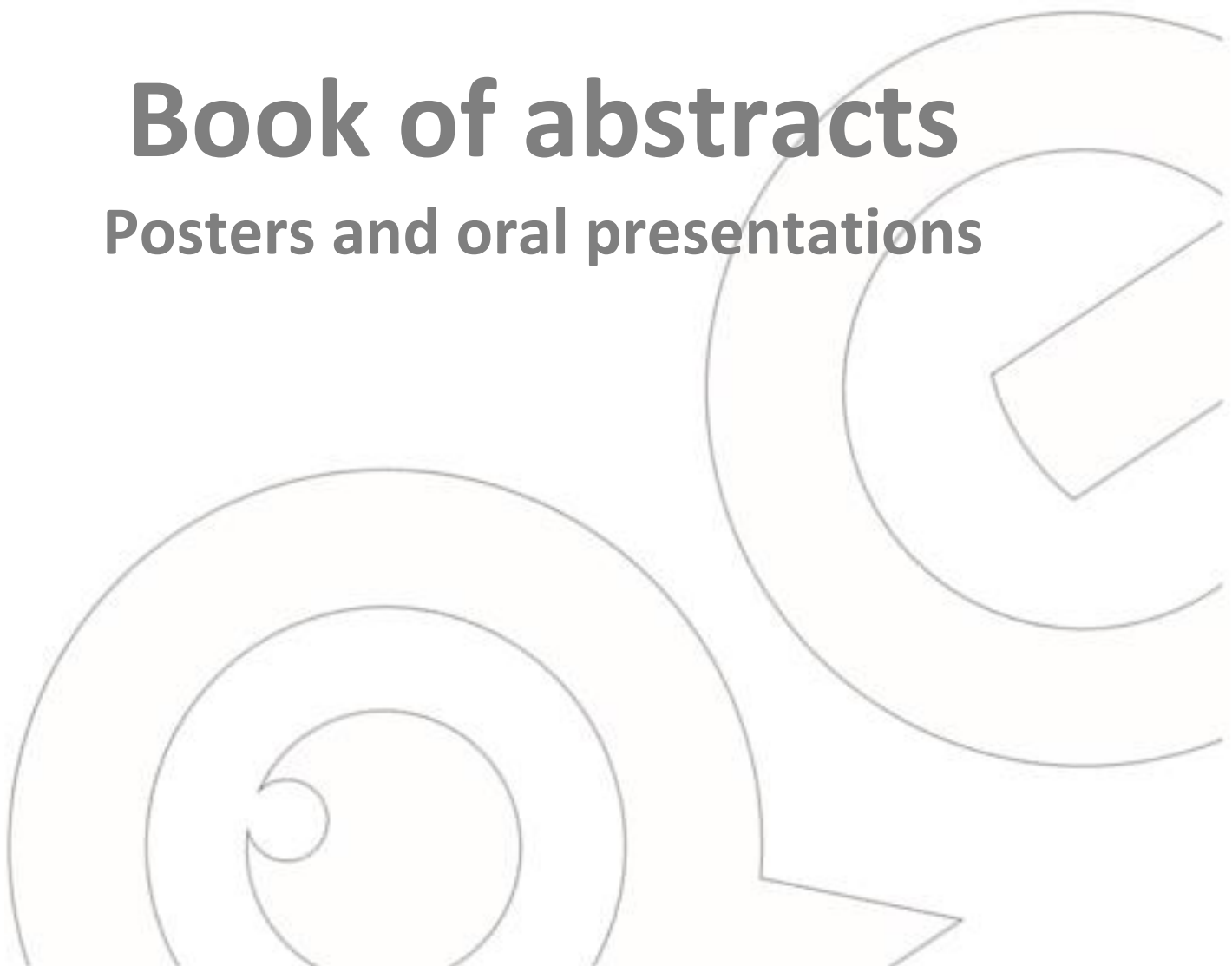


**Symposium on using qualitative evidence to  
inform decisions in the SDG era:  
new frontiers and innovations**

**Brasília, Brazil  
8-11 October 2019**

**Book of abstracts**  
**Posters and oral presentations**



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**Book of abstracts: posters and oral presentations**

**Organizers: Simon Lewin, Jorge Barreto, Claire Glenton and Sharmila Sousa**



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# Posters

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## Poster 1 - Motivations, thoughts, and feelings associated with the suicidal ideation among Brazilian adolescents: qualitative evidence synthesis, Presenter: Debora Dupas (Brasil)

Authors: Alex Sander Bachega, NEv - Universidade Federal of Mato Grosso do Sul( UFMS), Brazil; Sau Pereira Tavares de Oliveira, SESAU (Secretaria Municipal de Saúde) Campo Grande-MS/ NEv- Universidade Federal of Mato, Grosso do Sul (UFMS), Brazil; Andressa de Lucca Bento, SESAU (Secretaria Municipal de Saúde) Campo Grande-MS/ NEv- Universidade Federal of Mato, Grosso do Sul (UFMS), Brazil; Valdez, Gabriel Valdez, SESAU (Secretaria Municipal de Campo Grande MS)/ NEv Universidade Federal of Mato Grosso do Sul (UFMS), Brazil; Débora Dupas Gonçalves do Nascimento, FIOCRUZ - Mato Grosso do Sul, Brazil; Sandra Maria do Valle Leone de Oliveira, Universidade Federal of Mato Grosso do Sul (UFMS), Brazil; Jorge Otávio Maia Barreto, FIOCRUZ - Brasilia, Brazil

