

USING THE EVIDENCE TO RECOMMENDATIONS FRAMEWORK IN WHO GUIDELINES

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WHO Guidelines

Safe abortion: technical and policy guidance for health systems

Second edition

WHO guidelines

WHO guidelines for the
prevention and treatment of pre-
cancerous lesions for cervical cancer
prevention

Medical eligibility criteria for contraceptive use

Fourth edition, 2009

A WHO FAMILY PLANNING CORNERSTONE

COCs Barrier methods IUDs Fertility awareness-based methods Lactational amenorrhoea Patch Female surgical sterilization Intrauterine devices CICs Coitus interruptus Copper IUD for emergency contraception POCs Patch Male surgical sterilization Ring ECPs

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WHO Handbook for Guideline Development

Health
ization

WHO recommendations for
augmentation
of labour



World Health
Organization



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Organization



Making judgments explicit

GRADE working group

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Welcome

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DECIDE

DECIDE International Conference: Edinburgh, Scotland: 2 - 4 June 2014

[Click here for further information](#) including the Conference [registration form](#). We look forward to seeing you in Edinburgh.

WHO recommendations

Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting

www.optimize-mnh.org

OPTIMIZE MNH

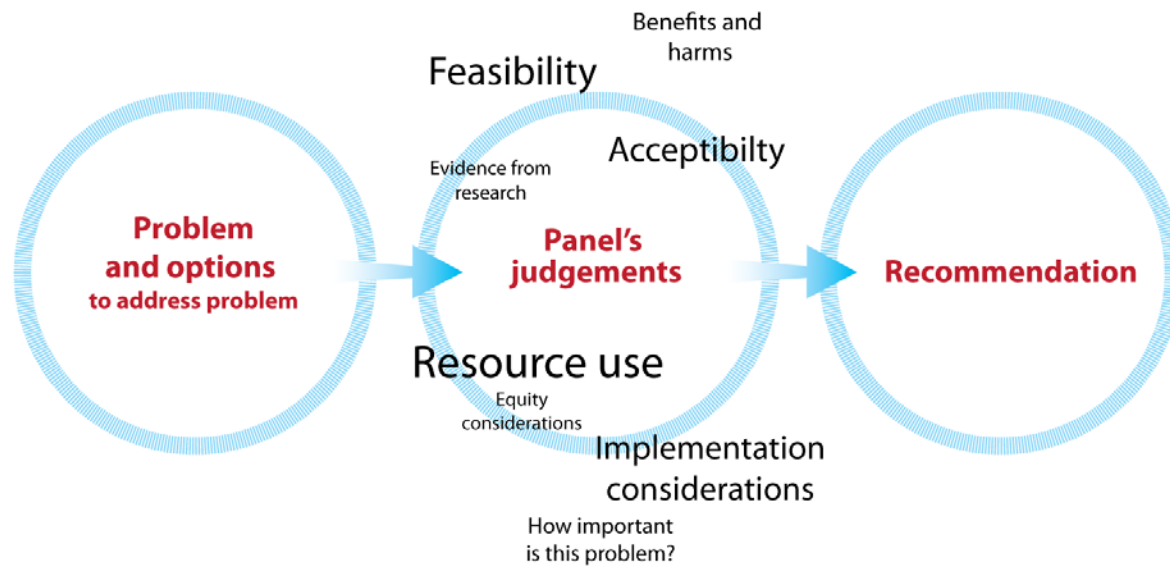


	Lay Health Workers	Auxiliary Nurses	Auxiliary Nurse Midwives	Nurses	Midwives	Associate Clinicians	Advanced Level Associate Clinicians	Non-Specialist Doctors
	Contraceptive delivery							
1.1-1.13 Promotion of maternal, newborn and reproductive health interventions	✓	✓	✓	✓	✓	✓	✓	✓
12.1 Initiation and maintenance of injectable contraceptives - CPAD	Because the product is still in development and studies are ongoing, no recommendation was made by the panel.							
12.2 Initiation and maintenance of injectable contraceptives - standard syringe	✓	✓	✓	✓	✓	✓	✓	✓
12.3 Insertion and removal of intrauterine devices	✗	✗	✓	✓	✓	✓	✓	✓
12.4 Insertion and removal of contraceptive implants	✗	✓	✓	✓	✓	✓	✓	✓
12.5 Tubal ligation	✗	✗	✗	✗	✗	✓	✓	✓

