Cochrane Africa

Trusted evidence. Informed decisions. Better health.

Issue 10 | July 2025

Message from the Cochrane Africa Co-Directors

It has been an exciting and extremely busy period for Cochrane Africa with all our attention on the Cochrane Africa Indaba hosted by Cochrane Kenya, which took place on 14 and 15 May in Nairobi.

The months of work and preparation culminated in an exciting and inspiring Indaba that brought together 165 people from across Africa and the globe to share their experiences and work in the evidence-synthesis space. From the reactions received it provided an excellent and special opportunity for fruitful and exciting conversations.

In this issue of the newsletter, we share some impressions from a range of participants and from plenary speaker Cochrane acting CEO Karla Soares-Weiser about her experience and her future ideas for Cochrane and evidence synthesis.

We also speak to Sara Cooper of Cochrane South Africa about the recent formation of a qualitative evidence-synthesis hub; share some recent reviews relevant to the region; and highlight upcoming training opportunities.

As always, we hope the newsletter is interesting and informative and welcome your feedback and inputs.

Solange Durão and Tamara Kredo

Contents

“The passion and enthusiasm gave me energy”

Editor-in-Chief and Acting CEO of Cochrane Karla Soares-Weiser was a plenary speaker at the Cochrane Africa Indaba. In an interview she spoke of the inspiration she took from the experience and gave some of her perspectives about the future of evidence synthesis.

“For me, the beauty of the Indaba was not only what me and others had to offer but what we had to learn. I was sitting in the front row in the storytelling session which challenged us to do things in a different way. That challenge makes us think of how we work as a community. In the world of today nothing is one-directional,” she said.

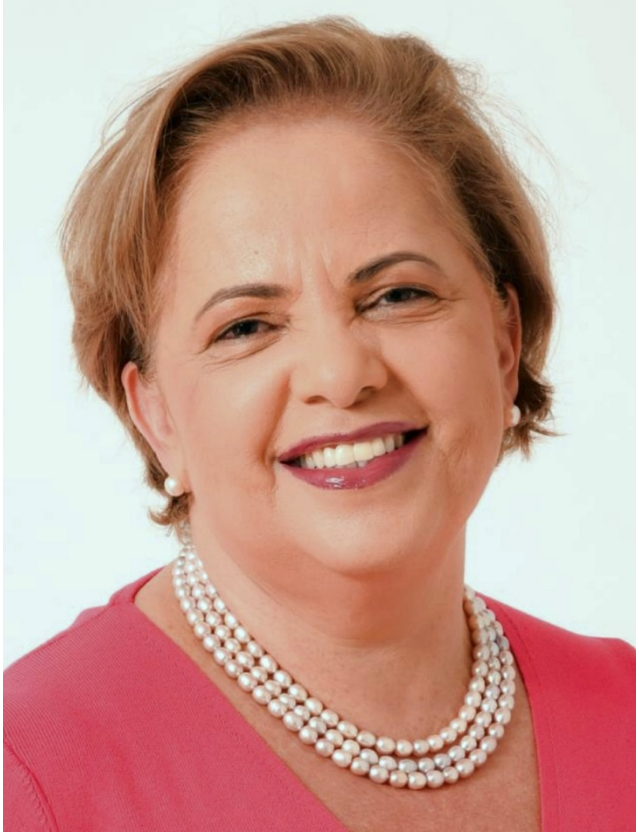
“It’s not only about content but also about innovation. How do you tell a story to make it more available and accessible to different audiences instead of always focusing on academic products. How do you speak about impact and how do you bring capacity strengthening to the fore?”

“Cochrane is known for producing high-quality evidence, but the complexity of the questions nowadays demands different types of evidence synthesis. It’s the challenge of keeping the high quality but delivering timely reviews that people can use. These discussions were all part of Indaba and I was very pleased to be part of them. It came from the whole group and their experiences.”

“The passion and the enthusiasm and the number of young people keen to participate was wonderful,” she continued. “I had a very good conversation with a group from Ethiopia who are keen to become involved in Cochrane and their passion and enthusiasm gave me energy.”

“Before the Indaba we had a Cochrane Africa network [Steering Group] meeting. I’m excited by the amount of innovation, especially in responding to the needs of stakeholders, particularly policy-makers. We should be doing this much more and learning from what is going on already, for example, in the GELA project.”

“It’s about Cochrane and Cochrane Africa’s role in the future. Today’s landscape is very different from when we started Cochrane and started working on evidence synthesis 30 years ago. We need centres that fit the purpose, that respond rapidly but with



high quality, and we need engagement and co-production. These ideas have been taken up by groups in Africa and a lot of leadership comes from people in Cochrane Africa. We can learn as an organisation.”

“The challenge is to bring the innovations, experience and enthusiasm together. There are things we can offer and things other places and cultures can offer and together we can do better.”