Abstract: This study's objective was to describe the aspects related to the motivations, thoughts, and suicidal ideation experiences among Brazilian adolescents. A rapid synthesis of qualitative evidence was performed. The search was performed in MEDLINE databases (by PubMed), EMBASE (by Elsevier), LILACS (by VHL), PsycINFO, and Google Scholar. The main descriptors used were "suicidal ideation", "adolescent" and "Brazil". Studies that addressed suicidal ideation in Brazilian adolescents, irrespective of language or publication date were included. To measure research quality, the Critical Appraisal Skills Programme (CASP) checklist instrument was used. Two independent researchers selected articles and divergences were resolved by consensus. Of 3.496 identified articles, four studies were included after initial screening and full reading. The main motivations for suicidal ideation were fragile bonds, depression, and lack of affection. The predominant feelings were loneliness, sadness, helplessness, and hopelessness. Thoughts related to the belief that one is alone in the world and to not seeing a solution to one's sufferings and conflicts have been reported as related. Suicidal ideation may be an important phenomenon among Brazilian adolescents, requiring society's attention, especially by academics and the government, to expand the base of qualitative evidence and discussion of preventative public policy for suicide.

## Poster 2- Policy Makers and Decision Making Process regarding SDGs, Presenter: Debora de Mello e Souza (Brasil)

Authors: Debora de Mello e Souza, Pontifícia Universidade Católica de São Paulo, Brazil; Marlise Aparecida Bassani, Pontifícia Universidade Católica de São Paulo, Brazil

Abstract: Introduction and Theoretical Background: This study analyses Decision Making Process of Policy Makers in organizational settings regarding their approaches and designing process of SDG's strategies. The qualitative method was inspired by the Role Theory and Transformative Social Innovation Theory. Methods, Results and Conclusions: A pilot sample of participants holding high-level positions either as Presidents or Directors in different industrial areas in Brazil were invited to the study. The selective criterion was their status as leaders in a position of implementing sustainability initiatives in their own businesses over the study period. The participating organizations have their head offices mainly located in Southeastern Brazil. The operation of all organizations is mostly scattered around many towns in Brazil and even abroad, which makes these professionals take responsibilities on the impact of their work in various sites and geographical areas. In the concerned sample, 50% participants hold both a national and an international action, whereas



other 50% hold only a national action. The research method included mapping the level of connectedness the executives felt to the SDG using a setting of cards which was produced specifically to this study, a questionnaire on their assessment and vision of the status of each goal, and a semi-structured interview. The results show differences between their choices and how connected they felt to the SDG cards, in terms of their priorities and vision of present and future statuses of the items while they were in a leadership position, in comparison to other roles they occupy in their lives. Conclusions indicated an important relationship among roles, behavior and decision-making processes which will be used developing new tools to be applied targeting the relationship and engagement process among Policy Makers and their respective stakeholders.

**Poster 3 - Implementation of training programs as a strategy for the introduction of sustainability, Presenter: Ilka Vercellino (Brazil)**

Authors: Ilka Vercellino, Centro Universitário São Camilo, São Paulo, Brazil; Aline Sorcinelli, Centro Universitário São Camilo, São Paulo, Brazil; Fernanda Belem Lopes de Meneses, Centro Universitário São Camilo, São Paulo, Brazil; Willian Guilherme De Moraes Leitão, Centro Universitário São Camilo, São Paulo, Brazil; Thiago Fernando Simões, Centro Universitário São Camilo, São Paulo, Brazil; Márcia Maria Gimenez, Centro Universitário São Camilo, São Paulo, Brazil

Abstract: The need for education on sustainability has never been more imminent. Global environmental issues such as climate change, excessive use of natural resources, and exacerbated waste production are issues that require discussion and urgent changes in people's everyday life and in society's way of acting and thinking. To achieve this change, new skills, values, and attitudes are needed that lead to more sustainable societies. The 5Rs Program of Centro Universitário São Camilo was developed to meet these demands and has been carrying out several activations, aimed at different audiences, in order to meet the objectives of sustainable development that include the guarantee of a sustainable and equitable life on the planet. Additionally, the Program aims to improve the posture and ergonomics of the employees involved in the waste collection and disposal process. This paper aims to describe the training activities of employees in conservation and hygiene of this institution, to optimize the correct disposal of solid waste, while promoting the improvement of quality of life in the workplace. Since 2016, training and updates have been held with the conservation and hygiene employees of the Centro Universitário São Camilo, SP, in both the Pompéia and Ipiranga campuses and PROMOVE (Center for Health Promotion and Social Reinsertion). The training consists of a lecture of approximately 30 minutes where several matters are addressed, such as: optimal collection and disposal of waste, updates on the ongoing actions of the Program, and future actions. After the lecture, a "conversation circle" is held to discuss the main problems faced in the day-to-day disposal of waste and employees are asked to fill out a report of pain and functional complaints related to the collection and disposal of waste. Between 2016 and 2018, 18 training sessions were held, training approximately 17 employees at the Pompéia and Ipiranga campuses and 7 at PROMOVE, every semester. The training enabled the addition of improvements in the process of collection and proper disposal of waste produced in the Centro Universitário, improvement in occupational complaints and redirection of the actions of the Program from the suggestions given by employees in the training, allowing the construction of a collaborative process with regard to actions in pursuit of sustainability.

