



**SOUTH EASTERN EUROPE HEALTH NETWORK
“Health Development Action for south-eastern Europe”**

**Strengthening national capacities for improving
maternal and neonatal health in south-eastern Europe**

**Workshop on Clinical Guidelines Development
SEE Improving Maternal and Neonatal Health Project**

Split, 10-12 April 2007



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List of Abbreviations

CEVEAS - Centre for the Evaluation of Effectiveness of Health Care

CTG - Cardio-tocography

EBM - evidence-based medicine

GRADE approach - **G**rades of **R**ecommendation **A**ssessment, **D**evelopment and **E**valuation

IMNH - Project on improving maternal and neonatal health

IMPAC series - Integrated Management of Pregnancy and Childbirth

ISC - Initiative for Social Cohesion

MDG – Millennium Development Goals

PPH – Prevention of Postpartum Haemorrhage

RCOG - Royal College of Obstetricians and Gynaecologists

SEE - south-eastern Europe

SEE Health Network - south-eastern Europe Health Network

WHO -World Health Organization

1. Background

The project on improving maternal and neonatal health in south-eastern Europe (SEE) was launched after the Second Health Minister's Forum, Skopje, November 2005 when the delegation from Norway presented an idea for a project to reduce the still very significant levels of neonatal mortality in the region and declared readiness to contribute with political, technical and financial support to improve maternal and perinatal health. The idea was strongly supported by the SEE ministers of health and the Republic of Moldova was proposed to take the lead role in the spirit of the south-eastern Europe Health Network.

The First Regional Meeting of the Country Focal Points of the Project on improving maternal and neonatal health (IMNH) was held in Chisinau, Republic of Moldova on 28-30 August 2006, with financial support of Norway and organizational support of the World Health Organization, Regional Office for Europe. Country representatives presented current situation in the field of maternal and neonatal health care, main achievements and challenges and discussed possible ways to improve the situation and future activities of the project.

At the Fourteenth meeting of the south-eastern Europe Health Network (Durrës, Albania, 23-25 November 2006) ministers of health of south-eastern Europe approved and signed the Decision on Component One of the Improving Maternal and Neonatal Health project "Raise quality of care provision in the field of maternal and perinatal health through the development / update of national standards, guidelines and protocols".

The main objectives of Component One of the project are:

- ❑ to establish a regional partnership and network of experts in development and update of standards, guidelines and protocols
- ❑ to build national capacities in the field of evidence based medicine and development/ review of standards/guidelines/protocols
- ❑ to create national working groups and prepare plans for review/development/update and implementation of key standards/guidelines/protocols
- ❑ to plan implementation and evaluation of the essential package of evidence-based interventions for maternal and neonatal health

The workshop on Clinical Guidelines Development aimed at disseminating the methodology of evidence-based guideline development, and adaptation of international guidelines for national/local use. The three national experts who cover the key areas in perinatal care such as obstetrics, midwifery and neonatology, as well as public health and family medicine, and have some experience in the development, updating, and use of clinical guidelines and protocols were nominated by the ministers of health to participate to this workshop. As part of the implementation of the Component One of the SEE IMNH project, participants will form the core group of professional who will carry out the task of development/update/use of a key set of clinical protocols and guidelines at national level.

2. Proceedings

2.1 Opening session

The workshop was opened by Dr Alberta Bacci, Regional Coordinator for Making Pregnancy Safer, WHO, Regional Office for Europe. She greeted the participants on behalf of the WHO Regional Office for Europe and expressed her hope that workshop will serve as a starting point to built regional capacity and start efficient cooperation in the field of guidelines development and evidence-based medicine.

Dr Ante-Zvonimir Golem, State Secretary of the Ministry of Health and Social Welfare of Croatia, greeted all participants on behalf of the authorities of Croatia and underlined the importance of the regional cooperation in the field of maternal and neonatal health. Ministry of Health of Croatia actively supports IMNH project activities, participated in the preparation of the Maternal and Neonatal Health Country Profile and will contribute to implementation of future steps of the project. The State Secretary assured that there is a clear understanding that quality of care and maternal and neonatal outcomes can be substantially improved by implementation of simple, not costly, evidence-based, WHO recommended technologies and guidelines and protocols and this is an effective way to improve practices and policies. The most important result of all projects under the Initiative for Social Cohesion (ISC) for south-eastern Europe is collaboration between countries, promotion of peace and understanding.

