Lessons from Malawi on a guideline development and adaptation process - Global Evidence, Local Adaptation

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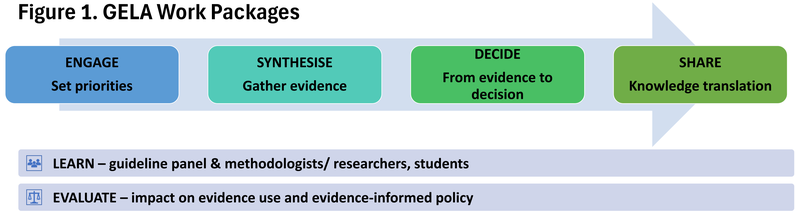
BACKGROUND

- The burden of under-5 mortality remains significantly high in sub-Saharan Africa (SSA), with poverty-related deaths accounting for the majority of deaths.
- Most countries in SSA are not on track to meet the Sustainable Development Goal 3 target of reducing maternal and child mortality by 2030.
- To enhance health outcomes, the implementation of evidence-based health guidelines adapted to the health system contexts is crucial.
- The Global Evidence, Local Adaptation (GELA) project is improving capacity to use global evidence in developing locally relevant guidelines for newborn and child health in South Africa, Malawi, and Nigeria.

Figure 1. GELA Work Packages



AIM

- To describe the Malawi GELA research and policy practice experiences with developing guidelines and share lessons learned.

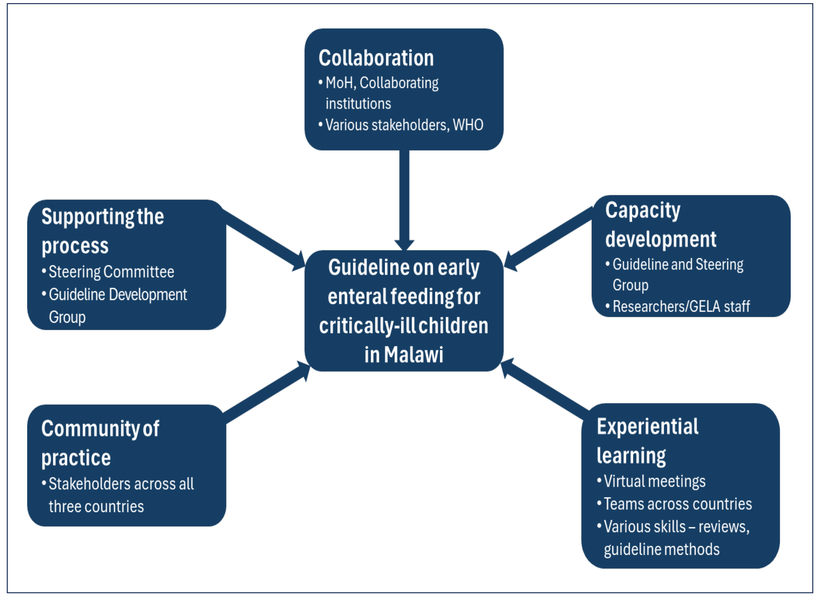
METHODS

- A standard protocol for the Gela project (priority setting & evaluation) was used and adapted for Malawi.
- The Ministry of Health (MOH), WHO-HQ, and WHO Afro were engaged at the proposal stage and informed when funding was awarded.
- A local Guideline Development Group (GDG) was established to develop recommendations on the timing of initiating enteral feeding for critically ill children in inpatient settings.
- The process was supported by a Steering Group (SG) selected with partnership from the MOH.

RESULTS

- A guideline on early enteral feeding for critically ill children was developed in Malawi by the GDG with support from the SG, GELA researchers, and various stakeholders.
- Formal capacity-building, including on-the-job training and community of practice meetings, improved national stakeholders and researchers abilities to make evidence-based decisions.
- The process of guideline development was iterative, and several decisions made built on the experience gained from implementing the project.

Figure 2. GELA Malawi experiences



LESSONS LEARNT

- Strengthening relationships with the MOH, researchers, the SG, and the GDG is important for successful national guideline work and for enhancing in-country capacity for evidence-informed decision-making.
- Investment in strengthening local capacity and embedding standardized processes is essential for sustaining these advances.

CONCLUSION

- In Malawi, GELA demonstrated how to use experiential learning to contextualize processes.
- To sustain the development of evidence-informed decision-making, long-term investments in strengthening local capacity are essential.
- The lessons learned from this process could inform the development of a contextualized process of guideline development in settings like Malawi.

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