

SOUTH AFRICAN COCHRANE CENTRE

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COCHRANE TO CELEBRATE ITS FIRST DECADE IN AFRICA

When the SACC opened its doors in January 1997 it was our intention to establish a hub for capacity building in research synthesis and evidence-based practice for sub-Saharan Africa. However, at that stage we had neither the people nor the funds to support activities beyond South Africa's borders. Ten years on we take stock of progress and ask: To what extent has the notion of being a regional Centre become reality?

Providing support to would-be Cochrane Review authors, outside South Africa, is now a major focus area of the Centre. Our biannual intensive courses in research synthesis in Cape Town, along with a distance-based mentoring programme, include researchers and practitioners from countries as far afield as Nigeria, Uganda, Kenya, Malawi, The Cameroon, Gambia and Zimbabwe. SACC staff have taught research synthesis modules on masters degree programmes in Uganda and Malawi and conducted training workshops in several countries in the region, in many cases more than once. These activities have resulted in a steady increase in the number of Cochrane protocols and completed reviews on topics relevant to Africa, especially in the fields of HIV/AIDS, TB and malaria. Evidence briefs drawing on these reviews are widely disseminated with the aim of facilitating more informed health care decisions.

Our staff members also assist Professor Justus Hofmeyr, in East London, with annual training workshops for Africans who have registered to conduct Cochrane Reviews in the field of Pregnancy and Childbirth. Within this field the SACC has been responsible for developing the WHO Evidence-based Reproductive Health Care Training Programme which includes a board game as an aid in helping health workers in developing countries understand and apply systematic reviews in practice.

Making African research more visible has been an important goal of the Centre. Our efforts in this regard have included establishing a register of African clinical trials and more recently gearing up to commence prospective registration of African trials. We have also played a guiding role in the publication of a special BMJ issue showcasing African research.

One of the highlights this year has been the establishment of the Nigerian branch of the SACC under the leadership of Professor Martin Meremikwu. Martin and his team, in partnership with the SACC, will intensify and expand training and support for Cochrane Review authors in Nigeria. We look forward to seeing similar branches develop elsewhere in Africa with some growing into fully fledged Cochrane Centres in the future.

These are satisfying developments, yet the picture is not all rosy. There are a number of African countries, for instance Botswana and Namibia (located on the doorstep of South Africa), where the SACC has not made any inroads at all. Even in those countries where we are currently active, much more needs to be done to strengthen evidence-based health care amongst clinicians, educators, consumers and policy makers.

But first we would like to stop for a time of celebration. To commemorate its 10th anniversary, the SACC plans to convene a three day African Cochrane contributors meeting in May 2007. This event will be an occasion to collaboratively 1) review current Cochrane activities on the continent; 2) examine capacity building and dissemination initiatives and find ways of enhancing them; 3) strengthen existing partnerships and develop new ones; 4) lay the ground work for the establishment of an African Cochrane network; and 5) celebrate the successes of the past 10 years and plan for the journey ahead.

Thank you for your continuing support. On behalf of all of us at the SACC best wishes for a joyful festive season and a peaceful and prosperous new year.

Jimmy Volmink
Director



The South African
Cochrane Centre

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FROM THE COCHRANE LIBRARY

Plain language summaries of evidence



Screening for breast cancer with mammography

Screening uses a test to check people who have no symptoms of a particular disease, to identify people who might have that disease and to allow it to be treated at an early stage when a cure is more likely. Mammography uses X-ray to try to find early breast cancers before a lump can be felt. Many countries have introduced mammography screening for women aged 50 to 69. The review includes seven trials involving a total of half a million women. The review found that mammography screening for breast cancer likely reduces breast cancer mortality, but the magnitude of the effect is uncertain and screening will also result in some women getting a cancer diagnosis even though their cancer would not have led to death or sickness. Currently, it is not possible to tell which women these are, and they are therefore likely to have breasts and lumps removed and to receive radiotherapy unnecessarily. Based on all trials, the reduction in breast cancer mortality is 20%, but as the effect is lower in the highest quality trials, a more reasonable estimate is a 15% relative risk reduction. Based on the risk level of women in these trials, the absolute risk reduction was 0.05%. Screening also leads to overdiagnosis and overtreatment, with an estimated 30% increase, or an absolute risk increase of 0.5%. This means that for every 2000 women invited for screening throughout 10 years, one will have her life prolonged. In addition, 10 healthy women, who would not have been diagnosed if there had not been screening, will be diagnosed as breast cancer patients and will be treated unnecessarily. It is thus not clear whether screening does more good than harm.