All participants of the workshop and facilitators introduced themselves. Prof Ola Didrik Saugstad, Professor in pediatrics, Department of Pediatric Research, National Hospital of Oslo, Norway, was elected to chair the first half of the first day of workshop. Dr Alberta Bacci presented overall purpose and objectives of the workshop.

The overall purpose of the workshop was to disseminate the methodology of evidence-based guideline development and adaptation of international guidelines for national/local use.

Key objectives of the workshop were to help participants to:

- ❑ improve their ability to develop evidence-based guideline recommendations;
- ❑ practice, teach and disseminate the methods of evidence-based guideline development in their own countries;
- ❑ promote collaboration in the field of guideline development locally and internationally;
- ❑ prepare a plan for each country, based on specific priorities, for development/adaptation/update of key clinical guidelines/protocols in the field of maternal and neonatal health care.

Dr Alberta Bacci (Making Pregnancy Safer, WHO Regional Office for Europe) presented regional situation in the field of maternal and neonatal health. Dr Bacci pointed to the social determinants of maternal and neonatal health and presented many examples of interrelations between social inequities and level of maternal and perinatal mortality. She underlined specific challenges in the European region in the maternal and neonatal care at policy and service delivery levels and main areas of interventions of Making Pregnancy Safer Initiative – policy, laws and regulations, improved quality of care and work with communities and individuals.

Prof Ola Didrik Saugstad (Department of Pediatric Research, National Hospital of Oslo, Norway) highlighted the background and initial steps of the SEE IMNH project. Presentation started with a short history of idea and first steps of IMNH Project that was initiated after proposal of the Norwegian delegation at the Second Ministerial Health Forum in Skopje in 2005. Norway committed to support this project politically, technically and financially contributing with ca. € 500 000. Despite existing inequities in the level of neonatal mortality in the region and absolute figures higher than European Union average, there are many potential possibilities to reduce this level in all SEE countries. Prof Saugstad presented exceptional examples of dramatic reduction of neonatal mortality in different countries through implementation of effective structural changes: regionalization of perinatal care, neonatal transportation, staffing, training and provision of essential equipment/drugs. He stressed that all these effective changes may be accomplished in case there is political will and support. Collaboration between all SEE countries will favor improvement of maternal and neonatal health: “only collective efforts and close coordination among governments, local authorities, assistance agencies and civil society will make possible to meet the Millennium Development Goals (MDG) targets” stated in the Decision on Component One of the IMNH project signed by all ministers of health of SEE countries.

Prof Babill Stray-Pedersen (University of Oslo, Department of Obstetrics and Gynecology, Rikshospitalet-Radiumhospitalet, Norway) underlined the main challenges of the perinatal care in the European Region: older mothers, increasing number of premature deliveries, multiple births, caesarean sections etc. Prof Stray-Pedersen presented the role of quality methods and initiatives in decreasing the level of maternal and perinatal mortality in Norway focusing mostly on the process of development, approval, revision and implementation of quality guidelines. Implementation of quality guidelines changed substantially routine practices of health care providers in Norway and, according to the National Strategy for Quality Development, each medical association should develop and regularly update quality guidelines. Prof Stray-Pedersen shared with audience excellent examples of the regional collaboration in producing guidelines between Norway and Baltic states and proposed a modality of regional cooperation in this field for SEE countries to assure better health and care for each woman and child based on evidence-based medicine (EBM), clinical experience and national possibilities: development of a Quality Guideline Handbook in SEE region, through collaboration of all Universities and Societies, under coordination of one Regional Guideline Committee.

Dr Stelian Hodorogea, Regional Project Manager, SEE IMNH Project, presented overall goal, objectives and main activities of Component One of the IMNH Project. First steps of the project were establishment of regional partnership in the field of guidelines/protocols development and implementation. Each country made a short report on guidelines development and use; translated and shared examples of existing guidelines/protocols. He mentioned that workshop is a starting point for regional capacity building in guidelines development and implementation. Neonatologists, midwives, obstetricians, specialists in public health and family medicine were nominated by the SEE ministers of health to participate in the regional Workshop on Clinical Guidelines Development. Experts from WHO, Norway, Italy and other countries have presented what the best evidences are and how they should be graded, the way from evidences to guidelines and from guidelines to protocols as well as aspects of implementation of these documents.

