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Clinical Practice Guideline Development: The GELA Experience

Symposium

Annual Paediatric Association of Nigeria Conference (PANConf 2025), Gombe, 23 January 2025

This project is part of the EDCTP2 programme supported by the European Union

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saMRC advancinglife · FHI Folkehelseinstituttet · Stellenbosch University iYunivesithi Universiteit · University of Calabar Teaching Hospital · Høgskulen på Vestlandet · Kamuzu University of Health Sciences · NTNU Norwegian University of Science and Technology · Cochrane · MAGIC Evidence Ecosystem Foundation

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Clinical Practice Guideline Development: *Scoping and priority setting processes in the GELA Project*

Plenary Session, PANConf 2025, Gombe, 23 January 2025

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The GELA Project: Background and aims

- Poverty-related diseases - leading cause of death in under 5 children 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?

GELA - Three-year project (March 2022 - 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 CPGs for newborn and child health.
- adding value to the guideline programme by the WHO



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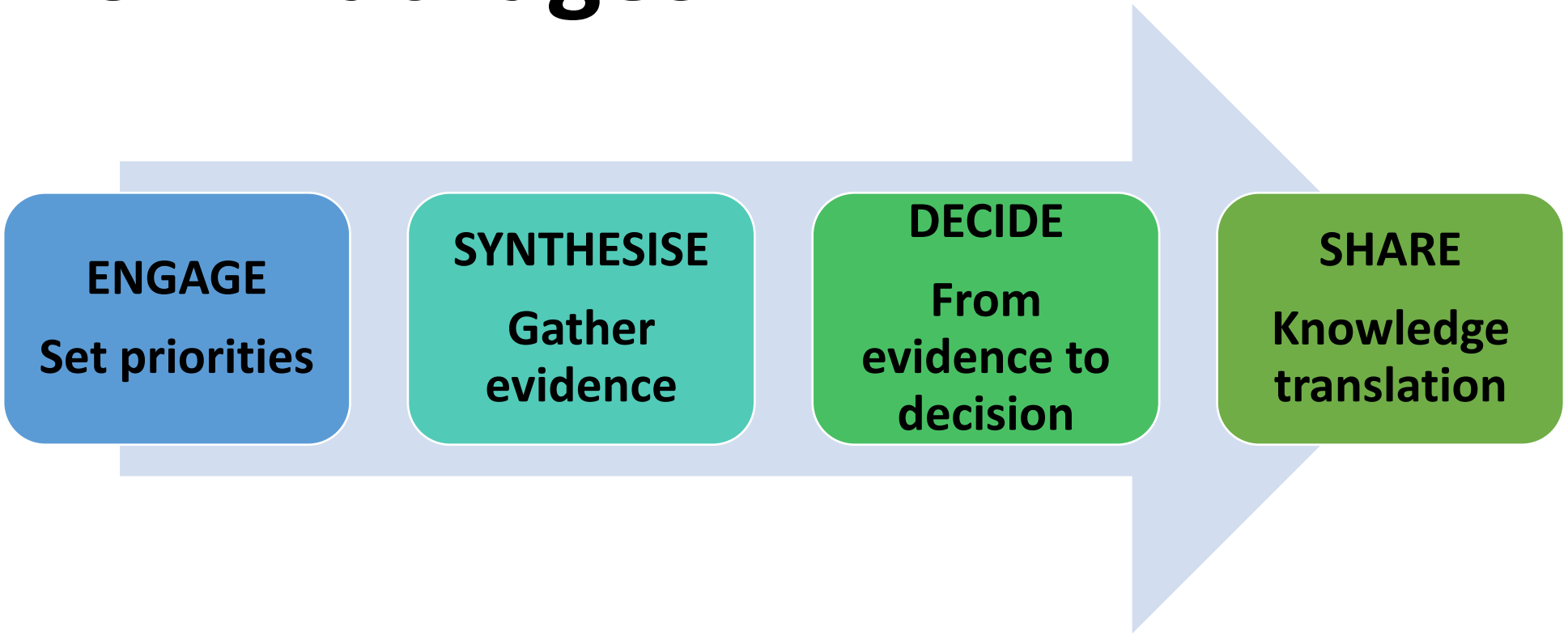
Work Packages



LEARN – guideline panel & methodologists/ researchers, students

EVALUATE – impact on evidence use and evidence-informed policy

WP 1: Objectives

- Identify and convene country-level guideline steering groups
- Map and appraise guidelines for newborn and child health in South Africa, Malawi, Nigeria
- Identify national priority topics within the newborn and child health field
- Identify capacity needs for strengthening evidence use and guideline methods

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Scoping of Clinical Practice Guidelines

- Objectives of the scoping exercise were to:
  - identify CPGs for newborn and child-health topics in Nigeria developed within the last five years (1 January 2017 and June 2022);
  - describe the scope of the identified CPGs (including range of recommendations, methods used, list the stakeholders involved)
  - appraise the quality and reporting standards of the CPGs using the AGREE II tool

METHODS

SEARCH

Websites (FMoH, Professional paediatric & other associations); International guidelines clearinghouses; journals; Reference lists of included guidelines; Google and emailed Key contacts to identify relevant guidelines.

SCREENING

Search output screened using predetermined eligibility criteria (Type of document; Focus Area; Setting; Publication Year and Language)

DATA EXTRACTION & ANALYSIS

We extracted data from the guidelines (including The title of guideline; year of publication; topic/scope, the target population; target audience;

GUIDELINE APPRAISAL

We appraised guidelines using AGREE II tool.

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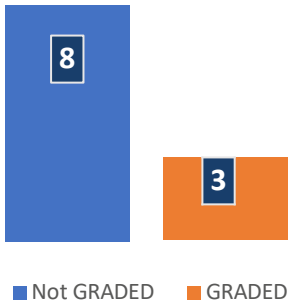
RESULTS

12 CP Guidelines Identified

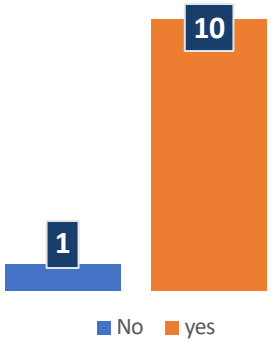
GUIDELINE	Year of publication
Adapted guidelines	
Guidelines on the use of the shorter regimen and new drugs in the clinical and programmatic management of drug resistant tuberculosis and co-infections of Nigeria	**2017**
Guidelines for management of pain in Nigeria	**2018**
National guidelines for the treatment of substance use disorders for Nigeria	**2019**
National guidelines for HIV prevention treatment and care	**2020**
National interim guidelines for clinical management of COVID-19	**2020**
National guideline for the prevention, control and management of diabetes mellitus in Nigeria	**2022**
De novo guidelines	
National guidelines for HIV testing services	**2017**
Treatment guidelines for delivery of child eye health services in Nigeria	**2019**
National guidelines for comprehensive newborn care	**2021**
Kangaroo mother care (KMC) operational guidelines	**2021**
National guidelines for basic newborn care	**2021**
Management of community acquired pneumonia (CAP) in children: Clinical practice guidelines by the Paediatric Association of Nigeria (PAN)	**2022**

RESULTS

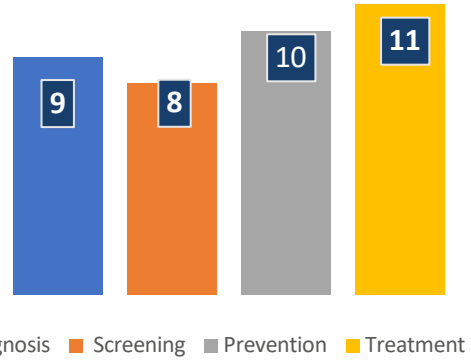
Certainty of evidence



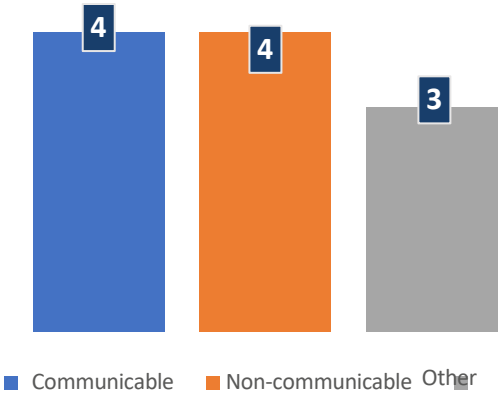
Consulted stakeholders



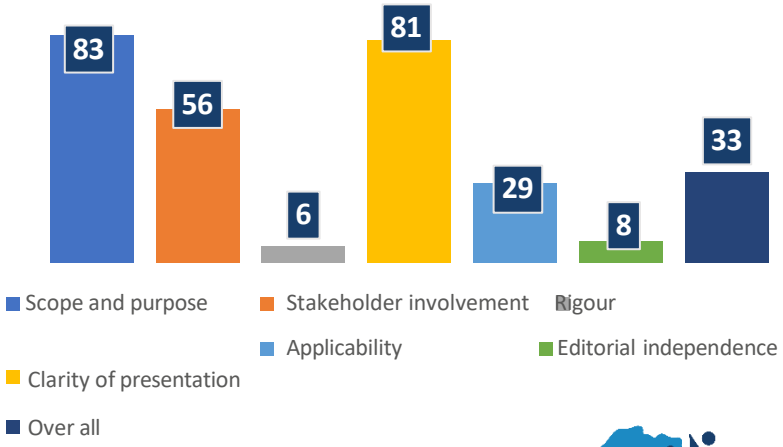
Guideline scope



Conditions



AGREE II domain scores (%)



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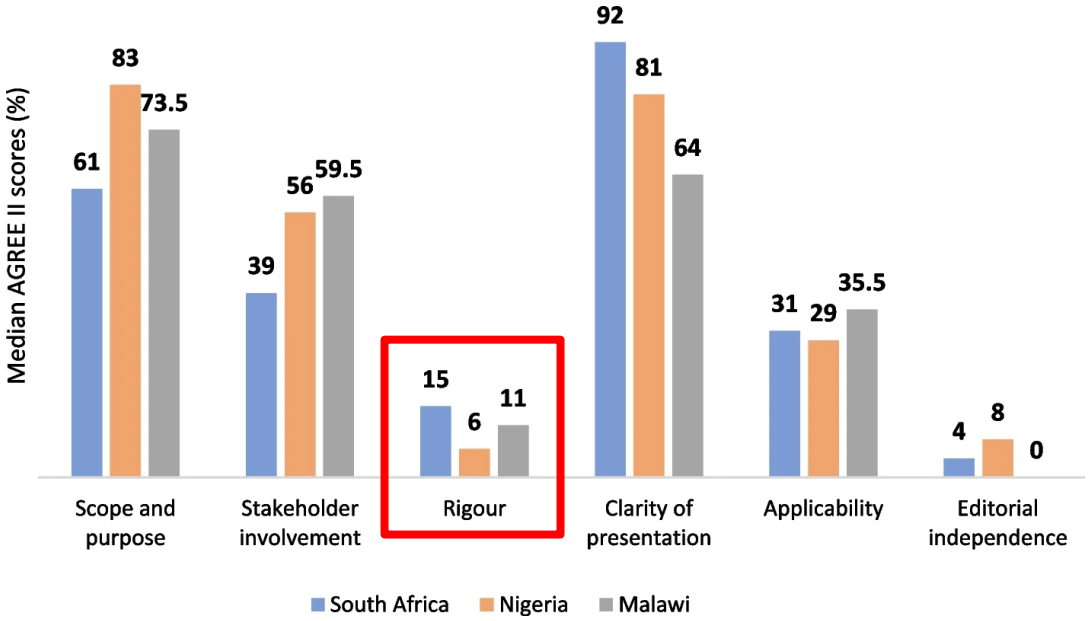

Our CPGs scored very well in most domains apart from rigour of development.

