Cochrane Africa

Trusted evidence. Informed decisions. Better health.

Issue 8 | April 2024

Message from Cochrane Africa co-directors

Dear Cochrane Africa friends

We welcome the Cochrane Africa community to the first issue of the Cochrane Africa newsletter for 2024. As usual we have tried to bring together interesting people, news, reviews and events which we think are particularly relevant to the continent and our community starting with our interview with Ndi Euphrasia Ebai-Atuh from Cameroon who is a leading light in the Cochrane Consumer Executive Committee and a very enthusiastic participant in the activities of Cochrane Cameroon.

In this year we particularly look forward to the second Global Evidence Summit (GES) to be held in Prague in the Czech Republic in September. The GES brings together four organisations that are leaders in the evidence field namely Cochrane, the Joanna Briggs Institute, the Guidelines International Network and the Campbell Collaboration. The previous and first GES was held in Cape Town, South Africa in 2017. We encourage our partners from across Africa to participate wherever possible.

We hope you will enjoy this issue and repeat our invitation to you to make this *your* newsletter by contributing stories and ideas from the continent.

We are interested to find out your thoughts and suggestions about the Cochrane Africa newsletter.

Please complete this brief survey to submit your feedback.

Tamara Kredo

Solange Durão

Representing Africa

"The Cochrane Consumer Network is a huge learning opportunity for me. I'm happy I didn't shy away from the opportunity. It's important that Africa has representation given the role that Cochrane occupies in the field of evidence healthcare," said Ndi Euphrasia Ebai-Atuh. "It's an opportunity for me to echo the voices of consumers from this part of the world."

"Of course, as one person I cannot represent the diverse views of all African healthcare consumers but my being on the board and in the team gives Cochrane more diverse perspectives when it comes to consumer involvement and engagement," she continued. "I applaud the initiative, passion and zeal that Cochrane portrays and has increasingly demonstrated to diversify its work. It's very important that people from low- and middle-income countries lend our voices to what's going on in Cochrane. It's important that we are part-and-parcel of the decision making. To make use of the outputs it's important to be part of the inputs."

Euphrasia is an accountant from Cameroon and an enthusiastic supporter and promotor of the work of Cochrane. She is on the Cochrane Consumer Executive Committee and represents the Committee on the **Cochrane Council**. Having completed both accountancy and teacher-training studies, she is currently an Assistant Lecturer in the Accounting Department of the Faculty of Business & Management Sciences at the Catholic University of Cameroon, Bamenda; a systematic reviewer for **Effective Basic Services (eBASE) Africa**; and, Co-director of the Cameroon Consumer Service Organisation (CamCoSO). In the week of the interview, she was preparing to defend her PhD thesis in accounting.

She first became involved with Cochrane through collaboration between CamCoSo and eBASE but also through an interest in accessing information for a personal health issue.

"In accounting we work with evidence," she laughed. As an accountant I believe in informed decision making and in getting the most accurate information possible. I came to know about Cochrane and realised I could get very reliable information from the number-one healthcare evidence producer."

Euphrasia has not only accessed and used Cochrane evidence personally but has provided consumer referee inputs to several Cochrane Reviews and consumer reviews of plain language summaries including those on stroke, haemophilia, sickle cell and fertility.

"I've taken up one task after another at Cochrane. I became a member in 2017 and in 2020 there was a call to join the Consumer Network. I was encouraged to apply and became a member of the Cochrane Consumer Executive Team."

Euphrasia is the first born of her family. Her mother is a secondary school biology teacher and her father is a health and safety officer for a construction company. One of her sisters is studying to be a laboratory technician and her younger brother is in his fourth year at medical school. "They are Cochrane supporters and I'm encouraging them to get involved in Cochrane work," she said. "They have benefitted especially from the free access to the library. They speak from an informed point of view. My sister often says, 'I speak like a professional among my classmates'."

Married to a microbiologist who works in poultry farming and plant cultivation, Euphrasia is also mother to four children.

Launching Cameroon!

Euphrasia was part of the team that launched Cochrane Cameroon in 2021. "It was a wonderful experience. Since then I've been involved in planning meetings, preparing and designing surveys, and interventions geared at advocating for consumer involvement. Many of the projects are in the pre-implementation stage. It's been a good learning experience. I'm looking forward to more active collaboration now that my PhD studies are done. I'd like to find ways to actively push the consumer-involvement agenda – getting Cameroonian consumers at the front-and-centre of evidence-informed decision making within our healthcare system."