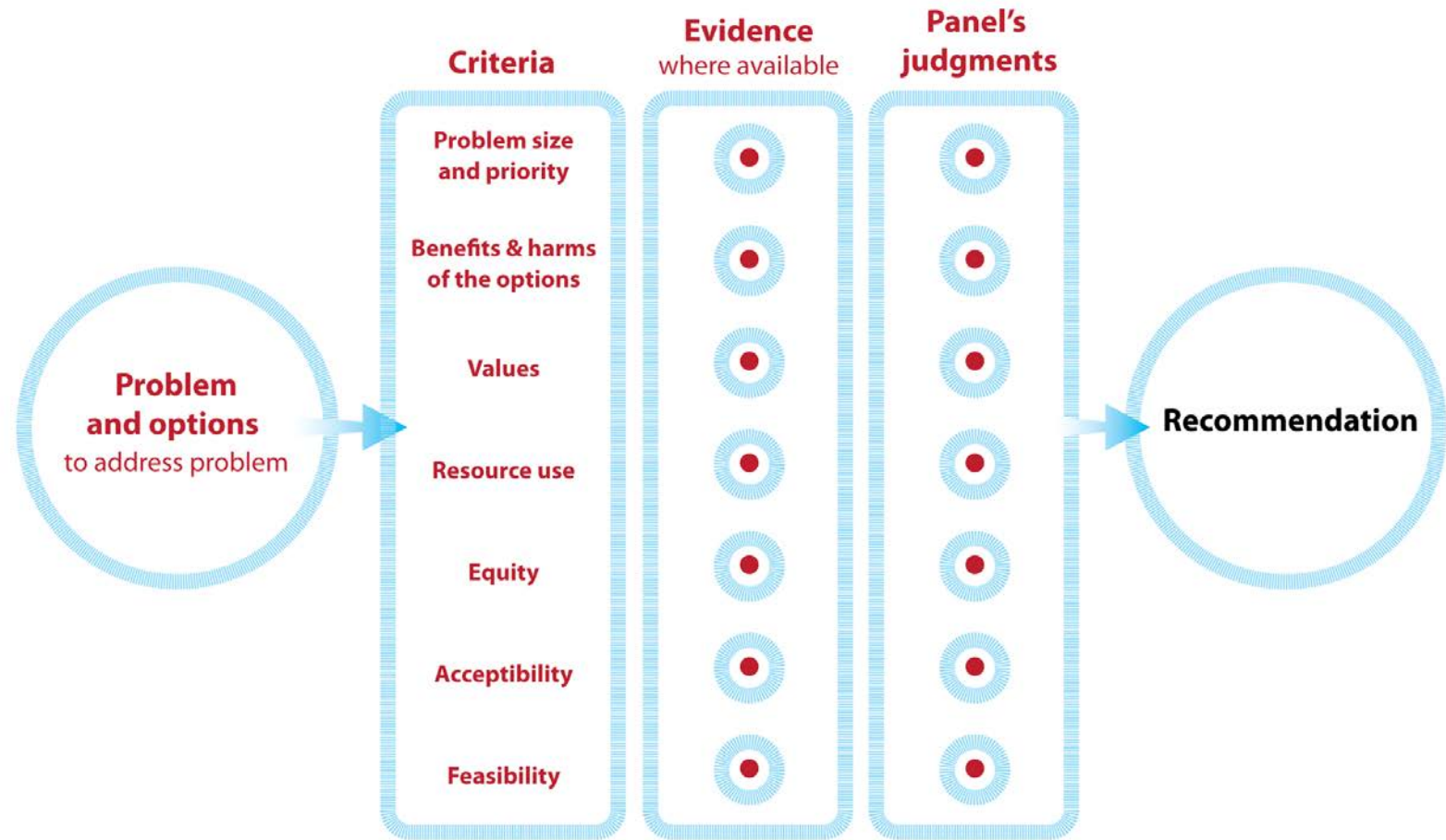
Guideline Development Process

- ❑ Identification of priority questions and critical outcomes;
- ❑ Retrieval of the evidence;
- ❑ Assessment and synthesis of the evidence;
- ❑ **Formulation of recommendations;**
- ❑ Planning for dissemination, implementation, impact evaluation and updating.

