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Cochrane NIGERIA

Trusted evidence, Informed decisions, Better health.

infosheet

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Newsletter of Cochrane Nigeria, Calabar Institute of Tropical Diseases Research and Prevention, University of Calabar Teaching Hospital

COCHRANE STRATEGY 2020: Restructuring for Greater Impact

In 2014, Cochrane released its *Strategy 2020* which is Cochrane's new strategic plan designed to help it put Cochrane evidence at the heart of health decision making all over the world. The Strategy 2020 defines the collective vision of Cochrane to 2020. Cochrane's Strategy 2020 focuses on four key goals.

Producing Evidence: The aim of Cochrane is to produce high-quality, relevant, up-to-date systematic reviews and other synthesised research evidence to inform health decision making. This means that Cochrane will ensure that reviews that are produced are not only of high quality but are produced efficiently using innovative and efficient methods to respond to the priorities of end-users in a timely fashion.

Making Cochrane Evidence Accessible: In the Strategy 2020, Cochrane seeks to make evidence accessible and useful to everybody, everywhere in the world. Therefore, Cochrane products will be designed, presented and packaged in a manner that makes them very useful and applicable by all people in making healthcare decisions.

Advocating for Evidence: The third goal is to make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of its work, and become the leading advocate for evidence-informed healthcare.

Building an effective and sustainable organization: Cochrane's fourth goal is "to be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of its contributors, is guided by its core principles, governed accountably, managed efficiently and makes optimal use of its resources". In achieving this goal, Cochrane will seek to establish an organizational presence in all regions, promote diversity of contributors, and invest in developing the next generation of Cochrane leaders across the world.

HOW CAN I KEY INTO THE STRATEGY 2020?

The success of the Strategy to 2020 relies heavily on Cochrane contributors all over the world. What can you do to help achieve these goals?

- **Do a Cochrane Systematic Review**: Contribute to the body of high-quality evidence especially in priority areas where evidence from systematic reviews is needed to guide policy and practice.
- **Join the Cochrane Crowd:** Contribute to the work of Cochrane by helping with small tasks that contribute to the production of systematic reviews. (http://crowd.cochrane.org)
- **Use Evidence** from Cochrane reviews in making health decisions and encourage others around you to do so.
- **Promote Cochrane:** Tell others about Cochrane. Cochrane should become a natural part of your vocabulary. When you need health information, the Cochrane library should be the first port of call for you, your family and those around you. Cochrane members who are lecturers should educate their trainees about the Cochrane Library and familiarise their students with Cochrane.
- **Advocate** for the use of Cochrane evidence in health care policies and practice where you are in a position to do so.
- **Knowledge translation:** Knowledge translation seeks to bridge the gap between knowledge and practice. In our context, this could include translation of Cochrane evidence into local languages and other forms of products and services that make Cochrane reviews more accessible and useful to people in our geographic region.
- **Disseminate:** Share the findings of relevant Cochrane reviews with colleagues. You can also make Cochrane Nigeria your friend on Facebook. This will help us

disseminate high priority reviews to you and your friends. Whenever new reviews of relevance to Nigerians are published, we often post them on Facebook, but this can only go as far as the number of contacts we have.

RESTRUCTURING FOR GREATER IMPACT

In order to be optimally configured to achieve the goals outlined in Strategy 2020, Cochrane recognised the need to change its structure.

Beginning in 2014, Cochrane began a review of its structure and functions to position itself to function more optimally and to be more relevant to external stakeholders. The strengths and weaknesses of the existing structure were examined by the Centre and Branch Directors, Cochrane's Central Executive and through an evaluation of external stakeholders (which was undertaken by an independent consultant). The evaluation was commissioned by Cochrane to find out the views of external stakeholders about Cochrane and how they think Cochrane can be improved to be of greater relevance. The results of these enquiries highlighted the need for:

- Greater engagement of external stakeholders
- Improved dissemination and use of evidence from Cochrane reviews
- Knowledge translation
- Increased advocacy for the use of evidence in health policy and practice.

The views of external stakeholders, as well as those of various Cochrane entities involved in the evaluation, informed the need for the new Cochrane structure.

