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Editorial



Dear Reader,

Thank you for following us. We hope you enjoyed our previous issues; *CEBHA+ Annual Newsletter Vol.1* and *CEBHA+ Annual Newsletter 2019 Vol.2*.

From inception, CEBHA+ has seen lots of accomplishments as well as challenges. However, 2020 brought a new unprecedented type of challenge - COVID-19.

When COVID-19 surfaced in Asia, little did we know that this seemingly Far East epidemic would balloon into a rapidly spreading and devastating pandemic. The "2019" pandemic grew into 2020 and has now spilled into 2021.

As hospital beds filled with the very ill and breathless patients, "all boats" and healthcare efforts were channeled to managing COVID-19. In this flurry, fear and concern, patients with Non-Communicable Diseases (NCD) [Hypertension (HBP), diabetes mellitus (DM), injuries, cancers and

others] were all but forgotten. Worse still DM and HBP seemed to fuel the COVID-19 effects making the prevention and control of NCDs even more crucial at this time. CEBHA+ members swiftly joined in the efforts to combat COVID-19 while continuing with their ongoing project activities. I thank all the CEBHA+ folk who have used their resources and expertise in different ways from administrative, to expert information and evidence synthesis towards this response. As we move forward, let's reflect on lessons learned; diseases do not move in silos, they are interlinked - implying that one disease can impact on another. Moreover, this COVID-19 pandemic has better defined "global health" by emphasizing the importance of collaborative regional and global strategies in combating and containing diseases. We should, thus continue to do what we do best; collecting evidence and informing policy and practice stakeholders on how best to use evidence to combat diseases.

We are delighted to bring you the third newsletter in which edition we share the 2020 success stories as well as progress from CEBHA+ sites across the three CEBHA+ work packages: Research, Capacity Building, and Networking. We also share highlights from the 3rd Networking meeting, NCD symposium, Research Networks for Health Innovations in Africa Midterm meeting, Stakeholder engagements, CEBHA+ response to COVID-19, profiles of all our Principal Investigators, and CEBHA+ sponsored students.

Wishing you an enjoyable read!

Dr. Gertrude Kalanda Chapotera
(Principle investigator, University of Malawi)

Sponsor



Sub Saharan Africa



CEBHA+ Contracts Management



CEBHA+ Consortium



AHRI, Ethiopia



University of Malawi



University of Rwanda



Stellenbosch University, South Africa



Chronic Disease Initiative for Africa

CDIA, South Africa



Makerere University, Uganda



Cochrane South Africa

Cochrane, South Africa



LMU Munich, Germany



University of Freiburg (Cochrane Germany)

CEBHA+ Output and Activities

Networking Internationally



3rd CEBHA+ Annual Networking meeting, South Africa



CEBHA+ team unwinding in the South African Veld.

The South African CEBHA+ partners including Chronic Diseases Initiative for Africa, Cochrane South Africa at the South African Medical Research Council & the Centre for Evidence-based Health Care at Stellenbosch University co-hosted the 3rd CEBHA+ Annual Networking Meeting from the 2nd - 3rd March 2020 at Stellenbosch Lodge, Cape Town, South Africa. The networking meeting was an opportunity to celebrate achievements and jointly discuss future plans.

The programme allowed for presentations, group work and discussions with participants from across the CEBHA+ consortium - sharing successes, challenges and lessons

learnt from the various sites. This was useful as it highlighted the similarities and synergies between teams' experiences. Feedback from the four attending CEBHA+ Scientific Advisory board members (Dr. Frode Forland, Dr. Opar Benard Toliva, Dr. Krish Vallabhjee and Dr. Dzinkambani Kambalame) was invaluable, especially their advice on engaging policy makers and researchers and next steps towards improving NCD prevention and public health management.

Visit: [CEBHA+ 3rd Annual Networking Meeting-Report](#)



A colorful display of CEBHA+ successes, challenges and lessons learnt at the 3rd Annual Networking meeting.



