Cochrane Africa

Trusted evidence. Informed decisions. Better health.

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Message from the Cochrane Africa Co-Directors

2026 started on an exciting note with the launch of Cochrane Ethiopia in January – recognising their contribution to the evidence-based space on the continent. In this issue we celebrate that important milestone with an inspiring interview with the new director Minyahil Tadesse Boltena as well as looking to some of the important steps in the development of EBHC in the country in an interview with Morankar Sudhakar of Jimma University.

We also provide some information on an important new initiative in which Cochrane Africa and Cochrane Evidence Synthesis Unit Nigeria are participating which is looking at finding the best-available, evidence-informed solutions for climate policy globally.

We are also excited to note the launch of the Cochrane Thematic Group on Infectious Disease in which Cochrane Kenya will play an important partnership role.

All of these stories point to the enhanced and vital role of the African continent and African researchers and experts in the evidence-based world.

In addition, we provide information on an interesting new book on EBHC, Cochrane's new moves in the AI space, updates to Revman and, of course, upcoming events and training opportunities. We encourage you to consider participating in the 2026 Cochrane Colloquium in Krakow, Poland.

We hope you will find the newsletter interesting and urge you to give us your feedback and any story ideas you have for future editions (Cochrane.africa@mrc.ac.za).

Solange Durão and Tamara Kredo

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Blazing the evidence-based trail in Ethiopia

Prof. Morankar Sudhakar is professor in Health, Behaviour and Society. He was also Director of the Ethiopian-Evidence Based Health Care Centre: Joanna Briggs Institute (JBI) Centre of Excellence in the Public Health Faculty, Jimma Institute of Health at Jimma University in Ethiopia, (where he is now a mentor). Currently, he is JBI Regional Chair for the Africa region.

In an interview he shared his extensive journey in establishing evidence-based healthcare in Ethiopia, and how he sees this going forward after the recent launch of Cochrane Ethiopia.

Morankar has been at Jimma University for 21 years. His journey in the evidence-based healthcare space started in 2006, following a call from the World Health Organization (WHO) for building decision-making capacity across sub-Saharan Africa.

“There was a call from TDR (the Special Programme for Research and Training in Tropical Diseases), WHO, Geneva for the establishment of evidence-based decision-making capacity building in sub-Saharan Africa,” he explained. “Out of almost 60 proposals, Jimma University was one among the five selected centres.”

He and his colleagues were subsequently selected by JBI to attend training in Cape Town, South Africa. After the training they were required to work on a systematic review but this caused some challenges – not least the absence of high-speed internet in Ethiopia. “At that time, there was no internet in the whole country. There were only a few connections. Special connections were given in Jimma University to one or two people. We had about 10 minutes a day. That was a big challenge.”

Another challenge was that some of the initial staff left Ethiopia to pursue other opportunities due to a lack of funding. Despite these challenges, Morankar went on to complete Train the Trainer workshops (“with a very good score”), trained new colleagues, produced an initial three systematic reviews in six months, went on to successfully train experts in the region and establish a Centre of Excellence recognised by the Joanna Briggs Institute in 2010. There were pivotal training sessions across African countries including Rwanda, Nigeria and Kenya, and collaborations

with the Ethiopian Public Health Institute, and Armauer Hansen Research Institute to enhance evidence-based decision-making.

“Our centre became the first centre of excellence in Africa for JBI in 2010,” he said. “The first three systematic reviews produced were on HIV/AIDS, gender and tuberculosis. Then every year we had to produce a minimum of three systematic reviews to retain our status as a centre of excellence.”

“From 2007, we have trained about 1000 experts in Ethiopia, the majority of whom were from the university, as well as conducted trainings for the Ministry of Health.”

The group also participated in a project funded by the Canadian International Development Research Centre on maternal and child health which included training 32 people from different institutions and countries in Africa. “The Canadian funder’s reviewers were in Kenya to review the progress of the maternal and child-health project when we were conducting the comprehensive systematic-review training. Out of their busy schedule they participated in the training as observers and appreciated the training we were doing, and slowly our centre’s name spread in sub-Saharan Africa.”

"But I realised that training was not enough without continuous mentoring with the attendees to produce and publish systematic reviews."

