

Piloting a workshop on Evidence-based Public Health in Africa

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
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Anke Rohwer, Jacob Burns, Ann Rose Akiteng, Seleman
Ntawuyirushintege, David Tumusiime, Stellah Namatovu, Olive
Kobusingye on behalf of the CEBHA+ capacity development working group

arohwer@sun.ac.za

Background: Collaboration for Evidence-based Health Care and Public Health in Africa (CEBHA+)

CEBHA+ aims to build long-term capacity and infrastructure for evidence-based health care and public health in Africa

Goals

- To establish long-term capacity and infrastructure for evidence-based healthcare and public health in sub-Saharan Africa
- To strengthen African research institutions
- To build competence in the understanding and rapid uptake of evidence in health system institutions



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Aims

- To develop, implement and evaluate a workshop on evidence-based public health (EBPH) relevant to the African settings
- Evidence-based Public Health (EBPH)
 - “... is the conscientious, explicit and judicious use of **current best evidence** in making decisions about the care of **communities and populations** in the domain of **health protection, disease prevention, health maintenance and improvement** (health promotion).” (Jenicek 1997)



Methods

- Aim of workshop
 - to introduce the concepts of EBPH and focused on asking questions, and finding, appraising, interpreting and applying best available evidence to public health questions relevant to the African setting
- Development of workshop
 - Capacity development working group
 - One member of each CEBHA+ partner
 - Regular Skype meetings
- Target audience
 - Public health practitioners
 - Researchers with an interest in systematic reviews on public health interventions
 - Masters and PhD students of Public health
- Duration of workshop
 - 5 full days
- Certificate of attendance
 - Registered short course with Stellenbosch University, South Africa



Methods cont.

- Teaching methods
 - Interactive lectures
 - Hands-on searching
 - Scenarios
 - Small group exercises and discussions
 - Games
- Online learning management system
 - Edmodo (www.edmodo.com)
 - Repository for learning material
 - Opportunity to interact after hours
- Relevant examples
 - Road traffic injuries
 - Non-Communicable Diseases (Diabetes)
 - Smoking
- Evaluation
 - Google forms
 - Daily



Results

- First workshop offered at School of Public Health, Makerere University, Kampala, Uganda
 - 8-12 October 2018
- Attended by 30 participants from various backgrounds
- Facilitators
 - Five facilitators from Uganda, South Africa, Rwanda and Germany
 - Diversity in clinical backgrounds and teaching experience
 - Capacity development



Results cont.