SPOTLIGHT: THE SOUTH AFRICAN NCD SYMPOSIUM



(L-R) CEBHA+ Chair, Prof. Taryn Young, the South African Minister of Health, Dr. Zweli Mkhize, and Prof. Jimmy Volmink, Dean of the Faculty of Medicine and Health Sciences, Stellenbosch University, at the NCD symposium

In March 2020, the South African CEBHA+ partners together with the National Department of Health co-hosted a research symposium on NCDs. This symposium brought together 152 participants including researchers, policy makers and practitioners from across Africa to discuss issues around diabetes, hypertension, cardiovascular disease, injuries and related mental health conditions. The aim of the symposium was to share knowledge, build alliances and unpack implications for policy and practice for the African setting. The symposium featured three parallel sessions a) population level interventions to address NCD risk factors; b) population level screening and

knowledge translation; and c) integrated management of NCD.

The South African Minister of Health, Dr. Zweli Mkhize, who opened the symposium described NCDs in South Africa as "heading for a tsunami...that is not only a health issue but also impacts all levels of social and economic development." He added that NCDs are a major threat to sustainable development. Describing the symposium as "a significant milestone in NCD prevention and control efforts" Dr. Mkhize emphasized the need for all government departments and sectors to work together in addressing NCDs.



Closing panel discussion 'Evidence for Action: where the rubber hits the road' with Damaris Kiewiets, George Claasen, Stellah Namatouu and Sandhya Singh (L - R).

“Research Networks for Health Innovations in Sub-Saharan Africa” Midterm Review meeting in Accra, Ghana



CEBHA+ participants at the official opening of the BMBF Midterm Meeting, Kempinski Hotel Gold Coast City, Accra, Ghana

The German Federal Ministry of Education and Research (BMBF) hosted a midterm meeting for the five networks under the “Research Networks for Health Innovations in Sub-Saharan Africa” in Accra, Ghana from the 28th - 31st January 2020. The five networks are CEBHA+, TB Sequel, TakeOFF, CYSTINET-Africa and ANDEMIA. The purpose of the meeting was to celebrate achievements of the initiative since its inception in 2016 as well as share latest results. The meeting also offered

a platform to exchange ideas, jointly discuss further work, and network with other networks, scientists, funders, policy makers and relevant stakeholders. BMBF sponsored students participated too and presented posters. The poster prize winner was Jimmy Osuret, a Ph.D. student from Makerere University with a poster titled “Effectiveness of safe pedestrian crossings for primary school children in Kampala Uganda: Implications for road safety management”. The prize was a scholarship to attend the World Health Summit 2020 in Berlin, Germany. All CEBHA+ institutions were represented at the meeting.



Jimmy Osuret, left, presents his poster to one of the participants at the BMBF Midterm meeting.

Research



CDIA research support team - South Africa



COVID-19 led to closure of the University of Cape Town (UCT) where CDIA is hosted. During the South African national lockdown implemented on 26th March 2020, CDIA CEBHA+ participant follow-ups were done telephonically. From September 2020, the (UCT) implemented a phased return of staff and students while ensuring strict adherence to COVID-19 safety protocols. Additionally, a recent approval from the South African Human Research Ethics Committee, under the ‘level 1’ national lockdown, allowed research activities to resume; hence CDIA participants can now be recruited at different sites for the “prevalence of multi- morbidity in people living with HIV and on ART” activity.



CDIA research support team, L-R, Kwanda Xaso, Takalani Tshikouhi, Sharon Sibinda, Melinda Onverwacht and Malibongwe Majola.

Engaging Stakeholders



Using Evidence to develop Policy Briefs - Malawi



The Malawi Integrated Knowledge Translation (IKT) team continues to engage stakeholders and policymakers to inform policy and practice. Through consultative meetings with the NCD Unit of the Ministry of Health in Malawi, the topic “Screening for hypertension and Diabetes” was prioritized. Guided by the Knowledge Translation Platform, policy briefs for this topic have been formulated based on systematically generated evidence. This process started with refining the problem statement by a Community of Practice followed by a series of Policy Brief Writing Sessions between September and October 2020 in Salima town, Malawi. Authors for these policy briefs were trained by Malawi’s top experts in IKT; Dr Austrida Gondwe and Professor Adamson Muula.



Dr. Felix Limbani presenting on why late diagnosis on hypertension and diabetes is a problem in Malawi.



Engaging stakeholders in Uganda.

a) Evidence Informed Policy workshop, Kampala, Uganda.