New Cochrane structure

Old Structure	New Structure
Centres	Centres
Branches	Associates centres
	Affiliates

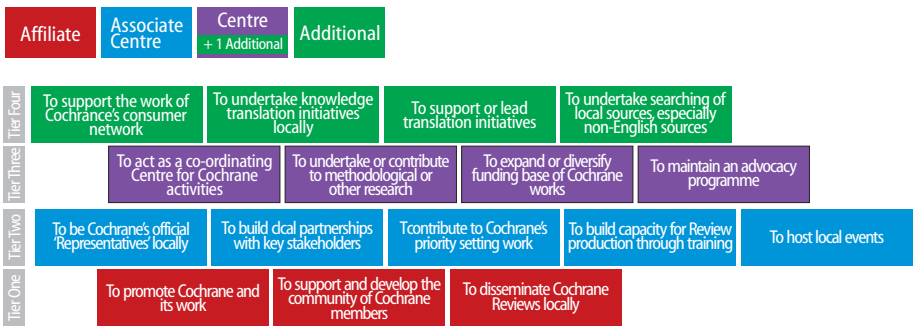
The new structure consists of Centres, Associate centres (instead of branches) and Affiliates. Affiliates are small groups set up to deliver basic Cochrane functions in their respective localities. The new structure is expected to provide greater flexibility and regional presence especially in large countries with regional diversity. In addition, the functions of the different units have been adjusted to enable them be better configured to deliver on the key goals of the strategy 2020.

CORE FUNCTIONS UNDER OLD STRUCTURE

CENTRE	BRANCHES
To promote and represent The Cochrane Collaboration	To promote and represent The Cochrane Collaboration
To serve as a source of information about The Cochrane Collaboration	To serve as a source of information about The Cochrane Collaboration
To provide or facilitate training and support for review authors, editors, handsearchers and other contributors to The Cochrane Collaboration	To provide or facilitate training and support for review authors, editors, handsearchers and other contributors to The Cochrane Collaboration
To support regional editorial bases of Review Groups, Methods Groups and Fields	
To contribute to improving the quality of Cochrane reviews by performing, supporting or promoting methodological research	
To promote accessibility to The Cochrane Library to healthcare professionals, patients and others, e.g. by pursuing national subscriptions and translations where necessary	To promote accessibility to The Cochrane Library to healthcare professionals, patients and others, e.g. by pursuing national subscriptions and translations where necessary
To handsearch general healthcare journals in the linguistic area of the Centre and to submit the search results to the Collaboration's trial database	
Optional special functions on behalf of the organisation, such as development of software for use within the organisation	

The Tier System

Under the New Cochrane Structure, functions for Cochrane entities are divided into four tiers. Tier one functions are the most basic functions which must be performed by Affiliates. Associate Centres must perform tier two functions in addition to tier one functions. Centres functions include tier one, two and three functions and at least one tier four function. Tier four functions are additional functions which may be performed by any Cochrane group.



This new structure is matched by innovative ICT platforms to facilitate participation by interested contributors at all levels. These platforms include Cochrane Crowd and Task Exchange. Cochrane Crowd enables anyone get involved in Cochrane by helping to identify research needed to produce systematic reviews. Task Exchange (http://taskexchange.cochrane.org/) is a platform that connects review authors who need help with a task with persons who have the skills and time to assist with the task. In addition, a number of new software tools such as Covidence and EPPI-Reviewer have also been launched to facilitate and ease the process of conducting Cochrane Systematic Reviews. It is expected that working within this new structure, and along with the new platforms and increased involvement by contributors all over the world including Nigeria, we will be able to achieve the goals of the Strategy 2020 and ultimately make a significant impact on the quality of health care worldwide.

TECHNICAL SUMMARY

INTERVENTIONS FOR IMPROVING COVERAGE OF CHILDHOOD IMMUNISATION

IN LOW- AND MIDDLE-INCOME COUNTRIES

Background

Immunisation is a critical public health tool which has the capacity to improve child survival and provide a platform for broader health services. In 1974 the World Health Organization launched the Expanded Programme on Immunization (EPI) which consisted of a standard immunisation schedule covering six basic antigens (i.e. tuberculosis (Bacille Calmette-Guérin (BCG)), polio, diphtheria, tetanus, pertussis, and measles). These vaccines prevent an estimated 2.5 million deaths annually as well as severe morbidity in children all over the world. However, immunisation has the potential to save the lives of many more children if the coverage with existing vaccines, as well as the introduction and uptake of newly available vaccines in EPI programmes in low- and middle-income countries (LMICs) is increased.

The proportion of children who receive the full series of three doses of diphtheria-tetanus-pertussis containing vaccines (DTP3) by 12 months of age is traditionally used as a standard measure of the EPI programme's ability to reach the target population, and as an indicator of the overall performance of EPI programmes. In 2014, although DTP3 coverage increased to 86% globally, there were still 18.7 million children under one year of age who were unvaccinated with DTP3. The majority of these children live in ten LMICs in Africa and South-East Asia. Evidence is required to inform strategies to reach partially vaccinated and unvaccinated people in these countries.