Mthethwa *et al. BMC Health Services Research* (2024) 24:221
https://doi.org/10.1186/s12913-024-10682-0

BMC Health Services Research

RESEARCH Open Access

Newborn and child health national and provincial clinical practice guidelines in South Africa, Nigeria and Malawi: a scoping review

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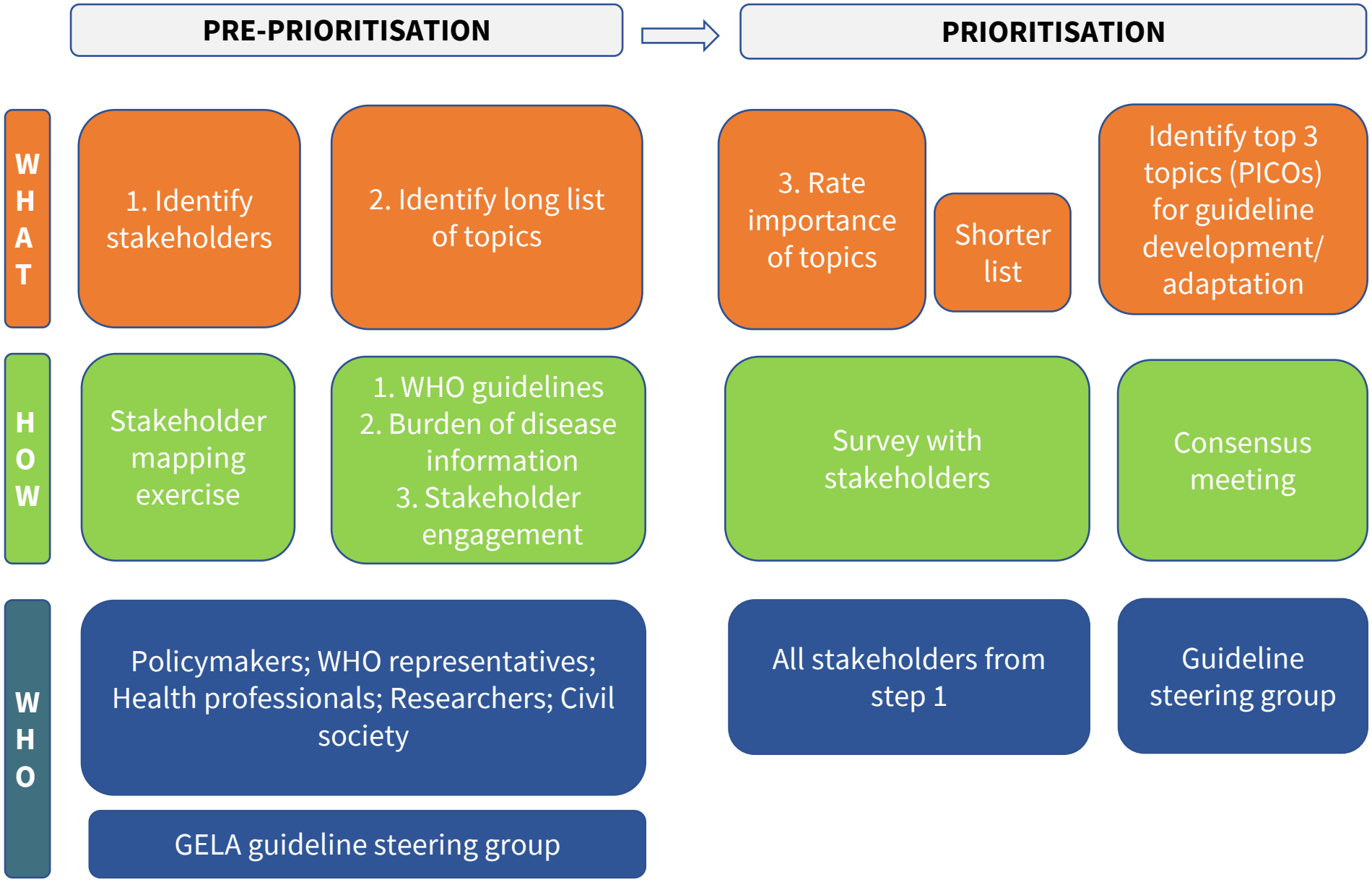
Abstract

Background Low and middle-income countries remain disproportionately affected by high rates of child mortality. Clinical practice guidelines are essential clinical tools supporting implementation of effective, safe, and cost-effective healthcare. High-quality evidence-based guidelines play a key role in improving clinical management to impact child mortality. We aimed to identify and assess the quality of guidelines for newborn and child health published in South Africa, Nigeria and Malawi in the last 5 years (2017–2022).

Methods We searched relevant websites (June–July 2022), for publicly available national and subnational de novo

Priority setting process



Developing a Long List of Topics

Review of WHO Guidelines on Poverty-Related Diseases

Review of Disease Burden/Technical Data

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Prioritization of Topics

- 18 Broad topics Identified
- Consultation with GELA Steering group members and experts in Newborn and child health to narrow down the list and clarify questions
  - 10 Broad Topic Areas (Including Birth Defects)
  - 27 Questions (Sub Topics)

Stakeholder Survey

- Respondents ranked 27 questions according to whether they thought the question was
  - Not important at all
  - Not important
  - Very important
  - Critically important
  - Very Critically important
- Percentages were calculated across each response category for all guideline questions.
- The top priorities were then ranked based on the proportion of respondents' considering the questions to be '**Very Critically important'** and **'Critically important'**.

Ranking of priorities (Very Critically Important)

Most High Ranking Questions
Health Worker-Related Interventions to Improve Compliance with Hand Hygiene Recommendations for Infection Prevention and Control in Hospitalized Neonates and Infants
Early versus late enteral feeding for improving outcomes in low birth weight and preterm infants
Interventions for improving identification and early referral of high-risk pregnancies

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Evidence syntheses: Incorporating Effectiveness, Qualitative, and Economic evidence in the GELA Clinical Practice Guideline Development Process

Presented at the 56th AGM and Scientific Conference of the Paediatrics Association of Nigeria, Gombe State

By

Dachi Arikpo (Ph.D)

Cochrane Nigeria, ITDR&P, UCTH

On behalf of the GELA Nigeria Team

This project is part of the EDCTP2 programme supported by the European Union
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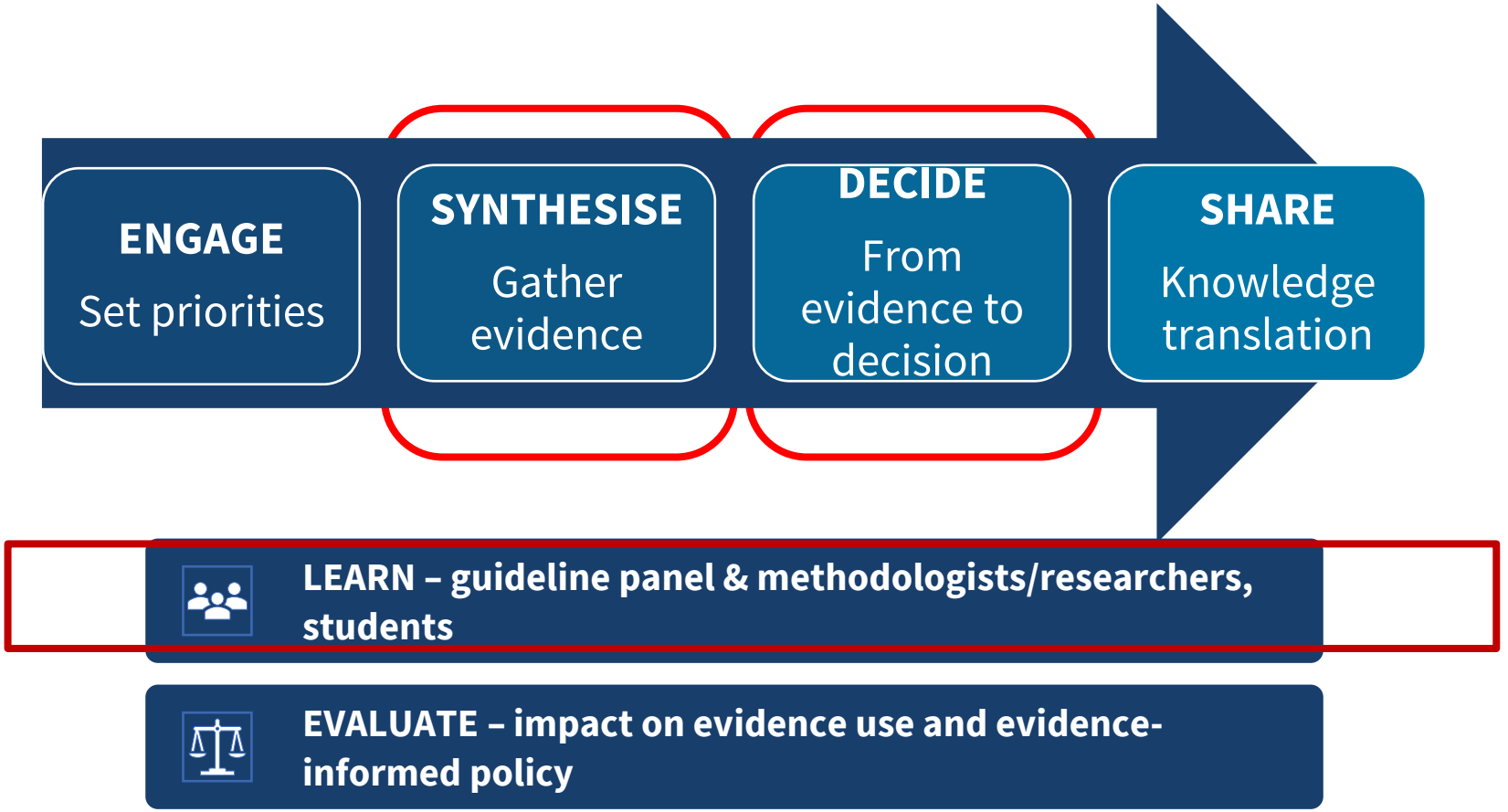
23rd January 2025


ENGAGE
Set priorities
SYNTHESISE
Gather evidence
DECIDE
From evidence to decision
SHARE
Knowledge translation
LEARN – guideline panel & methodologists/researchers, students
EVALUATE – impact on evidence use and evidence-informed policy

Introduction

- Evidence-based healthcare relies on the translation of evidence into Clinical Practice Guidelines (CPGs)

- CPGs are "….systematically developed evidence-based statements which assist providers, recipients and other stakeholders to make informed decisions about appropriate health interventions…." (WHO, 2007)

- Development of clinical guidelines involves several steps

Table. **Key Components of High-Quality and Trustworthy Guidelines**

Component	Description
Composition of guideline development group	A guideline development panel should include diverse and relevant stakeholders, such as health professionals, methodologists, experts on a topic, and patients.
Decision-making process	A guideline should describe the process used to reach consensus among the panel members and, if applicable, approval by the sponsoring organization. This process should be established before the start of guideline development.
Conflicts of interest	A guideline should include disclosure of the financial and nonfinancial conflicts of interest for members of the guideline development group. The guideline should also describe how any identified conflicts were recorded and resolved.
Scope of a guideline	A guideline should specify its objective(s) and scope.
Methods	A guideline should clearly describe the methods used for the guideline development in detail.
Evidence reviews	Guideline developers should use systematic evidence review methods to identify and evaluate evidence related to the guideline topic.
Guideline recommendations	A guideline recommendation should be clearly stated and based on scientific evidence of benefits, harms, and, if possible, costs.
Rating of evidence and recommendations	A guideline should use a rating system to communicate the quality and reliability of both the evidence and the strength of its recommendations.
Peer review and stakeholder consultations	Review by external stakeholders should be conducted before guideline publication.
Guideline expiration and updating	A guideline should include an expiration date and/or describe the process that the guideline groups will use to update recommendations.
Financial support and sponsoring organization	A guideline should disclose financial support for the development of both the evidence review as well as the guideline recommendations.