Soft power

In her plenary presentation Karla tackled the role of AI. We asked her to share more.

“AI is the million-dollar question,” she said. “We all know it will make an impact. Across the globe people are looking at ways of utilising AI. We need to do the same. The next few years will see many new tools to facilitate the production of evidence synthesis. It could be a threat or an opportunity. A lot of these will not be tools we would want to endorse. We need responsible use of AI and Cochrane must be a soft leader on this and only endorse tools and systems that support high-quality evidence.”

In her presentation she used the example of washing machines. “When washing machines were invented, they improved women’s lives – giving them more time to work, study, be with their children or just have fun,” she explained. “When I started doing reviews we went to the library and read articles one by one to assess them. With AI this can already be done with good accuracy for randomised-control trials. We are now cascading this to other kinds of studies. This is already reality and will reduce by at least a third the work it takes to do reviews. That’s an early win. It’s a no brainer.”

“Another area where AI can help is in the plain language summaries – it’s a hard task for academics – and good summaries facilitate translation and making evidence accessible.”

And what else does she see for the future?

Karla highlighted two important developments including an infrastructure-development project funded by the Wellcome Trust.

“This is a once-in-a-generation opportunity to transform how we produce and use evidence synthesis to tackle societal challenges, including accelerating progress toward the United Nations Sustainable Development Goals,” she explained. “The infrastructure will enable the production of relevant evidence in a timely and more affordable way to better support policy-makers. It brings together people from around the world, across disciplines and sectors, with a shared goal: to make evidence synthesis accessible to policy-makers.”

She added, “We have a diverse cohort of young people – their contribution is amazing. They are the future leaders. This is also about building sustainable mechanisms for the long term”.

She also spoke about her involvement in the recent World Health Assembly, where a resolution was passed to strengthen national capacities in evidence-based decision-making.

“That question was at the heart of a powerful discussion where I had the honour of representing Cochrane, alongside WHO Director-General Dr Tedros, Chief Scientist Dr Jeremy Farrar, Gates Foundation President for Global Development Dr Chris Elias, Wellcome Trust Chief of Staff Dr Steven Hoffman, Dr Holger Schünemann, and government representatives from Ethiopia, China and Norway committed to advancing evidence-informed policy-making,” she said.

“Cochrane has supported this process for some time, and it’s incredible to see it reflected in a formal resolution. We will see growing local efforts to build capacity both to produce and to use evidence synthesis. WHO will be working closely with governments to explore how they — and their partners — can provide meaningful support.”

“I’m very impressed by this resolution and congratulate the WHO for delivering on it.”

“Cochrane is still on a good track and continues to attract new, vibrant people,” she continued. “The challenge to an organisation that has been here for a long time is that we might have ways of doing things that are not what’s needed now.”

“We are also competing with other types of information that are not necessarily evidence based. We must make sure people use evidence by making it accessible. We need to create a core of thinkers who can cascade this process. It’s not about an Ivory Tower – a few people deciding – evidence will only be used if it’s accessible and showcased. This is another area in which Cochrane needs to be a soft leader – explaining why we need evidence and why evidence can save lives.”

“I left Africa feeling the energy that we felt in the early days of Cochrane – the passion and enthusiasm and the need for what we do. These are drivers and provide the energy I need to do the work.”

“There is a big role for the Cochrane Africa network. We need to listen to the network to understand the best way to deliver evidence in Africa,” she said. “We can’t just expand. It must be expansion with a purpose. I’m keen to be part of the strategic processes within the network. It will be a listening exercise before a decision-making exercise.”

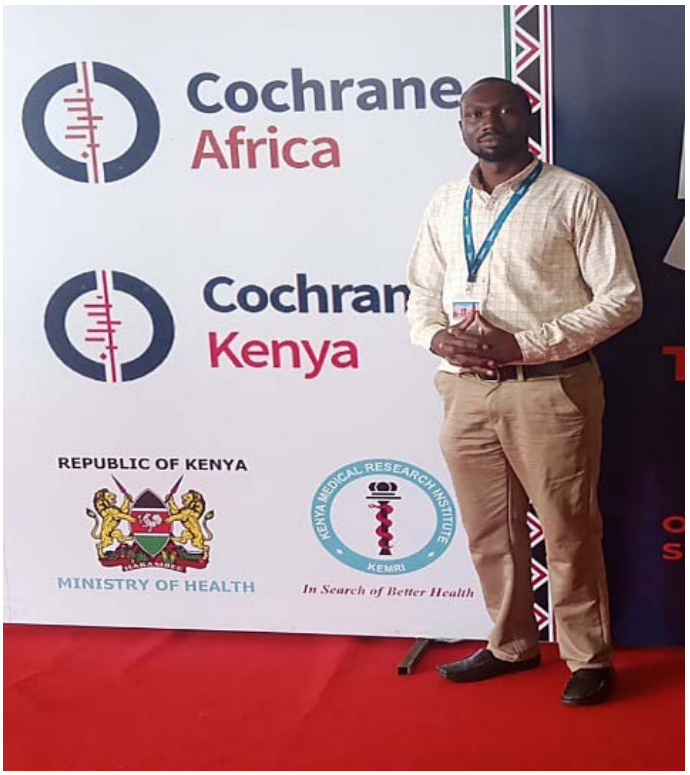
“When I started working with Cochrane in 1994, we had to justify why we were doing systematic reviews,” she added. “We are now looking at ways to make sure Cochrane’s work is used to save lives. For me this is fascinating.”

