence over the development of guidelines and standards. AI analysis also showed that, even though South Africa is a developing country like Nigeria and Cameroon, it's health system is quite structured.

Conclusion: AI presents an opportunity to strengthen the evidence-policy nexus by enhancing evidence synthesis, capacity building, and decision-making in fragmented health systems. This study highlights the need for AI as a tool to improve existing policy-making systems for better health outcomes, ensuring that ToE principles are adapted to local contexts.

Paper ID: 28

Applying the Systematic Review method to laboratory-based research evaluating antimicrobial resistance in LMICs.

Kimona Rampersadh (Cochrane South Africa)*; Lorenzo Bennie (Cochrane South Africa); Ameer Hohlfeld (Cochrane South Africa); Mark Engel (Cochrane South Africa)

Background: While systematic reviews are well established for evaluating effectiveness of clinical interventions, they are less frequently applied to laboratory-based research. We utilized evidence-based medicine (EBM) tools in synthesizing, from published studies, laboratory-confirmed antimicrobial resistance (AMR) data for Group A Streptococcus (GAS) in low- and middle-income countries (LMICs).

Methods: Employing the CoCoPop mnemonic and an LMIC-specific search filter, we systematically identified studies reporting GAS AMR in LMICs. We adapted Hoy et al.'s Risk of Bias tool for laboratory study quality assessment. Statistical analyses were conducted using Stata's metaprop_one routine to calculate resistance proportions, pooled estimates, and confidence intervals. The Freeman-Tukey single arcsine transformation was applied, and data were pooled using a random-effects model. Heterogeneity was assessed via Cochran's Q and I^2 statistics. Where meta-analysis was infeasible due to high heterogeneity or limited data, a narrative synthesis was performed. A separate meta-analysis examined AMR associations with emm subtypes.

Results: The systematic review identified 46 eligible studies, with resistance data available for key antibiotics used in GAS management. The prevalence of resistance varied by antibiotic and emm type, highlighting the importance of molecular epidemiology in GAS surveillance. The quality assessment highlighted variability in study design and reporting standards. Heterogeneity was observed across studies, underscoring the need for standardized methodologies.

Conclusion: This study demonstrates the value of systematic review methodologies in providing a robust evidence base within the relatively sparse area of laboratory-based AMR research. In particular, through using an LMIC filter and a modified QA tool, this study serves to inform GAS management in LMICs while identifying the need for standardized laboratory methodologies in AMR surveillance.

Paper ID: 29

Global Evidence, Local Adaptation (GELA): Enhancing evidence-informed guideline recommendations for newborn and young child health in three countries in sub-Saharan Africa

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Background: Evidence-informed decisions are needed to inform optimal interventions to reduce under-five mortality. The Global Evidence, Local Adaptation (GELA) project aims to strengthen the capacity of decision-makers and researchers to use global research to develop locally relevant guidelines for newborn and child health in Malawi, Nigeria and South Africa. Guideline development processes are complex and resource intensive. Sharing outputs of initiatives such as GELA may make these processes more efficient and support future decision-making capacity of countries in Africa. Methods: GELA comprised of six work packages (WPs): WP 1-3 steer the guideline development process including setting guideline priorities, synthesising evidence, conducting guideline panel meetings, and drafting the guidelines. WPs 4-6 focus on knowledge translation and dissemination; capacity development of guideline panelists, students and researchers; and monitoring and evaluating activities and processes. Results: Guideline Development and Steering Groups were set up in the three countries. To date, five priority guideline questions resulted in 11 evidence synthesis reports, three de novo guidelines, two infographics, 27 conference presentations and 20 manuscripts. Four post-doctoral fellows and four Masters' students successfully completed their programs. GELA reached over 150 individuals through various capacity-building initiatives ultimately enhancing the capacity for evidence-informed decision-making in the three countries. Strong collaboration provided experiential learning opportunities for guideline panelists, researchers, and other relevant stakeholders. Conclusion: GELA shows that establishing researcher-decisionmaker collaborative guideline development processes in resource constrained settings is feasible. This requires dedicated funding and activities to build the capacity of both decision-makers and researchers.

Paper ID: 30

The establishment of a Qualitative Evidence Synthesis Hub: Building capacity for collaboration, training and research

Kayla Bagg (South African Medical Research Council)*; Sara Cooper (South African Medical Research Council); Lynn Hendricks (Stellenbosch University); Willem Odendaal (South African Medical Research Council); Bey-Marrie Schmidt (South African Medical Research Council); Lorenzo Bennie (South African Medical Research Council); Kimona Rampersadh (South African Medical Research Council); Mark Engel (South African Medical Research Council)

Background: Qualitative research, and particularly qualitative evidence synthesis (QES), is increasingly sought within health and social care decision-making. This research assists in understanding complex social issues, capturing diverse perspectives, and interrogating, supplementing and deepening evidence from quantitative research methods. Recognizing the need for rigorous QES knowledge and expertise, Cochrane South Africa (CSA) established a hub ("QESHub"), a collaborative initiative between the South African Medical Research Council and Stellenbosch University. The QESHub aims to build QES as a research methodology and output in SA and other African countries. Here, we report preliminary results of one of its capacity building initiatives.