**Poster 4 - Qualitative evidence and governance of protected areas: the participatory process for management plan of the Reserva Experimental Horco Molle (REHM), Presenter: Matteo Tarquini (Argentina)**

Author: Matteo Tarquini, Reserva Experimental de Horco Molle, Argentina

**Abstract:** Background: The REHM is located in Tucumán province (Argentina) and belongs to the Universidad Nacional de Tucumán (UNT). To produce the new management plan (MP), it was decided to involve the entire population which lives in the place or that interact with it, generating a participatory process (PP). The qualitative evidence (QE) presented in this project were used to orientate aims and actions for future development of REHM. Objectives: Collect evidence in order to orientate the REHM MP; Draw the relationship between the communities involved in the study and the REHM; Detect the main problems of each community; Identify the desires of each community respect to the future development of the REHM. Method: Interviews were carried out with key informants and 4 focus groups were realized, involving respectively: Horco Molle community; REHM professionals and workers and others institutions on the territory; Teachers and no-teachers from Facultad de Ciencias Naturales (FCN) of the UNT; Staff of Centro de Atención Primaria en Salud (CAPS) from Horco Molle. The documents produced through the interview transcriptions and focus groups were analyzed with the methodology of analysis of co-occurrences of words, using the software kh coder 3.0. Results and Conclusions: The communities involved in the PP made different discourses regarding their relation with the REHM, the pursuits for its future and the significant issues. The qualitative methodology used made it possible to detect unknown problems for the REHM, such as alcohol abuse phenomena and gender segregation within the community of Horco Molle and the strategic role of Club de Fútbol (CF) of the community, in terms of integration and social participation. The QE indicates fundamental patterns to strengthening management of the REHM. The phenomenon of insecurity and waste management, as well as the centrality of the development of the tourist offer, were included in the new MP in the form of strategic objectives, along with concrete actions and projects. Together with CAPS and CF generated projects to address environmental management issues favoring, at the same time, the social integration of vulnerable groups. The QE allowed recognizing the REHM role as the visible face of the FCN and element of connection between academy and society, highlighting its ability to generate a sense of belonging among the staff and population.

**Poster 5 - Using 3D Qualitative Geospatial Data for Decision Making in for Maternal and Child Health Through Performance Based Financing in Cameroon, Presenter: Patrick Mbah Okwen (Cameroon)**

**Authors:** Patrick Mbah Okwen, Effective Basic Services (eBASE) Africa, Cameroon; Euphrasia Atuh Ndi, Cameroon; Ms Mirabel Nain Yuh, Effective Basic Services (eBASE) Africa, Cameroon

**Abstract:** Background: Community participation and voice in development programs is strategic in achieving sustainable development goals in health. Development agencies invest billions of dollars annually in health development in Africa but make decisions based on their understanding of the problematic. This approach usually ignores critical cultural and behavioral determinants of access and equity. In Cameroon a community participation program funded by the World Bank is supporting communities to improve performance of local health facilities within the performance-based financing program. Qualitative evidence from community meetings were used to prioritise health interventions. Objectives: To incorporate community members voice and geolocation at a given time in decision making at district health level to improve health systems performance in 4 districts in Cameroon. Methods: Our study was conducted in 64 villages. Community members in these villages organized quarterly community meetings where they prioritized health needs. They vote 5 top needs and which are then coded in MAXQDA. We used MaxAPP and MAXQDA to collect and analyse discourse. We developed 87 codes to report experiences of community with community performance-based financing. These included barriers, facilitators, coping strategies, impact and lessons learnt. We used complex coding queries and summary grids and tables to analyse codes. We used complex codes configurations to analyse how villagers were coping with health challenges. We used code browser matrix to visualize villagers experiences from coded results. We used hierarchical code – subcode models to visualize impact of community PBF on village health center work, capacity

building and income. Interventions for service improvement are evaluated using an evidence barometer. The evidence barometer uses both quantitative and qualitative evidence to develop recommendations. A village committee sits after every quarter to review progress with recommendations. Results: Health facilities reported uptake of an average of 3 new health technologies per year (Range: 1-8); 1.8 new staff (Range: 0-5); 38% reduction in bills (Range: 0-60) based on recommendations modeled from qualitative data. Conclusions: Use of computer-assisted 3D qualitative data is possible and can greatly improve precision in decision making, reduce cost of care, and improve quality.

**Poster 6 - Qualitative evidence on Gender inequality from women's perspectives in Africa; a model, rights-based methodology, Presenter: Peninah Khisa (Kenya)**

Authors: Peninah Khisa, KAPLET/Peoples Health Movement Kenya, Kenya

**Abstract:** Introduction: Women in rural areas of Africa are subjected to various forms of gender-based discrimination, and remain marginalized in many spheres, including the enjoyment of economic rights. Cultural or religious norms and traditions that perpetuate their exclusion from access and control over resources adversely affect women's economic status within families and society. National and international laws enshrine principles of equality and non-discrimination, offering a range of economic, social and cultural rights for women. However, the gendered dimensions of economic inequality vigorously impede fulfillment of those rights. Among dimensions of female poverty, poor health and free expression are intertwined, but are not often linked in development. Evidence from standard qualitative methods (key informant interviews: KII, focus group discussions: FGD) may miss key aspects of African women's experience, through inadequate framing of questions and coding of responses. Objective: To articulate a rights-based approach to understanding factors underpinning gender inequities in social development, including analysis of the role of culture, education and social systems (e.g., health system, food production) against the opportunities and involvement of women in health-seeking behavior and community within an overall context of sustainable development. Methods: The rights-based approach is used to engage community members (female and male), stakeholders, duty bearers and the affected populations to address the underlying determinants of health, including education and information on sexual and reproductive health and rights, and freedom from discrimination. Results: Increased knowledge, skills and confidence among the vulnerable especially women and girls to challenge unequal power relations and gender inequalities, as well as harmful cultural practices that serve as a significant impediment to women's access to justice and enjoyment of right to health rights to improve their participation in matters that have effects on their lives. Recommendation: Promotion of gender equalities and participation in development matters on health, economy, politics and education at all the levels. Conclusion: Qualitative evidence from women is an essential component in understanding factors that propagate economic and social disparities in development.