Guidelines Network International: doi:10.7326/0003-4819-156-7-201204030-00009

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Methods

The GELA project used a robust methodology for guideline development

- GRADE Evidence-to-Decision **(EtD) framework** and **ADOLOPMENT** approach to guide the overall guideline development process
- Using well-synthesized evidence to inform relevant domains of the Evidence-to-Decision framework
- The synthesis approach – Cochrane synthesis methodologies
- **The EtD framework** provides an explicit, transparent, structured approach to decision-making

GRADE

Cochrane

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GRADE for guidelines - Working Methods/ Principles

- Scoping, appraising or conducting systematic reviews aim to obtain best available evidence

- **Evidence assessment**: certainty of evidence using GRADE + further inputs by Guideline Development Group (GDG) members

- **Qualitative and economic information** is key in the process, where the GDG needs to:
  - Consider contextual information in drafting the recommendation
  - Flag to the end-user how to use relevant contextual information to interpret, adapt, and implement the recommendation
  - Consider resource requirements for implementing the guideline recommendation

- Final recommendations are typically reached through consensus
- Voting useful to start the consensus process

GRADE

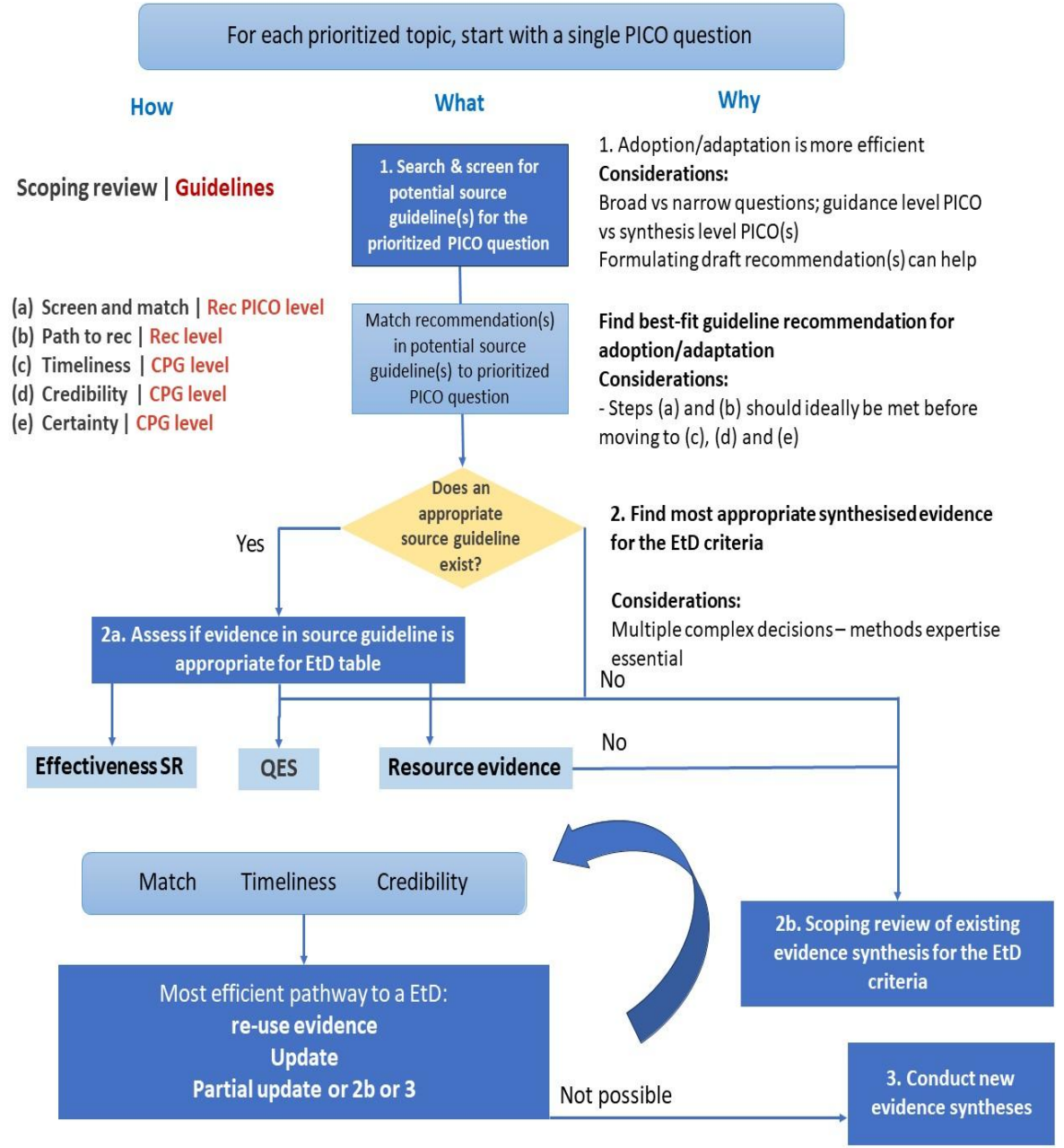
Criteria in the GRADE EtD Framework

Systematic reviews, where possible

1	**Desirable Effects** ⓘ How substantial are the desirable anticipated effects?	←
2	**Undesirable Effects** ⓘ How substantial are the undesirable anticipated effects?	← Effectiveness studies
3	**Certainty of evidence** ⓘ What is the overall certainty of the evidence of effects?	←
4	**Values** ⓘ Is there important uncertainty about or variability in how much people value the main outcomes?	← Qualitative studies
5	**Balance of effects** ⓘ Does the balance between desirable and undesirable effects favor the intervention or the comparison?	← Effectiveness studies
6	**Resources required** ⓘ How large are the resource requirements (costs)?	← Modeling, economic analysis, resource use studies
7	**Equity** ⓘ What would be the impact on health equity?	←
8	**Acceptability** ⓘ Is the intervention acceptable to key stakeholders?	← Qualitative studies
9	**Feasibility** ⓘ Is the intervention feasible to implement?	←

GRADEpro GDT

Prototype GELA-adolopment algorithm



Adapted from GRADE-ADOLOPMENT algorithm

Overview of guideline question

Should healthcare worker-related multicomponent interventions vs. no intervention (or usual care) be used for improving compliance with hand hygiene recommendations for infection, prevention and control in hospitalized newborn and neonates?

PICO item	Description
Population	Health Care Workers
Intervention	*Training and Education, Reminders and communication, monitoring, evaluation and feedback, or a combination of several of these*
Comparator	No intervention (or usual care), multiple interventions, one intervention versus another
Outcomes	*Hand Hygiene Compliance, Healthcare Associated Infections, Improved Knowledge/skills/attitudes, All cause mortality, Duration of hospital stay, Need for intensive care, Adverse events*

Step 1: Scoping to find a source guideline to adapt

1. Scoping of guidelines – no appropriate source guideline found

No appropriate source guideline found

Evidence-to-Decision framework	
	Judgement
PROBLEM	Is the problem a priority? No / Probably no / Probably Yes / Yes / Varies / Don't know
DESIRABLE EFFECTS	How substantial are the desirable anticipated effects? Trivial / Small / Moderate / Large / Varies / Don't know
UNDESIRABLE EFFECTS	How substantial are the undesirable anticipated effects? Large / Moderate / Small / Trivial / Varies / Don't know
CERTAINTY OF EVIDENCE	What is the overall certainty of the evidence of effects? Very low / Low / Moderate / High / No included studies
VALUES	Is there important uncertainty about or variability in how much people value the main outcomes? Important uncertainty or variability / Possibly important uncertainty or variability / Probably no important uncertainty or variability / No important uncertainty or variability
BALANCE OF EFFECTS	Does the balance between desirable and undesirable effects favor the intervention or the comparison? Favours the comparison / Probably favours the comparison / Does not favour either the intervention or the comparison / Probably favours the intervention / Favours the intervention / Varies / Don't know
RESOURCES REQUIRED	How large are the resource requirements (costs)? Large costs / Moderate costs / Negligible costs and savings / Moderate savings / Large savings / Varies / Don't know
CERTAINTY OF EVIDENCE OF REQUIRED RESOURCES	What is the certainty of the evidence of resource requirements (costs)? Very low / Low / Moderate / High / No included studies
COST EFFECTIVENESS	Does the cost-effectiveness of the intervention favour the intervention or the comparison? Favours the comparison / Probably favours the comparison / Does not favour either the intervention or the comparison / Probably favours the intervention / Favours the intervention / Varies / Don't know
EQUITY	What would be the impact on health equity? Reduced / Probably reduced / Probably no impact / Probably increased / Increased / Varies / Don't know
ACCEPTABILITY	Is the intervention acceptable to key stakeholders? No / Probably no / Probably Yes / Yes / Varies / Don't know
FEASIBILITY	Is the intervention feasible to implement? No / Probably no / Probably Yes / Yes / Varies / Don't know

Step 2: Scoping to find a Systematic review to use/update

Effectiveness

n=230 (PubMed, CDSR, Epistemonikos) for title/abstract screening

n=25 full-texts screened

Records excluded (n=25):
Intervention not appropriately matching (n=11)
No control group (n=6)
Wrong setting (n=2)
Wrong study design (n=3)
Wrong outcomes (n=1)
Not a Systematic Review of Effectiveness (n=2)

