Using the GRADE approach to develop guidelines in low-income countries: view of guideline panelists in Kenya

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Background

In Kenya, as in many low-income countries, clinical guidelines are formulated through direct adoption or adaptation of global guidance. However, Kenya has used the GRADE approach since 2010 to formulate evidence-informed paediatric recommendations. We report on the experience in the 2013 guideline development process.

The GRADE (Grading of Recommendations; Assessment, Development and Evaluation) approach is a rigorous set of methods for developing evidence-informed recommendations [1]. The approach promotes; i) systematic evaluation of the available evidence, ii) an explicit link between evidence and recommendations, and iii) a transparent process. The World Health Organization (WHO) and many other guideline groups and professional organizations

METHODS

Guideline development

The Kenya Paediatric Association convened guideline panels for three priority topics:

- Prior to the panel meetings, researchers prepared evidence summaries for each of the topics. These were provided to the panelists one month before the meeting.
- During the meeting, the lead author of the review presented the findings with draft assessments of the quality of evidence and answered detailed questions.
- The panels debated the overall quality of evidence until this was agreed.
- The panels, guided by the panel chairs and methodologists, then followed the DECIDE framework for moving from evidence to recommendations.
- DECIDE framework - costs, acceptability and preferences (staff-patients), Balance of benefits and risks, and feasibility.
- The panels debated the potential recommendations until consensus was achieved facilitated by open voting.

RESULTS

Outcome of participant experience evaluation

- Six months after, we invited panelists for in-depth interviews. All interviews were audio-recorded, transcribed, and analyzed using a framework analysis approach.
- MG coded the transcripts then combined related codes, through an iterative process of content analysis in regular discussion with DS, to form the main themes. Our analysis focused on allowing themes to emerge from the data and we circulated the first draft of themes to interviewers to check authenticity and completeness of reporting.

You can read more at http://www.idoc-africa.org

Outcome of the guideline meeting

- There is enthusiasm for rigorous, context-specific, decision-making among policy makers in Kenya, but raises concerns about the technical capacity and resources required for wider adoption of this approach.
- Our evaluation of the participant experience reveals high value in local de novo guideline development processes as a deliberative process that incorporates multidisciplinary discussion of the evidence in addition to contextual issues that affect implementation.

CONCLUSION

The value of this deliberative process emerged from the feeling of ownership that those involved gained and their ability to explain the recommendation to colleagues to help in dissemination and change management.

Local evidence or evidence from countries with similar priorities and challenges is also highly valued over indirect evidence. Research organizations in Kenya and other African countries should be at the forefront of generating this evidence.