

## World Health Organization-AFRO Policy Briefs project – an opportunity for Cochrane to directly influence health policy in Africa

“As the WHO African Regional Office (WHO-AFRO) has indicated, evidence is at the centre of and should inform everything they do and the actions at country level,” said Charles Wiysonge, Director of Cochrane SA. “They regard Cochrane as a major collaborator and our work as the pinnacle of evidence-based work. They see Cochrane as an integral partner in the journey of bringing evidence to countries. Through this, Cochrane will be able to directly influence health policy at country level in Africa.”

Wiysonge was talking about the recently commenced project entitled ‘Elaboration of health policy briefs for decision makers in countries of the WHO African Region, to guide actions towards attainment of universal health coverage in the context of the SDGs’ being undertaken by Cochrane SA in collaboration with Cochrane Africa. Cochrane SA competed for the project via an open call for proposals.

The research questions to be addressed in the policy briefs come from national health ministries and other policy makers in African countries. Initially the project will address a backlog of priority questions then will answer questions as they arise.

“We will liaise with the countries and WHO-AFRO to refine the questions and ensure we understand what they are asking,” said Wiysonge. “Then we will look for the evidence (Cochrane and other reviews) and, if there are existing reviews, summarise those. If not, we will produce rapid reviews.”

WHO-AFRO will confirm the relevance and applicability of the work and the prioritisation of reviews.

“Obviously context is very important,” continued Wiysonge, “including where the studies were conducted and therefore how relevant they are for the African context.”

“To ensure that the policy briefs are relevant to the countries that need them, they will need to be produced while the policy window is open,” added Alison Wiyeh, Senior Scientist at Cochrane SA. “Where there is readily available evidence, this should not pose a problem. However, it can get challenging when countries urgently need to make decisions around topics for which there is no quality scientific evidence available. Also, if the available evidence is from high-income countries, policy makers in low- and middle-income countries may face challenges adapting and implementing this evidence due to differences in the health systems.”

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Cochrane SA, Cochrane Africa and the WHO meet in Brazzaville

## User-friendly formats

Obviously the way in which the information is presented is vital and the WHO has developed a two-page summary format.

“For information to be useful to a decision maker it has to be short and easy to understand,” said Wiysonge. “We will therefore send the summary as well as links to the reviews to the WHO-AFRO. They will suggest edits – particularly around making them user friendly.”

Programmes at WHO-AFRO are organised in four clusters – non-communicable diseases, communicable diseases, family and reproductive health, and health systems and services (see <https://www.afro.who.int/about-us/organizational-structure>).

In addition, there is a separate programme for emergencies, the WHO Health Emergencies Programme. The questions

all link to these topics, the WHO Framework of Action as well as to the Sustainable Development Goals and Universal Health Coverage.

Because of the urgency of the issues, the workload will be intense.

"By February 2020, we will have produced 45 policy briefs," said Wiysonge.

To tackle this, Cochrane SA has appointed five staff members "who bring a wealth of multidisciplinary skills and perspectives". But Wiysonge also pointed to the importance of the Cochrane Africa Network.

"Although the contract is with Cochrane SA with the South African Medical Research Council as legal entity – we are working as a Cochrane Africa team," he said.

"It must be seen as coming from the continent, not just South Africa. We are engaging with all the hubs of Cochrane Africa. Our initial meeting in June in Brazzaville included the head of Cochrane Nigeria, the head of the Francophone hub of Cochrane Africa, as well as a colleague from Kenya. Going forward we will sub contract them."

"Our location within the SAMRC, also means we can tap into the wealth of research knowledge and skills sets present in other SAMRC units if the need arises," added Wiyeh.

A vital aspect will be ensuring that the policy briefs reach the health ministries. "The WHO will use its regional dissemination networks as well as its influence within countries and the region," said Wiysonge. "The idea is to make policy makers aware of what is there in terms of evidence about priority health issues but also to make them realise they can submit questions."

