"Decision-makers need guidance on how to adapt and implement evidence-informed recommendations within their health systems"

The GELA project team
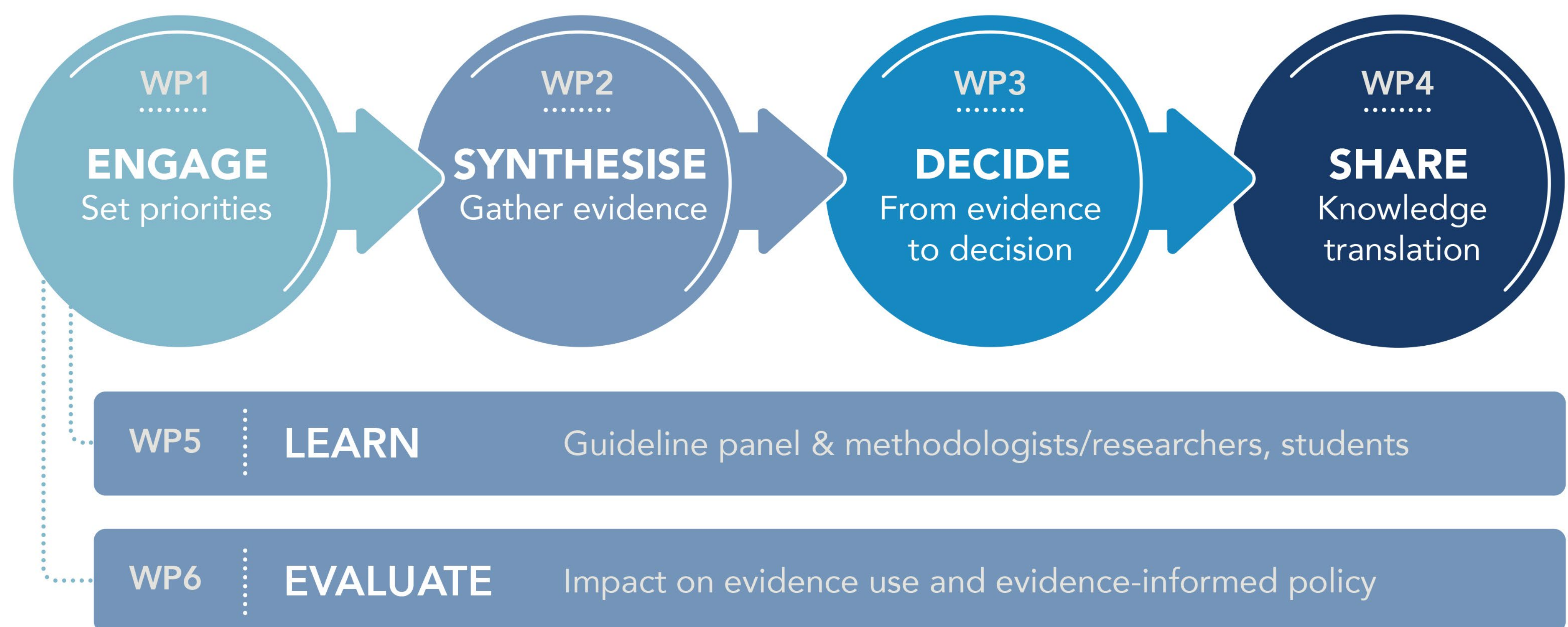
GELA
Global Evidence · Local Adaptation

Background

Most sub-Saharan African countries **will not meet the United Nation's Sustainable Development Goals for under-five mortality**.

The **Global Evidence, Local Adaptation (GELA) project** is addressing these gaps by enhancing evidence-informed guideline recommendations for newborn and young child health in Malawi, Nigeria and South Africa.

Method

The GELA project applies the **GRADE Adolopment methodology**, which combines the advantages of adoption, adaptation, and *de novo* development of recommendations (see figure). Our landscape analysis of existing clinical practice guidelines helped us identify **eight priority issues**:

Enhancing evidence-informed guideline recommendations for newborn and child health in sub-Saharan Africa

WP1 — ENGAGE Set priorities
WP2 — SYNTHESISE Gather evidence
WP3 — DECIDE From evidence to decision
WP4 — SHARE Knowledge translation

WP5 — LEARN — Guideline panel & methodologists/researchers, students

WP6 — EVALUATE — Impact on evidence use and evidence-informed policy

Read our landscape analysis **here**

GELA will **increase the capacity** of **decision-makers** and **researchers** to use **global research** to develop **locally relevant guidelines** for newborn and child health.

NIGERIA
1. Interventions for identification and early management of pre-eclampsia in communities and primary healthcare facilities.
2. Interventions to improve uptake of hand hygiene recommendations by health care workers for infection prevention and control in hospitalised neonates and infants.
3. Enteral feeding interventions for improving outcomes in low birth weight and preterm babies.

SOUTH AFRICA
1. Intermittent daily iron supplementation in infants and children aged 6 - 23 months for preventing anaemia.
2. Family support interventions for preterm and low birth weight infants.

MALAWI
1. Effective early critical care enteral nutritional interventions for reducing in-hospital morbidity and mortality in critically ill children under 12.
2. Effective community-based interventions for improving early diagnosis of childhood cancers.
3. Effective care interventions for neonates (newborn up to 28 days of age) for improving child mortality at primary-care level.

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