No appropriate published SR

Qualitative

n=295 records for screening identified from databases, websites and search engines

n= 33 full-text potentially eligible QES/ primary qualitative studies screened

n=1 eligible QES; EPOC tool appraisal, n=2 eligible primary qualitative studies

The QES had
- several important limitations and gaps

Therefore, complementary QES

Economic

n=698 records for screening identified from databases, websites and search engines

n= 6 full-text potentially eligible SREE/EE screened

n=1 eligible SREE; ISPOR CiCERO Checklist appraisal, n=0 eligible EE

SREE did not include any EE from
- **Nigeria or**
- **other low- and middle-income countries (LMICs)**

that could be used for country-specific guideline development

Therefore, economic evaluation

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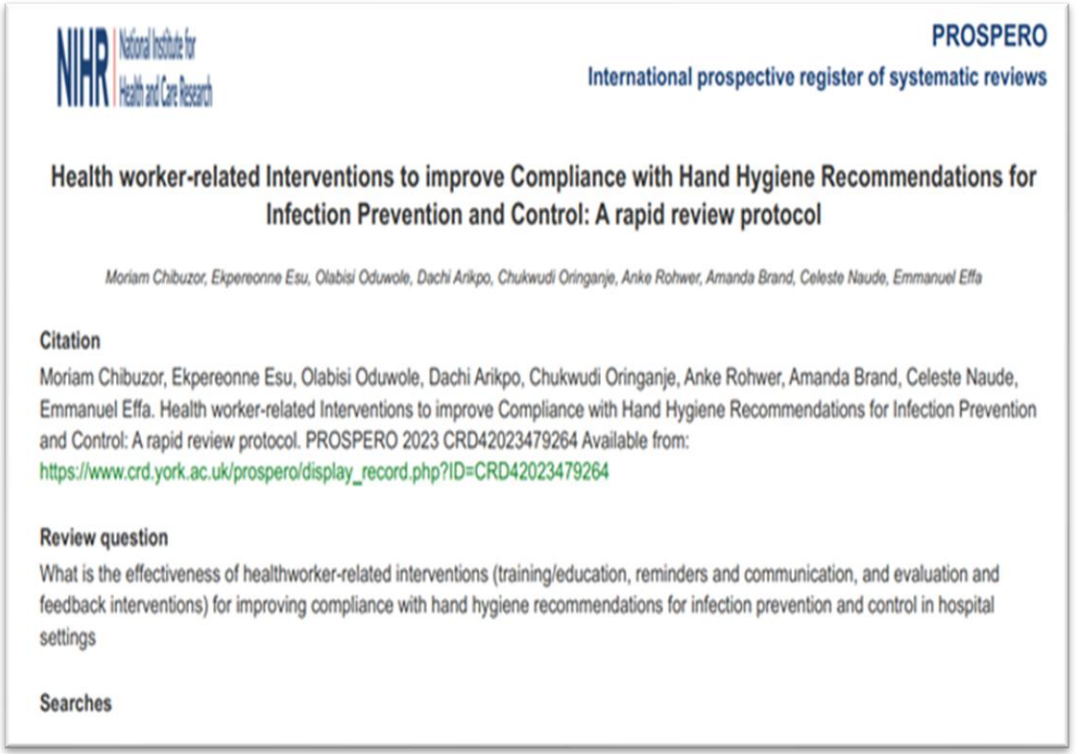
Step 3: Conduct a new SR of effects

- ✶ Developed a protocol for the new SRs of effectiveness & qualitative studies (QES)
- ✶ Prospectively registered on PROSPERO (CRD42023479264 and CRD42023476841)



NIHR National Institute for Health and Care Research

PROSPERO
International prospective register of systematic reviews

Health worker-related Interventions to improve Compliance with Hand Hygiene Recommendations for Infection Prevention and Control: A rapid review protocol

Moriam Chibuzor, Ekpereonne Esu, Olabisi Oduwole, Dachi Arikpo, Chukwudi Oringanje, Anke Rohwer, Amanda Brand, Celeste Naude, Emmanuel Effa

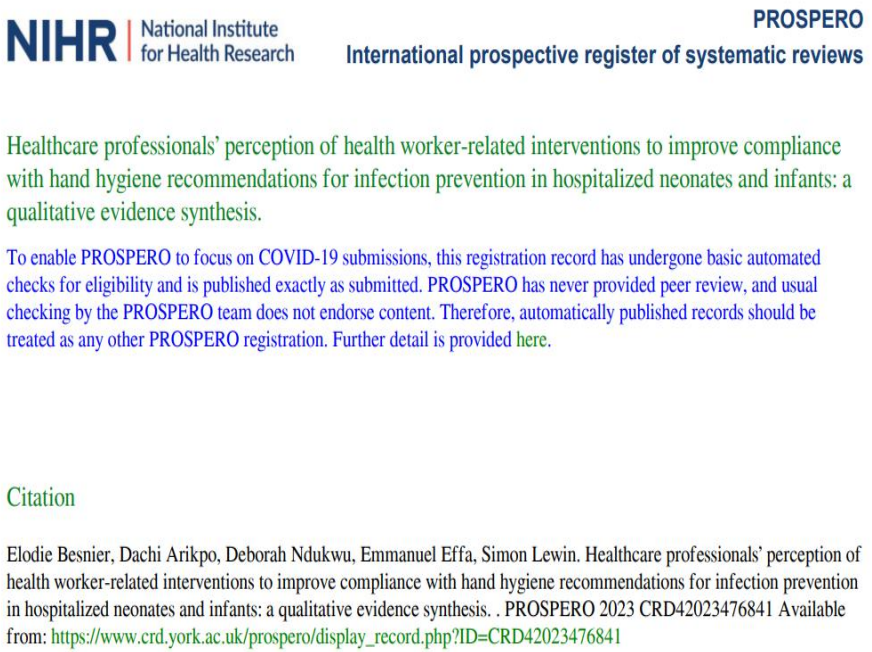
Citation

Moriam Chibuzor, Ekpereonne Esu, Olabisi Oduwole, Dachi Arikpo, Chukwudi Oringanje, Anke Rohwer, Amanda Brand, Celeste Naude, Emmanuel Effa. Health worker-related Interventions to improve Compliance with Hand Hygiene Recommendations for Infection Prevention and Control: A rapid review protocol. PROSPERO 2023 CRD42023479264 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42023479264

Review question

What is the effectiveness of healthworker-related interventions (training/education, reminders and communication, and evaluation and feedback interventions) for improving compliance with hand hygiene recommendations for infection prevention and control in hospital settings

Searches



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PROSPERO
International prospective register of systematic reviews

Healthcare professionals' perception of health worker-related interventions to improve compliance with hand hygiene recommendations for infection prevention in hospitalized neonates and infants: a qualitative evidence synthesis.

To enable PROSPERO to focus on COVID-19 submissions, this registration record has undergone basic automated checks for eligibility and is published exactly as submitted. PROSPERO has never provided peer review, and usual checking by the PROSPERO team does not endorse content. Therefore, automatically published records should be treated as any other PROSPERO registration. Further detail is provided here.

Citation

Elodie Besnier, Dachi Arikpo, Deborah Ndukwu, Emmanuel Effa, Simon Lewin. Healthcare professionals' perception of health worker-related interventions to improve compliance with hand hygiene recommendations for infection prevention in hospitalized neonates and infants: a qualitative evidence synthesis. . PROSPERO 2023 CRD42023476841 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42023476841

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Levels of ‘certainty’

(or confidence in the effect estimate/phenomenon/ evidence)

GRADE

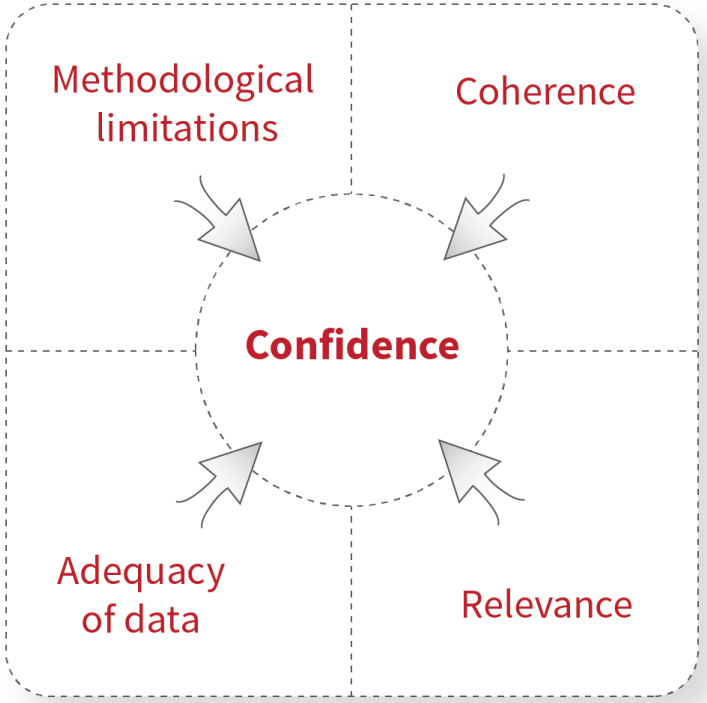
HIGH ⊕⊕⊕⊕

MODERATE ⊕⊕⊕◯

LOW ⊕⊕◯◯

VERY LOW ⊕◯◯◯

- Risk of bias
- Inconsistency
- Indirectness
- Imprecision
- Publication bias
- Large effects, dose-response relationship



GRADE-CERQual approach

Effectiveness evidence: Summary of findings

GRADE TABLE 1

Healthcare worker-related multicomponent interventions compared to no intervention or usual care for infection prevention and control

Patient or population: Health workers
Setting: Hospitals
Intervention: · HCW-related multicomponent interventions (bundle of two or more of the interventions)
Comparison: no intervention or usual care

Outcomes	№ of hand hygiene opportunities or participants (studies)	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects		Comments
				Risk with no intervention or usual care	Risk difference with HCW-related multicomponent interventions	
Hand hygiene compliance (Harbarth 2002 (USA); Mertz 2010 (Canada))	27,643 HH opportunities (2 RCTs)	⊕⊕⊕◯ Moderate[a]	**OR 1.56** (1.19 to 2.04)	280 per 1,000[b]	**98 more per 1,000** (36 more to 162 more)	HCW-related multicomponent interventions probably increase the likelihood of hand hygiene compliance compared to no intervention or usual care.
Healthcare-associated infections (Harbarth 2002 (USA); Mertz 2010 (Canada))	(2 RCTs)	◯◯◯◯ very low[a,c,d]	Mertz 2010 reported MRSA colonization incidence rates of 0.30 and 0.31 cases per 1,000 patient days for the intervention and control groups, respectively (P = 0.967). Harbarth 2002 did not report the number of infections across study arms.			We are uncertain whether HCW-related multicomponent interventions reduce healthcare-associated infections as the certainty of the evidence is very low

