

# Identifying guideline needs for newborn and child health in South Africa, Malawi and Nigeria: a priority setting exercise

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# Declarations

“I have no actual or potential conflict of interest in relation to this presentation.”

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The South African Medical Research Council recognizes the catastrophic and persisting consequences of colonialism and apartheid, including land dispossession and the intentional imposition of educational and health inequities.

Acknowledging the SAMRC’s historical role and silence during apartheid, we commit our capacities and resources to the continued promotion of justice and dignity in health research in South Africa.



# Background

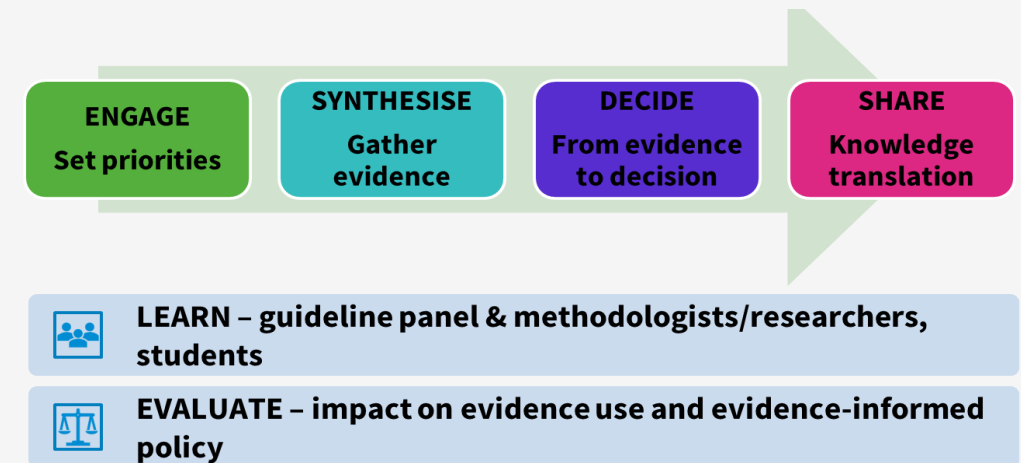
Under-five mortality rate (probability of dying by age 5 per 1000 live births)



- Guideline development in SSA – room for improvement<sup>[1,2]</sup>
- Global Evidence, Local Adaptation (GELA) project - enhancing capacity to use global research to develop locally relevant guidance for newborn and child health in South Africa, Malawi, and Nigeria.
- First step: identifying national priority topics

- Evidence-informed approaches and guidelines – essential to inform healthcare decisions
- Adaptation/adoption – efficient resource use

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/under-five-mortality-rate-\(probability-of-dying-by-age-5-per-1000-live-births\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/under-five-mortality-rate-(probability-of-dying-by-age-5-per-1000-live-births))

