

## Message from Cochrane Africa co-directors

Dear Cochrane Africa friends

Another year is rapidly drawing to an end, and it's been a busy one. There have been major changes in the structuring and functioning of Cochrane (some of which we describe in this issue); increased commitment to evidence-based work by major global institutions and funders (also described in this issue); and, the hugely successful Global Evidence Summit (GES) held in September which brought together participants from across the globe.

In this issue we feature an interview with the new Director of Cochrane South Africa – Mark Engel – to get a glimpse into his journey, the influences and personalities that have shaped his career, and his outlook for the future of Cochrane South Africa.

We are also delighted to include an interview with Guy Wafeu Sadeu of Cochrane Cameroon to get his impressions on presenting at his first-ever GES, his route into this field and some of his hopes for the future of evidence-based work in his country.

Cochrane Africa also used the GES to reconnect with old and new friends at the Cochrane Africa contributor's meeting – see more below.

As usual, we highlight recent reviews we believe are particularly relevant to our readers on the continent and highlight some upcoming training activities as well as an update on planning for the 5<sup>th</sup> Cochrane Africa Indaba in May 2025.

As always, we hope you find this issue interesting and encourage you to contact us with article and interview ideas for future issues.

We wish all our readers well over the coming holiday season and look forward to tackling the challenges and opportunities of 2025 together!



Tamara Kredó



Solange Durão

## Focusing on the uncharted spaces



“My primary research has focused my interests in contributing to capacity building on the continent. This stretches from the consuming of reviews and teaching people how to read and interpret a review, to ensuring that researchers are able to contextualise their research for translation in the local context. If we don’t translate our work, African research is lost. No one hears about the good stuff we are doing. We must enthuse people to put their evidence out there,” said Mark Engel. “My other passion is infusing systematic review methods into uncharted territory – for example, training laboratory colleagues to do reviews.”

Appointed in May this year as the new director of Cochrane South Africa (CSA), Engel comes with a mix of laboratory, public-health, epidemiology and teaching skills. He credits his parents, and some remarkable colleagues with inculcating his understanding of inequality and the need to work together. “I grew up with a sense that we are more than just ourselves, we exist beyond that. It wasn’t surprising that I ended up in scenarios that allowed me to have some kind of public impact.”

Engel was born in Cape Town to parents who were both factory workers. “At my professorial inaugural lecture I had a picture of a printing factory, much like the one where my mom worked, as a reminder of where I come from. She’s now almost 91,” he said. “Despite growing up on the ‘other side of the tracks’, I went to South Peninsula High School, a school with a rich history of quality education, and which hosted some notable struggle icons.”

“I knew from childhood I wanted to work in health sciences,” he continued. Engel trained as a medical

laboratory technologist with an interest in genetics. “When molecular technologies started blossoming, I was in the right place at the right time. I got a scholarship to go to the UK where I studied genetics – specifically chromosome analysis techniques. So I was always in the loop about disease processes.”

This was followed by an Honours in genetics “Where I was in a genetics lab applying new molecular methods”, and a stint at the University of California Berkley as a visiting student.

His meeting with Jimmy Volmink, founding director of CSA, changed his focus to epidemiology and public health. With respect to the laboratory environment at the time, says Engel: “It was a case of realising there were lots of data, there’s no one doing epidemiology, it’s an unfilled niche.”

“Jimmy Volmink was at Oxford during my scholarship in Leicester. I spent Christmas with his family. He asked me what my next step was and introduced me to epidemiology,” Engel explained. “He played a major role in my path into the epidemiological space, guiding me towards the Masters in Public Health programme at the University of Cape Town – I was in the first cohort of about 12 students. Little was I to know of the role to be played in my career’s path by this humble, but amazing mentor and friend.”

Engel then received a scholarship to Harvard, spending a year in the epidemiology programme. This was followed by his exposure to Cochrane as an intern at CSA where he completed his first review update – on the use of steroids for TB pleurisy. He also taught as part of the Reviews for Africa (RAP) Programme and did protocol development workshops – “which made me realise I also enjoyed teaching”.

Engel then moved on to a PhD at the University of Cape Town (UCT) via an introduction to Bongani Mayosi (who later became Dean of the Faculty of Health Sciences) by Volmink. “Bongani was pivotal in my career,” he said. “In terms of the sense of a bigger picture, of research being more than about yourself, and how lifting others causes you to rise.”

