

Supplement

Extra figures & tables

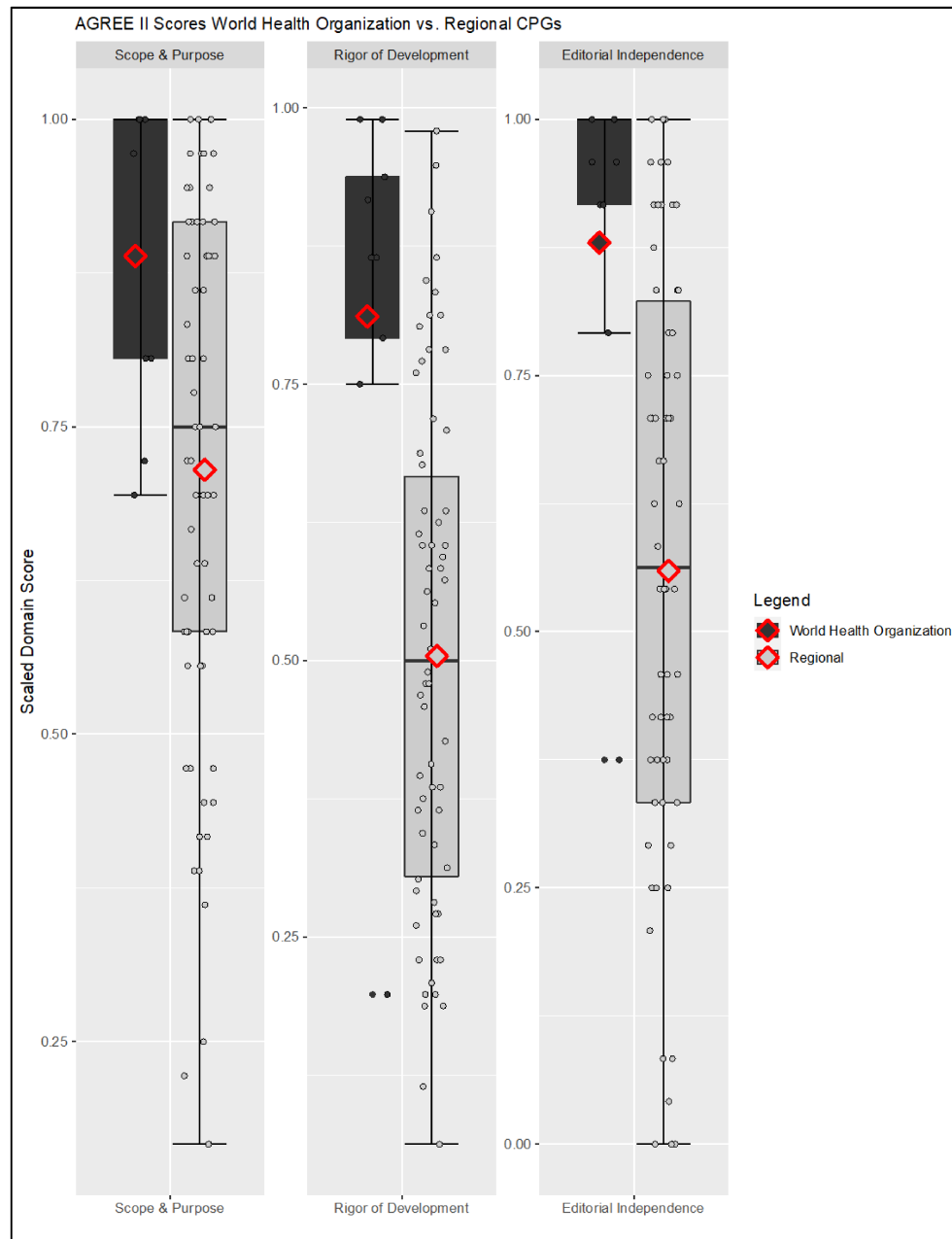


Figure 1S: Boxplot of AGREE II scores comparing World Health Organization and regional guidelines

AGREE II = Appraisal of Guidelines for Research & Evaluation II Instrument; Dark grey dots = World Health Organization guidelines; light grey dots = regional guidelines. Scope and purpose = domain one; rigor of development = domain three; editorial independence = domain six.

