Showcasing Cochrane-WHO collaborative experiences: EPOC's perspective

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- 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)
2. Has improved the use of our reviews

- By feeding into the guideline process, the reviews have informed policies and programmes across many settings
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
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
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