

# **Requirements for a national plan for the development, adaptation and implementation of evidence-based clinical practice and guidelines Road**

**Arash Rashidian MD PhD**  
**Director of Science, Information and Dissemination**

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**WORKSHOP ON**  
**NATIONAL PROGRAMME FOR GUIDELINE DEVELOPMENT AND  
ADAPTATION IN EGYPT**

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# Outline

- National plans for EIPM
- Key considerations for a national programme for guideline development, adaptation and implementation

# Limited capacity to absorb research evidence for decision making in EMR countries

**Health  
Technology  
Assessment**  
structures  
limited in the  
region

Few programs  
to develop or  
adapt **national**  
evidence based  
*clinical and  
public health  
guidelines*

Health care  
policies often  
not supported  
or accompanied  
by **policy briefs**

# Framework for improving national institutional capacity for use of evidence in health policy-making

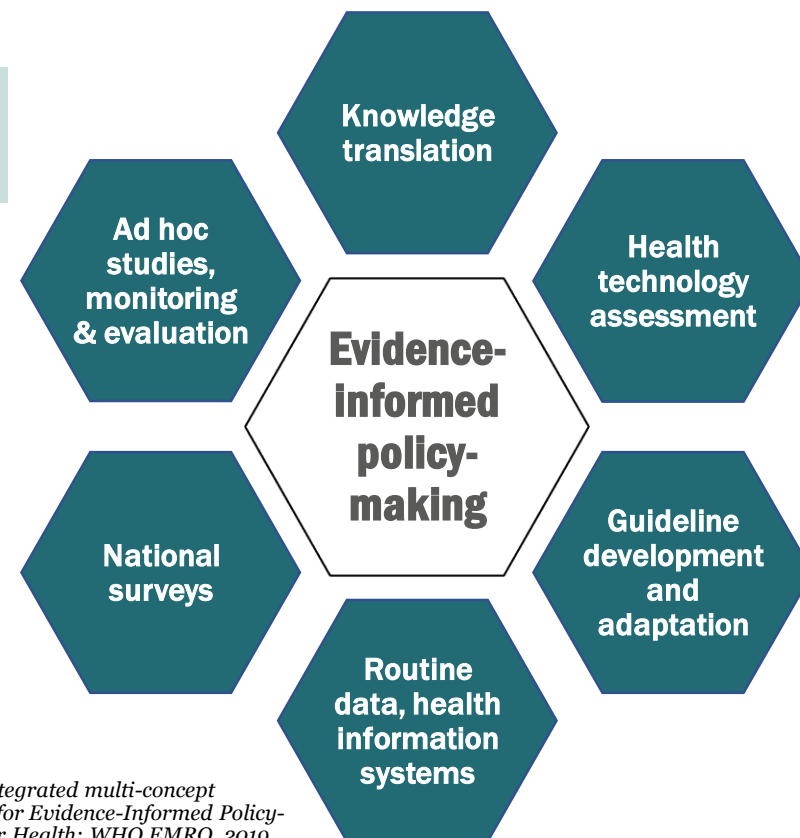
*in the Eastern Mediterranean Region (2020–2024)*

(EM/RC66/R.5; approved Oct 2019)

EMR countries committed to the ***integrated multi-concept approach for the institutionalization of evidence-informed policy-making*** for health

Requirement of the integrated multi-concept approach:

1. Internal programmatic coherence within each key program, avoiding duplications
2. Systematic links between the key programs
3. Supported by a wider “ecosystem” for evidence-informed policy-making at national level



*Source: Integrated multi-concept approach for Evidence-Informed Policy-Making for Health; WHO EMRO, 2019*



# Two key requests of RC2019 Resolution on evidence-informed policy-making

(EM/RC66/R.5)

## 1- Developing (an implementation of) a **regional action plan**

### Six strategies of the Regional Action Plan

#### For Member States

1. Enhance **demand & advocacy** for EIPM
2. Enhance decision-making **structures & processes for use of evidence** at national level
3. Enhance **resources** for EIPM