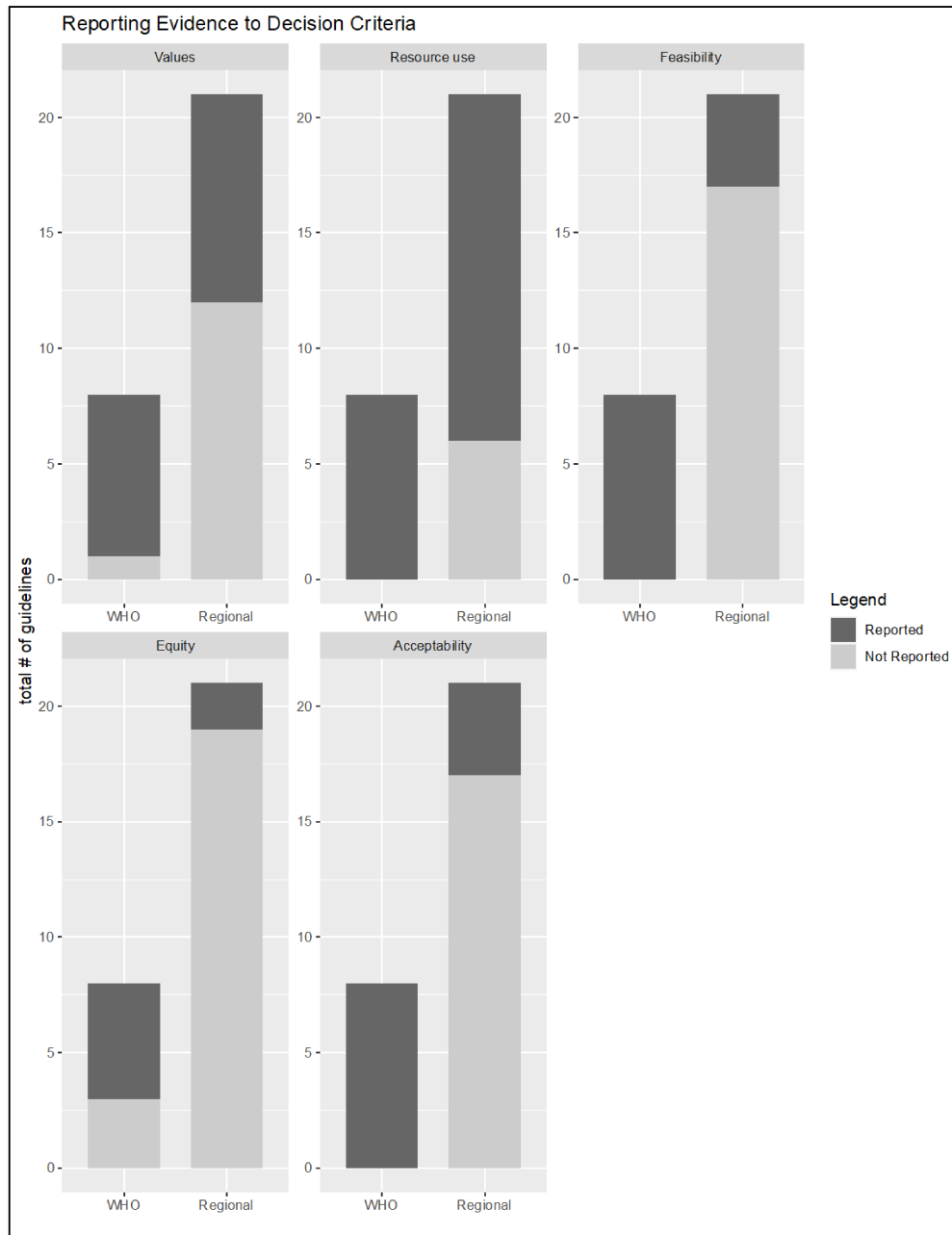


Figure 2S: World Health Organization versus regional guidelines meeting AGREE II scores $\geq 60\%$ reporting GRADE Evidence to Decision Frameworks
 29/75 guidelines with AMR considerations had a scaled domain score of $\geq 60\%$; EtD criteria = evidence to decision criteria: values, resource use, feasibility, acceptability, and equity

Supplemental Table 1S: Research question in PICAR format

PICAR item	
P: Population, clinical indications(s), and condition(s)	1) Tuberculosis; 2) Gonorrhoea; and 3) Respiratory tract infections: otitis media, pharyngitis, sinusitis, and community acquired pneumonia.
I: Intervention(s)	Any intervention that treats tuberculosis, gonorrhoea, and respiratory tract infections.
C: Comparator(s), Comparison(s), and (key) content	Any comparator.
A: Attributes of eligible guidelines	<p>Publication year: 2007 and above.</p> <p>Language of publication: English.</p> <p>Scope: International and regional guidelines.</p> <p>Purpose: provide a recommendation on antibiotic selection and prescribing.</p> <p>Format: any.</p> <p>Specific methodological standards: guidelines that meet the AGREE II cut off score $\geq 60\%$ in scope and purpose (domain one), rigor of development (domain three), and editorial independence (domain six).</p>
R: Recommendation characteristics	<p>At least one recommendation considers AMR.</p> <p>Location of recommendation: anywhere within the guideline text, tables, and/or decision paths.</p>

Search strategy Ovid Medline and Embase

Database: Embase <1974 to 2019 June 07>, OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Search Strategy:

