



Global Evidence, Local Adaptation (GELA):

Enhancing evidence-informed
guideline recommendations for
newborn and young child health
in three sub-Saharan African
countries

2023 - 2025

Year 2 Project Report

April 2024



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EDCTP



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The GELA partners include the South African Medical Research Council, Cochrane, Cochrane Africa, Cochrane Nigeria, Stellenbosch University, the University of Calabar, Kamuzu University of Health Sciences, the Norwegian University of Science and Technology, the Western Norway University of Applied Sciences and the Magic Evidence Ecosystem Foundation.



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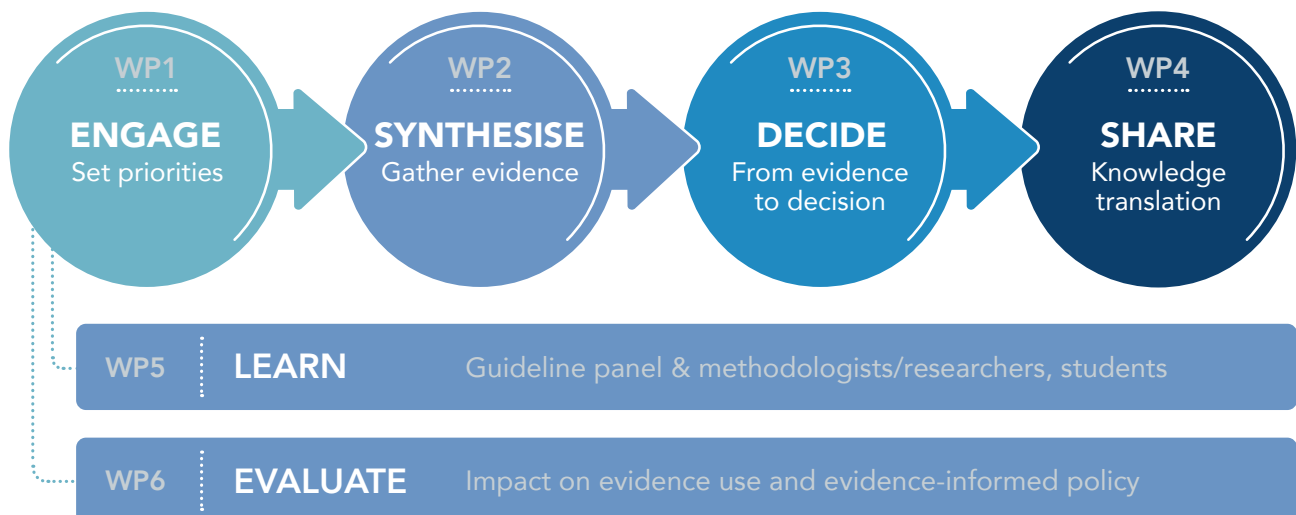
About the GELA project

Despite progress in the health of newborns and children, most countries in sub-Saharan Africa have not met the Sustainable Development Goals for under-five mortality. Poor quality and underfunded health systems and services hamper healthcare delivery to children; alongside global issues of growing poverty, hunger and inequity. Effective, affordable and accessible care are key elements of quality health and social-care services. Evidence-based and contextually appropriate clinical-practice guidelines are valuable tools to bridge the gap between research evidence and clinical care, directly impacting on patient care, health-system funding and access to health services.

The GELA project is partnering with ministries of health in South Africa, Nigeria and Malawi to maximise the uptake of research evidence by increasing the capacity of decision makers and researchers to use global research to develop locally relevant guidelines for newborn and child health. We have begun

implementing our multi-faceted, multidisciplinary research and capacity-strengthening programme, and will use adaptation methodology and digital platforms to support delivery of contextually appropriate guidelines. Our work is delivered through partnerships with national guideline groups, including policy makers, academics and civil society.

The GELA project started on 1 April 2022 with a strong leadership team of African and international researchers. We have an excellent multidisciplinary team in Malawi, Nigeria and South Africa with support from Norwegian and UK partners, and close collaboration on deliverables. The involvement of clinical epidemiologists, health economists, social scientists and communication officers all strengthen the project delivery. The objectives are linked with Work Packages (WP) shown below. WP 1 to 4 are sequential, while WP 5 and 6 are cross-cutting. WP 7 (Coordination) is enabling of all WPs.