Methods: Following an expression of interest advertisement, we convened a three-day workshop to equip participants with skills to conduct a QES. Sessions introduced qualitative research and synthesis, followed by hands-on exercises in formulating research questions, identifying qualitative studies, and

managing data using the Rayyan platform. Practical sessions focused on developing sampling strategies and refining research topics.

Results: Participant feedback documented the success of facilitation, interactive discussions, and collaborative exercises providing a foundation for integrating qualitative evidence synthesis into research. Three participants have embarked on leadership of respective QES projects while remaining QESHub members were invited to join as co-authors, strengthening the research process and encouraging shared learning.

Conclusion: Establishment of the CSA QESHub in the SA context, through training and mentorship in methodological resources, provides qualitative researchers with confidence, and a diversity of skills, to embark on QES projects. Through building a dedicated research community, it will serve to enhance the impact of qualitative evidence synthesis that respond to local needs and priorities.

Paper ID: 31

Bridging the Evidence-Policy Nexus for Health Decision-Making in Africa

Kelvin Too (Kericho Municipal Health Facility)*

Background: Despite significant advances in health research, the translation of evidence into policy and practice in Africa remains fragmented. A disconnect between researchers, policymakers, and healthcare practitioners impedes the integration of high-quality evidence into decision-making processes. This study aims to explore strategies to bridge the gap between evidence generation and policy implementation, ensuring equitable health access and improved health outcomes across Africa.

Methods: A mixed-methods approach was employed, integrating systematic reviews, stakeholder consultations, and policy analysis. Primary data were collected through structured interviews and focus group discussions with researchers, policymakers, health professionals, and patient advocates. Secondary data sources included published literature, national health policies, and Cochrane Africa collaboration reports. Thematic analysis was conducted to identify barriers, facilitators, and best practices for strengthening the evidence-policy interface.

Results: Findings indicate that inadequate collaboration, limited capacity for evidence use, and institutional constraints hinder evidence-informed policymaking. However, successful models of collaboration, such as multi-stakeholder platforms and policy brief development, have demonstrated potential in bridging this gap. Capacity-building initiatives, including targeted training for policymakers and interactive knowledge-sharing forums, emerged as key enablers of evidence uptake.

Conclusion: Enhancing the evidence-policy nexus requires a multi-pronged approach that fosters collaboration, builds institutional capacity, and promotes stakeholder engagement. By strengthening mechanisms for evidence synthesis and utilization, policymakers can make more informed decisions that promote health equity and access.

Paper ID: 32

Harnessing Media Interventions to Improve Condom Use and HIV Testing: A Systematic Review and Meta-Analysis

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Background: Regular condom use and routine HIV testing are essential for reducing HIV transmission. Media-based interventions can promote health-seeking behaviors, especially among high-risk populations. This systematic review and meta-analysis evaluated their effectiveness in improving condom use and HIV testing uptake.

Methods: Following PRISMA guidelines, we searched PubMed, Google Scholar, Embase, and the Cochrane Library using terms like 'HIV testing,' 'condom use,' 'media campaign,' and 'social media,' applying Boolean operators and MeSH terms. Studies assessing media interventions for high-risk populations were included. Screening was conducted in Rayyan, data extraction in Excel, and meta-analysis in R, with qualitative synthesis of thematic findings.

Results: We included 48 studies from 20 countries, covering 52,312 participants (41.36% female). Study designs included quasi-experimental (19), randomized controlled trials (10), cross-sectional (7), community trials (7), qualitative (2), and mixed-methods (1). Target populations included men who have sex with men and the LGBT community (17 studies), adolescent girls and young persons (6), general adolescents and young persons (13), the general population (8), and male clients of female sex workers (1). Interventions utilized multimedia campaigns (24), online platforms (9), radio (4), video screenings (7), and television (2).

Meta-analysis showed media interventions significantly increased condom use (OR: 1.35; 95% CI: 1.14–1.60) and HIV testing (OR: 1.58; 95% CI: 1.27–1.96), despite high heterogeneity ($I^2 > 75\%$). Barriers included language limitations, complex content, and cultural sensitivities, while facilitators included diverse media channels, culturally tailored messages, and familiar role models.

Conclusion: Media interventions effectively enhance condom use and HIV testing. Future efforts should address barriers and incorporate facilitators for greater impact.

