



Strengthening national evidence systems: Lessons from the Global Evidence, Local Adaptation project in Malawi, Nigeria and South Africa

**Tamara Kredo, Emmanuel Effa,
Nyanyiwe Mbeye, Solange Durao, for the
GELA project team**

Health Systems Research Unit, SAMRC

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SAMRC UHC/NHI Webinar series





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.



Declarations

- No funding from industry sources
- Research: Cochrane Africa, SAMRC, Clinical Pharmacology
- Co-Director South African GRADE Network
- Member: National Essential Medicines List Committee, South Africa, and National Advisory Group on Immunisation
- Board member Cochrane

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E D C T P

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“Clinical guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options”

Institute of Medicine. Clinical Practice Guidelines We Can Trust. Graham R, Mancher M, Wolman DM, Greenfield S, Steinberg E, editors. Washington, DC: The National Academies Press; 2011. 290 p.



“Guidelines are a convenient way of packaging evidence and presenting recommendations to healthcare decision makers”

Treweek S, Oxman AD, Alderson P, Bossuyt PM, Brandt L, Brozek J, et al. Implement Sci. 2013;8:6.

Global evidence – Local adaptation (GELA) project

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



GELA – Maximise uptake of research evidence through

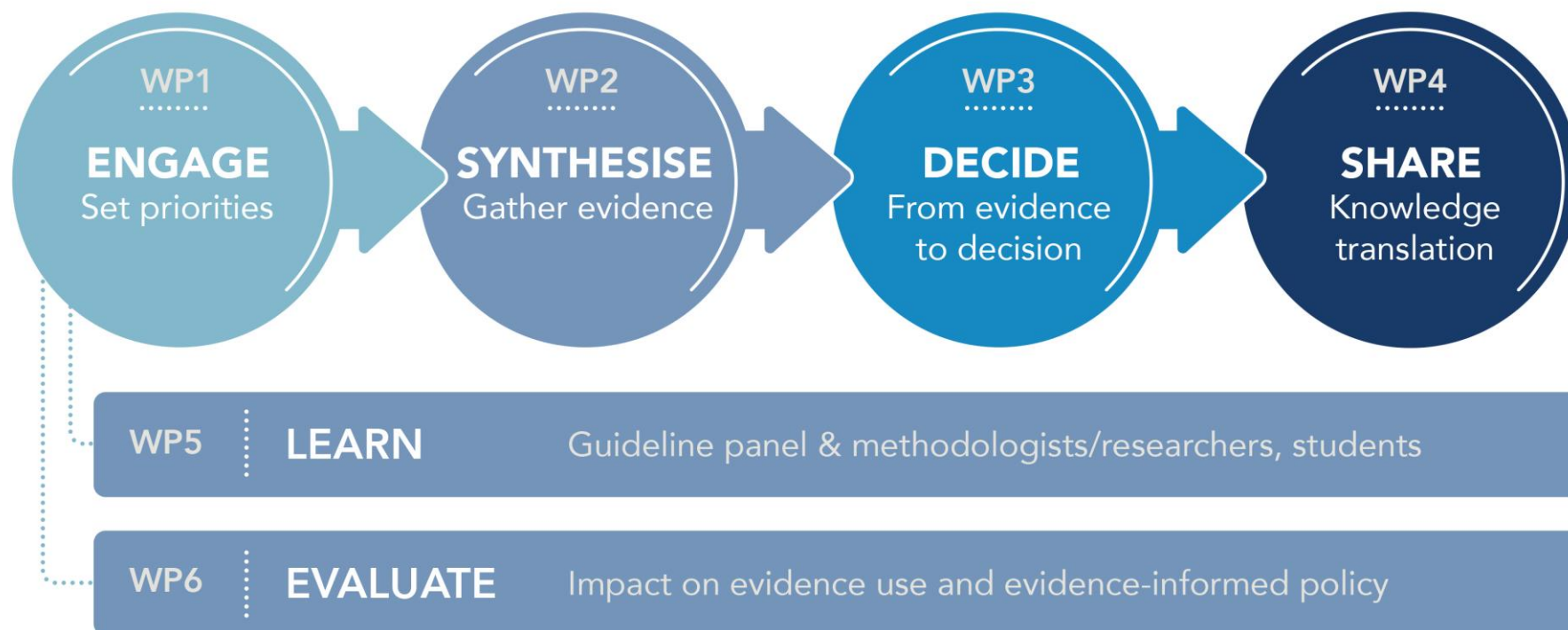
- increasing researchers' and decision makers' capacity to use global and local research and guidelines to develop locally relevant CPGs
- adding value to the guideline programme by the WHO





