

ICF-based criteria for the development of clinical guidelines for Universal Health Coverage

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Abstract The World Health Organization (WHO) has published a process for the development of guidelines. These guidelines don't incorporate ICF-based principles to facilitate person-centred, interprofessional intervention from a biopsychosocial perspective with a focus on functioning and contextual factors. The physiotherapist, occupational therapist and speech-language & hearing therapist professional associations in South Africa collaborated to create 16 ICF-based criteria for developing clinical guidelines for Universal Health Coverage. They invite comment to refine these criteria.

Introduction

South Africa is in a process of introducing Universal Health Coverage (UHC), which provides a full range of essential services at a cost the country can afford. This health reform requires a review of all existing clinical guidelines to ensure they are consistent with UHC policy.

The World Health Organization (WHO) has published a process for the development of guidelines. However, this process fails to address person-centred, interprofessional management from a biopsychosocial perspective with a focus on functioning and contextual factors. It also does not refer to the use of a common language between professions to support collaborative practice, as is found in the International Classification of Functioning, Disability and Health (ICF)

This poster reports on the process of creating ICF-based criteria for the development of clinical guidelines in UHC settings.

Methods

The physiotherapist, occupational therapist and speech-language & hearing therapist professional associations nominated delegates to complete an online course on ICF use, based on the Dutch WHO-FIC Collaborating Centre course, augmented by members of the collaborating centres in South Africa and Australia.

This project was completed as a specially-designed module aimed at exploring the use of the ICF in clinical guideline development and review. The [WHO Handbook for Guideline Development \(2nd Edition\)](#) and the [ICF Practical Manual \(Version 0.9\)](#) were used to facilitate robust deliberations.

Core criteria were identified, defined, and explained with supporting evidence from peer-reviewed literature. All steps were debated by all participants and finalised when agreement was reached.

Results

The proposed 16 ICF-based criteria for the development of clinical guidelines for UHC

Development of guideline

1. The development of the clinical guideline is consistent with the process described in the WHO Handbook for Guideline Development (2nd or subsequent editions).
2. Adequate and transparent engagement with relevant stakeholders is described in the process of the guideline's development and evaluation.
3. The ICF framework is used to describe health and health-related states, including human functioning and social determinants of health.
4. ICF terminology is used as unified and standard language throughout the guideline.
5. The frequency and method of reviewing the guideline are stated.

Audiences and clinical settings

6. The audiences for whom the guideline is developed, are clearly explained (e.g., health professions, service users, data analysts, administrators, etc.).
7. It is explained how the guideline should be used throughout the continuum of care, in both public and private healthcare settings, including the community and households.
8. The guideline is appropriate, concise, user-friendly, free and easily accessible.
9. Training for end-users on how to apply the clinical guideline is accessible, affordable, and appropriate.

Person-centred approach

10. Service providers are required to apply the person-centred biopsychosocial approach of ICF for organising and documenting information on human functioning as a dynamic interaction between a person's health condition, environmental factors, and personal factors.
11. Interprofessional and trans-professional teamwork is evident.

Recommended Interventions

12. Interventions in the guideline are contextually relevant and evidence-informed.
13. Interventions and outcomes are determined within the context of a biopsychosocial approach to health and are prioritised according to the service user's needs.
14. A human rights-based approach is advocated, embracing ethical principles within equitable and just legal frameworks.

Data Collection

15. Assessment instruments selected for use are appropriately linked to the ICF by using linking rules.
16. Data collection and outcome measures proposed by the guideline include all the components of the ICF framework, namely body functions and structures, activities (activity limitations), participation (participation restriction) and contextual factors (environmental and personal).

Conclusions

The authors have completed the first draft of the proposed 16 ICF-based criteria for the development of clinical guidelines for UHC.

Experts within the WHO-FIC network are invited to comment and help to further refine these criteria.

Download the full document, containing the criteria, questions and literature review by scanning the QR code or go to <http://whofic.org.za/16criteria>:

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