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**Issue 11 | December 2025**

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## **Message from the Cochrane Africa Co-Directors**

Once again 2025 has been an exciting and inspiring one for the Cochrane Africa team.

An undoubted highlight was the very successful Cochrane Africa Indaba hosted by Cochrane Kenya, which took place on 14 and 15 May in Nairobi and brought together people from across Africa to share their experiences and work in the evidence-synthesis space.

In this issue of the newsletter, we share some impressions from the Cochrane Leadership meeting in Lisbon, Portugal which was attended by representatives from Cochrane Africa, Cochrane Kenya and Cochrane Cameroon. We also report on some of the important developments on Cochrane and AI, the Evidence Synthesis Infrastructure Collaborative, as well as more updates and news from the Cochrane Collaboration.

We were very excited to participate in events linked to the World Evidence-Based Healthcare Day in October and share the outputs we developed for this important day highlighting collaborative knowledge communication.

And as usual we also 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 and ideas for future issues.

Enjoy the holiday season and join us again in 2026.

**Solange Durão and Tamara Kredo**

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## Cochrane global leadership convenes

“Attending the Cochrane Leadership Meeting in Lisbon was an exceptional opportunity for me as a young researcher in evidence synthesis,” said Guy Sadeu Wafeu of Cochrane Cameroon. “Being in the same room with global experts allowed me to deepen my understanding of emerging trends, especially around the future of evidence ecosystems and the growing role of low and middle-income country (LMIC) leadership. Interacting directly with seasoned leaders gave me invaluable insights and strengthened my motivation to contribute meaningfully to the field.”

Wafeu, with colleagues from across the globe, attended the Cochrane Leadership Meeting on 29 and 30 October 2025 in Lisbon, Portugal.

This was a two-day event that brought together 170 selected Cochrane leaders from a diverse range of Cochrane groups, regions and age cohorts, to develop strategies to address Cochrane’s most significant global challenges. Although this type of governance meeting was frequent in the past, it had not been held in person since 2019 due to the COVID-19 pandemic.

“It was an opportunity to connect with fellow colleagues, share what’s happening within Cochrane, and discuss the strategic direction of Cochrane’s work globally,” said Solange Durão of Cochrane Africa.

On day 1 everyone participated in one meeting, during which key topics were discussed including streamlining and simplifying review production; how to integrate and enhance the efficiency of Cochrane’s work through AI and potential threats and opportunities; advancing Cochrane’s role in global health and policy initiatives; opportunities linked to the Evidence Synthesis Infrastructure Collaborative (ESIC); and, how the community can help shape the global evidence ecosystem.

On day 2, different groups held separate meetings.

“As a representative of Cochrane Africa and of the Geographic Groups executive I attended that meeting,” explained Durão. “One of the key discussions was about the update to the Geographic Group structure and function document – we brainstormed about issues raised by geographic group directors in relation to this document. We also had presentations from

specific groups, showcasing the excellent work they are doing.”



“I was deeply inspired by the presentations from other geographic groups,” said Barbara Bakhita of Cochrane Kenya. “Listening to the innovative approaches from Cochrane Hong Kong particularly their strengths in training, mentorship and expanding review capacity was energising. Equally impressive was the Cochrane US Network, whose collaborative work focusing on racial health equity stood out as a powerful example of evidence meeting social responsibility.”

“The GELA project was also a breath of fresh air especially the lessons learned around how developing country-specific guidelines demand significant time, resources and tailored stakeholder engagement,” she added.

“It was great that Cochrane supported members in LMICs to attend and ensure that there was good representation across geographic regions, income settings and career stages,” added Durão.

### Embracing AI

The session on Artificial Intelligence and Cochrane’s response was mentioned as particularly insightful.

“The discussions explored what Cochrane is doing to embrace AI especially through the new AI Methods Group,” explained Bakhita. “It was reassuring to see healthy, balanced conversations around responsible, transparent and ethical AI use, ensuring that innovation aligns with Cochrane’s core values of rigour and trustworthiness. The future looks promising, with AI positioned not as a replacement for human

expertise but as a strategic enhancer of our collective capacity.”

Tamara Kredo of Cochrane Africa agreed, saying: “There was recognition of both the opportunity and the threat that AI poses for Cochrane. It’s reassuring to know that attention is being paid to this. The Methods Groups are coming together to collaborate and explore how to lead the work around AI methods to support the broader goal of evidence-informed decision making and making evidence available.”

