

# Adapting NICE guidance for a developing country: pilot hypertension project with NICE International in Jordan

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The NCGC is a governance collaboration, hosted by the RCP and funded by NICE



# Outline

- Background
  - NCGC
  - NICE International
  - Jordan, healthcare system and need for guidance
  
- NICE / Jordan pilot project
  - Purpose and methods
  - Results
  - Discussion - future

# About NCGC

- NCGC (National Clinical Guidelines Centre); UK
- Guideline development centre in UK
  - Merger in 2009 of 4 smaller guideline centres (acute conditions, chronic conditions, primary care, nursing and supportive care)
- Commissioned by NICE: produce guidelines on acute and chronic conditions
- Senior RF at NCGC
  - systematic reviews of clinical evidence for NICE guidelines
- Project in Jordan working with NICE international

# NICE International

- <http://www.nice.org.uk/aboutnice/niceinternational/>
- set up by NICE (not-for-profit)
- advice, support and training
- countries seeking to improve evidence-based healthcare provision (clinical and policy decisions)

# NICE International: Jordan project

- NICE international asked by MeTA to work with Jordan
- MeTA (Medicines Transparency Alliance) aims:
  - promote transparency in supply of medicines
  - equitable access for low income populations
  - Jordan = MeTA pilot country
  - Project: to support Jordanian health policy workers with reform efforts
  - Funding: NICE, DFID (UK) and World Bank

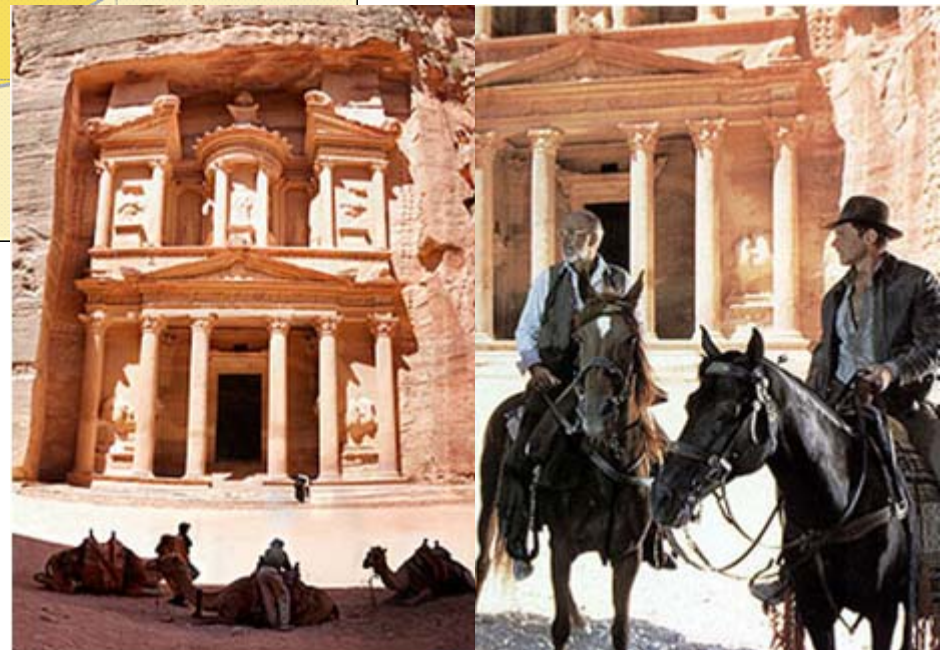


## Jordan:

- Middle East
- Developing country
- Pop: 6.3 mill  
(UK 63 mill)

## Famous for:

- Petra the 'rose city'
- *Indiana Jones and the last crusade*



# Jordan – healthcare

- Jordanian healthcare system
  - **Public** (MoH, military – RMS, university) **and private** institutions
  - **80% insured**: public, private and refugees' mission
  - **Uneven distribution**: cities (eg. Amman) more services / access than rural areas
- Jordan (with MeTA) attempting to reform areas of health policy including:
  - **Rational use** of medicines
  - Using **medical evidence** as criteria for adding or removing medicines to the rational drugs list

# Purpose

- Need for guidance on hypertension
  - Hypertension chosen (**high disease burden** and low physician awareness)
- Aim / Purpose
  - Develop **evidence-based guidance**
  - 1<sup>st</sup>-line pharmacological treatment of essential hypertension (primary care)
  - **Adapt NICE guidance** (2006) to Jordanian setting



# Methods

- 6 months work in 2009
- Two teams of technical experts (UK and Jordanian)
- Updated NICE guideline: pharmacological treatment of hypertension
  - **New literature searches** run (UK)
  - **New studies** included for clinical evidence (UK)
  - **Health economic model rerun**: Jordanian healthcare data, costs and QoL estimates (UK and Jordan)
  - **Two 3-day workshops** in Amman: teaching and GDG meetings, discussing evidence and health economics

# Project team

- Team for Jordan project:
  - **Project leaders / sponsors:** NICE International, MeTA, Jordan MoH, World Bank
  - **UK technical team:** clinician (HT), health economist, NICE guideline systematic reviewer
  - **Jordanian technical team:** experts in pharmacy, health outcomes, health economics (public and private sector )
  - **GDG (Jordanian)** – chair, 18 Jordanian clinicians (public and private), patient representative