Overall, she is enthusiastic about developments within Cochrane especially in diversifying membership, reviews and methods.

"I want to give a big shout out to my teammates – my fellow consumer executives – they have been very supportive and tolerant of diverse opinions. They are welcoming, open to learn, to hear our stories, and see things from a different perspective. It's helped me to be at ease, to freely express my opinions, as well as to be open to learn. It's a huge opportunity which I don't take for granted. I'm encouraging other fellow Africans – those directly involved in healthcare and healthcare consumers – to get involved in Cochrane."

But she also highlighted the challenges. "Much more needs to be done especially taking into consideration the realities of our context. The work of Cochrane is largely more beneficial to those who are literate and have access to technology and data. The Cochrane geographical fields could be a very good vehicle to act as intermediators between Cochrane and grassroots society."

"There's still much to be done in meeting all the healthcare needs of those in the Global South where literacy is a privilege, and where there is not necessarily access to online information and there are other traditional ways of gathering information," she continued. "Although many people have mobile phones in Africa they are mostly used for entertainment. We are used to more traditional ways to gather information – TVs, radios and in-person announcements in villages. So, what about using traditional approaches like storytelling? Africans believe in storytelling. We are used to being around fireplaces with our parents telling us stories."

"My mother, for example, is a strong believer in indigenous healthcare – what our forefathers taught and practiced. She is not against modern medicine but relies a lot on what has been passed down to her. We must take that into consideration."

"If the geographical fields are funded, supported and empowered – even to the point of having fulltime staff – they can be a big asset to amplify the impact of Cochrane's work."

"I look forward to getting more involved. I'm available to put in my best where it is needed and where I have the competency. I look forward to lending my expertise and skills to the immense work Cochrane is doing."

Volmink joins Wellcome

Prof. Jimmy Volmink, the founding director of Cochrane SA, has joined Wellcome as Chief Equity, Diversity and Inclusion Officer and will lead their efforts to become an inclusive funder and employer. A key focus of Wellcome's strategy is to promote equity, diversity and inclusion in their funding decisions and their workforce.

Jimmy joined Wellcome from Stellenbosch University, South Africa, where he is Emeritus Professor of Global Health. He was previously Dean of Medicine and Health Sciences and led the formation of Cochrane South Africa in 1997. He is regarded as one of the 'fathers' of evidence-based healthcare in Africa.

Wiysonge moves to WHO AFRO

Prof. Charles Shey Wiysonge has left Cochrane South Africa and the South African Medical Research Council to join the World Health Organization (WHO) Regional Office for Africa as the Regional Adviser for Immunisation and Team Lead for the Vaccine-Preventable Diseases Programme.

He will be responsible for leading WHO's response to vaccine-preventable diseases in Africa, with a focus on contributing to the attainment of the 2030 Sustainable Development Goal (SDG) targets for vaccine-preventable diseases.

In his new position Wiysonge will provide transformational leadership in developing, implementing, and monitoring the vaccine-preventable diseases programme.

Kredo re-appointed to Cochrane's Governing Board

Tamara Kredo has been re-appointed to the Cochrane Governing Board. She has worked in the field of evidence-based healthcare practice and training, rational therapeutics, and clinical practice guidelines for most of her career. Her research involves conducting stakeholder-engaged and priority-driven systematic reviews and explores the methods, quality and content of clinical practice guidelines in southern Africa.

She is currently the Unit Director of the Health Systems Research Unit at the South African Medical Research Council. She is also an Associate Professor Extraordinary at Stellenbosch University in both the Departments of Medicine (clinical pharmacology) and of Global Health (epidemiology and biostatistics), and an Honorary Associate Professor at the University of Cape Town's, School of Public Health and Family Medicine. She holds several global leadership roles.