During the last day of workshop, each country group depending on current situation and priorities developed a plan how to use gained knowledge and define the process of guidelines development and implementation at country level.

2.2 Why evidence and guidelines are important?

Workshop activities started with discussion on the role of guidelines and protocols in selection of most appropriate policies and practices for improving quality of medical care (*Dr Suzanne Hill, Medicines Policy and Standards, WHO*). Appropriately developed clinical guidelines increase the likelihood that practitioners and policy makers will use recommendations and policies based on best available evidences and will not be misled by bias and the play of chance.

Differences and commonalities of two kinds of instruments – guidelines and protocols were considered. Clinical guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances. Clinical protocols (or clinical pathways) are management recommendation based on a programmed description of the policy, containing well-defined choices regarding the policy to be followed, based on agreements between the disciplines involved. Protocols describe not only what should be done in a clinical circumstance, but also how it should be done and by whom. It was stressed that recommendations included in guidelines and protocols are not intended to dictate an exclusive course of management or treatment and that they must be evaluated with reference to individual patient needs, available resources and limitations unique to the region, institution and variations in local populations.

Benefits of guidelines use, such as improving quality of care, improving information about optimal care, producing a summary of research findings, serving as a basis for teaching, education and for interdisciplinary cooperation have been detailed. Guidelines and protocols generally contribute to efficient care and setting health care priorities. Limitations of guidelines were also emphasized: professional resistance, concern for legal consequences and loss of clinical autonomy, unrealistic expectations etc.

Thus, to improve clinical decision making and quality of care, clinical guidelines should correspond to a number of quality criteria that include concrete aims and objective, a sufficient number of evidence to support most of the recommendations, have a clear structure and attractive layout, clear and specific recommendations, should take into account local norms and values and be applicable in different settings.

Process of guidelines development was described and most important steps of the process were presented. Expertise needed for guideline development is very extensive and includes such areas as literature search and analysis, epidemiology and biostatistics, health research, clinical expert knowledge and social group processes, writing and editing of texts and production of guideline products. It was stressed that a much easier way is to use existing guidelines, produced by professional associations and agencies that have expertise and capacity in guidelines development. Existing guidelines may be adopted to local needs or to use them as a basis for production of local, more user-friendly protocols.

Effectiveness of implementation of guidelines\protocols was also raised: there are many examples when EBM guidelines and protocols exists, but these documents have a small impact on current practices and policies and are not able to improve quality of care. Issue of guidelines implementation was considered most important by majority of participants. This problem was emphasized in the discussion on current use of guidelines\protocols, when participants from all countries were asked to present what guidelines\protocols exist and how they are used and implemented.

2.3 Use and elaboration of guidelines and protocols in SEE countries

Representative of Albania mentioned that the Ministry of Health decides what kind of guidelines/protocols should be developed and define rules and procedure of development and implementation. A National Committee and a Program of mandatory certification was settled up, many guidelines were produced in the field of obstetrics and neonatology, but implementation of technologies promoted by these documents is pure.

The problem of Bosnia and Herzegovina is existence of two separate entities and separate ministries of health. Definitions of standards, criteria and indicators exist in document named "Guidelines through accreditation for family medicine teams" edited in March 2006 by Republika Srpska health authorities. By now there are no approved guidelines and protocols in the field of obstetrics and neonatology. Professionals in maternal and neonatal health have not been trained in evidence-based medicine (EBM).

In Bulgaria, the Ministry of Health issued standards of care for neonatology and obstetrics. These standards determine staff, equipment, volume of activities and obligatory and recommended therapeutic and diagnostic methods in facilities. According to existing rules, every department should have adapted local protocols based on national standards. It seems that implementation of standards and local protocols contributed to diminished neonatal mortality during last few years. Staff was not trained in the EBM and the concept is not used when standards/protocols are developed.

