

Message from Cochrane Africa co-directors

Dear Cochrane Africa friends

The end of yet another year has seen a flood of important meetings and conferences in the health evidence space – we cover some of these in this edition of the newsletter – not least the Cochrane Colloquium, which also marked the 30th anniversary of the collaboration. We include both reflections of some of those who were there at the beginning as well as the impressions of a first timer at the meeting.

We also include an exciting interview with Eric Tornu who outlines the processes and methodologies used in the development of guidelines for nurses to provide self-management support to adults with TB-HIV coinfection in Ghana.

We say Au Revoir but not Goodbye to Jennifer Orwa of Cochrane Kenya who, although retiring, will still add her considerable knowledge and experience to the health-evidence space in Africa.

And, we feature updates and news from Cochrane Kenya and Cochrane Cameroon, some recent reviews of interest to the African setting and advance warning of training opportunities to come.

As another year end hurtles towards us, we wish everyone in the Cochrane Africa family a safe and healthy holiday season.



Tamara Kredo



Solange Durão

A rigorous, locally appropriate process

Developing self-management guidelines for TB-HIV coinfection in Ghana

“The GRADE Adolpment process for producing guidelines is interesting. I learnt a lot. Searching for available guidelines or recommendations and reviewing the evidence is key. The Cochrane approach to rapid systematic reviews was also eye-opening – ensuring that evidence was reviewed systematically but within a constricted period. The qualitative studies showed the need to support these patients – for the nurses to give as much help as they can. The whole approach showed that rigorous guidelines could be developed even for resource-limited settings like Ghana, where people do not have the money and time to join a panel to develop guidelines afresh,” said Eric Tornu.



Tornu is an assistant lecturer in the Adult Health Department, University of Ghana School of Nursing and Midwifery, Accra – Ghana. He is a licensed Registered General Nurse with a Master of Philosophy in Nursing from the University of Ghana, Legon. He has worked as a Senior Nursing Officer and clinical preceptor at the Korle-Bu Teaching Hospital, Department of Chest Diseases -one of the largest in-patient facilities for TB-HIV coinfection management in Ghana; Nursing Officer at Barnor Hospital; research assistant/field agent with the United States Agency for International Development project Evaluate for Health; administrator of the Research Mentorship Alliance; and, project coordinator for the Ghana Nurse Leader Project - Phase II in collaboration with the Ghana Health Service and New York University Meyers School of Nursing.

Tornu is a Queen Elizabeth II Diamond Jubilee Scholar currently pursuing his PhD in Nursing at Stellenbosch University, South Africa, which involves the development of a contextualised best-practice guideline for professional nurses to provide self-management support to adults with TB-HIV coinfection in Greater Accra, Ghana.

He has been involved in treating patients with TB-HIV coinfection for most of his career. “TB-HIV coinfection is an issue in Ghana like most African countries,” he said. “In 2021, the WHO estimated that there were 6500 new cases of diagnosed TB-HIV coinfection and 3700 cases of HIV-positive TB mortality.”

“People with HIV are at much higher risk of developing TB – sometimes as much as 20 times more likely. Such patients can become very ill and unable to work. I was struck by this early in my career.”

“With HIV, you have to be on the medication for life,” he continued. “TB is curable – for non-drug resistant TB, after six months of good treatment, you should recover. TB and HIV together have become a chronic condition.”

However, he highlighted that it is not without challenges, including the patient’s need to self-manage (deal with) their emotions, stigma, drug interactions and resistance as well as multiple symptoms.

In Ghana, TB and HIV are managed mainly on an outpatient basis at primary care centres (TB-HIV clinics or DOTs centres). “Seeking care at the primary level is easy. Free care is on your doorstep, and these facilities have professional nurses who give as much support as possible to ensure that patients can self-manage their drugs, side effects and symptoms like weight loss and coughs.”

But, guidelines based on evidence are important, and there were no current, high-quality recommendations/guidelines to guide professional nurses in providing the best possible self-management support to adults living with TB-HIV coinfection, particularly in resource-limited African settings like Ghana.

Rigorous processes

The work started with a scoping review to identify existing guidelines and recommendations. A rapid systematic review was then conducted to identify interventions that promote self-management among adults with TB, HIV and TB-HIV coinfection.