“Cochrane is still recognised as a leading light in methods development and rigour so it’s great to see Cochrane stepping up to keep supporting that work in the context of a very changing environment with AI,” she added.

Another important session was about updates to the review-submission process. “Hearing about the streamlining of workflows, clearer guidance for authors, and strengthened support structures felt incredibly timely especially for regions like ours that are working hard to build capacity and increase Cochrane review output,” said Bakhita. “The emphasis on transparency, user friendliness and efficiency signaled a strong move toward empowering review teams globally.”

“The conversation around Global South leadership in upcoming funding initiatives was particularly encouraging,” she continued. “Seeing how ESIC is fostering innovation and strengthening cross-group collaboration provided fresh ideas for how we in Cochrane Africa and Cochrane Kenya can tap into these networks to enhance our own contributions.”

### **Enriching experience**

Overall, the four agreed that the meeting was an inspiring experience that strengthened global collaboration and provided a strong platform for cross learning, improved alignment and meaningful networking.

“It would be great to continue having these governance meetings going forward,” said Durão. “Meeting in person is important to re-establish connections and to engage with the issues in a different way to online meetings.”

“It was also a good opportunity for the Board to meet the leadership from across the globe,” said Kredo. “The Board felt invigorated and energised by the committed work and alignment of everyone’s principles around the Cochrane ambition of a world with better use of evidence.”

“It was an exciting, invigorating gathering with lots of sharing. It was wonderful to see the enthusiasm and the ongoing work that has been happening despite not having had the space to connect,” she continued. “It bodes well for future leadership events that recognise the diverse skills and knowledge as well as languages and cultures that



we bring which is a real strength of Cochrane.”

“I had enriching exchanges with Cochrane Directors from several other countries exploring promising avenues for future collaboration,” said Wafeu. “A particularly productive discussion with a senior member of Cochrane Circulation on training and methodological development further expanded my perspective. I left Lisbon inspired, carrying the seed of a new project focused on integrating evidence-informed decision-making into primary, secondary and higher education. We are already working on shaping this idea and hope to secure funding to bring it to life.”

“The meetings left me feeling energised, hopeful, and more connected to the wider Cochrane vision. The combination of strategic updates, inspiring global examples, and forward-looking discussions, reinforced the sense that Cochrane is entering an exciting new phase,” said Bakhita. “I returned with new connections, practical insights and a renewed determination to contribute meaningfully as we prepare for 2026.”

## AI in evidence synthesis

### Accelerating Progress: Achieving the SDGs with AI and Evidence

To achieve the Sustainable Development Goals (SDGs), we need AI-enabled living evidence synthesis that delivers localised, actionable insights with both rigour and speed.

In September Cochrane joined other global leaders to participate in a global event led by the United Nations that brought together partners to explore how AI can make evidence synthesis faster, more rigorous, and widely accessible and to advance localised SDG progress and strengthen advocacy.

This links to the Evidence Synthesis Infrastructure collaborative (ESIC), a community of communities that met in Cape Town to discuss and agree on the recommendations put forward by its working groups on key elements of the evidence synthesis infrastructure required to ensure a collective impact on using evidence to improve lives. Among the issues discussed were the challenges and opportunities of AI in the evidence synthesis space. This largely Global South-led planning process culminated in the ESIC and Cape Town Consensus Charter and a roadmap to guide investments.

At the UN event the doubling of ESIC financing was announced, bringing the total to US \$126 million. The financing aims to support five foundational

investments in the solutions called for by ESIC, which were also announced. These include: sectoral hubs to catalyse radically, more timely, relevant and affordable evidence synthesis; regional hubs to support impacts at the country level; an open data system for sharing synthesis data; a living inventory of AI-enabled digital evidence synthesis tools; and, an agile monitoring, evaluation and learning infrastructure.



[Watch the event here](#)

In November Cochrane, the Campbell Collaboration, JBI, and the Collaboration for Environmental Evidence also published a joint position statement on the responsible use of AI in evidence synthesis. This collaborative effort is an important step in shaping how AI is integrated into the production of high-quality, trustworthy research.

[Read more here](#)

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## World Evidence-Based Healthcare Day

Each year World Evidence-Based Healthcare Day is celebrated on 20 October. This is a global initiative that raises awareness of the need for better evidence to inform healthcare policy, practice and decision making to improve health outcomes globally. The theme of the 2025 campaign was ‘Collaborative Knowledge Communication’, which called for a reimagining of how health knowledge is shared and understood.