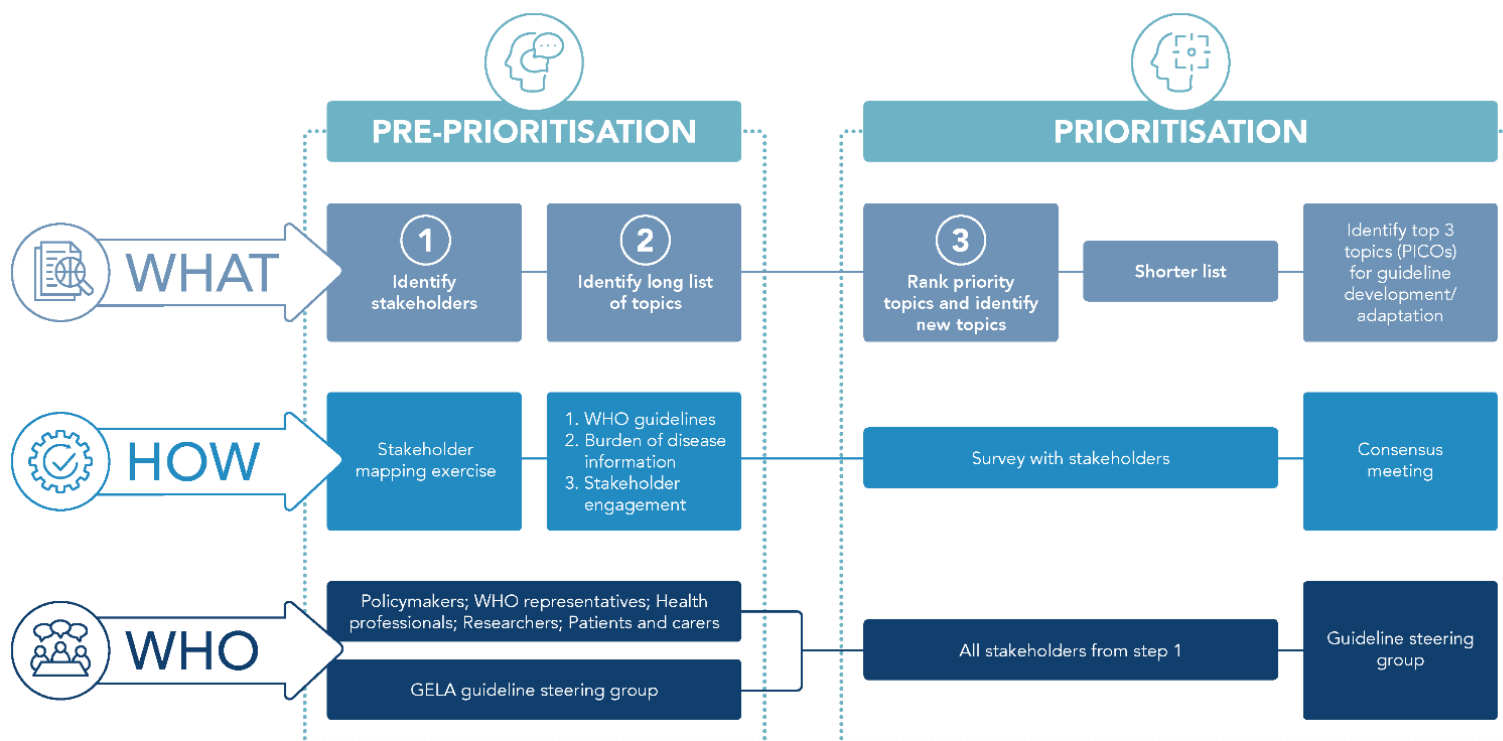
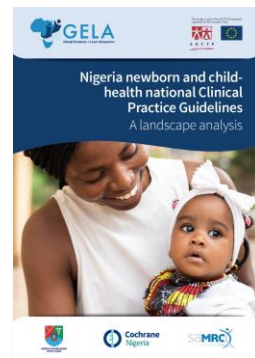
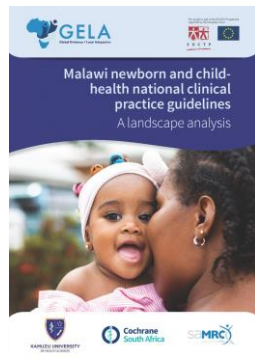
GELA

Global Evidence • Local Adaptation



WP 1 - Setting priorities

Mapping guidelines



WP 1 - Setting priorities

How did we do this?