The mentoring and training then extended to his university's PhD programme. "I convinced them to have compulsory systematic-review training for PhD students, so they know the evidence base, how evidence is created, and how it should be utilised. Every year almost 200 students participate in the systematic-review training. About ten to 15 per cent produce either a systematic or scoping review protocols and/or reviews for their PhD topic."

Co-creation with policy makers

Morankar was also cognisant that real evidence-based decision-making needed strong relationships with ministries of health and made regular visits to the ministry to convince them. He eventually secured a meeting with the State Minister of Health directly. "What was supposed to be a 10-minute discussion lasted two hours with the Chief Advisor to the State Minister and, at the end, he not only told us to develop a conceptual framework for evidence co-creation between researchers and policy makers, but participated in finalising it."

"We asked the ministry for burning questions they needed to develop policy on and received about 20 questions. We obviously didn't have the capacity to work on all 20 so used prioritisation methodology to prioritise to five."

A workshop followed which highlighted the need for a methodology of co-creation in which the person who raised the research question works in collaboration with the researcher. "This also allowed us to understand the different ways of thinking and how answers should be delivered to policy makers."

These valuable lessons led to a functional platform and eventually, with the efforts of several stakeholders, a dedicated department for policy, strategy and research in the ministry.

But demand from the ministry and other stakeholders quickly became too much for the limited research capacity available. "We wanted to establish a Master's programme but the Ministry suggested converting the programme to a PhD. With approval from the university senate, we established a PhD in Evidence-Based Healthcare. The first intake was eight now totaling 24 students. Minyahil – now the head of Cochrane Ethiopia – was one of the first."

"This is about developing people who will push EBHC in Ethiopia in the future. We need strong frameworks and champions to integrate evidence in policy-making across Africa."

And, working with Cochrane Ethiopia?

"We will work collaboratively to develop an evidence infrastructure and to combine methodologies for good evidence production and dissemination, and policy-making tools. We will push collaborative methodologies from Cochrane, Campbell, JBI and others – even if not all health-related they should work together."

"There are many countries in Africa – like Djibouti, Eritrea, Somalia – where there is nothing on EBHC. There is a fragmented approach to EBHC across the continent. We must work together to establish country platforms for the interaction of policy makers and researchers using good methodologies adapted for each country's context. Cochrane and JBI Ethiopia will push this in other sub-Saharan African countries. We should aim for a systematic leap to propagate these learnings and methodologies in sub-Saharan Africa."

A future vision for EBHC in Africa

"Africa should play a strategic leadership role to come up with contextually appropriate and deeply rooted evidence coming from the heart of Africa and informing the global research and development ecosystem," said Minyahil Tadesse Boltena, Director of Cochrane Ethiopia. "It's about what works and what's suitable for Africa. We can no longer wait for packaged information, programmes and policies from other parts of the world. We can design our own, backed by state-of-the-art innovation coming out of Africa."

“I see Cochrane Ethiopia as a synchronised evidence-sourcing platform where funders, programme and project leaders, policy makers and strategic planners look for the best-available evidence coming out of Ethiopia to inform healthcare decision-making.”

Cochrane Ethiopia was launched on 26 January 2026 and Minyahil Tadesse Boltena became the founding director. But his journey into the evidence-based healthcare space started about ten years earlier.

“I started work on a project that addressed local research solutions for local decision making, bringing in global excellence in translation of research findings to policy, and informing clinical and public-health practice,” he explained. “It was funded by the German Ministry of Education through the GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit) and we had collaborators from Cochrane, Cochrane Africa and Cochrane South Africa, and also some affiliate centres outside Africa.”

The evidence bug having bit, Minyahil also worked with the Centre for Evidence-Based Healthcare at Stellenbosch University in South Africa on the Collaboration for Evidence-based Healthcare and Public Health in Africa (CEBHA+) which aimed to build long-term capacity and infrastructure for EBHC and public health in sub-Saharan Africa; for Médecins Sans Frontières Sweden; for the Armauer Hansen Research Institute first as Division Head of Knowledge Translation and Management, and later as the lead of the Artificial Intelligence Innovation Lab; as a Digital Health Equity Capital Development Consultant for SnooCode; and, more recently, as a member of the Ethiopian government’s National Artificial Intelligence in Healthcare Programs Technical Working Group. Along the way he managed to squeeze in a PhD in EBHC – among the first to graduate from the programme at Jimma University.