Participants at the Evidence Informed Policy Workshop, 29 September 2020

The Evidence Informed Policy workshop was a full day activity organized by the CEBHA+ team at Makerere University. It was facilitated by Dr. Charles Matsiko and Prof. Freddie Ssensoga, renowned Ugandan experts in evidence-informed policy development. The goal was to strengthen the technical capacity of mid-level decision-makers (i.e. technical staff) in accessing, appraising, interpreting, synthesizing, and utilizing research evidence in decision-making. In attendance were thirty four participants from the Uganda Ministry of Health (departments of NCDs, Clinical Services, Injury and Disabilities, and Division of Health Information), Ministry of Works and Transport, Ministry of Internal Affairs (Uganda Police Force), Ministry of Education, Kampala Capital City Authority, District Health Officers, and Representatives from Société Générale de Surveillance-SGS (responsible for vehicle inspection). Participants gained a deeper understanding of the importance and use of evidence in decision-making (policy formulation), as well as the process of policy formulation, implementation and evaluation.

b) Road safety policy briefs workshop.

On 30th September 2020, CEBHA+ Makerere University hosted thirty-nine stakeholders from the Ministry of Health, Ministry of Internal Affairs (Uganda Police Force), Uganda National Roads Authority, Kampala Capital City Authority, Makerere School of Public Health PhD students, Ministry of Works and Transport, Media, Ministry of Education and Sports, among others, to attend a half day workshop in which four draft (policy) briefs were critically discussed. The aim was to engage and obtain input from the various key stakeholders in road safety. Stakeholders' input informed the revision of the policy briefs.



Stakeholders at the Road Safety Policy Brief workshop at Hotel Africana, Kampala, on 30th September 2020.

CEBHA+ Capacity Development



Establishment of Armauer Hansen Research Institute (AHRI) Evidence Center - Ethiopia

The AHRI Evidence Center was established at the AHRI Alert compound, AHRI, Ethiopia, to ensure that all researchers, clinicians and students at AHRI and neighboring institutions have access to up-to-date evidence in patient care, research and community interventions. The center boasts of 12 computers with full-time internet and access to online resources such as electronic data bases and journals. Future plans include equipping the library with access to more data bases, books, journals, research papers and CD materials.



Left: AHRI Evidence Center at AHRI. Right: students at the newly established AHRI Evidence Centre.



Evidence-Based Public Health (EBPH) workshop in Kampala - Uganda

There is an increasing burden of public health threats that pose immeasurable impact to communities. The CEBHA+ team at Makerere University successfully hosted its 2nd EBPH course from 17th - 21st February 2020, to strengthen evidence-based public health practice in Uganda. The 23 participants were selected from a wide range of educational and professional backgrounds, including researchers, public health practitioners, programmers, academics, and Masters' and PhD students. This training was facilitated by Dr. Ann Akiteng with the 2 RT4 PhD students: Mr. Jimmy Osuret and Mrs. Esther Bayiga as well as Mr. Bonny Balugaba, from Makerere University. Anke Rohwer (CEBHA+ Stellenbosch University, South Africa) and Jacobs Burns (CEBHA+ LMU, Germany) supported the planning and organization of this training. A senior public health expert, researcher, and policy stakeholder, Prof. Anthony K Mbonye, shared his experience on the use of research evidence in public health practice.



EBPH trainees and facilitators posing with Prof. Anthony K Mbonye (9th from left)



Issue Brief workshop - Stellenbosch, South Africa

Stellenbosch University hosted a two-day intense workshop on 5th - 6th March 2020 titled "Engaging with Decision Makers: Issue Briefs for Policy and Practice". It was attended by 16 participants from across the CEBHA+ network. The workshop was designed in such a way as to dovetail the science and art of knowledge translation. This was done by drawing on principles of adult learning and capacity strengthening that include autonomous knowledge generation, extraction of intuitive and tacit knowledge, peer-support and critique, facilitator coaching and feedback, and interactive sessions as well as practical time for completion of products. Participants from participating countries worked in pairs - each pair left the workshop with a completed two-page issue brief relevant to one key stakeholder in their home country. Eight issue briefs were completed between all workshop participants.