Croatia is in the process of building a system of production of guidelines and protocols by professional societies. Existing documents are more like standards; included practices are covered by insurance company and adopted by the Minister of Health. A system of adaptation and adoption of guidelines exists in pediatrics. There are no official guidelines and protocols in obstetrics and neonatology: every hospital has its own local protocols. Representative of Croatia mentioned the role of guidelines in protection of patients from doctors and legal protection of doctors from patients.

A number of guidelines and protocols were produced and officially approved by the Ministry of Health in the Republic of Moldova. Guidelines A describe recommended technologies in perinatal care. Guidelines B define levels and content of care of regionalized perinatal services. Guidelines C represent a set of protocols for physiological and pathological conditions in obstetrics and gynecology. These documents were updated recently and distributed to policy makers and professionals. Insurance Company encourages and covers implementation of technologies recommended by guidelines. The main problem is that many technologies from guidelines are not supported by some academic institutions, and are not included in the curricula of the Continuous Medical Education and, because of this, are not fully implemented into clinical practice.

Romania produced many guidelines in neonatology. They were extensively discussed and approved at consensus meetings. Implementation of some guidelines, for example on neonatal resuscitation, is accompanied by extensive training of professionals. There is a delay of guidelines development and implementation in the field of obstetrics. Ministry of Health of Romania and Romanian College of Physicians issued a national guidelines development methodology and Association of Obstetricians and Gynecologist are working now to produce guidelines for obstetrical practice. Currently 5-6 obstetrical guidelines are in the process of

approval. The main problem in the country is existence of many academic centers and different organizations responsible for perinatal care.

Ministry of Health of Serbia issued a very comprehensive guideline on management of normal pregnancy. Society of Obstetricians and Gynecologists developed a number of standards on pathological conditions and procedures (cesarean section, preterm delivery). These standards are followed by facilities and professionals. In the field of neonatology there are no guidelines at national level.

The former Yugoslav Republic of Macedonia produced and published an impressive five-volume edition of guidelines (2006). The organizations included in the process of development of the guidelines were: Ministry of Health of The former Yugoslav Republic of Macedonia (Project Unit for Coordination), Macedonian Medical Association, Doctor's chamber of The former Yugoslav Republic of Macedonia and all Professional Associations who gave their support. Health insurance fund gave its logistic support, and its consent for collaboration. The System of Continuous Medical Education started to train professionals according to some protocols included in national guidelines. Unfortunately, these guidelines still are not extensively used in practice. They were not shared between professionals, and a process of improvement and update of guidelines was not defined. Representative of The former Yugoslav Republic of Macedonia mentioned that SEE IMNH Project and current Workshop is an excellent opportunity to improve, update and implement guidelines.

In Italy, the situation is approximately the same. Large number of guidelines is produced; many nice evidence-based books are published, but are absolutely not used by specialists. An experiment was done in one region: excellent Royal College of Obstetricians and Gynaecologists (RCOG) guideline on cardio-tocography (CTG) use was easily adopted and published, but again problem of implementation arisen.

In Norway, there are National Guidelines in obstetrics and neonatology and they are adapted to very local facility through development of local protocols. Guidelines are very short and simple; they should not be like a text book. A small, compact hand book is more convenient, accepted and useful.

Participants agreed that SEE countries should prioritize adaptation and adoption of existing EBM guidelines (from WHO, RCOG, Norway, and other professional associations and agencies) instead of producing each their own documents – this process would be time and resources consuming and will need special expertise. It was underlined that in order to be accepted and implemented, development of national guidelines should involve all stakeholders (policy makers, academics, representatives of professional associations, insurance companies etc) and should be adopted at large consensus conferences.

2.4 Development and implementation of guidelines and protocols

Importance of good quality evidence for development of clinical practice guidelines and **Grades of Recommendation Assessment, Development and Evaluation (GRADE)** approach for assessment of quality of evidence and strength of recommendations was discussed in the second part of the first day of the workshop (*Prof Andy Oxman, Senior Researcher, Norwegian Knowledge Centre for the Health Services, Norway*). Using GRADE approach, assessments of the quality of evidence for each important outcome takes into account the study design, limitations of the studies, consistency of the evidence across studies, the directness of the evidence and the precision of the estimate. It was emphasized that more systematic and transparent judgements about the quality of evidence and the strength of recommendations can help ensure that the best recommendations and technologies are implemented into clinical practice.

