



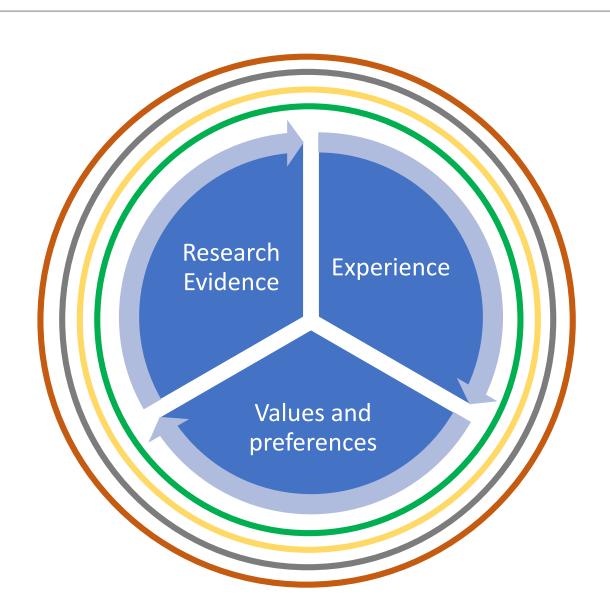
Evidence informed practices in low-and middle income countries: implementation opportunities and barriers