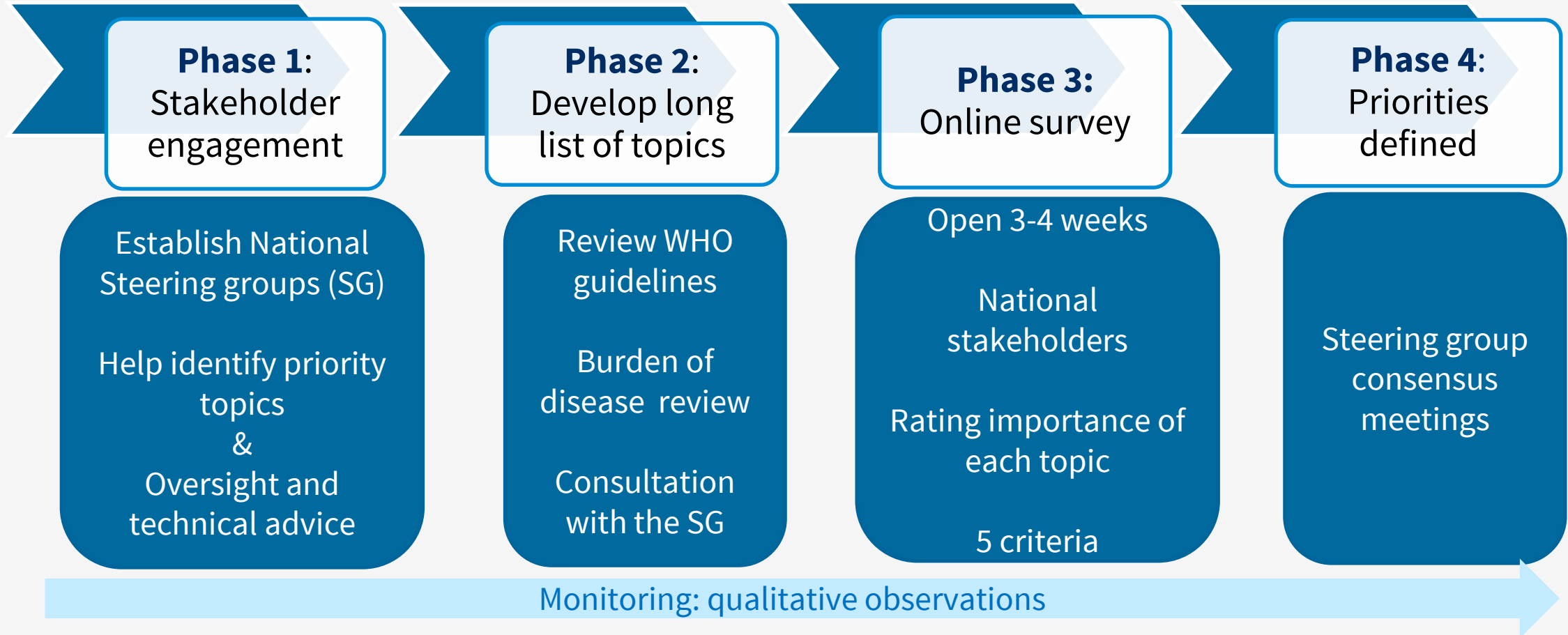


[1] Malherbe et al. AfJEM, 2021;11:79-86

[2] Wang et al. BMC Public Health. 2020;20:1758.