Progress summary

Prioritising topics and synthesising evidence

In our first year, high-level national Steering Groups were convened, and broad consultative prioritisation exercises completed. In year two, the diverse, country-specific priority topics have informed a suite of systematic and scoping reviews on the effectiveness of interventions, economic analyses and qualitative reviews of equity, feasibility and acceptability. At all times we aim to use limited national resources smartly and avoid duplication or resource waste. Therefore, the GELA teams are advancing methods for systematic, transparent guideline adaptation – focusing on local contexts and needs.

These reviews (effectiveness, health economics, qualitative evidence syntheses) as well as several relevant WHO and other guidelines were delivered for comprehensive evidence-informed decision-making processes in co-hosted GELA and ministry guideline group meetings that were concluded by month 24. This required coordination of inter-country teams with varying roles and levels of expertise. In all cases, we aimed to ensure capacity building not only as explicitly planned, but also within the research teams to ensure skills transfer and ‘on-the-job’ learning opportunities. Guideline panel members are now included in an ongoing Community of Practice, in which decision-makers and researchers share their expertise and learning to advance this field in our countries.

Strong engagements and partnerships

We have been fortunate to have active involvement of decision makers and researchers, programme implementers and civil-society groups. Maintaining these relationships takes care and consideration of the differing needs of policy-makers, demands on their time, and at times, re-structuring and changing of roles within government. We have taken an

integrated knowledge-translation approach, aiming to work alongside and in support of national priorities. This intends to strengthen government-academic partnerships to encourage long-term relationship building in support of evidence-informed decision-making.

We have continued to engage with colleagues at the WHO, particularly those supporting methods development for adaptation and impact of WHO guidelines at the country level. We aim to build on and add value to the large-scale programme of global child-health guideline development led by the WHO and other leading guideline groups globally. Two of our guidelines were adapted from recent high-quality WHO guidelines – helping us to avoid duplication of efforts and explore the best methods for transparent and systematic adaptation at country level.

Integrated knowledge-translation activities have been undertaken including stakeholder mapping and engagement planning. Monitoring and evaluation activities, using mixed-methods designs, are underway, observation of guideline groups and evaluation of capacity needs for decision makers is happening, along with user testing for preferences of guideline groups about qualitative evidence synthesis and with healthcare professionals about dissemination formats for the guidelines.

Overall, the project is on course to achieve its targets and to inform final guideline documents. Our success is enabled through a project team of African and international leaders in evidence-based healthcare and guideline methods and our substantial, collaborative global and continental partnerships. The year ahead will provide time for reviews and other manuscripts to be completed for publication while ongoing evaluation will help us learn which aspects work to reduce waste and save resources when adapting clinical guidelines for local contexts.