Two qualitative studies to explore and describe the perceptions of 20 adults living with TB-HIV and 22 professional nurses regarding self-management support followed, as well as collaboration with eight local experts, including health-care providers (TB-HIV nurse, TB-HIV clinician, TB treatment supporter and clinical psychologists), nursing academics and policymakers.

Finally, the Grading of Recommendations Assessment, Development and Evaluation (GRADE) *Adolopment* approach and the GRADEPro online software were used. “This is a pragmatic yet rigorous approach to adopting existing recommendations, adapting recommendations where relevant and developing new recommendations when none can be found with inputs from local stakeholders and experts,” explained Tornu.

All of this resulted in a finalised guideline. The next step is to ensure its roll-out. Tornu warned of the need to involve all stakeholders from the beginning to ensure dissemination and implementation. “You can’t wait till the end to bring in the stakeholders. We involved the patients, nurses and TB control programme from the beginning. We are in the early stages of the roll-out, but the programme has expressed its readiness for us to hold seminars and pilot the guidelines for feedback from those on the ground. Then we can address any challenges and possibly scale it up nationally,” he said.

“Ideally, we want it to be implemented in every TB-HIV clinic because we believe this guideline will allow nurses to be more confident in taking decisions for self-management support, knowing it is evidence-based and informed by patient preferences and expert views.”

Future studies will investigate the impact of the guideline’s use on the health outcomes of adults with TB-HIV coinfection, as well as implementation challenges.

But for Tornu, it means that wrapping up his PhD is in sight. “I can’t believe it,” he said. “It looked like an impossible journey at the beginning, but my supervisors - Prof. Portia Jordan and Dr Michael McCaul – made it possible. I’m grateful for their guidance and support. It’s been a wonderful journey.”

“I also thank the patients, nurses and other stakeholders for sharing their experiences and time to help us produce relevant guidelines that can improve health outcomes,” he concluded. “These guidelines give guidance to our professional nurses. The best-available evidence has been used to create best-practice guidelines informed by nurse experience and patient preferences. This ensures patient- or person-oriented care, making life easier for everyone.”

“GRADE Adolopment is a unique approach combining transparency, evidence-based judgments, and decision making.”

Saying farewell to Prof. Orwa

Jennifer Orwa has been co-director of Cochrane Kenya based at the Kenya Medical Research Institute since 2018. She is now entering a new chapter – that of retirement – and shared some of her story, experiences and advice.

1. How did your personal involvement in evidence-based health-care work come about?

My employer, the Kenya Medical Research Institute (KEMRI), is dedicated to addressing public health challenges through rigorous research. This involves producing high-quality research that informs evidence-based policy, translating research into best practices, building capacity, and advocating for the use of research evidence in health decision-making. While these responsibilities have always been central to the Institute's mandate, my direct involvement in evidence-based healthcare began in 2018.



It was during this time that I assumed the role of Deputy Director, entrusted with the overall leadership and coordination of the Knowledge Management Department. This department plays a pivotal role in enhancing institutional capacity across the spectrum of knowledge activities, including generation, translation, storage, dissemination, and utilisation. The overarching goal is to elevate Evidence-Informed Decision Making (EIDM) in human health practices, policies, and programmes.

Moreover, in my role as a Cochrane Kenya director, I've actively engaged and communicated with the Cochrane community. This experience has broadened my participation in advancing evidence-informed health-care decision-making. My contributions include the production and dissemination of high-quality, pertinent, and easily accessible synthesised research evidence, further solidifying my commitment to the cause.

2. What would you describe as highlights of your involvement with Cochrane?

A significant accomplishment in the space of evidence production and use, was winning the Africa Evidence Leadership Award #AELA2022 as Runner-Up in the Evidence Intermediaries Category for supporting the use of research evidence.

My work as Cochrane Kenya Director has greatly aided in the promotion of Evidence-Informed Decision Making (EIDM) and the growth of EIDM capacities within the County and national health systems. Being a part of the initiative on enhancing institutional capability for government use of health research makes me proud. The implementation of this project significantly contributed to the development of EIDM procedures at the national and sub-national levels of healthcare in Kenya.

I have been able to interest researchers, policy-makers and users/stakeholders to make well-informed decisions about health-care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of health-care interventions through sensitisation/advocacy, systematic reviews training and mentorship, sub-national health-care decision-makers training on the use of evidence, systematic review and policy brief publication, and dissemination for evidence-informed decision making on health.