-
- 1 (tuberculosis or tuberculous or TB).mp. (510746)
 - 2 (gonoc* or gonorr*).mp. (58460)
 - 3 pneumonia*.mp. (557015)
 - 4 strepto*.mp. (531324)
 - 5 (pneumonia* adj2 strepto*).mp. (83649)
 - 6 1 or 2 or 5 (648159)
 - 7 exp clinical pathway/ (14358)
 - 8 exp clinical protocol/ (252634)
 - 9 exp consensus/ (72535)
 - 10 exp consensus development conference/ (35258)
 - 11 exp consensus development conferences as topic/ (26540)
 - 12 critical pathways/ (14358)
 - 13 exp guideline/ (32021)
 - 14 guidelines as topic/ (375998)
 - 15 exp practice guideline/ (526549)
 - 16 practice guidelines as topic/ (381407)
 - 17 health planning guidelines/ (93323)
 - 18 (guideline or practice guideline or consensus development conference or consensus development conference, NIH).pt. (40981)
 - 19 (position statement* or policy statement* or practice parameter* or best practice*).ti,ab,kf,kw. (71605)
 - 20 (standards or guideline or guidelines).ti,kf,kw. (243012)
 - 21 ((practice or treatment* or clinical) adj guideline*).ab. (90132)
 - 22 (CPG or CPGs).ti. (12033)
 - 23 consensus*.ti,kf,kw. (53111)
 - 24 consensus*.ab. /freq=2 (52722)
 - 25 ((critical or clinical or practice) adj2 (path or paths or pathway or pathways or protocol*).ti,ab,kf,kw. (47116)
 - 26 recommendat*.ti,kf,kw. (85035)
 - 27 (care adj2 (standard or path or paths or pathway or pathways or map or maps or plan or plans)).ti,ab,kf,kw. (142098)
 - 28 (algorithm* adj2 (screening or examination or test or tested or testing or assessment* or diagnosis or diagnoses or diagnosed or diagnosing)).ti,ab,kf,kw. (16221)
 - 29 (algorithm* adj2 (pharmacotherap* or chemotherap* or chemotreatment* or therap* or treatment* or intervention*).ti,ab,kf,kw. (22274)
 - 30 or/7-29 (1489076)
 - 31 6 and 30 (17406)
 - 32 limit 31 to yr="2007 -Current" (11340)
 - 33 (randomised or randomized or study or trial).ti. (3257255)
 - 34 32 not 33 (10455)
 - 35 limit 34 to (conference abstract or editorial or erratum or letter or tombstone or address or autobiography or biography or case reports or clinical trial, all or clinical trial protocol or clinical trial protocols as topic or clinical trial or comment or controlled clinical trial or interview or news or newspaper article or patient education handout or personal narrative or portrait or pragmatic clinical trial

or randomized controlled trial) [Limit not valid in Embase,Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained] (2878)

36 34 not 35 (7577)

37 limit 36 to yr="2014 -Current" (3831)

38 limit 36 to yr="2007 - 2014" (4415)

39 remove duplicates from 38 (3464)

40 remove duplicates from 37 (2937)

41 39 or 40 (5910)

Supplemental Table 2S: List of websites of organizations and associations that provide guidelines

International	Canada
The World Health Organization (WHO): https://www.who.int	The Public Health Agency of Canada (PHAC): https://www.canada.ca/en/public-health.html
The Centres for Disease Control and Prevention (CDC): https://www.cdc.gov	Public Health Ontario (PHO): https://www.publichealthontario.ca
The Scottish Intercollegiate Guidelines Network (SIGN): https://www.sign.ac.uk	Pan Canadian Public Health Network: http://www.phn-rsp.ca/index-eng.php
The Robert Koch Institute (RKI): https://www.rki.de/EN/Home/homepage_node.html	The Canadian Task Force on Preventative Health Care (CTFPHC): https://canadiantaskforce.ca
The National Institute for Health and Care Excellence (NICE): https://www.nice.org.uk	The College of Physicians and Surgeons of Ontario (CPSO): https://www.cpsso.on.ca
The European Centre for Disease Prevention and Control (ECDC): https://ecdc.europa.eu/en/home	The Guidelines Advisory Committee (GAC): https://www.gacguidelines.ca
The Australian Government National Health and Medical Research Council (NHMRC): https://www.nhmrc.gov.au	The Canadian Agency for Drugs and Technologies in Health (CADTH): https://www.cadth.ca
Australian Clinical Practice Guidelines: https://www.clinicalguidelines.gov.au	Association of Medical Microbiology of Infectious Disease Canada: https://www.ammi.ca
New Zealand Guidelines Group: https://www.health.govt.nz/about-ministry/ministry-health-websites/new-zealand-guidelines-group	The Registered Nurses Association of Ontario's Best Practice Guidelines (NAOBPG): https://rnao.ca/bpg
United States Preventative Services Task Force: https://www.uspreventiveservicestaskforce.org	Canadian Paediatric Society: https://www.cps.ca
Infectious Diseases Society of America: https://www.idsociety.org	British Columbia (BC) Guidelines: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines
American Academy of Family Physicians https://www.aafp.org	British Columbia Centre for Disease Control (BCCDC): http://www.bccdc.ca
The American Thoracic Society (ATS): https://www.thoracic.org	Towards Optimized Practice (TOP): http://www.topalbertadoctors.org/home/
	Winnipeg Regional Health Authority (WHRA): http://www.wrha.mb.ca

Supplemental Table 3S: Definition of recommendations that consider antibiotic resistance

Recommendation	Definition	Example
Considers resistance if	<p>1. The recommendation is for a population that is infected with a resistant organism (i.e. people with drug-resistant TB); OR</p> <p>2. The recommendation is supported by country-specific resistance patterns;¹ OR</p> <p>3. The recommendation question (or PICO question) that has resistance as an outcome. OR</p> <p>The outcome may be any of the following:</p> <p>‘resistance’, ‘resistant’, ‘drug-resistance’, ‘antibiotic resistance’, ‘antimicrobial resistance’, ‘antimicrobial in vitro resistance’, ‘acquired drug-resistance’</p> <p>4. The recommendation is to prescribe narrow-spectrum antibiotics over broad-spectrum antibiotics. OR</p> <p>5. A recommendation for no antibiotic prescription or back-up antibiotic prescription (i.e. watchful waiting approach)</p>	<p>Example: A recommendation that considers country-specific resistance, and has a resistance-related outcome.</p> <p>“In adults and adolescents with gonococcal oropharyngeal infections, the WHO STI guideline suggests dual therapy over single therapy...and suggests single therapy (<u>based on recent local resistance data confirming susceptibility to the antimicrobial</u>).”</p> <p>The PICO table that was provided has ‘<u>antimicrobial in vitro resistance</u>’ as an outcome.²</p>
DOES NOT consider resistance if	<p>1. The recommendation is NOT for a population that is infected with a resistant organism. AND</p> <p>2. The recommendation is NOT supported by country-specific resistant patterns. AND</p> <p>3. The recommendation question (or PICO question) DOES NOT have any resistant outcomes. AND</p> <p>4. Recommendation DOES NOT prescribe narrow-spectrum antibiotics. AND</p>	<p>Example: A recommendation that is not intended for a population that is infected with a resistant organism, nor is it supported by country specific resistant patterns, nor does it have outcomes pertaining to resistance.</p> <p>The BASHH 2013 guidelines recommended that “ceftriaxone 500mg intramuscularly single dose followed by oral Doxycycline 100mg bd plus oral Metronidazole 400mg bd both for 12 weeks was recommended for children over the age of 12.”³</p>