In the second day of workshop, an example of development of Prevention of Postpartum Haemorrhage (PPH) guideline using GRADE approach was presented to the participants (*Dr*

Matthews Mathai, Making Pregnancy Safer, WHO and Dr Vittorio Basevi, CEVEAS, Modena, Italy). At initial phase, experts drafted a set of questions related to interventions for prevention of PPH and defined key beneficial and harmful outcomes of these interventions.

CEVEAS (Centre for the Evaluation of Effectiveness of Health Care, Modena, Italy) was contracted to collect and assess evidence to answer the questions and to evaluate quality of evidence using GRADE methodology. Quality of evidence were graded as high, moderate, low and very low and modified upwards or downwards depending on study quality, inconsistency, directness, sparseness of data. Next step included drafting guidelines and recommendations based on evidence. Recommendations were graded as "Strong or Weak", reflecting the degree of confidence that desirable effects of adherence to recommendation outweighs the undesirable effects. As recommended by GRADE Working Group Evidence profiles were prepared. They included detailed descriptions of the judgements used to assess the quality of evidence for each important outcome and a summary of the findings for each important outcome.

Draft of guidelines, recommendations and evidence profiles were sent in advance to participants at Technical Consultation on Prevention of PPH Meeting in Geneva. At final stage panel of experts reviewed evidence, added newer information, revised grading, reviewed and revised recommendations.

Dr Valentina Baltag (*WHO Regional Office for Europe, National Professional Officer for Family and Community Health, WHO Country Office Republic of Moldova*) presented essential differences between guideline and protocol statements and recommendations. She mentioned that WHO produced a number of protocols for maternal and neonatal health care included in the IMPAC series (Integrated Management of Pregnancy and Childbirth) each of them being relevant in particular settings and for different professionals. These universal protocols can be used as the basis for the development of local protocols or guidelines which will take into account local service provision and the needs and preferences of the local population. Different examples of national adaptation of these documents were presented to the audience.

Dr Andy Oxman, *Senior Researcher, Norwegian Knowledge Centre for the Health Services, Norway*, stressed the limited effectiveness of either simple or complex implementation strategies and necessity of rigorous evaluations of implementation process. He presented a framework for designing and evaluating implementation strategies - NorhtStar instrument available on the Internet. NorhtStar framework describes in details many aspects of designing and evaluating quality improvement interventions in health care like stakeholder involvement, priority setting, clinical practice guidelines, measuring baseline performance, identifying determinants of practice, designing the implementation strategy. Importance of rigorous evaluation was underlined: it should be a routine component of implementation strategies for clinical and health policies.

2.5 Group work

The aim of the first group work was to build understanding of the process of guidelines development and incorporation of studies in systematic reviews. Each group was asked to prepare evidence profiles using GRADE approach to a number of clinical outcomes, unswerving to one clinical question related to prevention of PPH. Group 1 should have been GRADE evidence profile for clinical question: In the absence of active management, should uterotonics be used alone for prevention of PPH? The second group – to question: Should Oxytocin (10 IU IM) be used for all women by skilled providers to prevent PPH instead of ergometrine/methylergometrine (0.2 mg IM)? The third – to question: Should ergometrine/methylergometrine (0.2 mg IM) be used for all women by skilled providers to prevent PPH instead of Oxytocin (10 IU IM)?

All groups successfully prepared evidence profiles and through this exercise realized complexity of the process of guidelines development from searching and appraisal of evidences to formulation and grading relevant recommendations. Participants asked the WHO to continue process of preparation of very clear, concise, user-friendly guidelines. Groups settled a number of priority topics for guidelines development in both obstetrics and neonatology. Most of the proposals included management of physiological events: normal pregnancy and delivery, care of healthy newborn, as well as prevention of infections. It was suggested to develop these guidelines for midwives and nurses – professionals mostly involved in management of physiological conditions.