News from Cochrane Kenya

Africa CDC EIDM training by Cochrane Kenya

Anchoring evidence-based decision making as a fundamental principle, Africa CDC not only espouses this value but actively pursues its implementation through dedicated learning efforts. Recognising the significance of practical application, in December a pivotal initiative unfolded in Addis Ababa. Spearheaded by the Cochrane Kenya team, led by Prof. Charles Obonyo and Ms Lilian Mayieka, alongside facilitators from Africa CDC, Kenya Medical Research Institute, Ethiopia Public Health Institute, and the Norwegian Institute of Public Health, a week-long training session unfolded. This comprehensive programme delved into Evidence-Informed Decision Making (EIDM) and provided a foundational introduction to systematic review methodologies. The collaborative efforts symbolised Cochrane

Kenya's commitment to enhancing EIDM across the region, highlighting a concerted endeavour to foster a culture of rigorous inquiry and informed decision-making.

Knowledge Management/Cochrane Kenya Symposium

The department of Resource Development and Knowledge Management in collaboration with Cochrane Kenya at KEMRI held its 4th symposium on 14 February 2024. The half-day symposium brought together a diverse panel of experts with experience in Big data and working with the community at the county level, and healthcare experts. They were able to share their experiences, insights and spoke into the theme of the symposium which was "*Big Data in Healthcare System: Opportunities, Challenges, and Future Prospects in the Community Health System*".

The symposium aimed to highlight the integral role of big data in knowledge translation, in which research findings are turned into tangible actions that benefit the society. Discussion centred around analysing the current situation around big data in public health. The current practices including data fragmentation, legal requirements for data

protection and digital health protection and application of artificial intelligence as a tool to support public health informed actions. There were also discussions around the future of big data, innovative solutions and collaborations to harness the power of big data and the strategies that can be implemented to improve data interoperability.

The recommendations included the need to commercialise data as part of revenue generation by supporting translation of research into innovative outputs; the need to address data fragmentation by bringing all programmes and facilities onto the electronic health information systems (eCHIS) platform and simplifying reporting processes by integrating automated reporting systems; as well as to create feedback mechanisms at the community level through dialogue.

Cochrane News

Cochrane's sustainable path to open access

Open science has long been at the heart of the ethos of the Cochrane Collaboration. From publishing **free plain-language summaries in multiple languages** to making **study data available**, Cochrane has strived to make its evidence accessible, transparent and useful to as many people as possible.

Since 2013, all Cochrane reviews have been made freely available 12 months after publication and all protocols freely available immediately. Over three billion people worldwide have immediate access to all content through national access agreements and the free-access offering to over 100 low- and middle-income countries.

Cochrane would like to go further to ensure that everyone can benefit from access to its evidence. However, in this challenging funding environment, income to keep producing and publishing reviews trusted by researchers, clinicians and policymakers worldwide is still needed. **Read more here**

New Cochrane policy on AI-generated content

Cochrane has introduced a **new editorial policy** addressing the use of artificial intelligence (AI) in generating written content for its publications. The policy aligns with guidance from the Committee on Publication Ethics (COPE) and the AI policy of Cochrane's publisher, Wiley. In summary, the use of AI generated content is permitted under certain conditions, such as that AI tools cannot be credited as authors, authors bear full responsibility for the article's accuracy and validity, and a transparent and detailed description of the AI tools used is included.

Cochrane has also summarised what makes for acceptable use of AI in review conduct and what's next for Cochrane in this area. This acknowledges the vast potential of AI for research development and publication, while recognising the challenges it presents.

See more here

New PhD launched in Austria: Applied Evidence Synthesis in Health Research

Danube University and Cochrane Austria have launched a new PhD programme, **Applied Evidence Synthesis in Health Research**. The course will be taught in English, is fully-funded and integrated with **Cochrane International Mobility**, allowing students to travel and learn at Cochrane centres around the world.

Cochrane Book Club

The Cochrane Book Club meets on the last Wednesday of the month. It's a no pressure, fun, friendly 30-minute chat to discover some great reading recommendations. **Contact Muriah** for more information and a calendar invite.
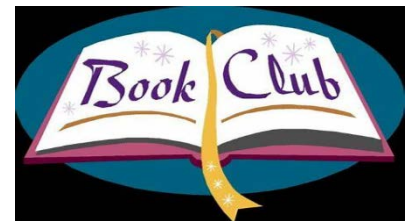
Nominate a Lifetime or Emeritus Member

You have until 30 April to nominate a Cochrane Colleague as a lifetime or emeritus member.

Cochrane values diversity and inclusivity, and the Lifetime and Emeritus Members should reflect the rich diversity of the global Cochrane community. Nominations are welcomed for individuals from all geographical locations and genders, and aim to endorse a balanced representation from all around the world.