# Methods

Best practice methods used <sup>[1]</sup>



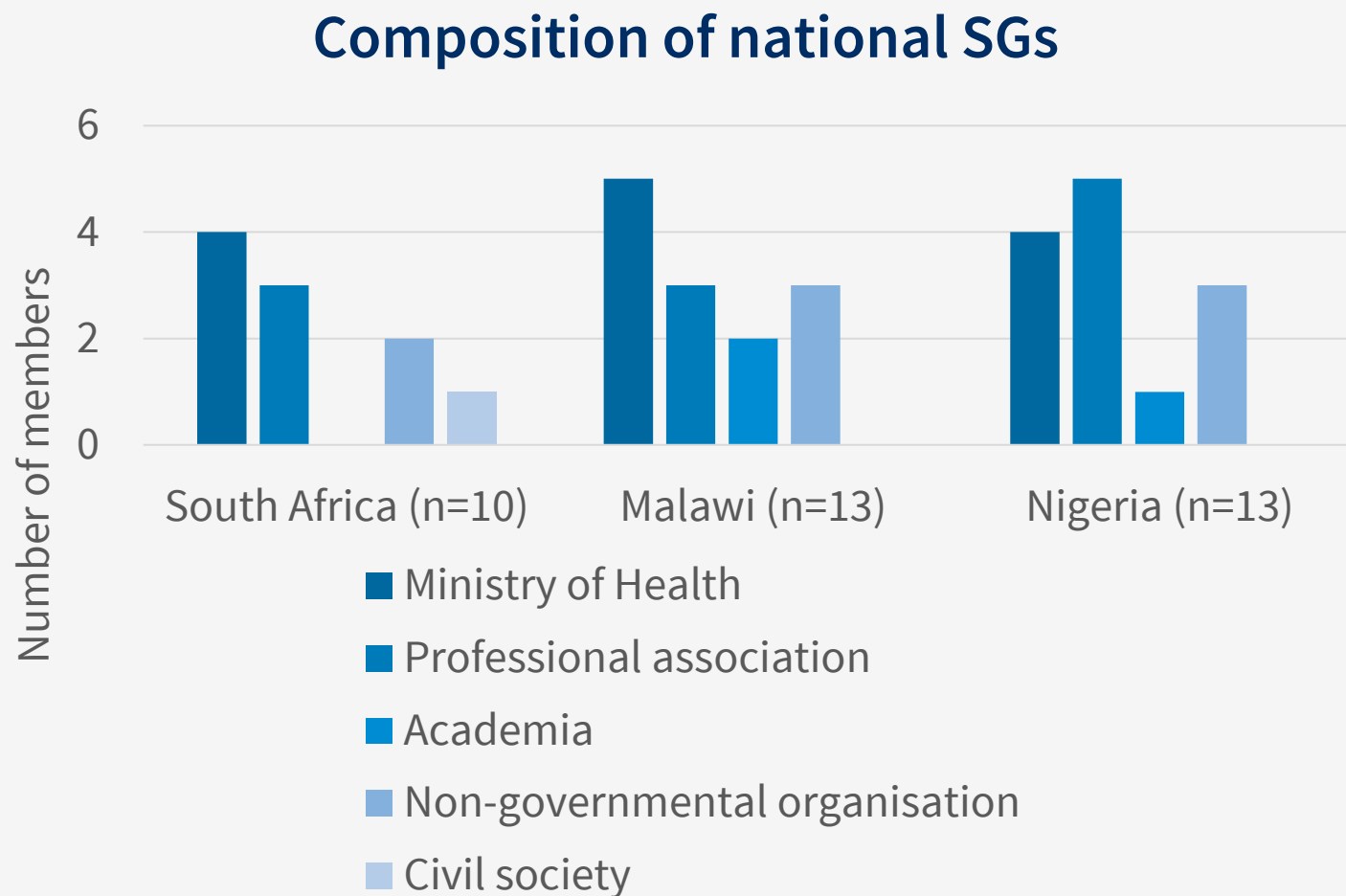
Ethics approval obtained across three countries

[1] Viergever RF et al. Health Res Policy Sys. 2010;8:36

[2] El-Harakeh et al. BMC Health Serv Res. 2019;19:692

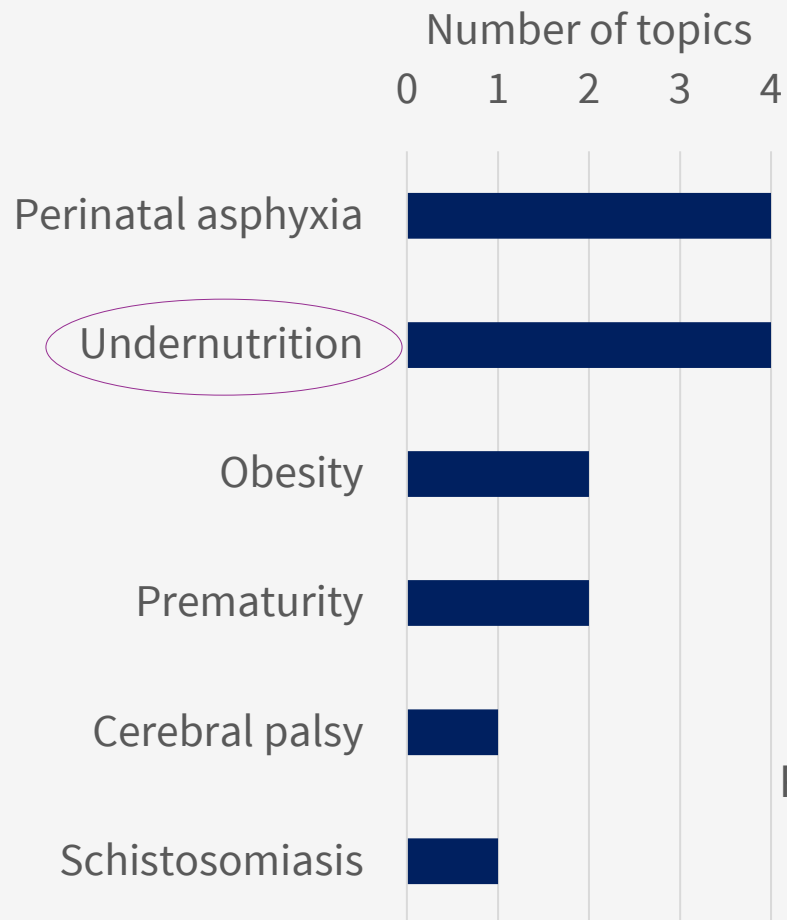
# Results: GELA national steering groups (SG)