While doing his PhD he was also involved in the curriculum design and in the ongoing task of convincing the Ministry of Education and the university of the critical role the PhD programme could play for the country. “I was providing training to universities, particularly their medical and public-health schools in EBHC, evidence-based clinical decision-making, and optimising digital-health solutions for evidence use for informed clinical management and patient care. This included supporting training in Malawi, Rwanda and Uganda. I also received further training in Singapore, completed a train-the-trainer course at the University of Adelaide through the Joanna Briggs Institute; and, training in South Africa on evidence-informed decision making, systematic reviews and network meta-analysis.”

“I also worked on a World Health Organization project with Cochrane Germany on a network meta-analysis around the prevention of upper GI bleeding using non-pharmacological interventions, which was published in *BMJ Evidence-based Medicine*. In addition, I have published 24 evidence synthesis and knowledge-translation outputs in high-tier peer-reviewed journals.”

This all laid a strong groundwork for the establishment of Cochrane Ethiopia, but Minyahil emphasised the significant momentum gained when he attended the 5th Cochrane Africa Indaba in Kenya in 2025 where he delivered a speech and presented three abstracts but, more importantly, met with colleagues from Cochrane Africa, South Africa and Kenya.

“This cemented our partnership and the push to establish Cochrane Ethiopia. I had very constructive meetings with Tamara Kredo and Karla Soares-Weiser.”

“We then started developing the paperwork with Cochrane Africa, South Africa, Kenya, and also Cochrane Germany all playing a critical role.”

“It took around five months. But was informative in allowing us to reflect on what was going on in Ethiopia, what the possibilities were and understanding the implications of opening the centre in Ethiopia.”

“This was vital,” he continued. “Ethiopia positions itself as being on a trajectory of health-sector development and investment, with evidence the nucleus of the plan. The government wants to make proper use of the scarce resources available in the shrinking global funding landscape and to actively source evidence to inform strategies, policies, practices and programmes.”

“As Ethiopia is a big country, Cochrane Ethiopia will eventually leverage affiliates in different regions working on capacity building, training, facilitation and equipping the next generation of evidence researchers.”

And where does Minyahil see his own evidence journey going in future?

“I see myself consulting and advising the next generation of EBHC professionals. I would like to continue to advise the Minister of Health locally and investigate international opportunities to leverage what I've been doing. I'm a member of the Research to Policy Advisory Council at the Ministry of Health of Ethiopia and have joined the African Health Research and Innovation Development Alliance and the Data Science Innovation for Africa both under CDC Africa. I see myself rooted within the Ethiopian context, continuing to inform decision makers about using the best-available local evidence for local decisions, sustaining that through the EBHC PhD programme and supporting the next generation of EBHC scientists across Ethiopia and Africa.”

And what does he see as the future challenges for Cochrane in Africa?

“The first is finance. The funding landscape has narrowed and that will require a concerted effort from the Cochrane centres across Africa to develop strategies to mobilise resources to tackle the funding vacuum. The next challenge is to create a seamless digital platform which Cochrane members can use from across the continent. Specifically, a component within the database, where decision makers can log in, store, or track evidence sources coming from their respective countries. And then being able to use artificial intelligence and machine-learning technology to contextualise evidence for the country and summarise evidence into local languages.”

“Last but not least, we need to take ownership of what we do in producing evidence to inform the public and frontline healthcare providers. Ownership is an integral part of Cochrane’s survival. It’s about a public-private partnership so that the public space can make use of evidence developed by Cochrane.”

What works climate solutions

Imagine a world where every climate policy is informed by rigorous evidence on what works.

With funding from Wellcome, What Works Climate Solutions is scaling its efforts to make that a reality.

"Ambition alone won't solve the climate crisis. This funding lets us build something more powerful: a global community — spanning science, policy and practice — that co-produces and applies the best-available evidence to find and implement real climate solutions at scale," said Jan Minx, Head of the Evidence for Climate Solutions Working Group at the Potsdam Institute for Climate Impact Research (PIK), and at the forefront of building the initiative since its inception.

