A Fellowship of Evidence in Clinical Practice: Adapting Foreign Guidelines for Middle Africa

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<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Date</th>
<th>Author(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerian national guideline for Treatment of uncomplicated malaria</td>
<td>European Organization for Research and Training in AIDS and the Union for International Health</td>
<td>20/05/2015</td>
<td>General practitioner, Nurse</td>
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<td>at the community level</td>
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<tr>
<td>First line treatment of Tuberculosis</td>
<td>World Health Organization</td>
<td>30/07/2019</td>
<td>General practitioner, Nurse</td>
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<tr>
<td>Guide pratique du Diagnostic du Paludisme au Cameroun</td>
<td>Cameroon National Health Research and Development Organization</td>
<td>18/07/2019</td>
<td>Médecin généraliste, Infirmier</td>
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Background

- Current Practice is informed by (mostly outdated) textbooks from Europe
- Limited national guidelines, often not up to date
- Limited number of WHO Guidelines, relevant for Sub-Saharan Africa
- International point of care evidence summaries (e.g. DUODECIM EBM-GUIDELINES) not contextualized to Sub-Saharan Africa
- Internet connections not always reliable in rural areas
Problem Statement

- Paper-based health records: Health paper records given to patients, with risk of loss
- Silo Practice: Lack of flow of information within health systems on available health technologies
Challenges With Service Delivery

Service Providers Barriers
- Lack of access to research evidence to guide practice
- Lack of financial means to purchase equipment and medication at primary care
- Workforce

Service Users
- Lack finance to pay for bills especially at district and referral hospitals
- Lack of information on genuine medicines
- High rates of counterfeit medicines
- Weak insurance platforms
- Lack of health records
Opportunities

- Internationally developed comprehensive suites of guidelines
  - Finnish, Belgian and French experiences with EBM-GUIDELINES
  - WHO Guidelines built for Africa for Malaria, HIV, TB and Soil-transmitted Helminths
  - JBI clinical fellowship evidence based practice criteria
  - Tools to develop SSA specific recommendations (MAGICApp’s RapidRecs)

- Enablers in Africa
  - Close collaboration of WHO with ministries of health
  - Africa Evidence Network EIDM programs
  - Increased donor interest in Africa
  - Availability of internet connections on 4G
Setting

Cameroon in Middle Africa

NW Region in Cameroon

Bali District in NW Region

... Best Evidence for Best Practice Decision Making ...
Setting

Nigeria in Middle Africa

Cross River State in Nigeria

Calabar district in Cross River State
Air travel distance: 144 miles
Road distance: 335 km (5.5 hours)
Objective

To design an point of care clinical decision support system to guide clinical practice in middle Africa
What Clinicians use now

Choices we propose
EBMAfricaNet

- PoC clinical decision support system
- Evidence portal
- Editorial team made of 7 African clinicians including members of 4 GIN Africa community and 2 JBI clinical fellows
- Nigeria, Cameroon, and Rwanda
- Bilingual
- Use of existing guidance:
  - National guidelines
  - WHO guidelines
  - Duodecim
- Developed by eBASE Africa, iScientia Belgium, and GIN Africa community
  www.ebmafrica.net
Welcome!

The current website ebmafrica.net consists of 1000 EBM Guidelines from Duodecim, more than 4000 evidence summaries and links to thousands of articles on PubMed & Cochrane. African productions will gradually enrich the knowledge base! This presentation shows you how to add national or international information to the existing database.

- You learn how to add an existing guide line from the WHO or other EBM producer.

- We explain how you can add local information to an existing guideline.

This site is coordinated by eBASE Africa, in collaboration with iScientia International.
Welcome to ebmfrica.net

The ebmfrica.net site is intended for clinicians including doctors and nurses. You will find clinical practice guidelines for primary care and other validated evidence-based information to support consultation decision-making. Most of the documents are from the HHS evidence-based guidelines, the national evidence-based guidelines collation and validated by the regional Cochrane center, and the Finnish EBM Guidelines collection. African productions will gradually enrich the knowledge base!