#### For WHO

4. Enhance WHO RO **capacity & output** in support of EIPM in countries
5. Support countries in **improving national institutional capacity** for EIPM
6. Establish a regional network & support structure

#### Regional action plan

*for the implementation of the framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region*

(2020–2024)

# Integrated multi-concept approach for the institutionalization of EIPM

variations and overlaps between the concepts

## EIPM traditions / main sources of evidence for policy makers

- **Knowledge translation**
- HTA and modelling
- Guideline development & adaptation
- Routine data & HIS
- National surveys
- Ad hoc studies; M&E

## Requirements or steps

- **Focused on key policies of concern**
- Identifying policy makers needs for research evidence
  - Priority setting
- Finding, assessing (and synthesizing) evidence
  - Evidence summaries
- Going from research evidence to decisions
  - **Policy briefs**
  - **Policy dialogue**

# Integrated multi-concept approach for the institutionalization of EIPM

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## EIPM traditions / main sources of evidence for policy makers

- Knowledge translation
- **HTA and modelling**
- Guideline development & adaptation
- Routine data & HIS
- National surveys
- Ad hoc studies; M&E

## Requirements or steps

- **Focused on technologies or specific decisions**
- Identifying policy makers needs for research evidence
  - Priority setting
  - Identifying key (clinical) questions
- Assessing effectiveness
  - Systematic reviews
- **Assessing cost-effectiveness**
  - CEA and modelling
- Assessing social, ethical and legal aspects
- Recommending decisions

# Integrated multi-concept approach for the institutionalization of EIPM

variations and overlaps between the concepts

## EIPM traditions / main sources of evidence for policy makers

- Knowledge translation
- HTA and modelling
- **Guideline development & adaptation**
- Routine data & HIS
- National surveys
- Ad hoc studies; M&E

## Requirements or steps

- **Focused on a disease or public health issue**
- Identifying policy makers/ clinicians needs for research evidence
  - Priority setting
  - Identifying key clinical questions
- Assessing effectiveness
  - Systematic reviews
- Assessing cost-effectiveness
  - CEA and modelling
- Assessing equity, feasibility and acceptability
- **Recommending actions for clinicians** (and decision makers)



# National plan for guidelines

- Development (and adaptation) is costly and time intensive
- National plans are needed to enhance efficiency of guideline development and adaptation and quality of recommendation
- Management of conflicts of interest is key
- A comprehensive national plan increases trust in MoH policy making
- In line with health system objectives of better outcomes, efficiency and equity

# Time for guideline development in other countries national plans

- SIGN: 24 months
- NICE: 12-18 months
- NICE short guidance: 6-12 months
- Slovakia: 30 months
- US Preventive Services Task Force: 9-15 months to finish the work / another 9 months for publication

# Timeframes for different types of guidelines (examples from the WHO)

- **Standard Guidelines: 6 months to 2 years**
  - E.g. treatment of postpartum haemorrhage
  - Most WHO guidelines are in this category
- **Interim guidelines: 6-9 months**
  - new interventions, exposures or diseases arise / new evidence becomes available or evidence is incomplete
- **Rapid Advice / emergency guidelines: 1-3 months**
  - For example for Pandemic Flu, COVID-19