"Through this project, Cochrane will be able to provide much needed support to policy makers in the WHO African Region on evidence-informed policy making," said Wiyeh. "This has the potential to ensure that the best healthcare decisions are made and implemented thereby saving lives, while ensuring better management of limited resources."

"The project will also enable us to map out existing evidence gaps around topics that are important to the WHO African Region so as to develop a research agenda relevant for the region," she continued. "This will enable countries to optimise limited resources by tailoring research to regional needs."

From the Cochrane Library

## Technical Summary

# Parents' and informal caregivers' views and experiences of communication about routine childhood vaccination

Cochrane South Africa, the Cochrane Africa Network and Cochrane Brazil have embarked on a project to do Portuguese translations of high-priority reviews of relevance to Africa. The Portuguese translation of this review can be found at: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011787.pub2/full/pt#CD011787-abs-0002>

### Background

Childhood vaccination is an effective way to prevent serious childhood illnesses, but many children do not receive all the recommended vaccines. There are various reasons: some parents lack access because of poor-quality health services, long distances or lack of money; others may not trust vaccines or healthcare workers, or may not see the need for vaccination due to a lack of information or misinformation about how vaccinations work and the diseases they prevent.

Communication with parents about childhood vaccinations is one way of addressing these issues and can take place at healthcare facilities, at home or in the community. Communication can be two-way, for example face-to-face discussions between parents and healthcare providers, or one-way, for instance via text messages, posters or radio programmes. Some types of communication enable parents to actively discuss vaccines and their benefits and harms, as well as diseases they can prevent. Other communication types simply give information about vaccination issues or when and where vaccines are available. Vaccine programmes need to understand how parents experience different types of communication and how this influences their decision to vaccinate.



### Objectives

The review objectives were to identify, appraise and synthesise qualitative studies exploring: parents' and informal caregivers' views and experiences regarding communication about childhood vaccinations and the manner in which it is communicated; and, the influence that vaccination communication has on parents' and informal caregivers' decisions regarding vaccination.

### Search methods

The authors searched MEDLINE (OvidSP), MEDLINE In-process and Other Non-Index Citations (Ovid SP), Embase (Ovid), CINAHL (EbscoHOST), and Anthropology Plus (EbscoHost) databases for eligible studies from inception to 30 August 2016. They developed search strategies

for each database, using guidelines developed by the Cochrane Qualitative Research Methods Group as well as modified versions of the search developed for three related reviews of effectiveness. There were no date or geographic restrictions.

## Selection criteria

The authors included studies that utilised qualitative methods for data collection and analysis; focused on the views and experiences of parents and informal caregivers regarding information about vaccination for children aged up to six years; and, were from any global setting where information about childhood vaccinations was communicated.

## Data collection and analysis

Maximum variation purposive sampling for data synthesis was used, using a three-step sampling frame. A thematic analysis was conducted using a constant comparison strategy for data extraction and synthesis. Confidence in the findings was assessed using the GRADE-CERQual approach. High confidence suggests that it is highly likely that the review finding is a reasonable representation of the phenomenon of interest, while very low confidence indicates that it is not clear whether the review finding is a reasonable representation. Using a matrix model, the findings were then integrated with those from other Cochrane reviews that assessed the effects of different communication strategies on parents' knowledge, attitudes and behaviour about childhood vaccination.

## Main results

Thirty eight studies were included, mostly from high-income countries, many of which explored mothers' perceptions of vaccine communication. Some focused on the MMR (measles, mumps, rubella) vaccine.

In general, parents wanted more information (high confidence in the evidence). Lack of information led to worry and regret about vaccination decisions among some parents (moderate confidence).

Parents wanted balanced information about vaccination benefits and harms (high confidence), presented clearly and simply (moderate confidence) and tailored to their situation (low confidence). Parents wanted vaccination information to

be available at a wider variety of locations, including outside health services (low confidence) and in good time before vaccination appointments (moderate confidence).