“I’d like to take this opportunity to thank the people at the Indaba for their enthusiasm. Especially the people from KEMRI – they worked hard. It was inspiring to be there and to be able to share experiences.”

First impressions

The Indaba welcomed many first timers – some of whom were lucky enough to be bursary holders. We asked a few of them for their impressions and what the experience might add to their future work.

Ngeno Kipkemoi



I am a Medical Laboratory Scientist serving as a Research Scientist at the Kenya Medical Research Institute (KEMRI) Sport Science Department. My research intersects sports science and evidence-based healthcare, with a specific focus on athlete research and beyond. I am currently conducting a series of scoping reviews on key areas such as anti-doping and doping awareness, mental and social health of athletes, basic laboratory services in sports settings, behavioural science, and implementation science — topics that were notably captured during one of the Indaba workshops. My goal is to generate actionable evidence that can inform ethical and contextually relevant health interventions for athletes in Kenya and the wider African region.

This was my first time attending the Indaba or any Cochrane-organised event. However, I have consistently relied on Cochrane methodologies and resources in my work at KEMRI, particularly in protocol development and the synthesis of evidence for health-related decision-making. Participating in the Indaba provided a unique opportunity to connect my interests in sports health and evidence synthesis with a broader community of researchers and knowledge-translation practitioners.

The highlight of the Indaba for me was the rich, multidisciplinary dialogue on how evidence synthesis can be applied to under-researched fields like sports science, particularly in African contexts. The workshop discussions on scoping reviews and knowledge translation validated and energised my current research direction. I was particularly inspired by the emphasis on contextualising global evidence for local use.

This Indaba experience will significantly enhance the quality and direction of my current and future work. I plan to incorporate advanced evidence-synthesis methodologies into my ongoing work, while also strengthening their relevance to athletes, coaches and policy-makers. I will also work to promote evidence-informed implementation strategies within sports health networks and contribute to capacity-building within KEMRI and other regional institutions. Ultimately, this opportunity has equipped me with new tools and perspectives to champion evidence-based, athlete-centred healthcare in Kenya and beyond.

I would like to express my heartfelt gratitude to the KEMRI Knowledge Management Department for supporting my participation and professional development in evidence-based research. Special thanks also go to the Cochrane family and the South African Medical Research Council (SAMRC) for sponsoring my attendance. Your continued investment in building African capacity for evidence-informed healthcare is deeply appreciated and inspiring.

Looking forward to another Indaba!

Johnston Omulama

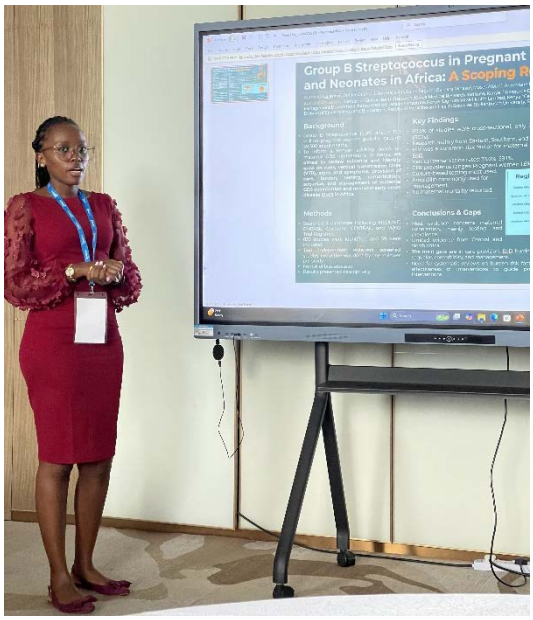
My research area generally involves infectious diseases specifically around HIV and HIV co-infections. Results generated provide evidence on which HIV-management programmes can be based.

This being my first-ever Cochrane event, I was thrilled at how reviews are essential in providing the information from research to policy-makers hence improving research utilisation. My most catching session was the workshop on prevalence reviews hosted by Mark Engel and Kimona. This enabled me to understand the concept of context and how to manipulate available research to answer the rather difficult question posed by policy-makers. And, of course, the story telling which captured the entire conference and raised the setbacks and barriers faced in the research community.