CEBHA+ Issue Briefs participants during the workshop on 5th - 6th March 2020. Stellenbosch hotel, Stellenbosch, South Africa. Source: Pictures taken by Kerstin Sell (left) and Nasreen Jessani (right)



Evidence to Policy training for Ministry of Health staff – Ethiopia



Participants of the Evidence to Policy training at Asham Africa hotel, Debre zeyit, Ethiopia, 20th October 2020.

The system capacity strengthening work package of CEBHA+ aims to build a new generation of 'evidence literate' decision-makers and to establish strong relationships between researchers and the

policy-and-practice communities. CEBHA+ planned a tailored short course to enhance the capacity of decision-makers to use evidence in policy development, adaptation and implementation. The Ethiopian CEBHA+ team at AHRI organized and delivered a short course on Evidence Informed Policy for the Ministry of Health staff.

Representatives from the directorates of Non-Communicable Diseases, Planning/Monitoring/Evaluation/Policy, Mental Health, Maternal and Child Health, Clinical, and Health Extension Program, attended the training. The course covered principles of evidence-informed decision making, approaches to policy analysis, formulation, prioritization of research/policy questions and critical evaluation of the quality of evidence.



Training of Trainers (TOT) for Evidence Based Health Care (EBHC) – Kampala, Uganda

Many institutions in Uganda are involved in training practitioners and yet there is a gap in EBHC training initiatives. There is thus a need to strengthen the capacity of health practitioners and researchers to teach EBHC. Under the CEBHA+ Institutional Capacity Strengthening agenda, the CEBHA+ Makerere team organized a four-day training-of-trainers course on EBHC. This was held from 1st - 4th December 2020 at the Imperial Royale Hotel, Kampala. Fourteen participants, who previously attended the EBPH training at Makerere, were trained on how to develop and implement a teaching plan using methods that promote active learning. This training also contextualized the COVID-19 pandemic and incorporated the delivery of online training modules using the same principles. Trainees were also reminded of the EBHC principles. Participants fully appreciated the course.



Participants pose with their certificates after successfully completing the Training of Trainers Course on Evidence Based Health Care at the Imperial Royale Hotel, Kampala, 1st- 4th December, 2020.

CEBHA+ responds to the COVID-19 pandemic

Although the world has seen pandemics in the past century, COVID-19 stands out because of its transmissibility and the impact it has had on the daily living conditions of people globally, referred to as 'the new normal'. COVID-19 has impacted CEBHA+ activities as governments across countries imposed lockdowns and other associated restrictions. Staff started working remotely from home for activities not requiring in-person engagement, however, the activities requiring face-to-face engagement had to be postponed, adapted or halted altogether. For example, data collection for primary studies was postponed, interviews for the mixed methods evaluation of IKT were mostly conducted online. Moreover, partners are considering online research exchange, training and mentorship programs. During "the new normal" online meetings, emails and video conferencing continued as the main means of communication across the CEBHA+ network.

In line with its goal of "building long term capacity and infrastructure for Evidence-Based Healthcare and Public Health in sub-Saharan Africa", CEBHA+ has, since the beginning of COVID-19, supported efforts to combat the pandemic at sub-national, national, regional and global levels. Staff teams across the CEBHA+ network are engaged in (frontline) efforts ranging from research, rapid reviews, evidence synthesis, membership in various COVID-19 response committees and providing clinical care for COVID-19 patients.

University of Freiburg, Cochrane Germany is leading a collaborative project called COVID-19 Evidence Ecosystem (CEOsys) with 25 partners (funded by the BMBF). CEOsys is building a national evidence ecosystem of human studies on COVID-19 - which involves systematically collecting registered, ongoing or completed studies on COVID-19 and evaluating their results in a rapid and standardized way. This provides the basis for "living," or regularly updated, evidence syntheses. Recommendations for action are developed based on the findings and communicated in a target group-specific manner. CEOsys covers the following COVID-19 topic areas: testing and diagnostics, outpatient and inpatient treatment, intensive and palliative care, hospital hygiene and public health.

LMU Munich, working as a World Health Organisation (WHO) Collaborating Centre for Evidence-based Public Health, has conducted a number of rapid evidence syntheses. These include scoping reviews and systematic reviews on questions such as the effectiveness of travel-related control measures, measures to open schools safely, and the safety of non-steroidal anti-inflammatory drugs. Linked to this, on a national level, LMU is involved in the CEOsys project led by CEBHA+ partners at the University of Freiburg.