Qualitative Evidence: Summary of qualitative findings table

#	Summarised review finding	GRADE-CERQual Assessment of confidence	Explanation of GRADE-CERQual Assessment	References
	Acceptability			
1	Finding 1: Some HCPs reported being unsure that their HH practice is correct. HCPs and cleaning staff wanted more training, delivered frequently and that includes theoretical and practical (incl. hand hygiene techniques) aspects of HH…….(2 studies)	Moderate confidence	Minor concerns regarding methodological limitations, Moderate concerns regarding coherence, Minor concerns regarding adequacy, and Minor concerns regarding relevance…..	Mangochi et al. 2023 ; Yehouenou et al. 2022
2	Finding 2: HCPs value training and education for HH compliance. They acknowledge and know the role of training in good HH practices and noted the need for more training. Some HCWs also feel that HH training can be an opportunity for discussions on HH best practices. (2 studies)	Moderate confidence	Minor concerns regarding methodological limitations, No/Very minor concerns regarding coherence, Minor concerns regarding adequacy, and No/Very minor concerns regarding relevance	Mangochi et al. 2023 ; Yehouenou et al. 2022

Economic evidence

- **Breakdown of financial costs of the intervention bundle implemented in one tertiary health facility in the first year (2024) and subsequent years in NGN**

Item	2024*	2025*	2026*
Once off start-up cost			
Training IPC focal person (cost of training 1 health worker – IPC focal person)	877,450.00	0	0
Total once-off start-up costs	877,450.00		
Annual costs of intervention bundle implemented quarterly (recurrent costs)			
Education and training	487,448.00	531,318.32	579,136.97
Reminders and communication	115,540.00	125,938.60	137,273.07
Monitoring and feedback	210,152.00	229,065.68	249,681.59
Total cost for the intervention bundle i.e. the three activities (per secondary or tertiary health facility)	813,140.00	886,322.60	966,091.63
Total cost for the first year (intervention bundle + once-off start-up cost)	**1,690,590.00**		
Total cost per health facility over the intervention (3 years + the start-off cost)			2024/2025/2026 **NGN 3,545,004.23**

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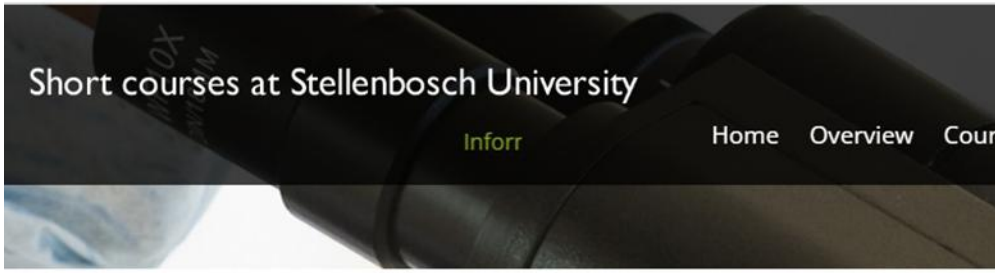
Economic evidence 2

The costing analysis also provided information on

- Scenario 1: cost of implementing intervention bundle nationwide
- Scenario 2: education and training only
- Scenario 3: reminder and communication intervention only
- Scenario 4: monitoring and feedback only
- Uncertainty analysis

Capacity enhancement activities preparatory to using the EtD

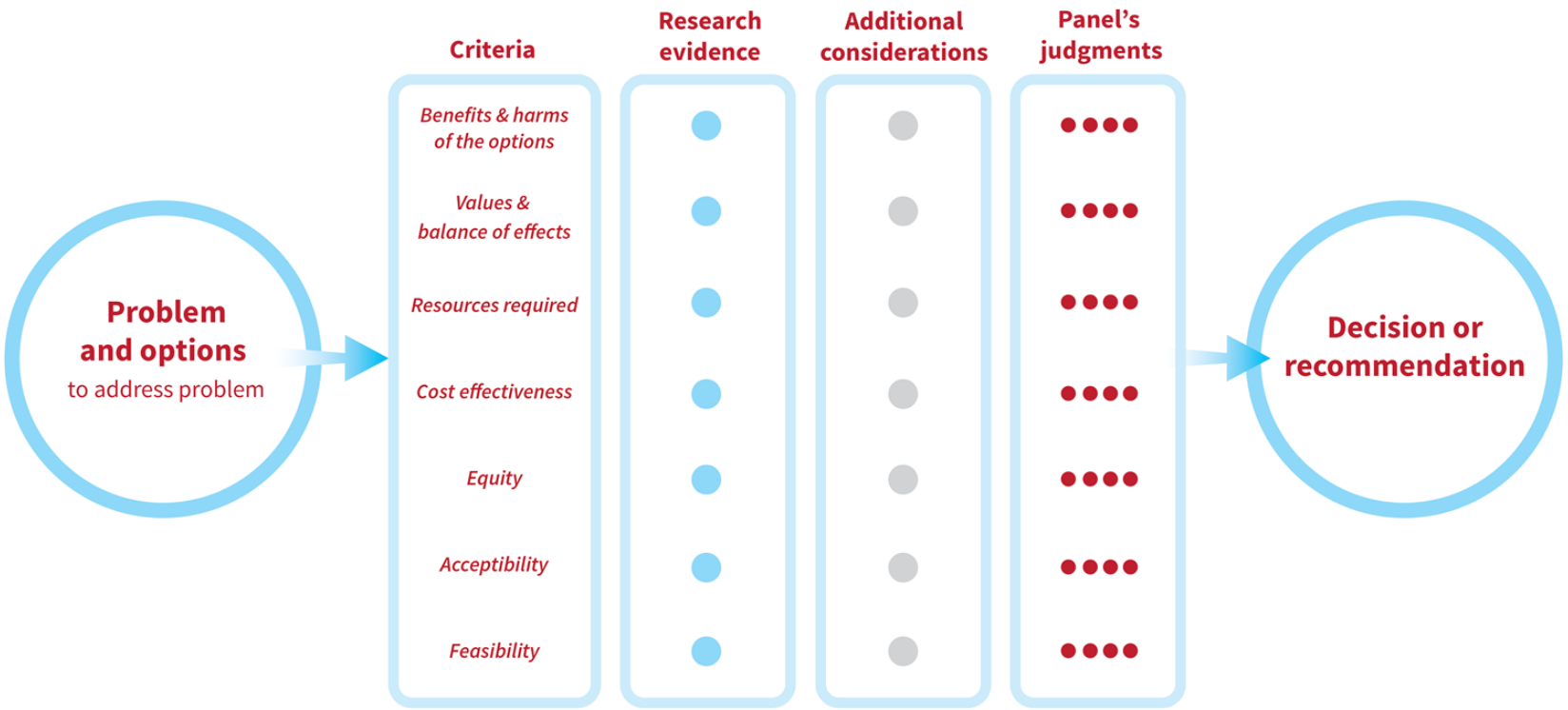
1. Build capacity to ‘find, read and use evidence’ from existing reviews of effectiveness and qualitative and Clinical Practice Guidelines (CPGs).
2. Build capacity to participate in guideline groups with digital support
3. Convene quarterly Community of Practice for GDG members and researchers across countries



Evidence to Decision Tables

Factor	Decision
Benefits vs Harms	Benefits > Harms; Benefits = Harms; Harms > Benefits
Quality of Evidence	High, Moderate, Low, Very Low
Values & Preferences	No Major Variability OR Major Variability
Resource use	More or Less resources required
Feasibility	Yes OR No OR Uncertain
Equity & Human Rights	More OR less equitable OR Uncertain
Acceptability	No Major Variability OR Major Variability
RECOMMENDATION	In favour or Against or No Recommendation
Strength	**STRONG** OR **CONDITIONAL**
Research Gaps	

How recommendations are made



GRADEpro GDT

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Types of recommendations with justification

CONCLUSIONS

Type of recommendation

☐ Strong recommendation against the option	☐ Conditional recommendation against the option	☐ Conditional recommendation for either the option or the comparison	☒ Conditional recommendation for the option	☐ Strong recommendation for the option

- For or against? Strong or conditional?
- As far as possible, recommendations are made through consensus

GRADE

Strength of a recommendation

A **strong recommendation** is one for which there is confidence that the *desirable effects clearly outweigh the undesirable effects*

A **conditional recommendation** is one for which the GDG concludes that:

- The *desirable effects probably outweigh the undesirable effects or are closely balanced*, but the GDG is not confident about these trade-offs in all situations.

- At implementation, we need monitoring and evaluation to address uncertainties, which are likely to provide new evidence that may change the calculation of the balance of trade-offs and to suggest how to overcome any implementation challenges.

From Adolopment to Dissemination: experiences with the GELA Nigeria project

Dr. Ekpereonne Esu & Dr. Emmanuel Effa

Cochrane Nigeria, Calabar Institute of Tropical Diseases Research & Prevention, University of Calabar Teaching Hospital

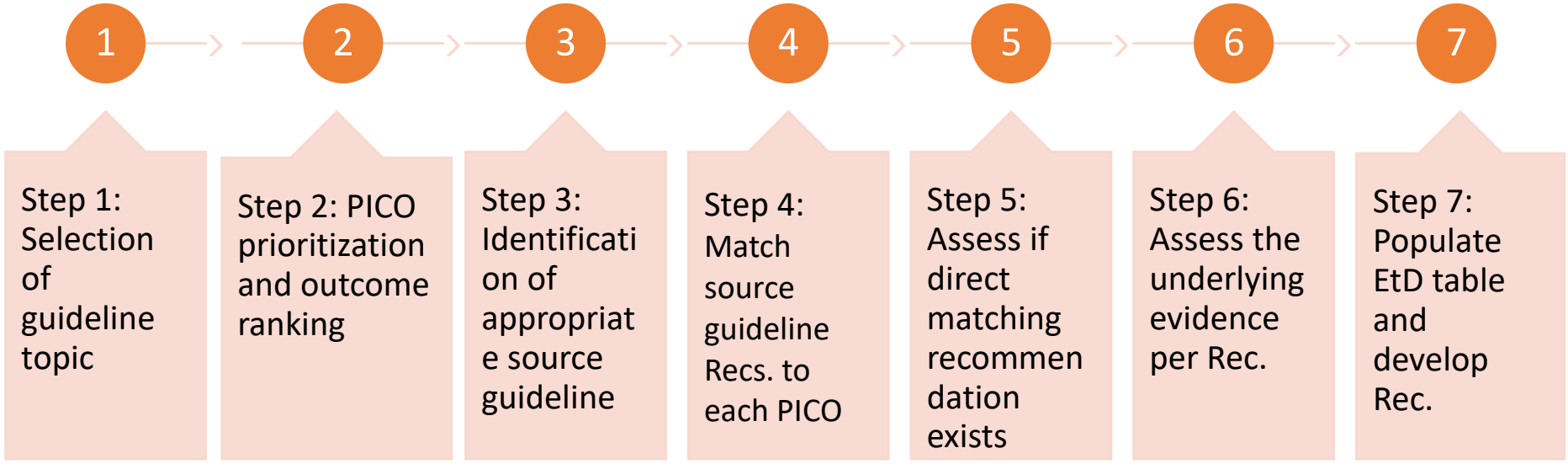
On behalf of GELA Nigeria team

23 January 2025

This project is part of the EDCTP2 programme supported by the European Union

EDCTP

Seven step process was followed



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Step 1: Selection of Guideline topic

Informed by scoping of existing national guidelines or evidence synthesis

Setup organisational aspects of the guideline group

Stakeholder/ Steering Committee engagement on topic selection

Step 2: PICO Prioritisation and outcome ranking

- 3 guidance PICOs per country with ranked critical outcomes
- Three Guideline questions (PICOs) were prioritised based on local needs and priorities.
- Most critical outcomes were ranked for each guideline question
- Each guideline question moved through to Step 3 independently

Step 3 : Identification of appropriate source guidelines

For each PICO, existing CPGs were identified through searches and other means

To facilitate the adolopment process, identified CPGs were assessed for:

Relevancy or matching	Credibility	Currency	If Based on GRADE (Grading of Recommendations, Assessment, Development, and Evaluations)

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Step 4: Matching source guideline recommendations to each prioritized PICO

- Guidelines were assessed and ranked based on judgements about the following three aspects:

1. **Timeliness of the guideline:** Is the guideline up-to-date? Is the guideline likely to miss important recent evidence?
2. **Credibility of the guideline:** Have sound methods been used to develop the guideline? Is the guideline credible? Use domains D1, D3 and D6 of the AGREE II tool (Brouwers 2010) to assess key components of the methodological quality of the guideline.
3. **Path to recommendations:** Is there a clear and transparent documented path from the evidence to the recommendation?
    - Does the guideline use GRADE or GRADE Evidence to Decision (EtD) framework?