After his PhD he ran research groups at UCT and also reorganised, and convened, the course on evidence-

based healthcare focusing on systematic review methods. He worked alongside Liesl Zühlke – “doing projects with global impact” which shaped his decision to apply for the Cochrane specialist scientist vacancy in 2023. “Working within the unit and realising how much the South African Medical Research Council (SAMRC) aligns with my interests, motivated my application for the directorship.”

### So how does he see his new position?

“My first port of call is to consolidate,” he explained. “To take stock of what we have and what needs to be concentrated upon to align with the SAMRC’s and Cochrane’s strategic objectives.

“I see a director’s role as building on the team’s enthusiasm, as opposed to doing and thinking of all the ideas myself. I believe in listening to people and hearing where their interests are, as well as seeing how needs can be answered.” “It’s about the staff realising their worth and that their contribution is substantial. That’s the space I like to work in.”

He highlighted that CSA has a strong record in running the Pan African Clinical Trials Registry and in vaccine implementation work. It also has qualitative synthesis expertise which will be consolidated. “I also want to build the training and mentoring portfolio,” he added. “By next year we will be stronger and more organised in this area.”

“Having supervised a number of students to graduation, I’ve seen the importance of spreading the expertise,” he added. “Instead of me doing one review I can train 50 people to do reviews.”

He aims to build on the research translation work – “For example, we are referencing Cochrane Reviews and developing infographics that align with Department of Health Awareness weeks. I also have a student doing a review on the effectiveness of plain-language summaries – what works and doesn’t, and the impact of social media.”

“The Cochrane South Africa webinars have been reignited including methods webinars. I also want to work closely with Cochrane Africa.”

---

## My first GES – an interesting and valuable experience



“The Global Evidence Summit was interesting. I had my mind opened on several things,” said Guy Wafeu Sadeu of Cochrane Cameroon. “In attending I was particularly interested in understanding how at international level we make people use more evidence. I was hoping to get an answer from the

global experts. But I realised there is no best practice in making people use evidence. There are many suggestions, possibilities and combinations of methods but not one answer. I was surprised but, for me, it makes room for more research and development.”

“I would love to go again,” he continued. “I now have more experience in engaging with people and finding ways to collaborate. I’d like to attend more such events maybe starting with the Cochrane Africa Indaba next year. It’s a good environment to start discussions, put ideas together and start new projects. For example, we spoke to Cochrane Nigeria colleagues about a project they have training librarians to search and use the Cochrane Library. That’s something we must do in other African countries.”

“It was a good opportunity for collaboration. If I have the opportunity again, I won’t miss out.”

### Data from Cameroon

At the Summit Wafeu presented a study on the use of evidence in medical practice in Cameroon. The work was inspired by his own experiences practicing as a medical doctor. “I realised then that most doctors were not aware of the use of evidence. I wanted to get some facts on evidence use in our environment.”

The study was a cross-sectional, online survey. It was shared with over 600 participants including practitioners, public-health decision makers and non-governmental organisations, and included questions on how often people used evidence and what resources they use.

“When asked how often they use evidence for decision making about 60% of the final 97 respondents said they used it regularly or occasionally,” said Wafeu. “The most common evidence they used was recommendations from the Ministry of Health or from scientific societies.”

“A surprising result was that only 3.1% were using the Cochrane Library either because they didn’t know about it or didn’t know how to use it.”

Barriers included poor access to resources and lack of skills to critically appraise research.

“Also interesting, was that those working in universities used evidence less than the others. This was surprising because we thought they would be the most aware of evidence. But it concurs with what I know from our context that they tend to be overconfident – and believe that what they know is how things are supposed to be done.”

“However, there was also a very high demand and need expressed for training in the different aspects of evidence for decision making. More than 90% were willing to learn more about how to search and how to assess the quality of evidence.”

Wafeu himself has been involved in evidence-based work for seven years. “During my MD I was inspired by Prof. Pierre Ongolo-Zogo especially his willingness to use evidence in almost anything. He is known as the ‘evidence guy’ in the university. After completing my MD I started working with him. I really like research, and he noted my interest. At that time,

we were the Francophone hub of Cochrane Africa.” (Cochrane Cameroon, with Ongolo-Zogo as Director, was officially launched in 2021 but Ongolo-Zogo’s evidence-based work dates back much further and he has been director of the Centre for the Development of Best Practices in Health, which has hosted the Francophone hub of Cochrane Africa since 2008.)