LMU Research activities related to COVID-19

Stellenbosch University conducted a *rapid review* with CDIA on COVID-19 and diabetes, hypertension, asthma, occupational lung diseases, coronary heart disease, heart failure and stroke to inform the South African COVID-19 response. The team also worked with Cochrane South Africa to conduct *rapid reviews to inform national guidelines*. The team linked with global evidence synthesis groups to

streamline the global evidence synthesis response *COVID-END*. In addition, the team worked with the COVIDEND Synthesizing group to develop a guide for evidence synthesis (*the Interactive flow diagram COVID-END*).

Cochrane South Africa conducted rapid reviews for the South African Department of Health on the treatment of COVID-19 *COVID-19-Rapid-Reviews*. Its members also serve on the following local and international COVID-19 committees and projects:

- South African Therapeutic Guidelines Sub-Committee for COVID-19 Management Clinical Guidelines Committee
- South African Ministerial Advisory Committee on the COVID-19 vaccine
- COVID-19 Evidence Network to support Decision-making (*COVID-END*)
- ECOVID19 Recommendations map co-principal applicant *COVID-19 Recommendations*.

In Malawi, Dr. Tamara Phiri (RT3 lead in Malawi) is one of the clinical specialists managing COVID-19 patients at the largest referral hospital in Blantyre (Queen Elizabeth Central Hospital). Dr. Gertrude Chapotera (Malawi site PI) is part of the COVID-19 response team at the College of Medicine, University of Malawi.



Dr. Phiri (right) with a colleague in a COVID-19 patients ward, Blantyre Malawi.

In Uganda, the RT4 team is preparing to conduct a study to describe the impact of COVID-19 on mobility patterns, and the possible role of public transport on COVID-19 transmission in the Kampala Metropolitan area. This information will be useful in planning for transportation during the ongoing pandemic and post-COVID periods in light of the continuing risk of infection transmission, as well as concerns about high transportation costs, congestion, road traffic crashes, and injuries.

AHRI, Ethiopia, is set to begin a research project assessing the impact of COVID-19 on diabetes care in public and private clinic settings. The COVID-19 CEBHA+ funds will support AHRI's research projects on the epidemiology of COVID-19 in Ethiopia.

Rwanda plans to utilise the additional COVID-19 funding to generate evidence around CEBHA+ Research Tasks and the COVID-19 pandemic in collaboration with stakeholders.

Profiles of CEBHA+ Site Principal Investigators



Professor Taryn Young

Site: Centre for Evidence-based Health Care, Department of Global Health, Stellenbosch University, Cape Town, South Africa.

I am a **medical doctor** specialized in public health and completed my PhD looking at how the teaching and learning of evidence-based health care (EBHC) can best be integrated in training of medical students to enhance student EBHC knowledge, attitude and skills. I lead the Centre for Evidence-based Health Care at Stellenbosch University and for many years have played a role in fostering Cochrane activities in the region. Getting involved with the broader CEBHA+ collaboration and playing a role within the CEBHA+ project were natural steps. I lead the Stellenbosch University partner and chair the CEBHA+ Management Board which takes overall responsibility for, and oversight of, the scientific conduct and good governance of the project, as well as risk assessment and management.

As we head to the end of our 4th year of the CEBHA+ project, while still coming to grips with the impact of COVID-19, we can look back at many achievements – published systematic reviews, various ongoing primary research studies, networking with decision-makers, various capacity building initiatives, networking activities, and the implementation of integrated knowledge translation to establish mutually beneficial partnerships between researchers and decision-makers to increase the relevance and use of research for decision-making. It has not all been smooth sailing, there are many lessons learnt and we still have much to do. Ultimately, the strength of the project lies in the collaboration, in working together, with mutual respect for each other.