3. Were there any challenges/lessons learnt?

There were a number of limitations, but they are not always a hindrance. They can be an opportunity for creative problem-solving. Some of the challenges included inadequate resources, communication within the health facility, limited qualified personnel to implement EIDM and the responsibility level of employees. The institutionalisation of evidence use among government departments is critical for nurturing a culture of evidence use in decision-making. However, lessons learnt from implementation of EIDM indicate that, researchers' interest in EIDM is high, but understanding and capacity in EIDM are low.

4. What is your advice for Cochrane Kenya going forward?

Cochrane Kenya's path forward involves establishing a dynamic platform for evidence synthesis that not only fuels policy discussions but also fosters capacity growth in areas such as evidence synthesis, knowledge translation, information retrieval, and evidence-informed policymaking. There's a vital need for advancing expertise in guideline methodology, communication, and the dissemination of diverse Cochrane Reviews.

To fortify its impact, CK should extend and nurture its networks of Cochrane reviewers and contributors. This entails an emphasis on systematic review training and mentorship programmes, fostering a robust foundation in systematic reviews and meta-analysis to elevate the standard of evidence synthesis.

Strategic collaboration remains key. By sustaining partnerships with national and sub-national levels of government, health ministries, and the private sector, Cochrane Kenya can amplify its influence in promoting evidence-based decision and policymaking processes. This continuous engagement is crucial for making a lasting mark in advocating for the use of evidence in shaping impactful policies.

5. What are your future plans?

In retirement, my enthusiasm for driving my professional agenda remains unwavering. I may be stepping away from the traditional workforce, but my commitment to leveraging the skills cultivated over the years within the evidence ecosystem persists. Retirement is not a conclusion but a transition into a new phase where I can channel my expertise and passion into meaningful contributions, steering my professional journey with purpose and vitality.

News from Cochrane

Cochrane Colloquium, London 2023



Cochrane’s Annual Colloquium was held in London from 3 to 5 September. The theme was ‘Forward together for trusted evidence’; and aimed to explore the challenges for the future around the trustworthiness of health-care data and information whilst also celebrating 30 years of producing trusted evidence. The conference included a varied programme of workshops, oral presentations, posters, special sessions and meetings with the content falling into four programme streams: 1) producing trusted evidence; 2) advocating for trusted evidence; 3) informing health and care decisions; and, 4) co-production and working together.

[You can view recordings of the plenary sessions and selected special sessions here.](#)

Cochrane celebrates 30th anniversary

Cochrane also used the opportunity of the Colloquium to celebrate its 30th anniversary having been established in 1993.



New video

Cochrane has released a new video to celebrate the 30-year anniversary, featuring interviews with key collaborators past and present.

Key quotes from the video include:

“Archie Cochrane asked how can we have a national health service if we don’t know which of the things being done in it are useful and which are useless or possibly harmful?” said Iain Chalmers.

“We left people in no doubt at all that if this was going to be done it needed international collaboration.”

‘We made it a very clear goal that we would prioritise the conditions of importance to Africa.’ – Jimmy Volmink.

Karla Soares-Weiser and Jimmy Volmink engaged in a thought-provoking discussion with Iain Chalmers, Muir Gray, Jini Hetherington, and others. They explored the origins and inspirations behind the founding of Cochrane. [View the slides here](#)

Special collection

To mark this important milestone, Cochrane has also assembled a special collection of reviews. These aims to reflect both the permanence of the mission, and the innovative ways in which Cochrane is achieving it. The reviews address important questions and use methodological approaches that Cochrane has developed and built on. They include health inequality, global health and non-communicable diseases. All show Cochrane's history of methodological diversity and commitment to meeting user needs.

Did you know?

- Cochrane has published over 16,000 new and updated reviews
- The majority of WHO guidelines are informed by evidence from Cochrane Reviews
- The Cochrane database is the most referenced health journal on Wikipedia



For the video, the recording of the session, the special collection and more information on the history of Cochrane see: [Celebrating 30 years of Cochrane](#)

Cochrane Africa Contributors meeting – Cochrane Colloquium, London, 4 September 2023

Cochrane Africa held a contributor’s meeting at the Cochrane Colloquium, which brought together contributors from all over the continent with the aim of looking at ways to broaden the network and enhance collaborations and partnerships to the benefit of Africa.

