Evaluation of PAHO Guidelines

Report to the 41st PAHO's Advisory Committee on Health Research - ACHR/CAIS

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Background information

- New approach to the production, use and dissemination of scientific evidence has progressed during recent years transforming the field; change has been fast and the Organization needs to catch up with it.
- Practice guidelines have been developed to improve the process of health care and health outcomes. They are intended to decrease unjustified variations, and optimize resource utilization.
- Failure to use the best current knowledge can harm people and bring the Organization into disrepute.

Mexico Declaration

- *All major stakeholders* to strengthen or to establish activities to communicate, improve access to, and promote the use of reliable, relevant, unbiased, and timely health information.

2007

Wake up call

Use of evidence in WHO recommendations

Andrew D Oxman, John N Lavis, Atle Fretheim

Summary

Background WHO regulations, dating back to 1951, emphasise the role of expert opinion in the development of recommendations. However, the organisation's guidelines, approved in 2003, emphasise the use of systematic reviews for evidence of effects, processes that allow for the explicit incorporation of other types of information (including values), and evidence-informed dissemination and implementation strategies. We examined the use of evidence, particularly evidence of effects, in recommendations developed by WHO departments.

Methods We interviewed department directors (or their delegates) at WHO headquarters in Geneva, Switzerland, and reviewed a sample of the recommendation-containing reports that were discussed in the interviews (as well as related background documentation). Two individuals independently analysed the interviews and reviewed key features of the reports and background documentation.

Findings Systematic reviews and concise summaries of findings are rarely used for developing recommendations. Instead, processes usually rely heavily on experts in a particular specialty, rather than representatives of those who will have to live with the recommendations or on experts in particular methodological areas.

Interpretation Progress in the development, adaptation, dissemination, and implementation of recommendations for member states will need leadership, the resources necessary for WHO to undertake these processes in a transparent and defensible way, and close attention to the current and emerging research literature related to these processes.

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WHO is responding to the challenge

2007

WHO signals strong commitment to evidence

WHO's constitution states that "the extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health". Well-implemented high-quality guidelines for member states can realise this aim through the equitable sharing of best practice in a locally-appropriate form. However, despite a decision by WHO in 2000 to make guidelines evidence-based, and the publication of internal guidance in 2003 to standardise procedures, the quality of the 200 recommendations produced by WHO each year has been inconsistent. On May 9, *The Lancet* published Andy Oxman and colleagues' investigation into how WHO recommendations are formulated, which identified shortcomings in both process and products. Thus, WHO's response, to create a Guidelines Review Committee, is swift, unequivocal, and welcome.

The Guidelines Review Committee will be a crucial mechanism to advise staff on guideline development. It will seek to strengthen the capacity of all WHO staff to produce good guidelines. In otherwords, the Committee is not only about quality assurance, it is about triggering an institution-wide change in culture and behaviour. The changes will, in time, extend to WHO's most vulnerable outposts—its regional offices. And they will feed into the creation of a WHO-wide research strategy to be presented to the World Health Assembly in 2009.

The creation of a Guidelines Review Committee is good news for WHO, and provides an example of transparency to the UN, and of accountability to its stakeholders. The World Health Assembly, convening in Geneva this week, can take pride in these actions, but must recognise that the synthesis, implementation, and evaluation of science-based guidelines will require considerable resources if the commitment is to be sustained as a core activity. Establishing the Guidelines Review Committee confirms new Director-General Margaret Chan's commitment to "decisions based on evidence" and her own vision to make WHO "absolutely authoritative in our guidance...to use health as a lever for making this world a better place for all humanity". ■ *The Lancet*

For use of evidence in WHO recommendations see DOI:10.1016/S0140-6736(07)60675-8 and DOI:10.1016/S0140-6736(07)60676-X

For World Report on Margaret Chan see Lancet 2006; 368: 1757-58

Leading by example: a culture change at WHO

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To quote Iain Chalmers, "Because professionals sometimes do more harm than good when they intervene in the lives of other people, their policies and practices should be informed by rigorous, transparent, up-to-date evaluations."[1] One of the major functions of WHO is the selection of policies and practices for the promotion of health, and the organisation issues nearly 200 recommendations and policy-guidance documents every year. However, WHO's own practices might be less than optimum, as reported in today's *Lancet* by Andrew Oxman and colleagues.[2]

