### At country level

- Clinical practice guidelines should contain basic information about the HIV care environment (HIV prevalence, vulnerable groups, national HIV policies and care implementation plan) and the methods and process of guideline development.
- Countries are advised to check with the WHO country and regional office whether new global guidelines are planned for, before deciding to revise their national guidelines. Thus, countries will have their own timeline, but can take into consideration the timeline of international reference guidelines.
- Guideline development committees should at the start of a development or revision process decide upon the guideline format to be used, based on the target audience (ideally for all HIV guidelines the same to avoid different formats for different HIV clinical care topics) and on timelines and procedures for updating and communicating the changes to the end users.
- For the actual development or revision, countries are encouraged to use an AGREE (-like) tool as a checklist to prevent common biases in guideline development, as well as a structured outline with the key recommendations to safeguard the comprehensiveness, coherence and clarity of the clinical content.

### At regional level

*The following recommendations apply mainly to WHO and UNICEF regional offices*

- Assure timely and accessible communication about planned updates of international guidelines and facilitate their translation.
- Try participatory methods (e.g. regional workshops) to communicate about new WHO guidelines and use these opportunities to initiate a regional process of adaptation of global recommendations.
- Develop customized regional templates for HIV clinical care guidelines derived from WHO reference guidelines, with the aim to make the national adaptation less burdensome and
error-prone and to facilitate intra-regional peer review initiatives.

- Take a leading role in developing greater capacity to develop/adapt clinical care guidelines (e.g. organizing workshops on searching, analyzing, grading recommendations), in establishing knowledge hubs/links with teaching institutions and assure good intra-regional communication mechanisms for sharing of best practices.

**At global level:**

*The following recommendations apply to WHO headquarters and partners in guideline development*

- Make sure that key recommendations are clearly identified and that modifiable factors are clearly flagged and explained in case of multi-option recommendations.
- Provide templates for country guidelines when publishing new or revised guidelines in order to facilitate country adaptations. In case of revisions, they should highlight what the critical differences – i.e. with greatest expected impact on quality of patient care - are with previous versions.
- Continue to involve people from the target countries in different regions in the generic guideline development or peer review process, and communicate timely and ‘widely’ on upcoming revisions.
- Send drafts of revisions at an early stage to regional and country offices indicating the probable changes to avoid unnecessary delays in regional and national adaptation processes.

*Resulting from a discussion between the representatives of the national AIDS programs, WHO regional officers and HIV experts of the region on the findings of a peer review of the national HIV clinical guidelines of 12 countries of the WHO Eastern Mediterranean Region or the UNICEF Middle East and North Africa Region.*