Cochrane Africa was delighted to participate as an ambassador for the campaign. We were also thrilled that our video on the Cochrane Africa Indaba – led by Cochrane Kenya – was included in the day’s outputs. [See the video here](#)

One project we were part of – the Global Evidence. Local Adaptation (GELA) project – also featured on the day, with two important blogs sharing lessons from the project. See these at:

[Embedding collaborative priority setting and adaptation: WHO’s evidence ecosystem](#)

[How making evidence relevant to local contexts can help save lives](#)



### Dr Karla Soares-Weiser appointed as Chief Executive Officer

Cochrane's Governing Board has announced the appointment of Dr Karla Soares-Weiser as the organisation's new Chief Executive Officer. Soares-Weiser brings over three decades of experience in healthcare research and leadership to the role, and a long history with Cochrane, having been Editor-in-Chief since 2017.

[Read more about the appointment](#)



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### Contribute to a new global reporting guideline for qualitative evidence syntheses!

A global study seeks people who conduct, commission, or use qualitative evidence syntheses to take part in a Delphi study to improve the reporting quality of qualitative evidence syntheses ([PRISMA QES](#)). If you are interested in taking part or would like more information, please contact Emma France at [emma.france@stir.ac.uk](mailto:emma.france@stir.ac.uk)

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### Get involved with Geographic Groups

Cochrane has groups around the world – including Cochrane Africa. To find your nearest and how to engage locally with Cochrane please [click here](#).



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### Maternal, Newborn and Child (MNC) Health Thematic Group launches new newsletter

The MNC group is dedicated to improving outcomes in maternal, newborn and child health. Serving as a central hub for innovation, evidence-based clinical practice, and global impact, it is a multi-professional group committed to addressing emerging health issues through focused and coordinated efforts. The group aims to generate actionable insights and evidence to inform healthcare practices and policies that save lives.



**Cochrane**  
Maternal, Newborn  
and Child Health

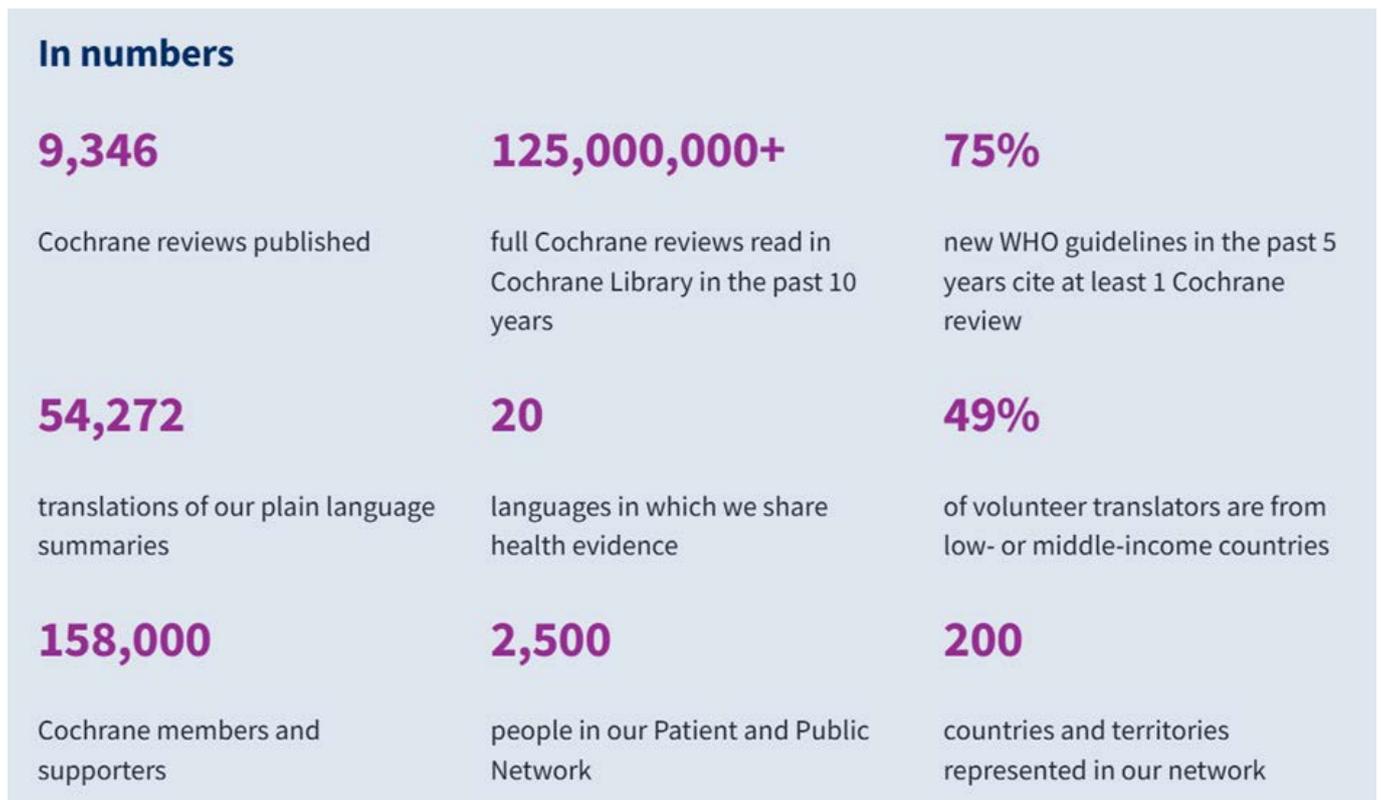
[Sign up to receive the newsletter.](#)