<https://africa.cochrane.org/projects/GELA>

Highlights per work package

WP1 Engage	<ul style="list-style-type: none">• National priority topics for guidelines addressing newborn and child health identified and refined through engagement with Health Ministries and other stakeholders.• Membership list of the Nigerian Guideline Steering Group updated.• Nurses and Midwives Council of Malawi will include perspectives of nurses/midwives in guideline-development processes.
WP2 Synthesise	<ul style="list-style-type: none">• Building on the GRADE-ADOLOPMENT process, a generic fit-for-purpose algorithm, with supporting standard-operating procedure and protocol template developed.• Scoping of guidelines for prioritised PICOs completed for Malawi (PICO 1: Timing of enteral nutrition in critically ill children under 12 years of age), Nigeria (PICO 2: Health worker-related interventions to improve compliance with hand hygiene recommendations for infection prevention and control in hospitalised neonates and infants), and South Africa (PICO 1: Iron supplementation as a public-health intervention in children aged 6 to 23 months for the prevention of iron deficiency and anaemia; and PICO 3: Family-centred support and post-discharge preparation interventions for families with preterm and low birth weight infants).• Economic evaluations were undertaken, and reports produced.• TRANSFER process undertaken to gather transferability data for specific PICOs and develop implementation-consideration prompts for the Malawi Evidence-to-Decision (EtD) framework for PICO 1, and Nigeria EtD framework for PICO 2.
WP3 Decide	<ul style="list-style-type: none">• Data collected for EtD frameworks for the priority topics.• Research evidence for the EtD frameworks completed.• Guidelines panels consulted to review the EtDs.• Country-level Guideline Development Group meetings conducted to develop recommendations for topics.• Topic recommendations currently being ratified and reviewed by the guideline groups for approval by the Ministries.• The EtD frameworks and recommendations will contribute to the final country-level guidelines and summary guideline documents with links to evidence and implementation considerations.
WP4 Share	<ul style="list-style-type: none">• Awareness of GELA raised, with sharing of experiences through multiple platforms (local and international conferences, publications, Cochrane Africa and institutional websites, newsletters, social media platforms, workshops, and meetings with key national, regional and international stakeholders, organisations and networks).• Preparatory work to contribute to deliverables scheduled for Y3 include: the creation of guideline templates in MAGICapp for all PICOS; and the conducting of an evaluation on usability of guideline recommendation formats for users in sub-Saharan Africa.

WP5 Learn

- WHO guideline group simulation workshops presented in all three countries.
- Capacity development primer to 'find, read and use evidence' offered twice in 2023.
- Eleven GELA researchers, four each from Malawi and Nigeria, and three from South Africa attended a master's level course on CPGs.
- CoP for Guideline panel members and researchers established to enhance and share knowledge and support cross-country, peer interaction.
- Webinars delivered: Preparing for your participation in a guideline development panel (YouTube recording available and circulated); Exploring users' experiences of GELA-related materials: User-testing training, GRADE-CERQual, The TRANSFER approach, How to prepare QES findings for an EtD Framework, and, Introduction to observation methods.

WP6 Evaluate

- Baseline assessment of the process and experiences with developing and planning for the implementation of country-specific IKT strategies completed.
- Mid-term survey on these stakeholders' capacity-strengthening needs and development circulated. This will be complemented with interviews with selected panels and steering committee members.
- The need to monitor and evaluate capacity development among GELA staff was identified.
- Training sessions on observation and user-testing methods to prepare for data collection on guideline panel members' experiences with reading and using evidence from qualitative reviews undertaken.
- User testing conducted in the three countries and need for further testing will be assessed after current data collection.

WP7 Coordinate

- The project team completed all the actions listed.
- The project team feels strongly that our work aligns with WHO's focus on impact at member-state level and therefore we have lessons to share with others embarking on this journey. We submitted an article to the Bulletin (outcome TBC) and are exploring other ways to communicate this approach.



Outputs

Journal articles in open-access, peer-reviewed publications

Mthethwa M, Mbeye NM, Effa E. et al. Newborn and child health national and provincial clinical practice guidelines in South Africa, Nigeria and Malawi: a scoping review. *BMC Health Serv Res* **24**, 221 (2024). <https://doi.org/10.1186/s12913-024-10682-0>

Durão S, Effa E, Mbeye N. et al. Using a priority setting exercise to identify priorities for guidelines on newborn and child health in South Africa, Malawi, and Nigeria. *Health Res Policy Sys* **22**, 48 (2024). <https://doi.org/10.1186/s12961-024-01133-7>

Schmidt B-M, Mabetha D, Chibuzor M, Kunje G, Arikpo D, Aquaisua E, Lakudzala S, Mbeye N, Effa E, Cooper S, Kredo T. Developing and planning country-specific integrated knowledge translation strategies: experiences from the GELA project in Malawi, Nigeria, and South Africa. *BMC Public Health* (2024) **24**:1418 <https://doi.org/10.1186/s12889-024-18934-8>

Reports

- Malawi newborn and child-health national clinical practice guidelines: A landscape analysis
- Nigeria newborn and child-health national clinical practice guidelines: A landscape analysis
- South Africa newborn and child-health national and provincial clinical practice guidelines: A landscape analysis

