



Global Evidence, Local Adaptation (GELA) project: Tailoring GRADE adolopment approaches for Malawi, Nigeria and South Africa

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EDCTP



South Africa



Network



Declarations

No conflicts of interest

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Committee Member - South African EDL/PHC ERC (NDoH)

Member SA GRADE Network & GRADE WG

- Developing trustworthy clinical practice guidelines (CPGs) is resource and time intensive
- **Adolopment** combines **three development options**

Adoption

Adaptation

De novo



ELSEVIER



CrossMark

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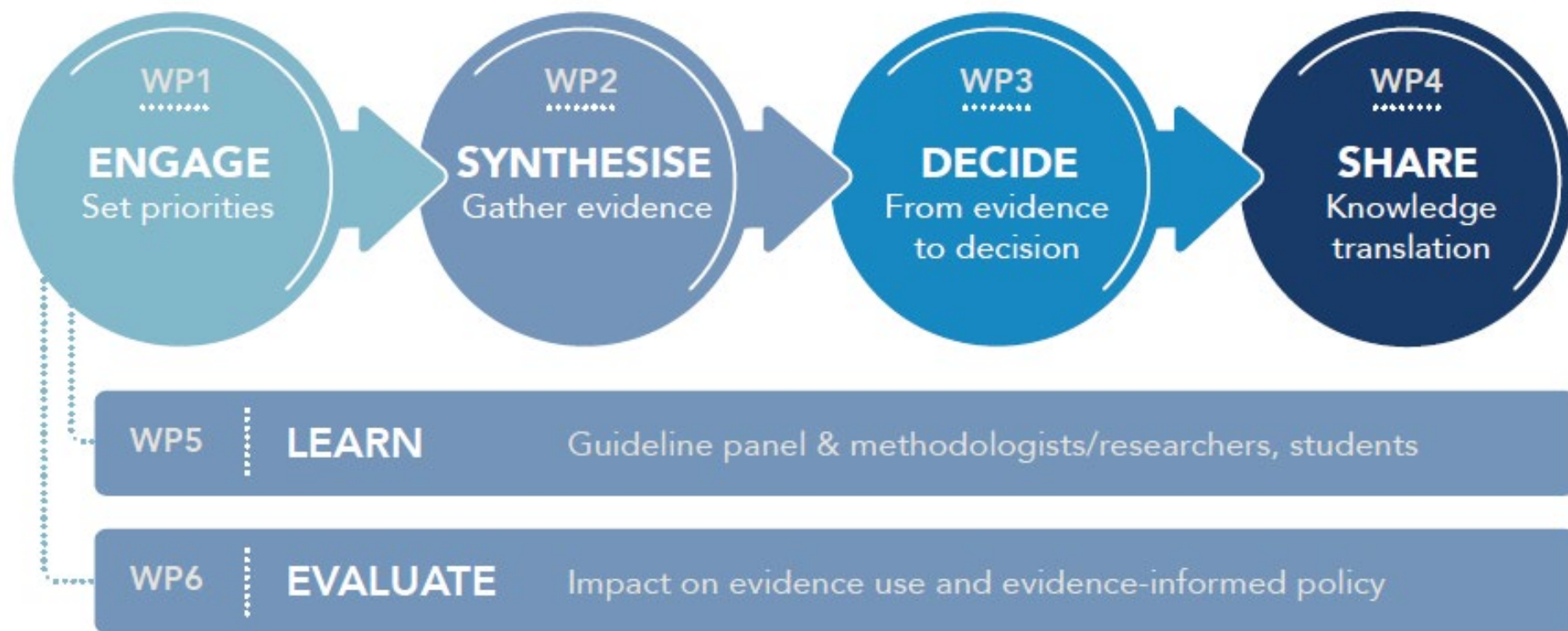
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GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations:
GRADE-ADOLPMENT