Wafeu worked on his first review protocol in 2017 – on smoking in diabetic and hypertensive patients in Africa. His MPH was also a systematic review and since then he has been involved in several more reviews.

And how does he see Cochrane Cameroon’s future? “We have the challenge of making evidence use the norm in Cameroon. For me, our immediate future is not about producing reviews but training people to use reviews. We need more activities to make people aware and should also be offering training on searching. There are many organisations that would benefit from being able to search for evidence to improve their programmes. It’s also important to be involved in training of medical and paramedical staff – we need to introduce the concepts at the training level so that they can use them throughout their careers.”

“We need more opportunities and funding to promote evidence use. The lack of funds in this area can be frustrating,” he added. “I think I’ll always have an interest in evidence use – there’s a real need and I’d like to be part of the solution.”

---

## WHO launches new guidance on best practices for clinical trials

The World Health Organization (WHO) has launched [new guidance on best practices for clinical trials](#). The document aims to reinforce global standards in the organisation, design, conduct, analysis and reporting of clinical trials. It responds to calls in the World Health Assembly emphasising the urgent need to enhance global and national clinical trial ecosystems to generate high-quality evidence on health interventions.



Cochrane’s Editor-in-Chief, Dr Karla Soares-Weiser, contributed to the technical advisory group established to support the resolution and this guidance.

The guidance offers practical recommendations to assist national health authorities, regulatory authorities, funders and others in facilitating effective clinical trials and research. Key recommendations centre on improving trial design to ensure the relevance of research; an emphasis on scientific and ethical standards; strengthening of capacity and support for sustainable research infrastructure; enhancing clinical trial transparency; and, reforms to enable underrepresented groups to participate in clinical trials.

## Major funding for evidence synthesis announced

At the [United Nations Summit of the Future](#), two major funding bodies announced £54.2 million of new funding for evidence synthesis: [£45 million from Wellcome](#) and [£9.2 million from UK Research and Innovation \(UKRI\)](#).

The announcement was strongly welcomed by Cochrane which participated in the Summit.

The Wellcome funding will be used to back the development of new data and tools for accelerating ‘living evidence synthesis’. The work, supported by the Evidence Synthesis Infrastructure Collaborative, will enable real-time aggregation of scientific data, support open-science practices, and give policy makers, clinicians and other decision makers access to the most up-to-date evidence. It aims to reduce the cost and time it takes to produce evidence syntheses, making them more accessible for researchers in the Global South or in underfunded fields. This initiative will provide infrastructure for anyone, not just in Wellcome-funded groups or global health-related topics, to use. [Read more.](#)

The UKRI funding is aimed at the development of AI-driven evidence synthesis for policy making.

The aim is to develop and administer a global evidence-synthesis infrastructure to transform the evidence ecosystem. This will provide policy makers with access to accurate, up-to-date and accessible syntheses of existing scientific evidence in key policy areas. It will develop researcher and AI-driven capabilities and work collaboratively with national and international policy makers to produce timely evidence syntheses.

[Read more.](#)

At the Summit, held in September, world leaders adopted a Pact for the Future that includes a Global Digital Compact and a Declaration on Future Generations. The Pact covers a broad range of themes including peace and security, sustainable development, climate change, digital cooperation, human rights, gender, youth and future generations, and the transformation of global governance.

## Cochrane News

### Cochrane is changing

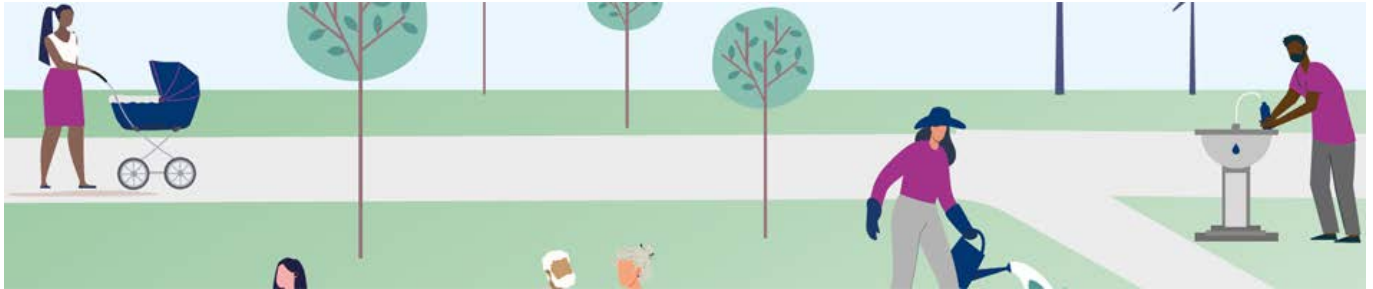


Read all about the changes at Cochrane [here](#)

## A new scientific strategy to build a healthy future

Cochrane has just launched its scientific strategy for 2025 to 2030.

