

Showcasing Cochrane-WHO collaborative experiences:

EPOC's perspective

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Trusted evidence.
Informed decisions.
Better health.

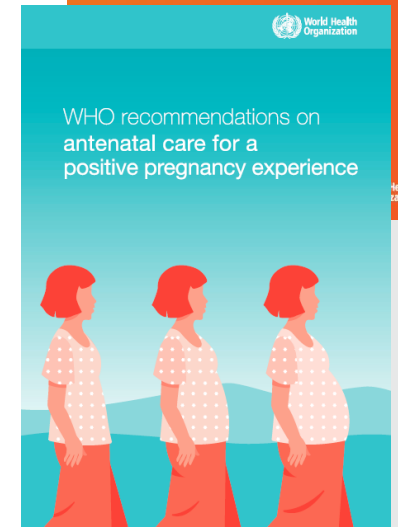


Cochrane Effective Practice and Organisation of Care (EPOC) Group

- Focus on reviews of health systems interventions covering the following:
 - Governance arrangements
 - Financial arrangements
 - Delivery arrangements
 - Implementation strategies

Involvement in WHO guidelines

- Since 2010 – four guidelines led by Dept of Reproductive Health and Research
- Topics: Complex health system interventions:
 - Task-shifting for maternal and newborn care
 - Task-shifting for abortion and post-abortion care
 - Health systems interventions for antenatal care
 - Digital interventions for reproductive, maternal, newborn, child and adolescent health



Different levels of EPOC participation

- Help to scope the guideline
- ‘Unpack’ and finalise the guideline PICOs
- Commission, oversee and support new reviews
- Update reviews or undertake new reviews
- Apply GRADE / GRADE-CERQual and create SoF tables
- Summarise + present the evidence to the guideline panel

Cochrane-WHO collaboration: what are the benefits for EPOC?



1. Has improved the relevance of our reviews

- Reviews commissioned as part of a guideline process - scope determined by “real world” needs from:
 - member states
 - WHO staff
 - guideline panel members (professional organisations, academics, civil society)



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- WHO recommendations
- Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting
- Cochrane Library
- Cochrane Database of Systematic Reviews
- Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases (Review)**
- Lewin S, Munabi-Babigumira S, Glenton C, Daniels K, Bosch-Capblanch X, van Wyk BE, Odgaard-Jensen J, Johansen M, Aja GN, Zwarenstein M, Scheel IB
- WILEY
- WILEY
- Lewin S, Munabi-Babigumira S, Glenton C, Daniels K, Bosch-Capblanch X, van Wyk BE, Odgaard-Jensen J, Johansen M, Aja GN, Zwarenstein M, Scheel IB
Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases.
Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD064315.
DOI: 10.1002/14651858.CD064315.pub1
- www.cochranelibrary.com

3. Has led to methodological innovation

- Guidelines dealt with complex issues, e.g.
 - *Should lay health workers administer misoprostol for PPH?*
 - *Should pregnant women have 4 or 8 antenatal care visits?*
- Recognition that evidence of effectiveness not sufficient for making recommendations
 - Evidence regarding acceptability and feasibility called for
- Methodological innovation – direct consequence

Qualitative evidence syntheses (QES)

- QES used to gather evidence of acceptability and feasibility in all four guidelines
- EPOC now leading Cochrane Review Group for QES – most have informed WHO processes
- Meghan Bohren (WHO): EPOC QES editor



Views and experiences of:

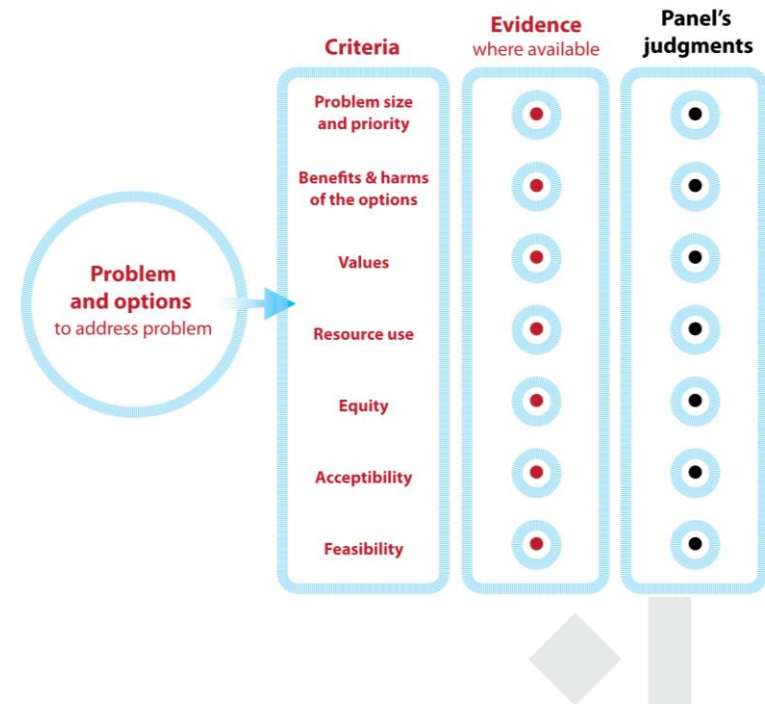
- *Lay health worker programmes*
- *Nurse-doctor substitution*
- *Quality of skilled birth attendance*
- *Uptake of antenatal care*
- *Quality of antenatal care*
- *Labour companionship*
- *Telemedicine – intensive care*
- *mHealth – primary health*