Gøtzsche PC, Nielsen M. Screening for breast cancer with mammography. *Cochrane Database of Systematic Reviews* 2006, Issue 4. Art. No.: CD001877. DOI: 10.1002/14651858.CD001877.pub2.

Preventing occupational stress in healthcare workers

Healthcare workers suffer from work-related or occupational stress often resulting from high expectations coupled with insufficient time, skills and/or social support at work. This can lead to severe distress, burnout or physical illness, and finally to a decrease in quality of life and service provision. The costs of stress and burnout are high due to increased absenteeism and turnover.

We conducted a systematic search of the literature on preventing stress or burnout in healthcare workers. We then appraised the quality of the studies found and combined their results.

Person-directed interventions that include a cognitive-behavioural approach (e.g. coping skills training), combined with relaxation techniques or not, can be effective in reducing burnout, anxiety, stress and general symptoms in healthcare workers when compared to no intervention. Work-directed interventions that include communication or nursing delivery change can also be effective in reducing burnout, stress and general symptoms in healthcare workers when compared to no intervention. At best, the results of stress or burnout reducing interventions may still be apparent from six months to two years after the end of the interventions.

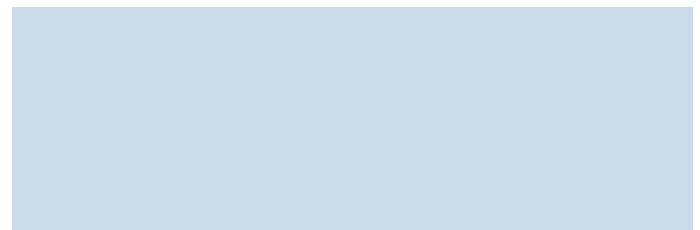
Most of the studies are small and of poor quality, and it is not clear how large a change in a stress or burnout score is meaningful.

Marine A, Ruotsalainen J, Serra C, Verbeek J. Preventing occupational stress in healthcare workers. *Cochrane Database of Systematic Reviews* 2006, Issue 4. Art. No.: CD002892. DOI: 10.1002/14651858.CD002892.pub2.

Calcium supplements help prevent pre-eclampsia, lowers the risk of the woman dying or having serious problems

Pre-eclampsia is a major cause of death in pregnant women and newborn babies worldwide. Preterm birth (birth before 37 weeks) is often caused by high blood pressure and is the leading cause of newborn deaths, particularly in low-income countries. The review of trials found that calcium supplementation during pregnancy is a safe and relatively cheap means of reducing the risk of pre-eclampsia in women at increased risk, and women from communities with low dietary calcium. Women were also less likely to die or have serious problems due to pre-eclampsia. No adverse effects have been found but further research is needed into the ideal dosage for supplementation.

Hofmeyr GJ, Atallah AN, Duley L. Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD001059. DOI: 10.1002/14651858.CD001059.pub2.



Pharmacotherapy for post traumatic stress disorder (PTSD)

Background

Post traumatic stress disorder (PTSD) is a prevalent and disabling disorder. Evidence that PTSD is characterized by specific psychobiological dysfunctions has contributed to a growing interest in the use of medication in its treatment.

Review Objectives

To assess the effects of medication for post traumatic stress disorder.