Taryn Young



Evidence informed practices

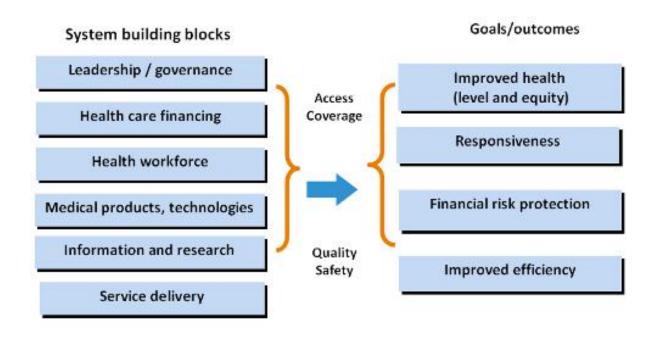


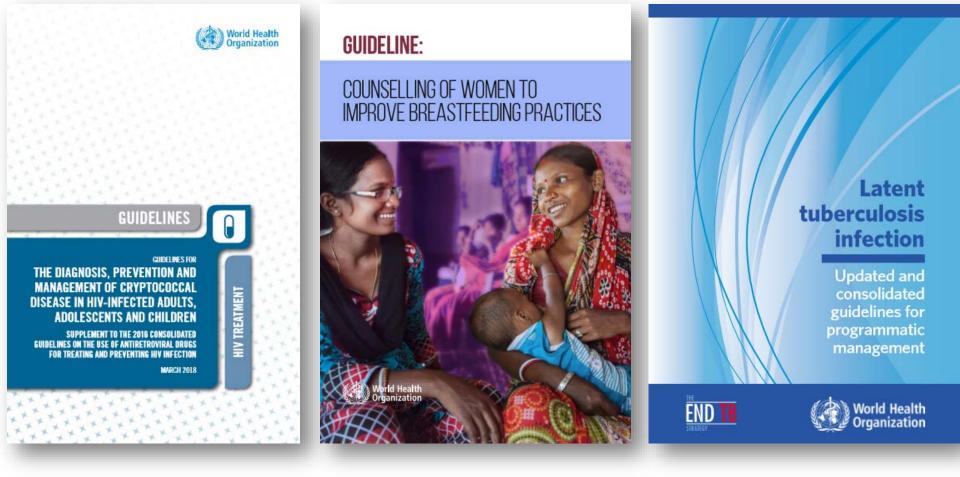


Enabling environment for evidenceinformed practices



- Evidence informed policies
- Health system building blocks in place



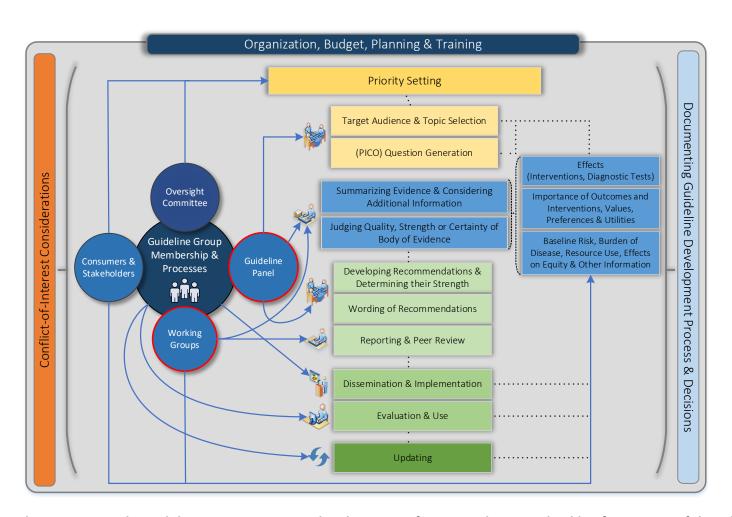


Clinical practice guidelines

Clinical practice guidelines (CPGs) are statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options

Clinical Practice Guideline development





Schünemann et al. Guidelines 2.0: systematic development of a comprehensive checklist for a successful guideline enterprise. CMAJ. 2014 Feb 18;186(3):E123-42.

http://cebgrade.mcmaster.ca/guidecheck.html

Clinical practice guidelines - implementation

Evidence-based recommendations are only as good as their uptake and application



Evidence on implementation strategies

To provide an overview of the available evidence from up-todate systematic reviews about the effects of implementation strategies for health systems in low-income countries.

4 categories — strategies targeting:

N = 39

I. healthcare organisations (e.g. strategies to change organisational culture; I review);

reviews

- 2. healthcare workers by type of intervention (e.g. printed educational materials; 14 reviews);
- 3. healthcare workers to address a specific problem (e.g. unnecessary antibiotic prescription; 9 reviews);
- 4. **healthcare recipients** (e.g. medication adherence; 15 reviews).

Realities in LMIC

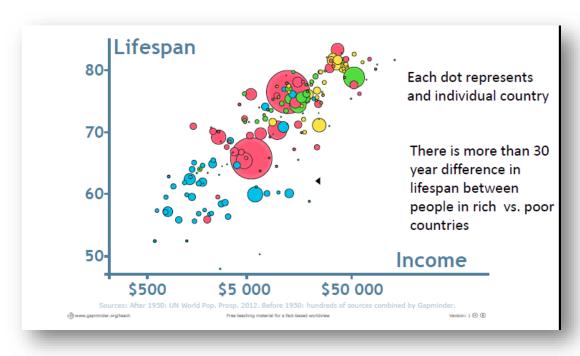


Social determinants of health

The conditions in which people are born, grow, live, work and age







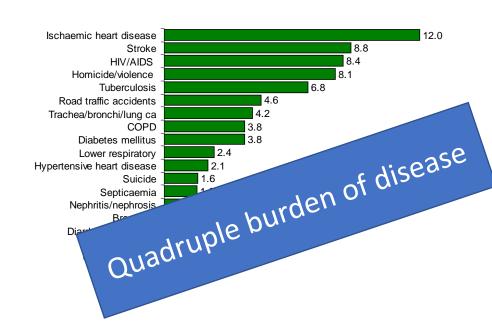
Realities in LMIC



- Burden of disease
- Health system challenges

Health system challenges

- Poor management
- Insufficient funds
- Insufficient human resources
- Poor health system infrastructure
 - Limited supplies of essential medication and technology
 - Suboptimal health-care seeking





Case study: what happening in South Africa?



Committed guideline community aiming to address inequities

Guideline development affected by:

- insufficient funding for technical and methodological work;
- 2. fragmentation between groups, and between national and provincial health sectors;
- 3. lack of standardised systems;
- 4. resource gaps.