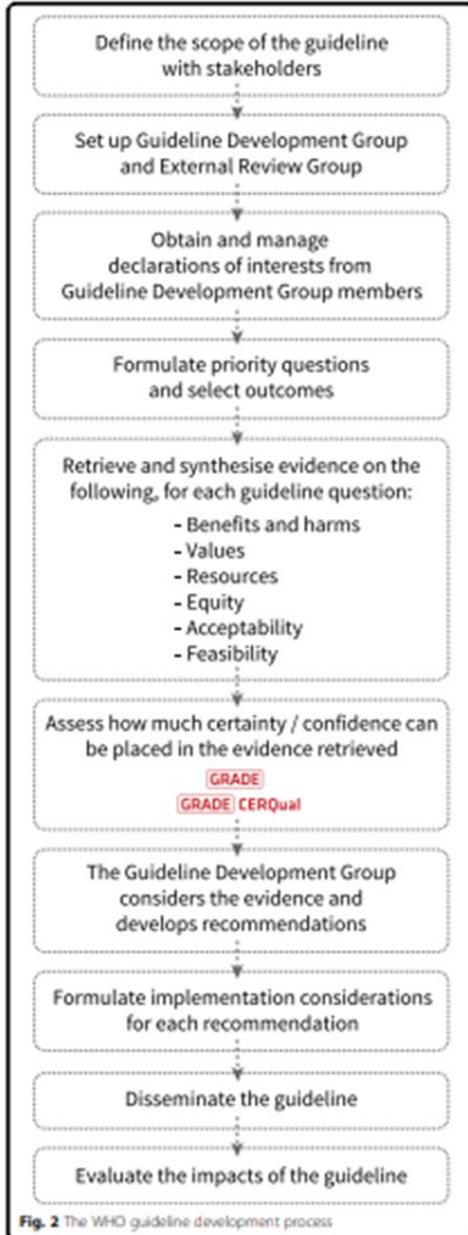
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Background: *Global Evidence, Local Adaptation (GELA)*

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



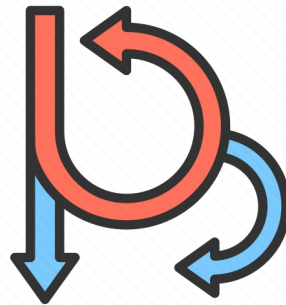
Background



WP 2 gathers and synthesises the evidence needed to **inform the decisions** by CPG panels in SA, Malawi and Nigeria, **for each prioritised PICO**

Process uses CPG adaption (i.e. *GRADE Adolopment*) by first searching for existing guidelines and/or SRs for the **Population / Intervention**

WP 2: SYNTHESISE



WP2 algorithm, based on the *GRADE Adolopment* algorithm, guides processes to ensure **consistency, reproducibility, transparency**