Dr. Olive Kobusingye

Site: Makerere University, Kampala, Uganda
Profession: Doctor

I am an **Accident & Emergency surgeon, injury epidemiologist, and a Senior Research Fellow** at Makerere University School of Public Health, Uganda, where I head the Trauma, Injury, & Disability Unit. I am also a Distinguished Fellow of the George Institute for Global Health, Australia. I chair the Board of the Road Traffic Injury Research Network, an international agency working to improve road safety through research globally, with a focus on low- and middle-income countries. I have been involved with CEBHA+ since 2016, and I serve as the PI for Research Task 4. In this task Ugandan and Rwandan researchers are working to improve the evidence for interventions on pedestrian safety. In addition to Rwanda, where we have close ties because of researching the same area, I have also had the opportunity to work with colleagues from other countries, such as South Africa and Germany. Interactions have been very collegial and beneficial in many ways. The CEBHA+ grant has been great for building capacity for the unit. For instance, in addition to the two PhD students, the staff in the unit have had opportunities to work on a systematic review, and to develop or improve skills in areas such as data management, training, scientific writing, and effective information dissemination. This continues to be a very worthwhile project, and I am privileged to be associated with it.



Prof Naomi (Dinky) Levitt

Site: Chronic Diseases Initiative for Africa (CDIA), Cape Town, South Africa
Professor and Senior Research Scholar; University of Cape Town (UCT)

I am the Director of CDIA and Sub-Specialist Endocrinologist.

CDIA was originally funded by National Heart Lung Blood Institute (NHLBI) and the United Health Care as a Center for Excellence to reduce the impact of NCDs in Sub-Saharan Africa in 2009. CDIA exists as a network of researchers drawn from a number of South African Universities, the South African Medical Research Council, and other African countries, with close links with policy makers. I am a Senior Scholar and Fellow of the UCT having retired from the headship of the Division of Diabetes and Endocrinology at UCT and Groot Schuur Hospital. My research career has spanned basic science, epidemiological, clinical and translational research in diabetes and non-communicable diseases and I have been involved in many national and international efforts to address clinical practice, research direction and policy issues relating to diabetes. I am passionate about improving healthcare and reducing inequity for chronic diseases within the public health sector. CEBHA+ has provided a wonderful opportunity to engage with colleagues and students both within South Africa and our partner countries. The collaboration has facilitated a new programme of research in the areas of understanding the extent of multimorbidity in people living with HIV/AIDS and cardiovascular risk perception and screening in our countries. This has been challenging but tremendously fulfilling. Our major task, a daunting one, is to deliver on the proposed research given the COVID-19 pandemic and the different contexts in which we work. During this South-South and South-North partnership we are continually learning about the importance of continuous stakeholder engagement and need for an integrated knowledge translation programme if we are to impact on policy and practice in our countries and the region.



Prof. Rulisa Stephen

Site: University of Rwanda, Kigali, Rwanda
Professor of Obstetrics and Gynecology

As a clinician and academic, treating patients and doing research gave me a better understanding of the commonest causes of morbidity and mortality in Rwanda and Non-Communicable Diseases are at the fore front of this.

It is for this reason that I am very much interested in participating in CEBHA+ as it tackles different dynamics, challenges and solutions in non-communicable diseases.

Collaborating with other countries is an added value to CEBHA+ as we compare notes on challenges and mitigating factors across sites.



Rawleigh Howe

Site: Armauer Hansen Research Institute (AHRI), Addis Ababa, Ethiopia

Senior Scientist

My initial doctoral research training and background was in basic and applied immunology, with a focus on T cell activation

in animal models and in humans with different disease states. I have a medical degree, completing an internal medicine residency and infectious diseases fellowship in the US, with clinical experience in Haiti. During my stay in Ethiopia, since 2008, my research responsibilities have diversified substantially, encompassing a wide range of infectious diseases, as well as non-communicable diseases, the latter mostly related to diagnostics of hematological malignancies. I took over as PI of CEBHA+ at AHRI following the resignation of the previous PI, Admasu Tenna. The CEBHA+ project has been both challenging and rewarding. Its approach is public health oriented, whereas my previous research activities have been either lab-based basic or translational research, or patient oriented clinical research. That has taken some adjustment, but the benefits have been numerous. I have especially benefited from many CEBHA+ related activities, in particular the numerous contacts and interactions we have had thus far, both with the Ministry of Health and its policy advisors, as well as with numerous NGOs around the country, and the other CEBHA+ partners in Africa. On the research side, I have especially appreciated the exposure to qualitative research which is one of our approaches. I have been previously involved in many north-south and south-south consortiums, mostly in the context of tuberculosis research. Apart from the aforementioned public health approach which has tended to lead to increased numbers of meetings and public forums, many of the features of the CEBHA+ consortium are similar to the other African consortiums I have experienced, notably a strong sense of comraderie, team orientation, and highly reasonable approach of the northern collaborators and funders. Needless to say, I can speak for myself as well as the excellent CEBHA+ team members at AHRI by saying we would be delighted to do it all over again, and indeed look forward to ongoing and potentially future collaborations with other CEBHA+ teams.