Kredo T, Abrams A, Young T, Louw Q, Volmink J, Daniels K. Primary care clinical practice guidelines in South Africa: qualitative study exploring perspectives of national stakeholders. BMC Health Serv Res. 2017;17(1):608.















What is the role of provincial government officials and district managers in receiving, adapting, disseminating and implementing primary care clinical practice guidelines in four provinces in South Africa?

Health system arrangements including governance, accountability, human resources and financial constraints hinder implementation.

Challenges and opportunities for training and support, in particular, the need for practical on-site clinical mentorship and support.

Socio-cultural and geographic issues require CPGs to be adapted to better fit the context.

Kredo T, Cooper S, Abrams A, Muller J, Schmidt BM, Volmink J, Atkins S. 'Building on shaky grounds' - primary care guideline implementation: perspectives of provincial and district implementers in four South African provinces. BMJ Open (submitted May 2019)















What are the perspectives of primary health care providers regarding the barriers to and potential solutions for increasing use of primary care CPGs in South Africa?

Participants were knowledgeable about guidelines, generally trust their credibility and are receptive and motivated to use them.

Guidelines are seen by nurses as providing confidence and reassurance, professional authority and independence where doctors are scarce.

Despite this, many barriers to guideline use were reported.

- supply chain issues limiting access to necessary equipment
- inadequate systems for hardcopy distribution;
- linguistic inappropriateness (e.g. complicated language, lack of summaries, no availability in local languages);
- unsupportive audit and feedback procedures;
- limited involvement of end-users in guideline development;
- and, patchy training that does not filter back to providers.















Implementation complexity

- Various contextual issues to consider
- Various stakeholders
- Presence of comorbidity/multi-morbidity
- Preferences, barriers and facilitators to CPG access and use
- Implementation strategies planned around local barriers and playing to local incentives



Opportunities for influencing evidence informed practices

Healthcare professionals are the backbone



Empowering healthcare providers to be informed users of evidence (not researchers)

- Critical thinkers
- Lifelong learners
- Curriculum reform

"..underlying aim with integrated curricula ...to have EBHC learning longitudinal, instilled, embedded and part of mainstream."

Enhancing guideline development



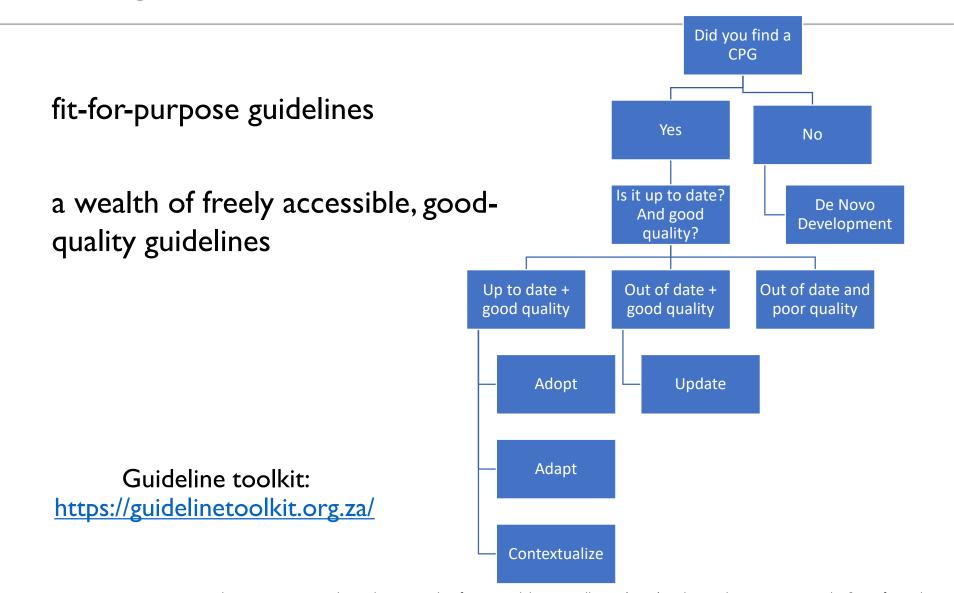
- Harness the contributions and commitment of the guideline community.
- Agree on standards and methods for development that can inform all CPG development groups across sectors and disciplines, including how interest should be declared and managed.
- Create platforms for input from healthcare providers and patients in guidelines at development and implementation stages.