Paper ID: 33

Unplanned Adolescent Pregnancies in Nigeria: Prevalence, Perceptions, and Influencing Factors—A Systematic Review

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Background: Unplanned adolescent pregnancies present significant health challenges in Nigeria, leading to school dropouts, unsafe abortions, and maternal mortality. Limited reproductive health services, sexual violence, and cultural barriers exacerbate these issues. This review examines the prevalence, perceptions, and factors influencing unplanned pregnancies among Nigerian youths aged 10-24.

Methods: Following PRISMA guidelines, a systematic search was conducted using PubMed and Google Scholar. Non-interventional descriptive studies were included. Study quality was assessed

with the Joanna Briggs Institute checklists, and findings were summarized narratively. This study is registered on the International Prospective Register of Systematic Reviews CRD42024604842.

Results: From 1466 records, 19 studies were included in the review, mostly published in 2022. Results showed a declining prevalence of adolescent pregnancies, with the highest rates in Northern Nigeria. Factors associated with reduced pregnancy rates included delayed sexual debut, school attendance, adequate parenting, youth-friendly institutional support, improved socioeconomic status, and access to information and communication technology. Adolescents who experienced unplanned pregnancies were less likely to receive maternal health services or skilled birth attendance, facing heightened risks of iron deficiency anemia, low-birth-weight deliveries, stress, shame, and depression. While the overall prevalence of adolescent pregnancies is decreasing, regional disparities persist.

Conclusion: The findings emphasize the importance of improving sexual education, healthcare access, and youth-friendly services to mitigate unplanned adolescent pregnancies and associated health risks. Targeted interventions are crucial to addressing these challenges and promoting better outcomes for Nigerian adolescents.

Paper ID: 34

Adherence to evidence-based implementation of antimicrobial treatment guidelines among prescribers in sub-Saharan Africa: a systematic review and meta-analysis

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Background: Adherence to evidence-based standard treatment guidelines (STGs) ensures appropriate diagnosis and treatment. However, irrational antimicrobial use significantly contributes to antimicrobial resistance in sub-Saharan Africa (SSA). This systematic review and meta-analysis aimed to determine the pooled prevalence of adherence to antimicrobial treatment guidelines among prescribers in SSA.

Methods: Following JBI methodology, we searched CINAHL, Embase, PubMed, Scopus, and Web of Science without language or publication year restrictions. STATA version 17 was used for meta-analysis, assessing publication bias and heterogeneity via Egger's test and I^2 statistics. The review protocol was registered in PROSPERO (CRD42023389011).

Results: We included 22 studies with 17,017 participants across 14 SSA countries. The pooled prevalence of adherence to antimicrobial treatment guidelines was 45%. The most common clinical indications were respiratory tract (35%) and gastrointestinal infections (18%). Inpatient prescriptions totaled 14,413, while outpatient prescriptions reached 12,845. Only 391 prescribers accessed STGs during antimicrobial prescriptions.

Conclusions: Adherence to evidence-based antimicrobial STGs remains low in SSA. Strengthening access to STGs—such as integrating mobile clinical decision support tools—is crucial. Healthcare systems must implement innovative strategies to empower prescribers with evidence-based decision-making, ultimately improving patient outcomes and antimicrobial stewardship.

Paper ID: 35

Effectiveness of community-based interventions for prevention and control of hypertension in sub-Saharan Africa: A systematic review

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Background: Hypertension is a major public health issue in sub-Saharan Africa, driven by multiple risk factors. Community-based interventions offer a promising strategy for prevention and control, yet comprehensive systematic review evidence is lacking. This study aimed to synthesize the effectiveness of community-based interventions for hypertension prevention and control in low-resource settings.

Methods: A systematic search was conducted in PubMed, CINAHL, Web of Science, Embase, Scopus, and Google Scholar. Studies published in English were included, following PRISMA guidelines. Two independent reviewers appraised studies and extracted data using a predefined Excel sheet. Eligible studies included experimental, quasi-experimental, cohort, and analytical cross-sectional designs, focusing on adults receiving community-based interventions.

Results: Eight studies met the inclusion criteria: two interventional, two quasi-experimental, three cohort, and one comparative cross-sectional study. Interventions included health education, health promotion, home-based screening and diagnosis, as well as referral and treatment. Sample sizes ranged from 236 to 13,412 in intervention groups and 346 to 6,398 in control groups. The review indicated a positive effect of community-based interventions in reducing systolic and diastolic blood pressure.

Conclusion: Community-based interventions show potential in hypertension prevention and control in sub-Saharan Africa. However, inconsistencies and limited evidence hinder conclusive synthesis. Further high-quality primary studies are needed to strengthen the evidence base for effective implementation.