Main results

- Thirty five short term (14 weeks or less) studies (N=4 597) were included. Three of these studies included a maintenance component.
- Four trials described the methods used to generate the allocation sequence. Computer generated random codes were employed in three of these trials with the remaining trial employing an urn randomization procedure. Only five trials described allocation concealment and it was adequate in three.
- All but four studies included a placebo comparison group. Eighteen of the remaining trials included a selective serotonin reuptake inhibitor (SSRI) arm, two trials a tricyclic antidepressants intervention, four a monoamine oxidase inhibitors intervention and seven studies employed an intervention classified as "other medication".
- In 17 trials the severity of symptoms was reduced significantly in the medication groups, relative to placebo (weighted mean difference -5.76, 95% confidence intervals (CI) -8.16 to -3.36, number of participants (N) = 2507). Summary statistics for responder status, as determined by response rates on the Clinical Global Impressions scale change item (or close equivalent), from 13 trials demonstrated overall superiority of a variety of medication agents to placebo (relative risk 1.49, 95% CI 1.28 to 1.73, number needed to treat = 4.85, 95% CI 3.85 to 6.25, N = 1272). Medication and placebo response occurred in 59.1% (N = 644) and 38.5% (628) of patients, respectively.
- Evidence of the efficacy of treatment was most convincing for SSRIs.
- Medication was superior to placebo in reducing the severity of PTSD symptom clusters, comorbid depression and disability.
- Medication was less well tolerated than placebo.
- A narrative review of three maintenance trials suggested that long term medication may be required in treating PTSD.

Implications for practice

Medication treatments can be effective in PTSD in reducing core symptoms, and should be considered as part of the treatment of this disorder. Existing evidence base of randomized controlled trials (RCTs) includes a heterogenous sample of participants with a range of different traumas, trauma duration and severity, and comorbidity. Although there is also no clear evidence to show that any particular class of medication is more effective or better tolerated than any other, the greatest number of trials showing efficacy to date, as well as the largest, have been with the SSRIs. In contrast, there have been negative studies of benzodiazepines, monoamine oxidase inhibitors (MAOIs), anti-psychotics, lamotrigine and inositol. With only one RCT comparing psychotherapy with pharmacotherapy, from a clinical perspective the possible value of this modality alone or in combination with pharmacotherapy needs to be remembered. The value of long-term interventions in increasing the efficacy of medication and preventing relapse is supported by maintenance trials.



Implications for research

More controlled trials in the treatment of PTSD is needed due to the prevalence and cost of the disorder. The differential efficacy and acceptability of different classes of medication, including newer agents potentially useful in this disorder (e.g. escitalopram, tiagabine, tianeptine, tropirimate), needs to be evaluated. Future research should include the precise effects of medication on quality of life measures, appropriate dose and duration of medication, and determining factors which predict response to medication. Further research on the value of medication in PTSD in different trauma groups, in paediatric and geriatric subjects, in patients with comorbid substance use, and in treatment-refractory patients is needed. Clinical trials to determine the possible benefits of early (prophylactic), combined (with psychotherapy), and long-term (maintenance) intervention in PTSD may also be valuable.

Reviews for Africa Programme (RAP):

TRAINING IN THE SCIENCE OF RESEARCH SYNTHESIS FOR COCHRANE

AUTHORS OF SYSTEMATIC REVIEWS Protocol Development Course 4 – 29 September 2006



The Reviews for Africa Programme (RAP) aims to train African health care professionals in the science of research synthesis and assist them in the initiation and preparation of a Cochrane Review. RAP is a collaboration between the South African Cochrane Centre (SACC), the Liverpool School of Tropical Medicine in the UK and the Cochrane HIV and AIDS Review Group in San Francisco, California. The programme is supported by a grant from the Nuffield Commonwealth Programme and focuses on reviews of HIV/AIDS, tuberculosis, malaria and other diseases relevant to Africa. RAP consists of three phases: 1: Development of a protocol; 2: Publication of the protocol and initial preparation of the Cochrane Review; 3: Cochrane Review Finishing School.

This year's Protocol Development Course (Phase 1) was held from 4 - 29 September and was hosted by the SACC. Members of the teaching staff included Karishma Busgeeth, Mark Engel, Liesl Grobler, Joy Oliver, Elizabeth Pienaar, Lize van der Merwe and Jimmy Volmink from the SACC. In addition Harriet Maclehorse from the Cochrane Infectious Diseases Group (UK) and myself (Sally Hopewell) from the UK Cochrane Centre were privileged to be invited to visit the SACC to help teach on the course.