¹ Informed by the Elias et al 2017.

² WHO guidelines for the Treatment of Neisseria gonorrhoeae. 2016.

³ BASHH 2013 Management of gonorrhoea and pelvic inflammatory disease in children.

	5. There are no recommendations on no antibiotic nor back-up antibiotic or no watchful-waiting approach.	For this recommendation, neither the guideline nor the supplementary materials mention that they considered England's resistance patterns when developing the recommendation, nor were there any outcomes pertaining to resistance.
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Details to extract and record from the guidelines⁴:

1. Type of source.
2. Organization.
3. Document title.
4. Website link
5. Reference
6. The date of publication of guidelines/recommendations.
7. Year of planned update of the guideline/recommendations and the systematic review.
8. Recommendation that considers AMR.
9. What type of evidence did the recommendation that considers resistance consider?
10. The recommendation focus (i.e. tuberculosis, gonorrhoea, or respiratory tract infections)
11. The guideline question matched to the recommendation.
12. The number of recommendations on antibiotic use that consider AMR in each guideline.
13. The direction of the recommendations: for or against, or others variations.
14. The strength of the recommendations.
15. Type of infection.
16. Setting: hospital or community (i.e. primary, secondary, and tertiary care settings, low- or high-income settings, etc.).
17. Target population (i.e. people with cephalosporin resistant *Neisseria gonorrhoeae*).
18. The systematic reviews that support the recommendation. This includes systematic review that supports the certainty of the effect, and the systematic review conducted for the values and preferences of patients, equity issues and applicability.
 - a. We will record the publication year.
 - b. The research questions in PICO format.
 - c. Risk of Bias assessment conducted.
 - d. Analysis method (i.e. meta-analysis).
 - e. Year of planned update.
19. Type of evidence summary methods (narrative, GRADE tables including the summary of findings (SoF) table, evidence profiles (EP) table, or other evidence tables).
 - a. Assessment of the certainty of the evidence for each outcome.

⁴ Details are informed by GRADE-ADOLOPMENT paper, appendix 1, step 5.

20. EtD available.
21. Criteria that influence the strength and direction of the recommendations are available or summarized. This includes:
 - a. The problem and its importance;
 - b. The certainty of the evidence;
 - c. The values and preferences of patients. Are the patient's values and preferences described?: yes with search strategy available; yes – systematic review without search strategy, yes–narrative; no; other (specify).
 - d. The balance between health benefits, harms and burden;
 - e. The resources that are required. Is the cost effectiveness described?: yes–Cost-effectiveness analysis; yes–systematic review without search strategy; yes–narrative; no; other (specify).
 - f. The increase or decrease in equity; where there health inequity considerations?
 - g. Acceptability: are stakeholder acceptability to most it is to the users and the public described; and
 - h. The feasibility of the recommendation: is the feasibility described?
22. Reporting or describing the following EtD criteria (yes/no): values, resource use, acceptability, feasibility, equity.
 - a. How were they reported? Was the evidence buried within paragraphs, or easily found within the guideline through subheadings and tables?
 - b. Was values, resource use, acceptability feasibility, or equity considerations part of their methodology? If so, the guideline/supplementary material actually report values, resource use, acceptability, feasibility, and equity?
 - c. Type of evidence used to inform EtD criteria, i.e. research evidence or expert or expert opinion

Supplemental Table 4S: Characteristics of excluded studies

Reference	Publishing year	Guideline developer	Continent	Setting	Focus area	Reason for exclusion
Gupta, D. et al.	2012	Indian Chest Society and National College of Chest Physicians	Asia	Secondary and tertiary	Community-acquired pneumonia	Had a scaled domain score of < 60%
Chow, A. et al.	2012	Infectious Disease Society of America (IDSA)	North America	Community and emergency department	Sinusitis	One EtD criteria reported: 1. Resource use
Bignell, C. et al.	2013	The European Branch of the International Union against Sexually Transmitted Infections (IUSTI Europe); the European Academy of Dermatology and Venereology (EADV); the European Dermatology Forum (EDF); the Union of European Medical Specialists (UEMS). The European Centre for Disease Prevention and Control (ECDC) and the European Office of the World Health Organization (WHO-Europe)	Europe	Primary care	Gonorrhoea	Had a scaled domain score of < 60%