Paper ID: 36

Pharmacological interventions for preventing upper gastrointestinal bleeding in people admitted to intensive care units: a systematic review and network meta-analysis

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Background: Upper gastrointestinal (GI) bleeding is a serious complication in intensive care unit (ICU) patients, necessitating effective pharmacological prevention strategies. Various medications are used, but their relative efficacy and safety remain uncertain. This study aimed to assess the effectiveness of pharmacological interventions in preventing clinically significant upper GI bleeding in ICU patients.

Methods: A systematic review and network meta-analysis were conducted following Cochrane methodology. Randomized controlled trials (RCTs) including ICU patients hospitalized for more than 24 hours were analyzed. Databases searched included the Cochrane Gut Specialised Register, CENTRAL, MEDLINE, Embase, and LILACS, covering August 2017 to March 2022, with an update in MEDLINE in April 2023. ClinicalTrials.gov and WHO ICTRP were also searched. The certainty of evidence was assessed using the GRADE approach. The primary outcome was the prevention of clinically important upper GI bleeding.

Results: A total of 123 RCTs with 46,996 participants were included. Several interventions demonstrated moderate-certainty evidence for reducing upper GI bleeding: cimetidine (RR 0.56, 95% CI 0.40–0.77), ranitidine (RR 0.54, 95% CI 0.38–0.76), antacids (RR 0.48, 95% CI 0.33–0.68), sucralfate (RR 0.54, 95% CI 0.39–0.75), and a combination of ranitidine and antacids (RR 0.13, 95% CI 0.03–0.62). However, the effects of these interventions on nosocomial pneumonia, ICU or hospital mortality, ICU stay duration, intubation duration, and serious adverse events remain unclear.

Conclusion: Several pharmacological interventions appear effective in preventing upper GI bleeding in ICU patients. However, evidence on broader patient-relevant outcomes, including potential harms, remains inconclusive. Further research is needed to evaluate the overall benefits and risks, considering individual patient conditions.

Paper ID: 37

Applying the RoB-SPEO tool to a systematic review of Work-related Musculoskeletal disorders.

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Background: Despite recent studies indicating a rise in the prevalence of Work-related musculoskeletal disorders (WMSD) amongst white-collar office workers, the extent of WMSDs in developing countries among office workers is largely undocumented, particularly in low- and middle-income countries (LMICs). The relatively novel tool for assessing risk of bias in studies estimating the prevalence of exposure to occupational risk factors (RoB-SPEO) overcomes the lack of exposure assessment found in other tools. We employed RoB-SPEO in our endeavour to synthesize evidence on the epidemiology of WMSDs among office workers in LMICs.

Methods: PubMed and Scopus were searched for studies assessing the prevalence of WMSD in office workers in LMICs. Two reviewers independently screened retrieved articles for eligibility, extracted data on prevalence and risk factors associated with WMSDs and, applied RoB-SPEO. The meta-analysis employed random-effects models to estimate pooled prevalence estimates of overall WMSD and corresponding body regions. Risk ratios were calculated to quantify relationships between risk factors and prevalence estimates.

Results: The review included 25 studies (3 cohort, 22 cross-sectional, n=9,842 office workers from 14 LMICs). Pooled prevalence of WMSD was 70% (lower back (44%), neck (38%), and upper back (37%)). We found no significant association between risk factors and WMSDs. Nine studies were judged as probably low risk (36%), 13 studies as probably high risk (52%), and 3 as high risk (12%). While rated as user-friendly, effective, and reliable with favourable inter-rater Quality Assessment (QA) agreement, Rob-SPEO did not allow for assessment of differential and non-differential biases.

Conclusion: There is a high prevalence of WMSD amongst office workers in LMICs emphasizing the importance of improving ergonomic practices in LMIC office environments. Rob-SPEO facilitated QA in this review, although improvements to the tool are warranted.

Paper ID: 38

Promoting efficiency in an evidence response service towards advancinguniversal health coverage (UHC) in South Africa

Natasha Gloeck (SA MRC)*; Solange Durao (SA MRC); Tamara Kredo (SA MRC)

Background: The South African Medical Research Council (SAMRC) provides an evidence response service in partnership with the National Department of Health (NdoH) through the Evidence to Decision (E2D) project, building on decades of engagement and collaboration with the aim of strengthening health intervention recommendations through evidence synthesis, ultimately towards supporting the rollout of UHC in South Africa. A key component of this initiative involves leveraging technology to streamline the review request process and improve overall efficiency.

Aim: To enhance review request processes through the development of a unique database tailored to the specific needs of an evidence response system

Methods: Previously, the service operated through email requests and manual spreadsheet updates, making real-time updates cumbersome and dependent on a single individual for maintenance. The current approach utilizes a Microsoft Form for request submissions; however, updates still require manual input by one or two individuals. While this method offers a slight improvement in efficiency, the formalization of the evidence response service through E2D highlighted the need for a more robust platform that supports real-time updates and multi-user accessibility. With this in mind, we are developing a database, in collaboration with Redcap, with support from the NdoH. This platform will accept requests, allocate available methodologists, and allow for real-time updates of review product progress.