Some of the issues discussed included strategies to involve more novice authors in Cochrane Reviews; how to strengthen and support hubs and future authors through mentoring programmes; and, how to enhance awareness raising among policymakers to ensure that reviews answer relevant national questions.

The meeting also looked at strategies to broaden the reach of Cochrane Africa: including more regular opportunities to connect; creating linkages with individuals with shared aims/objectives; identifying enthusiastic individuals (Evidence Champions) who are keen to build capacity and pockets of excellence in the region; increased flexibility in allowing people to join who are not necessarily based in Africa but who can contribute to capacity development and build the critical mass; and, reaching out to global alumni/mentors who can form part of a mentoring model.

The contributors also suggested that other countries not yet reached be included, for example, Lusophone African countries, as well as the need to involve the African Union/Southern African Development Community and other groups and regional networks.

A place to learn, experience and connect

Impressions of my first Cochrane Colloquium – Tasha Gloeck

In September, I was fortunate enough to attend and present two orals at my first in-person international conference – the Cochrane Colloquium 2023. The theme was “forward together for trusted evidence”, and also celebrated 30 years of Cochrane. It was wonderful to travel with colleagues who had been part of the Cochrane community for a while – without them, attending the conference may have felt quite overwhelming... The Cochrane community is a tight knit one with everyone seeming to know each other. That being said, people were mostly friendly, and open to new professional relationships and networking opportunities.

Personally, it was an opportunity to meet colleagues in person that I had only met online before and really solidify those relationships. At the conference there were so many different workshops and sessions one could attend - it was often difficult to decide which ones to join. Highlights included the opportunity to do oral presentations, attending a conference in a beautiful venue in Central London, meeting colleagues, attending workshops, and connecting with others from Africa during the Cochrane Africa meetup. There was so much scope for learning from others, sharing our own experiences, and forming new connections.

Things that could add to the richness and diversity of the next Colloquium, would be to have a greater representation of participants and presenters from the Global South. In line with this, perhaps a less auspicious or high-profile venue could free up funds for stipends to allow more people from low- and middle-income countries to attend.

I would like to thank my SAMRC and University of Stellenbosch colleagues who attended the conference – their support in attending my orals, encouraging me and introducing me to so many people was invaluable. There is an incredible richness of knowledge and experience that we have access to as part of the community of Cochrane, and I am glad to be part of it.



Tasha (right) with colleagues Sara Cooper and Ameer Hohlfeld

Winner of the 2023 Thomas C Chalmers Award - Best Short Oral Presentation: Lynn Hendricks

The Thomas C Chalmers Award for Best Short Oral Presentation at the Cochrane Colloquium went to Lynn Hendricks, Lecturer in the Division of Health Systems and Public Health at the Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa.

The prize is awarded to an early career investigator presenting on methodological issues at the Cochrane Colloquium. The presentations must demonstrate originality of thought, high-quality science, relevance to the advancement of the science of systematic reviews and clarity of presentation.



Lynn won for her short oral presentation called [‘The power of storyboarding as an analytical tool in QES: From review to fieldwork to dissemination.’](#)

For more details on the work and an interview with Lynn go to [Winner of the 2023 Thomas C Chalmers Award - Best Short Oral Presentation: Lynn Hendricks | Cochrane Community](#)

Cochrane’s focused review format now available

Cochrane is making some major changes, one of which is the introduction of a new focused review format. The review process has been simplified and streamlined, making it more efficient for our authors and helping to make published reviews have an even greater impact globally.

Key information for Cochrane Authors:

- **From now:** Ongoing protocols, reviews and updates can switch to the focused review format in RevMan.
- **From 21 September 2023:** all new protocols, reviews and updates begun after this date in RevMan will use the focused review format and authors will be able to submit reviews using the focused review format to the Central Editorial Service.



Read more at: [Cochrane’s focused review format is now available | Cochrane Community](#)

Need for collaboration for evidence-based guideline development

Tamara Kredo of the Health Systems Research Unit at the South African Medical Research Council presented the plenary at the Guidelines International Network (GIN) in Glasgow in September. Her presentation looked at different types of collaborative ventures for guidelines development ranging from global evidence networks to pandemic-driven networks (such as COVID-END) to regional collaborations (including Cochrane Africa and the African Evidence Network) and project-based collaborations such as GELA (Global Evidence Local Adaptation).