Centres for Disease Control and Prevention (CDC)	2013	Centre for Disease Control and Prevention (CDC)	North America	Secondary and tertiary	Tuberculosis	Had a scaled domain score of < 60%
Wald, E. R. et al.	2013	American Academy of Pediatrics	North America	Primary, secondary and tertiary care	Sinusitis	Had a scaled domain score of < 60%
Bignell, C.; Fitzgerald, M.	2011	British Association for Sexual Health and HIV (BASHH)	Europe	Tertiary care	Gonorrhoea	Had a scaled domain score of < 60%
Harris, M.	2011	British Thoracic Society	Europe	Primary and secondary care	Community-acquired pneumonia	Had a scaled domain score of < 60%
Migliori, G. B. et al.	2012	European Centre for Disease Prevention and Control (ECDC) and the European Respiratory Society (ERS)	Europe	Secondary and tertiary care	Tuberculosis	Had a scaled domain score of < 60%
Workowski, K. A.; Bolan, G. A.	2015	Centre for Disease Control and Prevention (CDC)	North America	Primary, secondary and tertiary care	Gonorrhoea	Had a scaled domain score of < 60%
Woodhead, M.;	2011	European Respiratory Society (ERS), in collaboration with The European Society for Clinical Microbiology and Infectious Diseases (ESCMID)	Europe	Primary, secondary and tertiary care	Community-acquired pneumonia	Had a scaled domain score of < 60%
Spindler, C. et al.	2012	Swedish Society of Infectious	Europe	Secondary care	Community-acquired pneumonia	Had a scaled domain score of < 60%

Desrosiers, M et al.	2011	Canadian Society of Otolaryngology-Head and Neck Surgery	North America	Primary and secondary care	Sinusitis	Had a scaled domain score of < 60%
Mayor, M. T.; Roett, M. A.; Uduhiri, K. A.	2012	American Academy of Family Physicians	North America	Primary care	Gonorrhoea	Had a scaled domain score of < 60%
Thwaites, G.	2009	British Infection Society Guidelines	Europe	Secondary and tertiary	Tuberculosis	Had a scaled domain score of < 60%
Bignell, C.; Iusti/Who,	2009	IUSTI/WHO	Europe	Secondary and tertiary	Gonorrhoea	Had a scaled domain score of < 60%
Abdul Rahaman, J. A.; Ker, H. B.; Yusof, M.; Hanafi, N. S.; Wong, J. L.	2012	Malaysian Family Physician	Asia	Primary care but it should also be useful to those in the secondary/tertiary care.	Tuberculosis	Two EtD criteria reported: 1. Values 2. Resource use
World Health Organization (WHO)	2014	World Health Organization (WHO)	International	This document is targeted at national TB programmes, paediatricians and other health workers in low- and middle-income countries	Tuberculosis	Three EtD criteria reported: 1. Resource use 2. Acceptability 3. Feasibility
National Institute for Health and Care Excellence (NICE)	2016	The National Institute for Health and Care Excellence (NICE)	Europe	Primary, secondary and tertiary	Tuberculosis	Four EtD criteria reported: 1. Values 2. Resource use 3. Acceptability 4. Feasibility

Menendez, R. et al.	2010	Spanish Society of Pulmonology and Thoracic Surgery (SEPAR)	Europe	n/a	Community-acquired pneumonia	Had a scaled domain score of < 60%
Kaplan, J. E.; Benson, C.; Holmes, K. H.; Brooks, J. T.; Pau, A.; Masur, H.	2009	Centre for Disease Control and Prevention (CDC)	North America	Primary, secondary and tertiary settings; high-resource	Tuberculosis and CAP	Had a scaled domain score of < 60%
World Health Organization (WHO)	2007	World Health Organization (WHO)	International	Resource constraint primary, secondary and tertiary care	Tuberculosis	Had a scaled domain score of < 60%
National Institute for Health and Care Excellence (NICE)	2008	The National Institute for Health and Care Excellence (NICE)	Europe	Primary care	Otitis media, rhino sinusitis, pharyngitis	Had a scaled domain score of < 60%
British Thoracic Society	2009	British Thoracic Society	Europe	Primary, secondary and tertiary care	Community-acquired pneumonia	One EtD criteria reported: 1. Resource use
Spanish Society for Epidemiology; Spanish Society of Primary Care Physicians; Spanish Society for Pulmonology	2010	Spanish Society for Epidemiology; Spanish Society of Primary Care Physicians; Spanish Society for Pulmonology and Thoracic Surgery, etc.	Europe	Primary care	Tuberculosis	Three EtD criteria reported: 1. Values 2. Resource use 3. Feasibility

and Thoracic Surgery, etc.						
Infectious Disease Society of America (IDSA)	2011	Infectious Disease Society of America (IDSA)	North America	Primary, secondary and tertiary care	Community-acquired pneumonia	Had a scaled domain score of < 60%
American Academy of Family Physicians	2013	American Academy of Pediatrics	North America	Primary care	Otitis media	Two EtD criteria reported: 1. Values 2. Resource use
National Institute for Health and Clinical Excellence (NICE)	2014	The National Institute for Health and Care Excellence (NICE)	Europe	Primary, secondary and tertiary	Community-acquired pneumonia	Two EtD criteria reported: 1. Values 2. Feasibility
American Academy of Otolaryngology	2015	American Academy of Otolaryngology—Head and Neck Surgery Foundation	North America	The guideline is intended for all clinicians who are likely to diagnose and manage adults with rhinosinusitis and applies to any setting in which an adult with rhinosinusitis would be identified, monitored, or managed.	Sinusitis	Three EtD criteria reported: 1. Values 2. Resource use 3. Acceptability
American Academy of Otolaryngology	2016	American Academy of Otolaryngology—Head and Neck	North America	Primary care	Otitis media	Three EtD criteria reported:

