Cochrane South Africa
NEWSLETTER

Trusted evidence.
Informed decisions.
Better health.

Volume 22, No. 2
December 2020

2020 winner of the Aubrey Sheiham Leadership Award for Evidence-Based Healthcare in Africa announced

Dr Olabisi Oduwole has been announced as the 2020 winner of the Aubrey Sheiham Leadership Award by Cochrane SA. 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.

"It's my belief that our review topic is a very important one, and needs all the support and resources it can get."

Dr Olabisi Oduwole
2020 winner of the Aubrey Sheiham Leadership Award

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

Dr Aduwole is from the Medical Laboratory Science at Achievers University, Nigeria. The review she will undertake is titled: "Antioxidant supplementation for sickle cell disease". She will mentor Dr Bolarinwa.

"The award will help my review team a great deal because we will be able to complete the review as scheduled. It's my belief that our review topic is a very important one, and needs all the support and resources it can get," said Aduwole.

"My mentee, Dr Bolarinwa, and other co-authors are healthcare providers with little dedicated time for us to work on our review. As we live in different cities, most of my mentoring activities have been by phone calls and emails which includes taking pictures of our screens to explain a point," she continued. "Because of this award, we will be able to have at least two face-to-face meetings that are convenient for both of us dedicated only to working on our review. I am also happy that Cochrane SA will support us through the process of doing our review until completion."

Contents

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 has more serious ethical and health implications 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 health care. Since 2001, through Prof. Sheiham's generosity, 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.

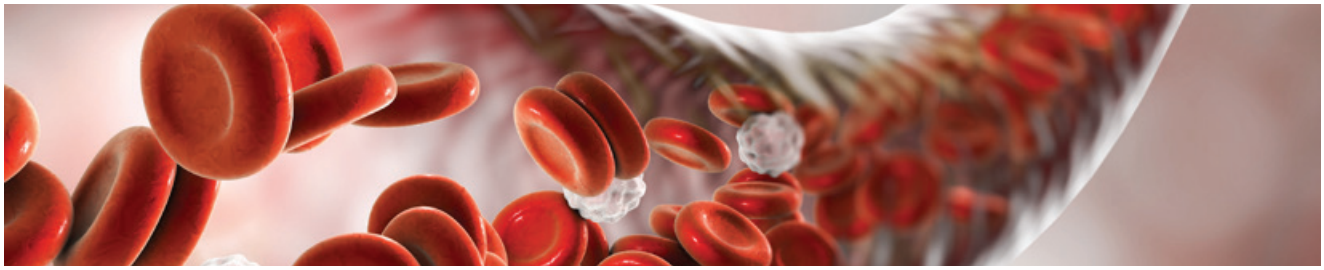
The evaluation panel for the award consists of the Senior Management Team of Cochrane South Africa.

Dr Sheiham passed away in November 2015.

From the Cochrane Library

Summaries of selected Cochrane Reviews on COVID-19 July to November 2020

Convalescent plasma for people with COVID-19 (updated)



To determine whether plasma from people who have recovered from COVID-19 is an effective treatment for people with COVID-19, and whether this causes any unwanted effects.

The authors searched databases for clinical studies on treatment with convalescent plasma or hyperimmune immunoglobulin for people with COVID-19 conducted anywhere in the world and including participants of any age, gender, ethnicity or disease severity. The evidence is up to date to 19 August 2020. This is the second update.

This included 19 studies with 38 160 participants (36 081 received convalescent plasma); two randomised controlled trials, with 189 participants; (95 received convalescent plasma); and eight studies that were not randomised but included a control group of participants who did not receive convalescent plasma (controlled NRSIs) with 2471 participants (485 received convalescent plasma). The remaining nine studies were not randomised and did not include a control group (non-controlled NRSIs) but provided information about unwanted effects of convalescent plasma for 20 622 of the included participants.