Objective

To evaluate the effectiveness of intervention strategies to boost and sustain high childhood immunisation coverage in LMICs.

Main Results

- Fourteen studies were included in the review – 10 cluster randomized controlled trials and 4 individually randomized controlled trials.
- The studies were conducted in 10 countries, most of which were lower middle-income countries.
- Participants were mostly children under five years but also included caregivers of children and health workers.
- The primary outcomes were the proportion of children who received DTP3 by one year of age and proportion that received all recommended vaccines by 2 years of age.

PROPORTION OF CHILDREN WHO RECEIVED DTP3 BY ONE YEAR OF AGE

- **Recipient-oriented Interventions versus Standard Care**

Health education

Community-based health education probably improved coverage of DTP3 (RR 1.68, 95% CI 1.09 to 2.59; I^2 = 68%, moderate quality evidence, 2 trials. Three studies assessed facility based health education. These studies reported varying effects and could not be pooled due to substantial heterogeneity.

Health education plus "reminder-type" immunization card

Facility based Health Education plus 'Reminder-type' Immunization Cards may improve DTP3 coverage (RR 1.50, 95% CI 1.21 to 1.87; I^2 = 77%; low certainty evidence, two trials).

- **Provider- oriented Interventions versus Standard Care**

Training of immunization managers to provide support supervision to health providers had little or no effect on coverage for DTP3 (difference in coverage between the intervention and control groups was 4.3% (P-value = 0.285) one trial, low certainty evidence).

- **Integration of Immunization**

with other Healthcare Services versus Standard Care

One study showed that integrating immunization services with intermittent prophylactic treatment of malaria may improve DTP3 Coverage (RR 1.92, 95% CI 1.42 to 2.59; low-certainty evidence).

PROPORTION OF CHILDREN WHO RECEIVED ALL RECOMMENDED VACCINES BY TWO YEARS OF AGE

- **Monetary Incentives or Disincentives versus no Intervention**

Monetary incentives may have little or no effect on coverage of all vaccines among children aged 12-23 months (RR 1.05, 95% CI 0.90 to 1.23; two trials, low certainty evidence).

- **Immunization Outreach Sessions versus no Intervention**

One trial provided evidence that immunization outreach may increase coverage for full immunization (RR 3.09, 95% CI 1.69 to 5.67, low certainty evidence).

- **Multi-faceted Interventions Integration of immunization into other healthcare services versus standard care**

One trial showed that integrating immunization services with intermittent prophylactic treatment of malaria in infants may improve DTP3 coverage (RR 1.92, 95% CI 1.69 to 5.67, low certainty evidence).

Health system plus recipient-oriented interventions versus no intervention

A multi-faceted intervention consisting of mobile immunization camp and non-monetary incentive may improve coverage for full vaccination (RR 6.66, 95% CI 3.93 to 11.2; one trial, low certainty evidence).

- **Adverse Events:** None of the studies reported on adverse events.

Conclusions

More high-quality research is needed to inform policy and decisions on vaccination in low and middle-income countries particularly in the areas of particularly in the areas of participant reminder and recall interventions, community-based health education strategies, provider oriented and multifaceted interventions, incentives for vaccination providers, plans of action for immunization coverage and disease reduction and cost effectiveness of interventions.

Reference

Oyo-Ita A, Wiysonge CS, Oringanje C, Nwachukwu CE, Oduwole O, Meremikwu MM. Interventions for improving coverage of childhood immunisation in low- and middle-income countries. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD008145. DOI: 10.1002/14651858.CD008145.pub3.

PLAIN LANGUAGE SUMMARIES

Interventions for patients and caregivers to improve knowledge of sickle cell disease and recognition of its related complications

Review question

We wished to determine if any educational interventions have helped people with sickle cell disease and their caregivers to improve their understanding of the disease, recognise its complications, improve their adherence to treatment, affect how they utilise health care and improve other social and psychological problems that they might face.

Background

Sickle cell disease is a lifelong, inherited disorder which can cause a number of complications throughout an individual's life. It may cause a huge burden on both the patient and their family, including frequent visits to healthcare facilities. The illness causes not just physical complications such as painful crises and strokes but may have many other effects such as depression, poor quality of life, coping issues and poor family relationships. When people with a chronic illness have a better understanding of their illness, they manage their illness better and improve their quality of life. We wish to compare effects of different interventions as well as individual interventions to no intervention.