# The team



# Results – part 1

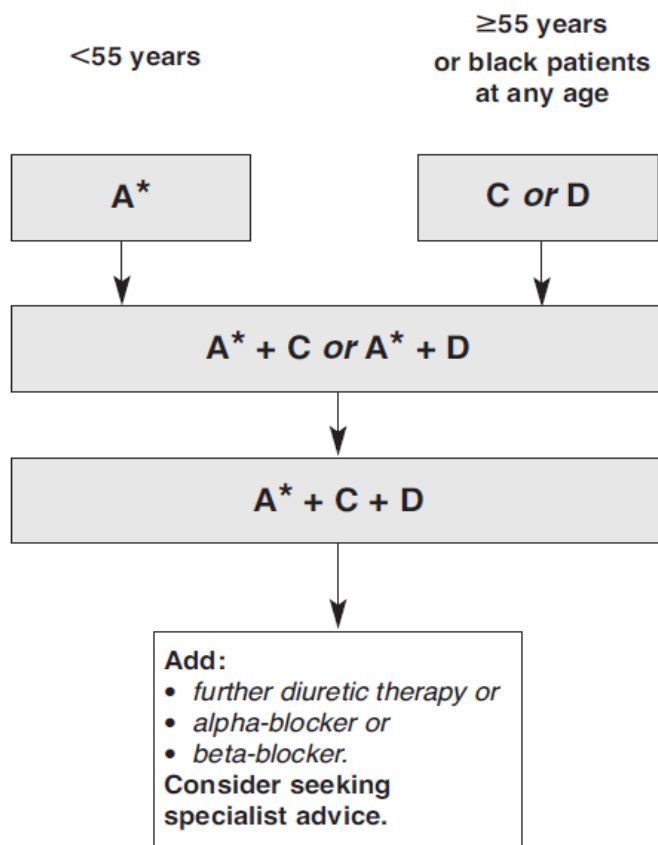
- Technical teams presented new clinical and health economic evidence
  - **Drug Tx cost-effective (CE):** savings on Tx of CVD
  - **BBs less CE** vs. other a-HT drug classes
  - **As for UK:** CCBs best (closely followed by ACEi/ARB and TDs)
  - Use of **more expensive branded drugs** - increase costs with **little / no benefit** to patients

# Results – part 2

- Developed:
  - **Recommendations** - evidence-based and clinical opinion (Jordanian GDG)
  - Drug treatment **algorithm**
  - **Implementation** strategy
  - **Report** - recommendations for system and structural improvements (*NICE International website*)

# Algorithm

NICE (CG34), 2006



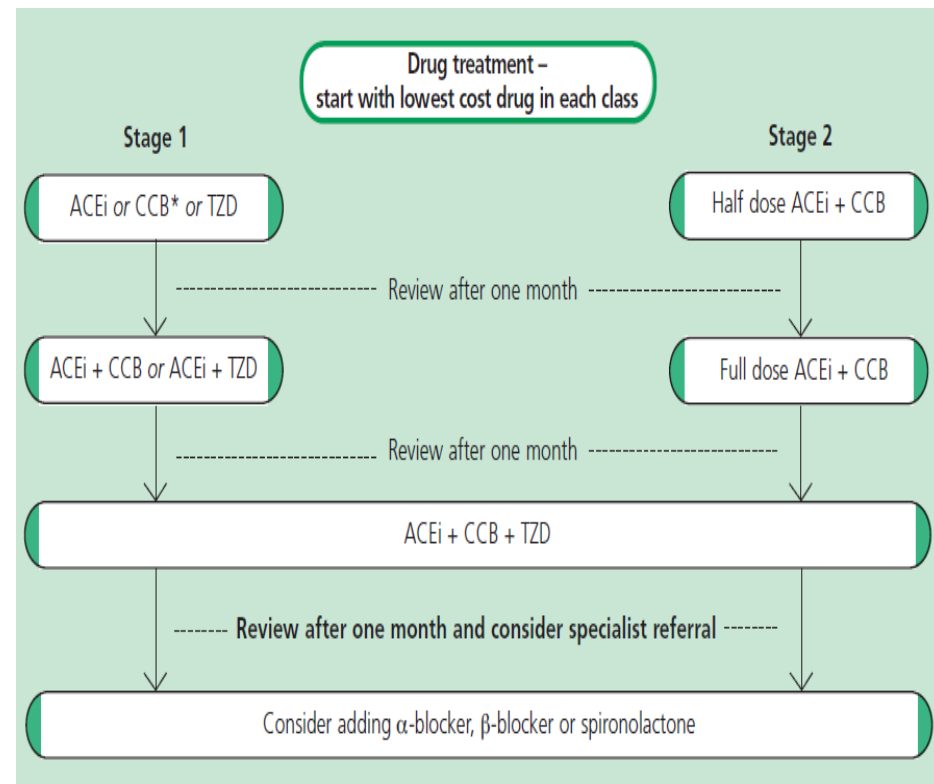
Jordan, 2009

**Step 1**

**Step 2**

**Step 3**

**Step 4**



\* or ARB if ACEi-intolerant; back = those of African or Caribbean descent;

\*CCB is preferable for patients aged over 60

# Since the pilot....

- Workshops / educational seminars – guideline development
  - HT pilot showed why **EBM and equitable provision is needed** in clinical practice
  - Audience related better to it as was attuned to Jordan
- Still not in implementation phase
  - Report only **recently translated**
  - People working on **developing implementation plan**
  - Meeting with **senior clinicians to endorse** guidance
  - to be circulated for **comments / buy-in** (major medical committees); then implementation **plan can proceed**

# Since the pilot....

- Presentations at conferences (UK and Jordan teams)
- Paper to be published about the project:
  - *International Journal of Technology Assessment in Healthcare*



# Conclusions

- Development of **evidence-based algorithm**
- Constructive development towards **change in Jordan's healthcare system**
- **Buy-in needed** from clinicians and major medical committees
- **Implementation and dissemination** are next steps
- Success of this will increase **weight of evidence-informed policy-making** in Jordan
- Should result in **change in clinical practice** – more equitable healthcare across country and rational drug prescribing / use

# Acknowledgements

- Thanks to Jordanian team and GDG

## Contact

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