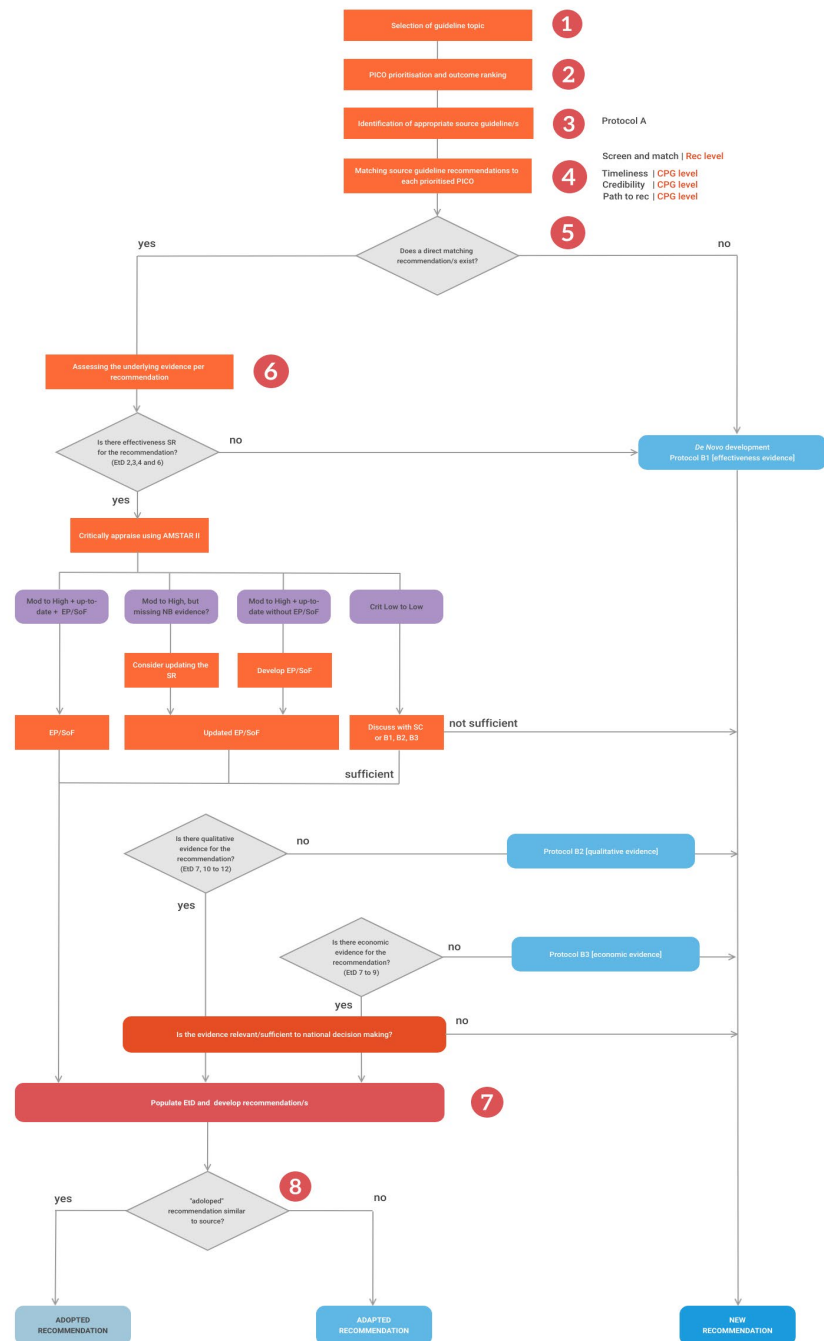
WP 3 & 4: DECIDE + SHARE

Fig. 2 The WHO guideline development process

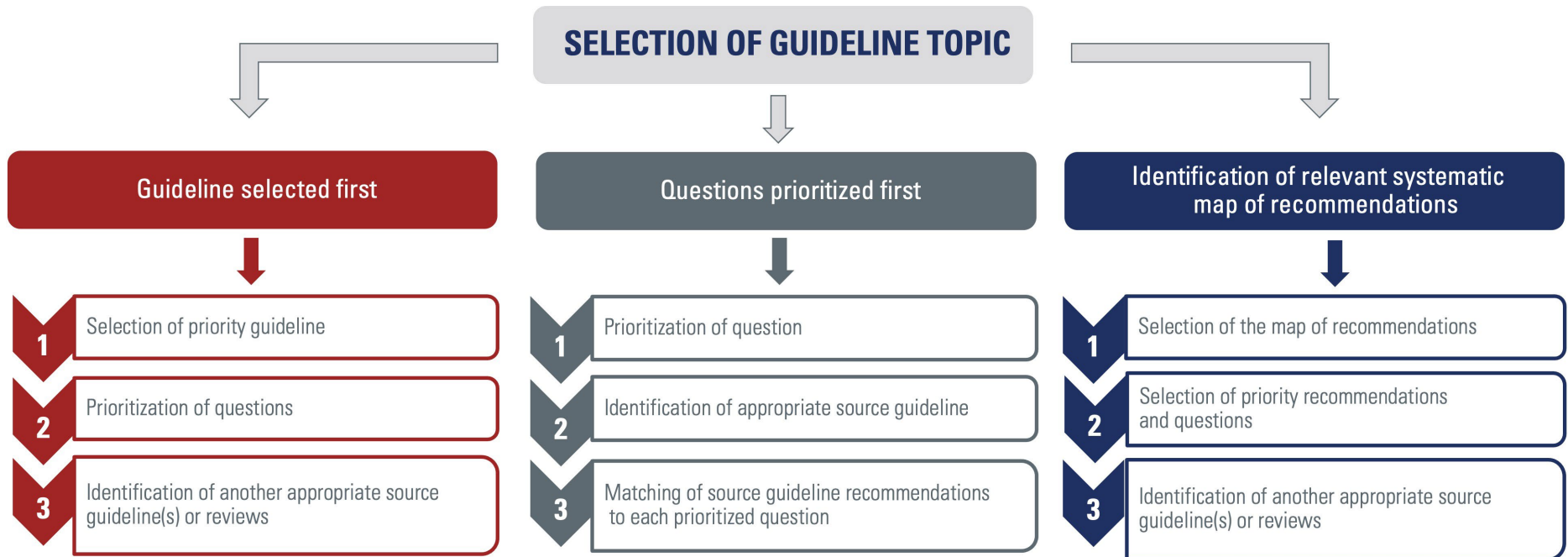
Methods

Building on the existing GRADE *Adolopment* methods, we produced a tailored and expanded adolopment algorithm and complementary standard operating procedure through iterative discussions among GELA working groups, partner meetings and project presentations.