Seven participants attended this year's course from different parts of Africa. Those participants undertaking a Cochrane Review of HIV/AIDS included: Moses Bateganya (Uganda) "*Home-based HIV voluntary counselling and testing in developing countries*", Uthman Olalekan (Nigeria) "*Interventions for the prevention and treatment of AIDS dementia complex*" and Philip Oshun (Nigeria) "*Antiviral therapy for genital herpes in HIV infected individuals*". Participants undertaking a Cochrane Review of malaria included: Juliana Ojukwu (Nigeria) "*Iron supplementation in children with malaria*", Don Mathanga (Malawi) "*Malaria prophylaxis in HIV positive pregnant women and children*" and Annemieke van Eijk (Zimbabwe) "*Azithromycin for the treatment and prevention of malaria*". Machoki M'Imunya (Kenya) was undertaking a Cochrane Review of "*Education and counselling to promote adherence to tuberculosis treatment*".

The four week course was a combination of seminars, workshops, computer sessions, one-on-one tutorials and individual study with the aim of enabling each participant to complete the protocol stage of their Cochrane Review so that by the end of the four weeks it was

ready to be sent off for peer review by their relevant Cochrane Review Group. Importantly participants were also equipped with the skills and practical resources required to continue their review once they returned to their home institution. This included paper copies of electronic resources such as the *Cochrane Handbook of Systematic Reviews of Interventions*, the *Cochrane Style Guide* and the *RevMan User Guide*, as well as numerous photocopies of research articles relevant to their review. This additional information is vital for the course participants as access to the internet and library resources (which many of us in parts of the world take for granted) are not routinely available in the participants' home institutions.

I was encouraged by the enthusiasm of the participants and their willingness to learn, participants often started work early in the morning and continued late into the night once returning to their accommodation. However, it was not all hard work and participants were encouraged to take a weekend off and were given a tour of the Cape Peninsula and its spectacular views and scenery. One weekend several of the participants decided to take the long route to the top of Table Mountain and thankfully completed the six hour trek in time for Monday's early morning seminar! As a final farewell the participants and staff were also treated to a tour of a vineyard and sampled the local wine and delicious food.

At the end of the four week course all of the participants were at the stage of being able to submit their protocols to their relevant Review Group for peer review. The participants will now spend the next eight months working back at their home institutions and with the support of the SACC and their relevant Review Group finalise their protocol for publication on *The Cochrane Library* and begin the initial preparation of their Cochrane Review. They will then come back to the SACC for three weeks in June 2007 for Phase 3: the Cochrane Review Finishing School, in order to complete their review and submit it for publication. I wish them all well in the successful completion and publication of their Cochrane Reviews.

Sally Hopewell

UK Cochrane Centre

For more information about RAP visit <http://www.mrc.ac.za/cochrane/rap.htm>

SOUTH AFRICAN COCHRANE AUTHOR RECEIVES KENNETH WARREN PRIZE

I attended the Cochrane Colloquium held in Dublin this year, from the 22 to the 26th of October. The Colloquium was attended by approximately 800 people, who, in addition to participating in a number of oral and poster presentations, were also able to relax at the end of each day at one of the social events organised (including a visit to the Guinness Storehouse and a Games evening).

My attendance at the Colloquium to present two posters was funded by a Developing Country Stipend. In addition, I was also invited to receive the Kenneth Warren prize on behalf of myself, Professors Dan Stein (Department of Psychiatry, University of Cape Town) and Soraya Seedat (Medical Research Council Anxiety and Stress Disorders Research Unit) for our update of a review of pharmacotherapy for post traumatic stress disorder (PTSD). This award is given in recognition of the best Cochrane Review of the previous year by authors based in a developing nation. Our review was selected out of a total of 65 candidates according to a scoring system which assessed the quality of the review process (in a similar manner to the QUORUM statement), and which took account of the relevance of the review to developing countries using the World Bank Classification of Burden of Disease.