		Surgery Foundation, the American Academy of Pediatrics, and the American Academy of Family Physicians				1. Values 2. Resource use 3. Acceptability
Infectious Disease Society of America (IDSA)	2016	Infectious Disease Society of America (IDSA)	North America	well-resourced; low-incidence settings	Tuberculosis	No EtD reported
The National Institute for Health and Care Excellence (NICE)	2017	The National Institute for Health and Care Excellence (NICE)	Europe	Primary, secondary and tertiary care	Sinusitis	Had a scaled domain score of < 60%
Institute for Clinical Systems Improvement	2017	Institute for Clinical Systems Improvement	North America	ambulatory care	Pharyngitis and sinusitis	One EtD criteria reported: 1. Resource use
The National Institute for Health and Care Excellence (NICE)	2018	The National Institute for Health and Care Excellence (NICE)	Europe	Primary and secondary care (For the treatment of acute uncomplicated otitis media in primary, secondary or other care settings (for example walk-in-centres, urgent care, and minor ailment schemes) either by prescription or by any other legal means of supply of medicine (for example Patient Group Direction).	Otitis media	Had a scaled domain score of < 60%

British Association for Sexual Health and HIV	2019	British Association for Sexual Health and HIV (BASHH)	Europe	The guidelines are primarily aimed at level 3 sexual health services within the United Kingdom (UK) although the principles of the recommendations could be adopted at all levels.	Gonorrhoea	Had a scaled domain score of < 60%
Ministry of Public Health/Qatar	2016	Ministry of Public Health of Qatar (MOPH)	Asia	primary care and secondary care settings	Community-acquired pneumonia	Had a scaled domain score of < 60%
Infectious Disease Society of America (IDSA)	2012	Infectious Disease Society of America (IDSA)	North America	healthcare providers who care for adult and pediatric patients with group A streptococcal pharyngitis	Pharyngitis	One EtD criteria reported: 1. Resource use
Ministry of Health Malaysia Ministry of Higher Education and private sector	2012	Ministry of Health Malaysia Ministry of Higher Education and private sector	Asia	Outpatient, inpatient and community setting	Otitis media	No EtD criteria reported
Borisov, A. S et al.	2018	Centre for Disease Control and Prevention (CDC)	North America	n/a	Tuberculosis	Had a scaled domain score of < 60%
Lee, M. S. et al.	2018	the Korean Society for Chemotherapy, the Korean Society of Infectious Diseases the Korea Academy of	Asia	Primary care	Community-acquired pneumonia	Had a scaled domain score of < 60%

		Tuberculosis and Respiratory Diseases, the Korean Association of Family Medicine, the Korean Medical Practitioners Association, and the National Evidence-based Healthcare Collaborating Agency				
Pogany, L. et al.	2015	Canadian Family Physician	North America	Primary care	Gonorrhoea	Had a scaled domain score of < 60%
Stahl, J. P. et al.	2017	French Infectious Diseases Society (French acronym SPILF); National educational association for teaching therapeutics (French acronym APNET); French Society of Internal Medicine (French acronym SNFMI), etc.	Europe	n/a	Tuberculosis	Had a scaled domain score of < 60%
Heidemann, CH. et al.	2016	Danish Health and Medicines Authority and the Danish Society of Otorhinolaryngology, Head and Neck Surgery	Europe	primary health care	Otitis media	No EtD criteria reported

The Scottish Intercollegiate Guidelines Network (SIGN)	2010	The Scottish Intercollegiate Guidelines Network (SIGN)	Europe	Primary and secondary (general practitioners, nurses, paediatricians, pharmacists, otolaryngologists, anaesthetists, public health specialists)	Pharyngitis	Two EtD criteria reported: 1. Values 2. Resource use
World Health Organization (WHO)	2011	World Health Organization (WHO)	International	Resource constrained settings	Tuberculosis	Four EtD criteria reported: 1. Values 2. Resource use 3. Acceptability 4. Feasibility
American Academy of Otolaryngology	2015	American Academy of Otolaryngology	North America	(Primary, secondary and tertiary care) any setting in which an adult with rhinosinusitis would be identified	Sinusitis	Two EtD criteria reported: 1. Values 2. Resource use
Morbidity and Mortality Weekly Report	2009	CDC, the National Institutes of Health, the HIV Medicine Association of the Infectious Diseases Society of America, the Pediatric Infectious Diseases Society, and the American Academy of Pediatrics	North America	These guidelines are intended for use by clinicians and other health-care workers providing medical care for HIV-exposed and HIV-infected children in the United States.	Tuberculosis	Had a scaled domain score of < 60%

Public Health Agency of Canada	2014	Association of Medical Micro- biology and Infectious Disease Canada (AMMI Canada)	North America	Primary and secondary	Tuberculosis	Had a scaled domain score of < 60%
BC Centre for Disease Control	2014	British Columbia Centre for Disease Control (BCCDC)	North America	(Primary care) clinicians and public health professionals regarding care and treatment of STIs in British Columbia	Gonorrhoea	Had a scaled domain score of < 60%
Centres for Disease Control and Prevention	2019	Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America	North America	Primary, secondary and tertiary	Tuberculosis	Had a scaled domain score of < 60%
Infectious Disease Society of America (IDSA)	2011	Infectious Disease Society of America (IDSA)	North America	Secondary and tertiary	Community-acquired pneumonia	Had a scaled domain score of < 60%
The National Institute for Health and Care Excellence (NICE)	2018	The National Institute for Health and Care Excellence (NICE)	Europe	Primary, secondary and tertiary (in primary, secondary or other care settings (for example walk-in-centres, urgent care, and minor ailment schemes))	Pharyngitis	One EtD criteria reported: 1. Resource use