Parents viewed health workers as an important source of information and had specific expectations of their interactions with them (high confidence). Poor communication and negative relationships with health workers sometimes impacted on vaccination decisions (moderate confidence).

Parents generally found it difficult to know which information source to trust and challenging to find information they felt was unbiased and balanced (high confidence).

The amount of information parents wanted and the sources they felt could be trusted appeared to be linked to acceptance of vaccination, with more hesitant parents wanting more information (low to moderate confidence).

The synthesis and comparison of the qualitative evidence shows that most of the trial interventions addressed at least one or two key aspects of communication, including the provision of information prior to the vaccination appointment and tailoring information to parents' needs. None of the interventions appeared to respond to negative media stories or address parental perceptions of health worker motives.

## Authors' conclusions

The authors have high or moderate confidence in the evidence contributing to several review findings. Further research, especially in rural and low- to middle-income country settings, could strengthen evidence for the findings where there was low or very low confidence. Planners should consider the timing for making vaccination information available, the settings where information is available, the provision of impartial and clear information tailored to parental needs, and parents' perceptions of health workers and the information provided.

**Citation:** Ames HMR, Glenton C, Lewin S. Parents' and informal caregivers' views and experiences of communication about routine childhood vaccination: a synthesis of qualitative evidence. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD011787. DOI: 10.1002/14651858.CD011787.pub2.

From the Cochrane Library

## Consumer Summary

# Cutting back on sugar-sweetened beverages: What works?

### What are sugar-sweetened beverages?

Sugar-sweetened beverages (SSBs) are cold and hot drinks with added sugar. Common SSBs are non-diet soft drinks, regular soda, iced tea, sports drinks, energy drinks, fruit punches, sweetened waters, and sweetened tea and coffee.



## Why are SSBs an important health topic?

Research shows that people who drink a lot of SSBs often gain weight. Drinking a lot of SSBs can also increase the risk of diabetes, heart disease, and dental decay. Doctors therefore recommend that children, teenagers and adults drink fewer SSBs. Governments, businesses, schools and workplaces have taken various measures to support healthier beverage choices.

## What is the aim of this review?

The authors wanted to find out whether the measures taken so far have been successful in helping people to drink fewer SSBs to improve their health. They focused on measures that change the environment in which people make beverage choices. They did not look at studies on educational programmes or on SSB taxes, as these are examined in separate reviews. (They did, however, examine price increases on SSB which were not due to taxes.) They searched for all available studies meeting clearly defined criteria to answer this question. This review reflects the state of the evidence to January 2018.

## What studies did they find?

The review found 58 studies, which included more than one million adults, teenagers and children. Most studies lasted about one year, and were done in schools, stores or restaurants.

Some studies used methods that are not very reliable. For example, in some studies participants were simply asked how much SSB they drank, which is not very reliable, as people sometimes forget. Some of the findings of the review may therefore change when more and better studies become available.

## What do these studies tell us?

The authors found some evidence that some of the measures implemented to help people drink fewer SSBs have been successful, including the following:

- Labels which are easy to understand, such as traffic-light labels, and labels which rate the healthfulness of beverages with stars or numbers.
- Limits to the availability of SSB in schools (e.g. replacing SSBs with water in school cafeterias).
- Price increases on SSBs in restaurants, stores and leisure centres.
- Children's menus in chain restaurants which include healthier beverages as their standard beverage.
- Promotion of healthier beverages in supermarkets.
- Government food benefits (e.g. food stamps) which cannot be used to buy SSBs.
- Community campaigns focused on SSBs.
- Measures that improve the availability of low-calorie beverages at home, e.g. through home deliveries of bottled water and diet beverages.

They also found some evidence that improved availability of drinking water and diet beverages at home can help people lose weight.

There are also other measures which may influence how much SSB people drink, but for these the available evidence is less certain.

Some, but not all studies found that such measures can have unintended effects which may be negative. Some studies reported that profits of stores and restaurants decreased when the measures were implemented, but other studies showed that profits increased or stayed the same. Children who get free drinking water in schools may drink less milk. Some studies reported that people were unhappy with the measures.