She pointed to some of the challenges and successes in such collaborations, including the need to partner and co-create with national policymakers, researchers and civil society to ensure that the work fits into and aligns with the policy timing, the need to incorporate best-practice methods for priority setting, and the need to use GRADE methods.



She also highlighted the need for research teams to learn by doing to acquire new skills (e.g. adaptation for qualitative evidence, health economic evidence for guidelines, building skills of methodologists) and the overall need for commitment and connection.

News from Cochrane Cameroon - Welcoming Andrea Elanga to Cochrane Africa



Andrea Elanga is a young bilingual professional with three years of experience in corporate communication. She has a great command over both French and English languages and holds diplomas in digital health and telecommunication in addition to a bachelor's degree in corporate communication. Andrea has worked on a range of communication projects and activities that include digital communications, public relations, media relations, internal and external communications, as well as communications for the global evidence community.

She has been actively involved in promoting Evidence-Informed Decision Making in Francophone Africa and is a part of the World Evidence-Based Health Care steering committee. In 2022, Andrea worked as a communication consultant for the Africa Evidence Network and is currently serving as a Communication Officer at eBASE Africa.

Andrea is making significant contributions to the Global Evidence Ecosystem. She has been an active volunteer translator for Cochrane France since 2021 and joined the translation team of the COVID-19 Recommendation map in June 2022.

Updates and highlights from Cochrane Kenya

Outgoing Director of Cochrane Kenya Jennifer Orwa provided an update of Cochrane Kenya's recent highlights and achievements.

Advocacy, networking and capacity-building activities

We continue to sustain our efforts in capacity building to enhance knowledge synthesis and knowledge-translation capabilities in Kenya and the region. Notably, we recently established a series of weekly webinars, facilitated by Barbara Miheso, a research scientist affiliated to Cochrane Kenya, to serve as a platform for capacity building in systematic reviews and meta-analyses. These webinars are designed to assist new staff in seamlessly integrating into evidence-based research.

On 16 June 2023, we had the pleasure of hosting Katrine Fronsdal from the Norwegian Institute of Public Health (NIPH). She had paid a courtesy call to understand our activities and identify potential areas for collaboration. We discussed the planned implementation of the Knowledge Management (KM) strategy that incorporates Cochrane activities including capacity building. Katrine shared the achievements of NIPH by highlighting the activities that they have engaged in Ghana and Ethiopia. She emphasised the potential of collaboration regarding capacity-building opportunities specifically on matters relating to systematic reviews.

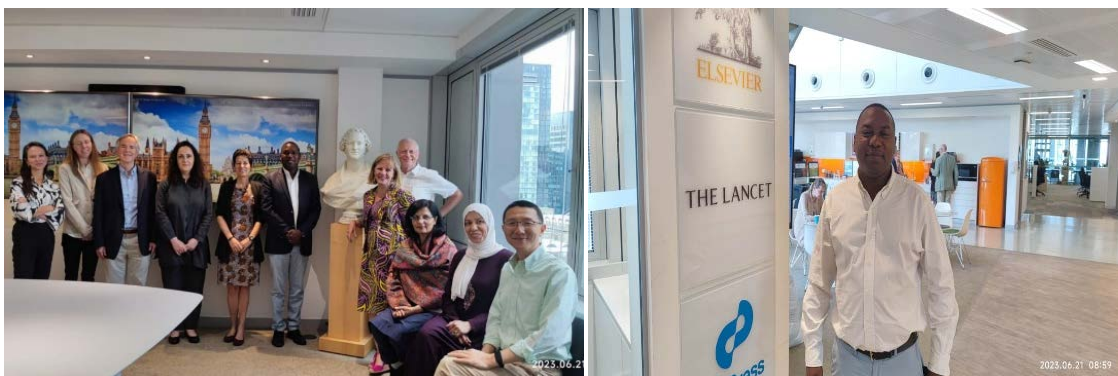


The Cochrane Kenya team with Katrine Fronsdal (middle)

We also had an opportunity to host Wanjiru Mwangi, who has joined Cochrane's global communications team. This networking meeting marked the start of a fruitful engagement on communication strategies for the Cochrane Kenya, Eastern Africa Hub. The meeting deliberated on how best to communicate the activities of Cochrane Kenya through various media, such as the Cochrane website and social media platforms. The work of Cochrane Kenya was one of the slideshows showcased at the Community Stand during the Cochrane Colloquium.