- Greater representation from
  - Policymakers
  - Professional associations

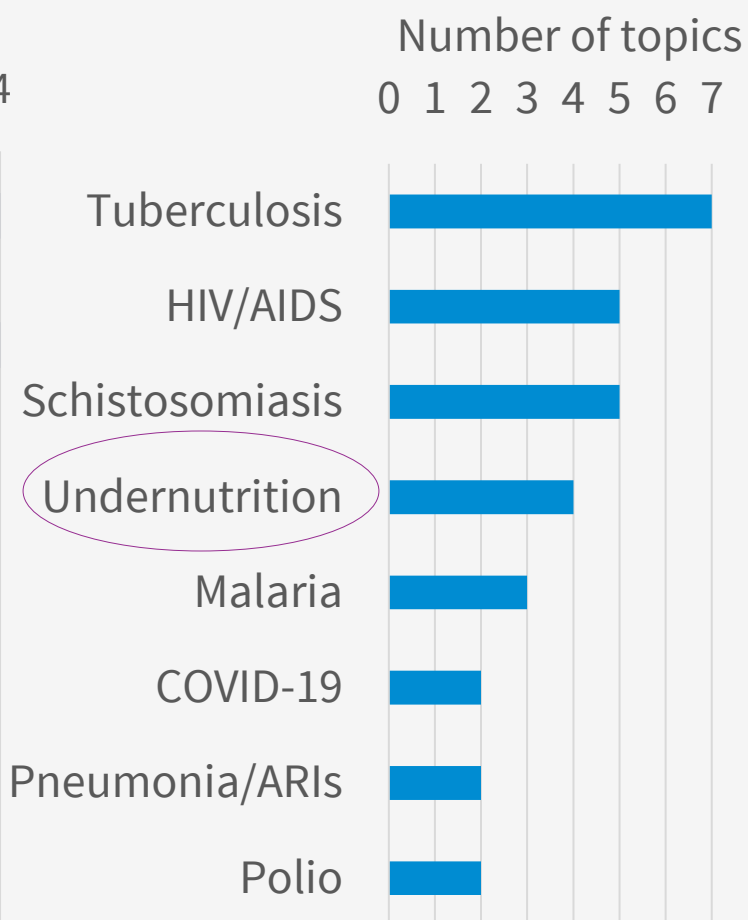


# Results: Long list of topics included in survey

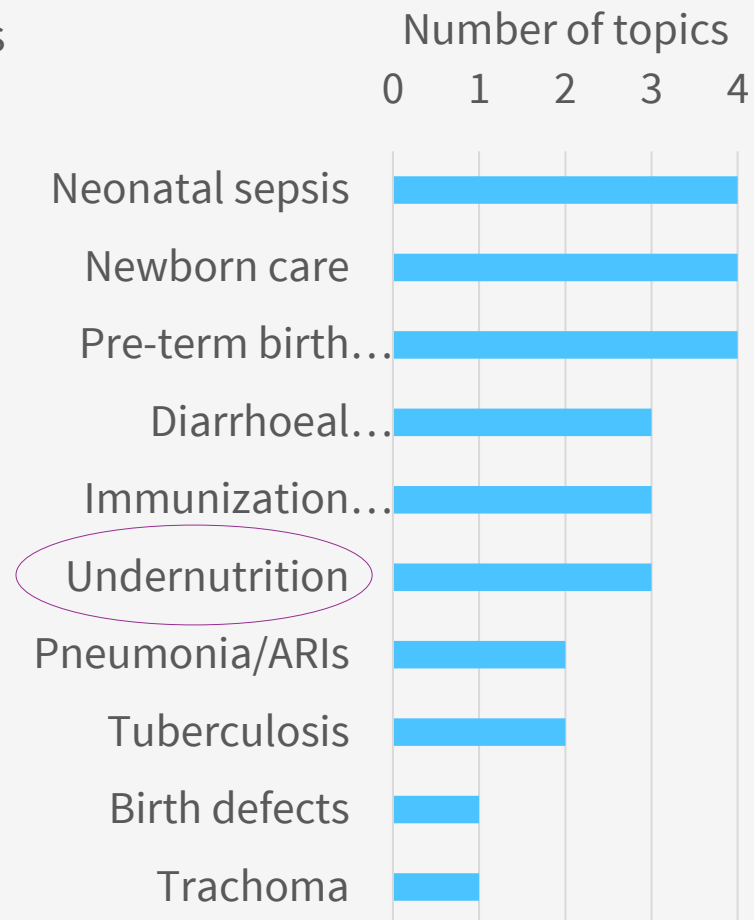
South Africa (n=14)



Malawi (n=30)



Nigeria (n=27)



# Results: Online survey

## Respondent characteristics

- 98 respondents
- Most respondents completed survey fully: 66% in SA, 70% in Malawi, 68% in Nigeria
- Most respondents
  - health professionals (81%)
  - 5-20 years of practice (63%)
  - 25-75% of time spent in direct patient care (47%)
  - based at a teaching hospital (41%)

## Topic rating

Rating category	South Africa (n=14)	Malawi (n=30)	Nigeria (n=27)
Very critically important	0	10	11
Critically important	9	14	13
Very important	5	5	1
Important		Top rated topics presented and discussed at steering group consensus meetings	
Not important			1
Not important at all	0	0	0

# Results: Finalisation of priorities





# Priority topics identified

## South Africa

- Iron supplementation in infants and children 6-23 months to prevent anaemia
- Iron-containing micronutrient powders for point-of-use fortification of foods for infants and young children to prevent anaemia
- Post-discharge preparation interventions for families with preterm and LBW infants

## Malawi

- Early versus delayed enteral nutritional for reducing in-hospital morbidity and mortality in critically ill children (1 month to 12 years)
- Community-based interventions for early diagnosis of childhood cancers
- Care interventions for neonates for improving child mortality at primary care level

## Nigeria

- Interventions for identification and early management of pre-eclampsia in communities and primary health care facilities
- Health worker-related interventions to improve compliance with hand hygiene recommendations for infection prevention and control in hospitalized neonates and infants
- Early versus delayed enteral feeding for improving outcomes in Low Birth Weight and Preterm Infants

# Conclusion

- Following explicit and best practice approach - priority questions identified in South Africa, Malawi and Nigeria for guidelines addressing newborn and child health.
- Qualitative observations of the process revealed
  - capacity gaps (e.g. guideline development process),
  - stakeholder dynamics (e.g. certain dominant voices), and
  - procedural challenges (e.g. voting resistance)
    - may have impacted the priority setting process
- Iterative process – several engagements with stakeholders required
- Broad topics included in online survey – challenging to finalise PICO questions/ delayed next steps
- Limited overlap of topics across the three countries - contextualised priority setting important!
- Relationships with end-users – key for finalization and uptake of topics



# Thank you

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