Schünemann HJ, Wiercioch W, Brozek J, et al. GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations: GRADE-ADOLOPMENT. *J Clin Epidemiol.* 2017;81:101-110. doi:10.1016/j.jclinepi.2016.09.009



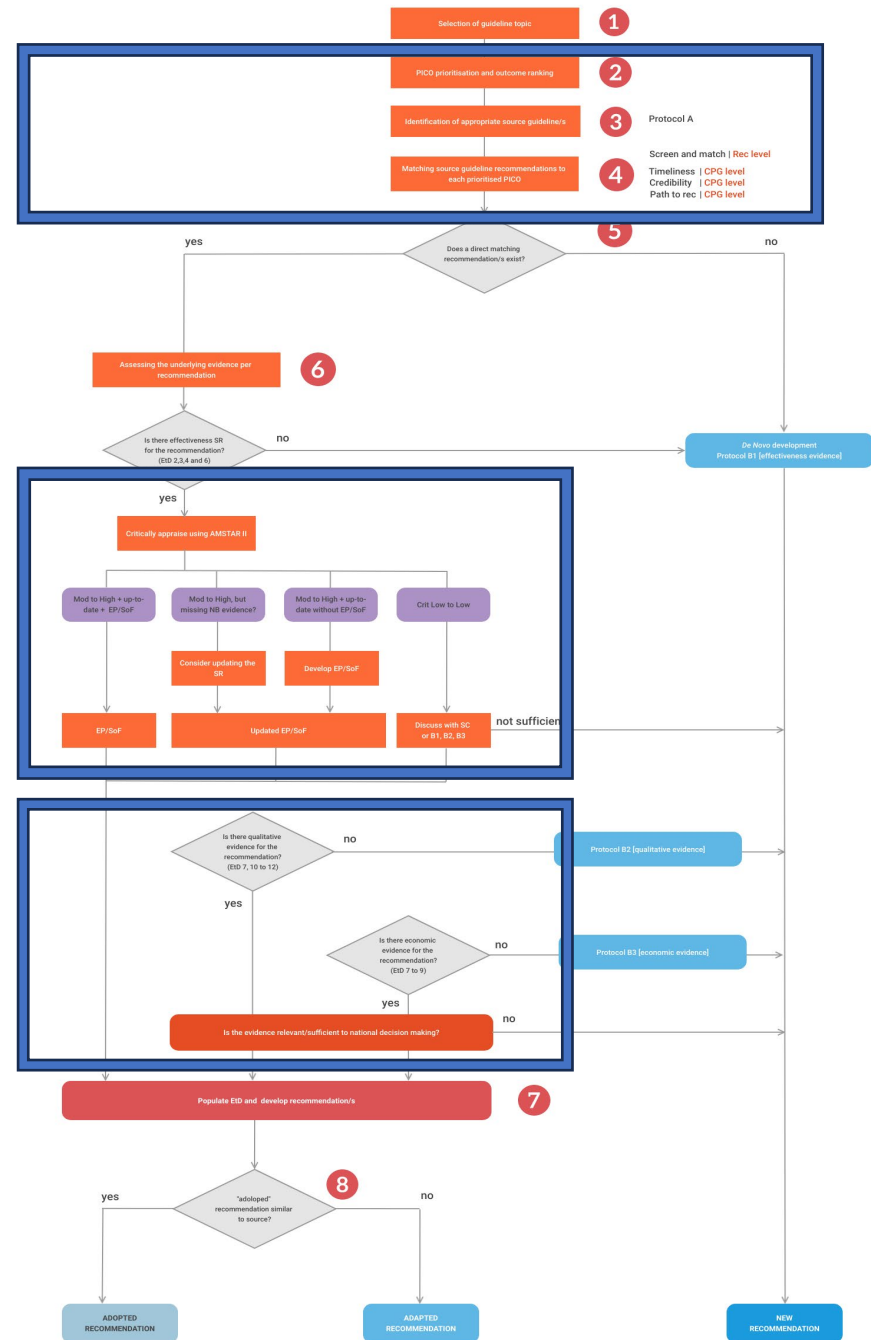
Prioritisation: Started with the question