After surveying WHO staff and assessing documents, Oxman and colleagues report several problems with current practice at WHO. Scientific evidence is often not used systematically in the development of recommendations, and the needs of

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Favorable Impact

WHO Rapid Advice Guidelines for pharmacological management of sporadic human infection with avian influenza A (H5N1) virus

Holger J Schünemann, Suzanne R Hill, Meetali Kakad, Richard Bellamy, Timothy M Uyeki, Frederick G Hayden, Yazdan Yazdanpanah, John Beigel, Tawee Chotpitayasunondh, Chris Del Mar, Jeremy Farrar, Tran Tinh Hien, Bülent Özbay, Norio Sugaya, Keiji Fukuda, Nikki Shindo, Lauren Stockman, Gunn E Vist, Alice Croisier, Azim Nagjdaliyev, Cathy Roth, Gail Thomson, Howard Zucker, Andrew D Oxman, for the WHO Rapid Advice Guideline Panel on Avian Influenza

Recent spread of avian influenza A (H5N1) virus to poultry and wild birds has increased the threat of human infections with H5N1 virus worldwide. Despite international agreement to stockpile antivirals, evidence-based guidelines for their use do not exist. WHO assembled an international multidisciplinary panel to develop rapid advice for the pharmacological management of human H5N1 virus infection in the current pandemic alert period. A transparent methodological guideline process on the basis of the Grading Recommendations, Assessment, Development and Evaluation (GRADE) approach was used to develop evidence-based guidelines. Our development of specific recommendations for treatment and chemoprophylaxis of sporadic H5N1 infection resulted from the benefits, harms, burden, and cost of interventions in several patient and exposure groups. Overall, the quality of the underlying evidence for all recommendations was rated as very low because it was based on small case series of H5N1 patients, on extrapolation from preclinical studies, and high quality studies of seasonal influenza. A strong recommendation to treat H5N1 patients with oseltamivir was made in part because of the severity of the disease. Similarly, strong recommendations were made to use neuraminidase inhibitors as chemoprophylaxis in high-risk exposure populations. Emergence of other novel influenza A viral subtypes with pandemic potential, or changes in the pathogenicity of H5N1 virus strains, will require an update of these guidelines and WHO will be monitoring this closely.

Lancet Infect Dis 2007; 7: 21–31

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Introduction

Methods

A baseline assessment of PAHO Guidelines

Regional approach by AMRO/PAHO

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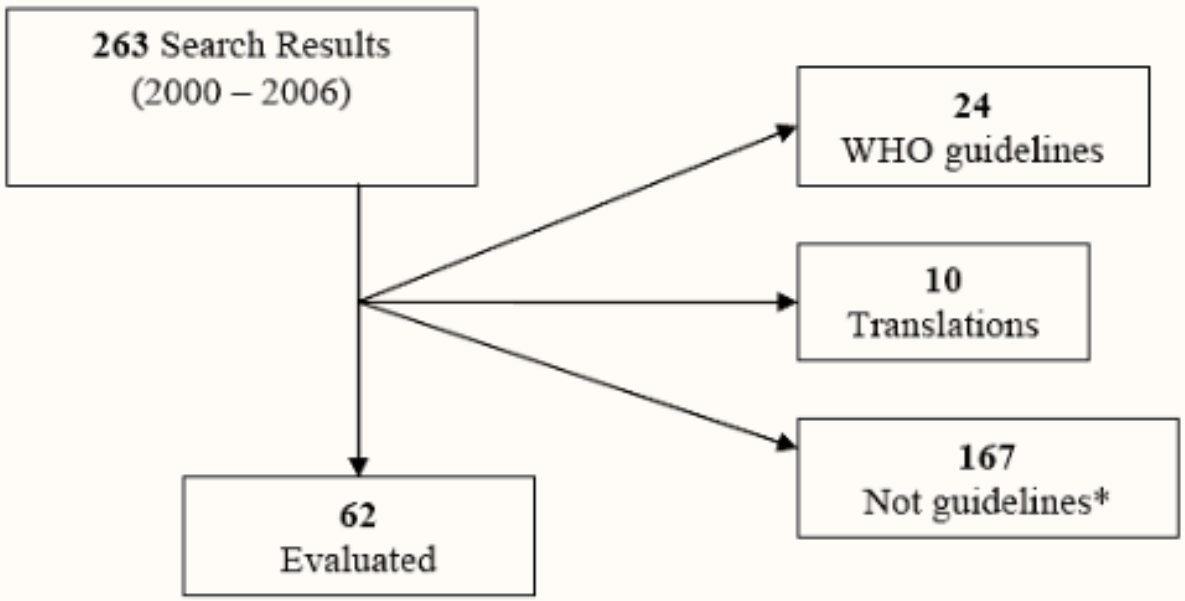
The search for Guidelines