June also saw Dr Peter Cherutich play a significant role as a member of the Lancet Commission on Evidence-based Implementation in Global Health. This esteemed commission is focused on establishing vital definitions concerning evidence within the context of global health. Its primary objective is to firmly establish the incorporation of evidence-based practices into policies and the execution of worldwide health initiatives.

One key aspect that the commission acknowledges is the pivotal role of knowledge management throughout the journey from research to practical implementation. As a testament to their commitment, the commission has recently released a comprehensive commentary in the *The Lancet*. This commentary outlines the extensive efforts and undertakings of the commission, shedding light on their projected outcomes and impact. The commission is diligently working on its final report which is due for release in mid-2024.



Dr Peter Cherutich and team during the Lancet Commission meeting in London, June 2023

On 21 June 2023, the Cochrane Kenya team in Nairobi, met with their counterparts in Kisumu, specifically, the Evidence for Health Research Group. During this meeting, both teams shared their respective activities and achievements. This included their successes in conducting systematic reviews, changing practice at policy-maker level, various trainings they have engaged in, and charting prospective avenues for future collaboration.

The Cochrane team met with the County Executive Committee (CEC) Health, Bungoma County and County Health Management Team (CHMTs). Key discussions centred on using evidence for improving health-care access and quality in our community.

Online meetings and activities

On 7 August, Cochrane Kenya hosted a successful webinar attended by 87 participants. This introductory webinar served as a valuable platform to lay the foundation for a forthcoming symposium series to train Kenya Medical Training College (KMTC) faculty as Trainers of Trainers (TOTs).

We are delighted to share that Cochrane Kenya members, Lilian Mayieka, Eddie Owino and Jennifer Otieno scooped top awards in a training on Engaging with the Media: Principles and Practice offered by Stellenbosch University. Lilian Mayieka, who is also the Cochrane Kenya Coordinator, scooped both the Pulitzer VIP Prize and the People's Choice awards. Our heartfelt congratulations to them!

Cochrane Kenya in partnership with Kenya Medical Research Institute (KEMRI) and University College London (UCL) organised a free, online, five-day course on Hierarchy of Evidence and Clinical Trials. This was the first collaborative evidence-based health-care series running from 19 April to 3 May 2023 drawing over 70 participants from across the globe. The course facilitators comprised three highly experienced epidemiologists and researchers with in-depth knowledge of the subject matter namely Prof. Eleanor Ochodo of KEMRI and Cochrane Kenya, Prof. Sue Mallet of UCL and Dr Simon Kariuki of KEMRI.

Cochrane Kenya, in collaboration with the African Community for Systematic Reviews and Meta-analyses (ACSRM) also hosted a two-day hybrid workshop on systematic reviews at Makerere University, Uganda from 21 to 23 September 2023.

Cochrane Reviews and Other Resources

What are the benefits and risks of using topical insect repellents to prevent malaria?



The aim was to find out if topical insect repellents (substances applied to the skin to prevent mosquito bites) can prevent malaria in people living in regions where this disease occurs regularly. The authors were particularly interested in their effect on people who might not be adequately protected by other measures more commonly used to prevent malaria.

They wanted to find out if topical repellents were better than a placebo, or no intervention at all, to reduce both the incidence and prevalence of malaria and if topical repellents caused any adverse side effects. The review included eight studies, including

over 60 000 people. The studies took place in areas with low malaria transmission, mostly in Southeast Asia and South America.

Key messages

- Topical repellents may slightly reduce the incidence and prevalence of malaria caused by *Plasmodium falciparum*.
- These changes seem to be particularly important in high-risk populations, specifically in refugees living in camps where there are fewer other options.
- Topical repellents may make little or no difference in malaria prevalence and incidence in settings where insecticide-treated nets, and other options to control the transmission of malaria are readily available.
- There is insufficient evidence to conclude that topical repellents can prevent malaria in settings where other vector control interventions are in place but more well-designed trials that evaluate the use of topical repellents could provide further insight into their real effect on reducing malaria transmission.

[For more see here](#)

[Read the full review](#)

Factors that impact on recruitment to vaccine trials in the context of a pandemic or epidemic: A qualitative evidence synthesis

The review included 34 studies that looked at people's views and experiences of being invited to take part in a vaccine trial in the context of a pandemic or epidemic. Most of the studies related to HIV vaccine trials. The other studies related to Ebola virus, tuberculosis, Zika virus and COVID-19. The studies occurred in countries across Africa, Asia, Europe and North America.