This funding will allow the following:

- 🤝 Connecting researchers, policy makers and practitioners who produce, share and use the best-available evidence together – to shift the culture of climate decision-making.
- 🔬 An evidence-synthesis programme producing gold-standard systematic reviews.
- 🎓 An evidence-accelerator providing training and methodological support.
- 🌍 A second global summit and community events — including the 2027 WWCS Summit.
- 📚 A living evidence bank on what climate solutions work, under what conditions, and why.
- 🌱 Continued growth of the 2500+ strong community and network.

Cochrane Africa and Cochrane ESU Nigeria are delighted to be part of this important initiative.

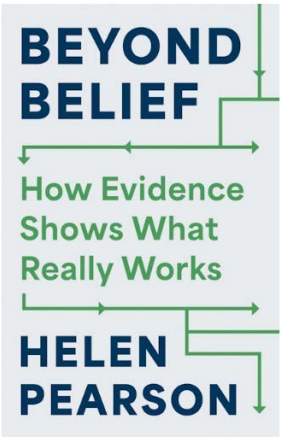
"For Africa, this means building the capacity to lead rigorous evidence synthesis on climate and health — ensuring the research that shapes policy reflects the realities of the most-affected communities," said Solange Durão of Cochrane Africa.

"This investment will strengthen the context-sensitive evidence base that global assessments draw from — and will support the strengthening of evidence-synthesis capacity and expertise within the climate and health community on the African continent," said Emmanuel Effa of Cochrane ESU Nigeria.

Learn more here

A fascinating addition to your bookshelves

Beyond Belief How Evidence Shows What Really Works **by Helen Pearson, Published by Princeton University Press**



More and more people around the globe are using scientific evidence to figure out what works – in health, government and business as well as conservation, schools and parenting. This wasn't always the case. This book tells the story of the evidence revolution – a worldwide movement that promotes evidence-based thinking – and shows how it can help us all, especially in an age of alternative facts. For many years, most medical advice was based on doctors' opinions and conventional wisdom, not solid science.

Helen Pearson describes how evidence-based medicine swept the world in the 1990s – becoming the predominant form of medicine practiced today – and how the idea that evidence should guide decisions is quietly transforming other fields as well.

At a time when science is under attack and questionable claims run rampant, Pearson underscores the importance of evidence in all facets of our lives, empowering us to sift fact from falsehood and misinformation from the truth. Essential reading for the rational-minded, *Beyond Belief* is an engaging portrait of the mavericks, visionaries and rebels who share the simple belief that decisions based on evidence make the world a better place.

Helen Pearson is an award-winning journalist and editor for *Nature* and a TED speaker. Named European Science Journalist of the Year in 2025, she is an honorary professor at University College London, where she teaches science writing, and is author of *The Life Project: The Extraordinary Story of 70,000 Ordinary Lives*.

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Cochrane News

New Cochrane Thematic Group to strengthen work in infectious diseases launched

In March Cochrane announced the launch of the new Cochrane Thematic Group in Infectious Diseases. The group brings together expertise from institutions including the Kenya Medical Research Institute (KEMRI), the National Institute of Health of Peru (NIH Peru), and the Liverpool School of Tropical Medicine (LSTM), reflecting a strong and globally distributed collaboration.

Infectious diseases are one of the four priority research areas in Cochrane's scientific strategy, reflecting urgent global-health needs, from longstanding infectious disease burdens to emerging illnesses and antimicrobial resistance. This new Thematic Group will bring together cross-disciplinary expertise to identify priority topics, engage key stakeholders, and support the development and dissemination of high-quality evidence syntheses that respond to global infectious disease challenges.

Barbara Miheso and Lilian Mayieka from Cochrane Kenya and KEMRI, commented: "Infectious diseases continue to disproportionately affect low- and middle-income countries. Through this Thematic Group, Cochrane Kenya and KEMRI are committed to advancing context-relevant, high-quality evidence syntheses and ensuring their meaningful uptake in policy and practice. Strengthening knowledge-translation mechanisms will be central to maximising the impact of Cochrane reviews on global infectious disease control."

For more see here

Cochrane evidence to inform OpenEvidence users

A new partnership between Cochrane's publishing partner Wiley and the medical AI platform OpenEvidence will see Cochrane evidence helping to inform the platform's users, including more than 40% of US physicians.

Wiley will license a comprehensive portfolio of scientific and medical content to OpenEvidence, including the Cochrane Database of Systematic Reviews.