Step 4: Matching source guideline recommendations to each prioritized PICO

- Based on the assessment findings and guidelines' ranking on the shortlist, we judged whether the top-ranked guideline was suitable for the adolopment process.

- The top-ranked guideline moved to the next step in the adolopment process.

Step 5: Does a direct matching recommendation(s) exist?

- If **YES**
- Go to **STEP 6** Assess the underlying evidence per recommendation

- If **NO**
- *De novo* Development of SR of effectiveness evidence
- If none of the guidelines are suitable, a rapid *de novo* guideline development approach was employed to develop a recommendation for the priority PICO question used

Step 6: Is there an effectiveness SR for the recommendation?

- If **YES**
- Critically appraise using AMSTAR II tool

- If **NO**
- *De novo* Development (with PROTOCOL B1(effectiveness evidence))

Step 6: IF YES (Critical appraisal with AMSTAR II)

Following appraisal with AMSTAR II, if we found

- **Moderate-to-high quality** + **up-to-date + Evidence Profile/SoF** → **USE EP/SoF**

- **Moderate-to-high quality** + **missing evidence** → **Consider updating Systematic Review**

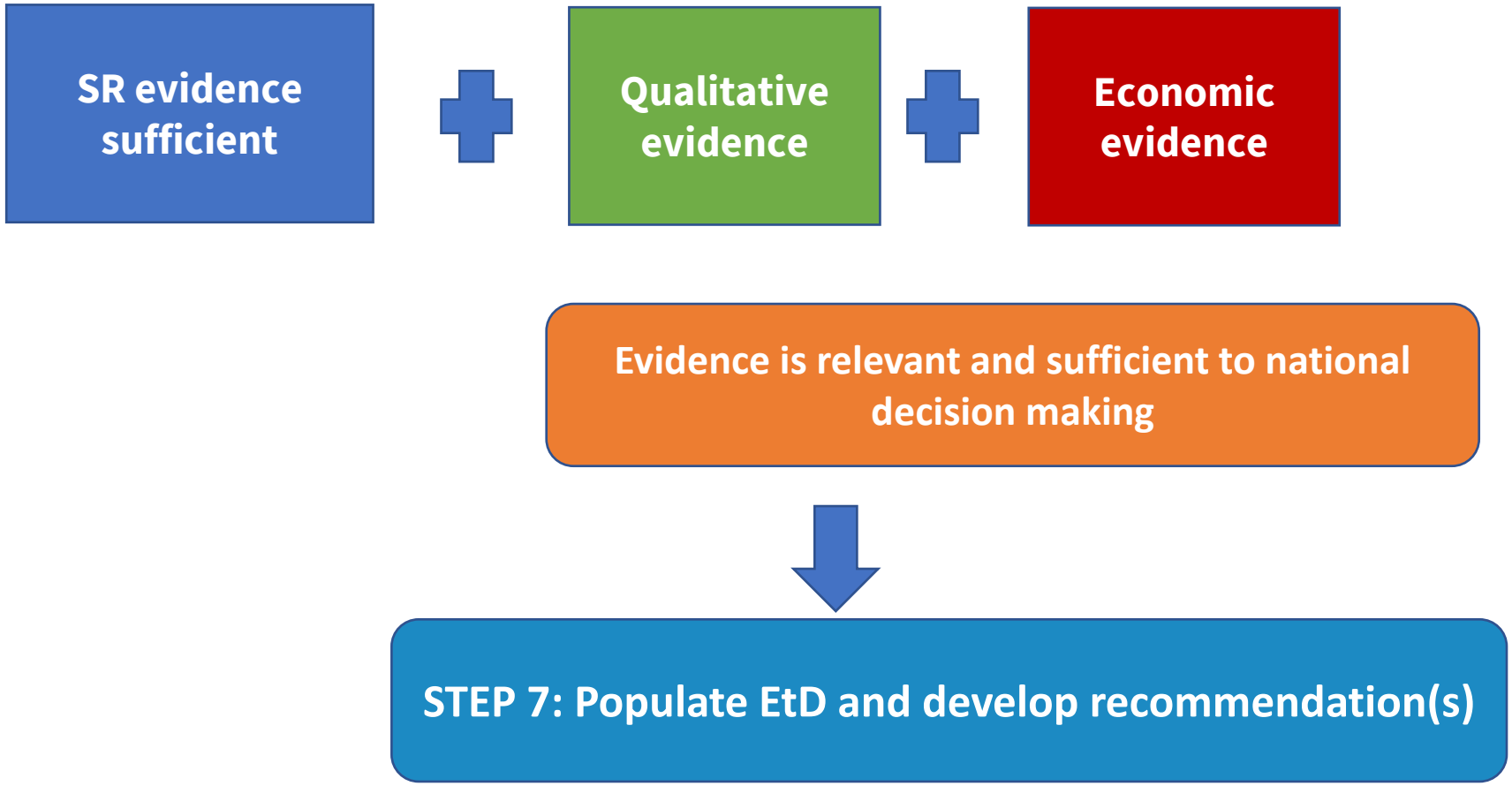
- **Moderate-to-high quality** + **up-to-date + No Evidence Profile/SoF** → **Develop EP/SoF**

- **Critically low to low quality** → Discuss with Steering Group or conduct *de novo* effectiveness, qualitative and economic evidence syntheses

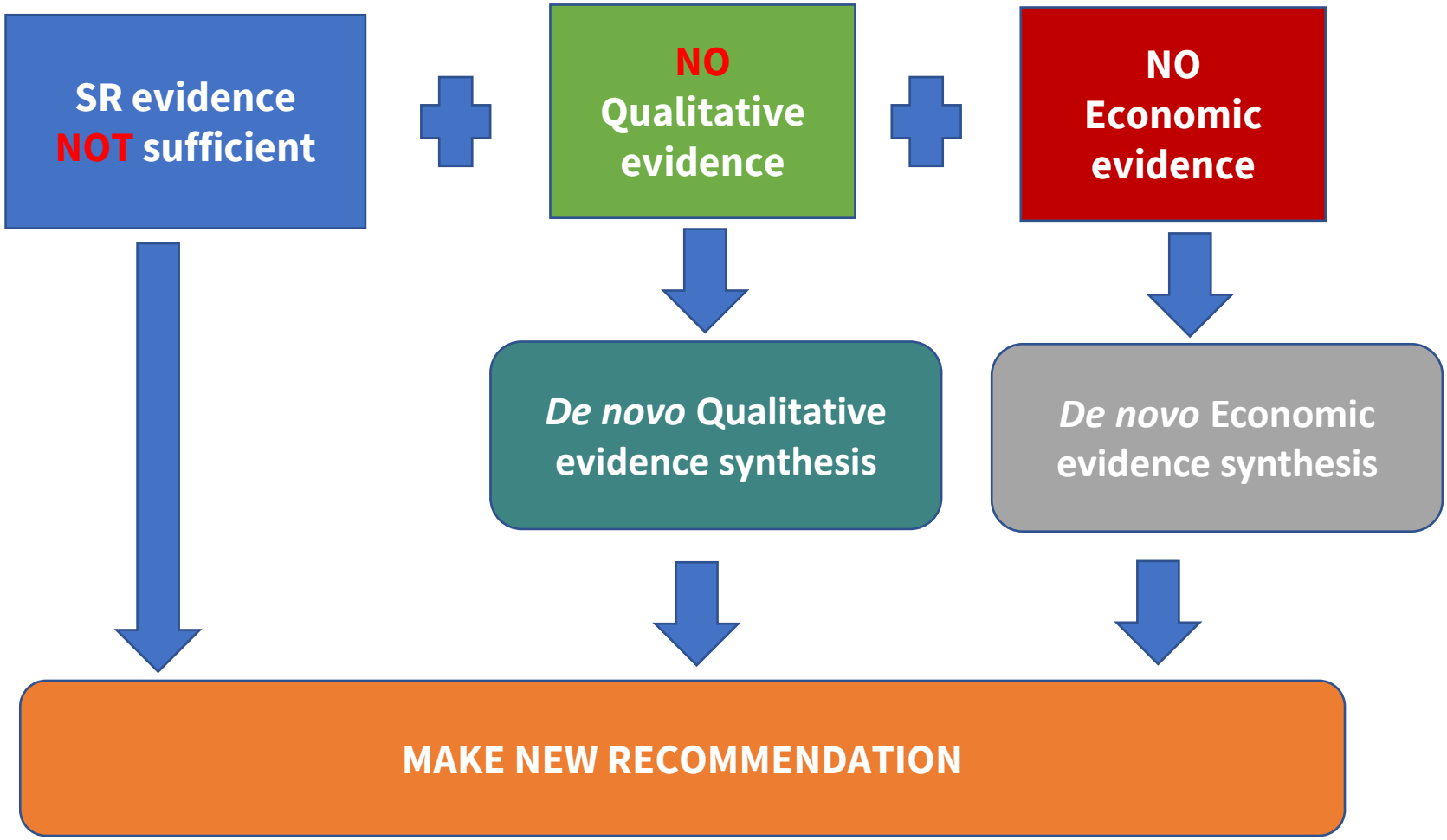
CATEGORIES OF RECOMMENDATIONS

- At the end of the syntheses and related processes, we could end up with:
  - **New** recommendation(s)
  - **Adapted** recommendation(s)
  - **Adopted** recommendation(s)

Scenario 1


SR evidence sufficient
Qualitative evidence
Economic evidence
Evidence is relevant and sufficient to national decision making
STEP 7: Populate EtD and develop recommendation(s)