Alternative/adaptive CPG development methods (that use existing CPGs) can help bridge the HIC vs LMIC evidence gap

Adopt and adapt guidelines from other settings for our needs





Dizon JM, Grimmer K, Louw Q, Kredo T, Young T, Machingaidze S. South African Guidelines Excellence (SAGE): Adopt, adapt, or contextualise? S Afr Med J. 2016;106(12):1177-8.

Building capacity in clinical guideline development & implementation



To enable participants to understand the different guideline approaches (de novo development and alternative methods), implementation, monitoring and evaluation of clinical practice guidelines

Pre-	Principles of evidence-based healthcare
course	Appraising a CPG
Day 1	Rationale for CPG development
	Principles of alternative methods for CPG
	development (adopting, contextualizing,
	adapting)
Day 2	Steps for CPG development
	Applying the evidence to decision framework
	Considering cost effectiveness in CPGs
Day 3	Implementing CPGs
	Monitoring and Evaluating CPGs
E-learning	Alternative methods of CPG development
Portfolio	Reflection of content and development of a
Exam	CPG teaching tool



Blended 4 month course

- Online
- Face:face
- Assessments

Building capacity in clinical guideline development & implementation



SIMULATION FOR TEACHING GRADE IN GUIDELINES DEVELOPMENT IN SUB-SAHARAN AFRICA

Tamara Kredo¹, Michael McCaul², Nandi Siegfried³

The content covers

- Guideline panel composition, roles, and managing conflicts of interest
- Key factors determining overall quality of evidence in a GRADE Evidence Profile
- The GRADE Evidence-to-Decision
 Framework to inform guideline panel discussions
- Formulation of a recommendation
- Implications of the strength of a recommendation

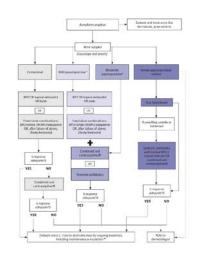


Enhancing guideline implementation and use



Point of care access and locally relevant end user tools

- Digital guidelines
- Protocols
- Algorithms





Participation of end-users in development to develop contextually relevant products

Machingaidze S, Grimmer K, Louw Q, Kredo T, Young T, Volmink J (2018) Next generation clinical guidance for primary care in South Africa – credible, consistent and pragmatic. PLoS ONE 13(3): e0195025. https://doi.org/10.1371/journal.pone.0195025















Enhancing guideline implementation and use



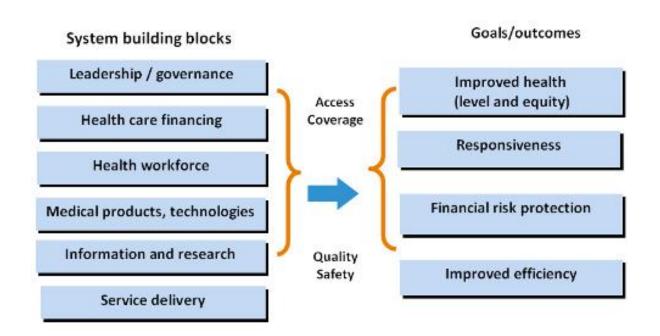


In service training, outreach, supervision and mentoring

Enhancing guideline implementation and use



Enhanced governance, efficient supply chain and supportive audits with feedback



Implementation research

the systematic approach to understanding and addressing barriers to effective and quality implementation of health interventions, strategies and policies.

Partnerships between implementers and researchers who share the common goal of engendering iterative improvements in programme implementation.

- Collaborative
- Broad research spectrum
- Aligning research with need and ensuring quality

In conclusion



- Complex context
- Health inequities
- Various challenges
- Many opportunities



End goal: impact health outcomes

"We can change the world and make it a better place. It is in your hands to make a difference." Nelson Mandela



Acknowledgements



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- Stellenbosch University



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