This site is coordinated by eBASE Africa, in collaboration with Iscientia International.

The site is currently in the final testing phase, some features have been voluntarily disabled but the site does not hide the search for information. For any questions or information do not hesitate to contact us!

Search...

Show search history
Advanced search
Search assistant

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Languages

French
Românesc
Español

MANY FORMS and Languages
Need to add evidence based information on a specific topic?

- **National guideline exists!**
  - Write a resume containing basic info, aetiology, diagnosis, treatment and medication.
  - Integrate the resume on the ebmafrica.net platform, add a link to the source guideline and publish!

- **WHO guideline exists!**
  - Write a resume containing basic info, aetiology, diagnosis, treatment and medication.
  - Integrate the resume on the ebmafrica.net platform, add a link to the source guideline and publish!

- **Duodecim guideline exists!**
  - Check to see if all the information is available.
  - Add contextual information to the guideline.
  - Change the status to Adapted guideline and publish!

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How to integrate an existing guide line

An existing guideline from the WHO can be integrated on the ebmafrica.net platform, by means of a resume or summary and a link to the original guideline!
1. Every guide line on the ebmafrica.net offers default the following type of information:
   - Basic information in Essentials
   - Aetiology, causes, transmission
   - Diagnosis
   - Treatment
   - Medication
   - Link to the source document

2. Therefore, we ask to write a resume or summary based on the existing guideline with this type of information.

3. This is then incorporated in the platform, which is in HTML-format, using an HTML text editor (Xopus)

4. You can add images, tables, videos and other information like questionnaires or patient information as well.

5. After a quality check to see if everything looks fine, the guideline can be published.
How to integrate your resume in ebmafrica.net

1. You write the resume based on the original guide line, in any format you want e.g. Word

2. This resume then needs to be converted to HTML using a text editor.

Who guideline exists!

Write a resume containing basic info, aetiology, diagnosis, treatment and medication.

Integrate the resume on the ebmafrica.net platform, add a link to the source guide line and publish!
Once the resume is converted to the HTML format, we add the necessary search terms, ICPC and ICD coding, and we publish the guideline onto ebmafrica.net.

You can do the same for French or any other language...
Adapt an existing guideline to local information

Need to add evidence based information on a specific topic?

Duodecim guideline exists!

Check to see if all the information is available.

Add contextual information to the guideline.

Change the status to Adapted guideline and publish!

Note
Main message
This is the key message of a local adaptation
Note Explanation...
You can add extra information on the key message, with more explanation about the local context.
References
Add a link to the specific information e.g. WHO Malaria
Authors
Okwen, Patrick

Follow-up

> Follow-up is necessary if the patient's occupation is associated with a higher than normal risk of disease spread or the occupation is such that the consequences of an infection would be more serious than usual.
> Employees in the food industry, who handle foodstuffs destined for the general public with bare hands
> Employees in water supply plants in contact with water destined for general distribution
> Employees involved in the care of neonates either in nursing or childcare duties
> An employee in any of the above groups who develops gastroenteritis/diarrhoea must not return to his/her duties (regardless of the causative agent).
Adapt an existing guideline to local information

The doctors can create an adaptation and discuss with his colleague about the key message, more information and links to source documents via ebmafrica.net

The note is dynamically created on the platform so they can see how the note will be presented in the guide line.
...and publish

Once the local adaptation is validated by two doctors, it will be published to the public.

You can do the same for French or any other language...
Results

- [www.ebmafrica.net](http://www.ebmafrica.net) went live in July 2019
- 9 clinical guidance developed and contextualized for 2 out of 3 countries
  - Malaria, HIV, TB, and Soil Transmitted Helminths
- Access to 1000+ DUODECIM Guidelines
- 60 clinicians recruited to test
Challenges

- Use of site by clinicians still low due to need for training and sensitization
- Funding: project has been based on volunteer time by eBASE and iScientia staff
- Technology challenge for clinicians
- Capacity of edictorial team in evidence based recommendations
Thank you for your kind Attention