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### Suggest topics for 2026's Cochrane Learning Live webinar series

Cochrane is planning next year's webinars and would like your input! In this [survey](#), please let us know what topics you'd like us to cover in our webinar programme next year.

## Cochrane's impact – a snapshot



[Read more here](#)

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## Cochrane aligns reporting formats for diverse types of reviews

Cochrane's [2025-2030 scientific strategy](#) highlights the need for diverse evidence synthesis methods to address key research priorities. To advance the scientific strategy, Cochrane reviews should be reported consistently and transparently, regardless of the methods used.

Therefore, in mid-November, Cochrane is implementing three changes to align review reporting formats for different types of Cochrane reviews. These changes include:

1. minor updates to three subheadings in [Cochrane's intervention review template](#);
2. new subheadings for reviews of diagnostic test accuracy, methodology, overview, qualitative evidence synthesis, and prognosis; and,
3. how authors propose and format rapid reviews.

[For more see here](#)



### Does low-dose colchicine reduce the risk of heart attacks and stroke in people with established cardiovascular disease?

#### Key messages

- People with cardiovascular disease (i.e. affecting the heart and blood vessels) who use low-dose colchicine for at least six months will reduce their risk of myocardial infarction (heart attack) and stroke, without increasing their risk of serious side effects.
- Taking low-dose colchicine probably does not reduce the risk of death from any cause or specifically from heart disease, or affect the number of people who need treatment to widen blood vessels in their heart.
- Taking colchicine use seems to increase the risk of gastrointestinal adverse events (e.g. diarrhoea, nausea), but these are usually mild and pass quickly.



[Read the full review](#)

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### What are the models of care for children and adolescents with type-1 diabetes in low- and middle-income countries?

#### Key messages

- Providing care for children and adolescents with type-1 diabetes mellitus (T1DM) in low- and middle-income countries (LMICs) is challenging due to limited resources and treatment access.
- Many countries have implemented T1DM care models supported by international initiatives, yet several barriers, such as financial constraints and lack of comprehensive care, persist.
- Sustained efforts are needed to ensure that young people with T1DM receive consistent and effective care to improve their quality of life and health outcomes.
- This is a scoping review of studies describing models of care for T1DM in children and adolescents in LMICs. It analysed data from 40 studies covering 19 countries across six World Health Organization (WHO) regions to identify common practices and challenges.
- Models of care varied widely across countries and regions.
  - Africa: programmes in Cameroon, Kenya, Rwanda, Tanzania, and Uganda have improved infrastructure and provided free insulin, blood-sugar monitoring supplies, and education. However, financial and logistical challenges persisted.
  - Americas: Brazil and Cuba focused on reducing complications and improving psychosocial support, but patient outcomes were not documented.
  - South-East Asia: Bangladesh, India, Myanmar, Sri Lanka, and Thailand have implemented care models supported by international initiatives. However, financial barriers remained.
  - Europe: Kazakhstan and Turkey provided free insulin and supplies.



- Eastern Mediterranean: Morocco expanded care delivery to provincial hospitals and emphasised self-management education.
- Western Pacific: Cambodia, Malaysia, Vietnam, and Laos received support from the Action4Diabetes programme, which improved access to insulin and patient monitoring.
- A lack of standardised evaluation and reporting limits the available evidence. Most studies focused on describing care models and did not assess their long-term impact on patient health. Financial sustainability and access disparities were common challenges.
- Future efforts should focus on ensuring long-term funding, standardising care practices, building local capacity, and increasing community awareness to empower patients' self-management practices to achieve better health outcomes in children and adolescents with T1DM in resource-limited settings.