The Health Promotion and Public Health Field who provided the funding and The South African Cochrane Centre (SACC) was instrumental in the completion of the PTSD review. I was invited by the SACC to attend a 5 day

training workshop presented by Nandi Siegfried, to help in the preparation to update the review. In addition, members of the SACC, such as Joy Oliver, were quick to respond to requests for assistance. Finally, the monthly systematic review group meetings held at the SACC provided a forum in which guidance on both theoretical and practical aspects of conducting Cochrane Reviews fed into decisions made regarding the final form taken by the PTSD review.

Jonathan Ipser
Stellenbosch University



NIGERIA BRANCH, SACC — EXTENDING THE FRONTIERS OF THE COCHRANE COLLABORATION

With a population of over 133 million people, Nigeria's health needs are enormous. There is especially a need for more access to reliable information on health care. The Branch of the South African Cochrane Centre (SACC) established in March this year in Nigeria is therefore timely and strategically important to health care delivery in Nigeria.

Newspapers are a good way of disseminating information in Nigeria. The Nigeria Branch is thus working with the print media to disseminate reliable health care research information to health providers, researchers, and consumers. In order to create awareness about the Branch, The Cochrane Collaboration and its activities, and encourage researchers and health professionals to participate in the activities of The Cochrane Collaboration, the following articles have so far been published in some national dailies: *Solution for Treating Dehydration caused by Acute Diarrhoea in Children* (Business Day, September 5, 2006) *South African Cochrane Centre Establishes Branch in Nigeria* (Business Day, September 6, 2006), and *Why the Cochrane Centre is Essential in Health Care Delivery* (Daily Champion, September 13, 2006).

In support of preparation and maintenance of Cochrane Reviews, the Branch regularly hosts a Research in Progress Meeting. At these meetings, ongoing Reviews are presented by the authors to a joint audience of review authors and potential authors. While established authors are offered the opportunity to interact and thus sharpen their research synthesis skills, potential authors are introduced to the Cochrane Review process. So far, the following presentations have been made during these meetings: *Azithromycin for Treating Typhoid Fever*, *Handwashing for Preventing Diarrhoea*, and *Rectal Artemisinin and its*



Derivatives for Treating Plasmodium Falciparum Malaria. Starting from Imo State University Teaching Hospital (IMSUTH), Nigeria, where a Cochrane / Evidence-Based Medicine workshop was conducted in August 2006, the Branch is taking its programmes and activities to major health institutions in the six geo-political zones of Nigeria.

With the help of our UK partners, the Branch has been provided with an internet facility. With this and other local support we are working to establish reliable information technology capacity that would facilitate interaction with Nigerian authors and other Cochrane entities.

Emmanuel Chukwunta
Nigeria Branch, SACC



PROMOTING EVIDENCE-BASED HEALTH CARE IN KENYA

The Centre for Vector Biology and Control Research (CVBCR), one of the research centres of the Kenya Medical Research Institute (KEMRI), is situated in Kisumu on the shores of the majestic Lake Victoria in western Kenya. Through research of CVBCR, it has and continues to contribute important evidence on how well different health interventions (e.g. bed nets, antimalarial, antischistosomal, antiretroviral drugs, cotrimoxazole prophylaxis) work in different populations (e.g. children, pregnant women, HIV-infected adults). Similar work is being undertaken in different research centers and institutes throughout the world. For policy makers to make informed decisions or recommendations on the country-wide implementation of a specific intervention (e.g. Coartem as the treatment of choice for uncomplicated malaria in Kenya) they need a systematic review of the available data (both locally and from elsewhere) showing that this intervention actually works and is worth spending public money on, for the benefit of many.