The conference changed my perspective on how to look at research from three points of view – my view as a scientist, the policy-maker's viewpoint and the community expectation of research. From the conference I learned what works and what doesn't and hope to share this with colleagues and improve on the knowledge production of our Medical Microbiology department at the Jomo Kenyatta University of Agriculture and Technology (JKUAT).

I would like to thank the SAMRC for the bursary.

Lisa Were, Horn Population Research and Development



I am forever grateful for receiving the South African Medical Research Council (SAMRC) bursary allowing me to attend and present at the Cochrane Africa Indaba of 2025.

Three years ago, I was introduced to the evidence space and I have never looked back. I began as an intern in an evidence synthesis and policy-research group focusing on infectious diseases as well as diagnostics. My path has remained as so, occasionally broadening the area to also cover crucial aspects touching on health such as its systems and climate-sensitive infectious-disease matters.

I have not attended any previous Indabas; this was my first and I am glad to have attended. I will now aim to attend other upcoming Indabas.

The workshops were quite a plus for me! It was a chance to pick the brains and reason with some of the best experts in the evidence space. I think more conferences should adopt such an interactive space where the groups are small enough for every voice to be heard.

I am not the researcher I was before the Indaba! I am now more aware of the importance of co-producing evidence with the end-users for better uptake of evidence in decision-making. Additionally, I intend to consider inclusive knowledge translation to ensure the research is well understood, including by low-literacy individuals. Lastly, I hope to share this knowledge with other reviewers within my organisation ensuring we are all at par about both the important takeaways I picked up from the Indaba.

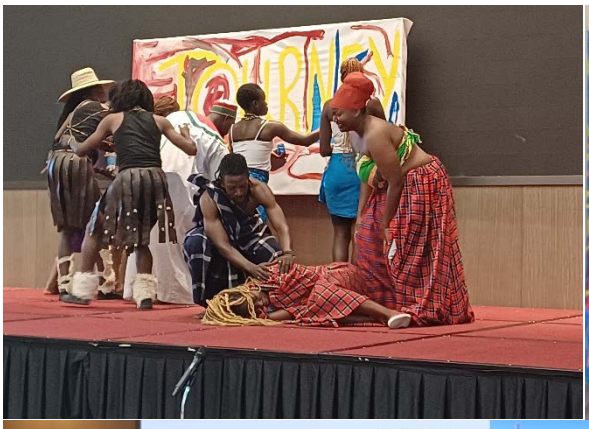
Reflections on the Indaba from the African Evidence Network

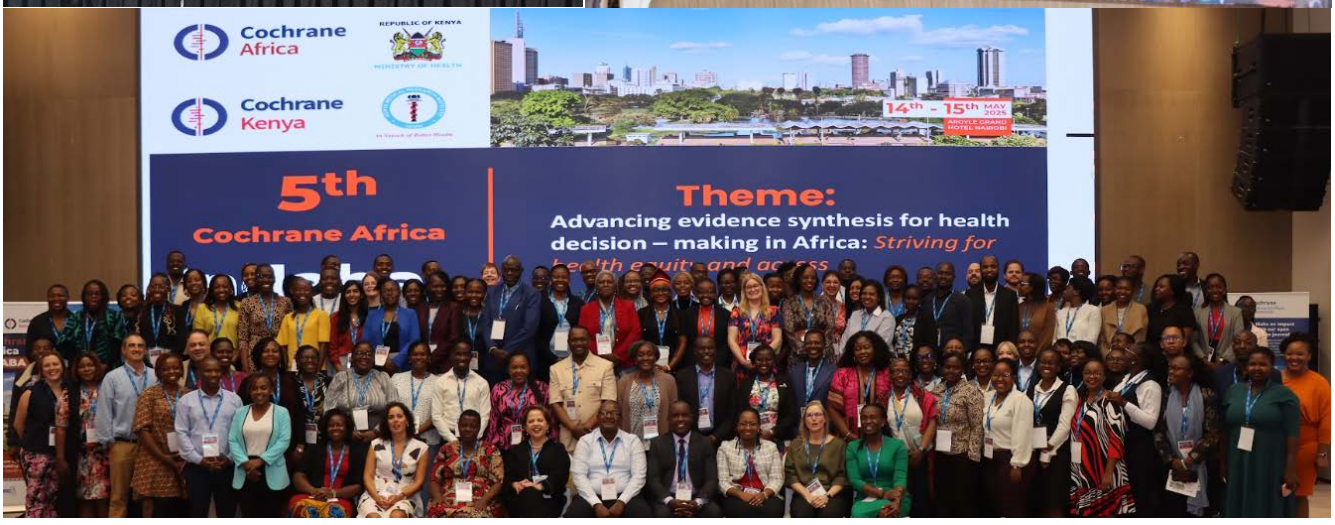
The African Evidence Network published a wonderful blog on their experience of the Cochrane African Indaba. We highlight a few of the quotable quotes.

