

# Overview: 5<sup>th</sup> Edition Paediatric STGs and EML

**Mr A Gray**

*Session 1*

# NEW RELEASE

The updated Paediatric Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicines List (EML), 2023 (5<sup>th</sup> Edition) have been released

The Paediatric Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) aim to provide equitable access to good quality healthcare for all children.

**Standard Treatment Guidelines  
and Essential Medicines List  
for South Africa**

PAEDIATRIC HOSPITAL LEVEL  
2023 EDITION

# Accessing 2023 Edition

- The 5<sup>th</sup> Edition of the Paediatric Hospital Level STGs and EML can be downloaded from the following website: <https://knowledgehub.health.gov.za/content/standard-treatment-guidelines-and-essential-medicines-list>
- Additionally, all updated chapters have been loaded on the EMGuidance mobile application: To sign up, click on the link: <http://onelink.to/sy896k>



# Paediatric Hospital Level STGs and EML

- This latest edition of the Paediatric Hospital Level STGs and EML is a culmination of many efforts from a broad range of experts.

## Paediatric Hospital Level Expert Review Committee

Mr A Gray (Chairperson)  
Dr G Reubenson (Vice Chairperson)  
Dr M Archary  
Dr A Bhetray

Prof P Jeena  
Dr N Lala  
Dr T Ruder

## Co-opted consultants to the Paediatric Expert Review Committee

Dr P Ambaram  
Dr K Balme  
Dr C Hlela  
Mr A Hohlfeld  
Dr D Kloeck  
Dr S Kubheka  
Dr J Lawrenson

Prof R Mathivha  
Dr M Meiring  
Dr H Naidoo  
Dr KD Naidoo  
Dr S Paruk  
Mr H Sablay  
Dr C Stephens

## National Essential Medicines List Committee

## And Stakeholder Comments and Contributions

# Feedback and Collaboration



- Review of the STGs and EML is a dynamic process.
- Encourage the continued:
  - ✓ engagement,
  - ✓ feedback, and
  - ✓ collaboration from all healthcare stakeholders
- Constructive comment is encouraged.

## Review Process

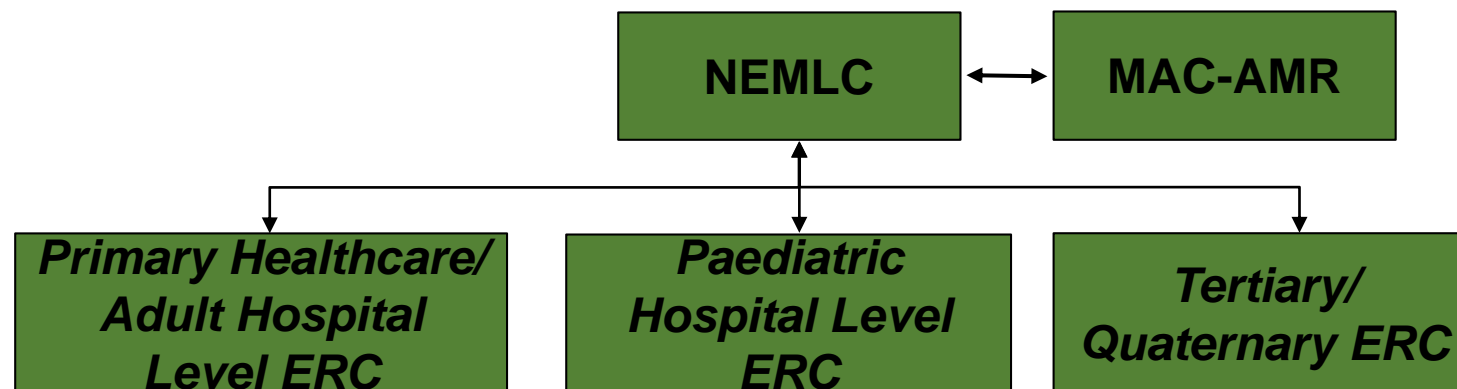
**Mr A Gray**

# Essential Drugs Programme (EDP)

EDP aims to ensure that “affordable, good quality essential medicines are available at all times in adequate amounts, in appropriate dosage forms, to all citizens”