Conclusion: Although still in development, we anticipate that harnessing technology in this space will enhance efficiency, enable better management of reviewer capacity, and minimize the risk of overlooked requests. Additionally, we foresee this serving as a pilot project to optimize processing for an HTA agency, supporting the transition towards Universal Health Coverage (UHC) implementation in South Africa.

Paper ID: 39

Strengthening the Institutionalization of Health Knowledge Systems in Benin: A Collaborative Approach to Enhancing Evidence Use in Decision-Making

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Background: In Benin, despite increased research data production, its integration into health policy decisions remains weak. Research findings are often fragmented, inaccessible, or not adapted to policymakers' needs, leading to inefficiencies in decision-making and resource allocation. Limited collaboration between researchers and policymakers further restricts the translation of knowledge into practice. To address this, a multisectoral partnership of government institutions, research centers, and civil society organizations was established to strengthen health knowledge systems and enhance evidence-based decision-making. This initiative seeks to systematically collect, synthesize, and integrate data into policy discussions.

Methods: A mixed-methods approach will be used, focusing on:

Capacity building: Training researchers and policymakers in policy brief development and knowledge synthesis to improve evidence communication.

Stakeholder engagement: Organizing national policy-research dialogues (e.g., Ubumtu Policy–Research in Health in Benin), fostering sustained interaction between decision-makers and researchers.

Digital innovation: Developing a Dynamic Integrated System for Digital Health Data Monitoring and Evaluation, enhancing real-time evidence accessibility.

Results: Greater integration of research evidence into health policy formulation and implementation.

Strengthened institutional collaboration for effective knowledge management.

Establishment of a sustainable framework aligned with the National Health Development Plan (PNDS) 2024–2030.

Conclusion: This initiative provides a scalable model to institutionalize the use of research evidence in health policymaking. By fostering collaboration across sectors, it holds potential for replication in other African contexts, supporting evidence-based governance and improving health outcomes.

Paper ID: 40

Transforming Learner Attitudes Toward Evidence-Informed Decision-Making (EIDM) Through a Training Program in Africa

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Background: Capacity building is necessary to enhance attitudes toward Evidence-Informed Decision-Making (EIDM) and promote the effective use of evidence in policy. Our training program emphasizes the transformative benefits of helping participants appreciate the importance of evidence in decision-making processes. By addressing gaps in knowledge, and understanding of the practical relevance of EIDM, the program equips participants with the knowledge and mindset necessary to integrate EIDM. This study explores participants' experiences of the training program on their attitudes toward EIDM and how these shaped their perspectives.

Methods: We rolled out the Evidence to Policy (E2P) training program in Uganda for 15 weeks, during which we conducted feedback sessions with the participants. We followed with key informant interviews with two policymakers and two researchers who participated in the training. The data collected were analyzed using thematic analysis with an inductive approach.

Results: Participants valued the program's collaborative learning environment, highlighting the advantages of working with diverse peers. Additionally, a policymaker noted a positive shift in attitude toward EIDM. Participants valued the inclusion of relationship-building components in the training, noting that it clarified their roles and underscored the human aspect of policymakers. Generally, participants found the course well suited for beginners, with many recommending it for those new to the field. The course provides a solid foundation and valuable insights, effectively meeting the needs of the participants.

Conclusion: The training program improved participants' knowledge and skills in EIDM by fostering a supportive and collaborative environment. Additionally, it helped participants appreciate the diverse perspectives and values of others and embrace EIDM and its practical relevance.

Paper ID: 41

Creating a Clinical Practice Guidelines Repository in Nigeria: prospects for improving evidence-based healthcare decision-making

Ekpereonne Esu (Cochrane Nigeria)*

Background: Clinical practice guidelines (CPGs) have been developed as part of evidence-based healthcare to address variations in clinical practices. CPGs assess the quality of evidence and the strength of recommendations, consider patient values, promote health equity, and aim to improve health outcomes. As part of the Global Evidence Local Adaptation (GELA) project in Nigeria, which aims to enhance the use of evidence for children and newborns by strengthening the capacity of researchers and decision-makers in sub-Saharan Africa (SSA), we assessed the landscape and quality of newborn and child health CPGs in Nigeria in the previous five years (2017-2022).

Methods: We searched relevant websites for publicly available sub-national and national guidelines addressing newborn and child health in Nigeria. Reviewers worked independently in pairs to extract information from eligible guidelines (topic, target population and users, developers, stakeholder consultation process, adaptation description, assessment of evidence certainty).

