OPINION

Techniques for modifying and placing into practice health system guidelines and recommendation

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ABSTRACT

Guidelines for evidence-based health systems are essential tools for outlining the crucial monetary, policy, and service elements advised to build a sustainable and resilient health system. However, without effective and specific implementation and adaptation approaches, not all guidelines are easily translated into practice and/or policy. The evidence pertaining to the adaptation and use of health system guidelines in low- and middle-income countries was mapped out in this scoping review. In order to improve healthcare and enhance health systems for healthier communities around the world, evidence-based recommendations are essential. The WHO views guidelines as a collection of recommendations for action, public health, or policy that are supported by evidence and intended to enlighten and support decision-makers (e.g. policy-makers, healthcare providers or patients). Health system guidelines define the necessary system, policy, and/or financial components needed to address health concerns, in contrast to clinical practice guidelines, which concentrated on the appropriateness of clinical care actions. Not all guidelines are easily and directly translatable into practice and/or policy, despite the meticulous systematic synthesis of the most recent research evidence. It can take up to 17 years to complete the small part of published evidence (about 14%) that actually convert into practice. A critical research and policy goal comprehends implementation and adaption techniques that aid in the adoption of evidence-based recommendations and guidelines. Methods or procedures "used to promote the adaptation, implementation, and sustainability of a program or practice" are frequently used to describe implementation strategies.

INTRODUCTION

Guidelines created in one environment are systematically changed as part of guideline adaptation procedures to make them usable in ot-er contexts (e.g. organizational or cultural). Even high-quality international recommendations must be modified and tailored to local conditions in order to be used successfully. The Research to Enhance the Adaptation and Implementation of Health Systems Guidelines (RAISE) portfolio was developed by the Alliance for Health Policy and Systems Research (a WHO-hosted partnership) to enhance decision-making on policy and systems in six Low- and Middle-Income Countries (LMICs). However, there is still much to learn about the variables and procedures that will improve their adaptation and use. To guide best practices, efficient procedures, and evidence-based implementation, additional evidence is required. Under performance or failure is likely to result from failing to take the interaction between contextual circumstances and guideline uptake into account. Understanding how political, cultural and economic circumstances connect with other aspects might help us better understand how to apply and alter health system guidelines. For the selection and customization of implementation strategies to meet these contextual needs, several techniques have been developed. In order to properly explain and categories implementation strategies and conceptualize context for the examination of variables (such as obstacles and enablers of implementation results), many taxonomies have been established. There are additional frameworks for modifying health-related recommendations, although they frequently lack implementation instructions. Therefore, the most effective techniques for choosing adaption frameworks and creating customized implementation strategies are still to be discovered. The search turned up a related summary of systematic evaluations looking at how well health system initiatives in Low-Income Countries were implemented and their effects (LICs). There is a significant gap in the literature that examines any contextual nuances of implementation and adaptation of health system guidelines specifically in LMICs, despite this review and the acknowledged contextual differences between LICs and High-Income Countries (HICs), as the findings were primarily drawn from studies carried out in HICs. This scoping review's goal is distinctive since it offers a summary of the available data on the application and customization of health system recommendations tested in LMICs. By focusing on both of their techniques, relationships and influences, the literature has made a novel

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contribution by focusing on adaptation and implementation processes. We will only be looking at implementation and adaptation tactics that directly occurred in LMICs due to the complexity of contextual factors. In order to make sure that the results were applicable to knowledge users, we used an integrated knowledge translation methodology and worked with a variety of key informants, including the lead of each partner nation in the WHO RAISE portfolio, throughout the review process. In an approach to research known as integrated knowledge translation, researchers and end-users collaborate to identify pertinent knowledge gaps and guarantee the generation of knowledge that can be put to use. The findings of this scoping review offer vital insight into the creation of suggestions for the adaption and implementation of health system guidelines in LMICs based on empirical data.

DISCUSSION

The implementation and adaptation techniques, frameworks, hurdles, and/or facilitators connected to the adaptation and/or implementation of health system guidelines, policies, and/or recommendations comprise the themes pertinent for this review. To be selected for inclusion, articles have to explicitly indicate their intention to apply and/or adapt any evidence-informed health system guideline. Any system that is in charge of managing finances, governance, or the delivery of healthcare services is included in the oncept of a health system. Regardless of the developer, our review took into account any evidence-based (as claimed by the author) health system guidelines. Articles with plans to adopt and/or execute clinical practice guidelines were not included. Although they are frequently done at the same time, implementation and adaptation are two separate ideas that are discussed in this paper. Any "methods or procedures utilized to enhance the adaptation, implementation, and sustainability" were referred to as implementation strategies. In order to evaluate trends and spot potential gaps, this scoping study gathered, mapped, and codified existing literature examining the adaptation and implementation of health system standards in LMICs. c We were able to pinpoint typical approaches for modifying and putting into practice health system guidelines, relevant obstacles and facilitators, and success indicators through the synthesis of the available data. Overall, education, training, clinical supervision, the creation of working groups, and advisory boards were the most prevalent types of implementation tactics utilized to support the integration of health system standards. The creation of standardized instructional materials as well as national training and feedback sessions are examples of education and training. Although the implementation tactics used can be discussed in this review, the duration and dosage of these strategies were significantly underreported by the authors of the included research (e.g. 1-day vs. month-long workshops). The reported instructional and collaborative implementation tactics complement related emerging themes in various healthcare and income settings and are directly in line with recent literature. Education-based tactics were almost always incorporated in the implementation plan, according to a recent study of methods used to apply nurse practice guidelines across various health settings. The formal formation of advisory groups (such as creating technical working groups) appears to be more common in health system-based implementation initiatives than in clinical practice guidelines, despite the fact that these reviews noted the involvement of local opinion leaders in their implementation strategies. This may be a reflection of the complexity of health systems, the social norms and values that influence decision-making in local communities, and the range of stakeholders that must be strategically and proactively involved in order to assist implementation. Additionally, the included studies only used 38 procedures of the 73 procedures that ERIC identified, or less than half of the alternative implementation strategies that could have been used.