[Read the full review](#)

## How effective are human papillomavirus vaccines for women who had or undergo a surgical procedure to remove abnormal cells in the cervix, and do they have any unwanted effects?

### Key messages

- Human papillomavirus (HPV) vaccination in comparison to no HPV vaccination in women with conisation (removal of a cone of tissue that contains abnormal cells, also known as cone biopsy) may reduce the risk of precancerous cervical cell changes (primarily CIN 2+).
- Due to limitations in data, the authors are not sure whether HPV vaccination (given shortly before, at, or after conisation) in comparison to no HPV vaccination in women with conisation affects cervical cancer risk or persistent HPV infection.
- Further high-quality studies are needed to assess the effectiveness and unwanted effects of HPV vaccination in women with conisation. These trials should also consider specific groups, such as women who had received HPV vaccination before and different age groups.
- The authors found 13 studies that included 21,453 women with conisation. The studies varied in design and quality. Most were conducted in Europe (10 studies) and used the quadrivalent (seven studies) or nonavalent (one study) HPV vaccine. Some studies monitored women for more than 60 months.
- HPV vaccination in comparison to no HPV vaccination in women with conisation may reduce the risk of precancerous lesions. However, results must be interpreted with caution.
- The authors are not sure whether HPV vaccination in comparison to no HPV vaccination in women with conisation has an effect on cervical cancer and persistent HPV infection.
- There were no data for new HPV infections, adenocarcinoma *in situ*, and quality of life, and the remaining evidence was mostly inconclusive.
- Unwanted effects included minor reactions (redness and rash: 92 in every 100 women; headache: 8 in every 100 women) and severe allergies (1 in every 100 women).
- The studies did not provide enough information to know whether a previous HPV vaccination means that another vaccination and its timing in relation to the conisation procedure gives different results. The effects on different age groups are also unknown.



[Read the full review](#)

## Events and Training Opportunities

### 8<sup>th</sup> Pan-Pacific Nursing Conference & 2<sup>nd</sup> Cochrane Hong Kong Symposium

**Date:** 24–28 March, Hong Kong

This conference focuses on cutting-edge research in nursing and healthcare that is transforming the nursing profession and clinical practice. As part of the event, there will be pre-conference workshops designed to introduce the use of Cochrane reviews.

[More information and registration here](#)

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### iHV Evidence-based Practice 2026 conference

**Date:** 14 May 2026, Bournemouth, UK

[More information here](#)

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### 2026 Annual GIN conference

**Date:** 15–18 September 2026, Kuala Lumpur, Malaysia

[More information here](#)

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### 11<sup>th</sup> EBHC International Conference

Theme: Navigating the future of the ecosystem of evidence

**Date:** 21–24 October 2026, Taormina, Italy

[More information and registration here](#)

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## 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.



4 December 2025, 14:00 UTC

**Core GRADE: Part 1**

[More information and registration](#)



9 December 2025, 13:00 UTC

**Bayesian Meta-Analysis: making it accessible for everyone!**

[More information and registration](#)

For the archive of Cochrane South Africa’s webinars since 2018 [see here](#)

Cochrane is launching a brand-new online course on network meta-analysis in early 2026.

If you’ve ever wanted to truly understand network meta-analysis – from principles, through to statistics, interpretation and dissemination – this is for you. [Sign up to be the first to know](#)

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22 January 2026, 14:00 UTC

**Core GRADE: Part 2**

[More information and registration](#)

27 January 2026, 14:00 UTC

**Introduction to EPPI Reviewer – software for conducting systematic reviews**

[More information and registration](#)

17 February 2026, 14:00 UTC

**How to address conflicts of interests in systematic reviews using TACIT**

[More information and registration](#)

26 February 2026

**Too good to be true? Spotting problematic trials in systematic reviews**

[More information and registration](#)

## Share your story

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



Website: [www.africa.cochrane.org](http://www.africa.cochrane.org)

LinkedIn: <https://www.linkedin.com/in/cochrane-africa-642577371/>

Email: [cochrane.africa@mrc.ac.za](mailto:cochrane.africa@mrc.ac.za)

You want to get involved with the work of Cochrane Africa? Complete the form [here](#)