Unfortunately, people are often not aware of the evidence that is available, the evidence is disorganized and inaccessible, or sometimes, appropriate evidence does not exist. Systematic reviews help to place new knowledge in the context of what is already known, and so bridges the gap between knowledge generation and utilization. Because the KEMRI is the Kenya Ministry of health's research arm, it has the responsibility of not only producing evidence of the effectiveness of interventions but also of synthesizing that information to make it accessible to policy makers and other decision makers. It is for this reason that a workshop was conducted at CVBCR to sensitize participants to the potential role that they can play in conducting or utilizing results of systematic reviews.

Under the leadership of Dr Charles Obonyo, CVBCR, and in collaboration with the South African Cochrane Centre, a very successful workshop was held on the 24th August 2006. The workshop was attended by 35 participants from KEMRI and the neighbouring universities and hospital. The emphasis was on



how to produce systematic reviews and how these reviews can help policy makers, clinicians, funders and patients to make well informed decisions about health care interventions. The different presentations elicited some lively discussion, stimulated interests in evidence-based health care and prompted requests for further training on evidence-based practices as well as the conduct of systematic reviews.

We are very excited to continue promoting evidence-based practice in Kenya.

Dr. Charles O. Obonyo

Centre for Vector Biology and Control Research
Kisumu, Kenya

From the South Africa Cochrane Centre: *The SACC would like to take this opportunity to thank Charles Obonyo and also Dr John Vulule, Director of CVBCR, for inviting us to visit the centre and be part of this workshop. It was a wonderful experience to see people so enthusiastic about evidence-based health care. As they say in Kenya: Asante Sana!*

Elizabeth Pienaar, SACC

WEB GIS MAPPING OF HIV/AIDS TRIALS ACROSS THE WORLD

Since late 2004, the SACC has been maintaining the HIV/AIDS Trials Management System (HTMS). The HTMS incorporates a study-based register of all HIV/AIDS-related randomized controlled (RCTs) and controlled clinical trials (CCTs) and is maintained on an MS Access software platform. As trial data is entered into the register the geographic co-ordinates for the location of the trial are recorded thereby transforming the register into a geodatabase of trials. HTMS trials-related data can be viewed and presented spatially using the applied Geographic Information Systems (GIS) software ArcGIS 9.0. Figure 1 displays a map of 50 RCTs and three CCTs from the year 2003. Since the HTMS is currently desktop-based, the proposal is to add a web mapping application to the HTMS which will provide a vehicle for the dissemination of the trials-related information over the internet to Cochrane authors, and other interested researchers, policy makers and consumers. Within this system, multiple users from different locations will only require their existing web browser to view geographic data and access the trials-related data without the requirements or costs of installing GIS software packages. The main purpose of building such a system is to encourage the sharing of trials-related information among the potential users. Such a system will help to bring together all the various stakeholders on a common platform to share their experiences and knowledge as well making efficient and effective decisions.

Karishma Busgeeth

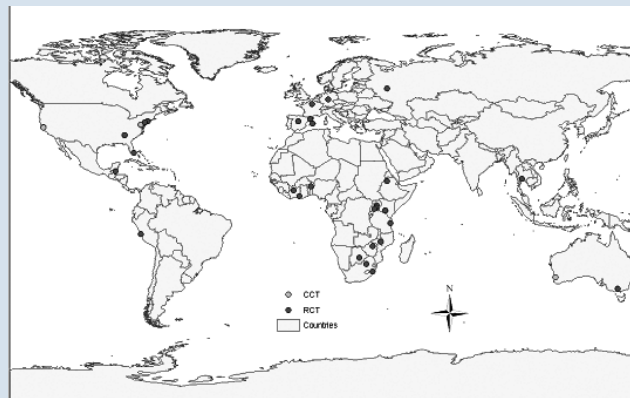


Figure1: Spatial distribution of 50 RCTs and 3 CCTs from the year 2003

EXPLODING WORK PLANS AND ACTIVATING IDEAS – THE ATM REGISTRY 4 MONTHS ON...

On the 10th of July 2006 the agreement between the SACC (MRC) and the European and Developing Countries Clinical Trials Partnership (EDCTP), regarding the ATM Registry (retrospective and prospective registries of HIV/AIDS, Tuberculosis and Malaria clinical trials), was finalised and signed by all parties concerned. With the money in the bank it was time to get on the charge and down to some serious work. The hours spent “exploding” work plans and devising methods of translating words into action were finally to be put to good use.

