

Global Evidence and Local Adaptation – Lessons from Malawi of a guideline development and adaptation process

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E D C T P

Declaration of Conflict of Interest

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

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Background

- Poverty-related diseases - leading cause of death in children < 5 years in sub-Saharan Africa
- Guideline development process complex and resource intensive
- How do we best adopt, adapt or develop guidelines to minimise resource waste and avoid duplication?



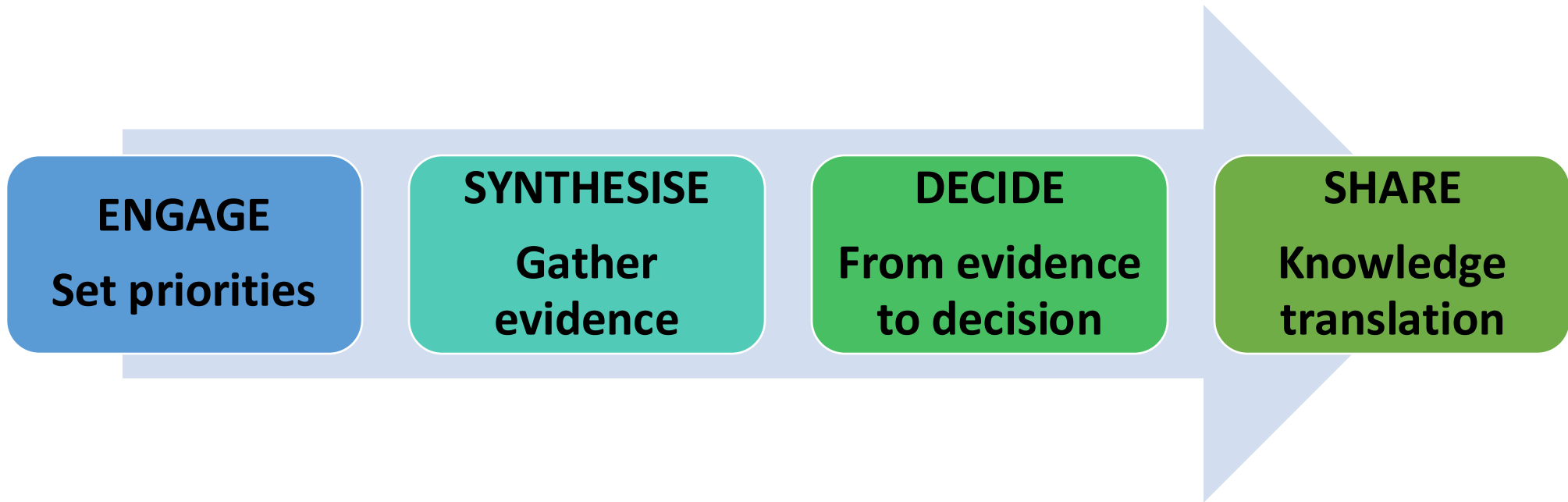
Three-year project until March 2025

Maximise the impact of evidence use for children and newborns through:

- increasing researchers and decision makers' capacity to use global and local research and guidelines to develop locally relevant guidelines for newborn and child health.



Work Packages



LEARN – guideline panel & methodologists/ researchers, students



EVALUATE – impact on evidence use and evidence-informed policy

Aim & Methods

- To describe our experience with the Malawi GELA research and policy practice with developing guidelines and share lessons learned.
- A local team of researchers was established to develop recommendations on the timing of initiating enteral feeding for critically ill children in in-patient settings.
- A standard protocol collectively developed by collaborating partners was used and adapted for specific questions.

Results

Collaboration

- MoH, Collaborating institutions
- Other stakeholders, WHO

Supporting Cast

- Steering Committee
- Guideline Development Group

Capacity Development

- Guideline and Steering Group
- Researchers
- Multidisciplinary

Experiential learning

- Virtual Meetings
- Teams across countries
- Various skills – reviews, guidelines methods

Community of Practice

- Stakeholders across all three countries

Lessons Learnt

- Strengthening relationships between ministries, researchers and multilateral partners is important for successful national guideline work and for enhancing in-country capacity for evidence-informed decision-making.
- Developing fit-for-purpose child health guideline recommendations requires considerable resources and time, as existing systematic review evidence may not always be readily usable or up-to-date and new evidence is often needed to support context-relevant guideline processes.
- Further investment in strengthening local capacity and embedding standardised processes are essential for sustaining these advances.

Conclusions

- In Malawi, GELA demonstrated how to use experiential learning to contextualise processes and create a model for evidence-based guideline development.
- The process of guideline development was iterative, and several decisions made built on the experience gained from implementing the project.
- The lessons learned from this process will provide a basis for further developing a contextualised process of guideline development in settings like Malawi.

Thanks

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Want to hear more about the GELA project?



Elodie Besnier

Going Glocal: contextualising qualitative evidence for guideline development in Africa. Experiences from the Global Evidence- Local Adaptation (GELA) project

OS: Capacity-Building in Evidence Synthesis and Guideline Development 1
11 September
11h00 – 12h30 (Presenting at 11h05)
Hall G9



Idriss Kallon

Assessing and building capacity for clinical guideline development in Malawi, South Africa and Nigeria

OS: Capacity-Building in Evidence Synthesis and Guideline Development 1
11 September
11h00 – 12h30 (Presenting at 11h35)
Hall G9