The authors also looked at studies on sugar-sweetened milk. They found that small prizes for children who chose plain milk in their school cafeteria, as well as emoticon labels, may help children drink less sugar-sweetened milk. However, this may also drive up the share of milk which is wasted because children choose but do not drink it.

## What does this mean in practice?

The review shows that measures which change the environment in which people make beverage choices can help people drink less SSB. Based on the findings the authors suggest that such measures be used more widely. Government officials, business people and health professionals implementing such measures should work with researchers to find out more about their effects in the short and long term.

**Citation:** Von Philipsborn P, Stratil JM, Burns J, Busert LK, Pfadenhauer LM, Polus S, Holzapfel C, Hauner H, Rehfues E. Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health. Cochrane Database of Systematic Reviews 2019, Issue 6. Art. No.: CD012292. DOI: 10.1002/14651858.CD012292.pub2.



## Raising awareness about EBHC and Cochrane among HDIs in South Africa

One of Cochrane SA's goals is to promote access to and use of best evidence in healthcare decision making. One way we do this is through providing training to raise awareness about the importance of evidence-based health care (EBHC) and systematic reviews in South Africa as well as in other African countries. To date, not much of this training has been carried out in under-resourced universities, otherwise known as Historically Disadvantaged Institutions (HDIs), in South Africa. We thus intended to extend our reach to these institutions, which is also in line with the South African Medical Research Council's (SAMRC) strategic initiative to increase its footprint nationally to include all strata of universities, particularly HDIs.

To reach out to these institutions, we first sought to identify those HDIs with health sciences faculties. We obtained a list of contacts from the SAMRC's Research Capacity Development Division. We then developed a half-day workshop programme, which aimed to introduce and increase awareness about the need for evidence-based practice, the importance of systematic reviews, and to teach searching skills so that individuals could access evidence from systematic reviews. We then emailed all institutions, offering to facilitate this workshop at their institution.

Three workshops have been carried out so far, at the University of the Western Cape, University of Fort Hare and at the Durban University of Technology during September and October 2019. In total, 85 participants from various departments of the health sciences faculties of these institutions attended the workshops. Participants included staff and post-graduate students some of whom are embarking on the conduct of systematic reviews. Overall, all the workshops were well received, and participants were enthusiastic and engaged throughout the presentations, discussions and group work. Most participants agreed that the content covered was interesting and useful to their jobs and they enjoyed the level of interactivity. Many indicated interest in a longer workshop covering specific topics more in-depth, such as the searching session. Given the feedback, we plan to allocate more time to a session which builds skills in systematic searching of electronic databases – as this is a critical skill that is not commonly taught within universities.



Eugene Davids facilitating a workshop activity at the Durban University of Technology



Tamara Kredo at the Durban University of Technology



Workshop participants at the University of the Western Cape

In the future, Cochrane SA will continue to engage with HDIs that we have not yet reached as well as with those we have already visited, that have requested further, more in-depth training on systematic reviews.

Solange Durão

Cochrane SA

## South African Cochrane Trainers' Network – kick-off meeting

Despite decades of training on evidence-based healthcare (EBHC), there are many who have never had the opportunity to learn about it. The demand in South Africa for training is high, and the community of facilitators growing but, as yet, there has been little co-ordination of efforts to optimise the reach of learning opportunities for EBHC.

Cochrane SA therefore hosted a kick-off meeting in November to discuss how to co-ordinate the efforts of Cochrane trainers to maximise the benefit to South African researchers or others who may need to use evidence of conduct systematic reviews.

The meeting aimed to share current training materials and discuss ways to enhance delivery. This included discussing best-practice tips and ideas for facilitating sessions on EBHC; and, consulted on how best to coordinate the SA Cochrane Trainers' Network.

The audience included Cochrane authors and others involved with training on systematic reviews and EBHC in South Africa.