**Poster 7 - Domestic violence and social norms: attitudes and practices of criminal justice and health workers in Norway and Brazil, Presenter: Raquel Miranda (Brazil)**

Authors: Raquel Miranda, University of Bergen, Brazil; Siri Lange, University of Bergen, Norway

**Abstract:** Background: In recent years, gender-based domestic violence has gained significant visibility and is currently considered a priority in the field of public health. Objectives: To explore how professional and social norms and regulations impact the attitudes and practices of health and criminal justice professionals regarding domestic violence against women in Brazil and Norway. Methods: We selected a qualitative approach and gathered data through individual, semi-structured interviews with professionals from the health and criminal justice departments. We conducted 16 in-depth interviews (eight in Brazil and eight in

Norway, with health and criminal justice professionals in each country). We focused on their perceptions of existing workflows between identifying cases of violence and dealing with these cases and analyzed the transcribed interviews using a focused open coding process. We assigned codes to statements through a line-by-line, cross-interview analysis of the raw data. Results: The participants ranged in age from 32 to 59. All of them work with domestic violence victims both with and without supervision. According to the opinions of some participants, violence against women is a historical problem rooted in: a society that accepts the superiority of men and imposes a submissive role for women; the subordination of women; and the domination of men over decision-making and women's lives. This problem is aggravated by women's social, cultural, and economic dependence. Some respondents recognized and linked patriarchy to violence against women, while others seemed unaware of the concept. Both countries have regulations to provide professionals with guidance on navigating services related to domestic violence cases; and their governments try to give professionals some rules to follow when helping domestic violence victims. For many reasons, professionals do not always follow these regulations, but the situation is more complicated in Brazil, where service providers face several challenges in comparison to the circumstances in Norway. Conclusion: Personal beliefs and observed norms concerning the acceptability of domestic violence are critical risk factors for women. Individual characteristics, family, the environment, and even one's professional profile can affect the way health or criminal justice workers perceive and deal with domestic violence cases.

#### Poster 8 - Community Health Workers feelings on Digital Health, Presenter: Renata David (Brazil)

Authors: Ms Renata David, Mr Alexandro Pinto, Ms Ana Júlia Tomasini, Laura Mota, Roberto Carreiro, Manoel Barral-Netto, Vinícius Oliveira; Fiocruz Brasília, Brazil

Abstract: Background: Brazil has a large Primary Health Care (PHC), with Family Health Teams (FHT) strategy, a complex governance and financial schemes attempting to integrate three different levels: local, state and federal. PHC in Brazil is delivery mostly at Primary Care Center (PCC), facilities that harbor the Family Health Teams (FHT). The FHT is composed by at least one physician, one nurse practitioner, two auxiliary nurses and four community health workers (ACS), hired as municipal civil servants. The FHT aim is to deliver the comprehensive PHC, delivering prevention, treatment, care and health promotion actions, but the range of services varies a lot. This general model has been subsided by Ministry of Health (MoH) for 25 years, promoting some uniformity and national coverage. The model is successful, playing a hole in reducing child and mother deaths, reducing unneeded hospitalizations and improving overall health. In 2018 MoH announced US\$4 billion investment in informatization of PCC. But two question remains: are CHW ready for change? And is the change the way it should be, considering CHW daily challenges? Objective: to leverage qualitative data to support the digital transformation of the work of the Community Health Agents (ACS). Methods: In order to support change, Oswaldo Cruz Foundation launched the mobile ACS initiative, offering a web-based platform where FHT, managers and tech providers can safely share data and experiences on digital transformation of PHC. Fiocruz Brasilia is responsible for qualitative studies. The research uses field visits and in-depth interviews to address whether the digital solution apply to their realities or if they will be an additional paperwork on digital media. Results: There are several initiatives in Brazil that claims offering flexible technological solution focused on the work of the Community Health Agents (ACS). These claims include the incorporation of mobile technologies and its application to enhance the analysis and use of the data to plan, direct, and support health interventions in individual and community levels. Visits so far indicate that digital solution will only be well received if user experience is adequate, jumping dull questions and providing meaningful, geospatial and epidemiological smart alerts and feedback. Conclusions: digital health efforts needs to be based on quality evidence.

**Poster 9 - Health Impact Assessment in the city as a tool to achieve the Sustainable Development Goals, Presenter: Ana Schramm (Brazil)**

Authors: Ms Ana Schramm, Sandra Hacon; National School of Public Health - FIOCRUZ, Brazil

Abstract: Protected areas have positive impacts on health and quality of life in cities. They provide ecosystemic and salutogenic services such as thermal regulation, surface runoff, noise reduction, air quality, modulation of infectious diseases, mental health, real estate valuation, preservation of cultural values, generation of economic opportunities, employment and ecotourism. On the other hand, abandoned protected areas have negative impacts on health and the environment, such as: water and sanitation related diseases; psychosocial stress and violence; development of chronic noncommunicable diseases, impacting access to health services and the economy. This protected areas are often created and implemented without taking into account the health impacts and also without the participation of the local population. Health Impact Assessment (HIA), when carried out prior to the formulation of a policy or project, can potentiate the positive impacts and mitigate the negative impacts, contributing to the decision-making process and the effectiveness of the implementation of healthy public policies. The HIA in an protected area can directly contribute to the achievement of the Sustainable Development Objectives (SDG): SDG 3, health and well-being; SDG 6, drinking water and sanitation; SDG 17, partnerships; SDG 11, sustainable cities and communities and in SDG 15, life on earth. This research proposes the construction of an HIA model in an urban protected area, through the development of a participatory approach, considering SDGs. With an empirical basis of the process of creation and implementation of an urban park in the Federal District - Brazil an HIA model was developed with participatory methods to engaging local communities and obtaining qualitative and quantitative data and information, prioritizing primary data collection techniques, including the network of social actors concerned. It involves a process of capacity building and construction of socio-environmental indicators related to SDGs. The research collaborates with the construction of SDGs indicators, in the development of new approaches and tools for the use of qualitative evidence to inform public policies. It contributes to the qualification of community participation in the management of the territory and the strengthening of public and private institutions, promoting intersectoral action for the promotion of health and for the achievement of SDGs.