Dr Tamara Kredo

Site: Cochrane, South Africa.

I am a specialist in clinical pharmacology and hold the position of **senior specialist scientist** at the South African

Cochrane Centre, South African Medical Research Council. I obtained a MBChB degree (1998) and a Masters in Clinical Pharmacology (2008) at the University of Cape Town.

I was introduced to evidence-based healthcare and Cochrane at 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 have fulfilled several leadership roles including being Deputy Director of the Centre; co-directing Cochrane Africa, and as a co-lead of the SA GRADE Network. I was also a member of the Centre Directors Executive (now Geographic Groups) and have been on several strategic and advisory committees including acting as organising committee chair of the Global Evidence Summit in 2017. I am currently involved with the Knowledge Translation Evaluation Project developing tools for evaluating the impact of Cochrane's work. I was also a co-opted Trustee of the Guidelines International Network Governing Board, a member of the Cochrane Nutrition Advisory Board and currently on the Advisory Board for Cochrane Sweden. In 2020 I was elected as a Board member to Cochrane's Governing Board.

I have a special interest in evidence-based healthcare practice and training, rational therapeutics and clinical practice guidelines. I am involved in work focusing on the quality and content of clinical practice guidelines in Southern Africa, which aims to harmonise essential medicines lists and guidelines within the region to facilitate equitable procurement of medicines and devices. I am also currently involved in conducting rapid reviews on various COVID-19 treatments aimed at informing national guidelines for the South African Department of Health.



Prof. Harriet Mayanja Kizza

Site: Makerere University,
Kampala, Uganda

Physician, researcher, and academic administrator.

I am a Co-founder member of CEBHA, initiated in 2006 with an aim of training and promoting Evidence-Based Health Care (EBHC) in Africa. I am the CEBHA+ project African Coordinator.

I am the former Dean of Makerere University School of Medicine, the oldest medical school in East Africa, established in 1924, being appointed in November 2010. I have worked as a lecturer in the Department of Internal Medicine at Makerere University Medical School and also served as the head of the Department of Internal Medicine, both at the medical school and at Mulago National Referral Hospital, the university's teaching hospital. I have presented widely at national, regional, and International conferences and have published extensively in peer-reviewed journals. I have previously been involved in the Makerere-Mulago Yale University collaboration which looked at improving screening and linkage to care for all patients presenting at Mulago National Referral Hospital. This current project was a logical progression, and hopefully will lead to more opportunities and resources to further work in this area as an effort to mitigate Non-Communicable Diseases (NCDs) on the African continent.



Prof. Eva Rehfuess

Site:
Ludwig-Maximilians-Universitaet
(LMU Munich), Germany

Profession: Chair of Public Health and Health Services Research

Global health has been a passion of mine since my beginnings in public health in 1999. Having finished my degree in biology at the University of Oxford, I - almost by coincidence - joined the World Health Organization in Geneva, and in parallel completed a PhD in Epidemiology and Public Health at Imperial College London. At WHO, I set up a programme on household air pollution in low- and middle-income countries and discovered my keen interest in evidence-based public health.

Since 2009 I have been a full-time academic at the LMU Munich and at the Pettenkofer School of Public Health. Much of my research relates to evaluating complex interventions in complex systems, including epidemiological study designs, mixed-method evaluations, quantitative and qualitative systematic reviews, public health guidelines and innovative approaches for engaging with stakeholders. With a large and committed team we apply these methods both nationally and globally, including as a WHO Collaborating Centre for Evidence-Based Public Health. CEBHA+ represents an amazing opportunity to work with researchers across five African countries who all share a vision to answer questions that really matter and to make healthcare and public health more evidence-based. Helping to set up this collaboration as the German Coordinator of CEBHA+ and working across so many different institutions and countries has been at times challenging but also fulfilling. Mutual learning across fields of expertise, institutions and cultures with so many highly engaged colleagues has been key - and a real privilege!



