

**Scope, quality and reporting of clinical practice guidelines for newborn and child health in South Africa, Nigeria, and Malawi**

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# Scope, quality and reporting of clinical practice guidelines for newborn and child health in South Africa, Nigeria, and Malawi

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EDCTP



## 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

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

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



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# Background

- LMICs remain disproportionately affected by high rates of under-5-year-old mortality.
- Newborn and child mortality is often due to preventable conditions, which could be effectively managed through evidence-based clinical practice guidelines.
- Guidelines offer a means to bridge the gap between research evidence and practice.
- However, poor reporting standards and methodological limitations may undermine the impact of guidelines in improving quality of care and health outcomes.
- The GELA project aims to identify priority topics in the field of under-five mortality and collaboratively develop people-centred, evidence-based guidance.

# Work package 1



Guideline scoping in  
South Africa,  
Nigeria and Malawi

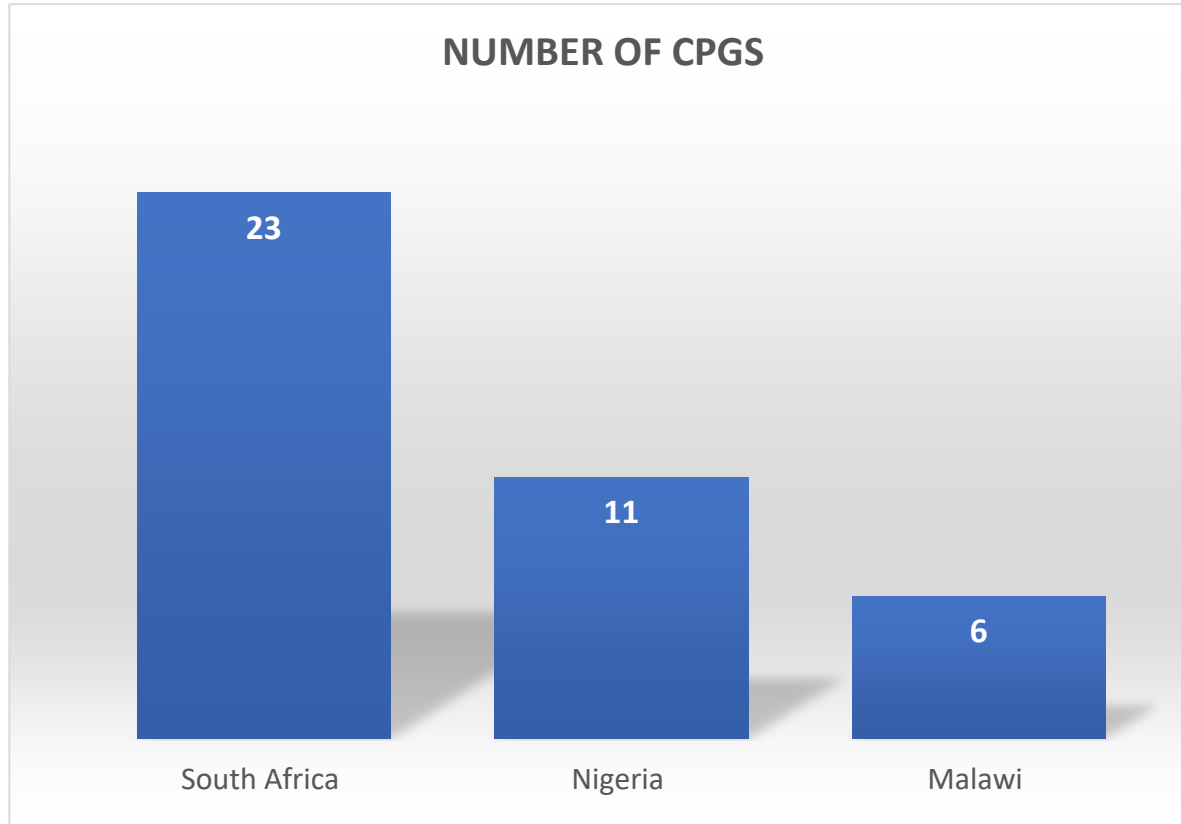


- Identify publicly available national and subnational guidelines for newborn and child health,
- To describe the scope of these guidelines, including methods used,
- To appraise the quality and reporting standards of these guidelines.