In her comments to group work, Alberta Bacci, Regional Coordinator, Making Pregnancy Safer emphasized three important aspects mentioned by participants. Firstly, request to the Head Quarters of the World Health Organization to produce more evidence-based, relevant to clinical practice guidelines and protocols. Secondly, recommendation for strengthening the role of midwives and nurses in care of normal events as well in prevention of complications like implementation of active management of third period of labor, and thirdly – putting accent on simple, not costly technologies like hand-washing for prevention of infectious complications.

2.6 Country plans

In the last day of the workshop, each country group was asked to start preparation of proposals for national plans for development/adaptation and implementation of guidelines. The objectives of county groups were to:

- ❑ identify key recommendations for implementation
- ❑ to develop draft implementation plan
- ❑ identify indicators, *and*
- ❑ develop draft measurement plan.

Country project managers agreed to discuss each plan with key stakeholders at national level in order to finalize and submit final versions of these plans.

Participants from all SEE countries agreed that IMNH Project is a good opportunity to implement updated guidelines in the field of maternal and neonatal health care. They stressed two main principles for working in the context of this project. First one is philosophy of preparation of guidelines: country representatives agreed that most appropriate choice would be the adaptation of existing, well designed guidelines. Second, most important and complex point, is to address the challenge of stimulating the dissemination of appropriate protocols and their implementation.

3. Conclusions and recommendations

Based on situation analysis and country profiles, building on this regional capacity building workshop, in line with the Decision One signed during the Fourteenth meeting of the south-eastern Europe Health Network (Durrës, Albania, 23-25 November 2006), the following recommendation have been identified:

- ❑ to continue strengthening capacity at national level in the field of guidelines development, adaptation, use and evaluation
- ❑ to facilitate exchanges among countries of good examples of clinical guidelines and protocols using the project network

- ❑ to finalize draft plans for country activities in this area in consultation with national key stakeholders
- ❑ to ensure support for implementation of national plans

Annex 1

SCOPE AND PURPOSE

This workshop aimed at disseminating the methodology of evidence-based guideline development and adaptation of international guidelines for national/local use.

The workshop was primarily designed for health care professionals, researchers and policy makers involved in guideline development in the nine SEE countries.

Participants with prior basic skills and experience in evidence-based medicine (EBM) had the possibility to develop capacity to provide dissemination of the workshop methodology and skills in their own countries.

The ministries of health were asked to nominate the three national experts to cover the key areas in perinatal care such as obstetrics, midwifery and neonatology, as well as public health, and have some experience in the development, updating, and use of clinical guidelines and protocols.

Participants nominated from each SEE country will form the core group of professionals that will carry out the task of development/update/use of a key set of clinical protocols and guidelines, as part of Component One of the SEE IMNH project.

Key objectives were to help participants to:

- ❑ improve their ability to develop evidence-based guideline recommendations;
- ❑ practice, teach and disseminate the methods of evidence-based guideline development in their own countries;
- ❑ promote collaboration in the field of guideline development locally and internationally;
- ❑ prepare a plan for each country, based on specific priorities, for development/adaptation/update of key clinical guidelines/protocols in the field of maternal and neonatal health care.

Participants had the possibility to obtain skills in:

- ❑ systematic guideline development methods: including the methodology of prioritizing and selecting guideline topics, formulating questions for making evidence-based recommendations, searching for the evidence and synthesizing data in evidence tables, and grading recommendations;
- ❑ critical appraisal of guidelines;
- ❑ methods of adaptation of international/external guidelines;
- ❑ implementing guideline recommendations in clinical practice;
- ❑ auditing the use and impact of guidelines in practice;
- ❑ teaching basic terms and methods of guideline development and evidence-based practice to guideline developers and consumers;
- ❑ organizational and financial aspects of guideline development and implementation.