The partnership includes Cochrane Clinical Answers which translates complex research into practical insights. It also includes Wiley's portfolio of over 400 medical journals and books, including authoritative medical references such as Holland-Frei Cancer Medicine, Rook's Dermatology Handbook, and Yamada's Textbook of Gastroenterology.

Cochrane announces selected AI tools for innovative platform study

Cochrane has confirmed the two artificial intelligence (AI) tools selected to take part in the innovative platform study evaluating how artificial intelligence could support and enhance key stages of evidence synthesis. The selected tools are Laser AI and Nested Knowledge which were selected from a pool of 48 submissions received in late 2025.

Five additional tools remain on a reserve list and may be incorporated later as the study evolves.

The selection of these tools is not a formal Cochrane endorsement. Cochrane's position, is that Cochrane authors can use AI tools as long as they can demonstrate that it will not compromise the methodological rigour or integrity of their synthesis. This study within a review protocol in this innovative platform study is Cochrane's approach to evaluating this for the reviews included in the study.

For Cochrane authors who wish to use AI tools, Cochrane advises that they follow the RAISE recommendations and guidance, in particular, the third paper in the collection (RAISE 3) that offers guidance on selecting and using AI evidence-synthesis tools. Cochrane authors could apply this to Laser AI, to Nested Knowledge, or any other AI tool.

To help systematic reviewers navigate this, new guidance released in March 2026 includes an overview of how AI is being used in different types of tools at different stages of the review process, alongside recommendations on their use.

New RevMan features

Cochrane has announced four improvements to RevMan that will help users to structure analyses more accurately, avoid common Summary of Findings (SoF) issues, and prepare complete synthesis PICOs.

1. Smarter analysis groups

Users can now define comparison PICs for each analysis group, then apply them automatically to all analyses in that group. This includes a) Population; b) Setting and c) Experimental and control intervention

This means that the set-up is less repetitive while ensuring more consistent comparison. Existing analyses can be updated quickly and easily.

2. Clear classification of Main vs. Supporting analyses

When creating a new analysis, users can now select whether it is a Main or Supporting analysis. This means that RevMan users can pre-select which analyses they wish to include in the SoF.

3. Set outcomes (including manual analyses)

Users are now able to set an outcome for every analysis, enabling RevMan to generate a complete synthesis PICO for each analysis. PICOs will be visible both within the analysis and in the list of analyses.

4. Improved setup for synthesis PICOs

Users can now add outcomes, interventions, and covariates directly from the analysis options and from the analysis group screen – making it easier and faster to build analyses without navigating multiple screens.

See the RevMan Knowledge Base

Cochrane Reviews and Other Resources

Food fortification is highly cost-effective in fighting hidden hunger across 63 countries

A study led by Cochrane Response confirms food fortification as a proven, cost-effective strategy for improving global nutrition and health outcomes.

The comprehensive new systematic review published in *The Journal of Nutrition* provides the latest evidence that large-scale food fortification is a highly cost-effective intervention for reducing global malnutrition.

The research team, comprising scientists from Cochrane Response, the Food Fortification Initiative, Emory University, and TechnoServe, examined 56 studies presenting over 200 economic analyses from 63 countries, including more than 40 low- and middle-income economies. They found that the vast majority of food fortification programmes deliver substantial health benefits relative to costs.

Key messages

- Hidden hunger, which occurs when a person does not consume enough of the essential vitamins and minerals – micronutrients – they need to survive or thrive, impacts millions worldwide and leads to substantial mortality and morbidity.
- Children and pregnant women are particularly susceptible, with an estimated 56% of children aged six to 59 months and 69% of non-pregnant women aged 15-49 years suffering from hidden hunger globally.
- Hidden hunger can worsen during periods of food insecurity and rising food prices, as vulnerable populations struggle to access a varied, nutritious diet.
- The review found strong and consistent evidence supporting large-scale food fortification as a cost-effective intervention.

The study's key findings demonstrate that fortification programmes are a great investment because the benefits far outweigh the costs.