Results: We identified 11 guidelines. Of these, 64% reported being adopted from a parent guideline. National Health Ministry (n=9) most often developed guidelines. Four guidelines invited only health providers, while six involved patients/patient advocates and health providers. Ten guidelines reported on stakeholder consultation. We experienced challenges accessing CPGs and noted the lack of a national guideline repository.

Conclusion: The development and dissemination of CPGs in SSA face significant challenges, including fragmentation, inconsistency, and limited accessibility. We emphasise the need for a Nigerian repository of CPGs that would act as a central hub for all nationally endorsed CPGs, making them easily accessible to healthcare providers nationwide. Furthermore, the repository would provide a platform for collaboration among key stakeholders, including researchers, clinicians, policymakers, and patient representatives.

Paper ID: 42

Identifying priorities for guidelines on newborn and child health in South Africa, Malawi and Nigeria: a priority setting exercise

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Background: Sub-Saharan Africa (SSA) is the region with the highest under-five mortality rate globally. Evidence-informed guidelines are key to inform healthcare decisions. The GELA - Global Evidence, Local Adaptation - project aimed to enhance capacity to use global research to develop locally relevant guidance for newborn and child health in three SSA countries. The first step was a process to identify national priority topics.

Objectives: To identify priorities for newborn and child health guideline development in South Africa (SA), Malawi and Nigeria.

Methods: We followed good practice for priority setting, including stakeholder engagement, online priority setting surveys and consensus meetings. National Steering Groups (SG) representing government, academia, WHO, UNICEF and NGOs helped prioritise topics and advise on the process. A broader range of stakeholders were engaged via an online survey to rate the importance of topics. Survey results informed consensus meetings with SGs where final priorities were agreed.

Results: Each country's steering group comprised 10-13 members. Initial priority topics were identified (Apr-Sep 2022) and added to surveys, which were open for 3-4 weeks (Oct and Dec 2022). The surveys were completed by 37, 23 and 78 people in SA, Malawi and Nigeria respectively; a similar proportion of participants accessed and completed all sections across countries; 66% in SA, 61% in Malawi, 68% in Nigeria. Based on survey results, 8-10 topics were identified in each country, which informed consensus meetings (Nov and Dec 2022). Through voting and discussion in meetings, and engagement between meetings, the top three priorities were identified; all were specific to country contexts.

Conclusions: Through dynamic and iterative stakeholder engagement we identified priority topics for guideline development on newborn and child health in SA, Malawi and Nigeria. Limited overlap of topics highlights need for contextualised priority setting.

Paper ID: 43

Building Capacity to Understand and Communicate Complex Science for decsion making

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Background: Communicating genomics or any other science is complex. Guidance around communicating science to non-science audiences has frequently been simplistic and assumed that anyone can do it. However, it requires more than simply translating the jargon of science into common language. This study aimed at improving the understanding of genomics information, as a case of complex science, and building the capacity of select purveyors of this information for decision making.

Objectives: 1. To explore and improve the public's understanding of genomics in the context of Covid-19 and build the capacity of a select group of researchers, journalists, knowledge brokers, and policymakers around the communication of genomics research and findings to the public

Methods: We took a case study research design employing action research methods between September 2022 to January 2024. Phase one involved conducting modified citizen panels to develop a background

of the public's understanding of genomics. Phase two, built on phase one results in developing and implement a training and mentorship program for complex science communication on a selected group of purveyors.

Results:

- Citizen panels affirmed the wide use of genomics (complex scientific) terms and the lack of complete understanding thereof
- Local languages in Malawi were shown to lack vocabulary for most genomics and scientific terms
- Different cultural contexts in Malawi use different scientific terms to mean different things, hence a need for standardization
- 18 purveyors were trained and mentored in knowledge translation and communication, improving their information sharing abilities
- Government and partners are keen on improving complex science communication
- Conclusion & Recommendations
- Enhanced communication of complex scientific information, research and data is key for informed decisions
- A combination of training and mentorship proved effective capacity building for local decsion makers.

Paper ID: 44

Improving Access to Evidence-Based Decision-Making: Developing the Computable 2024 Malaria Management Guidelines for Healthcare Personnel in Cameroon

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Background: The 2024 Malaria Management Guidelines for Cameroon's healthcare personnel aim to reduce morbidity and mortality by 75% by 2028, equipping clinicians with essential information to enhance the quality of malaria management. However, clinicians have limited access to hard copies. These guidelines are not readily available online, and there are network and connectivity issues in various regions of Cameroon even if they were. To address this, the guidelines were made computable on the FEvIR Platform (https://fevir.net) and an offline PDF version was created. This project aims to enhance access to these guidelines improving patient care.