## 2019 winner of the Aubrey Sheiham Leadership Award for Evidence-Based Healthcare in Africa announced

Dr Marianne Visser has been announced as the 2019 winner of the prestigious Aubrey Sheiham Leadership Award by Cochrane. The award is managed by Cochrane SA and presented annually to an African researcher to support the conduct of a Cochrane review focusing on a priority topic with impact on the health of people living in low- and middle-income countries. The winner is also expected to mentor a novice author from Africa and, in so doing, develop capacity in research synthesis on the continent.

The award includes attendance at an annual Cochrane Colloquium; costs of face-to-face meetings for the awardee and mentee; costs of travel for periods of dedicated work time; and, a period of stay at Cochrane SA or another appropriate site to work on the review.

Dr Visser is from the Centre for Evidence Based Health Care at Stellenbosch University. The review she will undertake is titled: *Agricultural and nutritional educational interventions for reducing aflatoxin exposure to improve infant and child growth in low- and middle-income countries.*

"Conducting a systematic review can be an overwhelming experience for first-time review authors," said Visser. "As a previous mentee of the Cochrane South Africa mentoring programme for HIV reviews, I feel honoured to receive this award and would like to acknowledge the late Prof. Aubrey Sheiham for recognising the value of learning partnerships in Africa through this award."

"I am pleased to be able to use this valuable opportunity to support Dr Chibundu N. Ezekiel," she continued. "Dr Ezekiel is a food microbiologist and well-recognised researcher and content expert in the field of mycotoxins, from Babcock University, Nigeria. He is currently conducting his first systematic review on the effects of educational interventions to reduce the aflatoxin exposure of infants and young children in low- and middle-income countries, on child growth."

### About the Aubrey Sheiham award

Aubrey Sheiham was a dental epidemiologist who was inspired and encouraged by Archie Cochrane to question many of the practices in medicine and dentistry. His commitment was to improving the health of populations in underdeveloped countries and challenging dental establishments to be far more critical. The misuse of healthcare resources in underdeveloped countries because resources for health are generally inadequate. Prof. Sheiham believed that supporting and training key health personnel in the concepts of Cochrane would improve the effectiveness and efficiency of healthcare. Since 2001, Cochrane researchers from low- and middle-income countries have been funded and supported to complete a Cochrane review on a topic of relevance to their region, and to cascade knowledge about Cochrane and evidence-based healthcare to their local networks. The evaluation panel for the award consists of the Senior Management Team of Cochrane SA.



Dr Chibundu N. Ezekiel



Dr Marianne Visser

## Developing a framework for the design of clinical trials to measure the impact of TB diagnostic tests on patient-important outcomes

My Wellcome Trust Training Fellowship (2016-2019) awarded for my post-doctoral work, aimed: 1) to evaluate study designs for measuring the impact of diagnostic tests for tuberculosis (TB) on patient-important outcomes; and, 2) to develop a framework that will guide researchers in designing suitable trials for TB diagnostic tests.

This work is important because while much focus has been placed on test development, and evaluating test accuracy, less attention has been given to the best way of evaluating the impact of these tests on treatment decisions or management practices and, ultimately, on patients' health. Information about impact is useful in guiding the effective implementation of tests.

The methodology of this project entailed conducting systematic reviews to evaluate study designs of impact studies of TB diagnostic tests and qualitative research to explore perspectives of diverse stakeholders on such studies

and how to improve them. Then, based on these findings, develop the proposed framework. Some manuscripts of this project are currently under peer review and others are being finalised. The findings of my systematic review on TB will also be used to inform the guideline development group that is updating the WHO policy on TB molecular assays.

As part of this project, I collaborated with scientists from the universities of Cape Town, Amsterdam and Birmingham and the Foundation for Innovative Diagnostics. I have also presented the preliminary findings of my research at scientific conferences including the Cochrane Colloquium in Scotland and the Methods conference for Evaluation of medical prediction Models, Tests and Biomarkers (MEMTAB).