Certainty in the evidence was low or very low because there were only two RCTs and most studies did not use reliable methods. Furthermore, participants received various treatments alongside convalescent plasma, and some had underlying health problems.

The authors are uncertain whether plasma from people who have recovered from COVID-19 is an effective treatment for people hospitalised with COVID-19 and whether convalescent plasma affects the number of serious unwanted effects. These findings could be related to the natural progression of disease, other treatments or to convalescent plasma. The searches found 138 ongoing studies, of which 73 are randomised.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013600.pub3/full

Do blood thinners prevent people who are hospitalised with COVID-19 from developing blood clots?

Nearly half of patients with severe COVID-19 in intensive care units may develop blood clots. The reviewers wanted to know whether giving blood thinners as a preventive measure, reduced the number of deaths compared to people who received no treatment or a placebo. They also wanted to know whether these people needed less support with breathing, whether they still developed harmful blood clots, whether they experienced bleeding and any other unwanted events.

The authors searched for studies that assessed blood thinners given to people hospitalised with COVID-19 to prevent blood clots. Studies could be of any design as long as they compared a blood thinner with another blood thinner, no treatment or a placebo. Studies could take place anywhere and participants could be any age. The search date was 20 June 2020.

No randomised controlled trials were found therefore seven non-randomised 'retrospective' studies were included that

looked back at treatments given to 5929 people. These took place in China, Italy, Spain and the USA. They provided evidence on deaths and bleeding but no evidence on respiratory support, blood clotting and other unwanted effects. The studies were very different, and the authors were not able to pool the results.

Blood thinners compared with no treatment (six studies) – One study reported a reduction in mortality and another study reported a reduction in mortality in severely ill people only. Three studies reported no difference in mortality and the remaining study reported no deaths in either group. One study reported major bleeding in 3% of participants who received blood thinners and 1.9% of participants who did not receive blood thinners.

Treatment dose of blood thinners compared with preventive dose (1 study) – All participants were in the intensive care unit on mechanical ventilators. They may or may not have had blood clots but were given either blood thinners in a dose usually used to treat clots (higher dose), or a dose used to prevent clots (lower dose). This study reported a lower rate of death in people who received the treatment dose (34.2%) compared with the preventive dose (53%).

This study reported major bleeding in 31.7% who received the treatment dose compared with 20.5% of those receiving the preventive dose.

Uncertainty about the evidence means the authors do not know whether blood thinners are a useful preventive treatment for people with COVID-19. None of the studies randomised participants and all were retrospective. Confidence in the evidence is very low. The searches found 22 ongoing studies, 20 of which are RCTs, with 14 730 people. These results will be added once published.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013739/full

Chest imaging for diagnosing COVID-19 disease

How accurate is chest imaging in diagnosing COVID-19 disease?

The authors searched for studies that assessed the accuracy of chest imaging to diagnose COVID-19 disease. Studies could include people with suspected or confirmed COVID-19, based on the results of an RT-PCR or other tests. Studies could be of any design and take place anywhere.

The authors found 84 studies with 8279 people. Studies included either only people with confirmed COVID-19 diagnosis (71 studies, involving 6331 people) or both suspected and confirmed COVID-19 (13 studies, involving 1948 people). Infection was mainly confirmed using RT-PCR. The majority of studies evaluated chest CT. Studies were found from all over the world with 78 in Asia.

