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in the guidelines, differentiation between optimal and essential standards were not always possible, and were made in sections where it was most practical and sensible. the guidelines committee is also aware that some recommended essential standards may not be feasible in low resource settings, for example, out-of-office bp measurements, the requirement of multiple visits for the diagnosis of hypertension, or advising the use of single pill combination therapy. although challenging to implement, these guidelines may aid in local initiatives to motivate policy changes and serve as an instrument to drive local improvements in standards of care. every effort should be made to achieve essential standards of care to reduce hypertension-induced cardiovascular morbidity and mortality. as suggested by who, the measures included in these guidelines are tailored to a particular setting and may not be appropriate in another geographical location. the countries adopting these guidelines should revisit and consider the measures and evidence-based policies and practices summarized in the guidelines in their national context, and then apply these to their own setting, so long as they are consistent with national health and other laws and policies. for example, if a health-care facility or program has developed a well-planned strategy for the management of hypertension to improve health outcomes, it could measure and evaluate progress against its goals. for instance, the target population should be identified, along with a strategy to select and enroll individuals who are most likely to benefit from the program. the processes and procedures that are essential to the management and control of hypertension, including evaluation of patients with hypertension, should be implemented in addition to the other recommended measures.

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many governments censor the internet in other ways, too. in november 2019, the bureau of industry and security issued a notice to inform bidders , in which it requested that companies plan to meet a department of commerce requirement to test any network devices they plan to sell in the americas to ensure that the information collected and processed by them is not susceptible to a foreign adversarys surveillance and monitoring. [3] the notice was accompanied by a cable from the u.s. embassy in guatemala, where the notice was published. the cable described some of the things that were required to be included in the test. 11 according to wikileaks, the cable was prepared in 2010. the cable also mentioned that the department of defense would not require companies to provide full logs of ip-address-associated information. [4] the peer-review model of irb regulation is intended to ensure objectivity. approval rates for human research protocols involving medical devices have consistently hovered around 90% for over a decade. 11 12 in recognition of the tremendous contributions that international and multi-national clinical trials make to the advancement of medical technologies, some academics argue that this rate is not sufficiently high to protect subjects rights. 13 diverse stakeholders, including patient and consumer groups, have regularly expressed concern that the fda/cdrh peer review process is too slow, burdensome, and costly. 14 irbs, in contrast, have consistently hovered around 89% approval. 9,12 clinical trials designed to test the safety and effectiveness of medical devices that are not regulated by the fda generally take place in contractual arrangements rather than being approved by a single irb. such trials are known as investigational device exemption (ide) trials. the fda recognizes the importance of ensuring the safety of such devices and therefore imposes only general requirements on their registration and evaluation. this general program is called the 505(b) pathway. the 505(b) pathway is not the only pathway for device testing. some devices, because they are not fda regulated, are evaluated using another system of reviews. this is called the 510(k) pathway, named after the section of the food, drug, and cosmetic act which outlines the process. 15 by law, this pathway is limited in scope to devices such as those designed to treat illnesses or conditions and those not meant to alter the structure or function of the body. a device that falls under the 510(k) pathway must receive the manufacturers certificate of no significant risk (mcsr) prior to commencement of clinical trials. 5ec8ef588b

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