Methods: The Health Evidence Knowledge Accelerator (HEvKA) Making Guidelines Computable Working Group used the FEvIR Platform which supports computable sharing of evidence and guidelines. Data sources included the 2024 Malaria Management Guidelines, expert developers, and user feedback. The process involved translating the guidelines into computable formats through the FEvIR Platform, designing an offline PDF version, and ensuring compatibility with various electronic devices. Data collection involved user satisfaction surveys and usability tests to determine accessibility improvements and user experience.

Results: Computable guidelines on the FEvIR Platform significantly improve accessibility for healthcare personnel. The PDF version provides a reliable alternative for clinicians in regions with network issues. Preliminary user feedback indicates high levels of satisfaction with both the computable and offline versions, highlighting their ease of use and effectiveness.

Conclusion: Making the 2024 guidelines computable on the FEvIR Platform and creating an offline version effectively addressed accessibility challenges, enhancing evidence-based decision-making and promoting health equity by ensuring all healthcare personnel have access to vital guidelines. Future efforts should capture updates and other healthcare tools.

Paper ID: 45

Lessons from Malawi on a guideline development and adaptation process—Global Evidence and Local Adaptation

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Background: The burden of under-5 mortality remains significantly high in sub-Saharan Africa, with poverty-related deaths accounting for the majority of deaths. To enhance health outcomes, the implementation of evidence-based health guidelines adapted to health system contexts is crucial. The Global Evidence, Local Adaptation (GELA) project is improving capacity to use global evidence in developing locally relevant guidelines for newborn and child health in South Africa, Malawi, and Nigeria. We describe the Malawi GELA research and policy practice experiences with developing guidelines and share lessons learned.

Methods: A standard protocol for the GELA project (priority setting & evaluation) was used and adapted for Malawi. The Ministry of Health (MOH), WHO-HQ, and WHO Afro were engaged at the proposal stage and informed when funding was awarded. A local Guideline Development Group (GDG) was established to develop recommendations. The process was supported by a Steering Group (SG).

Results: Guidelines on early enteral feeding for critically ill children were developed in Malawi by the GDG with support from the SG, GELA researchers, and various stakeholders. Formal capacity-building, including on-the-job training and community of practice meetings, improved national stakeholders and researchers abilities to make evidence-based decisions. Several decisions made during the process built on the experience gained from implementing the project. Strengthening relationships with all stakeholders is important for successful national guideline work and for enhancing capacity for evidence-informed decision-making.

Conclusion: In Malawi, GELA demonstrated how to use experiential learning to contextualize processes. The lessons learned from this process could inform the development of a contextualized process of guideline development in settings like Malawi. Investment in strengthening local capacity and embedding standardized processes is essential for sustaining these advances.

Paper ID: 46

Lessons learned from the Integrated Knowledge Translation strategy to enhance evidence-informed newborn and child health guidelines in Malawi: The Global Evidence, Local Adaptation (GELA) project

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Background: Integrated Knowledge Translation (IKT) has a potential to enhance knowledge co-production and promote uptake of research evidence in health programs, policies and practices. In low- and middle-income countries the use and impact of IKT have been insufficiently documented. In Malawi, an IKT strategy was implemented through the Global Evidence, Local Adaptation (GELA) project which is aimed at enhancing researchers and decision-makers' capacity to use global research to develop locally relevant guidelines for new-born and child health in Malawi, Nigeria and South Africa. We share the lessons learned and experiences with developing and implementing the IKT strategy to inform effective stakeholder engagement approaches in future research.

Methods: Each country selected two IKT Champions. A non-linear and iterative approach utilizing the two IKT champions and an overall GELA coordinator (representing Malawi, Nigeria and South Africa) led to the formation of a GELA IKT Working Group. During the first quarter of the project, the working group members participated in a 2-hour long working group meeting via Zoom to review, discuss and agree on appropriate strategy templates that informed the development of IKT strategies. This was followed by regular scheduled meetings to discuss implementation of the strategy as well as updating it. The IKT champions shared their experiences with the process in in-depth discussions aided by an unstructured interview guide.

Conclusion: Although, the IKT Champions had prior capacity in evidence informed decision making obtained through various training programs, the process of stakeholder mapping, determining their level of interest and influence as well as identifying realistic indicators for monitoring the strategy was complex and challenging. The initial orientation and subsequent regular meetings for IKT champions provided the required guidance for developing the IKT strategy for Malawi.

Paper ID: 47

Assessing the use of Economic Evidence in the Development of Clinical Practice Guidelines on Child Health in Nigeria

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Background: Provision of quality healthcare for Nigeria's children is challenged by high rates of under-five morbidity, mortality and economic waste. Achieving Universal Health Coverage under the Sustainable Development Goals requires a balance of quality of healthcare and optimizing cost. Incorporating Economic Evidence (EE) in developing Clinical Practice Guideline (CPG) recommendations may be useful, but it is unclear if CPGs on child health in Nigeria consider economic costs.