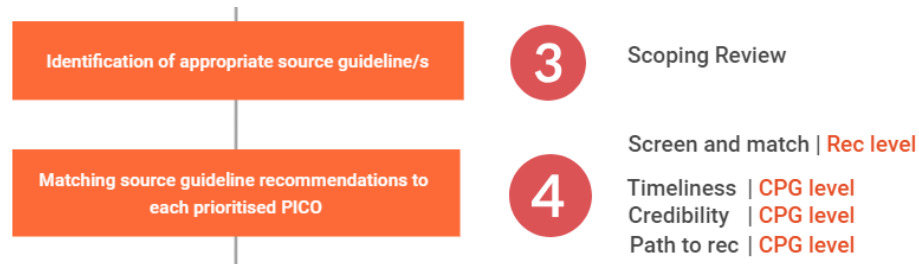
PICOs prioritized first

1. Identification of CPGs: **Scoping review**
2. Matching of recs to PICOs: **Relevance and Ranking**
3. De novo: **Tiered scoping of SRs and RCTs**
4. Effectiveness SRs: **AMSTAR II levels + decision nodes for updating SRs**
5. Qualitative + Economic SRs/modeling: **Approach for QES and EE synthesis**

Ensure: *consistency, reproducibility, transparency* across varied PICOs, teams and across countries (SA, Nigeria, Malawi)



Results: Searching and Matching



Scoping Review - List of potentially eligible CPGs

Step 4: Match source CPG recommendations to each prioritized question

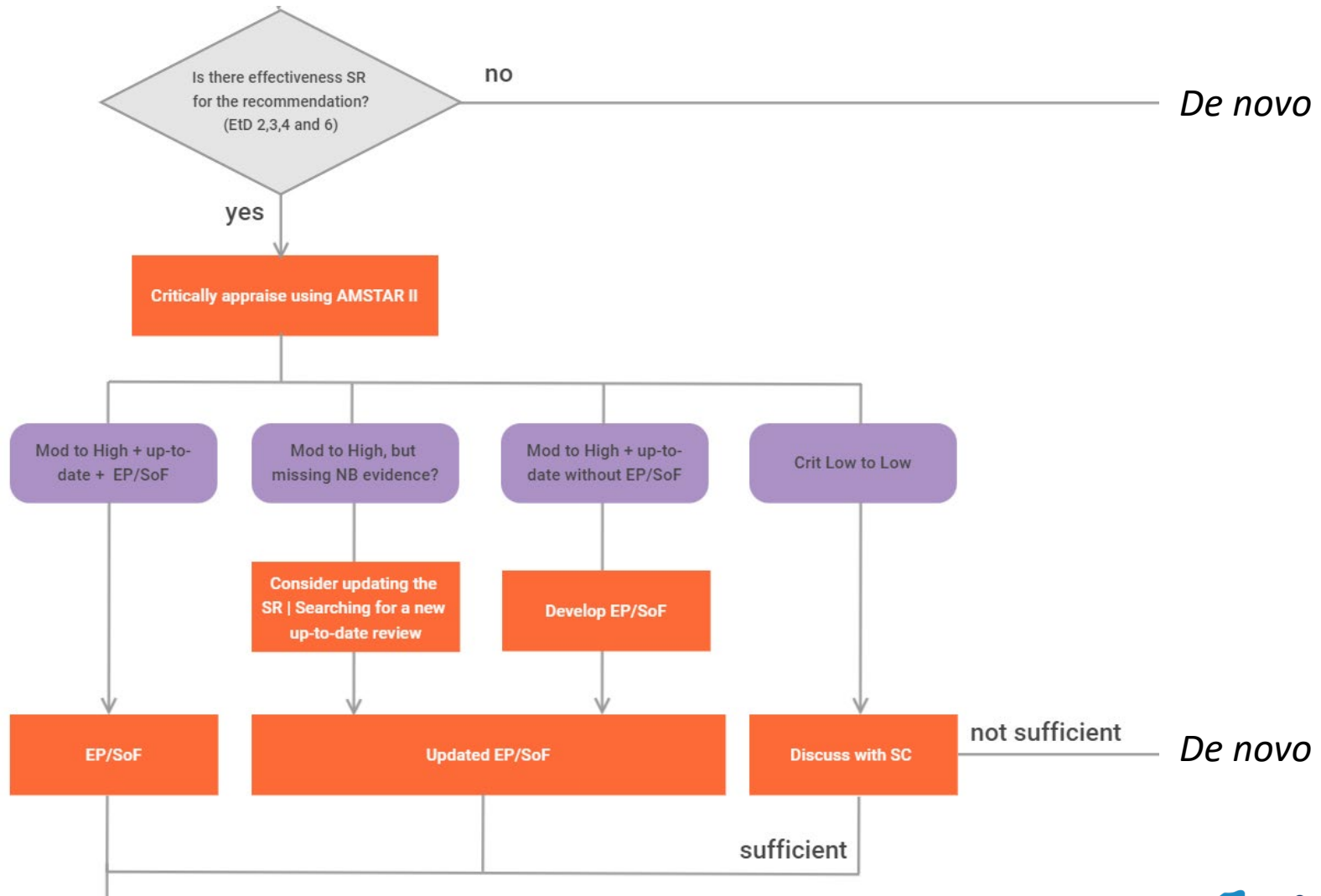
First checked CPG eligibility at recommendation level, then created a **ranked shortlist of CPGs with matching recommendations** considering:

- Timeliness, credibility (AGREE) and ‘path to recommendations’ (GRADE use)

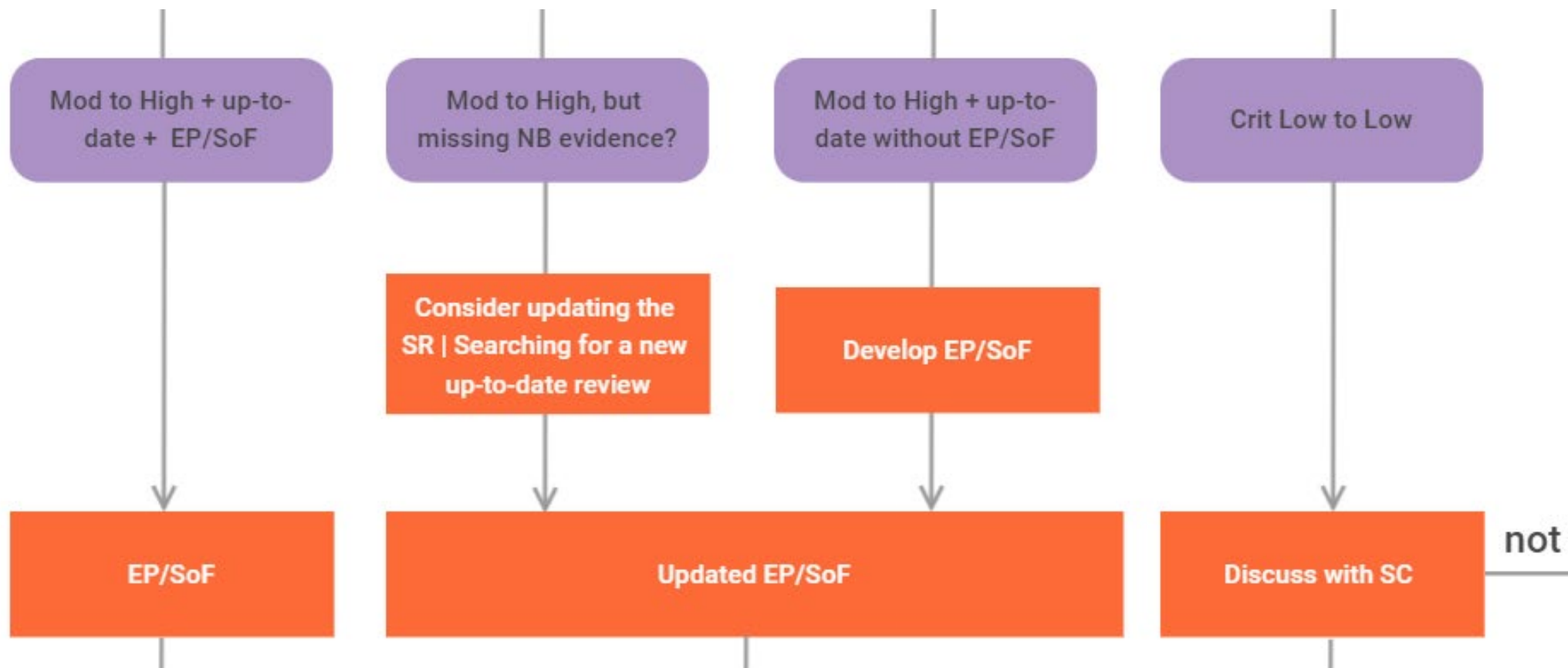
Results: Effectiveness evidence



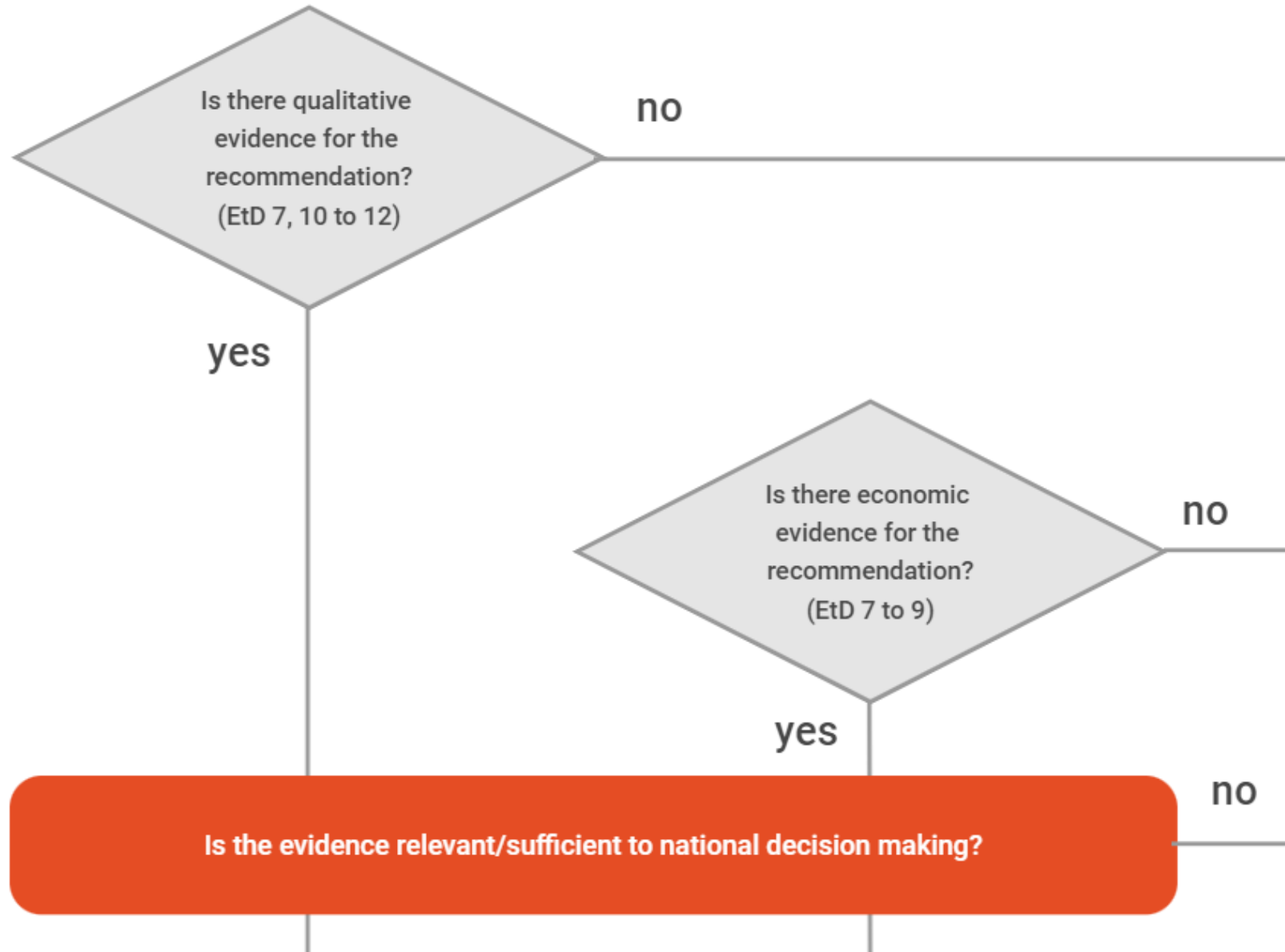
Matching rec, underlying evidence



Populate EtD



Results: Qualitative and Economic evidence



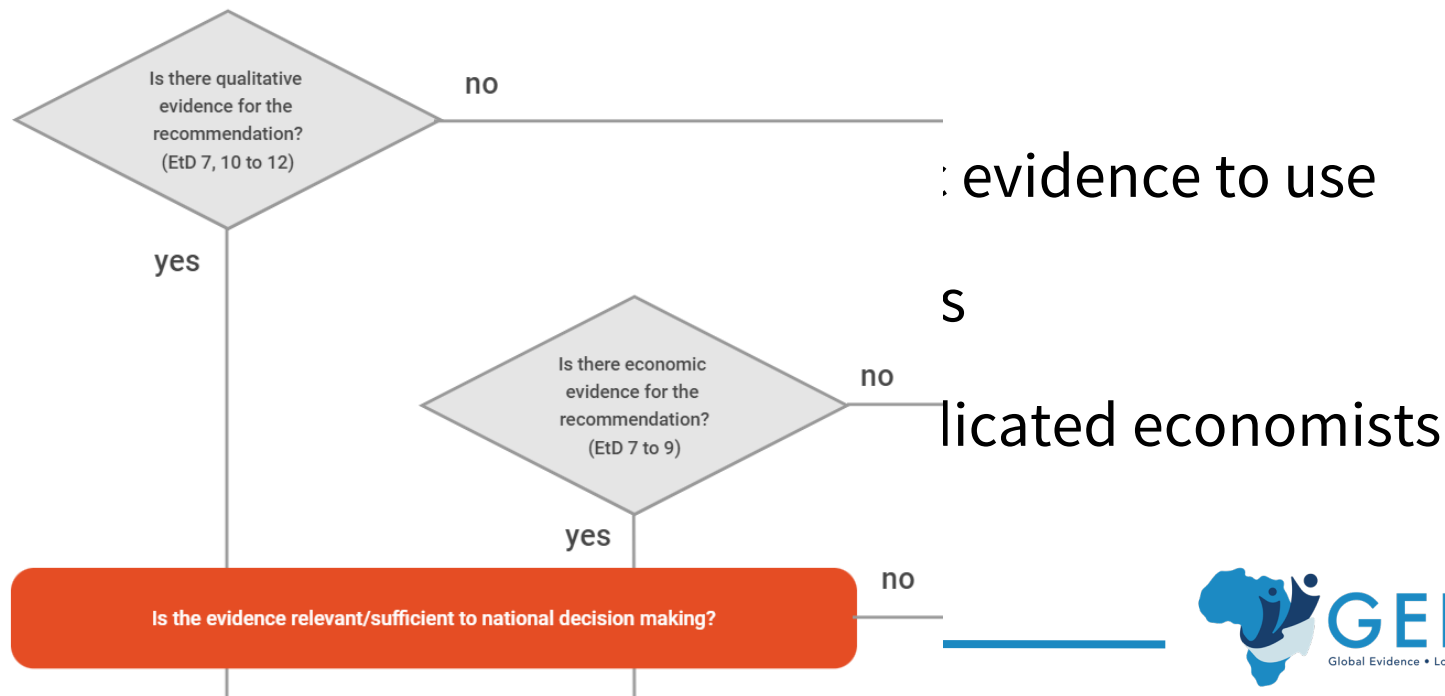


Adolopment for Qualitative evidence

1. Matched ranked CPGs – screened for qualitative evidence to use
2. Scoping review for relevant QES
3. *De novo* QES conducted

Adolopment for Economic evidence

1. Matched ranked CPGs – screened for economic evidence to use
2. Scoping review for relevant QES
3. Local costed QES conducted



Progress and reflections

Simplified algorithm steps:

1. Scoping of published guidelines:

- identify appropriate source guideline/s with matching recommendation and appropriate SRs (quality & up-to-date)