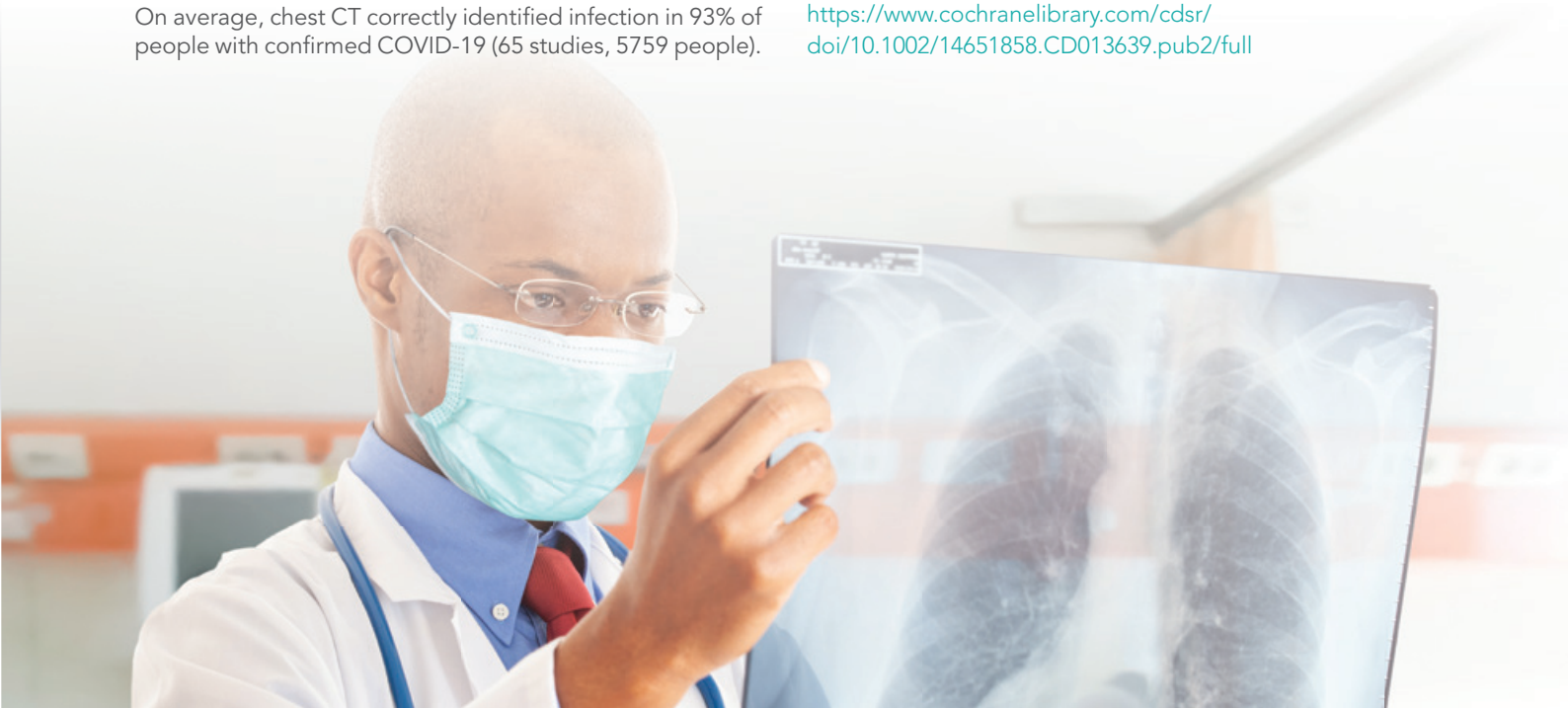
On average, chest CT correctly identified infection in 93% of people with confirmed COVID-19 (65 studies, 5759 people). Chest X-ray correctly identified infection in 82% of people with confirmed COVID-19 (nine studies, 682 people). Lung ultrasound correctly identified infection in 100% of people with confirmed COVID-19 (2 studies, 32 people).

On average, chest CT correctly identified infection in 86% of people infected with COVID-19 (13 studies, 2346 people). However, it incorrectly identified infection in 82% of people not infected with COVID-19. No studies that reported data on lung ultrasound were found.

The evidence is current to May 2020 and will be updated.

The evidence suggests that chest CT and chest X-ray may be good tests for confirming diagnosis in people who have been diagnosed with COVID-19 infection using another test. However, CT scans may be less accurate in confirming or ruling out infection in people with suspected COVID-19.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013639.pub2/full



So what exactly is a rapid review?