The past 4 months have primarily been spent negotiating with key stakeholders and role players, discussing details of the project with our collaborators and learning just what goes into setting up a clinical trials registry. A sound relationship has been established with Dr Lindiwe Makubalo and her team at the South African Department of Health. Together with Dr Makubalo we are hoping to convince other government health

departments, researchers and health care consumers in sub-Saharan Africa of the importance of clinical trial registration.

At the recent Cochrane Colloquium in Dublin we met with our collaborators at the Liverpool School of Tropical Medicine, Professor Paul Garner and Dr Vittoria Lutje. We also met with Dr Davina Ghersi who has recently appointed to oversee the WHO International Clinical Trial Registry Platform. Dr Ghersi was involved in setting up the Australian Clinical Trials Register and has immense experience in this field. These discussions were extremely helpful and encouraging.

While we have been very busy negotiating, discussing and most importantly scaling steep learning curves, a lot of work still lies ahead if we are to realise the ultimate vision for the ATM Trials Register, that of a regional register incorporating all clinical research conducted in sub-Saharan Africa.

Liesl Grobler

COCHRANE ANNOUNCEMENTS

Congratulations to our new Moms and Dads!

Melissa



Congratulations to Taryn Young (SACC deputy director) and Deon on the birth of their daughter, Melissa

Emily Kate



Congratulations to Mark Engel (SACC Research Trainee) and Janet on the birth of their daughter, Emily Kate

Cochrane Review protocol development and RevMan workshop

This four day workshop covers the methodological aspects related to protocol development and technical aspects of using RevMan software. RevMan is The Cochrane Collaboration's program for preparing and maintaining Cochrane Reviews. The workshop is open to people from the SACC reference countries* who are busy with or starting a Cochrane Review protocol (on any topic).

The objectives of the workshop are to:

- Understand the rationale for undertaking a Cochrane Review
- Become familiar with the steps involved in preparing a Cochrane Review protocol

- Learn the technical aspects of using RevMan
- Understand how to submit the Cochrane Review protocol
- Know how to resolve technical and administrative challenges

* Benin, Botswana, Cameroon, Comoros, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Sierra Leone, Somalia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

Date of next course: 2-5 April 2007

For more information please contact Elizabeth Pienaar by e-mail elizabeth.pienaar@mrc.ac.za or call her at +27 21 938 0835.

SACC Evidence-based Practice and The Cochrane Collaboration one-day training workshop

Date: 23 March 2007
Venue: Medical Research Council, Pretoria

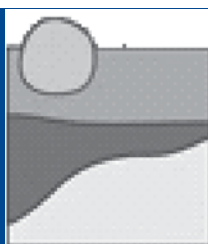
*For more information please contact Elizabeth Pienaar
Email: Elizabeth.pienaar@mrc.ac.za or
Tel. 021-938 0835*

The 22nd Annual Joint Scientific Conference (AJSC) of the National Institute for Medical Research, Tanzania will be held at the Arusha International Conference Centre, Arusha, Tanzania from March 06-09, 2007.

CONFERENCE ANNOUNCEMENT AND CALL FOR PAPERS

Translation of Research Information into Policy: the role of the Health Research Institutions in Social Development in Africa

For more information visit the website: <http://www.nimr.or.tz>



XV Cochrane Colloquium

October 21-25, 2007 | São Paulo, Brazil

Evidence based health care for all

Important Dates

- Abstracts submission deadline: 14 May 2007
- Notification of abstract acceptance: 18 June 2007
- Consumer and developing country stipends deadline: 25 June 2007
- Notification of stipends acceptance: 30 July 2007
- Early registration deadline: 30 July 2007
- Meeting room request deadline: 6 August 2007
- Cancellation deadline: 3 September 2007
- Hotel registration deadline: 17 September 2007
- Online registration deadline: 15 October 2007

For more information visit the website: <http://www.colloquiumbrasil.info>