

Low-income settings require local guideline development for childhood illness

December 9 2008

The next generation of case management guidelines for childhood illness need to be more locally informed, rather than relying on those centrally generated by organizations like the World Health Organization (WHO), argues a new essay published in the open access journal *PLoS Medicine*.

Mike English and Anthony Scott from the KEMRI–Wellcome Trust Programme in Kenya propose a framework for national surveillance, monitoring, and research that could help direct future guideline development in low-income settings. Local data and decision-making will optimise the management of childhood diseases like malaria, pneumonia, and diarrhoea because no universal guideline can capture the differences that exist between countries in disease patterning, health system capacity, and the uptake and acceptance of new health technologies, the authors say.

As low income countries develop, the authors argue, they will benefit from local data on the burden of disease, the effectiveness of treatments and their costs, and the patterning of people's health care usage. This information can be combined with other data available from international organizations and collaborations to help foster the evolution of guidelines and policy in low-income countries.

The authors also argue that their framework may help overcome the historical limitations of the WHO guideline development process—that "no comprehensive process for evaluation, revision, or refinement was established at introduction," despite the fact that the WHO guidelines are

meant to be applied to the care and treatment of vast numbers of children each year. "We will need appropriate evidence to adapt treatment guidelines for these millions of children," the authors say, "so that the guidelines are optimally effective at regional or country, not continental, level." The WHO has an important role to play, they argue, in assisting low income countries in their increasingly devolved process of decision making.

Citation: English M, Scott JAG (2008) What is the future for global case management guidelines for common childhood diseases? PLoS Med 5(12): e241. doi:10.1371/journal.pmed.0050241
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