Decision-making



DECIDE: Decision-making



Where did the evidence on acceptability and feasibility come from?

- ❑ Generally, evidence on acceptability and feasibility is not systematically reviewed in guideline processes
- ❑ We wanted to bring the same level of rigour to these questions as to questions of effectiveness
- ❑ Decision to use syntheses of qualitative research (CerQual) and programme implementation reports (SURE framework)



Including a wider range of evidence: implications (1)

- ❑ Requires more resources
- ❑ Qualitative syntheses are still relatively rare, although rapidly increasing
- ❑ Programme reviews are rarely included in guideline evidence synthesis
- ❑ Requires broader set of skills within one team

Including a wider range of evidence: implications (2)

- ❑ The syntheses offered us relevant information about acceptability and feasibility issues
- ❑ In addition, this evidence was used to develop *implementation considerations* for recommended options

7.1 and 7.2. RECOMMENDATION:
Should AUXILIARY NURSES (a) initiate and (b) maintain kangaroo mother care for low birth weight infants?

Problem: Low utilisation of kangaroo mother care for low birth weight infants
Option: Auxiliary nurses initiating and maintaining kangaroo mother care
Comparison: Usual care
Setting: Community/primary health care settings in LMICs

Recommendation	We recommend against the option	We suggest considering the option with targeted monitoring and evaluation	We recommend the option
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We suggest considering this option with targeted monitoring and evaluation. We suggest using this intervention where auxiliary nurses are already an established cadre.			
Justification	There is insufficient evidence on the effectiveness and feasibility of auxiliary nurses initiating kangaroo mother care for low birth weight infants. However, the intervention may have important benefits and is probably feasible and acceptable. It may also reduce inequalities by extending care to underserved populations.		
Implementation considerations	<p>The following should be considered when using auxiliary nurses to initiate and maintain kangaroo mother care:</p> <ul style="list-style-type: none">- The relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers- Local beliefs and practical circumstances related to the health conditions in question should be addressed within the programme design- The distribution of roles and responsibilities between auxiliary nurses and other health workers needs to be made clear, including through regulations and job descriptions- Changes in regulations may be necessary to support any changes in auxiliary nurses' scope of practice- Implementation needs to be in the context of a comprehensive remuneration scheme, in which salaries or incentives reflect any changes in scope of practice. Giving incentives for certain tasks but not for others may negatively affect the work that is carried out- Referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve quality of care at the first referral facility- Supplies of drugs and other commodities (e.g. delivery kits) need to be secure- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive- Auxiliary nurses and their supervisors need to receive appropriate initial and ongoing training		

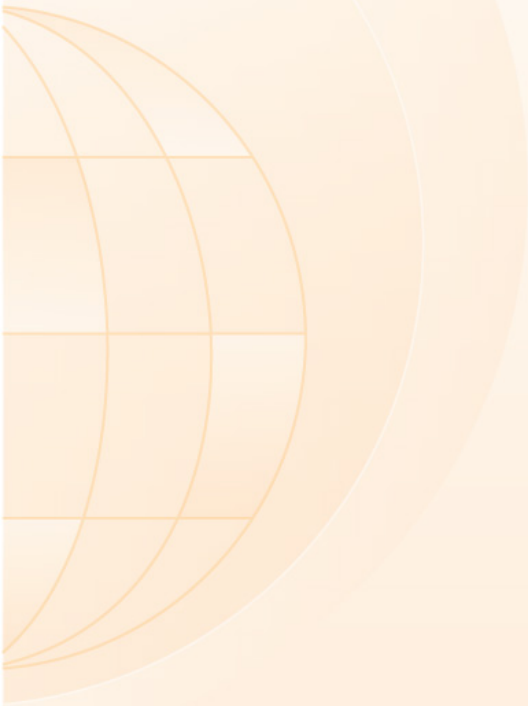
Including a wider range of evidence: implications (3)

- ❑ At the start of the process, some guideline panel members were sceptical to trial focus - disliked neglect of “programmatic experience”
- ❑ Our inclusion of qualitative data for specific questions may have increased acceptance of trial data for other questions



Including a wider range of evidence: implications (4)