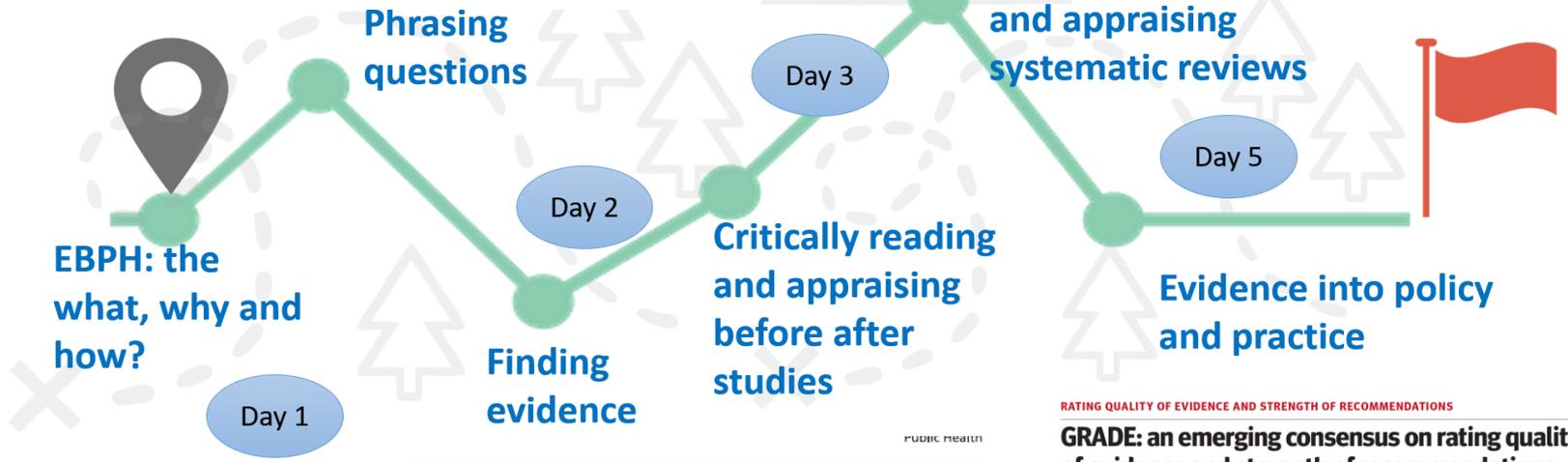
RESEARCH METHODS & REPORTING

AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both

The number of published systematic reviews of studies of healthcare interventions has increased rapidly and these are used extensively for clinical and policy decisions. Systematic reviews are

Phrasing clear questions

| | Patient or Problem | Intervention (a cause, prognostic factor, treatment, etc.) | Comparison Intervention (if necessary) | Outcomes |
|-------------------|--|--|---|---|
| Tips for Building | Starting with your patient, ask "How would I describe a group of patients similar to mine?" Balance precision with brevity. | Ask "Which main intervention am I considering?" Be specific. | Ask "What is the main alternative to compare with the intervention?" Again, be specific. | Ask "What can I hope to accomplish?" or "What could this exposure really affect?" Again, be specific. |
| Example | "In patients with heart failure from dilated cardiomyopathy who are in sinus rhythm ..." | "... would adding anticoagulation with warfarin to standard heart failure therapy ..." | "... when compared with standard therapy alone ..." | "... lead to lower mortality or morbidity from thromboembolism. Is this enough to be worth the increased risk of bleeding?" |



RESEARCH ARTICLE

Road Traffic Injury Prevention Initiatives: A Systematic Review and Metasummary of Effectiveness in Low and Middle Income Countries

Catherine Staton^{1,2*}, Joao Vissoci², Enying Gong², Nicole Toomey², Rebecca Wafula², Jihad Abdelgadir², Yi Zhou², Chen Lu², Fengdi Pei², Brittany Zick², Camille D. Ratliff², Claire Rotlich², Nicole Jadue², Luciano de Andrade³, Megan von Isenburg², Michael Hocker²

1 Emergency Medicine, Duke University Medical Center, Durham, North Carolina, United States of America, 2 Duke Global Health Institute, Duke University, Durham, North Carolina, United States of America, 3 Department of Nursing, State University of the West of Parana, Foz do Iguaçu, Parana, Brazil

* catherine.lymch@duke.edu

Day 4

Critically reading and appraising systematic reviews

Day 3

Critically reading and appraising before after studies

Day 5

Evidence into policy and practice

EBPH: the what, why and how?
Day 1

Phrasing questions

Day 2
Finding evidence

RESEARCH ARTICLE Open Access

Effectiveness of an improved road safety policy in Ethiopia: an interrupted time series study

Teferi Abegaz¹, Yemane Berhane², Aler

Abstract

Exercise guidance 2 – using the Cochrane-EPOC tool

For RCTs, cluster RCTs, controlled ITS*, CBA and UBA studies

Cochrane-EPOC criteria

Was the allocation sequence adequately generated?

Score "Low risk" if a random component in the sequence generation process is described (eg Referring a random number table). Score "High risk" when a nonrandom method is used (eg performed by date of admission). NRCTs and CBA studies should be scored "High risk". Score "Unclear risk" if not specified in the paper.

Was the allocation sequence adequately concealed?