National steering group engagement

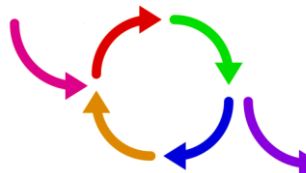


Consensus meeting

Online survey



Iterative process



Durão et al.
Health Research Policy and Systems (2024) 22:48
<https://doi.org/10.1186/s12961-024-01133-7>

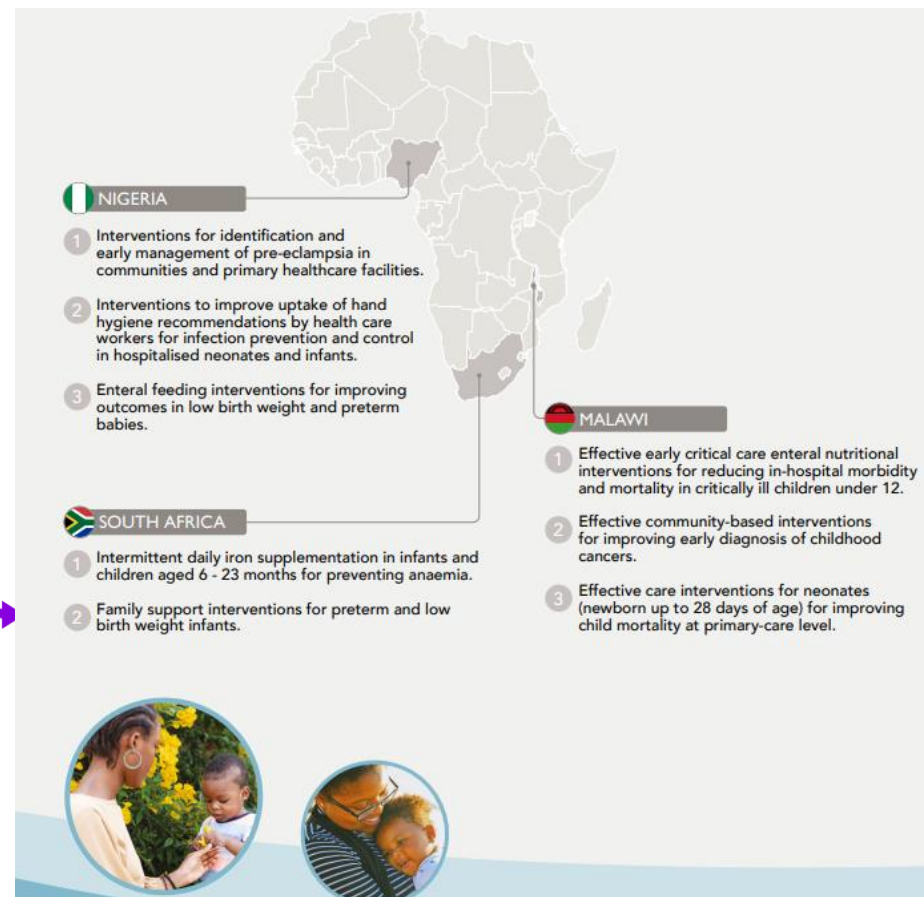
Health Research Policy
and Systems

RESEARCH

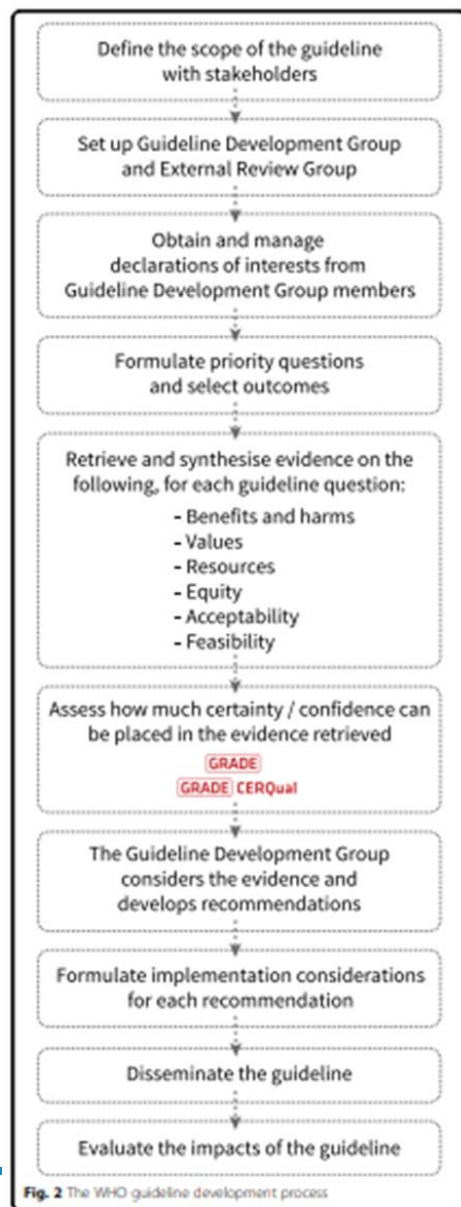
Open Access

Using a priority setting exercise to identify priorities for guidelines on newborn and child health in South Africa, Malawi, and Nigeria

Solange Durão^{1*}, Emmanuel Effa², Nyanyiwe Mbeye³, Mashudu Mthethwa², Michael McCaul⁴, Celeste Naude⁴, Amanda Brand⁴, Ntombifuthi Blose¹, Denny Mabetha¹, Moriam Chibuzor², Dachi Arikpo², Roselyn Chipojola³, Gertrude Kunje³, Per Olav Vandvik^{5,6}, Ekperonne Esu², Simon Lewin⁷ and Tamara Kreda^{2,4}



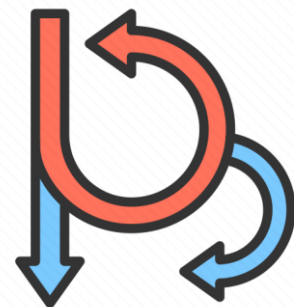
WP 2 - Gathering evidence