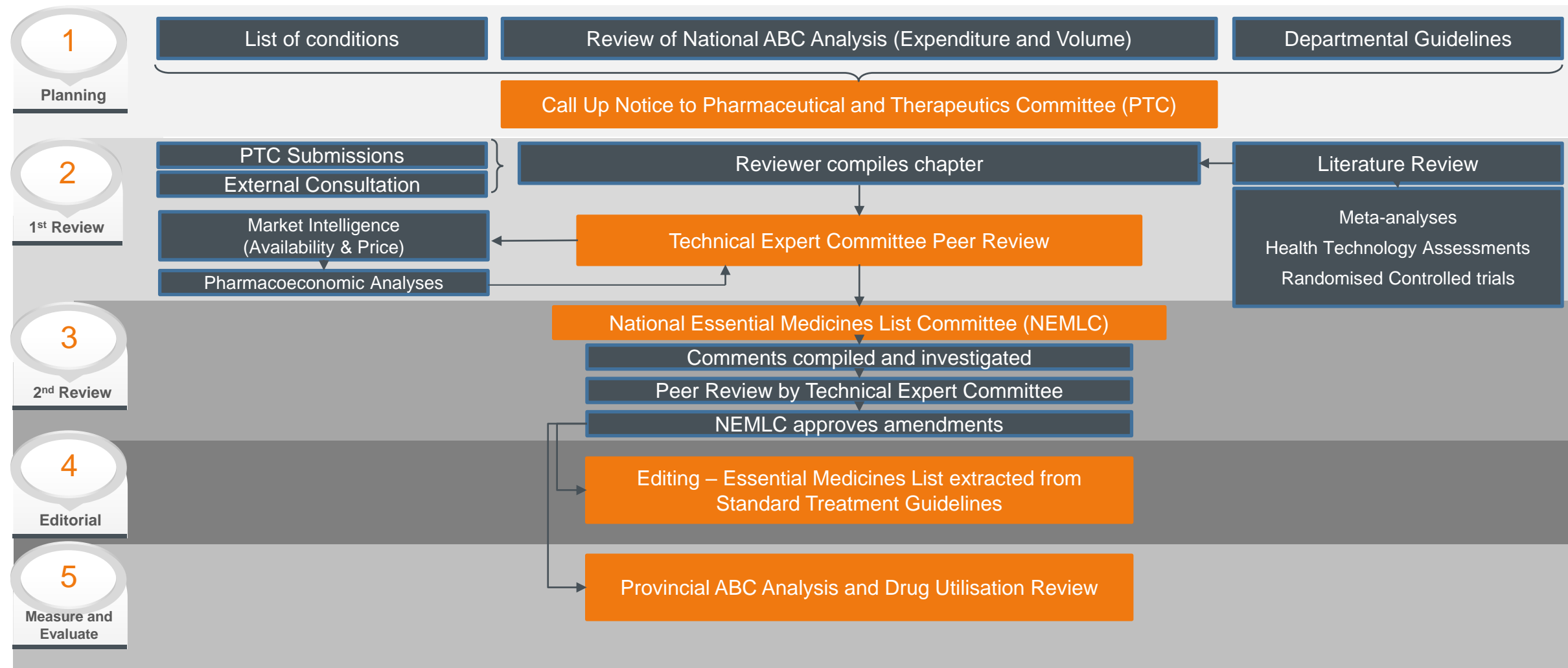
## MULTIDISCIPLINARY PROCESS

*NEMLC comprises of Specialists, medical practitioners; nurse practitioners; pharmacists; pharmacologists; public health specialists ; economists; private sector Medical Schemes; bioethics experts; academia*



- EDP oversees development and implementation of the STGs and EML [through National Essential Medicines List Committee (NEMLC), supported by its Expert Review Committees (ERCs)]
- NEMLC and ERCs operates with **transparency** and **sound governance processes**:
  - Terms of Reference, Conflict of Interest Policy, Reviewers’ Manual/HTA Methods Guide, Motivation Form
- **EML**: Developed to satisfy the priority health care needs of the population.
- **STGs**: Provide guidance on how to use medicines which appear on the EML.

# Process Map for Revision, Dissemination and Implementation of STGs and EML





# Selection Criteria

1



## *Need: Public Health Relevance*

- Priority health diseases and conditions - burden of illness and injury
- Local epidemiology

2



## *Quality, Safety & Efficacy & Effectiveness*

- Product registered in terms of the Medicines Act
- Evidence of efficacy, safety and effectiveness.

3



## *Cost & Affordability*

- Affordability of medicine, compared to current standard of care
- Within budgets of providers of health care services.

4



## *Implications for Practice*

- Pragmatic considerations
- Feasibility (e.g. adherence)
- Acceptability
- Monitoring & evaluation

# A strong existing process: example Evidence To Decision framework

## Rapid evidence review – example of factors within the framework

### Evidence

#### What is the quality of the evidence?

- RCTs
- Systematic reviews and meta-analysis
- etc

#### What is the evidence of benefit?

- Impact on mortality and other health outcomes?
- Impact on hospital length of stay?

