

Message from Cochrane Africa co-directors

Dear Cochrane Africa friends

Welcome to our first issue of 2023 – a year that is already flying by too quickly.

In this issue we focus in a little on Cochrane Kenya which, since their official launch in 2021, has been very busy with a schedule of training, protocol development, and initiatives to bring together policy makers and evidence-based healthcare researchers. We report on some of these activities as well as the exciting news that they have officially joined the Cochrane Africa family as the East Africa hub.

We also include news and background information on Cochrane re-organisation with the formation of Thematic Groups. This includes the Cochrane Nutrition Field, which has been co-ordinated from South Africa since 2016, and will now expand its activities as the Nutrition and Physical Exercise Thematic Group.

We also talk about the GELA project, which focuses on newborn and young child health in three African countries and recently held its first annual meeting in Malawi and published important landscape analysis and priority-setting reports for Nigeria, Malawi and South Africa.

As usual, we include summaries of recent Cochrane reviews of relevance to the region, updates on Cochrane activities and training opportunities, as well as important dates to remember to plan your involvement in the Cochrane Colloquium in London in September.

Remember that this is your newsletter – so if you have news and stories from your country or region that you think should be included don't hesitate to make contact.

Happy reading!



Tamara Kredo



Solange Durão

A very busy time! Updates from Cochrane Kenya

Since its official registration and launch at the 11th KEMRI Annual Scientific and Health (KASH) Conference in 2021, Cochrane Kenya has been very busy with training courses; protocol development; advocacy work; networking with policy makers; a Cochrane Kenya collaborator's meeting; and, most importantly, becoming the East Africa hub of the Cochrane Africa network.

Cochrane Kenya is housed within the Knowledge Management Unit at the Kenya Medical Research Institute. Co-director Prof. Jennifer Orwa updated us on some highlights of their recent activities. These include:

- Cochrane Protocols have been developed on tuberculosis, malaria, schistosomiasis and COVID-19. All of these were published in the *Cochrane Library*.
- A five-day introduction to systematic reviews course was held in 2021 attended by 43 participants which was followed by mentorship sessions for 12 of the participants to build capacity. Two of these mentees have subsequently completed a (non-Cochrane) review that has been submitted for publication.
- Science Communication training held in 2022, followed by mentorship sessions, where participants were paired to develop evidence/policy briefs and two of the participants completed and published their brief.
- Three workshops were held on evidence-based diagnostics with national policy makers and county representatives which led to the development of evidence-based guidelines.
- Engagement with the county health management teams in Kenya to advocate for the use of evidence.

Outreach and advocacy

Evidence stands at the annual KASH conferences for the past three years have allowed increased advocating for evidence-informed decision making. This year a session was also held at the Knowledge Management symposium, on how to promote the systematic use of research evidence to inform health policy, linking researchers to policy makers and users of evidence. Here, experiences were shared, and the complex process of research translation to policy was demystified.

Activities have also been undertaken to promote the visibility of the *Cochrane Library*, which is freely available in Kenya, by developing user-friendly evidence summaries and policy briefs, as well as the translation and dissemination of Cochrane evidence via Twitter: [@CochraneKenya](https://twitter.com/CochraneKenya) and their website kenya.cochrane.org.

“Along with KEMRI we have also developed a rapport with county health-management teams from six counties in Kenya. Through these dialogues, 15 research-evidence champions have been identified and trained to engage in the co-production of evidence to find solutions to priority health problems in their counties. One of the tasks for the champions is to upload research outputs and generate evidence briefs,” said Orwa.

Contributor's workshop

A major highlight was the recent Kenya Cochrane contributors' workshop on 16 and 17 March, attended by 65 participants. The aim was to create a sustainable network of Cochrane authors and contributors in Kenya to enhance the co-ordination of evidence synthesis and translation for research evidence to inform policy in



healthcare. The hybrid programme included an introductory workshop on evidence-based healthcare, and systematic and Cochrane Reviews.