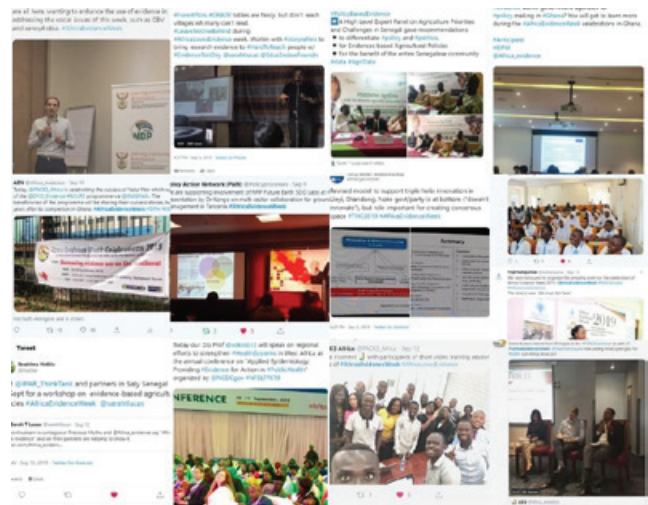
Eleanor Ochodo  
Stellenbosch University

## Africa Evidence Week 2019: A celebration of Africa's EIDM

The 2019 Africa Evidence Week attracted attention by showcasing evidence-informed decision making (EIDM) in Africa through 64 incredible activities across the continent, arranged by 31 African organisations from 14 African countries. This first Africa Evidence Week was a week-long event from 9 to 13 September 2019. It was co-ordinated by the [Africa Evidence Network \(AEN\) Secretariat](#), which supports close to 3000 members interested in the use of evidence by decision makers on the continent.

The aim of Africa Evidence Week was to showcase and promote the state of EIDM on the continent. The [programme](#) for the week included in-country physical events, Twitter conversation starters, webinars, live-streamed events, blogs and videos. During the week, the AEN Secretariat and other organisations, such as [Cochrane South Africa](#), [Packs Africa](#), [West African Health Organisation](#), [Policy Action Network](#) and [eBase Africa](#), promoted EIDM content through their communication platforms. Over 900 people from across Africa attended in-country events hosted by 13 organisations during the week. Blogs were one of the most popular ways that organisations participated with 22 blogs posted during the five days. Twitter conversation starters promoted sharing of EIDM resources, such as reports and policy briefs from organisations. This increased engagement and interaction on Twitter, and, as a result, the #AfricaEvidenceWeek hashtag attracted 399 online participants from 15 different countries representing 91 organisations, reaching over 1.2 million people.

Highlights from the week include a series called "[Why I fell in love with EIDM](#)", launched by the AEN Secretariat. These videos featured messages from emerging EIDM leaders within Africa. More highlights are captured in the



### Twitter highlights from Africa Evidence Week

AEN's [special edition newsletter](#). The success of the Africa Evidence Week received recognition and support from international organisations including [International Initiative for Impact Evaluation \(3ie\)](#), [FHI 360](#), and the [Collaboration for Environmental Evidence \(CEE\)](#). The AEN Secretariat could not have been happier to be part of showcasing the amazing innovative EIDM work done across our continent! We are committed to continue with this work through our biennial conference, taking place next year in Uganda. We look forward to seeing you there at #Evidence2020.

[Precious Motha](#)  
*Africa Evidence Network*

## Putting evidence-based healthcare and Cochrane onto the agenda of future journalists

Part of the mission of Cochrane SA is the dissemination of information on Cochrane and evidence-based healthcare (EBHC) to health stakeholders and the South African public. An obvious channel for such dissemination is the media. Future journalists, especially in the health and science field, are an obvious audience for information on evidence-based healthcare principles and Cochrane. Cochrane SA was therefore delighted to be asked back to present a workshop to Journalism Honours students at Stellenbosch University. Using various materials, the workshop introduced the students to the concepts of EBHC, systematic reviews and Cochrane reviews, the Cochrane library and other useful resources for their work and provided them with practical exercises in using a Cochrane review in a media story for various types of media.