Key messages

- Many factors influence a person's decision to take part in a vaccine trial during a pandemic or epidemic.
- People are influenced by the way in which the trial is set up and how information about the trial is communicated.
- They are also influenced by what they think the possible risks and side effects are. Friends and family may also have influenced their decision.
- A fear of stigma and distrust in governments may prevent people from taking part in a vaccine trial.
- People may often see the chance to help others and prevent the spread of disease as a reason to take part in a vaccine trial.

[For more see here](#)

[Read the full review](#)

How successful are healthy eating programmes in preschools, kindergartens, and childcare settings?

The authors wanted to find out what impact healthy eating interventions have on child diet and health. They were interested in changes to diet, weight, language and cognitive performance, social, emotional and quality of life outcomes in children aged six months to six years attending preschool, long day care, nurseries, kindergartens and family day care services. They also wanted to know the cost of interventions and whether they had any potential unwanted effects.



They found 52 studies that looked at the effects of 58 healthy eating programmes in ECEC settings for children aged six months to six years. All studies were published in high and high-middle-income countries. The programmes were very different from each other.

Key messages

- Healthy eating programmes delivered in early childhood education and care (ECEC) settings (e.g. preschools, kindergarten, family day care) may improve child diet quality, likely increase fruit consumption, may have favourable effects on vegetable consumption, and likely have no impact on consumption of less healthy foods and sugar-sweetened drinks. They may have favourable effects on child weight and may reduce the risk of being overweight or obese.
- We don't know if healthy eating interventions save money or cause unwanted effects because very few studies provided information about these points.
- Little evidence was found from low- and middle-income countries, but healthy eating programmes in high-income countries may benefit child health. We don't know how to support educators and staff to implement these programmes in practice. We need more research about delivering programmes and about their effect in low-income countries.

[For more see here](#)

[Read the full review](#)

Events and Training Opportunities

Global Evidence Summit: 10-13 September 2024, Prague Czech Republic

The Global Evidence Summit is a quadrennial event that brings together some of the world's leading organisations in evidence-based practice in a shared mission to provide a platform to discuss critical issues across different sectors, including health, education, social justice, the environment and climate change. The GES is intended as a multi-disciplinary and cross-cultural event to exchange ideas about how we best produce, summarise and disseminate evidence to inform policy and practice, and using that evidence to improve people's lives across the world.



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[See here for more information](#)

Upcoming Cochrane Learning Live Events



12 December 2023, 09:00 UTC

Team considerations, study selection, risk of bias and data extraction in rapid reviews

Barbara Nussbaumer-Streit, Co-director, Cochrane Austria and Researcher, Department for Evidence-based Medicine and Evaluation, Danube University Krems. Co-convenor of the Cochrane Rapid Reviews Methods Group

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25 January 2024, 15:00 UTC

Evidence synthesis and certainty of evidence ratings in rapid reviews

Gerald Gartlehner, Professor of Clinical Epidemiology & head of the Department of Evidence-based Medicine and Evaluation, Danube University Krems, Austria. Co-convenor of the Cochrane Rapid Reviews Methods Group

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12 March 2024, 09:00 UTC

How to do a rapid scoping review

Fiona Campbell, Senior Lecturer in Evidence Synthesis, Institute of Population Health Sciences and Innovation Observatory, Newcastle University

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6 March 2024, 14:00 UTC

MAGIC and the Evidence Ecosystem

Per Olav Vandvik, Founder and CEO of MAGIC Evidence Ecosystem Foundation, will present on three areas - an update on the Evidence Ecosystem and how we can all play a part in creating a stronger, more connected future for evidence-based medicine; a demonstration of some of the key features of the MAGICapp platform, focusing on areas of interest to the Cochrane Community, including creating evidence summaries and decision aids; and a demonstration of the MATCH-IT tool for exploring evidence from network meta-analyses in an interactive summary of findings format.

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Watch the recordings of previous sessions

- Literature search in rapid reviews [November 2023] [\[click here for recording & accompanying slides\]](#)
- Bridging the gap: Knowledge user involvement in rapid reviews [October 2023] [\[Click here for recording & accompanying slides\]](#)

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.