

# THE IMPORTANCE OF INVOLVING THE TARGET POPULATION IN GUIDELINE DEVELOPMENT: EXPERIENCES FROM THE DEVELOPMENT OF EVIDENCE-BASED AFRICAN PREVENTION GUIDELINES

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## INTRODUCTION & OBJECTIVES

We recently published evidence-based African First Aid Materials (AFAM), that describe the most effective and up-to-date first aid techniques specifically relevant for Sub-Saharan Africa [1]. Because of the major importance of prevention in health care, we additionally developed evidence-based guidelines for the prevention of injuries and diseases feasible for laypeople in Sub-Saharan Africa.

## METHODS & RESULTS

Evidence-based guidelines were developed according to AGREE II [2]. In the scheme below it is indicated how the target group was involved in the different steps of guideline development. For every pillar of 'Evidence-Based Practice' the corresponding steps of guideline development (methods) and results are presented.

### BEST AVAILABLE SCIENTIFIC EVIDENCE

#### METHODS

##### Step 1: Search for evidence:

- ✓ Focus on studies performed in Africa or written by an African author
- ✓ Specific search for studies concerning African perspectives
- ✓ Specific search in databases of African studies (e.g. African Index Medicus)

##### Step 2: Study selection:

- ✓ Specific selection criteria: alternative interventions with limited resources, household level, no special equipment,...

#### RESULTS

TABLE 1 ► Number of included references that are performed in an African country or written by an African author

STUDY TYPE	NUMBER OF INCLUDED REFERENCES
Systematic reviews	32
African studies	1
Other	31
Experimental studies	27
African studies	10
Other	17
Observational studies	44
African studies	20
Other	24
African perspectives	36
<b>TOTAL</b>	<b>139</b>



### PRACTICAL EXPERIENCE AND EXPERTISE OF EXPERTS IN THE FIELD

#### METHODS

##### Step 3: Discussion of the draft materials by a multidisciplinary expert panel:

- ✓ 11 African experts and first aid trainers.

##### Step 4: Feedback by peer reviewers:

- ✓ 3 African experts with expertise in child accident prevention, health promotion and education, and anthropology.

#### RESULTS

African experts formulated good practice points and placed recommendations in the African context.