Aim: To assess the use of economic evidence in developing recommendations of CPGs on child health in Nigeria.

Methods: In June 2024, we searched electronic databases for national and subnational CPGs on newborn, child health, and leading infective causes of under-five mortality in Nigeria. We also searched relevant websites for grey literature. Two reviewers independently extracted data from eligible guidelines, including the scope, guideline development process, and use of EE. We performed a descriptive analysis of the data and a desk review of the context in which EE was used in relevant

guidelines.

Results: We identified 13 eligible guidelines published between 2017 and 2022. Eight of these guidelines where adapted, four were DeNovo guidelines while the guideline development process was not reported in one. Majority of the guidelines were on communicable diseases (n=7), and 11 intended for use at all levels of care. Despite the existence of tools like the Evidence-to-Decision framework to aid the guideline development process, economic evidence was explicitly considered in only three CPGs. Cost was often mentioned as a plausible barrier to adherence but not in the context of exploring cost-effective alternatives. Socio-economic factors were causally linked the disease conditions.

Conclusion: Incorporating economic evidence in developing CPGs on child health while lacking, may optimize quality healthcare delivery and child health outcomes especially in resource-constrained settings.

Paper ID: 48

Assessing and building capacity for clinical guideline development in Malawi, Nigeria and South Africa: A mixed methods study

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Background: Competency in clinical guideline development ensures credible decision-making. As part of the Global Evidence, Local Adaptation (GELA) project, guideline development group (GDG) and steering group (SG) members in Malawi, Nigeria, and South Africa were offered tailored courses to build their capacity to read, interpret, and use evidence, and to participate in in-country guideline development processes. Aim: To assess change in knowledge, skills, behaviour, and perceptions of GDG and SG members on the guideline process in the three countries

Methods: We conducted a mixed-methods study. An online survey (RedCap) was developed, informed by the Kirkpatrick training evaluation model, with relevant adaptations for satisfaction, learning, skills, behaviour change, and workplace use. We invited GDG and SG members to complete the surveys at baseline and mid-term. We also invited members to participate in semi-structured, in-depth interviews and analysed data using Framework analysis. Results: At baseline, 56 GDG and SG members completed the survey, 22 completed it at mid-term. Participants' confidence increased by 10+% in most skills required for guidelines, including appraising and interpreting evidence from systematic reviews, describing and interpreting GRADE Summary of Findings tables, participating in the evidence-to-recommendation process, and qualitative evidence syntheses, although there were some differences across countries. Participants reported higher engagement with the guideline development processes. We interviewed 27 SG and GDG members in the three countries. The preliminary findings were: GELA offered a more rigorous CPG development process than prior experience; qualitative evidence, though valued, is underutilized; and dissemination, implementation, and sustainability were identified as next steps. Conclusion: Tailored capacity-building opportunities can lead to positive changes in knowledge, skills, and behaviour related to CPG development.

Paper ID: 49

Landscape analysis of clinical practice guidelines in Newborn and Child health in Nigeria and their implementation tools

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Background

Poverty-related diseases (PRDs) are a leading cause of death in under-fives in sub-Saharan Africa. Clinical practice guidelines (CPGs) can help to provide guidance for improving prevention, diagnosis, and treatment of PRDs. Current best practice recommends inclusion of guideline Implementation tools (GITs) in CPGs to facilitate and optimize uptake. It is unclear to what extent GITs are embedded in child health-related guidelines in Nigeria. We performed a landscape analysis to identify CPGs published in Nigeria (2017-2022), and types and characteristics of GITs.

Methods

We searched websites (Ministry of Health and professional associations), guidelines clearinghouses, journals, references of included CPGs, Google, and emailed key contacts to identify relevant CPGs. We screened the search output using predefined criteria and extracted data from the CPGs including the title, scope, target users, condition and developers. We also extracted data on GITs in the CPGs and their desirable characteristics.

Results

Twelve CPGs met our inclusion criteria (Table 1). Most (10/12) were developed by the Ministry of Health, and addressed a range of conditions. Target users for all the CPGs included healthcare providers but five guidelines also targeted program managers or patients. Most CPGs (7/12) covered diagnosis, treatment, prevention and screening of diseases.

All the CPGs had GITs except two. There were 90 tools in total in these CPGs. These tools were embedded in the CPG documents and were open access. The majority of the tools were algorithms (42) or forms/checklists (Table 2) and were clinician support tools (77.8%). However, they did not have desirable characteristics advocated by GIT experts.

Conclusion

Available CPGs vary in scope/target and contain a limited variety of implementation tools. The tools poorly reflected desirable characteristics of GITs. There is need for more patient support, implementation and evaluation tools to aid CPG implementation.