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For more information: https://www.edctp.org





GELA BRINGS TOGETHER PARTNERS IN SOUTH AFRICA, MALAWI, NIGERIA, NORWAY AND UNITED KINGDOM





















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CochraneAfrica



GELAchild, Global Evidence Local Adaption





Although sub-Saharan Africa has seen a decrease in under-five mortality since the 1990s, the region still experiences the highest under-five mortality rate in the world. Poor nutrition and poverty-related diseases, including malaria and diarrhoea, are important contributors, exacerbated by poor healthcare systems and inequity in access to care.

Policy makers and practitioners not only need evidence-informed guidance on effective clinical care, but also guidance on how to implement this care efficiently within their health systems.

The Global Evidence, Local Adaptation (GELA) project will assist in addressing these gaps by enhancing evidence-informed guideline recommendations for newborn and young child health in three countries in sub-Saharan Africa – Malawi, Nigeria and South Africa.

GELA maximises the impact of evidence by increasing the capacity of decision makers and researchers to use global research to develop locally relevant guidelines for newborn and child health.

This is enabled through a project team of African and international leaders in evidence-based healthcare and guidelines methods, partnering with national ministries in Malawi, Nigeria and South Africa, the World Health Organization (WHO) and WHO Afro and the civil society group, Peoples Health Movement.

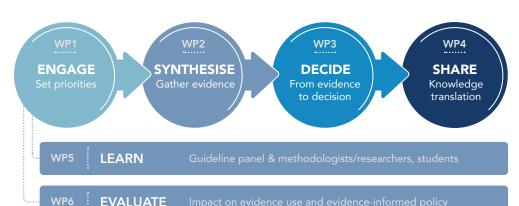
GELA PRIORITY TOPICS

GELA will focus on priority topics for each of the participating countries. These have been selected by engaging with stakeholders in each country to identify local priorities and capacity needs within newborn and child health.

To inform the priority-setting process, GELA also conducted a landscape analysis of existing clinical practice guidelines (CPGs) for newborn and child health in these countries to assess the methodological and reporting quality of CPGs published from 2017 to 2022 and identify gaps in topics and content. The country reports are at:

https://africa.cochrane.org/projects/global-evidence-local-adaptation-gela/resources/reports

GELA WORK PACKAGES





THE INITIAL SELECTED PRIORITY TOPICS ARE:

NIGERIA

- Interventions for identification and early management of pre-eclampsia in communities and primary healthcare facilities.
- 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

- 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.

MALAW

- 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.