East Africa hub

Cochrane Kenya is also officially joining Cochrane Africa as the East Africa hub. This will allow further expansion of activities in the region and participation in networking across Africa with the other Cochrane Africa groups – Cochrane South Africa, Cochrane Nigeria, Cochrane Cameroon and the Centre for Evidence-Based Healthcare in South Africa.

“We are excited to be joining Cochrane Africa to increase the use of best evidence to inform healthcare decision making in the sub-Saharan African region,” said Orwa. “This is an important step forward in expanding our work to the betterment of people across our region and the continent overall. We look forward to the ongoing collaboration.”



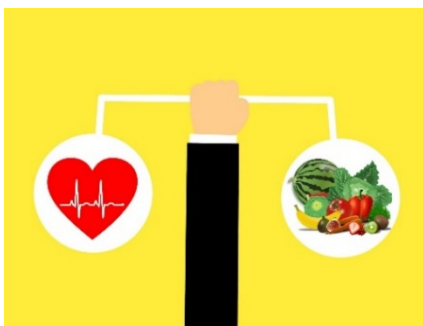
News from Cochrane

Cochrane announces first round of new Thematic Groups

At the end of 2022 Cochrane announced the first set of pilot Cochrane Thematic Groups, namely:

- Global Ageing
- Health Equity
- Nutrition and Physical Activity
- Person-Centred Care, Public Health and Health Systems
- Sexual and Reproductive Health
- Vascular
- Work and Health and Social Security

The groups were chosen via a competitive application process.



The **Nutrition and Physical Exercise Group** represents an expansion of the activities of the Cochrane Nutrition Field which was established in 2016 under the leadership of **Cochrane South Africa** at the South African Medical Research Council and the **Centre for Evidence-based Health Care** (CEBHC), at the Faculty of Medicine and Health Sciences, Stellenbosch University, and led since then by Co-Directors Celeste Naudé from CEBHC and Solange Durão from Cochrane SA. The new group will bring together Cochrane Nutrition and other international partners including Cochrane Public Health and the University of Newcastle, Australia; Cochrane Germany and the Institute for Evidence in Medicine, University of Freiburg, Germany; and the Campbell Collaboration’s Nutrition and Food Security sub-group.

Critical areas in global health

The concept of thematic groups was developed through the 2021 **community consultation process** and focused on key areas of global health and social care in line with Cochrane’s Future Cochrane model, which you can read about in more detail [here](#).

To contribute to global efforts across critical areas, Thematic Groups will focus on priority setting and supporting developing and disseminating high-quality evidence in accessible formats. The aim is to preserve and build on existing relationships while providing another mechanism for developing Cochrane evidence syntheses. They will liaise between Cochrane and external networks, such as guideline developers, government agencies and disease associations. They will also ensure that Cochrane has access to the right topic expertise. Thematic Groups may also develop Cochrane evidence syntheses and submit them to the Central Editorial Service for consideration.

"It's already evident from the calibre of first-round applications we received that this was a fantastic idea. Thematic Groups will open new avenues and opportunities for expanding our existing global networks and cross-disciplinary collaborations," said Cochrane's Editor in Chief Karla Soares-Weiser. "They'll also enable us to share vital subject expertise and practical know-how with internal and external stakeholders, including guideline developers, government agencies, policy makers and disease associations working on the world's most pressing issues. We know there's no shortage of complex global challenges to address – including pandemic recovery and future preparedness, equity, climate change and a raft of other important Sustainable Development Goals we have in our sights."



"We know the last few years have seen the Cochrane community grappling with the uncertainty and profound challenges that come with major transitions," she continued. "The establishment of our first round of Thematic Groups represents a really positive and significant step in Cochrane's organisational transformation and sets the scene for a new year of further progress and promising possibilities."

Cochrane launches its first open-access journal

Cochrane's first open-access journal, [Cochrane Evidence Synthesis and Methods](#), has published its first articles.