Nominations will be collated and put forward for consideration to the Membership and Awards Committee of the Governing Board.

Submit a nomination

Cochrane Reviews and Other Resources

What are the benefits and harms of ibuprofen for managing pain after an operation in children?
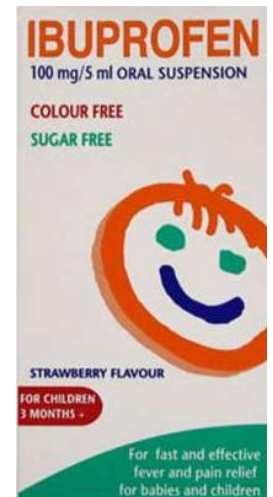
Key messages

- Ibuprofen probably reduces pain intensity just after an operation up to two hours compared to a placebo (dummy) and compared to paracetamol. The evidence compared to other medicines and in the longer term is unclear or lacking.

- Overall, the authors are uncertain about unwanted effects of ibuprofen, especially serious unwanted effects, since the studies in the review rarely measured them.

- Future studies should examine ibuprofen compared to commonly used medications and measure benefits and unwanted effects for both short- and long-term use.

Conclusions

Despite identifying 43 RCTs, the authors remain uncertain about the effect of ibuprofen compared to placebo or active comparators for some critical outcomes and in the comparisons between different doses, schedules and routes for ibuprofen administration. This is largely due to poor reporting on important outcomes such as serious adverse events, poor study conduct or reporting, and small, underpowered studies.

For more see here

Read the full review

What are the benefits and harms of workplace interventions aimed at reducing the risk of SARS-CoV-2 infection outside of healthcare settings?

Key messages

- The authors did not find any high-quality evidence about the best way to prevent SARS-CoV-2 infection in the workplace. They found only one study that reported very uncertain results.

- Larger, well-designed studies are needed to better understand the benefits and harms of different workplace interventions.

Conclusions

The authors are uncertain whether a test-based attendance policy affects rates of PCR-positive SARS-CoV-2 infection (any infection; symptomatic infection) compared to standard 10-day self-isolation amongst school and college staff. A test-based attendance policy may result in little to no difference in absenteeism rates compared to standard 10-day self-isolation. More controlled studies are needed on testing and isolation strategies, and working from home, as these have important implications for work organisations.

For more see here
Read the full review

Interventions that increase and sustain the uptake of vaccines in low- and middle-income countries

The aim of the review was to evaluate the effect of different strategies to increase the number of children in low- and middle-income countries who are vaccinated to prevent infection by a disease.

Key messages
- Immunisation outreach alone or in combination with non-monetary incentives or health education probably improves full vaccination uptake among children under five years of age.
- Health education may lead to more children receiving three doses of diphtheria-tetanus-pertussis containing vaccine (DTP3).
- The use of specially designed immunisation cards may improve the uptake of DTP3.
- Using phone call or text messages to remind caregivers about vaccination may have little or no effect on improving uptake of DTP3.
- Involvement of community leaders in combination with health provider intervention probably improves uptake of DTP3.
- The authors are uncertain if training of health providers on interpersonal communication skills improves the uptake of DTP3.

Conclusions

Health education, home-based records, a combination of involvement of community leaders with health provider intervention, and integration of immunisation services may improve vaccine uptake. The certainty of the evidence for the included interventions ranged from moderate to very low. Low certainty of the evidence implies that the true effect of the interventions might be markedly different from the estimated effect. Further, more rigorous RCTs are, therefore, required to generate high-certainty evidence to inform policy and practice.

For more see here and listen to the podcast
Read the full review

Psychosocial and pharmacologic interventions to reduce harmful alcohol use in low- and middle-income countries

In LMICs there is low-certainty evidence supporting the efficacy of combined psychosocial and pharmacologic interventions on reducing harmful alcohol use relative to psychosocial interventions alone. There is insufficient evidence largely due to the substantial heterogeneity in outcomes, comparisons, and interventions that precluded pooling of these data in meta-analyses. Most studies are brief interventions, primarily among men, using measures that have not been validated in the target population. Confidence in these results is reduced by the risk of bias and significant heterogeneity among studies as well as the heterogeneity of results on different outcome measures within studies. More evidence on the efficacy of pharmacologic interventions and specific types of psychosocial interventions are needed to increase the certainty of these results.