Sources

- PAHO Publications Area: publications 2000-2006
- PAHO's Institutional Memory Database (http://library.paho.org)
- BIREME's (PAHO- PAHO HQ Library Catalog)

- Included: statements which assist providers recipients and other stakeholders to make informed decisions about appropriate public health interventions
- Exclusion criteria: WHO Guidelines; translations.



* guidelines are defined as *statements which assist providers, recipients and other stakeholders to make informed decisions about appropriate public health interventions*[10]

Methods

- Appraisal instrument: WHO checklist for the treatment of guidelines, developed to qualify guidelines as suitable for production by WHO
- Similar to the WHO endorsed instrument "Appraisal of Guidelines Research & Evaluation – AGREE".
- One reviewer individually appraised 62 guidelines

Preliminary Findings

>50% of the 62 Guidelines…

- 53 (85%) list their objectives and situation in which they are intended
- 49 (79%) clearly formulated recommendations
- 46 (74%) guidelines have a reference section
- 42 (67%) list the issuing cluster or department
- 42 (67%) list the professional target group

Preliminary Findings

25-50% of the 62 Guidelines…

- 28 (45%) make explicit considerations of issues such as safety and potential misuse
- 24 (38%) identify and advice on ineffective practices
- 19 (30%) involve relevant professionals, public health experts and end users from the geographic areas where they will be applied in their development
- 16 (25%) address potential resource constraints and equity issues

Preliminary Findings

5-24% of the 62 Guidelines…

- 15 (24%) suggest criteria for monitoring its use in intended settings
- 9 (14%) named their funding sources
- 9 (14%) editorially independent from funding bodies
- 6 (9%) make explicit consideration of cost-effectiveness issues
- 4 (6%) have graded their recommendations
- 4 (6%) include a plan for dissemination and local adaptation

Preliminary Findings

1-5% of the 62 Guidelines…

- 3 (4%) have linked the strength of the recommendation to the evidence
- 3 (4%) label non evidence-based recommendations as “expert opinion”
- 2 (3%) the strength and quality of the evidence on effectiveness was graded
- 1 (1%) a systematic review was performed to search for the evidence
- 1 (1%) recommendations were “evidence-based”

Preliminary Findings

None of the 62 Guidelines…

- Recorded if there were conflict of interests (None of the members of the development group and external reviewers)
- Included in the development group methodological experts in fields such as search methodology, critical appraisal and cost-effectiveness analysis
- Described the search strategy
- Included a plan for reviewing new evidence and updating the guideline
- Described the methods used to minimize any undue influence on the Guideline Development Group
- Adequately commented on external peer review
- Had a final version approved by all members of the Guideline Development Group
- Records that the final document was approved by all members of the Steering Group
- Mentioned availability of funds for dissemination and local adaptation

Elements for a response

- Awareness raising and capacity building activities (on methods, project management, access to evidence)
- Development of a cadre of information specialists with expertise on evidence searches supporting technical areas, centers and country offices
- Work with experts in PAHO/WHO Collaborating Centers and Networks (e.g. GIN-AGREE, Cochrane, etc); build on agreements to develop in-house skills and advice guideline development processes

Elements for a response (2)

- Consider incorporating in a PAHO Publication Policy the requirement to follow WHOs Guidelines for Guidelines standards

- Compulsory training as a requirement for guideline authors

- Link with the work of the Ethics Officer and the Ethics Review Committee.

Thank you!

Your advice and ideas are most welcomed!