Working in conjunction with the publisher, Wiley, this journal aims to strengthen Cochrane's ability to meet the needs of stakeholders' needs and publish different types of evidence synthesis beyond systematic reviews. It also includes methods of research evaluating how evidence synthesis is planned, produced and disseminated and research articles on critical areas for evidence synthesis, such as priority setting, consumer involvement, and research integrity. [Read more here](#)



Cochrane's 2023 International Women's Day Event



In recognition of [International Women's Day](#) on 8 March 2023, Cochrane hosted a virtual event featuring a panel of accomplished women from diverse backgrounds discussing the [2023 theme of #EmbraceEquity](#).

The panelists shared their experiences and insights on topics such as gender equity in clinical trials, the impact of gender on health outcomes, and strategies for promoting equity in healthcare and in evidence synthesis.

[See the recording here](#)

Lessons from the ROB 2 pilot phase

Cochrane switched from using its first risk-of-bias tool to using the updated version, RoB 2, in 2019. A phased approach was used, allowing authors to decide when to use it and offering them support from the editorial team. A paper outlining their experience and lessons learned has now been published in [BMJ Evidence-Based Medicine](#).

RevMan 5 is replaced by RevMan Web

ReviewManager (RevMan) is Cochrane's bespoke software for writing Cochrane Reviews. It has been designed to integrate with other systematic review software and new features and updates are added regularly.

From 25 April, RevMan 5 will no longer be available, having been fully replaced by RevMan Web. The following two key changes will be introduced:

- Study-centric data will be enabled by default for new protocols and reviews (relevant for intervention and rapid reviews)
- Check out to RevMan 5 will be disabled

Check in to RevMan 5 will remain active until 18 May 2023 to enable reviews that were checked out before 25 April to be checked in.

Cochrane Review authors can [log in to RevMan Web](#) to view the dashboard (all reviews) and edit reviews online.

[Watch the 5-minute YouTube tutorial](#) for authors using RevMan Web.

RevMan Web is also available for non-Cochrane reviews. Click [here](#) to find out more.

Other News

GELA Project

The [Global Evidence - Local Adaptation \(GELA\) project](#) aims to enhance evidence-informed guideline recommendations for newborn and young child health in three sub-Saharan African countries.



The European and Developing Countries Clinical Trials Partnership awarded three-year funding to a partnership coordinated by the South African Medical Research Council along with partners from the Norwegian Institute of Public Health, The Norwegian University of Science and Technology, Western Norway University of Applied Science, Stellenbosch University (South Africa), Cochrane Nigeria at the University of Calabar Teaching Hospital, Kamuzu University of Health Sciences (Malawi), Cochrane and the Stiftelsen MAGIC Evidence Ecosystem (Norway).

First annual meeting

The project conducted its first annual meeting in Malawi in January 2023. The meeting was officially launched by Dr Queen Dube, Chief of Health Services, Malawi Ministry of Health.

The meeting attracted participants from all the participating countries and was organised by GELA project Malawi in conjunction with the South African Medical Research Council. It aimed to review progress; conduct working sessions for work packages to advance planning, reporting or write-up of outputs; management team meetings; in-house training; networking and stakeholder engagement; and, training in guideline simulation.



Priority setting reports published

The project has also conducted a landscape analysis of clinical practice guidelines for newborn and child health in South Africa, Malawi and Nigeria. The aim was to assess the methodological and reporting quality of publicly available clinical practice guidelines published within the last five years (2017 – 2022) and to identify gaps in topics and content covered.

The findings highlight the importance of ongoing efforts to strengthen capacity and support clinical practice guideline development, as well as gaps in current topics or conditions in each country. See the reports at: [Identifying priorities for newborn & child health guidelines | Cochrane Africa](#)

Kredo appointed as director of the Health Systems Research Unit



Prof. Tamara Kredo has been appointed Unit Director of the Health Systems Research Unit (HSRU) at the South African Medical Research Council. Kredo trained as a medical doctor, specialising in Clinical Pharmacology at the University of Cape Town and is an expert in health policy and clinical guidelines methods. Her research spans assessing the quality, and content and methods of clinical practice guidelines in southern Africa and globally. Recent highlights include leading the conduct of methods development and rapid reviews on essential medicines and vaccines for the national COVID-19 guidelines.