Search date

The evidence is current to 11 April 2016.

Study characteristics

The review included 12 trials (563 people with HbSS, HbSC or HbSβthal aged six to 35 years). Participants were assigned randomly to either educational programs, no program and in some cases to a non-educational program, e.g. art therapy. Interventions ranged from a total of one hour to weekly sessions for eight weeks, and post-intervention assessments ranged from the end of the intervention period to 12 months after completion.

Key results

Educational programs and other interventions have resulted in improvements in patient knowledge or understanding of sickle cell disease, and a decrease in

depression. Effects on patients' knowledge were maintained for longer than for caregivers. The effects are shown to be small but may result from the fact that most studies had very small numbers of participants and there was much variation between studies. The interventions studied showed no effect on patients' utilisation of health services, relationships between families, caregiver or patient skills, coping or health-related quality of life of the patient. No comparative data were reported for patients or caregivers (or both) recognising signs and symptoms leading to self-management. No trials assessed the adherence to treatment.

Quality of the evidence

Trials varied in the interventions being studied as well as how the different outcomes were measured. The quality of evidence was low for the outcome positive coping and moderate for the outcomes child knowledge, healthcare utilisation and depression. This suggests that further research is likely to have an important impact on our confidence in the effect of the treatment. Further research using randomized controlled trials with more people (including different populations) are needed to improve our understanding of which interventions are likely to be useful.

Reference

Asnani MR, Quimby KR, Bennett NR, Francis DK. Interventions for patients and caregivers to improve knowledge of sickle cell disease and recognition of its related complications. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD011175. DOI: 10.1002/14651858.CD011175.pub2.

Methods of milk expression for lactating women

What is the issue?

The importance of human milk is well supported with the World Health Organization recommending that all infants should be fed exclusively on human milk from birth to six months of age and continued thereafter with appropriate complementary foods. Not all babies are able to feed at the breast and so expressed milk is needed.

Why is this important?

Babies who do not receive human milk are more likely to suffer health problems both as newborns and later in life. Mothers may also want to express milk for their own comfort or to increase supply.

What evidence did we find?

We searched for evidence to March 21, 2016 and identified 41 trials for inclusion involving 2293 participants, with 22 trials involving 1339 participants contributing data for analysis. Trials came from many countries and involved mothers of infants in neonatal units and healthy infants at home. The findings did not indicate a clear preference for any one pump type. Mothers reported satisfaction with relaxation and support interventions. There was no difference in milk contamination between methods or breast/nipple soreness of mothers.

Greater milk volume was expressed when mothers listened to music or had a relaxation protocol, warmed the breast, massaged the breast, pumped frequently with a suitable breast shield size and started pumping milk sooner after birth if the infant was unable to feed at the breast. Hand expression or a large electric pump provided a higher protein content than a manual pump. Hand expression provided higher sodium and lower potassium compared to pumps. Fat/lipid content was higher with breast massage when pumping. No evidence of a difference in energy content was found between methods. No study asked mothers if they had achieved their own goals for expressing milk. None of the studies examined costs involved with the methods. Of the studies that evaluated pumps or products, 16 out of 30 had support from manufacturers. Not all the studies reported whether important basic supports for mothers were provided such as access to food and fluid, a place to rest near their baby, and the availability of knowledgeable health workers.

What does this mean?

The available evidence indicates that effective measures include starting to express milk soon after birth if the infant is unable to feed at the breast, relaxation, breast massage, warming of the breasts, hand expression, and use of low-cost pumps. These may be as effective, or more effective than large more costly electric pumps for some outcomes. The most suitable method for milk expression may depend on the time since birth, the purpose of expression and the individual mother and infant. Publications on breast milk pumping should not be taken to imply that use of a pump is a routine part of breastfeeding, rather, practitioners need to be able to justify the use of a pump for an individual mother prior to making a recommendation on its use.

Reference

Becker GE, Smith HA, Cooney F. Methods of milk expression for lactating women. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD006170. DOI: 10.1002/14651858.CD006170.pub5.

Self management programmes for people living with the long-term effects of stroke

Review question

What are the effects of self management programmes for people who have had a stroke?

Background
A stroke is caused by an interruption in the blood supply to parts of the brain resulting in damage that affects people's lives and changes their ability to live independently and with quality. It has been proposed that special training, called 'a self management programme', teaches people about stroke, helps them develop the skills to work with their problems and challenges, and helps them identify and achieve their own goals and help themselves.