The need for reliable evidence is more important than ever. Dr Adrienne Stevens, Managing Director of Cochrane Canada and Rapid Reviews Methods Group Co-Convenor presented a timely webinar for Cochrane SA on what a rapid review is and isn't.

She pointed out that the term emerged about 20 years ago, that it has had variable terminology with 'rapid review' the most prevalent, but there is no universal definition.

"A rapid review is a form of knowledge synthesis that follows the process of a traditional systematic review but streamlines or omits various methods to produce evidence in a resource-efficient manner," she said.

Features that distinguish a rapid review include an adjusted scope, flexible protocol, modified search and selection strategies (which may include reduced database access, a limited date range and language options, including less grey literature and only electronic articles), minimal dual screening, inclusion first of systematic reviews, bias limitations, truncated data extraction, and meta-analysis and GRADE if possible and time permits.

"It's about being timely, rapidly harnessing relevant information for decision making to inform policy or clinical practice," said Stevens.

She emphasised that a rapid review is not necessarily a living review. "A living review has a longer timeframe and involves repeated searches to identify emerging findings. Obviously living reviews are also very relevant in the time of COVID-19."

A rapid review can be tailored to the needs of requestors. However, it includes clear stages – needs assessment, topic refinement, protocol development, literature searching, screening and study selection, data extraction, evidence synthesis, report production and user follow-up.

"The product must be fit for purpose," said Stevens. "Anything omitted must be reported. A rapid review can quickly indicate when a systematic review or investment in primary studies are needed."

"Invest time in discussions with the requestor," she advised. "Have them on call throughout to produce a useful product for their decision making." She also pointed to the need to package the report in a user-friendly way.

Using skilled systematic reviewers is definitely a good idea "so that they can hit the ground running and have the necessary experience to make decisions on shortcuts".

"Smaller teams also usually work better," she added.

She shared her thoughts as to when a rapid review is not appropriate – "when there may not be a correct understanding of benefits and harms, when there is strongly suspected publication or location bias, for very controversial or complex topics, and for topics where rushing consideration of the literature may compromise the conclusions." However, she pointed out that guidance on appropriateness has not yet formally been addressed in the research community.

"A recent survey of decision makers showed a willingness to accept a 10% chance of getting an incorrect answer as a trade-off for a rapid review."

"You should consider the systematic review approach as the Gold Standard and approximate those methods wherever possible. You have to be comfortable about what you can say about the evidence."

Watch the full webinar here.

Cochrane SA Director joins Board of the Global Research Collaboration for Infectious Disease Preparedness – GLOPID-R

Cochrane SA Director Charles Shey Wiysonge will join the Board of an alliance that aims to bring together research funding organisations globally to facilitate effective, rapid research on new or re-emerging infectious diseases.

The need for the rapid development of essential diagnostics, vaccines and therapeutics at the outset of an emerging infectious disease outbreak was highlighted when Ebola struck in West Africa in 2014 and has been confirmed again in 2020 in the battle against COVID-19.

This pandemic has underlined the importance of planning and investing in research and innovation before a health crisis occurs.

The alliance aims to:

- facilitate information exchange;
- address scientific, legal, ethical and financial challenges;
- implement a 'One Health' approach with close cooperation between human and animal health researchers;
- establish a strategic research agenda;
- connect infectious disease research networks; and,
- involve developing countries.

Virtual meetings held during 2020 have brought together stakeholders to generate connections between research projects and created opportunities to share information on progress, barriers and research gaps to facilitate collective efforts to end COVID-19.

"I am honoured to join the GloPID-R board as Vice Chair and thrilled to be the African voice on the board," said Wiysonge. "African scientists have done and can do good and rapid research on epidemic and pandemic-prone infectious diseases. GloPID-R provides a unique platform for facilitating such responsive research and ensuring inclusivity.

