Editorial

Evidence-Based Medicine – The Way To Go

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Introduction

Evidence based Medicine is an umbrella term for health care practice that is guided by the current best available evidence. It is synonymous with evidence-based health care. The term incorporates all aspects of health care. Several parallel descriptions are also used to distinguish specific components of health care namely evidence-based nursing, evidence-based dentistry to mention a few. Others have used a more generic term, evidence-based practice. These several descriptions underscore the fact that evidence based practice cuts across all branches of health care.

The principle of evidence-based health care promotes application of the current best evidence in decision making to guide the care of the individual patient, organization of health care, policy formulation, health care management and more. In short, evidence based health care implies the application of the current best evidence to guide policy and practice.

Evidence-based health care is therefore applicable at the individual patient level as well as at population level[1]. It also promotes health care delivery that upholds the values of the individual and judicious use of available resources. Given the foregoing, evidence based health care is applicable at all levels of care and by all cadres of personnel involved in health care, providers to health care managers and policy makers.

Discussion

Whereas incorporation of evidence based health care as standard care into the health systems has become the norm in developed countries with the attendant benefits of better health care outcomes, its non-adoption in developing countries accounts for the delay in the application of efficient and cost-effective interventions. This is partly implicated in the poorer and indeed widening disparities in health outcomes in these countries compared with developed countries. Thus there is a compelling and urgent need for wide scale adoption of evidence based health care principles at all levels in the health systems of developing countries.

Embracing evidence-based health care principles in developing countries however poses certain challenges. The evidence does not come easy. The skills and resources required to produce evidence are limited in low-income countries[2]. Generation of evidence involves substantial investment of resources and skills in implementation of primary research, research synthesis and development of guidelines. Randomized controlled trials are the gold standard for primary research when appropriate to address effectiveness of interventions; training in clinical trials is limited in Africa, thus very few clinical trials originate de novo in the region.

Research synthesis, aka systematic reviews combines the results of similar primary studies to generate summary estimates. The Cochrane

Collaboration is the foremost entity that promotes the production and dissemination of systematic reviews; its systematic reviews are published on the Cochrane Library (www.cochrane.org). Research synthesis skills are rather limited in Africa.

The next step in the process of generating the evidence is development of guidelines. It has become standard practice to utilize the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach in producing guidelines[3]. The GRADE approach employs explicit and transparent mechanisms to assess quality of the evidence before making recommendations. It is the approach adopted by professional bodies and the World Health Organization (WHO) in the preparation of guidelines. Utilizing the GRADE approach requires even higher level of skills that are still rudimentary in low-income countries.

Protocols, produced at the local level or health unit level should ideally derive from guidelines. Protocols will typically describe what requires to be done, when, where and by whom. They enhance team work and promote effective delivery of health care. The use of protocols ensures adherence to current best evidence; its use must be promoted at all levels. Just like the guidelines from which they derive, protocols require to be updated at least once in every 2 years. While guidelines are more technically challenging to produce, protocols are generally easier to produce and must be adapted to the cadre of health care providers as well as the level of care. It is incumbent on professional bodies to assume responsibility for production of protocols and identify ways of ensuring universal implementation as a matter of urgency. This is the minimum measure to assure positive health outcomes. It is needless to say that compliance with written protocols has the additional advantage of protecting health care providers in the event of medical litigation.

The challenges must however not deter the drive for evidence-based health care in developing countries. Rather, stakeholders must engage policy makers and governments on the urgency of the matter. In the short term, concerted efforts must ensure widespread dissemination in useful formats and uptake of available evidence. Paradoxically, adoption of proven interventions in clinical practice for the benefit of the individual patient requires greater effort. It is not enough to have the evidence; it requires serious commitment to ensure that the intervention is utilized at all levels of care. As apparently simple and effective as the partograph is, its utilization remains low at the very levels where its impact is expected to be most beneficial[4]. Successful uptake of proven interventions therefore requires sustained collaboration of professional bodies and policy makers to identify challenges and proffer solutions. An important measure in this regard is institutionalization of standardized continuous professional development programmes for all cadres of health care providers.

Strategic long term vision should include goal oriented technical capacity building in the African region in all areas of the evidence generation process. Governments and agencies in the sub-Saharan region need to collaborate and pull resources to maximize gains. We must partner with international agencies and professional bodies that have the technical knowhow to build local competencies in this field. Establishing training programmes in clinical trials in designated institutions in sub-Saharan Africa is long overdue. Greater urgency is also required in training of a sufficient critical mass of professionals in research synthesis and GRADE principles.

Above all, the governments of sub-Saharan African countries must demonstrate sustained commitment to the health and well-being of their

populations by investing in capacity building and research in their health systems. This will contribute in no small measure to laying a solid foundation for the health systems in these countries.

References

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