"The Cochrane Africa Indaba 2025 was a testament to the ongoing efforts to innovate in the field of evidence synthesis. Ruth Stewart's presentation on the ALIVE model offers a compelling vision for the future—one where evidence is not just produced but lived, continuously evolving to meet the needs of those it serves," wrote Gloria Anderson Founder and Executive Director of Tanzania Enlightenment Development Innovations (TEDI). "As we move forward, integrating such models into our work within the Africa Evidence Network can enhance our impact and ensure that evidence remains a vital tool for informed decision-making across the continent."

"This wasn't a gathering to tick boxes. It was a space. For stories. For nuance. For real talk. For humour. For connection. I bumped into people I hadn't seen in years and met others I felt like I'd known forever. Nairobi brought us together — but it was the incredible people at the Cochrane Africa Indaba who made it unforgettable," wrote Nkululeko Tshabalala, Programme Manager at the Pan-African Collective for Evidence (PACE). "To everyone who shared their story, who made space for others, who brought warmth, laughter or a reflective pause — thank you. To the organisers who created such a generous and vibrant space — you nailed it. And to those who stopped by our stand for a chat or a chuckle — you reminded us why this work matters. This wasn't just a conference. It felt like community. And we can't wait for what comes next. As I reflect on the experience, I'm reminded that our work in evidence-informed decision-making is not just about data and research, but about people and relationships. The connections we made, the stories we shared, and the laughter we enjoyed are just as important as the ideas we discussed. The conference reinforced the importance of collaboration, curiosity, and vulnerability in driving meaningful impact. We'll carry these lessons with us as we continue to build the Africa Evidence Network and work towards a future where evidence informs decision-making across Africa."

See the full post at: https://africaevidencenetwork.org/keeping-evidence-alive-reflections-from-the-cochrane-africa-indaba-2025/2025/05/20/





Forging qualitative evidence expertise – the QES hub

"Qualitative research is receiving attention. It's moving more into the public-health decision-making space. We've seen this for the last five to 10 years. But most discussion in this area comes from the Global North. Qualitative Evidence Syntheses (QES) are being conducted and methods research and capacity building done – but a lot is happening in the Global North," said Sara Cooper of Cochrane South Africa.

"We wanted to add to this methodology and evidence a particular focus on the Global South. To start developing QES that speak to our own priorities and realities."

"Systematic reviews have traditionally focused on quantitative evidence but there is growing recognition of other kinds of issues and other kinds of evidence," she added.

Against this backdrop, Cochrane South Africa (CSA) at the South African Medical Research Council (SAMRC) has launched the QES Hub for Africa, a collaborative initiative with the Health Systems Research Unit (HSRU), SAMRC and the Division of Health Systems & Public Health, Stellenbosch University (SU).

"This is a collaboration between the three entities. We also have many Global North collaborators," continued Cooper. "We want it to be connected to the larger Cochrane community and the QES community. It's integrated and collaborative but the focus is on developing research and capacity in the Global South, with priority setting and thinking about the needs here."

"It's very much an organic development consolidating a lot of things that we are already doing including doing QESs and capacity building."

Aims, objectives & agendas

The QES Hub aims to build QES as a research methodology and output in South Africa and other African countries. The objectives are:

- Build the evidence-base of QES that are relevant to, and led by authors from South Africa specifically and Africa more broadly.

- Build capacity to conduct and interpret QES in South Africa specifically and Africa more broadly.
- Build QES methodology, including in ways that are informed by more critical social-science theory and methods.

These are predicated on a decolonising agenda and the privileging of forms of knowledge production and practice that are 'fit for purpose' for Africa in all its multiplicity and dynamism. The Hub recognises that within global health there is a continued dominance of actors, institutions and knowledge systems from high-income and historically privileged countries of the Global North and is committed to destabilising these power asymmetries.

"Importantly, this is not about rejecting knowledge and practices that originate from the Global North but rather about loosening the *inevitability* of dominant ways of knowing," explained Cooper. "This involves problematising the relevance of dominant knowledge systems for thinking about local contexts, needs and priorities. It is about engaging with a wider intellectual heritage, exploring what other forms of scholarship and methods emerging from the Global South might be important. And it's about taking context seriously

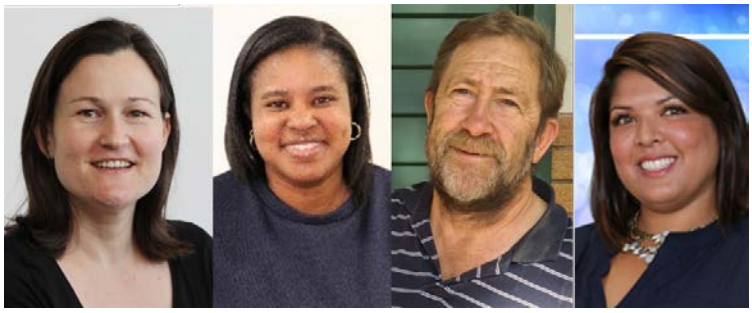
by developing theories and practices centred on and shaped by the realities, needs and priorities of particular contexts in the Global South. These are the ethics and politics which we will strive for the QES Hub to embody and promote."