High-quality and representative research should inform life-saving actions during a pandemic, because inaction and inappropriate actions can lead to preventable deaths and unnecessary waste of resources."

Charles Shey Wiysonge
Cochrane SA Director

Cochrane's work must be relevant for the healthcare needs of all countries and populations

An interview with Tamara Kredo on her appointment to the Cochrane Governing Board

Tamara Kredo
Deputy Director
Cochrane SA

"In this time the need for all countries to have the opportunity to input to high-level healthcare decision making is more important than ever," said Tamara Kredo. "I'm therefore absolutely delighted to join the Cochrane Governing Board as a representative of low- and middle-income countries."

"COVID-19 and the resulting global health and welfare crisis has emphasised the need for greater collaboration to avoid duplication; enhanced advocacy for and communication of health evidence; and, for evidence that addresses the priorities of the poorest and most vulnerable," she continued.

"It's vital that we contribute to decision making on policies and practices as well as ensuring that published reviews are appropriate for the healthcare needs of all countries and populations."

Tamara has had a long association with Cochrane and Cochrane SA.

"My introduction to Cochrane was a talk in Cape Town in 1997 by Jimmy Volmink, founding Director of Cochrane SA. Ten years later, during my specialist training, I conducted my first Cochrane Review. I was welcomed to Cochrane, mentored and provided with high-quality training sealing a relationship with Cochrane and Cochrane SA, and the wonderful colleagues that generously shared the ethos of the Collaboration. I have been working at Cochrane SA since 2010 aiming to impart this ethos in the country and region."

Kredo has fulfilled several leadership roles including being Deputy Director of the Centre; co-directing Cochrane Africa, and as co-lead of SA GRADE Network. She was also a member of the Centre Directors Executive (now Geographic Groups) and has been on several strategic and advisory committees including acting as organising committee chair of the Global Evidence Summit in 2017. She is currently involved with the Knowledge Translation Evaluation Project developing tools for evaluating the impact of Cochrane's work.

She was also a co-opted Trustee of the Guidelines International Network Governing Board, a member of the Cochrane Nutrition Advisory Board and is currently on the Advisory Board for Cochrane Sweden.

"These many experiences have provided insight into the importance of governance issues, organisation finance and resource management all driven and informed by alignment with strategic goals and a spirit of inclusivity."

She outlined what she believes are the important strategic challenges for Cochrane from 2020:

- Remaining true to the Cochrane principles of collaboration, striving for relevance, rigour and promoting access in the context of a growing organisation; increasingly complex systematic reviews and editorial processes; and, the demand for greater diversity of communication formats for different audiences.
- Continuing to be a leader in evidence-synthesis methods development in the context of other emergent evidence-synthesis groups.
- Striving to be truly global, by producing reviews that address priorities of relevance to the most vulnerable, and ensuring geographic, linguistic and culturally diverse representation in strategic groups and planning within the organisation.
- Improving the author experience and consistency of editorial approaches by better-resourced editorial systems and efficient review production including advancements in methods and technologies.
- Supporting the evaluation of impact of Cochrane Reviews, related products and activities for specific audiences by maximising engagement with geographic groups.
- Considering ways to sustain Cochrane into the future through continuing to explore publishing and funding models and new revenue-generation opportunities.

"I became involved with Cochrane because its driving principles resonated with my beliefs and commitment to inclusivity, with rigour, transparency and integrity. These are principles I stand by and will maintain as a Board member," she said. "I am committed to working with colleagues and teams to approach decision making collaboratively, respectfully and with clear sight on the higher aims of enhancing evidence-informed decision making and impacting healthcare and people's lives. I value diversity in views, experiences and skills, as this brings richness and strength to our decisions and our organisation."