Sugar comforts newborn babies during painful procedures

Key messages

- Newborns, especially preterm infants in neonatal intensive care units (NICUs), undergo numerous painful procedures. Because of their immature pain regulation, they can experience these procedures intensely.
- Preventing and treating procedural pain in hospitalised newborns is important, as repeated untreated pain has been associated with poorer physical growth and potential effects on brain development.
- Accessible, low-cost solutions such as sucrose — a sweet sugar solution placed in a baby's mouth shortly before needle procedures — have been used for decades. However, evidence specific to some procedures, such as venepuncture (drawing blood with a needle), has been limited.

- Despite sucrose being recommended in multiple guidelines for procedural pain relief in infants, its use in clinical settings remains inconsistent.
- The review has found that sucrose can help with pain relief in newborn babies during common hospital procedures, such as venepuncture.

Bueno M, Candido L, Hu J, Fiander M, Cracknell J, Xu E, Kang J, Yamada J. Sucrose analgesia for venepuncture in neonates. Cochrane Database of Systematic Reviews 2026, Issue 3. Art. No.: CD015221. DOI: 10.1002/14651858.CD015221.pub2.

Read more here

Read the full review

Intermittent fasting, traditional dietary advice or no treatment: Which works better to help adults living with overweight or obesity lose weight?

Key messages

- Compared to traditional dietary advice (like restricting calories or eating different types of foods), intermittent fasting may make little to no difference to weight loss and quality of life in adults living with overweight or obesity. The reviewers are less sure about the results for unwanted events.
- Compared to no advice or being on a waiting list, intermittent fasting likely makes little to no difference to weight loss. The reviewers are less sure about the evidence for quality of life, and unwanted events (such as fatigue, headache and feeling sick).
- None of the included studies reported people's satisfaction with intermittent fasting, their diabetes status or overall measures of other health problems. Further research is needed to investigate these.

Garegnani LI, Oltra G, Ivaldi D, Burgos MA, Andrenacci PJ, Rico S, Boyd M, Radler D, Escobar Liquitay CM, Madrid E. Intermittent fasting for adults with overweight or obesity. Cochrane Database of Systematic Reviews 2026, Issue 2. Art. No.: CD015610. DOI: 10.1002/14651858.CD015610.pub2.

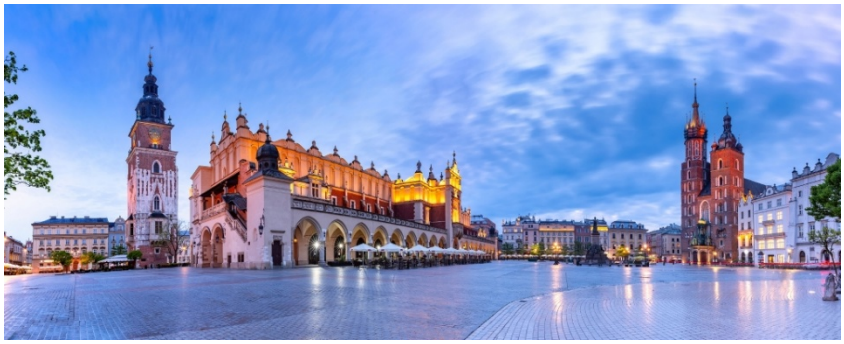
Read the full review

Events and Training Opportunities

2026 Cochrane Colloquium

Date: 8-10 December 2026, Krakow, Poland

Theme: *Cochrane Evidence: Living, Trusted, Transformed*



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.

18-22 May 2026, Lund, Sweden

Introduction to Cochrane Methodology

Apply or find out more

19 May 2026, Odense, Denmark

Introduction to preparing a systematic review

More information and registration

20 May 2026, Online

Spotlight on methods: Dissemination bias

More information

1-3 and 8-9 June 2026, Copenhagen Denmark

Course on Cochrane reviews and other systematic reviews of medical interventions

More information and registration

4-5 June 2026, Paris, France

Comparing multiple interventions using network meta-analysis

More information and registration

9-11 June 2026, Nottingham, UK

Nottingham Systematic review course

More information and registration

10 June 2026, Online

Cochrane Skin Meeting

More information and registration

12 June 2026, Nottingham, UK

Systematic reviews of Diagnostic Test Accuracy

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
LinkedIn: https://www.linkedin.com/in/cochrane-africa-642577371/
Email: cochrane.africa@mrc.ac.za

You want to get involved with the work of Cochrane Africa? Complete the form here