Focal areas

The Hub comprises activities in four areas:

- Conducting QESs.
- Capacity-building (training, support, supervision) for conducting and interpreting QES.
- Methodological-related research to build QES theory and methods.
- Knowledge translation of QES.

The management team comprises Sara Cooper of CSA; Bey-Marrié Schmidt and Willem Odendaal of the HSRU and Lynn Hendricks of SU.



"Our next step is to engage with people in South Africa and other countries in Africa more broadly – especially those in Cochrane Africa. It would be nice to hear from others in these spaces about their needs and what they would like and envision – what kinds of QESs, what kinds of capacity building. Engaging is a big part in deciding where we go with this."

One of the first initiatives is mentoring five author teams at SAMRC and SU conducting QES on a diverse range of priority topics, including gender-based violence, lead exposure and knowledge translation. The hope is that in about a year some of these authors will have completed these QESs. This might then form a template for broadening mentoring programmes to other institutions in South Africa and other countries.

"Qualitative research tries to humanise or bring people back into public-health research. It tries to bring diverse human perspectives, values and interests into the picture. Sometimes quantitative research can be sanitised and detached from people and qualitative research brings the humanising angle back," said Cooper. "It also focuses on complex issues. It's inherently messy – as is healthcare – and it brings this messiness and the complex realities to the public-health space with a different lens to enhance understanding."

"Another thing is the hard conversations around power and interests and politics," continued Cooper. "This is embedded in all kinds of research but qualitative research tries to bring these to the fore, to look at them instead of them being a black box."

"My interest has always been about bringing a qualitative lens to public-health issues. Whether HIV/AIDS, chronic illness or vaccination – asking how we can bridge the gap between social science and public health. As social scientists we are often preaching to the converted and tend to shy away from the more hardcore biomedical basis and decision making.

Countries back resolution to boost science-driven health policy and implementation

In a major step to strengthen evidence-based health systems, Member States approved a resolution of the 78th World Health Assembly to enhance national capacities for developing and adapting public-health guidance grounded in high-quality scientific evidence.

The decision responds to persistent gaps in countries' ability to generate, use, and scale context-specific data and guidance — key barriers to improving equitable health outcomes.

The Resolution urges governments to invest in systems that support national guideline development, including regulatory frameworks, digital tools and local research.

It also calls on the World Health Organization to maintain the highest standards in its normative products and to support Member States in adapting and implementing these tools at country level. A global framework and action plan are to be developed to foster cross-border collaboration and build regional science capacity. This Resolution marks a renewed global commitment to ensuring that WHO's guidance leads to real-world impact — in clinics, communities, and health systems worldwide.

Cochrane News

Cochrane revamps its conflict of interest policies and disclosures to make it easier for authors

Cochrane is introducing important updates to how Conflict of Interest (COI) policies are implemented to make them easier and quicker for authors and staff to navigate while maintaining high standards. These policies are among the most rigorous in the world, ensuring Cochrane and its reviews remain independent, transparent, and free from commercial influence.

This includes:

Overhauling how author declarations of interest (DOIs) are collected: This will move away from the current third-party system, towards the publishing norm of using a simpler MS Word form to be submitted by the corresponding author alongside the manuscript. This change is effective from 2 June.

Retiring the 2014 commercial sponsorship policy: All submissions from 1 October 2025, including protocols, updates and reviews, will need to adhere to the 2020 COI policy for Cochrane Library content.

Updates to Cochrane's conflict of interest (COI) policies: The COI policy for Cochrane Library content now focuses on those involved in publishing with Cochrane – authors, editors and peer reviewers. The Cochrane group's COI policy focuses on those who work in Cochrane's organisational structure, and reflects Cochrane's membership terms of reference. Both policies come into effect on 1 June 2025.

See more here

New decision framework for updating of Cochrane reviews

Cochrane has released a new framework to help editors and authors decide when to update a Cochrane review. The framework does not represent a change of policy but offers practical guidance on how to best implement existing policies and principles.