GRADE CERQual

- Inclusion of QES - created need to assess confidence in findings
- We developed GRADE-CERQual to do this
- CERQual now used in multiple QES globally
- Training workshops for WHO staff
- Meghan Bohren and Özge Tuncalp (WHO): CERQual Coordinating Group members

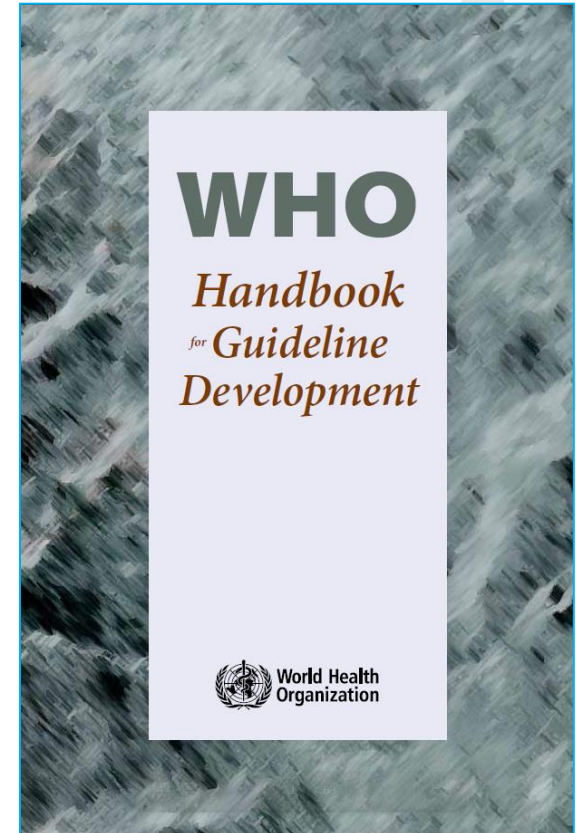
GRADE Evidence-to-Decision framework

- Presenting a broader range of evidence - structured format needed
- Evidence-to-decision framework tested and further developed in the context of the guidelines
- Metin Gülmezoglu and Josh Vogel (WHO): project partners for development of the framework



WHO Guideline Handbook

- Worked with Susan Norris and the WHO Guidelines Review Committee to develop their Handbook chapter on the use of qualitative research in WHO guidelines



Cochrane-WHO collaboration: what are the challenges for EPOC?



Time, time, time!



Mismatch of guideline and review timeframes

- Guideline timeframe often short compared to that for Cochrane reviews
- Cochrane sometimes involved only after the guideline work has begun

Impacts on EPOC of short timeframes

- Priority for review teams is completing analysis and producing the SoF tables needed for the guideline
- Usually not possible to complete other review sections (results narrative, discussion etc.) prior to guideline publication
- Once guideline published, urgency and motivation for review teams to complete reviews is reduced – EPOC may be left with unfinished reviews



Review teams

- To complete a review by a specific deadline, teams usually require resources

Editorial base for Cochrane Review Groups

- Supporting the timely completion of reviews for a guideline requires additional editorial resources, including for:
 - Information specialist and statistical support
 - Managing the editorial process
 - Editorial input and oversight

There is seldom additional funding to support this

Possible solutions?



Organizational strategies to facilitate closer Cochrane-WHO collaboration

- Identify mechanisms to facilitate alignment and ongoing engagement between Cochrane Review Groups and WHO guideline-making departments and mechanisms

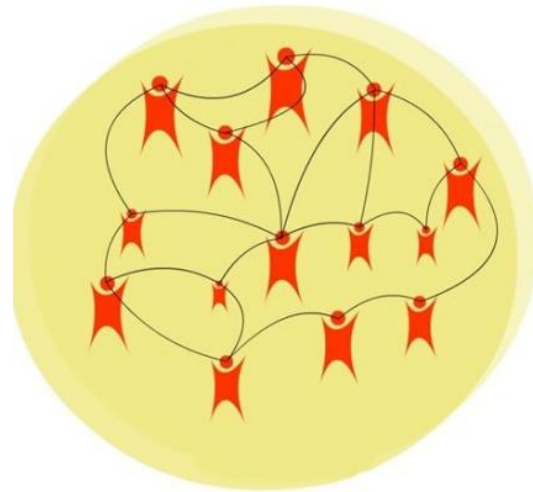
Operational strategies to facilitate closer Cochrane-WHO collaboration

- Bring Review Groups into the guideline process earlier
- Better align the WHO guideline and Cochrane review production processes to maximise time available to complete reviews
- Develop guidance for review teams working within a guideline context
- Involve WHO staff more closely in supporting review teams
- Cochrane and WHO jointly brand and disseminate published reviews and guidelines

Financial strategies to facilitate timely review production for WHO guidelines

- Incentives for and / or contracts with review teams to:
 - Produce by the deadline the review elements required for a guideline
 - Complete and publish their Cochrane reviews following the guideline
- Additional resources for supporting Review Group editorial bases

Conclusions – exciting possibilities!



- WHO guidelines are a global good:
 - Have considerable impact across a wide range of settings
 - The substantial resources and expertise needed to develop such evidence-based guidelines means that this cannot feasibly be done in each country / region
- By collaborating closely with WHO, Cochrane can both contribute to this global good and ensure that our reviews are policy relevant and used widely
- Need to explore further how these opportunities can be incorporated into the Cochrane KT strategy

Questions?



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