Study characteristics
We found 14 studies up to April 2016 involving 1863 participants that looked at the benefits of these programmes for people with stroke. They were conducted in a variety of countries in a variety of formats - sometimes in groups, sometimes individually, and for varying time periods.

Key results
We found that such programmes do improve the quality of life after stroke. People with stroke reported improvements in their ability to live the way they wanted and that they felt more empowered to take charge of their lives, rather than be dependent on other people for their happiness and satisfaction with life. There were no reports of any risks or negative effects.

Quality of the evidence
The majority of the studies were well conducted and present credible evidence that self management programmes may benefit people with stroke who are living in the community.

Reference
Fryer CE, Luker JA, McDonnell MN, Hillier SL. Self management programmes for quality of life in people with stroke. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD010442. DOI: 10.1002/14651858.CD010442.pub2.

Vitamin D to prevent asthma attacks

Review question
Does vitamin D prevent asthma attacks or improve control of asthma symptoms or both?

Background
Low blood levels of vitamin D (the 'sunshine vitamin') have been linked to an increased risk of asthma attacks in children and adults with asthma. Several clinical trials have been conducted to test whether vitamin D might prevent asthma attacks and improve control of asthma symptoms in children and adults, but results from studies with the most scientifically sound designs have not previously been evaluated as a group.

Included studies
We included seven trials involving 435 children and two trials involving 658 adults in the review from searches run up to January 2016. Of these, one trial involving 22 children and two trials involving 658 adults contributed to the analysis of the rate of severe asthma attacks. Study duration ranged from four to 12 months, and the majority of those taking part had mild or moderate asthma. All of the studies compared vitamin D with placebo.

Key results
People given vitamin D experienced fewer asthma attacks needing treatment with oral steroids. The average number of attacks per person per year went down from 0.44 to 0.28 with vitamin D (high-quality evidence). Vitamin D reduced the risk of attending hospital with an acute asthma attack from 6 per 100 to around 3 per 100 (high-quality evidence).

Vitamin D had little or no effect on lung function or day-to-day asthma symptoms (high-quality evidence). We found that vitamin D did not increase the risk of serious adverse events at the doses that were tested (moderate-quality evidence).

We based all of these findings on studies judged to be of high quality.

Conclusion
Vitamin D is likely to offer protection against severe asthma attacks. Further trials focusing on children and people who experience frequent severe asthma attacks are needed before definitive clinical recommendations can be made.

Reference
Martineau AR, Cates CJ, Urashima M, Jensen M, Griffiths AP, Nurmatov U, Sheikh A, Griffiths CJ. Vitamin D for the management of asthma. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD011511. DOI: 10.1002/14651858.CD011511.pub2.

RECENT EVENTS

Group Photo of Participants and Resource Persons
Olabisi Oduwole (Front Row Sitting – 4th from the Left)

MY EXPERIENCE AT THE EDITORS WORKSHOP IN SOUTH AFRICA

– By *Olabisi Oduwole*

On September 28-30, 2016, I was privileged to attend an editorial skills workshop along with about twenty-one other participants from across Africa and the UK. It was a 3-day workshop titled 'Learning Initiative for eXperienced authors (LIXA) EDITORIAL SKILLS WORKSHOP'. This was the first LIXA workshop, and it was hosted by Cochrane South Africa in collaboration with the University of Stellenbosch Cape town, South Africa.

The editorial skill workshop was organised "to increase the editorial skills of experienced Cochrane authors so they can lead and advise review teams effectively" and was facilitated by Paul Garner and David Sinclair. The criteria for participation was that one must be a senior author who has completed a Cochrane review within the last three Years and must have experience with the GRADE approach for assessing the quality of evidence. The objective of the workshop was to equip the participants with skills to appraise draft reviews and provide detailed editorial guidance; evaluate the reliability of author conclusions; improve the clarity of findings and prioritise topics for new reviews and update.

In addition to increased capacity in editorial skills, I acquired more knowledge on how to interpret and critically appraise GRADE tables. Each workshop session was interactive with lots of group exercises, hands-on and feedback. I cannot forget the warm reception of our hosts, Tamara Kredo, Taryn Young and Ingrid Wilson. This workshop was another opportunity to meet old friends and make new ones. It also gave me the opportunity to put faces to people that prior to the workshop, I had only interacted with virtually. The weather, however, was cold considering that I was coming from Nigeria, a warmer country than South Africa at that time of the year.