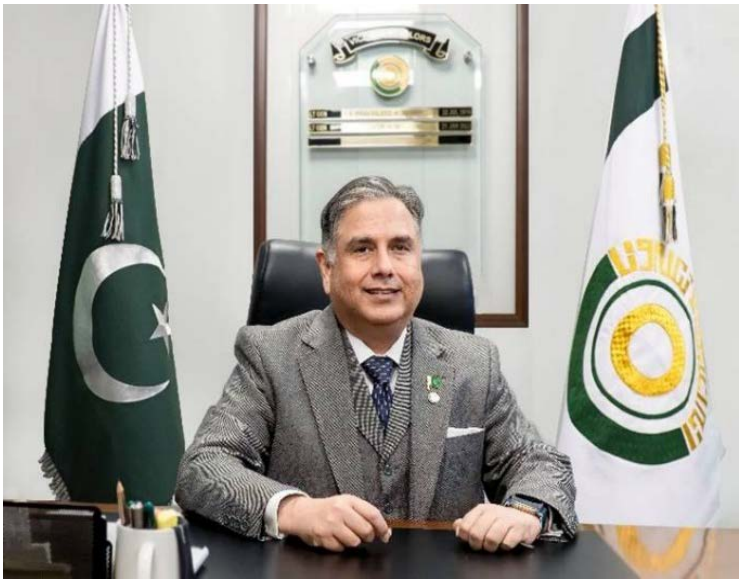
The quality of updates to Cochrane reviews can be impacted by evolving review questions and context or advancement in methods and standards. As Cochrane focuses on delivering its scientific strategy it must ensure that reviews evolve to use the right methods and types of data to address the specific review question.

See more here

Cochrane Pakistan is launched

Cochrane Pakistan, the first Cochrane Geographic Group in a new country in five years has been launched. This marks a significant milestone in Cochrane's mission to expand access to evidence-based healthcare worldwide.

Pakistan, as a low-middle-income country, faces unique healthcare challenges, including limited randomised-controlled trials and a lack of awareness regarding systematic reviews and meta-analyses. The establishment of Cochrane Pakistan will enable wider use in the region of high-quality evidence to address healthcare gaps and support informed decision-making.



Cochrane Pakistan's priorities include research on diseases highly prevalent in the country, such as diabetes and its complications, chronic kidney disease, maternal and infant mortality, thalassemia, and infectious diseases. The group aims to reduce healthcare disparities by producing systematic reviews and meta-analyses tailored to Pakistan's healthcare landscape, while fostering collaborations with international experts.

Prof. Wasim Alamgir, Chairman of the Cochrane Pakistan Advisory Board, explained: "I am proud to be part of a global network that is dedicated to advancing evidence-based healthcare."

Cochrane Reviews and Other Resources

What factors influence caregivers' and adolescents' views and practices around human papillomavirus (HPV) vaccination for adolescents?

Key messages

Many complex factors may influence caregivers' and adolescents' views and actions about human papillomavirus (HPV) vaccination for adolescents. These were divided into eight themes relating to individual knowledge and perceptions, family and social relationships, and the wider contexts in which caregivers and adolescents live. Healthcare planners and policy-makers could use the themes to help them understand the specific contexts in which people are making decisions about HPV vaccination. This may help them design more relevant and effective ways to promote vaccination acceptance and uptake.

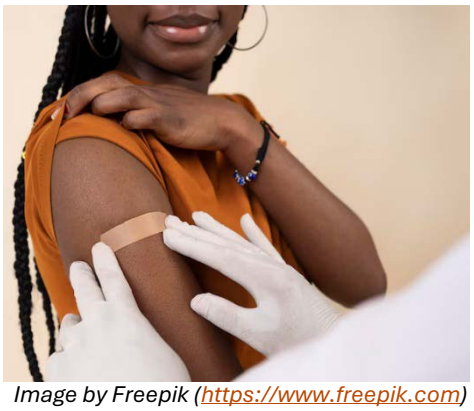


Image by Freepik (https://www.freepik.com)

Themes:

1. A lack of medical knowledge
2. Beliefs and ideas about the risks and benefits of HPV vaccination
3. Views or experiences of other vaccines and vaccination programmes
4. The roles adolescents and their primary caregivers play in decision-making
5. The views and actions about HPV vaccination of other family members or other members of their social community, such as peers, traditional or religious leaders, and the media
6. Wider social or cultural beliefs about adolescence, sexuality, gender, parenting and health
7. Trust or mistrust in the institutions or people associated with vaccination, such as teachers and schools, the pharmaceutical industry, the government, and healthcare professionals
8. Access to, and experiences of, HPV vaccination programmes and services, such as how convenient they are, the cost of the vaccine, or barriers related to language.