**Poster 10 - Overcoming challenges in working across sectors for improving child health: What qualitative evidence can tell us, Presenter: Sudha Ramani (India)**

Authors: Sudha Ramani, Anuja Jayaraman, Rama Sridhar; Society for Nutrition Education and Health Action, India

Abstract: Background: Despite an indisputable theoretical basis for intersectoral action in health, there is currently little evidence on how best to implement and sustain interventions that work across sectors. Objectives: In this study, we examine a holistic model of child health- implemented by the Society for Nutrition, Education and Health Action (SNEHA), a non-profit organization, in the urban slums of Mumbai- in collaboration with existing public sector interventions for health, nutrition, domestic violence and water and sanitation. We look specifically at challenges in implementing cross-sector partnerships- and some mechanisms to overcome these. Methods: This is a reflexive study, embedded within two large, intersectoral programs at SNEHA- and conducted by the program and research team jointly (February-March 2018). We worked with internal documents, focus group discussions with field program staff (around 60 participants) and discussions/reflections with senior management. A “sense-making” approach to data analysis was employed. Results: In the last two years, SNEHA has tried to work across sectors rather than focus on delivering independent child health interventions. This shift has not been easy. Firstly, within the organization, it has involved the redesign of program models, revamping of evaluation systems; negotiating

commitments with funders; resetting community expectations - and repeated reorientation of field-level staff to new working methods. Secondly, SNEHA found it challenging to bring all partners to the same table due to differences in ideologies and work routines; exasperated by critical capacity gaps within each sector that prevented sector-specific interventions on child health from being implemented well. Under these circumstances, SNEHA tried to “plaster” capacity gaps within each sector independently– by working around infrastructural constraints, work-routines and informal practices. Conclusions: It has been pointed out that bureaucratic public-sector systems- with critical capacity gaps- tend to focus on their own goals- rather than intersectoral work. Our evidence shows that non-government organizations can play a role in providing a catalytic environment for intersectoral action by “plastering” shortcomings across sectors; and bringing services of different sectors closer to communities.

**Poster 11 - Development of strategies for a pharmaceutical company: a study case, Presenter: Wenderson Andrade (Brazil)**

Author: Wenderson Andrade and Mr Marco Lopes, Fundação Ezequiel Dias, Brazil

**Abstract:** Background: Considering the complexity of the pharmaceutical industry, its uncertainties and managers’ general necessity for developing strategies based on factual information, this case study shows a pharmaceutical company where strategies were constructed by utilizing scenario planning related tools in order for decision makers to increase the company’s performance through problem solution related to the company’s products, its organizational structure and other impactful factors. Objective: Development of strategies for a pharmaceutical company by maximizing its performance considering the uncertainty regarding its competitors and the pharmaceutical industry. Methodology: A plethora of tools were used including STEEP analysis, DE BONO thinking hats, WUS analysis, multiple scenarios, causal loop diagram and Swanson diagnosis matrix, this last one being a driving factor for the whole work. Results: Strategies were obtained by tracking both external factors or “driving forces” and by internal factors achieved through the development of a detailed diagnosis document. The two provided the identification of which internal problems should be prioritized and which solutions would be the most effective. Evidences were also obtained signaling the replacement of two major products which also originated strategies and a specific model for facilitating strategies development in the pharmaceutical industry. Authors on the theme of scenario planning agree that the method should be used in industries with high levels of complexity and uncertainty towards the future. These authors warn about the dangers of overconfidence, blindspots and letting prediction methods substitute strategical and organizational thinking which can bring irreversible consequences to an organization. After developing plausible scenarios, the constructed strategies should have high levels of organizational robustness that match a company’s current and future environments. It is also fundamental for strategies to be developed with signals in mind in order to make it possible to know which scenario is becoming a reality. Conclusion: The set of methodologies presented here can be useful in pharmaceutical industries or in high complexity environments. If said strategies were used in the studied company it would be possible to turn the identified problems into opportunities..

**Poster 12 - National stakeholders’ perceptions and experiences of the role, generation and use of evidence in clinical practice guideline development in South Africa, Presenter: Bey-Marrié Schmidt (South Africa)**

Authors: Bey-Marrié Schmidt, Cochrane South Africa, South African Medical Research Council, South Africa; Sara Cooper, Cochrane South Africa, South African Medical Research Council, South Africa; Amber Abrams, University of Cape Town, South Africa; Salla Atkins, New Social Research and Faculty of Social Sciences, University of Tampere, Finland; Jimmy Volmink, Deans Office, Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa; Tamara Kredó, Cochrane South Africa, South African Medical Research Council, South Africa