Scenario 2



Interventions for improving Hand Hygiene Compliance among HCWs

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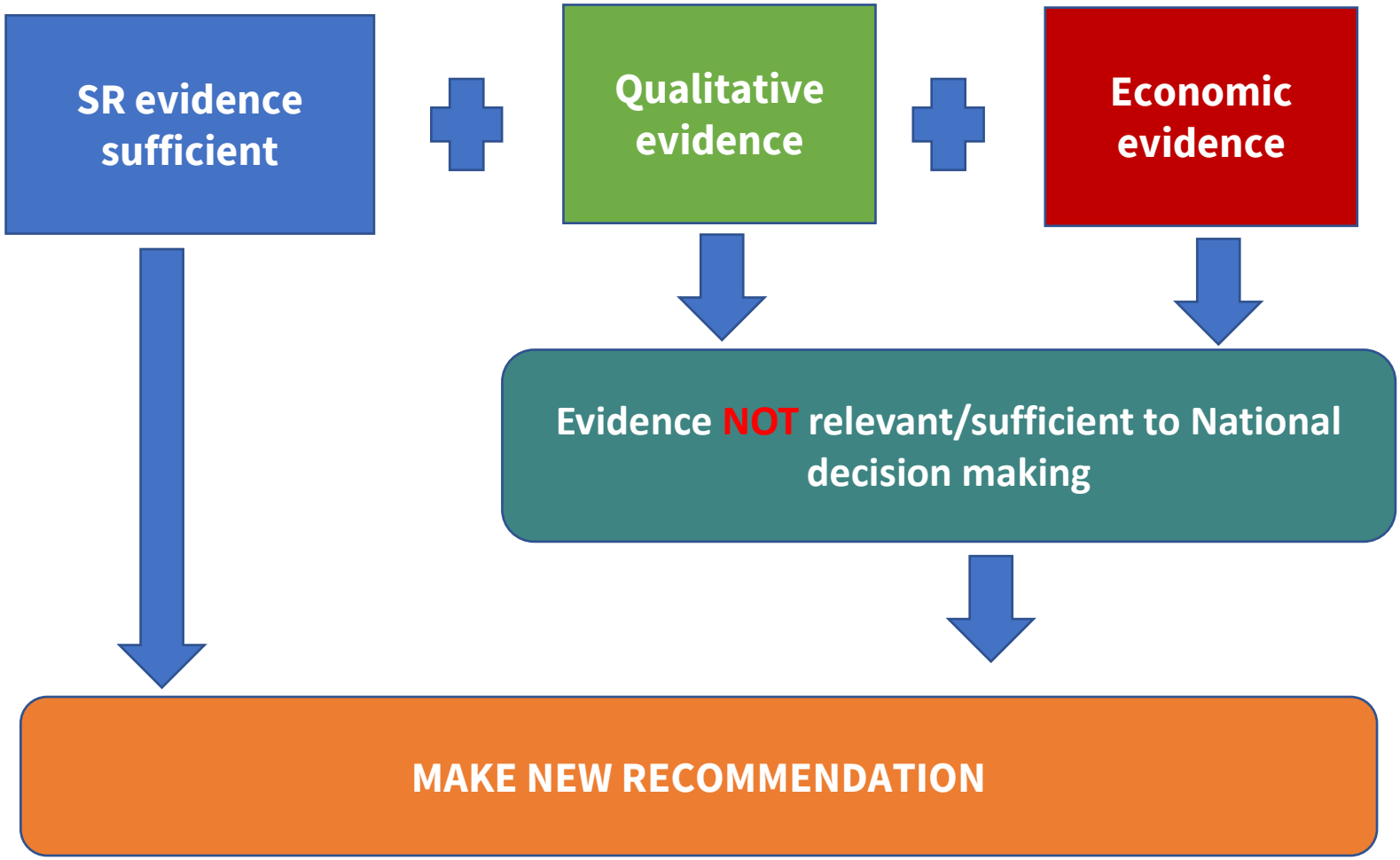
Scenario 3



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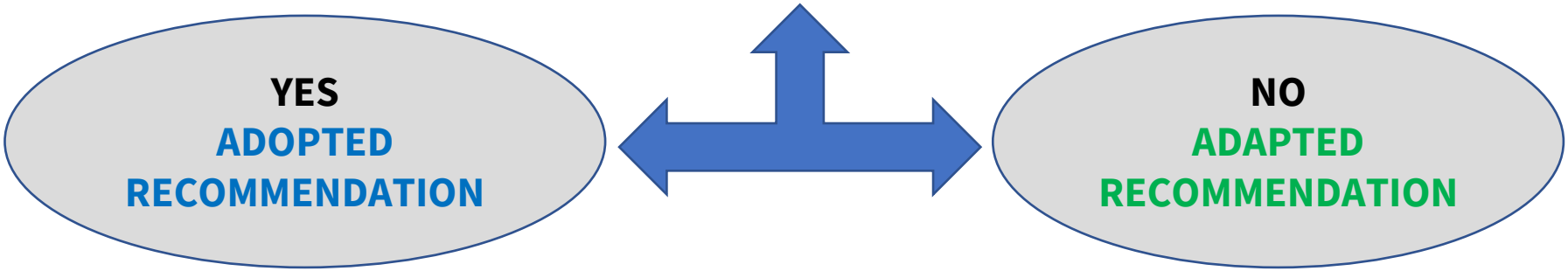
ADAPTED vs. ADOPTED RECOMMENDATION

STEP 7: Populate EtD and develop recommendation(s)

STEP 8: Is the adoloped recommendation similar to the source?



Enteral feeding in preterm and LBW infants

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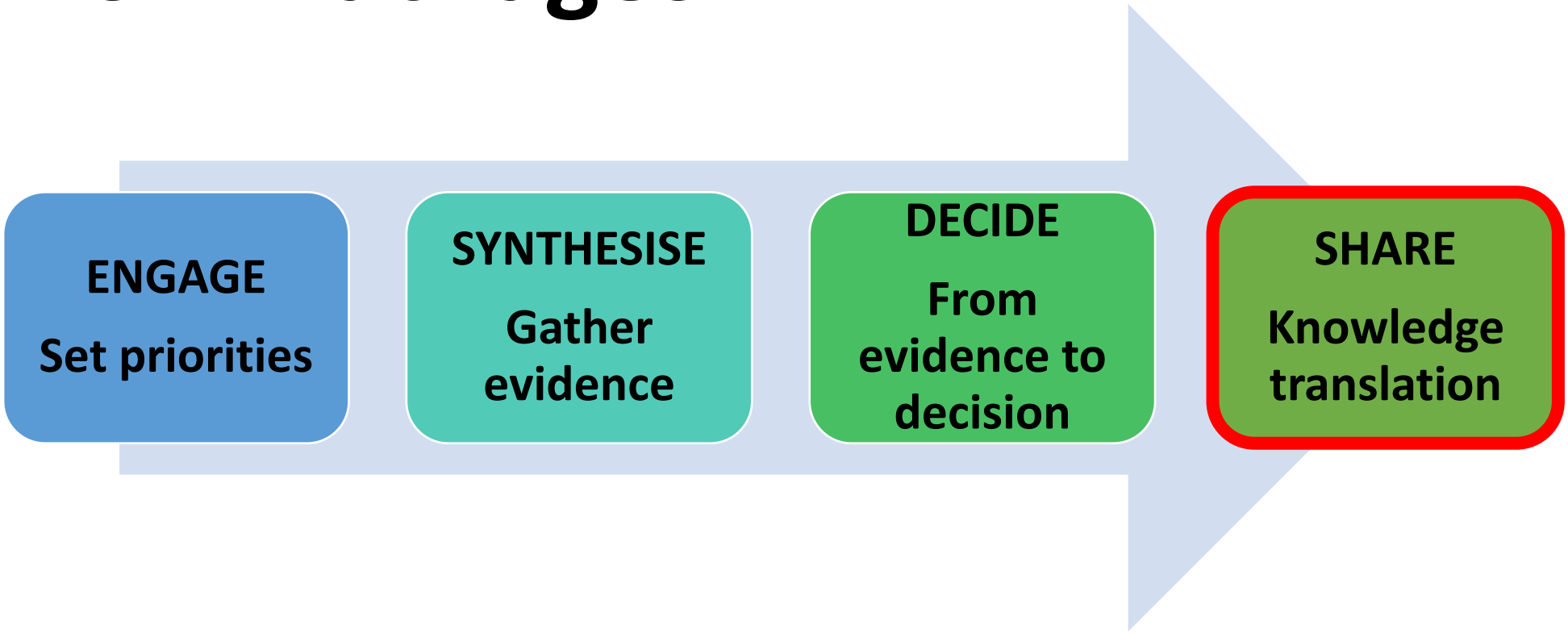
Dissemination

Work Packages



LEARN – guideline panel & methodologists/ researchers, students

EVALUATE – impact on evidence use and evidence-informed policy

Work Package aim

- To use innovative formats and methods to share CPG recommendations

- To produce and test dissemination formats of all recommendations for three audiences

DISSEMINATION

Public

Patients

Healthcare providers

Contents lists available at ScienceDirect

Research in Social and Administrative Pharmacy

journal homepage: www.elsevier.com/locate/rsap

Original Research

Development of the Guide to Disseminating Research (GuiDiR): A consolidated framework

Sion Scott [a], Bethany Atkins [a], Thomas D'Costa [b], Claire Rendle [b], Katherine Murphy [a], David Taylor [a], Caroline Smith [a], Ian Kellar [c], Andrew Briggs [d], Alys Griffiths [e], Rebekah Hornak [f], Anne Spinewine [g], Wade Thompson [h], Ross Tsuyuki [i], Debi Bhattacharya [a,*]

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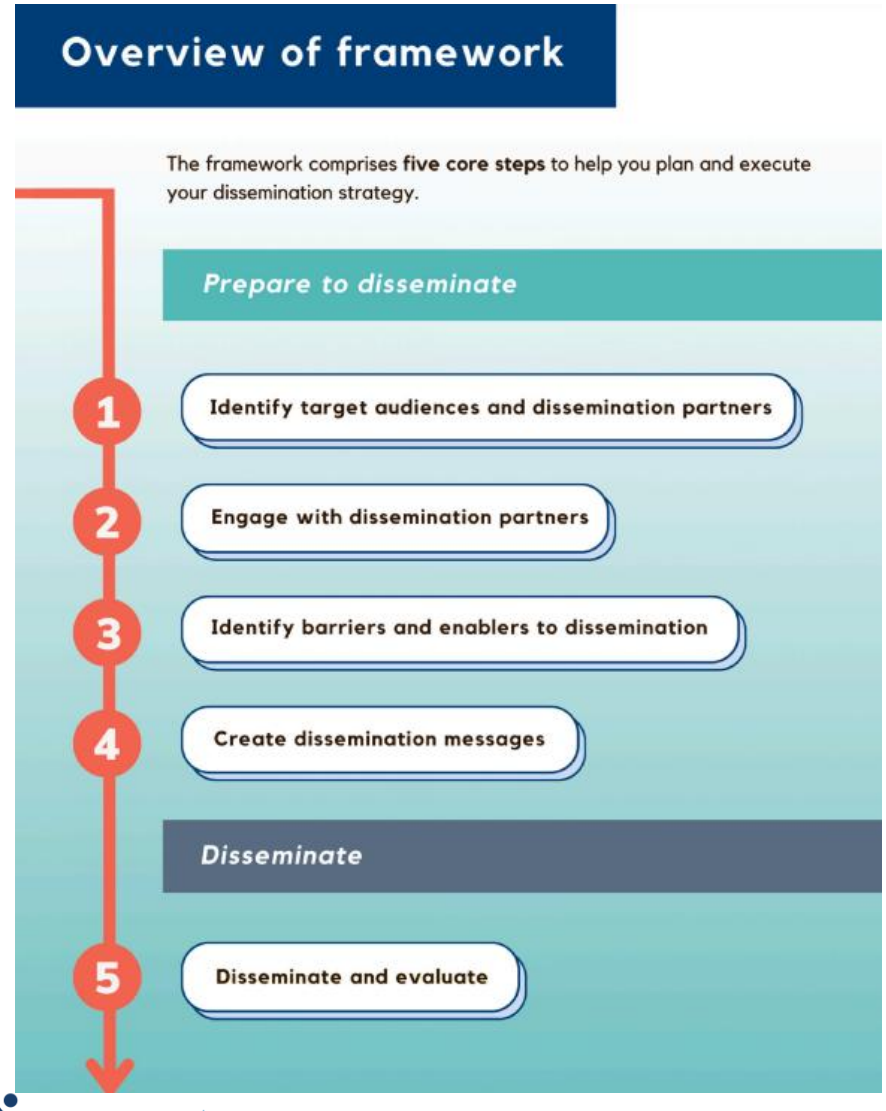
[e] School of Medicine and Population Health, University of Sheffield, UK
[f] National Implementation Research Network, Frank-Porter Graham Child Development Institute, University of North Carolina at Chapel Hill, USA
[g] Université Catholique de Louvain, Louvain Drug Research Institute, Brussels, Belgium & CHU UCL Namur, Pharmacy Department, Yvoir, Belgium
[h] Department of Anesthesiology, Pharmacology, and Therapeutics, Faculty of Medicine, University of British Columbia, Canada
[i] Department of Medicine, Faculty of Medicine and Dentistry, University of Alberta. Edmonton, AB., Canada

