EVIDENCE BASED CLINICAL PRACTICE GUIDELINES DESIGN AND ADAPTATION METHODOLOGY IN THE REPUBLIC OF TAJKIKISTAN – THE FIRST EXPERIENCE

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**The Republic of Tajikistan**

- The republic has an area of 143,100 km² and it’s bordering Uzbekistan, Kyrgyzstan, China and Afghanistan.
- **Dushanbe** is the capital of Tajikistan.

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**EBM in Tajikistan**

- Evidence based medicine (EBM) in Tajikistan is a new paradigm of clinical practice and it isn’t familiar enough to medical teachers and health professionals.
- The Evidence Based Medicine Center (EBMC) of Avicenna Tajik State Medical University has played a major role in advancing EBM in the country.
- EBMC was established in 2007 under support of the USAID/ZdravPlus project and it’s supported by the USAID Quality Health Care Project now.
- The main goal of the center is promoting Evidence-Based Medicine principles and integrating them into medical education, clinical practice and health research.
In recent years, evidence-based clinical guidelines (CPGs) and protocols have become an essential and required part of health care in many countries.

In Tajikistan, evidence-based CPGs design and use is a new method of medical practice as physicians prescribed “individual therapy” previously.

At present, Ministry of Health’s task is to develop CPGs for priority diseases.

Today the complicated task before Tajikistan is to accumulate critical mass of clinical practice guidelines in a short space of time so as to develop assessment and monitoring indicators of quality health care in the next few years.

Unfortunately most of the current CPGs were adopted on the basis of accessible literature without taking into account principles of EBM.

Lack of CPGs on cardiovascular, respiratory and others diseases.
The need for clinical practice guidelines in Tajikistan

- There is a need for national standards on health care as the country is preparing for Medical Activity Licensing
- No single approach to treatment of most diseases
- The conscious need to use evidence (medicines and methods with demonstrated efficiency) in clinical practice
- Physicians are under pressure from pharmaceutical companies to prescribe branded medicines which are not always indicated

EBM development barriers

- Deficiency of EBM teachers
- Limited internet access in university departments and in hospitals
- Most health professionals aren’t well-versed in English
- Low salary – lack of motivation
- Strict hierarchy among doctors – junior doctors cannot argue with senior, more experienced doctors
It was necessary to create a seamless system of clinical practice guidelines preparation subject to the following conditions:

- Conformity with international standards of Evidence based medicine CPGs creation
- Possibility of adapting current international guidelines and protocols (as CPG design is an expensive process and it requires special knowledge and skills, qualified staff and access to information)

Evidence based clinical practice guidelines design and adaptation methodology

- Adaptation and introduction of the manual on “Evidence based clinical practice guidelines design and adaptation methodology” is the first such experience in Tajikistan.
- This manual can be used both for original CPGs preparation and current international CPGs adaptation
The present manual was adapted from international manuals with the support of the USAID/ZdravPlus project. Working group members were EBM specialists, faculty of higher medical education institutions and physicians.
A series of workshops on “EBM practice guidelines design and adaptation methodology” were conducted for key persons responsible for adaptation and introduction of CPGs. The workshop’s program included lectures and practical work on CPG design, guidelines on organizing working groups and others questions. Special attention was given to CPGs search and critical appraisal according to AGREE Instrument and use of evidence levels.

Knowledge and skills gained during workshops were used to adapt and introduce Clinical practice guideline for hypertension on primary health care level. It was the first CPG which qualified for AGREE Instrument in Tajikistan.

At present, respiratory diseases clinical guidelines (asthma, chronic obstructive pulmonary disease and pneumonia) are being developed.
Conclusion

- Tajikistan is in the initial stages of implementing Evidence Based Clinical Practice
- It is necessary to provide active education on EBM principles for health professionals and CPGs development to promote quality health care and rational drug use

Thank you for your attention