**Abstract:** Background: High-quality, evidence-informed clinical practice guidelines (CPGs) are central to achieving the Sustainable Development Goals as they bridge the gap between research evidence and policy and practice. However, there is a need to better understand how those involved with guideline development engage with scientific evidence when developing CPGs for primary health care (PHC) in low- and middle-income countries. Objectives: As part of the South African Guidelines Excellence Project (SAGE), we aimed to explore perceptions and experiences of the role, generation and use of evidence in primary care, national-level CPG development processes. METHODS: A qualitative study design was employed. We conducted in-depth interviews with 37 South African primary care CPG developers representing various disciplines, sectors and provinces. The data were analysed through thematic content analysis. Results: Stakeholders described the CPG development process as lengthy, bureaucratic and uncoordinated. They expressed that expectations and roles of CPG developers are frequently ambiguous. It emerged that the evidence required in CPG development is often not readily available, so national contributors who are primarily evidence users (e.g. clinicians and health managers) are frequently required to generate reviews of evidence. These role players were described as, at times, lacking the capacity, time and support to synthesise and use evidence for CPG development. Other challenges mentioned included the lack of a common language regarding evidence use, no standardised approach for dealing with limited or inconclusive evidence, and the misuse of evidence. Two key recommendations were provided for improving the use of evidence within CPG development processes: training in evidence synthesis and use for all participants of CPG development processes and having a standardised approach for dealing with opposing sources of evidence and reaching consensus. Conclusions: CPG development processes in South Africa face various challenges related to the role, generation and use of scientific evidence. Training and standardised approaches are critical in the short-term for high-quality evidence-informed CPG development processes. In the long-term, resources need to be directed towards establishing an evidence synthesis and coordination unit to support CPG development processes.

**Poster 13 - Primary care clinical practice guidelines in South Africa: qualitative study exploring perspectives of national guideline developers, Presenter: Bey-Marrié Schmidt (South Africa)**

**Authors:** Tamara Kredo, Cochrane South Africa, South African Medical Research Council, South Africa; Sara Cooper, Cochrane South Africa, South African Medical Research Council, South Africa; Amber Abrams, University of Cape Town, South Africa; Bey-Marrié Schmidt, Cochrane South Africa, South African Medical Research Council, South Africa; Prof Jimmy Volmink, Deans Office, Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa; Salla Atkins, Department of Public Health Sciences, Karolinska Institutet & New Social Research and Faculty of Social Sciences, University of Tampere, South Africa

**Abstract:** Background: Clinical practice guidelines are common tools in policy - informing clinical decisions at the bedside, governance of health facilities, health insurer and government spending, and patient choices. Recognising the central role of guidelines in primary care nationally, the South African Guidelines Excellence (SAGE) Project attempts to expand the body of evidence regarding processes and players involved with guideline formulation and implementation. (<http://www.mrc.ac.za/cochrane/sage.htm>). Objectives: We explored the players, context, processes, barriers to and enablers of South African primary care guideline development and implementation from the perspective of national primary care guideline developers across all primary care disciplines. Methods: We used a qualitative approach. Sampling was initially purposeful, followed by snowballing and further sampling to reach representivity of primary care service providers. Individual in-depth interviews were recorded and transcribed verbatim. We used thematic content analysis to analyse the data. Results: Guideline activities are hampered by lack of funding for technical and methodological work; fragmentation between groups, and between national and

provincial health systems; and lack of agreed standards for CPG development and implementation. Some guideline contributors steadfastly work to improve processes for communication, evidence use, and transparency to ensure guideline credibility. Many interviewed had shared values, and were driven to address inequity, however, resource gaps were perceived to enable commercial or personal interests to drive guideline development agendas. Furthermore, six processes were identified requiring strengthening: 1. systematic use of evidence; 2. enhanced stakeholder consultation; 3. transparency; 4. management of interests; 5. enhanced co-ordination between groups; 6. consideration of 'fit-for-context' guidelines. Conclusion: Participants recommended that dedicated resources for guideline development, standardised systems for managing interests, and the development of a political environment that fosters collaboration within and between CPG development groups is needed. These initiatives may enhance CPG quality and acceptability, with associated positive impact on patient care."

**Poster 14 - Access to surgery in rural Africa – lessons for policymaking from the Medical Licentiate programme in Zambia, Presenter: Jakub Gajewski (Ireland)**

Authors: Dr Jakub Gajewski, Royal College of Surgeons in Ireland, Ireland; Mr Mweene Cheelo, Surgical Society of Zambia, Zambia; Dr John Kachimba, Surgical Society of Zambia, Zambia; Mrs Carol Mweemba, Surgical Society of Zambia, Zambia; Ruairi Brugha, Royal College of Surgeons in Ireland, Ireland

Abstract: Background: Sufficient numbers of healthcare providers are critical to achieve the targets in Sustainable Development Goal 3. Five billion people globally lack access to surgical care. Most African countries struggle to make surgery accessible to rural populations due to a shortage of qualified surgeons and the unlikelihood of retaining them in district hospitals. To address this challenge in 2002 Zambia introduced a new cadre of non-physician clinicians (NPCs) called medical licentiates (MLs), trained initially to the level of a higher diploma and from 2013 up to a BSc degree. MLs have clinical skills, including training in elective and emergency surgery, designed as a response to the surgical needs of rural populations. This was the first study done on this new cadre in Zambia. Methods: This qualitative study aimed to determine the contribution of MLs to surgical care delivery in district hospitals, and to investigate their experiences and challenges working in these settings. The goal was to inform policymakers and improve career opportunities for this cadre. Based on 43 interviewees, it includes the perspective of MLs, their district hospital colleagues—medical doctors (MDs), nurses and managers; and surgeon-supervisors and national stakeholders. Results: In Zambia, MLs play a crucial role in delivering surgical services at the district level, providing emergency and elective surgery that would otherwise not be available for rural dwellers. They work hand in hand with MDs, often giving them informal surgical training and reducing the need for hospitals to refer surgical cases. However, MLs often face professional recognition problems and tensions around relationships with MDs that impact their ability to utilise their surgical skills. Conclusions: The analysis provides new evidence concerning the benefits of 'task shifting' and identifies challenges that need to be addressed if MLs are to be a sustainable response to the surgical needs of rural populations in Zambia. Policy lessons for other countries that also use NPCs to deliver essential surgery include the need for career paths and opportunities, professional recognition, and suitable employment options for this important cadre of healthcare professionals. The qualitative findings have been used to design a Ministry of Health-led intervention to improve quality of surgical care in rural Zambia.