The strategy focuses on four key research priorities to address the most pressing health challenges, underpinned by a foundation of four commitments.



The research priorities are [Maternal, newborn and child health](#); [Multiple chronic conditions](#); [Infectious diseases](#); and [Climate change and sustainability](#). The commitments include methods innovation; promoting health equity, collaboration and involvement, and championing research integrity.

Read more and download the strategy [here](#)

---

## Cochrane Nigeria becomes one of five new Evidence Synthesis Units

In June Cochrane announced the launch of five Evidence Synthesis Units (ESUs). Cochrane Africa is proud to congratulate Cochrane Nigeria which is one of the five representing the African continent. These collaborative, multi-topic research groups will play a crucial role in delivering trusted Cochrane evidence to address major global health challenges.

The units and leaders are:

- Australia: Cochrane Evidence Synthesis Unit Lead, [Sally Green](#).
- Iberoamerica: Cochrane Evidence Synthesis Unit Lead, [Eva Madrid](#).
- India: Cochrane Evidence Synthesis Unit Lead, [Meenu Singh](#).
- Germany: Cochrane Evidence Synthesis Unit Lead, [Nicole Skoetz](#).
- Nigeria: Cochrane Evidence Synthesis Unit Lead, [Martin Meremikwu](#).

“A Cochrane ESU in Nigeria provides a huge opportunity to galvanise the strengths of the growing number of academics, researchers, graduate students, clinical and public-health professionals who make up the West African hub of the Cochrane African Network, to produce reliable knowledge products to inform evidence-based health policy and practice in sub-Saharan Africa and beyond,” said Martin Meremikwu.

The geographic spread of the new units reflects Cochrane’s commitment to producing evidence that helps to improve people’s health worldwide. Beyond generating high-quality evidence syntheses, the units will adopt innovative methods, promote health equity, champion research integrity and strengthen or develop stakeholder partnerships to support Cochrane’s long-term sustainability.

“We are delighted that Cochrane Nigeria has been recognised in this way,” said Solange Durão, co-director of Cochrane Africa. “This builds on many years of experience and expertise, and is an important recognition of the work undertaken on the African continent. We look forward to ongoing work together as part of Cochrane Africa.”

---

## Redefining health evidence synthesis: first Cochrane Review in new format débuts

The first Cochrane intervention review in the new format made its début on the Cochrane Library in June, offering a more streamlined, user-friendly experience for readers and researchers. The review is [\*Anti-vascular endothelial growth factor biosimilars for neovascular age-related macular degeneration\*](#)

The new format, launched in 2023, aims to simplify the process and improve author experience while preserving the high standards Cochrane is known for. The publication marks a significant milestone in a period of huge change as Cochrane focuses on developing new structures and tools and improving processes to ensure it remains viable, sustainable, and focused on major global health challenges into the future.

---

## Cochrane Africa at the GES

### Cochrane Africa Contributors meeting at the GES



Watch the Cochrane Africa website for our partners' GES presentations and access all the presentations from the GELA (Global Evidence Local Adaptation) project [here](#).

### Is magnesium sulphate for women at risk of preterm birth better than placebo for protecting their babies' brains?

#### Key messages

- Magnesium sulphate given to women at risk of preterm birth for protecting their babies' brains reduces cerebral palsy, and the combined outcome of death or cerebral palsy, in their children up to two years of age, when compared with placebo.
- The available data are from six randomised controlled trials that randomised women at less than 34 weeks' gestation and were conducted in high-income countries.
- Future research in this area should focus on:
  - the effects of treatment on children when they are adolescents and adults; and,
  - for different groups of women at risk of preterm birth, and with different ways of giving magnesium sulphate.
- Research to address the generalisability of review findings to low- and middle-income countries should also be considered.