# Examples of guideline development handbooks and programs (Ansari & Rashidian, 2012)

Handbook	Publication year	country of origin	General audience or targeting specific diseases	Website
National Institute for Health and Clinical Excellence (NICE)	2009	UK	General	<a href="http://www.nice.org.uk">www.nice.org.uk</a>
Swiss Centre for International Health (SCIH)	2011	Swiss	General	<a href="http://www.swisstph.ch/">http://www.swisstph.ch/</a>
Scottish Intercollegiate Guidelines Network (SIGN)	2008	Scotland	General	<a href="http://www.sign.ac.uk">www.sign.ac.uk</a>
World Health Organization (WHO)	2012	International	General	<a href="http://www.who.int">www.who.int</a>
Canadian Medical Association (CMA)	2007	Canada	General	<a href="http://www.accesscopyright.ca">www.accesscopyright.ca</a>
New Zealand Guidelines Group (NZGG)	2001	New Zealand	General	<a href="http://www.nzgg.org.nz">www.nzgg.org.nz</a>
National Health and Medical Research Council (NHMRC)	1998	Australia	General	<a href="http://www.health.gov.au/nhmrc">www.health.gov.au/nhmrc</a>
American Society of Clinical Oncology (ASCO)	2011	USA	Specific	<a href="http://www.asco.org">www.asco.org</a>
The Chartered Society of Physiotherapy (CSP)	2006	UK	Specific	<a href="http://www.csp.org.uk">www.csp.org.uk</a>
International Diabetes Federation (IDF)	2003	International	Specific	<a href="http://www.idf.org">www.idf.org</a>
Advisory Committee on Health Research (ACHR)	2006	International	General	<a href="http://www.who.int/rpc/advisory_committee">www.who.int/rpc/advisory_committee</a>
World Stroke Organization (WSO)	2009	International	Specific	<a href="http://www.world-stroke.org">www.world-stroke.org</a>
Cancer Care Ontario (CCO)	2011	Canada	Specific	<a href="http://www.cancercare.on.ca">www.cancercare.on.ca</a>
Council of Europe (CE)	2001	International	General	<a href="http://www.social.coe.int">www.social.coe.int</a>
U.S. Preventive Services Task Force (UPSTF)	2008	USA	General	<a href="http://www.preventiveservices.ahrq.gov">www.preventiveservices.ahrq.gov</a>
Australian Health Policy Institute (AHPI)	2008	Australia	Specific	<a href="http://healthpolicystudies.org.au/">healthpolicystudies.org.au/</a>
Regional Centre for Quality of Health Care (RCQHC)	2003	Regional	Specific	<a href="http://www.RCQHC.org">www.RCQHC.org</a>
Royal College of Psychiatrists (RCP)	1994	UK	Specific	<a href="http://www.rcpsych.ac.uk">www.rcpsych.ac.uk</a>
World Confederation for Physical Therapy (WCPT)	2006	International	Specific	<a href="http://www.wcpt.org">www.wcpt.org</a>

# Cost of guideline development

- Each guideline
  - Royal College of Physicians Asthma guidelines: GBP 25,000
  - Agency for Health Care Policy and Research – Depression guidelines: GBP 600,000
  - Huge variations
- WHO guidelines: minimum 200,000-300,000 US\$



# Is a guideline worth it? (IDF 2003)

- A lot of work and budget spent on improving processes and quality monitoring
- In industry it is up to 10% of turnover
- In healthcare it is less than 1% of expenditure

# Is a guideline worth it? (IDF 2003)

- Expenditure on a diabetes guideline has the potential to be cost-effective
- In a country of 50m, 1m have diabetes, and about 35k die of a diabetes-related events each year
- \$300k on a guideline that results in just 10% implementation, may result in \$100 per life-year saved without considering reductions in morbidity
- But if implemented

# Role of guidelines in the national legal system

- Laws and regulations that necessitate the use of guidelines
- Supporting clinicians at the time of need?
- Sanctioning clinicians if processes are not followed?

# Building national institutional capacity (WHO EMRO 2019)

## *Dimensions affecting institutional capacity for translating evidence to policy*

1. Integrated approach
2. Adaptation: **Building the wheel or using the wheel?**
3. Academic institutions: **Partner or collaborator?**
4. Other stakeholders' involvement: **Whom, when, how?**
5. Standardized processes: **To what extent?**

# Considerations for a national plan

- Stakeholders and their role
- Priority setting
- Time and resource needs
- Technical tools and processes
- Human resource needs
- Role of academic institutions and clinical societies
- Final clearance procedures
- Attention to the provincial concerns: implementation