Conference presentations

The following oral and poster presentations were presented at local and international conferences:

- A scoping review of clinical practice guidelines for newborn and child health in South Africa, Nigeria and Malawi: a landscape analysis
- Bridging the gap: Enhancing evidence-informed decision-making in newborn and child health through the Global Evidence, Local Adaptation (GELA) project

- Collaboration for better guidelines
- Enhancing evidence-informed guideline recommendations for newborn and child health in sub-Saharan Africa
- Enhancing evidence-informed guideline recommendations for newborn and young child health in three countries in sub-Saharan Africa
- Equitable partnerships to support evidence-informed guideline recommendations for newborn and young child health in three countries in sub-Saharan Africa
- Evidence mapping of methods for incorporating economic considerations in clinical guideline development for Malawi, Nigeria and South Africa
- Global Evidence, Local Adaptation (GELA): An Integrated Knowledge Translation approach to promote newborn and child health guidelines in South Africa
- Global Evidence, Local Adaptation: Lessons learned from the Integrated Knowledge Translation strategy to enhance evidence-informed newborn and child health guidelines in Malawi
- Global Evidence, Local Adaptation (GELA) project: Tailoring GRADE adolopment approaches for Malawi, Nigeria and South Africa
- Identifying guideline needs for newborn and child health in South Africa, Malawi and Nigeria: a priority setting exercise
- Incorporating economic evidence into guidelines to inform local policy and best practices for child health in Malawi, Nigeria and South Africa
- Integrated knowledge translation strategies to enhance evidence-informed newborn and child health guidelines in three African countries
- Malawi newborn and child health national clinical practice guidelines: A landscape analysis
- Scope, quality and reporting of clinical practice guidelines for newborn and child health in South Africa, Nigeria and Malawi
- South African newborn and child health national and provincial clinical practice guideline (CPG): a landscape analysis

Other dissemination products

- **Social media** – @cochraneafrika, GELA Facebook page and partner pages
- **Article in EDCTP newsletter** – EDCTP Update March 2024 – EDCTP
- **GELA brochure** – GELA brochure | Cochrane Africa

Capacity development

The GELA project has four students – from South Africa, Nigeria and Malawi – currently enrolled in the MSc Clinical Epidemiology degree at the University of Stellenbosch.

Meet the GELA students



Denise Sproul



Ita-Lincoln Freedman



Mphatso Kantonya



Retseditsoe Prudence
Mazibuko

GELA also has four postdoctoral fellows in South Africa, Nigeria, Malawi and Norway who have been engaging with guideline panels and coordinating the guideline development of adaptation processes.