"I remain enthusiastic about Cochrane's work and its future potential as an organisation that remains central to the global discussion about healthcare evidence production and use, and methods advancement," she concluded. "I am committed to ensuring Cochrane remains a sustainable global organisation that embraces diversity, rigour and keeps patients and the public in the forefront. "

Introducing the redeveloped South African National Clinical Register (SANCTR)

The establishment of the South African National Clinical Trials Register (SANCTR) follows international calls for prospective registration of clinical trials to ensure greater transparency in trial conduct from the planning stages. In 2005 the National Department of Health (NDoH) commissioned the establishment of a clinical trials register. A statement was issued in November 2005 by NDoH that as from 1 December 2005 all new clinical trials conducted in the country had to be registered in SANCTR. Registration on SANCTR requires that a trial is approved by a Research Ethics Committee and meets the requirements of the national regulatory authority – the South African Health Products Regulatory Authority (SAHPRA). In meeting those requirements, SANCTR serves as a tool for approving and monitoring the conduct of clinical trials in South Africa.

The South African Medical Research Council was requested to host SANCTR in 2015. This approach aligns with the aims of the Pan African Clinical Trials Registry (PACTR) and the World Health Organization to harmonise clinical trial registration nationally and globally.

The redevelopment has since been completed and involved consultation with various stakeholders involved in the conduct of clinical trials in South Africa. The new SANCTR website went live a couple of months ago. We have embarked on a pilot process of understanding challenges and issues since the system went live.

The new, improved SANCTR database was introduced in a webinar held on 10 November 2020 to share some of the improved functionalities for the audience to understand how to use the new site. We also highlighted why the registry was intended to better understand how we ensure clinical trial transparency and data sharing. We also showed how to navigate the new system by a demonstration of how to register a trial. This was an interactive session with the hope that by the end of the session, there was an understanding of the purpose of SANCTR as well as knowledge about how to register a trial in SANCTR.

See https://sanctr.samrc.ac.za/. The webinar is available here.

Duduzile Ndwandwe
Cochrane SA

From the Cochrane Library

Can electronic cigarettes help people stop smoking, and do they have unwanted effects?

E-cigarettes are handheld devices that heat a liquid containing nicotine and flavourings. They allow users to inhale nicotine in a vapour rather than smoke. Because they don't burn tobacco, they don't expose users to the same levels of toxins as conventional cigarettes. Many people use e-cigarettes to help them to stop smoking tobacco and this Cochrane review looked at this aspect.

The authors were interested in finding out how many people stopped smoking for at least six months and how many had any unwanted effects. Evidence published up to January 2020 was included.

The authors found 50 studies in 12 430 adults. The studies compared e-cigarettes with nicotine replacement therapy (NRT), such as patches or gum; varenicline; nicotine-free e-cigarettes; behavioural support, such as advice or counselling; or no support. Some studies tested using NRT and e-cigarettes together. Studies took place in the USA (21), UK (9), Italy (7), Australia (2), New Zealand (2), Greece (2), and one each in Belgium, Canada, Poland, South Korea, South Africa, Switzerland and Turkey.

What are the results?

More people probably stop smoking for at least six months using nicotine e-cigarettes than using NRT (3 studies; 1498 people), or nicotine-free e-cigarettes (3 studies; 802 people). Nicotine e-cigarettes may help more people to stop smoking than no support or behavioural support only (4 studies; 2312 people).

For every 100 people using nicotine e-cigarettes to stop smoking, 10 might successfully stop, compared with only six using NRT or nicotine-free e-cigarettes, or four having no support or behavioural support only.

The authors are uncertain if there is a difference between unwanted effects as similar low numbers were reported for all groups.

How reliable are these results?

The results are based on a small number of studies, and the measured data varied widely.

The reviewers are moderately confident that nicotine e-cigarettes help more people to stop smoking than NRT or nicotine-free e-cigarettes. However, the results might change if further evidence becomes available. They are less confident about how nicotine e-cigarettes compare with no support, or behavioural support, to stop smoking. Results for the unwanted effects are likely to change when more evidence becomes available.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub4/full

Launch of eCOVID-19 living recommendation map

The eCOVID-19 living recommendation map has been launched by an international collaborative team including Cochrane SA.

