Requirements from the WHO Guidelines Review Committee

International Consultation on Justification of the Use of CT for individual health assessment of asymptomatic people, 15-17 October 2014, Munich, GERMANY
What is a WHO guideline?

“Any document containing recommendations about health interventions, whether they are clinical, public health or policy”.

The name of the document is not relevant. It does not matter what it is called.

WHO Handbook for Guideline Development
The Guidelines Review Committee (GRC) was established in 2007 to develop and implement procedures for guideline development that ensure that WHO guidelines are consistent with internationally accepted best practices, including the appropriate use of evidence.
Guideline types

- Rapid advice guidelines
  Response to acute need, evidence informed, limited consultation, short use-by date

- Standard Guidelines
  Limited topic area, 10-20 'questions',

- Full Guidelines
  Disease/policy area
Starting the process

Before you start:

- Why are you planning to do this?
- Who is your target audience?
- When does it need to be completed?
- What is the budget available?
- Exists overlapping with other WHO Department/document?
- What scientific evidence exists that can be used to guide recommendations?
- Who are the key external organizations, experts, and stakeholders that will need to be consulted or involved in the process?
- In what format(s) will your guideline be produced? Are you planning translations?
Guideline development group

- Content experts for specialties involved
- Methodologists
- Representatives of potential stakeholders
- Patients, consumers
- Regional, gender representation
Declaration and management of conflicts of interest

All experts participating in WHO meetings must declare any interest relevant to the meeting prior to their participation:

- Personal/family financial interest
- Academic interest
- Public statements or other activities relevant to the meeting/guideline
- Preventing from involvement with any type of commercial interest
Conflict of interest - Management

All COI declarations are reviewed by the WHO Department and by the Legal Department, if necessary.

Decisions:

- Exclusion from the panel

- Partial participation in the guideline development, exclusion from decision making process for all or for certain recommendations

- Full participation
**PICOT: answerable researchable questions**

- **P**: Population/disease (i.e. age, gender, ethnicity, with a certain disorder).
- **I**: Intervention or Variable of Interest (exposure to a disease, risk behavior, prognostic factor).
- **C**: Comparison: (could be a placebo or "business as usual" as in no disease, absence of risk factor, prognostic factor B).
- **O**: Outcome: (risk of disease, accuracy of a diagnosis, rate of occurrence of adverse outcome).
- **T**: Time:
Scoping the guideline

1. Scoping the document
2. Setting up Guideline Development Group and External Review Group
3. Management of Conflicts of Interest
4. Formulation of the questions (PICOT) and choice of the relevant outcomes
5. Evidence retrieval, assessment and synthesis (systematic review(s))
   - GRADE - evidence profile
6. Formulation of the recommendations (GRADE)
   - Including explicit consideration of:
     - Benefits and harms
     - Values and preferences
     - Resource use
7. Dissemination, implementation (adaptation)
8. Evaluation of impact
9. Plan for updating

Initial guideline approval
- After completion of 1 and 2
- With draft of 4
- With plan for 3, 5-9

Final guideline approval
- after completion of 6
- with plan for 7-9

International Consultation IHA, 15-17 October 2014, Munich, Germany
GRC process for approval

1. A WHO department decides to produce a guideline
2. Initial approval by GRC
3. Initial approval for development
4. The guideline is produced by the WHO department (i.e. from a few months to 2-3 years time frame)
5. Final approval by GRC

GRC Secretariat throughout the process of production of a guideline, the WHO department can access the resources provided by the GRC Secretariat

- Advice and support from the GRC Secretariat
- Advice and support from members of the GRC
- Advice and support from the GRC through WHO Collaborating Centres
- Advice and support from external experts on guideline production
- Relevant approvals are obtained (ADG or DGO)
Quality of the evidence

The extent to which one can be confident that an estimate of effect or association is correct.

Although the degree of confidence is a continuum, we suggest using four categories:

- High
- Moderate
- Low
- Very low
Determinants of quality

- RCTs start high → observational studies start low
- 5 factors lower the quality of evidence
  - Limitations of the studies, in design and execution
  - Inconsistency
  - Indirectness
  - Imprecision
  - Reporting bias

- 3 Factors raise the quality of the evidence
  - large magnitude can upgrade one level
  - dose response relation
  - Residual confounding unlikely to be responsible for observed effect
Quality of the evidence

- High, further research is very unlikely to change our confidence in the estimate of effect

- Moderate, further research is likely to have an important impact on our confidence in the estimate and may change the estimate

- Low, further research is very likely to have an important impact on our confidence in the estimate and is likely to change the estimate

- Very low, Any estimate of effect is very uncertain
Strength of recommendation

“The strength of a recommendation reflects the extent to which we can, across the range of patients for whom the recommendations are intended, be confident that desirable effects of a management strategy outweigh undesirable effects.”

Weak and strong recommendations
Although the degree of confidence is a continuum, two categories are used: strong and weak.

A **strong recommendation** is one for which the panel is confident that the desirable effects of adherence to a recommendation outweigh the undesirable effects.

A **weak recommendation** is one for which the panel concludes that the desirable effects of adherence to a recommendation probably outweigh the undesirable effects, but the panel is not confident about these trade-offs. Reasons for not being confident can include:
- absence of high quality evidence;
- presence of imprecise estimates of benefits or harms;
- uncertainty or variation in how different individuals value the outcomes;
- small benefits;
- the benefits may not be worth the costs (including the costs of implementing the recommendation).
Conclusion

Conclusions are drawn about the:
- quality of evidence
- strength of recommendations

Systematic and explicit approaches are expected to:
- protect against errors
- resolve disagreements
- facilitate critical appraisal
- Improve the information communication
Questions?
Thank you very much!

perezm@who.int

globalinitiative@who.int