

Summary report on the

Expert consultation on evidence-based guideline development and adaptation in the Eastern Mediterranean Region

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Cairo, Egypt
18–19 November 2015



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1. Introduction

The WHO Regional Office for the Eastern Mediterranean held an expert consultation on evidence-based guideline development and adaptation in the Eastern Mediterranean Region in Cairo, Egypt on 18–19 November 2015. The meeting was held to discuss developing a common approach that the Regional Office could use when considering the adoption or adaptation of globally developed guidelines (or guidelines developed in other regions/institutions). The specific objectives of the meeting were to bring together a group of regional and international experts to: review and discuss global/regional experiences in adoption and adaptation of evidence-based guidelines including challenges and actual use of the guidelines in practice; and reach an agreement on the main approaches for a framework of action for the Regional Office for promoting adaptation of globally developed evidence-based guidelines and development of guidelines in areas of need, as well as supporting their implementation in practice.

Participants included experts in clinical practice and public health guideline development and adaptation from Egypt, France, Lebanon, Norway and Saudi Arabia, and WHO staff from headquarters and the Regional Office. The meeting was Chaired by Professor Lubna Al-Ansary and Dr Andrew Oxman. Dr Elie Akl and Dr Haifa Wahabi served as rapporteurs.

In his opening address, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, emphasized the importance of clinical practice guidelines in transforming knowledge into action during health care delivery and clinical practice, and added that high quality guidelines must be built upon unbiased and transparent processes of systematically reviewing, appraising and using the best clinical

research findings of the highest value to aid delivery of optimum clinical care to people. He noted that one of the challenges to uptake of WHO guidelines was the variety of contexts and cultures across regions and Member States. Guidelines could not be necessarily adopted “as is” across settings, given the contextual differences, which highlighted the potential need for adapting these guidelines at regional, and eventually at country level, in a way to facilitate their uptake.

2. Summary of discussions

Guideline development

Clinical practice guidelines could be standard, compiled, consolidated, rapid advice or even interim. Established in 2007, the WHO Guidelines Review Committee (GRC) aims at developing and implementing procedures to ensure that WHO guidelines are: consistent with internationally accepted best practices; appropriately based on evidence; and transparent. Such processes are detailed in the WHO Handbook for Guidelines Development.

Participants identified several challenges to producing high quality clinical practice guidelines including: the need to reduce unnecessary variation of health care or services; improving processes, patient and public health outcomes; controlling cost; providing concise summaries of current best evidence and focus research in areas of inadequate data; non-provision of adequate or appropriate guidance for development of guidelines; concerns about quality of existing guidelines; missing tasks in most handbooks (ethical issues, methodological limitations); piloting of the new guidelines constrained by feasibility and practicality limitations; cost-effectiveness largely missed from many development programmes.

At the same time several challenges to producing high quality global public health guidelines were identified: paucity of evidence, especially policy and health system interventions in low–middle income countries; low quality evidence and weak study designs; resource constraints; variety of guideline topics, questions; diverse user needs: applicability and implementation; creating global guidelines based on setting-specific evidence; identifying and building capacity for methodological expertise; and remaining culture of expert opinion.

Guideline adaptation

The steps for adapting and updating existing clinical practice guidelines include: selecting a topic of priority; appraising research; determining the scope; synthesis and analysis; preparing the work plan; making group decisions and reaching consensus; identifying, appraising (including considering ethical issues) and adapting existing clinical practice guidelines; creating recommendations; involving consumers; final consultation ; publishing formats; observing conflict of interests; formulating an implementation strategy; piloting; developing questions; impact assessment; systematic search; developing clinical audit criteria; economic evaluation; updating and correcting errors; and identifying the evidence.

Adaptation frameworks include: Royal College of Nursing (RCN), ADAPTE, Alberta Ambassador Program, Making GRADE the Irresistible Choice (MAGIC), Adolopment, RAPADAPTE frameworks (the latter two are unpublished). Most approaches are built upon ADAPTE, with attempts to improve on specifics aspects, i.e. MAGIC uses a systematic, transparent and reproducible process based on GRADE; Adolopment is based on GRADE and its Evidence to Decision (EtD) framework; while RAPADAPTE uses synthesized

evidence databases to speed up the process. Evidence to Decision (EtD) frameworks for guideline adaptation also exist, e.g. GRADE/DECIDE Evidence to Decision frameworks.