[Read the full review](#)

[Read the Editorial](#)

---

### Drugs to prevent malaria in HIV-positive pregnant women

#### Key messages

- For HIV-positive pregnant women, adding an antimalarial drug (such as mefloquine or dihydroartemisinin/piperazine) to usual infection-prevention treatment for people with HIV (daily cotrimoxazole):
  - probably reduces the risk of the mother being infected with malaria when she delivers her baby;
  - probably reduces malarial infection in the placenta; and,
  - probably does not affect the risk of losing the baby before delivery or after birth, or of the baby having a low birthweight.
- Although mefloquine, when added to daily cotrimoxazole, probably reduces the risk of malaria infection in HIV-positive women, it probably increases the risk of mother-to-child HIV transmission and may have a higher risk of negative drug reactions.
- Dihydroartemisinin/piperazine, when added to daily cotrimoxazole, probably reduces the risk of malaria in the placenta of HIV-positive pregnant women. It probably makes no difference to the risk of low birthweight or losing the baby before or after birth, or the risk of minor side effects, such as vomiting.
- The review included 14 studies with 4976 HIV-positive pregnant women conducted between 2002 and 2023 in Benin, Central African Republic, Gabon, Malawi, Mozambique, Nigeria, Kenya, Tanzania, Togo, Uganda, and Zambia. The studies tested nine comparisons of different drug regimens.

[Read the full review](#)

[Listen to the podcast](#)



## Events and Training Opportunities

### Cochrane Africa Indaba 2025

Preparations are heating up for the 5<sup>th</sup> Cochrane Africa Indaba at the Argyle Grand Hotel in Nairobi, Kenya from 14-15 May 2025 hosted by Cochrane Kenya.

The theme of the Indaba is 'Advancing evidence synthesis for health decision-making in Africa: Promoting health equity and access'.



The programme overview outlines some of the plenary sessions which include: strategies for bridging the gap between research and health-policy implementation; advancing health decision-making in Africa; enhancing KT in the region, best-practice cases and opportunities to collaborate; innovation in evidence synthesis for health decision making; and, what can Cochrane Africa and the Guidelines International Network do to support evidence-informed decision making in the region – a call to action.

Registration and abstract submissions are open.

The deadline for abstract submission is 20 January 2025.

For more information visit the [website](#).



---

### 10<sup>th</sup> International Congress on Peer Review and Scientific Publication

3-5 September 2025, Chicago, USA

The Congress, organised by JAMA, The BMJ and METRICS, will feature three days of presentations of new and original research. The aim is to encourage research into the quality and credibility of peer review and scientific publication and to further the evidence base on which scientists can improve the conduct, reporting, and dissemination of scientific research. Abstracts are due on 31 January 2025.



[Congress information](#) or contact [jama-peer@jamanetwork.org](mailto:jama-peer@jamanetwork.org)

---

### GIN 2025 Conference

16-19 September, Geneva, Switzerland

*Innovations and partnerships for health in all policies*

[See here](#) for more information

---

### Cochrane Colloquium 2026

October 2026, India



To keep up to date sign up for the Colloquium newsletter [here](#)

## Upcoming Learning Events



3 December 2024, 09:00 UTC & 16:00 UTC

RevMan Project Management for Cochrane authors and group staff

[More information and sign up](#)

12 December 2024, 20:00 UTC

Demonstration of new random-effect methods in RevMan

[More information and sign up](#)

9 January 2025, 14:00 UTC

Introduction to RevMan: a walk through for new users

[More information and sign up](#)

16 January 2025, 10:00 UTC

(How) can AI-based automation tools assist with systematic searching?

[More information and sign up](#)

13 February 2025, 10:00 UTC

Could large language models and/or AI-based automation tools assist the screening process?

[More information and sign up](#)



12 March 2025, 14:00 UTC

Opportunities and challenges for data extraction with a large language model

[More information and sign up](#)

9 April 2025, 10:00 UTC

(How well) can large language models and AI-based automation tools assist in Risk of Bias Assessment?

[More information and sign up](#)

7 May 2025, 15:00 UTC

How effectively do large language models and AI-based automation tools assist in writing and summarising evidence syntheses?

[More information and sign up](#)

28 June 2024, Penang, Malaysia

Recommendations and guidance on responsible AI in evidence synthesis

[More information and sign up](#)

## 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.