GRADE

Guideline **Adolopment**

- Adopting
- Adapting
- *De Novo*



The process uses guideline adaption methods, first seeking existing guidelines and/or reviews.

WP 3 – From evidence to decisions



GRADE



National guideline panels convened

Evidence-to-Decision frameworks

Built capacity of methodologists and secretariats in-country

Criteria

Benefits & harms of the options

Values & balance of effects

Resources required

Cost effectiveness

Equity

Acceptability

Feasibility

GELA Guideline Groups



Nigeria



Malawi



South Africa - workshop

WP 4 - Knowledge translation

1

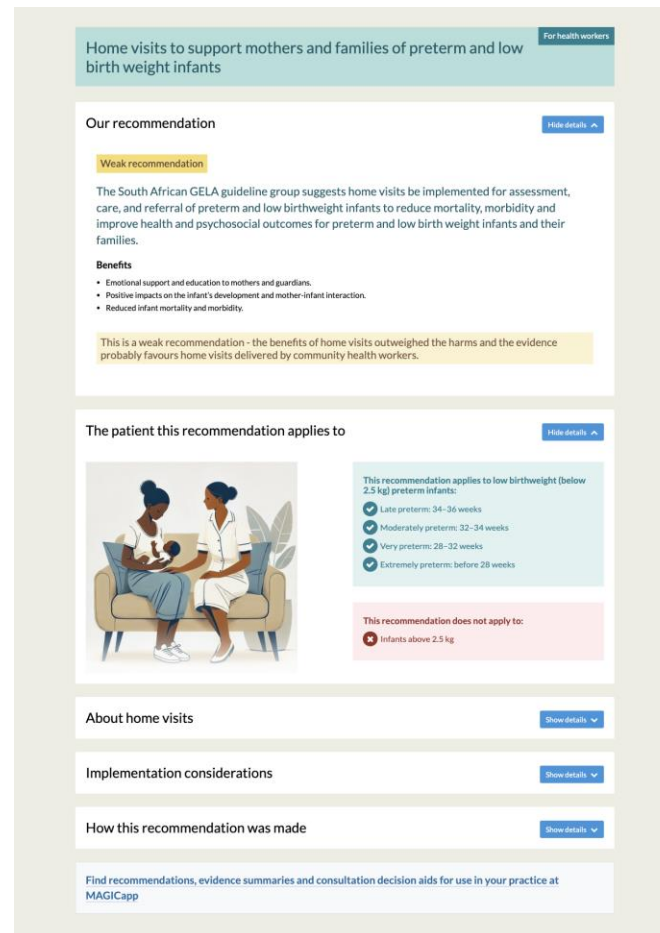
Developed KT strategies: stakeholder mapping and analysis

Getting the right **information** to the right **people** in the right **format** at the right **time** at the right **place** in the right **way** to influence (policy and practice) decision-making.