Thus, our analysis emphasizes the possible need to utilize and integrate a larger range of implementation strategies in order to meet identified change-related obstacles and realize program/policy objectives. The majority of the articles that were included provided explanations for why specific health system principles should be implemented, but it didn't seem as though the choice of implementation tactics was influenced by underlying knowledge, theory, or conceptual frameworks. Only 3 researches actually followed a formal implementation strategy, too. The literature on implementation science emphasizes how crucial it is to recognize and customize implementation approaches in order to successfully translate research into practical application. The selection of evidence-based solutions can then be guided by conducting behavioral analysis to identify barriers and facilitators. This will help to mitigate potential challenges while magnifying promising facilitators. An implementation strategy for health system initiatives must take into account various levels of available people and physical resources, political structures, professional roles and duties, and cultural and religious traditions. These are all important and intersecting considerations. In environments where resources may be few, it is especially crucial to take these contextual aspects into account in order to maximize strengths and address shortcomings. An understanding of the present strengths and weaknesses within existing systems to guide practice and policy planning is one requirement for developing a resilient health system. It is possible to identify current barriers and enablers in particular circumstances using a variety of evidence-based frameworks and taxonomies. Existing tools, like the COM-B model, can be utilized to locate known implementation enablers and barriers and to aid in the selection of focused change-influencing strategies for the health system. The selection of tailored implementation approaches and, eventually, the successful integration of health system guidelines in LMICs, could both be improved with the use of conceptual and theoretical frameworks that are based on empirical research. However, this difficulty may not be specific to LMICs given that sustaining funding is a problem even in high-income environments. This is particularly significant when taking into account the capacity to sustain the delivery of health system guidelines after their first implementation, as highlighted in the literature on implementation science. One tactic used by some of the articles we included to help fund initiatives was partnering with NGOs. However, while initial financial support may offer the tools and seed money required to establish initiatives, initiatives risk failing if they lack ongoing funding. It is also remarkable that just 11 of the included research used funds from their own country, and that more than half of the studies reported financing sources that came exclusively from highincome funding programs. In order to support implementation efforts, facilitate the durability and sustainability of putting evidence into practice, and strengthen the implementation of health system guidelines into the real-world environment, financial pledges and ongoing funding from health ministries are crucial. Our findings showed that change at the health system level frequently depends on addressing all intersecting concepts, which we categorized according to the WHO's health system building blocks. For instance, the majority of the health system guidelines we examined focused on the building block of service delivery, but their associated challenges included a lack of funding, resources, and/or leadership and government support. Recommendations that focused on the building block of the health workforce identified specific obstacles, including a lack of funding, human resources, and awareness of the guidelines. These findings emphasize the interconnectedness of all the components that make up the health system and the absolute necessity of taking a comprehensive approach in order to successfully implement system-level reform.

CONCLUSION

It is crucial to take into account any potential limitations when evaluating our findings. First, we only used English-language reports in our search method. However, we understand that not all activities carried out in LMICs are published in this language.

When we polled our knowledge users, they said they didn't think this would have an impact on our review findings. This may also contribute to our finding that HICs sponsored the majority of activities. Second, we might not have gathered all potentially pertinent research due to the diversity in how writers define health system guidelines. Furthermore, it is important to keep in mind that while referring to the concept definition used in this work, authors may not always use the word "adaptation." Terminology differences may have affected the way we identified and/or extracted data. To overcome these difficulties and completely include essential studies, however, a skilled library scientist painstakingly created our search method. A vital and expanding area of research is finding evidence-based methods for effectively putting knowledge into practice. Guidelines for health systems are essential instruments for enhancing, fortifying, and creating resilient healthcare infrastructures and services. This scoping review offers a thorough overview of the research that has been published and looks at how health system guidelines are adapted and put into practice in LMICs. Our research identified the most widespread methods for putting health system recommendations into practice in LMICs, including clinical supervision, training, education, and the creation of advisory bodies. To accomplish policy/program goals, it is necessary to investigate the effects of leveraging and combining a larger range of implementation strategies. There were very few studies reporting cost as an evaluation outcome, despite the fact that lack of consistent funding and financial commitments was noted as a significant impediment to the adoption of health system guidelines. Future academics should think about performing cost studies to establish a case for decision-makers to approve of sustainable funding for health system guidelines. Our findings imply that additional research, policy, and practice sector efforts may be needed to support the adaptation and implementation of health system guidelines to local contexts and health system configurations in LMICs.