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Evaluation of the implementation of the Clinical Practice Guidelines. A pending assignment in Colombia

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This issue of the *Colombian Journal of Obstetrics and Gynecology* publishes a cross-sectional study describing the knowledge, the perceived usefulness and practices of a group of health care workers who provide prenatal and neonatal care in the Caribbean region of Colombia regarding the national “Guidelines for the management of gestational and congenital syphilis”.

The study identifies several deficiencies that affect the implementation of these clinical practice guidelines (CPG). The authors indirectly assess acceptability, adoption, feasibility and compliance, which are part of the implementation outcomes to be evaluated. (1) Other parameters were not measured, such as timeliness, costs, penetration and sustainability. The study reports on problems in the training of the content of the guidelines, with the subsequent deficiency of knowledge of the users of the guidelines, which reduces the feasibility of its implementation. It also describes limited acceptance of some key recommendations, including the recommendation not to test for penicillin in pregnant women with no history of type I allergic reactions. It also describes a poor adoption of the use of the diagnostic algorithm based on performing a rapid point-of-care test to define immediate treatment, if the result is positive, and subsequently the confirmatory test, to report the confirmed case of gestational syphilis (GS) to the surveillance system, and as a method of monitoring

the effectiveness of treatment. Finally, it describes poor compliance with the recommendation to treat the partner by physicians or to have the rapid tests available at health institutions. These problems exist not just in the Bolivar Department, but also in other departments such as Choco and Meta, where I have had the opportunity to participate recently in training workshops on the Guidelines, and, surely, in many other geographical regions in the country. In this scenario, it is unlikely that the goal of eliminating congenital syphilis (CS) in the country will be achieved in the near future, as it has not been possible to do so far. At present there is a need to update the guidelines, which should encompass implementation and evaluation tools designed for the Colombian context.

This publication is an opportunity to make some observations with regards to the implementation of the CPG. Implementation is defined as the act of putting into operation or applying methods, measures, etc., to bring something to fruition (2); this is key so that any plans we make can become a reality, whether in our personal lives, in a company or at the governmental level.

CPG are part of the knowledge transfer products. (3) There are other products such as podcasts, videos, infographics, social media, etc. (4,5). Knowledge transfer is defined as “a dynamic and iterative process that includes the synthesis, dissemination, sharing and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system.” (6)

1. Colombian Journal of Obstetrics and Gynecology (RCOG), Bogotá (Colombia).

It has also been defined as “from knowledge to action” or as the bridge between research and decision-making (7), and can be applied at the individual, managerial or public policy level. This definition encompasses some of the features of implementation; however, the latter should include aspects contained in what has been called implementation science, which according to the National Cancer Institute (8) of the United States, is defined as “the study of methods to promote the adoption and integration of evidence-based practices, interventions and policies in routine and public health care settings for improved impact on population health”. The latter complements knowledge transfer, although it works more on methods.

Hence, the implementation of knowledge transfer products has become extremely important to be able to really improve healthcare outcomes, since it involves the health workers, patients, caregivers and groups interested in the problem. There are just a handful of publications on the implementation of health innovations or knowledge transfer products; however, the communication about the methods used for improving the use of technological breakthroughs, the CPG and the information addressed to specific populations is constantly increasing in many of the healthcare areas, such as primary care (9), sexual and reproductive health (10) and sexually transmitted infections (STIs). (11,12)

Colombia continues to exhibit poor health indicators with regards to under-five mortality, maternal mortality (13), prevalence of gestational syphilis, incidence of congenital syphilis (14), inter alia. Under certain conditions mortality may be explained based on knowledge issues such as preeclampsia; but in other cases, such as maternal bleeding or child mortality, these are due to non-compliance with the GPG and with beneficial evidence-based practices. Therefore, it is important to start allocating resources for the development of implementation methods and assessment thereof in the area of women's health, with a view to improving the health outcomes which have stagnant for several years.

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