INTRODUCTION TO COCHRANE SYSTEMATIC REVIEW WORKSHOP

Cochrane Nigeria recently held a two-day Introduction to Cochrane Systematic Reviews Workshop in Calabar from 12-13 September 2016. The workshop was attended by thirteen participants from Calabar, Awka, Lagos, Osogbo, Enugu and Abakaliki. The participants comprised of professionals in Medicine, Nursing and Public health. The workshop took the participants through the rudiments of conducting a systematic review namely : defining a review question, how to write a protocol, navigating the Cochrane library, searching for studies, selecting studies, risk of bias assessment, introduction to meta-analysis, RevMan and Archie, critical appraisal of RCTs among others. The participants found the workshop very useful.

Prof. Martin Meremikwu making a presentation

Group Photo of participants

Dr. Ikechukwu Odeh (one of the participants) giving the vote of thanks

New and Updated Reviews from the Cochrane Library

The following reviews published recently in the Cochrane Library were authored or co-authored by Nigerians.

New Reviews

- Antibiotics for treating septic abortion **by** *Atim Udoh, Emmanuel E Effa, Olabisi Oduwole, Babasola O Okusanya and Obiamaka Okafo*. Issue 7, 2016.

- Short-acting erythropoiesis-stimulating agents for anaemia in predialysis patients **by** Deirdre Hahn, **Christopher I Esezobor**, Noha Elserafy, Angela C Webster and Elisabeth M Hodson. Issue 1, 2017.

Updated Reviews

- Interventions for improving coverage of childhood immunisation in low- and middle-income countries **by** *Angela Oyo-Ita, Charles S Wiysonge, Chioma Oringanje, Chukwuemeka E Nwachukwu , Olabisi Oduwole and Martin M Meremikwu*. Issue 7, 2016.

- Routine vitamin A supplementation for the prevention of blindness due to measles infection in children **by** *Segun Bello, Martin M Meremikwu , Regina I Ejemot-Nwadiaro and Olabisi Oduwole*. Issue 8, 2016.

- Prophylactic versus selective blood transfusion for sickle cell disease in pregnancy **by** *Babasola O Okusanya and Olufemi T Oladapo*. Issue 12, 2016.

WHAT'S NEW

Cochrane recently launched two new platforms to help people get involved in Cochrane and to provide greater support for Cochrane Review authors.

- **Cochrane Crowd** is a platform that provides a means for anyone to participate in the work of Cochrane by helping with small tasks that contribute to the production of systematic reviews. To get involved in the Cochrane crowd and become a Cochrane Citizen Scientist, visit http://crowd.cochrane.org

- **TaskExchange: TaskExchange** is a platform recently launched by Cochrane that connects people who need help with their Cochrane reviews with people who have the time and expertise to help.

Three things you can do on task exchange:

i. **Build a profile** so you can be seen by those looking for help.

ii. **Post a task:** You can let people with appropriate skills know that you need help with a particular task and when you need it.

iii. **Respond to a task:** You can offer to help a Cochrane review author with a task for which you possess the necessary skills or expertise.

To get started go to *http://taskexchange.cochrane.org/*

ANNOUNCEMENTS

- **How can we serve you better** - Please feel free to contact us and let us know how we can tailor the *Info Sheet* to better meet your needs. Send your emails to cochranenigeria@yahoo.co.uk

- **Global Evidence Summit 2017 - CALL FOR ABSTRACTS:** This year, **Cochrane,** along with four other leading organizations – the Guidelines International Network, The Campbell Collaboration, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute will be hosting the first '**Global Evidence Summit'** (GES) in Cape Town, South Africa from 13-16 September 2017.

Theme: **Using Evidence. Improving Lives**
The Call for Abstracts for this important event is now open. For details on how to submit an abstract for an oral presentation or poster, please see: http://www.globalevidencesummit.org/call-abstracts

- **The Cochrane Library - iPad edition**: The Cochrane Library – iPad edition app can be downloaded from iTunes at https://itunes.apple.com/app/id573181475

- **Cochrane South Africa appoints new Director**: Charles Shey Wiysonge has been appointed as the new Director of Cochrane South Africa with effect from December 2016.

- **Cochrane List of Priority Reviews has been updated**: Cochrane's list of Priority Reviews was updated in December 2016. This list, as well as the list of titles available to new authors, may be accessed at *http://www.cochrane.org/news/cochrane-priority-reviews-list-december-2016-update*

ARE YOU INTERESTED IN BEING INVOLVED AS A REVIEW AUTHOR
OR FINDING OUT
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