# Methods

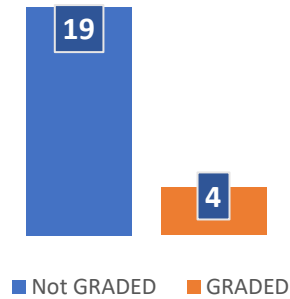
- Systematically searched key websites (June – July 2022) for guidelines published between 2017 and 2022,
- Screened for publicly available national and provincial-level de novo or adopted guidelines, addressing newborn and child health.
- Two reviewers independently extracted information from eligible guidelines (e.g. scope, condition or topic, target population, target and users, stakeholder consultation process, assessing GRADE certainty of evidence).
- Appraised their quality using the Appraisal of Guidelines for Research & Evaluation Instrument (AGREE II).
- Analysed the findings descriptively reported medians (IQR) for the AGREE II scores.



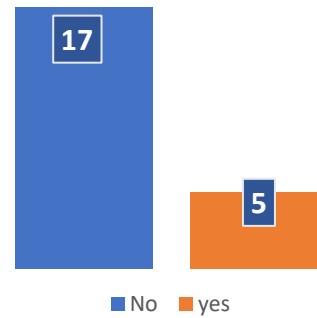


# South Africa

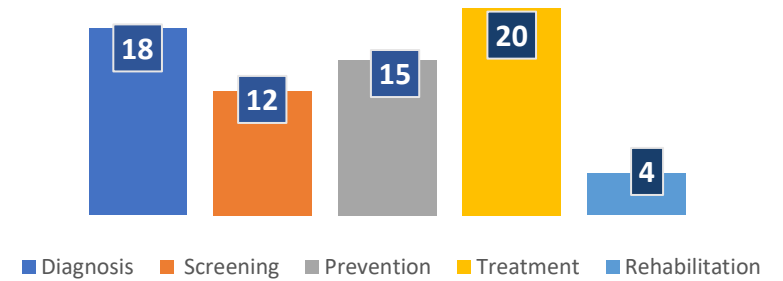
Certainty of evidence



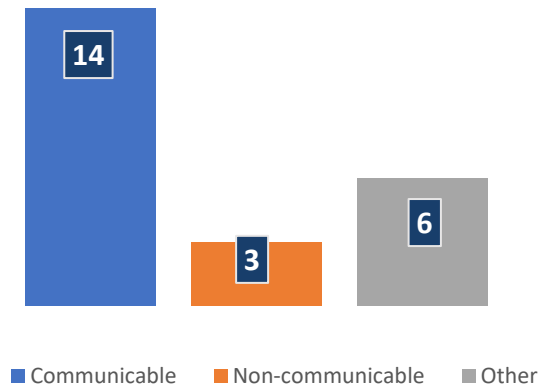
Consulted stakeholders



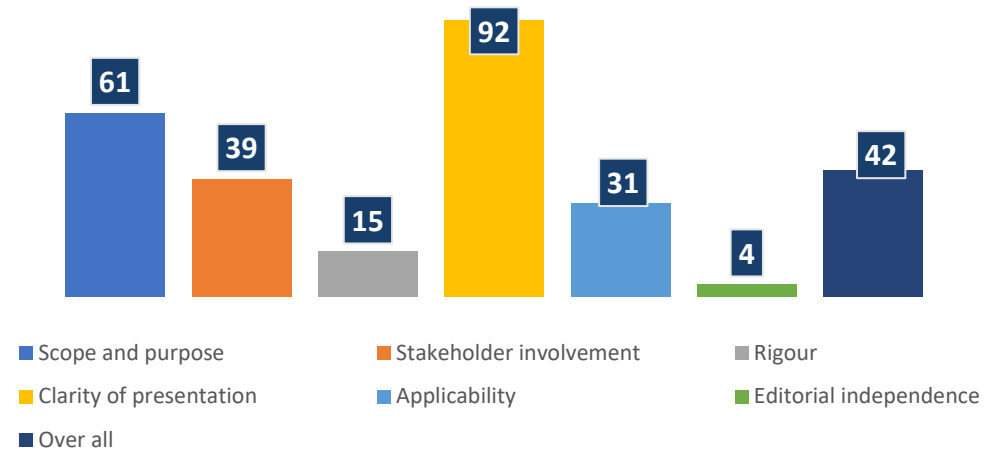
Guideline scope



Conditions



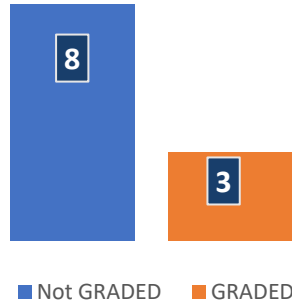
AGREE II domain score (%)