- Center for Evidence-Based Health Care, Stellenbosch University

2

Dissemination of guidelines and summary infographics



Home visits to support mothers and families of preterm and low birth weight infants For health workers

Our recommendation Show details

Weak recommendation

The South African GELA guideline group suggests home visits be implemented for assessment, care, and referral of preterm and low birthweight infants to reduce mortality, morbidity and improve health and psychosocial outcomes for preterm and low birth weight infants and their families.

Benefits

- Emotional support and education to mothers and guardians.
- Positive impacts on the infant's development and mother-infant interaction.
- Reduced infant mortality and morbidity.

This is a weak recommendation - the benefits of home visits outweighed the harms and the evidence probably favours home visits delivered by community health workers.

The patient this recommendation applies to Show details

This recommendation applies to low birthweight (below 2.5 kg) preterm infants:

- ✓ Late preterm: 34-36 weeks
- ✓ Moderately preterm: 32-34 weeks
- ✓ Very preterm: 28-32 weeks
- ✓ Extremely preterm: before 28 weeks

This recommendation does not apply to:

- ✗ Infants above 2.5 kg

About home visits Show details

Implementation considerations Show details

How this recommendation was made Show details

Find recommendations, evidence summaries and consultation decision aids for use in your practice at [MAGICapp](#)

CLINICAL PRACTICE GUIDELINE SUMMARY

When should feeding start to improve outcomes in preterm and low birth weight babies?



For policymakers

Are you involved in the planning and implementation of child intensive care?

[Click here](#)



For health workers

Are you involved in caring for critically ill children in intensive care units?

[Click here](#)

When should feeding start to improve outcomes in preterm and low birth weight babies?

For health workers

Recommendation

Hide details ^

Weak recommendation

We recommend early enteral feeding (within 72 hours after birth) in hospitalised preterm and low birth weight infants.

Benefits

- Early enteral feeding improves outcomes of preterm and low birth weight infants.

Remark

- Enteral feeding includes direct breastfeeding and feeding by cups, naso- or orogastric tubes.

This is a weak recommendation - the benefits outweigh harms for the majority, but not for everyone. The majority of patients would likely want this option.

Apply to

Hide details ^

This recommendation applies to preterm and low birth weight infants:

- ✓ Less than 37 weeks gestational age
- ✓ Below 2.5kg

This recommendation does not apply to low birth weight infants:

- ✗ Infants more than 37 weeks gestational age
- ✗ Infants above 2.5kg
- ✗ Infants with other complications

Background information

Show details v

Implementation considerations

Show details v

How this recommendation was made

Show details v

WP4 – Knowledge translation

- Now engaging Ministry's and Guideline Panels and Steering Committees
- Guidelines will be available in printable format and on the digital platform [MAGICapp](#)
- Digital - multilayered format



WP 5 - Capacity development

FORMAL

1. Workshops, training online, and in person
2. Training on using evidence in policy
3. Guideline Simulation training to participate in guideline panels
4. Community of Practice

INFORMAL

Evidence synthesis mentoring, guideline coordination, leadership, management development



Four post-docs and
4 Masters Clinical
Epidemiology

What did we do in GELA?



- Built partnerships
- Took steps to avoid duplication, research waste
- Advanced methods for guideline adaptation in the region
- Invested in contextual evidence: health economists, social scientists
- Deliberate dissemination using knowledge translation methods
- Formal and on-the-job learning in evidence-informed decision-making

Panel discussion

Solange Durao

Emmanuel Effa

Nyanyiwe Mbeye

1. What did we learn about process for prioritization of health research?
2. How did you go about building the partnerships with national governments in Nigeria and Malawi and any challenges?
3. How are we contributing to innovation and advancements in SSA – what lessons to share with other countries?

What did we learn?

Strengthening national evidence informed decision-making systems

- **Developing context-relevant recommendations requires resources and time and expertise**
- **Global guidelines need further methods work to enhance ‘adaptability’**
- **Most countries lack nationally agreed standards for guideline development and HTA**
- **Strengthening government-academic partnerships is vital**
- **Long-term investment needed in national capacity for evidence-informed decision-making**
- **Implementation failure is the norm – adding effective, but unfeasible and unaffordable interventions to overburdened health systems is likely losing - not saving - lives**

Thank you

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EDCTP



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