Prof. Joerg Meerpohl

Site: Medical Center & Faculty of
Medicine, University of Freiburg,
Germany;
Cochrane Germany Foundation,
Freiburg, Germany.

Profession: Trained pediatrician and pediatric hematologist & oncologist.

I am the Director of Cochrane Germany and Scientific Director of the Cochrane Germany Foundation since 2018. I got involved with Cochrane Germany as a researcher in 2007, became Deputy Director in 2011 and moved into the Co-Director role with Gerd Antes in 2015, until he retired in 2018. For many years I have also been an active member of the GRADE working group and have run many GRADE workshops at national and international organizations. I worked as a GRADE methodology advisor with several WHO panels, the European Stroke Organization and the Robert Koch Institute in Germany amongst others. In 2013 I founded the GRADE center in Freiburg, Germany, and I am currently a member of the GRADE guidance committee. From 2013 to 2015 I was a member of the WHO International Clinical Trials Registry Platform (ICTRP) Advisory Boards. I am a member of the Cochrane-WHO Working Group, which meets to discuss and advise on the partnership between Cochrane and WHO. I hold the Cochrane (W3) professorship for Evidence in Medicine of the University of Freiburg and I head the Institute for Evidence in Medicine at the University Medical Center in Freiburg. My main research interests include systematic review methodology, transparency in research, and guideline methodology. I have published more than 250 PubMed listed articles. I am currently leading a collaborative project called CEOsys with 25 partners (funded by the German Federal Ministry for Education and Research). CEOsys is building a national evidence ecosystem of human studies on COVID-19. I am the Principal Investigator of CEBHA+ at the Freiburg site.



**Dr. Gertrude Kalanda
Chapotera**

Site: University of Malawi,
College of Medicine (COM).

Profession: Senior Lecturer and Head of Public Health Department.

I have vast work experience in public and donor partner institutions. My research interests are in adolescent health, infectious disease epidemiology with a focus on pre-pregnancy and antenatal interventions and in vaccine preventable diseases. I led on a EDCTP-funded grant to develop a clinical trial management and support infrastructure at the Research Support Centre of COM 2009 to 2012. Through this grant, I established the Clinical Trials Unit of the Research Support Centre at COM, with responsibilities in training, clinical trial monitoring and research support to faculty. I am a co-investigator on a clinical trial assessing safety and efficacy of artemisinin-based combination treatments for African pregnant women with malaria (PREGACT); and another clinical trial assessing dose justification and tolerability (ADJusT) of antimalarial drugs in young children. I have extensive public health experience through working in the Ministry of Health as well as the World Health Organization.

I have a passion for evidence-based health care and I am a member of CEBHA+ as a principal Investigator, University of Malawi. I am a member of the Society of Medical Doctors, Malawi since 2009 to date.

CEBHA+ Students Corner

In addition to the 16 students awarded sponsorships in previous years which included 5 Master students, 1 Post-Doctoral and 10 PhD students, CEBHA+ awarded scholarships to 2 Masters, 2 PhD and 1 Post Doc students in 2020.



Seminali Theoneste
Masters in Public Health
University of Rwanda
Year 1.



Niyitegeka Jean Pierre
Masters in Public Health
University of Rwanda
Year 1.



Mashudu Mthethwa
Post-doctoral, CDIA
Africa.
Area of Research:
The prevalence of
multimorbidity in people
living with HIV and on
Anti-Retroviral Therapy
(ART)



Mukaruzima lela
PhD student.
University of Rwanda.
Area of Research: Implementation
of a work place aerobic fitness
program to reduce the risk of
developing hypertension among
sedentary Rwanda Military
Hospital staff.



Richard Nduwayezu
PhD student.
University of Rwanda.
Area of Research: Assessing the
socio-economic burden of road
traffic injuries and the impact of
road safety measures on drivers'
behaviors in Rwanda.

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