Score "Low risk" if the unit of allocation was by institution, team or professional and allocation was performed on all units at the start of the study; or if the unit of allocation was by patient or episode of

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Road Traffic Injury on Rural Roads in Tanzania: Measuring the Effectiveness of a Road Safety Program

KAREN ZIMMERMAN¹, DEEPANI JINADASA¹, BERTHA MAEGGA², and ALEJANDRO GUERRERO³

¹Amrod, Dar es Salaam, Tanzania
²Tanzania Public Health Association, Dar es Salaam, Tanzania
³Intertrans Medical Consulting, New York, New York

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RATING QUALITY OF EVIDENCE AND STRENGTH OF RECOMMENDATIONS

GRADE: an emerging consensus on rating quality of evidence and strength of recommendations

Guidelines are inconsistent in how they rate the quality of evidence and the strength of recommendations. This article explores the advantages of the GRADE system, which is increasingly being adopted by organisations worldwide



Evaluation

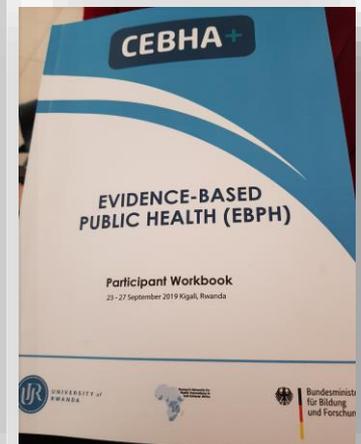
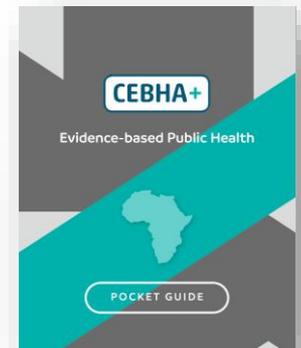
- Feedback from participants



my daily work... will surely do my
policy and practice based on evidence that I
have researched and great decisions made for
the better of the country!!"

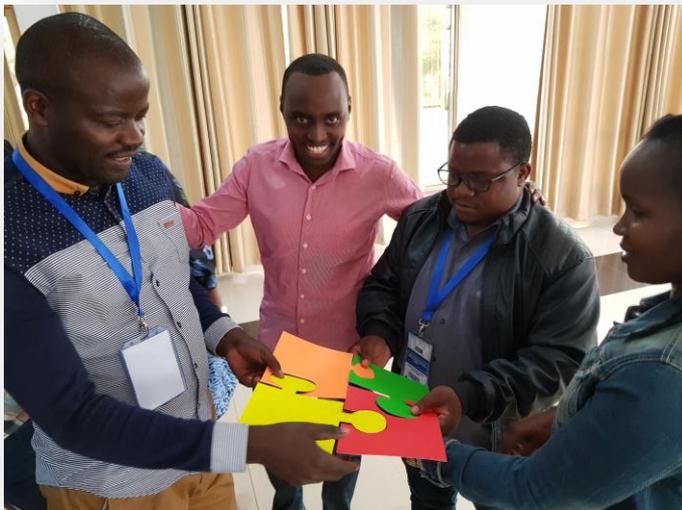
Follow-up

- CEBHA+ Train-the-Trainer offered from August to October 2019
- 2nd workshop offered in Kigali, Rwanda 23-27 September 2019
 - Increased number of facilitators from Rwanda, Malawi, South Africa and Germany
- Compiled workbook with all the material
- Developed EBPH pocketbook



Limits

- Sustainability
 - Currently funded through CEBHA+
 - One workshop per country
 - Not enough to build capacity in Sub-Saharan Africa
- Evaluation
 - Pilot of workshop
 - Feedback from participants
 - Reflections from facilitators
 - Not a formal evaluation



Bottom line

- Sub-Saharan Africa is faced with many challenges
- Need to build capacity in EBHC/EBPH in Sub-Saharan Africa
 - Under- and post-graduate students
 - Facilitators/Trainers
- We developed and offered a 5-day EBPH workshop
 - Successfully offered workshop in Uganda and Rwanda
 - Further workshops planned for Malawi and Ethiopia
 - Discussions linked to long-term offering of training
- Train-the-Trainers (ToT)
 - In-house training completed (Aug-Oct 2019) for CEBHA+ trainers
 - ToTs planned for each partner country
 - To expand pool of EBHC teachers for students, healthcare professionals and public health practitioners
- Collaboration is key



Thank You

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www.cebha-plus.org

