Reviewer's report

Title: Improving the Use of Research Evidence in Guideline Development: 13. Adaptation, applicability and transferability

Version: Date: 11 May 2006

Reviewer: Metin Gulmezoglu

Reviewer's report:

General

General comment: I think the paper makes good suggestions about how the adaptation process can be conducted in a more explicit and transparent way. I am not sure about the relevance of question 1 because that is within the WHO mandate and there are probably reasons for it that are still valid. A more appropriate question would be how can WHO do a better job at this and attain the current best standards. It should also be acknowledged that the adaptation issues are much more complex for WHO than for Scottish or New Zealand guidelines.

The paper quotes the GWG of WHO but does not refer to the fact that these guidelines have not been operationalised (or implemented) since they were announced several years ago (it is mentioned in other papers but not on this one)

The search strategy outlined is unlikely to capture the literature related to the question: Should WHO develop international recommendations? Further, this is probably not the right question. The WHO mandate is to develop international guidelines in fulfilling its role as a standard setting organization and the question is whether the WHO is doing a good job at it? My response would be that WHO is probably doing some good and some not so good. The problem is that there is currently no system or structure to do this or even to monitor and evaluate how good this is being done. These issues are slightly different to the local adaptation issue though. Nobody in WHO would argue with the importance of adaptation to local needs and most WHO guidelines would probably include some plans for adaptation. The paper makes some important recommendations on how that task can be done better.

Naturally, when there are likely to be differences in local circumstances the generalizability (or applicability) of an international guideline is going to be more limited. However, that does not necessarily mean that international guidelines should not be issued.

The major problem is how to issue evidence-based guidance when there is a culture of expert-opinion based decision-making and that is more affordable? The solution, in my opinion, is to create an organization-wide initiative to improve the standards.

The other problem related to adaptation is often WHO technical departments publish authoritative guidance documents aimed at peripheral levels of care. These guidelines often make assumptions about what is available, what is doable and the local adaptation processes (without necessarily involving all major stake-holders. These guidelines are also (sometimes necessarily so) fairly basic and have the problem of having the (standard) bar too low to make sure that the guidance is applicable to poorest settings. Often, these guidelines lack a description of the evidence-base and explicit descriptions of the judgements utilized.

Minor points:

--Redundancy: I was not sure of the meaning where it's used. It may be better to use duplication?

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.