Meet the GELA postdoctoral fellows



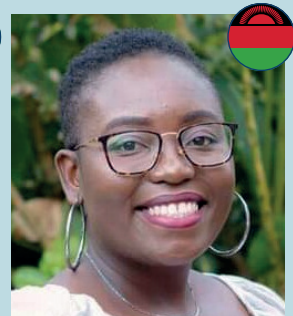
Ekpereonne Babatunde Esu



Elodie Besnier



Idriss Kallon



Roselyn Chipojola

Meetings and workshops

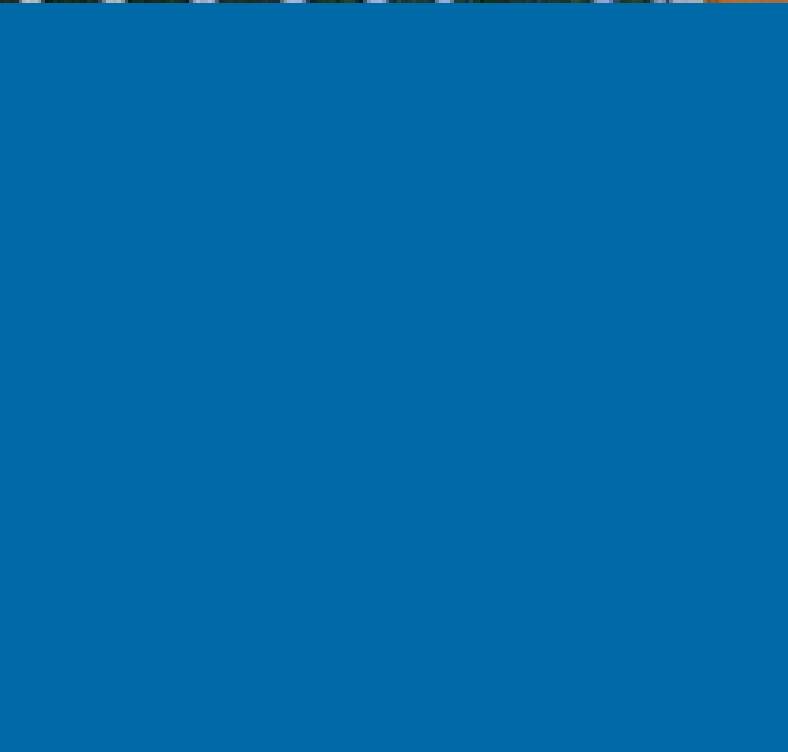
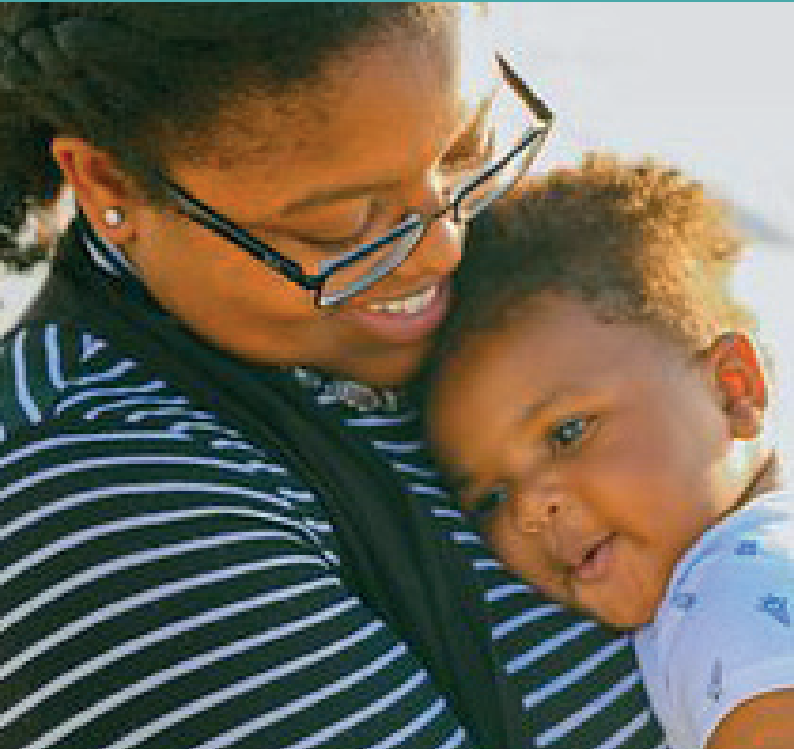
Sixteen meetings were held with policy makers and other priority stakeholders.

What's ahead for GELA in Year 3?

Some key deliverables by work package

WP2 Synthesise	<ul style="list-style-type: none">• Systematic reviews published (up to one per country) in open-access journals.
WP3 Decide	<ul style="list-style-type: none">• Three country-level guidelines with recommendations for up to three priority topics on newborn and child health (nine recommendations in total).• Summary guideline document available with link to evidence and implementation considerations.
WP4 Share	<ul style="list-style-type: none">• Guideline recommendation for healthcare providers and patients/ public disseminated.• Publication of healthcare providers report on useability of recommendation formats for MAGICapp.
WP5 Learn	<ul style="list-style-type: none">• Four master's students complete theses.• Community of Practice ongoing.• Community of Practice publication on lessons learned.
WP6 Evaluate	<ul style="list-style-type: none">• Various publications on capacity development needs and evaluation of training, methods for preferences for QES formats and potential preferential differences between countries and lessons learnt, guideline panels' experiences with reading and using qualitative review findings and their format preferences, and on guideline panels' experiences in-country and across the project.







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