She has fulfilled leadership roles at Cochrane South Africa since 2010 as Deputy Director of the Centre and, since 2017, founding and co-directing Cochrane Africa. She has also held leadership positions in many local and international strategic and advisory committees.

The HSRU's research informs and supports decision-making in health and social policy to strengthen health systems to achieve universal health coverage.

HSRU works in five thematic areas:

- Maternal, Family, Child Health, Nutrition
- Adolescent and young adults' health and wellbeing
- Communicable and Non-Communicable Diseases
- Social and Economic Policy and Health
- Knowledge synthesis for strengthening health systems

Cochrane Reviews and Other Resources

What are consumers and health providers' views and experiences of working in formal partnerships to plan, deliver and evaluate health services?



Key messages

- Power imbalances between health providers and consumers can limit consumer participation in health-service planning, delivery and evaluation.
- Power imbalances in the partnership may happen because of the ways consumers are recruited, how meetings are run, and how decisions are made.
- For successful partnerships with consumers, health providers need to address these power imbalances.
- Some consumers and health providers believed that partnerships improve the culture and environment of the health service, as well as how health services were planned and developed.

[For more see here](#)

[Read the full review](#)

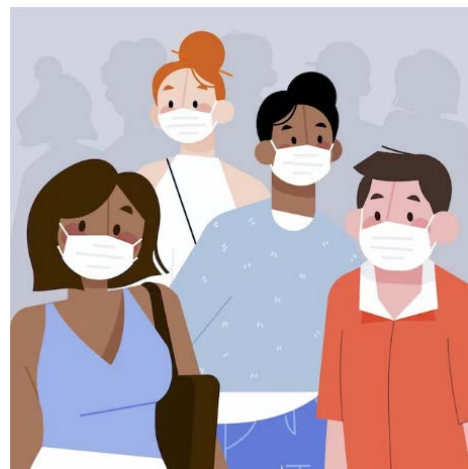
Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses?

Key messages

- The reviewers are uncertain whether wearing masks or N95/P2 respirators helps to slow the spread of respiratory viruses based on the studies assessed.
- Hand-hygiene programmes may help to slow the spread of respiratory viruses.

[For more see here](#)

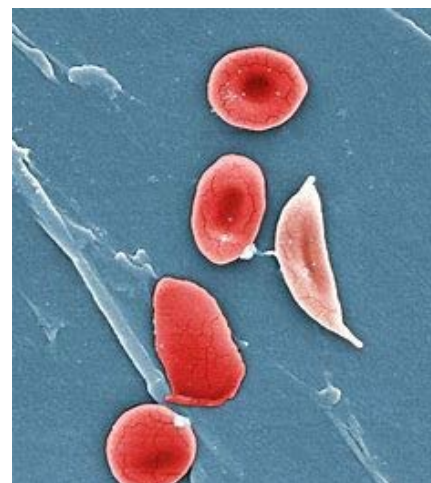
[Read the full review](#)



Strategies to increase adherence to iron-chelation therapy in people with sickle cell disease or thalassaemia

Key messages

- The reviewers were uncertain if single agents or combined agents made any difference in adherence rates, serious adverse events or mortality. Quality of life, measured using validated questionnaires, was only reported in three trials, but not enough data were reported to determine any differences between treatments.
- There was no evidence on intervention strategies for different age groups.
- They found that there was an unusually high adherence rate to all drugs and combinations of drugs in all the trials. This may be because participants may have been selected based on their ability to stick to medication regimens. Also, adherence may increase in trial participants when there is a higher level of clinician involvement in care.
- They concluded that real-world randomised and non-randomised trials, run in both the community and in clinics, are needed to examine a variety of proven and unproven strategies that may be useful for increasing adherence to iron-chelation therapy.