 - Effectiveness SR
 - Qualitative evidence synthesis (QES)
 - Economic evaluation (EE)

2. If needed, update SRs or do scoping of published SRs

- identify appropriate SRs
- extract or update

3. If needed, conduct *de novo* synthesis

What are we finding?

- Appropriate **WHO** source CPGs with **matched recs** for some PICOs
- No source CPGs for other PICOs
- **Outdated SRs** in source guidelines
- Relevant SRs from scoping but **mostly not 100% match for PICO**, need:
 - extract relevant evidence for PICO
 - updating comparisons of interest
- **QES** and **EE** mostly require *de novo* work

What are we learning?

- **Complexity** on many levels
- Each PICO and each evidence 'stream' requires a dedicated **skilled team**
- **Evidence synthesis + CPG literacy** is essential

Thanks

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NIGERIA

- 1 Interventions for identification and early management of pre-eclampsia in communities and primary healthcare facilities.
- 2 Strategies for infection prevention in hospitalised neonates and infants.
- 3 Interventions for improving outcomes for Low Birth Weight (LBW) and preterm babies.



SOUTH AFRICA

- 1 Intermittent daily iron supplementation in infants and children for preventing anaemia.
- 2 Iron-containing micronutrient powders for point-of-use fortification of foods for infants and young children aged 6–23 months to prevent anaemia.
- 3 Family support interventions for preterm and LBW infants.



MALAWI

- 1 Effective early critical care enteral nutritional interventions for reducing in-hospital child morbidity and mortality in under-12 children.
- 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.