**Poster 15 - Social desirability bias in qualitative research: What is it and what can researchers do about it? Presenter: Sudhakar Morankar (Ethiopia)**

Authors: Nicole Bergen, University of Ottawa, Canada; Ronald Labonté, University of Ottawa, Canada; Shifera Asfaw, Jimma University, Ethiopia; Abebe Mamo, Jimma University, Ethiopia; Lakew Abebe, Jimma



University, Ethiopia; Getachew Kiros, Jimma University, Ethiopia; Sudhakar Morankar, Jimma University, Ethiopia

**Abstract:** Background: Social desirability bias refers to a tendency to present reality to align with what is perceived to be socially acceptable. While social desirability bias is often cited as a limitation in qualitative research, detailed characterization of the phenomenon is lacking, especially in highly collectivist settings such as rural Ethiopia. If unattended to at previous stages of the research, social desirability bias can affect the quality of the data and its relevance in evidence-based decision-making environments. Objectives: To provide an empirical account of how our research team developed strategies to detect and limit social desirability bias. Methods: As part of the Safe Motherhood Project in Jimma Zone, Ethiopia, we conducted interviews and focus group discussions about maternal and child health with stakeholders in rural communities. Through regular engagement with data collectors we identified common indications of social desirability tendencies, and developed and applied practical approaches to mitigate this bias. Results: Social desirability tendencies were identified based on the nature of the responses given, body language and word choice patterns, and interpreted within the socio-cultural context of the research. In our study, common cues included: sweeping denial of problems or challenges; paltering; excessive praise for the government; nervous facial expressions; and inconsistent use of technical vocabulary. Strategies to avoid or limit bias spanned pre-fieldwork and fieldwork stages of research. To avert social desirability bias during data collection, we considered how we introduced the study, established rapport with participants, and asked questions (e.g. indirect questioning, prefacing and probing). Pre-fieldwork training sessions with data collectors, debriefing sessions during fieldwork and research team meetings provided opportunities to discuss social desirability tendencies and refine approaches to account for them. Conclusions: Rather than ignoring or denying the persistence of social desirability bias, researchers should acknowledge it as a reality and take measures to minimize it. Awareness of the strategies to mitigate social desirability bias in research have implications for developing research instruments, determining participant recruitment strategies, training data collectors and establishing data collection protocols.

Poster 16 - Using qualitative evidence to support guidance and guideline development for Science, Technology and Innovation Systems, Presenter: Manir Abdullahi Kamba (Nigeria)

Author: Manir Abdullahi Kamba, Bayero University Kano, Nigeria

**Abstract:** Qualitative approaches are one of several methodologies utilized within the social sciences. New developments within qualitative methods are widening the opportunities for using qualitative evidence to inform science, technology and innovation policy and systems decisions. This paper discusses and explores ways of broadening the types of evidence used to develop evidence-informed guidance for science, technology and innovation systems. The paper x-rayed that Science, technology and Innovation systems decisions are commonly informed by evidence on the effectiveness of Government system interventions. However, decision makers and other stakeholders also typically have additional questions, including how different stakeholders value different outcomes, the acceptability and feasibility of different interventions and the impacts of these interventions on equity and human rights. Evidence from qualitative research can help address these questions, and a number of guidelines are now using qualitative evidence in this way. This growing use of qualitative evidence to inform decision making has been facilitated by recent methodological developments, including robust methods for qualitative evidence syntheses and approaches for assessing how much confidence to place in findings from such syntheses. For research evidence to contribute optimally to improving and sustaining the performance of science, technology and innovation systems, it needs to be transferred easily between different elements of what has been termed the 'evidence ecosystem'. The paper argues that most of the elements of an ecosystem for qualitative

evidence are now in place, an important milestone that suggests that we are entering a new era for qualitative research. However, a number of challenges and constraints remain. These include how to build stronger links between the communities involved in the different parts of the qualitative evidence ecosystem and the need to strengthen capacity, particularly in low and middle income countries, to produce and utilize qualitative evidence and decision products informed by such evidence.

**Poster 17 - Understanding social inequalities in nursing education: challenges to achieve sustainable development goals, Presenter: Elen Cristiane Gandra (Brazil)**

Authors: Elen Cristiane Gandra, Kênia Lara Silva, Rafaela Siqueira Costa Schreck, Letícia Luiza Ferreira Silva, Rayssa Assunção Guimarães; Escola de Enfermagem UFMG, Brazil

**Abstract:** Background: In capitalist socioeconomic formation, social inequalities arise as the product of a set of relations in property as a legal and political fact, since the power of domination originates inequalities<sup>1</sup>. We believe that nursing professionals, life-support advocates, are experienced to work in contexts of vulnerability. With this, they can contribute to the reduction of social inequality, the tenth goal of sustainable development<sup>2</sup>. However, it becomes necessary to understand how nursing has acted in the understanding of inequalities. Objectives: Analyze the systems for understanding social inequalities in the formation and production of nursing care. Methods: The research is descriptive-exploratory of a qualitative approach anchored in the theoretical-methodological framework of the Marxist dialectic. This essay describes the identification of systems for understanding social inequalities in nursing education in Brazil, through interviews with student leaders, whose data were submitted to Critical Discourse Analysis from Fairclough<sup>4</sup>. Results: Considering the the three-dimensional conception of the discourse, we learn three empirical categories: 1)The distance from the understanding of social inequality and its application in the nursing process: The praxis in the nursing work is still directed to the technical processes of nursing and little active in social inequalities. The transformation of this reality requires overcoming technicality and adopting a critical posture in nursing, understanding nurses in society and their role with social commitment. 2) Skills necessary for nurses to deal with social inequalities: advocacy, humanization, sensitivity, health education, empathy, altruism, understanding of politics, leadership, communication and discernment. 3)Learning in service and student militia: the great value of experiential education based on in-service learning, articulation with the community and health services, and approximation to political and social formation spaces such as militancy spaces, student movements, academic directory, and category associations. Conclusions: Emphasize the importance of nursing professionals as caregivers for life care and, therefore, fundamental characters for working in contexts of vulnerability and for the defense of more democratic and emancipatory power relations.