[For more see here](#)

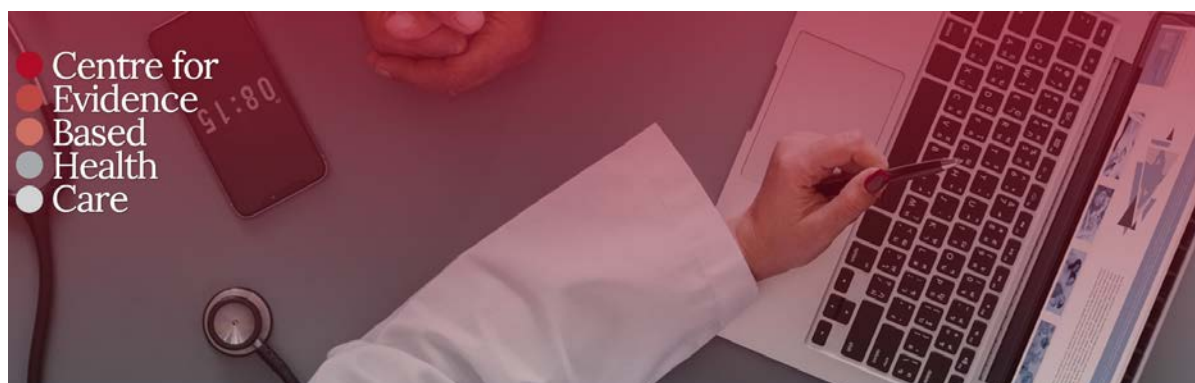
[Read the full review](#)

Events and Training Opportunities

CEBHC teaching and training

The Centre for Evidence-based Health Care (CEBHC) is a co-ordinating and directive institution for research and training of the Faculty of Medicine and Health Sciences, Stellenbosch University, in the field of evidence-based healthcare. The CEBHC leads and supports various teaching activities to strengthen EBHC awareness, knowledge, skills and practices. See more and keep up to date on their courses and workshops at:

<https://www.cebhc.co.za/teaching-what-we-do/> and <https://www.cebhc.co.za/latest-content/>



Cochrane Colloquium 2023, London

Cochrane UK will be hosting the **Cochrane Colloquium** at the **Queen Elizabeth II (QEII) Centre** in London from 4 to 6 September 2023, with Satellite events on 3 September.

The theme is 'Forward together for trusted evidence' and will explore the challenges for the future around the trustworthiness of healthcare data and information whilst also celebrating 30 years of producing trusted evidence. The 2023 Colloquium is an event for everyone with an interest in the use of evidence in healthcare decision making, including those engaged in evidence production, co-production, dissemination, implementation and policy making, as well as those making individual healthcare decisions.

Important dates to note



22 May 2023	Stipend recipients notified
1 June 2023	Early registration closes and Cochrane sponsored group registration closes
6 June 2023	Standard registration begins
12 June 2023	Cochrane awards and prizes submission closes
7 July 2023	Meeting submission deadline
24 July 2023	Registration cancellation deadline
2 August 2023	Standard registration closes
3 August 2023	Late/onsite registration opens
7 August 2023	Schedule and sign-up opens and App launches
3 September 2023	Satellite events
4-6 September 2023	Cochrane London 2023

Upcoming Cochrane Learning Live Events



4 May 2023

New guidance on using the Risk of Bias in Non-randomised Studies – of Interventions (ROBINS-I) tool

Dr Kerry Dwan, Senior Research Fellow in Evidence Synthesis and HTA at the Centre for Reviews and Dissemination, University of York.

[SIGN UP](#)

24-25 May 2023

How study-centric data analysis and data management in RevMan Web: methodological background and practical application

Rachel Richardson, Methods Support Unit Manager, Cochrane.

Rebecka Hall, Product Owner of RevMan, Cochrane.

Gert van Valkenhoef, Head of IT Infrastructure and Development, Cochrane.

Ella Flemyng, Editorial Product Lead, Cochrane.

[SIGN UP](#)



10-11 May 2023

How study-centric data management in RevMan Web makes systematic review production quicker and easier

Rebecka Hall, Product Owner of RevMan, Cochrane.

Gert van Valkenhoef, Head of IT Infrastructure and Development, Cochrane.

Ella Flemyng, Editorial Product Lead, Cochrane.

[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.