Two workshops were held in September and October and students completed a homework exercise in between. The students were introduced to a case scenario, which was used throughout the presentation including the demonstration on the use of the Cochrane library.

For the homework exercise the students were given four case scenarios and asked to prepare as feedback for the group the steps they took to find a relevant Cochrane review including developing a PICO and identifying keywords;

what the overall review findings showed – indicating their understanding of the Abstract or Plain Language Summary and Summary of Findings Table; their analysis of the evidence; and, their plan for how they would use this in their work.

At the end of the workshop the students completed evaluation forms which will be used to inform future workshops for similar audiences.

[Michelle Galloway and Ameer Hohlfeld](#)  
*Cochrane SA*

This workshop was funded by the Research, Evidence and Development Initiative (READ-It) project (project number 300342-104) which is funded by the UK government.



Future journalists hard at work

## Conferences

### Cochrane SA National Symposium

17 – 18 March  
Cape Town, South Africa

### REWARD | EQUATOR Conference 2020

20 – 22 February  
Berlin, Germany  
<https://www.reward-equator-conference-2020.com/>

### International Conference on HIV/AIDS Prevention and Control

27 – 28 February  
Pretoria, South Africa  
<http://hivpreventionconference.globalacademicresearchinstitute.com/main/ichiv>

### Cochrane Ireland and Cochrane UK Symposium 2020

21 – 22 April  
Dublin, Ireland  
<https://ireland.cochrane.org/news/save-date-cochrane-ireland-and-cochrane-uk-symposium-2020>

### Africa Health

12 – 14 May  
Johannesburg, South Africa  
<https://10times.com/>

### South African TB Conference 2020

12 – 15 June  
Durban, South Africa  
<https://www.expohour.com/south-african-tb-conference>

### 23<sup>rd</sup> International AIDS Conference

6 – 10 July  
San Francisco, USA  
<https://www.aids2020.org/>

### International Conference on Evidence-Based Healthcare and Nursing

5 – 6 November  
Istanbul, Turkey  
<https://waset.org/evidence-based-healthcare-and-nursing-conference-in-november-2020-in-istanbul>

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

12 – 14 September, 2021  
Chicago, USA  
<https://peerreviewcongress.org/index.html>  
email: [jama-peer@jamanetwork.org](mailto:jama-peer@jamanetwork.org)

### Global Evidence Summit (GES) 2021

Hosted by the Czech National Centre for Evidence-Based Healthcare and Knowledge Translation  
<https://community.cochrane.org/news/czech-republic-host-global-evidence-summit-2021>

## Systematic review methods webinars – 2019 at a glance

During 2019 Cochrane SA facilitated regular Webinars on a series of important topics. Find the topics, presenters and links to the Webinars on YouTube below.

<b>29 March</b>	Developing a search strategy for systematic reviews	Joy Oliver Cochrane South Africa
<b>16 April</b>	Scoping Reviews	Andrea Tricco Li Ka Shing Knowledge Institute & Dalla Lana School of Public Health, University of Toronto, Canada
<b>14 May</b>	Priority setting for systematic reviews	Elie Akl Clinical Research Institute, American University of Beirut
<b>4 June</b>	Common issues for systematic reviews in public health	Hilary Thomson MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
<b>9 July</b>	Developing and refining a question for qualitative evidence synthesis	Sara Cooper / Bey-Marrie Schmidt Cochrane South Africa
<b>13 August</b>	Qualitative evidence synthesis methods	Sara Cooper / Bey-Marrie Schmidt Cochrane South Africa
<b>10 September</b>	How to read and understand GRADE summary of findings tables in systematic reviews	Tamara Kredo Cochrane South Africa
<b>8 October</b>	Network meta-analysis	Michael McCaul Centre for Evidence-based Health Care, Stellenbosch University
<b>12 November</b>	Cochrane's knowledge translation framework	Jo Anthony Communications and External Affairs, Cochrane