PROGRAMME

10 April 2007, Tuesday, Day One, Workshop on Guidelines Development: Part I

- 09:00 – 09:10** **Introduction/Objectives of the Workshop**
- Alberta Bacci, Making Pregnancy Safer, WHO Regional Office for Europe*
- 09:10 – 09:20** **Welcome words from the State Secretary of the Ministry of Health and Social Welfare of Croatia**
- Ante-Zvonimir Golem, Ministry of Health and Social Welfare of Croatia*
- 09:20 – 09:40** **Effective strategies for improving maternal and neonatal health**
- Maternal and neonatal health in Europe
 - Social determinants of maternal and neonatal health
 - Making Pregnancy Safer Initiative
 - Strategies to improve maternal and neonatal health
- Alberta Bacci, Making Pregnancy Safer, WHO Regional Office for Europe*
- 09:40 – 10:20** **Presentations of Norway**
- Ola Saugstad, Professor in Pediatrics, Department of Pediatric Research, The National Hospital, Oslo, Norway*
- Babill Stray-Pedersen, Professor in gynecology and obstetrics, Department of Obstetrics and Gynecology, University of Oslo, Rikshospitalet-Radiumhospitalet Medical Center, Norway*
- 10:20 – 10:30** **Strengthening national capacities for improving maternal and neonatal health project, Component One**
- Stelian Hodorocea, Regional Project Manager SEE IMNH Project*
- 10:30 – 11:00** **Break**
- 11:00 – 12:00** **WHO Guidelines (Why evidence and guidelines are important)**
- Suzanne Hill, Medicines Policy and Standards, WHO*
- 12:00 – 12:30** **Discussion**
- 12:30 – 14:00** **Lunch**

14:00 – 15:30

What is evidence and why should we grade it?

*Andy Oxman, Senior Researcher
Norwegian Knowledge Centre for the Health Services, Norway*

15:30 – 16:00

Break

16:00 – 17:00

From evidence to clinical guidelines, the example of Prevention of Postpartum Haemorrhage (PPH)

*Matthews Mathai, Making Pregnancy Safer, WHO
Vittorio Basevi, WHO Collaborative Centre CEVEAS, Modena, Italy*

17:00 – 17:45

Meeting of Country Project Managers with Norwegian experts

11 April 2007, Wednesday, Day Two: Workshop on Guidelines Development: Part II

09:00 – 10:30

Example 1, from Prevention of Postpartum Haemorrhage guidelines

Facilitators: Nicola Magrini and Vittorio Basevi, WHO Collaborative Centre CEVEAS, Modena, Italy

- Presentation of GRADE evidence profile**
- Group work**

Objectives:

- **Review evidence table**
- **Discussion of quality assessment**
- **Interpretation of findings**
- **Adapting or modifying recommendation for countries**

10:30 – 11:00

Break

11:00 – 12:30

**Group work continued
Feedback session as required**

Facilitators: Nicola Magrini and Suzanne Hill

12:30 – 14:00

Lunch

14:00 – 15:00

Example 2, from Prevention of Postpartum Haemorrhage guidelines

Facilitators: Nicola Magrini and Matthews Mathai

- Presentation of GRADE evidence profile (Table 2)**
- Group work**

Objectives:

- **Review evidence table**
- **Discussion of quality assessment**
- **Interpretation of findings**
- **Adapting or modifying recommendation for countries**

- 15:00 – 15:30** **Break**
- 15:30 – 17:30** **Group work continued as above**
Feedback from groups as required
- Facilitators: *Nicola Magrini and Andy Oxman*

12 April Thursday, Day Three: Workshop on Guidelines Development: Part III

- 09:00 – 09:45** **From guidelines to protocols: WHO IMPAC series**
- Valentina Baltag*
WHO, National Professional Officer for Family and Community Health, WHO Country Office, Republic of Moldova
- 09:45 – 10:30** **What makes guidelines work - implementation and evaluation**
- Presentation of general principles of guideline implementation**
 - Discussion**
- Andy Oxman*
- 10:30 – 11:00** **Break**
- 11:00 – 11:20** **Introduction to country planning**
- Alberta Bacci*
- 11:20 – 12:30** **Group work by country groups**
- All facilitators*
- Objectives:**
- **Identify key recommendations for implementation**
 - **Develop draft implementation plan**
 - **Identify indicators**
 - **Develop draft measurement plan**
- 12:30 – 14:00** **Lunch**
- 14:00 – 14:30** **Group work continued as above**
- 14:30 – 15:00** **Presentation of proposals for country work-plans**
- 15:00 – 15:30** **Break**
- 15:30 – 16:30** **Presentation of proposals for country work-plans**

16:30 – 17:00

Conclusions, recommendations, next steps

List of Participants

Country Project Managers, SEE IMNH Project and nominated participants from SEE Countries

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