World Health Organization (WHO)	2016	World Health Organization (WHO)	International	low- and middle-income countries	Tuberculosis	Recommendations do not consider resistance
Public Health Agency of Canada (PHAC)	2014	Public Health Agency of Canada (PHAC)	North America	n/a	Gonorrhoea	Had a scaled domain score of < 60%
The National Institute for Health and Care Excellence (NICE)	2019	The National Institute for Health and Care Excellence (NICE)	Europe	Primary care settings (for example walk-in-centres, urgent care, and minor ailment schemes) either by prescription or by any other legal means of supply of medicine (for example patient group direction).	Community-acquired pneumonia	No EtD criteria reported
Centers for Disease Control and Prevention (CDC)	2013	National Institutes of Health, Centers for Disease Control and Prevention, the HIV Medicine Association of the Infectious Diseases Society of America and the Pediatric Infectious Diseases Society	North America	Primary care; high-resource settings	Tuberculosis	One EtD criteria reported: 1. Resource use
Ministry of Health Singapore	2016	Ministry of Health, Singapore	Asia	(primary secondary and tertiary) various (all healthcare practitioners)	Tuberculosis	Had a scaled domain score of < 60%

University of Michigan Health System	2013	Michigan Medicine. University of Michigan	North America	Primary care	Pharyngitis	Had a scaled domain score of < 60%
AHRQ - Agency for Healthcare Research + Quality,	2008	The National Institute for Health and Care Excellence (NICE); National Collaborating Centre for Women's and Children's Health (NCC-WCH)	Europe	Primary care and secondary care setting (including both community and hospital settings).	Otitis media	Three EtD criteria reported: 1. Resource use 2. Acceptability 3. Equity
British Columbia Centre for Excellence in HIV/AIDS	2015	British Columbia Centre for Excellence in HIV/AIDS	North America	Primary care	Tuberculosis	Had a scaled domain score of < 60%
Kawaguchi, R. et al.	2019	Japan Society of Obstetrics and Gynecology (JSOG) and Japan Association of Obstetricians and Gynecologists (JAOG)	Asia	Primary care (gynecological outpatient care.)	Gonorrhoea	Recommendations do not consider resistance
Mandell, L. A. et al.	2007	Infectious Disease Society of America (IDSA)	North America	Emergency medicine physicians, hospitalists, and primary care practitioners	Community-acquired pneumonia	Had a scaled domain score of < 60%
Public Health Ontario	2018	Public Health Ontario (PHO)	North America	Primary care	Gonorrhoea	Unable to provide supplementary materials
Wiersinga, W. J. et al.	2017	The Dutch Working Party on Antibiotic Policy or Stichting	Europe	This guideline is meant for the treatment of adult patients who	Community-acquired pneumonia	Had a scaled domain score of < 60%

		Werkgroep Antibiotica Beleid (SWAB) and Dutch Association of Chest Physicians (NVALT)		present themselves at the hospital, and are treated as outpatients, as well as for hospitalized patients up to 72 hours after admission, and is in full accordance with the 2011 NHG practice guideline for GPs ² . The given recommendations are applicable to adult patients with a CAP in the Netherlands.		
U.S. Preventive Services Task Force	2019	United States Preventative Task Force (USPTF)	North America	primary care	Gonorrhoea	Two EtD criteria reported: 1. Feasibility 2. Equity
World Health Organization (WHO)	2012	World Health Organization (WHO)	International	primary care & low- and middle-income countries	Tuberculosis	Recommendations do not consider resistance
Athlin, S. et al.	2017	The Swedish Society of Infectious Diseases	Europe	These guidelines apply to the in-hospital treatment of adult non-immunocompromised patients with CAP.	Community-acquired pneumonia	Had a scaled domain score of < 60%
Boyles, T. H. et al.	2017	South African Thoracic Society (SATS) and the Federation of Infectious Diseases	Africa	Primary and secondary care	Community-acquired pneumonia	Had a scaled domain score of < 60%

		Societies of Southern Africa (FIDSSA).				
Chaves NJ. et al.	2016	The Australasian Society for Infectious Diseases (ASID) National Tuberculosis Advisory Committee (NTAC) Royal Australasian College of Physicians (RACP) The Australasian Chapter of Sexual Health Medicine (AChSHM – RACP)	Oceania	Primary, secondary and tertiary intended for healthcare providers who care for people from refugee-like backgrounds, including general practitioners, refugee health nurses, refugee health specialists, Infectious Diseases (ID) physicians	Tuberculosis and gonorrhoea	Had a scaled domain score of < 60%
Chiappini, E. et al.	2013	Italian Society of Preventive and Social Pediatrics	Europe	Primary care (primary care pediatricians and general practice physicians)	Pharyngitis; sinusitis; community acquired pneumonia; otitis media	Had a scaled domain score of < 60%
Di Comite, A. et al.	2016	Italian Pediatric TB Study Group	Europe	primary and secondary care	Tuberculosis	Recommendations do not consider resistance
Jereb, J. A.; Goldberg, S. V.; Powell, K.; Villarino, M. E.; Lobue, P.	2011	Centre for Disease Control and Prevention (CDC)	North America	Primary and secondary care	Tuberculosis	Had a scaled domain score of < 60%
Ricardo de Amorim Corrêa. et al.	2009	Scientific Board and Respiratory Infection Committee of the Brazilian Thoracic Association	South America	Primary and secondary care	Community-acquired pneumonia	Had a scaled domain score of < 60%