Scott, Sion, et al. "Development of the Guide to Disseminating Research (GuiDiR): A consolidated framework." *Research in Social and Administrative Pharmacy* 20.11 (2024): 1047-1057.

Dissemination



In the GELA Project:

1. Stakeholder analysis
2. Engagement with FMOH, SG & GDG
3. User testing of Guideline formats (Infographics)
4. Refine dissemination messages (infographic, posters and social media)
5. Evaluation of dissemination efforts

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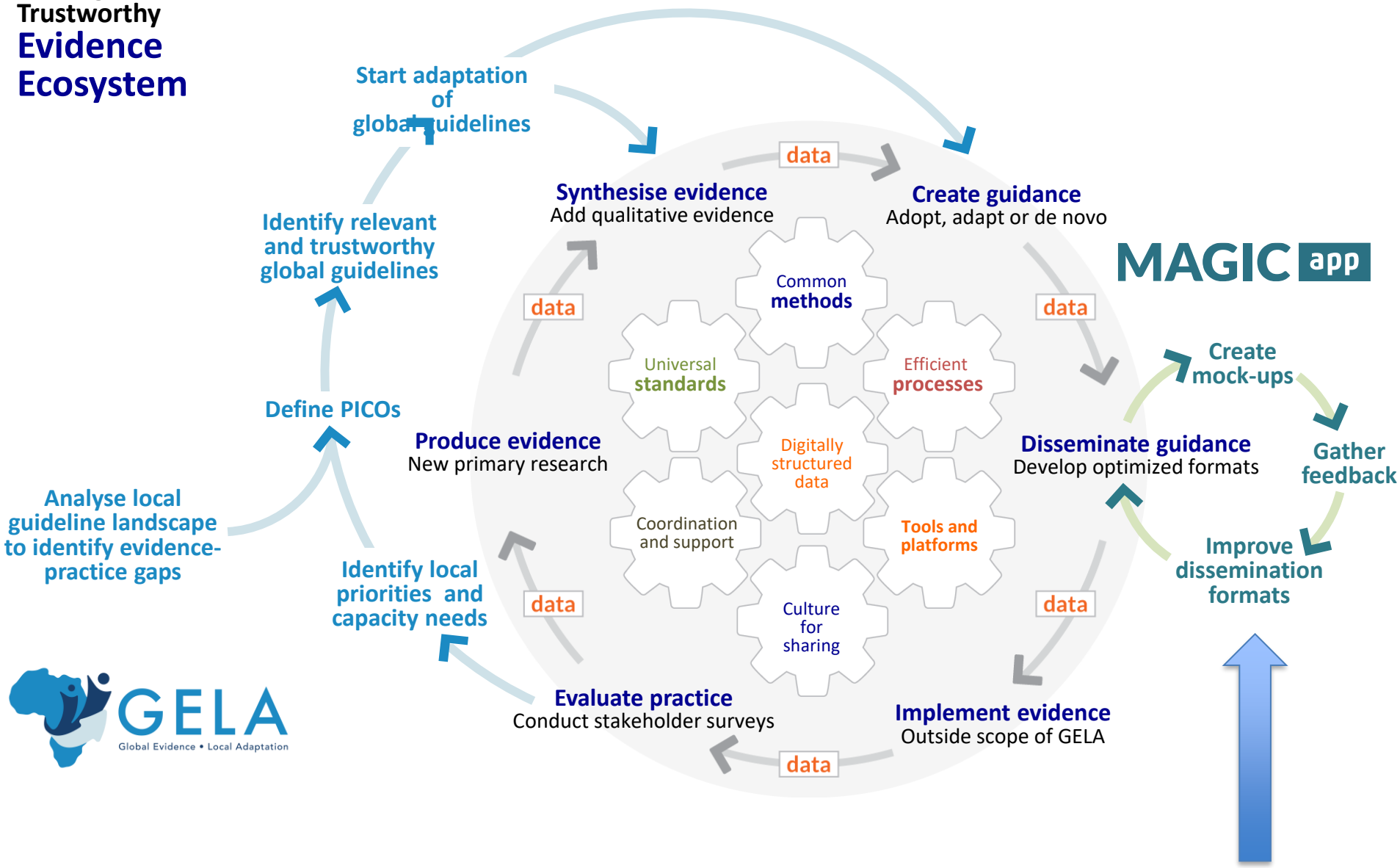
The Digital and Trustworthy Evidence Ecosystem



User Testing of Infographics

Public

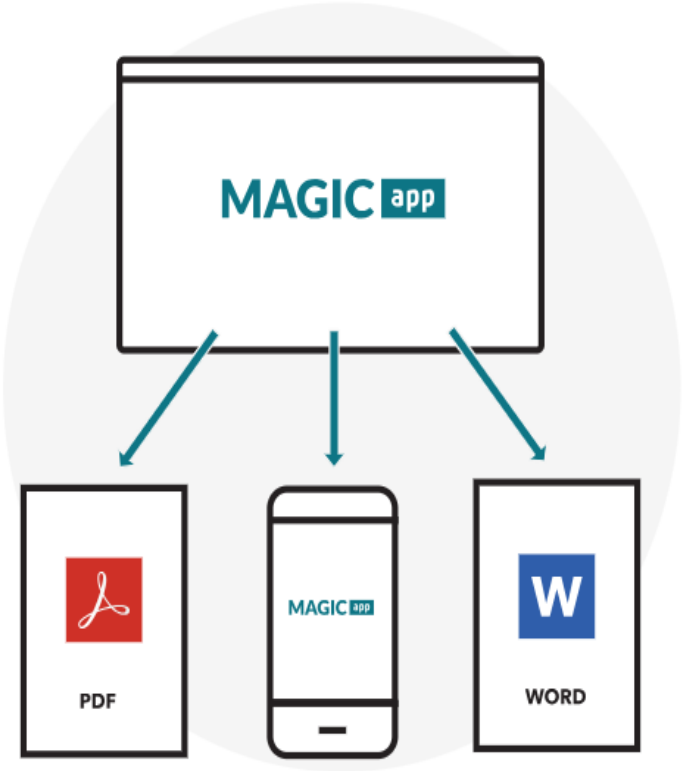
Patients

Healthcare providers

Recommendations to be hosted on the Magicapp platform: Multilayered format – Clinicians/policymakers/patients & caregivers

Author and Publish

The platform allows guideline developers to write guidelines and evidence summaries in a highly structured fashion, adhering to GRADE methodology and standards for trustworthy guidelines. Content can be published on MAGICapp and on your website using our API.



https://www.magicevidence.org/magicapp/

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Strategies

- Full Guideline (digital format viewable on android and ios devices)
- Infographics
- Webinars
- Hospital Seminars – nomination of champions
- Guideline implementation tools – algorithms, protocols etc)
- Social media

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Appreciation - Steering Group members

- **Prof. Afolabi Lesi - Chair – Cochrane Nigeria Advisory Group**
- **Dr. Ngozi Azodoh - Ex. Director (DHPRS, FMOH)**
- **Dr. Kamil Shoretire - Director (DHPRS)**
- **Prof. Ekanem Ekure - President PAN**
- **Dr. Stella Nwosu - Director Family Health FMOH**
- **Dr. Kemi Tongo - President NISONM**
- **Prof. Mabel Ekott - SOGON**
- **Dr. Joy Ufere - WHO**
- **Dr. Peter Baffoe - UNICEF**
- **Dr. Emmanuel Adung - Save the children**
- **Prof. Mildred John - NANNM**

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Steering Group

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Appreciation - Guideline Development Group members

- **Prof. Abdulkadir Isa - Chair**
- **Prof. Ifeanyi Ezebialu - SOGON**
- **Dr. Florence Olabisi Dedeke - PAN**
- **Dr. Yetunde Israel-Aina - PAN**
- **Mrs. Helen Ikechukwu Akhigbe - FMOH**
- **Dr. Olusola Ayoola FMOH**
- **Dr. Bala Isa Harri FMOH**
- **Dr. Joy Ufere Isikima WHO**
- **Prof. Sunday Adedeji Aderibigbe APHPN**
- **Dr. Eno Ekop NISONM**
- **Dr. O. J. Dickson Lay member**
- **Dr. Ubong Akpan SOGON**
- **Mrs. Mary Evor NANNM**
- **Dr. Moriam Chibuzor, Dr. Dachi Arikpo, Dr. Ekpereonne Esu (Evidence Synthesis tema**

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Guideline Development Group

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saMRC advancinglife

KAMUZU UNIVERSITY OF HEALTH SCIENCES

Stellenbosch UNIVERSITY IYUNIVESITHI UNIVERSITEIT

FHI Folkehelseinstituttet

MAGIC Evidence Ecosystem Foundation

UNIVERSITY OF CALABAR TEACHING HOSPITAL

NTNU Norwegian University of Science and Technology

Cochrane

Centre for Evidence Based Health Care

Høgskulen på Vestlandet

Cochrane Nigeria

Cochrane Africa

Cochrane South Africa

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Thank You

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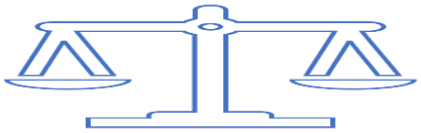
HEALTH



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TEACHING HOSPITAL

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Prof. Ikpeme Ikpeme
CMD - UCTH

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Director Cochrane Nigeria & CITDR & P

GELA Project team

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