Keeping up with the rapidly unfolding COVID-19 pandemic and an ever-increasing plethora of relevant literature, presents considerable strain for decision makers. The technical and time-consuming effort required to gather and appropriately assess the evidence base is obviously not realistic for clinicians, public-health officials, decision makers, or the public consumer.

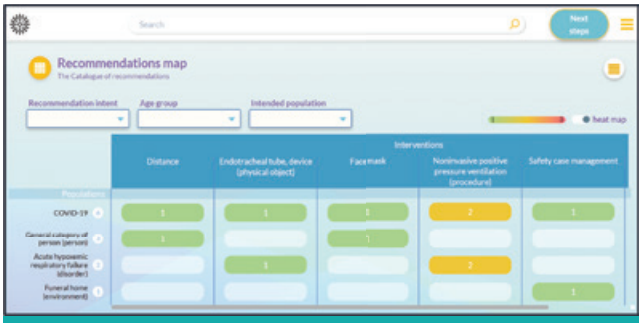
The e-COVID-19 living recommendation map is therefore a free-standing, independent platform that will present a map of existing and emerging recommendations from high-quality guidelines along with their evidence-base. Recommendations will cover treatment, diagnosis and protective measures. It will also provide a gateway to allow users to decide whether to adopt the available recommendation (as is), adapt it to their context, or create a *de novo* recommendation, a process known as adolopment.

The platform hopes to address the urgent need for credible recommendations, the need to reduce duplication by guideline developers and the need to be able to rapidly contextualise and localise recommendations for different contexts – more important than ever during the COVID-19 pandemic.

The aim is to provide decision makers and other stakeholders, including the public, with information and recommendations that are easy-to-navigate, living, freely accessible via an electronic platform and multiple web-enabled tools, and which includes all published, trustworthy, high-quality COVID-19 recommendations.

The international team will identify COVID-19 recommendations, critically appraise them using the AGREE II tool, and make them available for contextualisation and implementation by decision makers across the globe.

Led by Cochrane Canada and the World Health Organization (WHO-CC) Collaborating Centre for Infectious Diseases, Research Methods and Recommendations at McMaster University, the team includes Cochrane-, GRADE-, JBI-, and G-I-N-affiliated groups, key investigators situated in low- and-middle-income settings, Cochrane Consumer leadership, clinical and policy decision makers, artificial intelligence and information technology experts, software developers and language translators.



A view of the map/matrix and heatmap

The platform will also have linkages to the Norwegian Institute of Public Health's EPPI-Mapper, the McMaster's COVID PLUS, WHO-PAHO's BIGG Database, and the Epistemonikos L•OVE Platform resources.

Cochrane Canada and the McMaster WHO-CC are providing the overall leadership and coordination of the work. The roles of participating individuals and groups collectively span informing the methodology, populating the map, disseminating the map, and facilitating adolopment with key stakeholder partners through professional networks.

Working groups have been formed according to the various activities including literature searching, guideline appraisal, equity considerations, language translation and adolopment. A consultancy team comprising clinical, public health and consumer expertise will also be established to give input on content and contextual feedback. The project has funding for a year that allows it to be undertaken as a living project till May 2021 with intentions for extension beyond this time aligned with the ongoing trajectory of the pandemic.

https://covid19.evidenceprime.ca

Cochrane SA and Bhekisisa – spreading the word on evidence-based healthcare

Part of Cochrane SA's mission is to work with South African media to disseminate information on evidence-based healthcare and the value of systematic reviews in good health reporting. This year we were privileged to be invited by South Africa's premier group of health/science reporters – Bhekisisa – to present a webinar series.

The Bhekisisa Centre for Health Journalism is an independent media organisation that specialises in narrative, solutions journalism focusing on health and social justice issues across Africa. Their stories are distributed through News24, the Daily Maverick and the Mail & Guardian reaching policy makers, academics, activists and political leaders.