#### Do the benefits outweigh the harms?

- Risk of adverse events

### Other value judgements

#### Feasibility: can the recommendation be implemented?

- Registration status?
- **Global supply?**

#### Values, preferences and acceptability?

- Would the intervention be acceptable to patients and healthcare workers?

#### Equity and human rights?

- Impact on health inequity, access?

### Resource use

#### How large are the resource requirements?

#### Direct price of technology?

- Affordable?

#### Additional resources?

- E.g. laboratory monitoring?

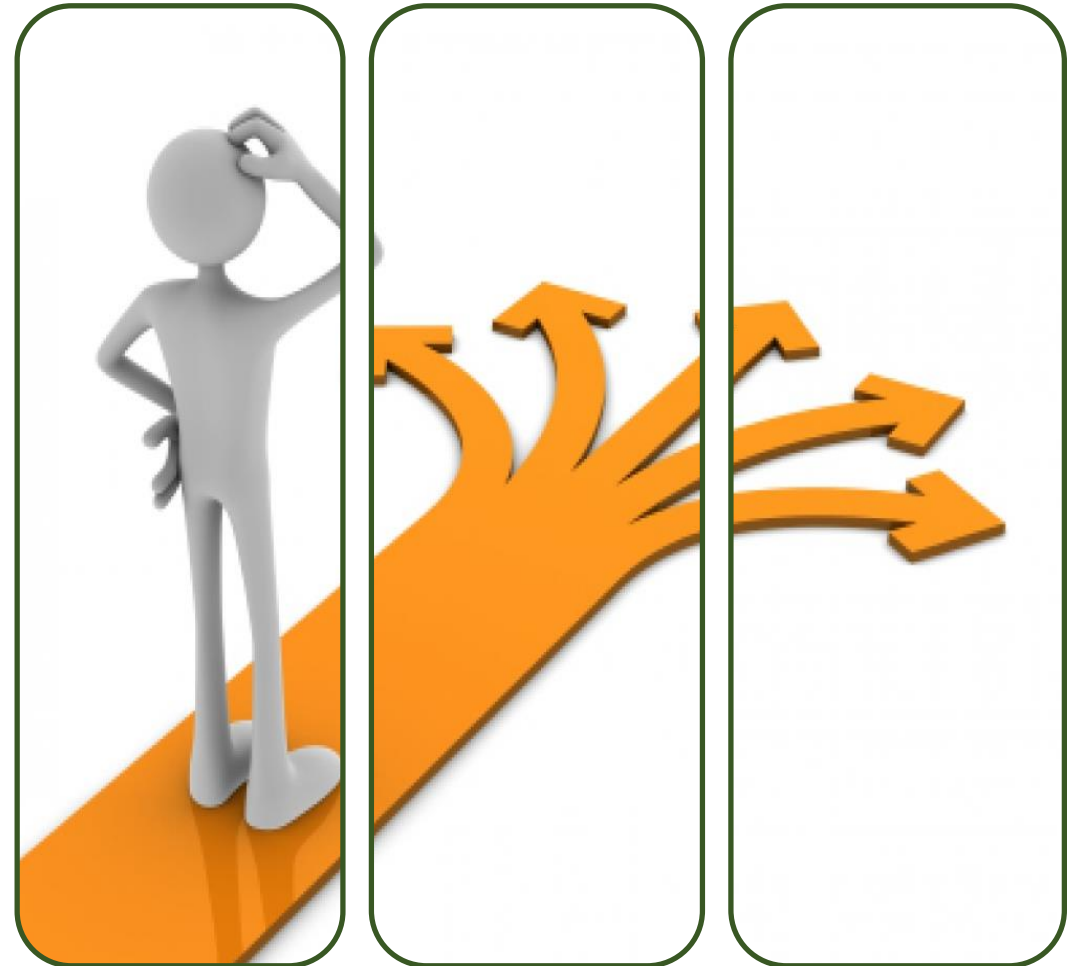
#### Note:

- *The above-mentioned factors influence the direction and strength of the recommendation*
- *Recommendation (strong/ conditional) is agreed by consensus*

# Updates and decisions made

- All updates supported by a NEMLC report outlining the change and rationale (all ratified by NEMLC)
- This session we will discuss some of those updates, and how the decisions were made:

- **Guidance on massive haemorrhage with massive transfusion**
- **Cotrimoxazole in HIV-exposed neonates**
- **Maintenance fluid updates**
- **Zinc dosing**



# Thank you