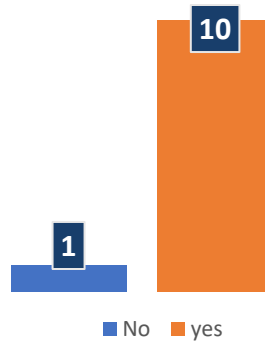
# Nigeria



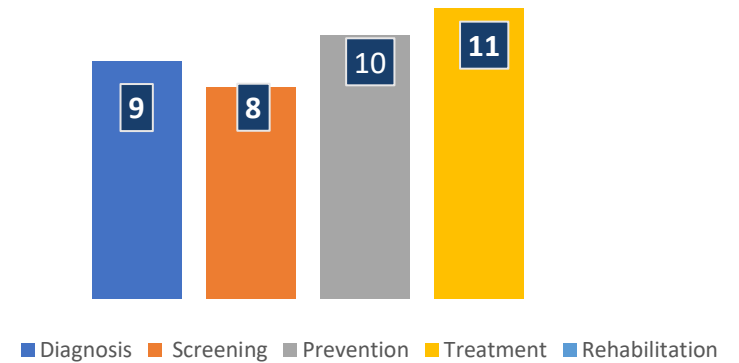
### Certainty of evidence



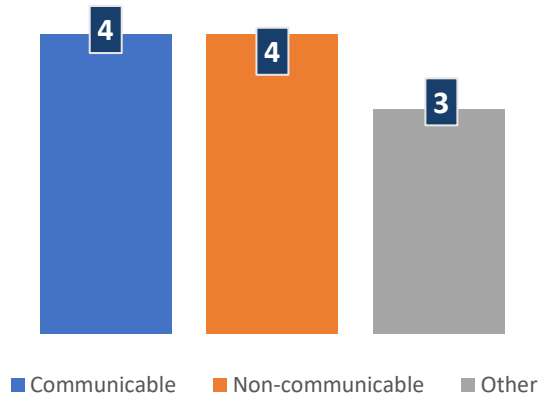
### Consulted stakeholders



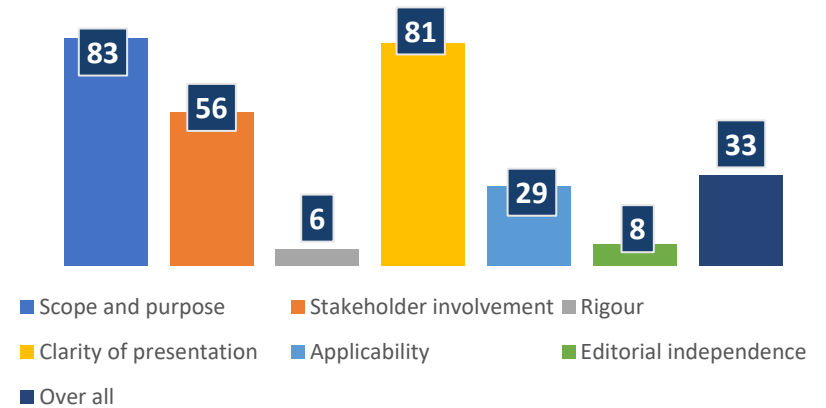
### Guideline scope



### Conditions

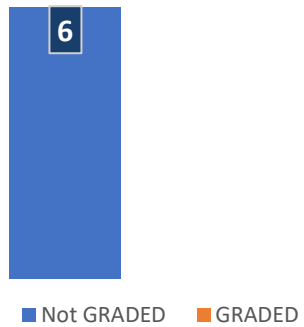


### AGREE II domain scores (%)

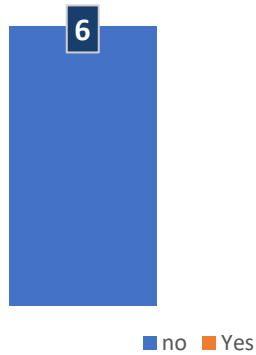


# Malawi

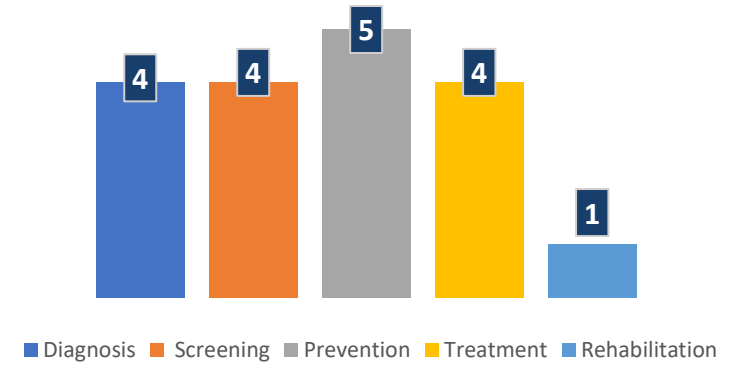
### Certainty of evidence



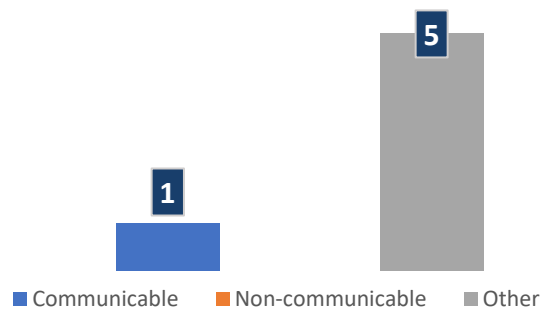
### Consulted stakeholder



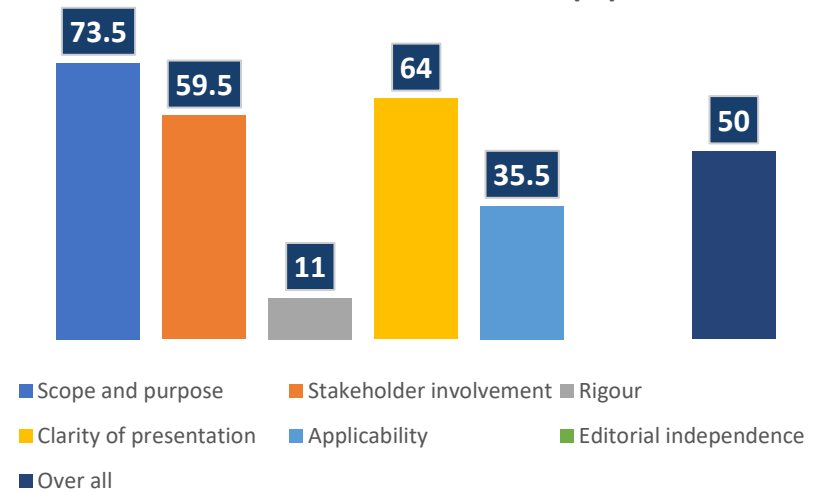
### Guideline scope



### Conditions



### AGREE II domain score (%)



- Similar trends across all three countries:
  - Major CPG developers are ministries of health and health professionals,
  - Recommendations often clearly presented for health care practitioners
  - Methodological rigour and reporting standards are low including not documenting systematic approaches to selecting and assessing evidence
  - Disclosures of funding sources and potential interests low
  - Lack of transparency on CPG adoption / adaptation process (particularly in SA and Malawi)
  - Low use of contextual data prior implementation of CPG

# Implications for practice and policy

- This study highlights the importance of building skills and capacity of researchers, policy makers and development agencies that support guideline development and adaptation in Sub-Saharan Africa.
- The importance of building partnerships between researchers and ministries, involving guideline methodologists where possible, when developing guidelines to ensure transparent and trustworthy guidelines.
- Guideline adaptation is likely common in LMICs, however, methods for reporting guideline adaptation need to be clear.
- Potential gaps in available guideline topics – guidance that aligns with high burden newborn and child health issues in specific country settings are needed.
- Non-disclosure of guideline funding and lack of clarity on management of potential conflict of interests may impact on credibility of recommendations.
- Guidelines that don't adequately address country level contextual factors may face implementation challenges.

# Thanks

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