The establishment of the Guidelines International Network (GIN) Adaptation Working Group during August 2010 had the aims of: supporting methods for efficient guideline development through adaptation of guidelines and evidence sources, refining the adaptation resource toolkit and developing additional adaptation resources, and providing support and training to groups undertaking or planning to undertake guideline adaptation projects.

Available resources to enhance guideline implementation in the field include general resources (books, journals and websites), resources designed to improve health care issues (stakeholder involvement, priority-setting, clinical practice guidelines, measuring performance) and intervention resources (identifying determinants of practice, designing interventions, evaluating interventions, quality improvement programmes).

Several countries in the Region have experience in capacity-building and adaptation of clinical practice guidelines including the Islamic Republic of Iran, Saudi Arabia and Tunisia.

3. The way forward

Academic institutions

- Building capacity in clinical epidemiology (curriculum of which would include: carrying out randomized clinical trials, systematic reviews; rules and regulations of clinical practice and public health guideline development).

- Developing and implementing integrated health care services for identified people-centred problems.
- Developing governance mechanisms for carrying out randomized clinical trials and implementation of guidelines, including Institutional Review Boards and quality assurance mechanisms.
- Encouraging/funding guideline development/implementation research, impact evaluation studies, marketing for policy-makers.
- Translating research-based evidence into practice and policy briefs supporting health policy-making, which aim at improving patient and population health outcomes.

Health care delivery institutions

- Raising awareness/advocacy among health care providers and professionals, concerning the importance of adherence to clinical practice and public health guidelines.
- Ensuring/enforcing implementation of clinical practice guidelines at different levels of health care delivery.

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- Establishing a regional guideline advisory committee in the Regional Office, of convening and technical nature, with the following core functions:
 - Coordinating between stakeholders, including WHO collaborating centres and centres of excellence in evidence-based health care, to provide training and support;
 - Streamlining activities and sharing of resources and information in the Region;
 - Setting standards for regional guideline adaptation and implementation, in coordination with headquarters (with no overlap);

- Conducting needs assessment, in the short term based on SDGs, regionally and nationally identified priorities, with a strong link to universal health coverage and coverage packages;
- Creating a regional clearinghouse for guidelines that meet minimum standards and are suitable for the Region;
- Commissioning guidelines through standard WHO processes.
- Setting priorities for guideline adaptation versus development, using appropriate priority-setting mechanisms, while concentrating on health-related SDGs, universal health coverage, linking priorities to coverage and relevance of guidelines to health systems, public health agencies, primary health care systems.
- Identifying Region-specific issues, in line with the five strategic health priorities, in coordination with all departments in the Regional Office and in response to policy-maker demands.
- Building capacity on guideline development and adaptation.
- Encouraging WHO collaborating centre-based research.
- Adapting guidelines for diseases of regional/country public health importance (e.g. major noncommunicable diseases such as cardiovascular diseases, chronic respiratory conditions, diabetes mellitus and prevailing cancers in the Region), while ensuring that they are relevant to national health systems, public health agencies, in collaboration with headquarters.
- Commissioning guideline development for Region-specific conditions (for which guidelines are not available, e.g. leishmaniasis prevention and control), of innovative nature, according to standard WHO processes in coordination with headquarters, supporting countries in developing implementation guidelines (e.g. policy briefs) as well as clinical practice/public health guideline implementation, whether adopted, adapted or de-novo developed in regional institutions.

- Considering a guideline developed outside WHO for adaptation, in collaboration with WHO (e.g. management of diabetes during an emergency) within a short timeframe with reasonable resources.
- Considering a process for rapid advice guidelines (minimum standards).
- Mapping regional needs for national/institutional capacities for guideline adaptation or development.
- Galvanizing capacities and centres of excellence and assessing currently available know-how within specialized centres in the Region.
- Preparing a repository of regional guidelines.
- Facilitating networking among stakeholders and experts using available channels for communication and collaboration with relevant bodies (e.g. GIN, IDF, AGREE, SIGN, NICE, HTAi), as needed.



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