For more see here
Read the full review

What do people think of strategies to identify cases of tuberculosis in low- and middle-income countries?

Key messages

- *Active case finding (ACF) improves access to diagnosis, but does little to help the poorest*

  ACF improves access to health services for people with worse health and fewer resources. However, programmes are not always sensitive to the daily challenges people face. Those who migrate for work or live in remote areas also have less access to ACF.

- *People are afraid of diagnosis and its impact*

  Being targeted for screening is frightening. It exposes people to discrimination due to stigma, and the assumption they have HIV.

  For this reason, some people may refuse to participate in diagnosis and treatment. People also report feeling overwhelmed and afraid upon diagnosis, as they anticipate medicine side effects and the prospect of living with a serious illness.

- *Screening is undermined by weak health infrastructure*

  In many settings, lack of investment has resulted in poor services resulting in repeated tests and clinic visits, wasted time and difficult interactions with health workers. People with tuberculosis (TB) or other conditions who attend screening expect follow-up care, which they may not receive. Community members, parents and health workers also often receive inadequate information.

- *Health workers are an under-valued but important part of ACF*

  ACF can be difficult for health workers due to lack of support. They are also poorly protected against TB and fear that they or their families might become infected. Despite this, the care and support they provide helps people feel able to manage their condition.

- *Local leadership is necessary but not sufficient for ensuring appropriate programmes.*

  When people from the local community promote or conduct ACF, it increases support for the service. However, health workers need to balance professional authority with local knowledge and rapport.

Conclusions

TB ACF and contact tracing bring a diagnostic service to people who may otherwise not receive it, such as those who are well or without symptoms and those who are sick but have fewer resources and live further from health facilities. However, capturing these 'missing cases' may be insufficient without appropriate health-system strengthening to retain people in care. People who receive a TB diagnosis must contend with a complex and unsustainable cascade of care, and this affects their perception of ACF and decision to engage with it.

For more see here

Read the full review

Global Evidence Summit: 10-13 September 2024, Prague Czech Republic

The Global Evidence Summit is a quadrennial event that brings together some of the world's leading organisations in evidence-based practice in a shared mission to provide a platform to discuss critical issues across different sectors, including health, education, social justice, the environment and climate change.

 The main aim of the summit is to provide a multi-disciplinary and cross-cultural platform, which provides the opportunity for delegates and speakers to exchange ideas about how best to produce, summarise and disseminate evidence to inform policy and practice, and using that evidence to improve people's lives across the world.

More information and **registration here**

International Clinical Trials and Methodology Conference (ICTM)

ICTMC is the leading international platform for researchers and practitioners to present the very latest in trials methodology. The meeting also offers valuable networking and training opportunities.

Date: 30 September 2024, Edinburgh, Scotland

More information and **registration here**

World Conference on Research Integrity

The World Conference on Research Integrity (WCRI) is the largest, most-significant international conference on Research Integrity and Responsible Conduct of Research. A solid foundation of discussion and promotion of research integrity has been established by previous WCRI conferences.

Date: 2-5 June 2024, Athens, Greece

More information and **registration here**

Upcoming Learning Events

16 May 2024 13:00 UTC+1

Integrating the findings of a QES with the findings of a Systematic Review of Effectiveness

More information and **to register, click here**

27-31 May 2024

Introduction to Cochrane Methodology

More information and **registration here**

9-12 June 2024, Berlin, Germany

What Works: Climate Solutions Summit

More information

13-14 June, Berlin, Germany

What Works: Climate Solutions Summit - Evidence Accelerator

More information

14 June 09:30-17:30

Forum: Opportunities, Limitations and Risks of Artificial Intelligence in Evidence Synthesis in Health Care

More information, programme and to **register**

20 June 2024, 10:00 UTC+1

Living Guidelines – The process, benefits and challenges of maintaining high currency recommendations in clinical care

To register, click here

25-27 June 2024, Penang, Malaysia

Workshop on Developing a Protocol for a Cochrane Systematic Review

Further information & registration

25 -28 June 2024, Nottingham

The Nottingham Systematic Review Course

More information and to book **click here**

28 June 2024, Penang, Malaysia

Risk of Bias 2 Workshop

Further information & registration

Share your story

If you have an interesting story to tell about your Cochrane activities in Africa share it with us and let's keep the conversation about evidence-based healthcare in Africa alive.