Read the full review

Typhoid conjugate vaccines for preventing typhoid fever (enteric fever)

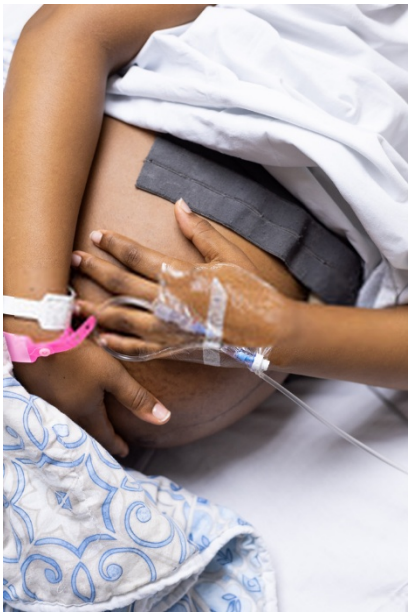
Key messages

- Compared to a control (no vaccine, placebo ('dummy') or vaccine for another disease), typhoid conjugate vaccines (TCVs) may result in a large decrease in acute typhoid fever cases.
- The authors are uncertain whether TCVs, compared to other typhoid vaccines, decrease acute typhoid cases.
- There may be little to no difference in death from any cause, and unwanted effects, when TCVs are compared to a control, a non-conjugated typhoid vaccine or a different TCV. There is a slight decrease in serious unwanted effects when TCV is compared to a control, but this may be little to no difference when compared to other TCVs.
- More robust research in typhoid-endemic countries (countries where typhoid occurs regularly) in this area is needed.

Read the full review

What are the best strategies to implement World Health Organization (WHO) recommendations to prevent, detect, and treat postpartum hemorrhage?

Key messages



- Despite World Health Organization (WHO) guidelines for preventing, detecting, and treating postpartum hemorrhage (PPH), effective implementation has lagged.
- The authors included 13 studies (nine cluster-RCTs and four NRSIs) with a total of 1,027,273 births and more than 4373 birth attendants. The included studies were conducted in 17 different countries. Most trials were conducted in resource-limited settings. None of the included studies reported data on the use of additional uterotonics within 24 hours after birth or adverse effects.
- The review found that multicomponent implementation strategies may improve adherence to World Health Organization (WHO) postpartum hemorrhage (PPH) prevention recommendations and probably do not make a difference to intensive care unit (ICU) admissions, need for additional surgeries, or death of the mother. The authors do not know if multicomponent implementation strategies affect blood loss or blood transfusion.
- The authors do not know if single-component implementation strategies affect adherence to WHO PPH-prevention recommendations, blood loss, or blood transfusion. Single-component implementation strategies may not make a difference to the death of the mother, may increase ICU admissions, and may reduce the need for additional surgeries.
- The small number of studies and differences in data collected across included studies limited the ability to draw any conclusions on effective implementation strategies; however, there were varying degrees of success with identical implementation strategies in different studies, highlighting the need for future research in this area.

Read the full review

Events and Training Opportunities

2026 Cochrane Colloquium

The Cochrane Colloquium is heading to India in **October 2026**. This flagship event will focus on bridging gaps, global evidence, local impact, and equitable action. Stay tuned for updates by signing up for the newsletter to get the latest news and announcements.

GIN 2025 Conference

Join the Guidelines International Network's annual conference, themed 'Innovation and Partnerships for Health in All Policies'.

Date: 16-19 September in Geneva, Switzerland

More information and registration here.

EACA Symposium 2025 Network Meta-Analysis Evidence-based Health Care

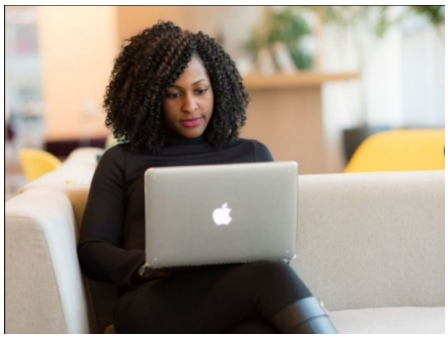
This international symposium aims to address the complexities of integrating evidence-based decision-making in healthcare by bringing together global experts and stakeholders in evidence-based practice. Participants will have the opportunity to share insights, explore methodologies such as network meta-analysis, and discuss future directions for advancing evidence-informed healthcare decision-making.

Date: 23-24 October 2025, in Taipei, Taiwan, in-person

More information here.

Upcoming Learning Events

Free online learning events on a wide range of evidence topics that are open to all. Sign up for a Cochrane account to register for an event.



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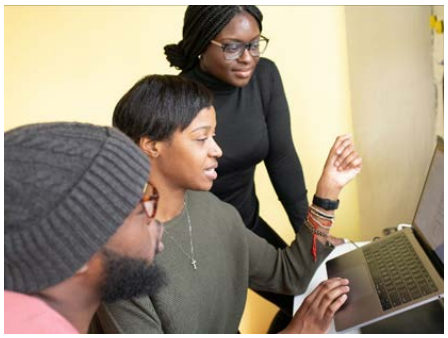
Introduction to meta-analysis

More information and register here



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Exploring heterogeneity

More information and register here

30 September 2025, 13:00 UTC

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2 October 2025, 08:00 UTC

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