- ❑ Reduces the use of anecdotal evidence regarding acceptability and feasibility



Task shifting to improve access to family planning

Improve access to key maternal and newborn health interventions



Using lay health workers to improve access to key maternal and newborn health interventions in sexual and reproductive health

Improve access to key maternal and newborn health interventions



The WHO OptimizeMNH guidance contains evidence-based recommendations for the safe provision of key maternal and newborn health interventions by different cadres of health workers. This document summarises the WHO recommendations on the cadres ranging from lay health workers to mid-level providers that may be trained and supported to provide the following contraceptive methods: tubal ligation, vasectomy, intra-uterine device (IUD), implant injectables, as well as promotional activities. The process of enrolling additional cadres to provide a specific health intervention is referred here as 'task shifting' but is also widely known as 'task sharing'.

Summary information

Problem:	Poor access to family planning services due to inadequate numbers of health workers or their uneven distribution
Option:	Enabling additional cadres of health workers to provide family planning services through competency based training
Comparison:	Method delivered by other 'higher' clinical cadres or no method delivered
Setting:	Community/primary health care settings

A lay health worker (LHW) is defined as a health worker who performs functions related to health care delivery and is trained in some way in the context of an intervention, but who has not received a formal professional or paraprofessional certificate or tertiary education degree. Other terms for lay health workers include 'community health workers' (CHWs) and 'village health workers' (VHWs). Trained traditional birth attendants (TBAs) are also regarded as lay health workers.

Summary information

Problem:	Poor access to or low uptake of key interventions for improving maternal and neonatal health
Option:	LHWs providing interventions
Comparison:	Care delivered by other cadres or no care
Setting:	Community/primary health care settings

Key messages:

The WHO recommends the use of lay health workers for:

- Promoting the uptake of a number of maternal and newborn-related health care behaviours and services
- Providing continuous social support during labour
- Administering misoprostol to prevent postpartum haemorrhage



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Using auxiliary nurse midwives to improve access to key maternal and newborn health interventions

Improve access to key maternal and newborn health interventions



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An auxiliary nurse midwife is defined as someone who assists in the provision of maternal and newborn health care, particularly during childbirth but also in the prenatal and postpartum periods. They possess some of the midwifery competencies but are not fully qualified as midwives. They have basic nursing skills and no training in nursing decision-making.

Auxiliary nurse midwives have some training in secondary school, and may have a period of on-the-job training, sometimes formalised in apprenticeships.

Summary information

Problem:	Poor access to or low uptake of key interventions for improving maternal and neonatal health
Option:	Auxiliary nurse midwives providing interventions
Comparison:	Care delivered by other cadres or no care
Setting:	Community/primary health care settings

Key message:

The WHO recommends the use of different non-physician health worker cadres to provide the following family planning services:

- Performance of neonatal resuscitation
- Treatment of postpartum haemorrhage with intravenous fluid and/or bimanual uterine compression
- Suturing of minor perineal/gonital lacerations

Who is this summary for?

People making decisions regarding the use of auxiliary nurse midwives for maternal and newborn health care

This summary includes:

- Key recommendations from the World Health Organization's OptimizeMNH task shifting guidance.

Not included:

- The OptimizeMNH recommendations also cover other cadres of health workers. Recommendations relating to those cadres are not described in this summary.

Please visit www.optimizeMNH.org for further information on:

- Recommendations for other health cadres
- The evidence supporting these recommendations
- Interventions that were considered



World Health Organization

WHO Antenatal Care Recommendations (2014-2015) -work streams

Individual Interventions

- Cochrane (P&C) reviews

Antenatal testing

- Systematic reviews

Health system and community level interventions

- Cochrane (EPOC) reviews

Programmes

- SURE frameworks, selected programmes

Barriers and facilitators to access to and provision of care

- Systematic reviews, CerQual

Modeling

- ??

Using DECIDE: Is it worth it?

- ❑ It probably makes a difference for certain types of evidence synthesis such as health systems recommendations
- ❑ It helps in managing the Panel (**keep your experts under control!**)
- ❑ To do justice to the DECIDE framework appropriate evidence synthesis decisions should be made at the beginning of the guideline development process
- ❑ iETD could make panel preparation possible online before the face to face meetings and could save time and money
- ❑ Populating the framework during a panel meeting is probably not a good idea