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## Original Research

# Appraisal of guidelines developed by the World Health Organization

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## ABSTRACT

**Objective:** To appraise the quality of guidelines developed by the World Health Organization (WHO) that were approved by its Guidelines Review Committee (GRC) and identify strengths and weaknesses in the guideline development process.

**Study design:** Cross-sectional.

**Methods:** Three individuals independently assessed GRC-approved WHO guidelines using the Appraisal of Guidelines for Research and Evaluation II instrument (AGREE II). Scores were standardized across domains and overall quality was determined through consensus. **Results:** 124 guidelines met inclusion criteria and were assessed. 58 guidelines were recommended for use, 58 were recommended with modifications and eight were not recommended. The highest scoring domains across guidelines were scope and purpose, and clarity of presentation. The recommended guidelines had higher rigor of development and applicability domain scores in comparison to other guidelines. 77% of the guidelines referenced an underlying evidence review and 49% used GRADE to assess the body of evidence or the strength of the recommendation. The domains in need of improvement included stakeholder engagement, editorial independence, and applicability. Guidelines not recommended for use were generally insufficient in their rigor of development.

**Conclusions:** WHO guidelines need further improvement, most importantly in the rigor of their development (i.e., use of evidence reviews). Other areas for improvement include increased stakeholder engagement, a more explicit process for recommendation formulation and disclosure of interests, discussion of the facilitators, barriers, resource implications, and criteria for monitoring the outcomes of guideline implementation. WHO guidelines can improve through increased transparency, adherence to the WHO Handbook for Guideline Development, and better oversight by the GRC.

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## Introduction

The World Health Organization (WHO) is the leading authority for global public health guidance and policy. One of its core functions is the development of evidence-based guidelines to help policymakers, healthcare practitioners and consumers make informed decisions regarding health interventions.<sup>1</sup> WHO publishes nearly 200 guidelines each year on a broad range of topics including reproductive health, chronic and communicable diseases, nutrition and many others.<sup>2</sup> WHO guidelines are used by most of the 194 United Nations member countries, thus, WHO recommendations can impact the health of millions of individuals. It is imperative that these guidelines are developed using rigorous, transparent processes, and that recommendations are based on an unbiased synthesis of the best available evidence.

In 2007, Oxman and colleagues criticized WHO guidelines for their infrequent use of systematic evidence reviews, inconsistent use of systematic guideline development processes, heavy reliance on expert opinion to develop the recommendations, and lack of transparency.<sup>3</sup> In addition, WHO guidelines lacked implementation strategies and attention to resource implications, especially in low- and middle-income countries. This study also revealed that WHO had little to no internal support or resources devoted to guideline development.

In response to this criticism in 2007, the WHO Director General established the Guidelines Review Committee (GRC) to ensure that guidelines are developed using transparent, evidence-based processes and meet the highest international standards.<sup>4</sup> The GRC revised the WHO Handbook for Guideline Development, instituting internationally recognized standards and methods for guideline development.<sup>5</sup> These methods focused particularly on the use of high quality

systematic evidence reviews upon which to base recommendations, disclosure and management of secondary interests, assembly of a diverse guideline development group, and the use of an explicit framework for assessing the quality of the evidence and for translating evidence into recommendations (Grading of Recommendations, Assessment, Development and Evaluation [GRADE]).<sup>6,7</sup>

Several recent publications examined the quality of a small number of WHO guidelines and suggest that, although there may have been improvements since the inauguration of the GRC, concerns remain and further improvements are needed.<sup>8–10</sup> Our study builds on these previous, small or topic-specific studies by appraising the quality of all WHO guidelines approved by the GRC. The results will help inform WHO of areas in the guideline development process and methods that need to be improved upon, and may help users determine how to prioritize resources across multiple guidelines and potential interventions.

## Methods

The authors obtained a list of all published, GRC-approved guidelines from the GRC Secretariat on May 23, 2013. Guidelines are defined at WHO as ‘any document that contains a recommendation for the use of a health intervention, whether these are clinical, public health, or policy recommendations.’<sup>15</sup> Because the GRC was implemented in 2007, only WHO guidelines published from that year forward are included in our cohort. Supplementary materials specifically referenced in each guideline were examined, such as evidence reviews, meeting minutes, or implementation tools. A cross-sectional study design was selected in order to assess the quality of

**Table 1 – Appraisal of Guidelines for Research and Evaluation II domains and items.<sup>11</sup>**

Domain	Item
Scope and purpose	1. The overall objective(s) of the guideline is (are) specific described.
Stakeholder involvement	2. The health question(s) covered by the guideline is (are) specifically described.
	3. The population (patient, public, etc.) to whom the guideline is meant to apply is specifically described.
	4. The guideline development group includes individuals from all relevant professional groups.
Rigor of development	5. The views and preferences of the target population (patients, public, etc.) have been sought.
	6. The target users of the guidelines are clearly defined.
	7. Systematic methods were used to search for evidence.
	8. The criteria for selecting the evidence are clearly described.
Clarity of presentation	9. The strengths and limitations of the body of evidence are clearly described.
	10. The methods for formulating the recommendations are clearly described.
	11. The health benefits, side-effects, and risks have been considered in formulating the recommendations.
	12. There is an explicit link between the recommendations and the supporting evidence.
	13. The guideline have been externally reviewed by experts prior to its publications.
Applicability	14. A procedure for updating the guideline is provided.
	15. The recommendations are specific and unambiguous.
Editorial independence	16. The different options for management of the condition or health issue are clearly described.
	17. Key recommendations are easily identifiable.
	18. The guideline describes facilitators and barriers to its application.
Overall quality of guideline and recommendation	19. The guideline provides advice and/or tools on how the recommendations should be put into practice.
	20. The potential resource implications of applying the recommendations have been considered.
	21. The guideline presents monitoring and/or auditing criteria.
	22. The views of the funding body have not influenced the content of the guideline.
	23. Competing interests of guideline development group members have been recorded and addressed.
	Rate the overall quality of the guideline and provide a recommendation for its use.

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