Bhekisisa, isiZulu for 'to scrutinise', started off as the Mail & Guardian's health desk in 2013 and left the newspaper in 2019. Bhekisisa specialises in evidence-based journalism and also hosts trainings for journalists and civil society, and public discussion forums on health issues.

Cochrane SA presented four webinars to Bhekisisa. These were:

Webinar 1: Finding the evidence - Navigating the Cochrane library, Presenter: Tamara Kredo, Cochrane SA

Webinar 2: Which study design answers which question? Presenters: Anel Schoonees and Michael McCaul, Stellenbosch University

Webinar 3: How to navigate a systematic review. Presenters: Jimmy Volmink, Stellenbosch University and Solange Durão, Cochrane SA

Bhekisisa/Health-e Webinar on Questions related to COVID-19. Presenter: Wolfgang Preiser, Stellenbosch University

To read more about the webinars see the Bhekisisa articles at:

https://bhekisisa.org/resources/resources-for-journalists/2020-06-12-heres-a-really-great-way-to-find-the-studies-youre-looking-for/

https://bhekisisa.org/resources-for-journalists/2020-10-09-seeing-the-forest-for-the-trees-with-cochrane-south-africa-forest-plots-and-systematic-reviews/

https://bhekisisa.org/resources-for-journalists/2020-10-16-vaccines-mutations-and-data-reporters-all-your-covid-19-questions-answered/

This webinar series was presented as part of the Research, Evidence and Development Initiative (READ-It) project. READ-It (project number 300342-104) is funded by UK aid from the UK government; however, the views expressed do not necessarily reflect the UK government's official policies.

READ-It Research, Evidence & Development Initiative

Cochrane SA webinars

From July to December Cochrane SA continued with its webinar series. For the topics, presenters and links to these webinars see: https://southafrica.cochrane.org/learning-support/systematic-review-methods-webinars/2020

If you have ideas for topics you would like to see covered in webinars in 2021 please submit these to cochranesa@mrc.ac.za

Conferences

13th Annual Conference on the Science of Dissemination and Implementation in Health
15 – 17 December 2020 | Online
https://www.academyhealth.org/events/site/13th-annual-conference-science-dissemination-and-implementation-health

Cochrane Learning Live webinar series
RoB 2: Editorial considerations *RoB 2 webinar series*
12 January 2021 | Online
Presenters: Kerry Dwan, Methods Support Unit Lead & Statistical Editor, Cochrane Editorial & Methods Department and Rebecka Hall, Product Owner of RevMan
SIGN UP HERE

PHASA 2021 – in person and virtual
15 – 17 February 2021 | University of Pretoria, South Africa
Theme: Keeping the promise: Closing the gap
http://phasa.samrc.ac.za/
deon.salomo@mrc.ac.za | kefiloe.masemola@mrc.ac.za

8th World Nursing Education and Evidence Based Practice Conference
22 – 23 February 2021 | Vienna, Austria
https://nursingeducation.pulsusconference.com/

Inaugural South African Clinician Scientists Conference
25 – 26 February 2021 | Cape Town, South Africa
http://saclinicianconf.samrc.ac.za/index.html

International Evidence-based Health Care symposium and 4th Cochrane Africa Contributors Meeting (INDABA 4)
13 –15 July 2021 | Abuja, Nigeria

ICEBHN 2021: 15. International Conference on Evidence-Based Healthcare and Nursing
8 – 9 November 2021 | Istanbul, Turkey
https://waset.org/evidence-based-healthcare-and-nursing-conference-in-november-2021-in-istanbul

Cochrane South Africa
PO Box 19070, Tygerberg 7505, Francie van Zijl Drive, Parow Valley
Tel: +27 21 938 0438 | Fax: +27 21 938 0836
email: cochranesa@mrc.ac.za | http://southafrica.cochrane.org/
http://www.mrc.ac.za/cochrane | Twitter: @SACochrane