Z.A. Memish. et al.	2007	THE GCC CAP WORKING GROUP (GCC-CAPWG)	Asia	Primary and secondary care	Community-acquired pneumonia	Had a scaled domain score of < 60%
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Supplemental Table 5S: Number of GRADE Evidence to Decision Frameworks criteria reported in guidelines developed Internationally and regionally

Author	Guideline developer	Year	Focus area	Number of EtD criteria reported	Values	Resource use	Acceptability	Feasibility	Equity
Chow AWB et al.	IDSA	2012	Sinusitis	1	Not reported	Reported	Not reported	Not reported	Not reported
Abdul Rahaman JAK et al.	Malaysian Family Physician	2012	Tuberculosis	2	Reported	Reported	Not reported	Not reported	Not reported
World Health Organization	WHO	2014	Tuberculosis	3	Not reported	Reported	Reported	Reported	Not reported
National Institute for Health and Care Excellence	NICE	2016	Tuberculosis	4	Reported	Reported	Reported	Reported	Not reported
World Health Organization	WHO	2019	Tuberculosis	5	Reported	Reported	Reported	Reported	Reported

British Infection Association	British Thoracic Society	2009	Community-acquired pneumonia	1	Not reported	Reported	Not reported	Not reported	Not reported
Spanish Society for Epidemiology, Spanish Society of Primary Care, Physicians, etc.	Spanish Society for Epidemiology, Spanish Society of Primary Care, Physicians, etc.	2010	Tuberculosis	3	Reported	Reported	Not reported	Reported	Not reported
American Academy of Pediatrics	American Academy of Pediatrics	2013	Otitis media	2	Reported	Reported	Not reported	Not reported	Not reported
National Institute for Health and Clinical Excellence	NICE	2014	Community-acquired pneumonia	2	Reported	Not reported	Not reported	Reported	Not reported
World Health Organization	WHO	2015	Tuberculosis	5	Reported	Reported	Reported	Reported	Reported
Richard M. Rosenfeld et al.	American Academy of Otolaryngology—Head and Neck	2015	Sinusitis	3	Reported	Reported	Reported	Not reported	Not reported

	Surgery Foundation								
World Health Organization	WHO	2015	Tuberculosis	5	Reported	Reported	Reported	Reported	Reported
Richard M. Rosenfeld et al.	American Academy of Otolaryngology—Head and Neck Surgery Foundation	2016	Otitis media	3	Reported	Reported	Reported	Not reported	Not reported
World Health Organization	WHO	2016	Gonorrhoea	5	Reported	Reported	Reported	Reported	Reported
P. Nahid et al.	IDSA	2016	Tuberculosis	0	Not reported	Not reported	Not reported	Not reported	Not reported
Institute for Clinical Systems Improvement	Institute for Clinical Systems Improvement	2017	Pharyngitis and sinusitis	1	Not reported	Reported	Not reported	Not reported	Not reported
Stanford T. Shulman et al.	IDSA	2012	Pharyngitis	1	Not reported	Reported	Not reported	Not reported	Not reported
Ministry of Health Malaysia	Ministry of Health Malaysia	2012	Otitis media	0	Not reported	Not reported	Not reported	Not reported	Not reported

Heidemann CL et al.	Danish Health and Medicines Authority and the Danish Society of Otorhinolaryngology, Head and Neck Surgery	2016	Otitis media	0	Not reported	Not reported	Not reported	Not reported	Not reported
The Scottish Intercollegiate Guidelines Network	SIGN	2010	Pharyngitis	2	Reported	Reported	Not reported	Not reported	Not reported
World Health Organization	WHO	2011	Tuberculosis	4	Reported	Reported	Reported	Reported	Not reported
Richard M. Rosenfeld et al.	American Academy of Otolaryngology	2015	Sinusitis	2	Reported	Reported	Not reported	Not reported	Not reported
World Health Organization	WHO	2018	Tuberculosis	5	Reported	Reported	Reported	Reported	Reported
World Health Organization	WHO	2012	Otitis media	4	Reported	Reported	Reported	Reported	Not reported
The National Institute for Health and Care Excellence	NICE	2018	Pharyngitis	1	Not reported	Reported	Not reported	Not reported	Not reported

The National Institute for Health and Care Excellence	NICE	2019	Community-acquired pneumonia	0	Not reported	Not reported	Not reported	Not reported	Not reported
National Institutes of Health, Centers for Disease Control and Prevention, et al.	NIH, CDC	2013	Tuberculosis	1	Not reported	Reported	Not reported	Not reported	Not reported
The National Institute for Health and Care Excellence; National Collaborating Centre for Women's and Children's Health (NCC-WCH)	NICE, NCC-WCH	2008	Otitis media	3	Not reported	Reported	Reported	Not reported	Reported
United States Preventative Task Force	USPTF	2019	Gonorrhoea	2	Not reported	Not reported	Not reported	Reported	Reported