### PREFERENCES AND AVAILABLE RESOURCES OF THE TARGET GROUP


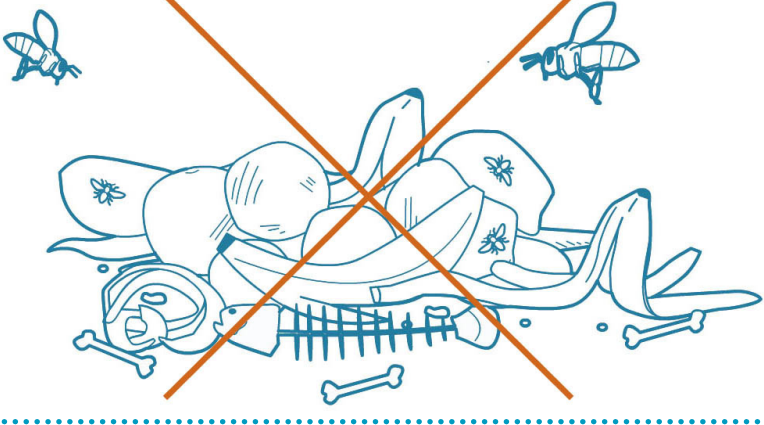
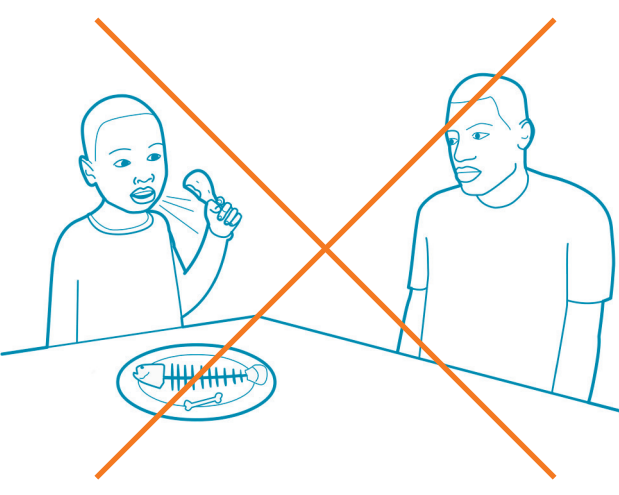
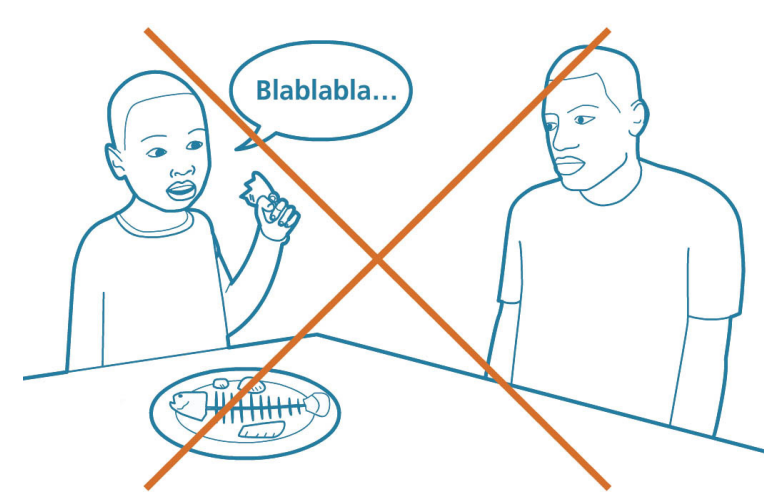
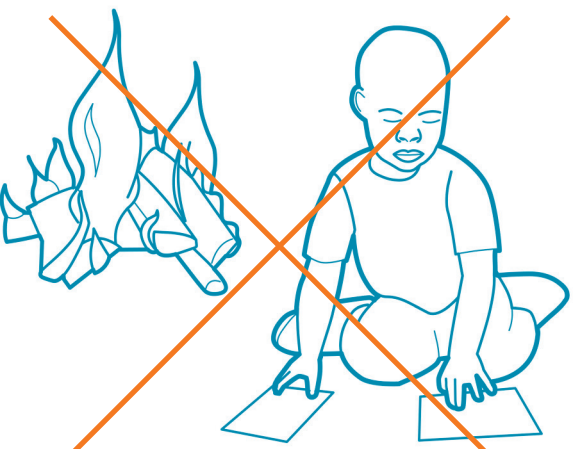

#### METHODS

##### Step 5: Pilot of the draft materials:

- ✓ Pilot study in Uganda to test the clarity of several drawings: 10 people with various backgrounds, including 5 people with previous first aid knowledge and 5 laypersons not having first aid knowledge, had to interpret various illustrations without further information or accompanying recommendations.

#### RESULTS

TABLE 2 ► Examples of illustrations of preventive interventions that were adapted after their clarity was tested in a pilot study in the Uganda Red Cross, to reflect the African context as close as possible

	BEFORE PILOT	AFTER PILOT
<b>Prevention of bee and wasp stings:</b> <i>"Do not leave food waste uncovered outside"</i>	The exclamation mark (!) is interpreted wrongly: in a positive way ('do it') instead of a negative way and the fruit looked not like garbage. 	
<b>Prevention of choking:</b> <i>"Teach children not to talk or laugh or cry with food in their mouth"</i>	<ul style="list-style-type: none"> <li>• People were distracted because of the details in the illustration: why is the child eating fish and meat at one time?</li> <li>• The lines at the mouth of the child were not interpreted as 'the child is talking'</li> </ul> 	
<b>Prevention of burns:</b> <i>"Never leave children alone near heat sources, hot water and open fires"</i>	It is not recognised what the child is doing (paper, glass, metal?), children are usually not playing with paper or colour books – again, these details are masking the message. 	

## CONCLUSIONS

- ✓ The African context was taken into account at several steps during guideline development: in the search for and selection of specific evidence, by involving African experts, by counselling first aid trainers and trainees (pilot test).
- ✓ This resulted in improved didactical materials.
- ✓ It is however not possible to make a general manual that is adapted to all African countries, regions and local customs.
- ✓ Experiences and lessons learned from the pilot study were integrated in an implementation guide, in order to help organisations to make their own adapted materials.
- ✓ In conclusion, involving the target population in many different ways is an added value for a guideline adapted to a specific context.