**Poster 18 - Social determinants of health in obesity prevention: A qualitative approach, Presenter: Carolina Santamaria-Ulloa (Costa Rica)**

Authors: Carolina Santamaria-Ulloa, Melina Montero-Lopez, Traci Bekelman, Joselyn Arias-Quesada, Josette Corrales-Calderon, Michelle Jackson-Gomez, Xiomara Granados-Obando; University of Costa Rica, Costa Rica

**Abstract:** Latin America, Costa Rica included, is witnessing an increase in overweight and obesity prevalence, with a greater impact on the female population in urban settings. Overweight and obesity are well known risk factors for some chronic diseases that are the major causes of morbidity and mortality. Obesity prevention is warranted to attain good population health and well-being, one of the Sustainable Development Goals (SDG). To identify specific interventions to act upon structural determinants of health, which will be part of a health promotion strategy to target obesity among urban Costa Rican women aged

25 to 45 years. This is a phenomenological study. Information was collected through semi-structured interviews among local government officials and women in two urban settings with different socioeconomic status in Costa Rica. The data collection instrument included five components: 1) social and political context of obesity prevention, 2) institutional/government action to prevent obesity at the community level, 3) food environment and food preferences, 4) physical/built environmental conditions that support or hinder physical activity, and 5) healthcare system. Government officials perceive that poverty, sometimes mediated by migratory processes, limits women access to existing community resources related to obesity prevention. Those government officials that are not healthcare providers perceive health promotion as a function that is not their responsibility. A need was identified to empower government officials regarding public health policies related to healthy lifestyles that are part of their functions as social producers of health. Women avoid physical activity in public spaces because of safety concerns. Women's preferences regarding places to purchase food and food preferences varied by SES. Lower SES women would like to consume salads and meat more frequently; higher SES women would like to consume fruits and water more frequently. Using qualitative evidence allowed for a deeper understanding of how structural determinants influence the prevalence of overweight and obesity. This approach supports the development of health promotion strategies for urban Costa Rican women by highlighting which components need to be included in future interventions. Overweight and obesity prevention in these communities will contribute to the fulfillment of the SDG..

**Poster 19 - Synthesizing qualitative research evidence from complex interventions by inductive thematic content analysis using modified in-vivo coding, Presenter: Olujide Arije (Nigeria)**

Authors: Olujide Arije, Institute of Public Health, Obafemi Awolowo University, Nigeria; Olaitan Oyedun, Dept of Community Health, Obafemi Awolowo University Teaching Hospital, Nigeria; Idowu Omisile, Department of Psychology, Obafemi Awolowo University, Nigeria

**Abstract:** Introduction: The achievement of the Sustainable Development Goals (SDGs) involves the execution of complex interventions characterized by multiple overarching themes. Synthesis of qualitative evidence from these interventions require innovative and efficient systems that can seamlessly segment, organize and aggregate qualitative data logically. This paper describes the modified in-vivo coding system (MICS) for inductive thematic content analysis that is based on abstraction of meaning in a logical hierarchy. Abstraction of meaning: Coding using a qualitative data analysis software (QDAS) allows for making meaning from qualitative materials through tagging of qualitative data segments with representative names. MICS is premised on the idea that coding should be systematic and codes names should be brief but meaningful. In MICS, three levels abstraction of meaning of data segments are identified. Primary is a tag whose name is the modified content of the data segment, secondary represents the emerging theme under which the primary is thought to belong and tertiary represents the over-arching theme or distinct module. Synthesizing evidence: The critical aspects of the MICS are two: firstly, the name of each code consists of two consecutive levels of abstraction separated by a colon; and secondly, each data segment is double-coded at a minimum so that in every instance of tagging, the three levels of abstractions are captured using the pattern Tertiary: Secondary and Secondary: Primary. For instance, in the process evaluation of a complex diarrhea prevention program which had multiple approaches including a school-based intervention, a data segment indicating activities in the school intervention was coded as: School health club: Activities; Activities: Regular meetings. In this case, the overarching theme or module was School Health Club approach, an emerging theme was type of activities carried out while the content of the data segment being coded was that the school health clubs held regular meetings. The Query analytical tool in QDAS is then used to extract data segments organized by code hierarchical relationships. Conclusion: The naming convention and the double coding in MICS blends with the analytic capabilities of

QDAS to meaningful aggregate and systematically extract data segments allowing for logical synthesis of qualitative evidence.

**Poster 20 - The experience of tooth loss: systematic review and meta-synthesis, Presenter: Patrícia Reis (Brazil)**

Authors: Patrícia Reis, Josué Costa, Lara de Paula, Viviane Gomes, Amália Moreno, Aline Sampaio, Efigênia Ferreira e Ferreira, Raquel Ferreira; Universidade Federal de Minas Gerais, Brazil

**Abstract:** Background: Tooth loss is a public health problem still present in many parts of the world and with significant biological and social implications in individuals' lives. Thus, it becomes relevant to better understand the dental loss experience through the integration of qualitative studies. Objective: To evaluate the significance of tooth loss experience for edentulous individuals. Methods: Multiple electronic databases (PubMed, Web of Science, Scopus, Scielo Citation Index and Lilacs) were accessed using a search strategy based on the research question: "What is the meaning of tooth loss experience to edentulous individuals?" Inclusion criteria for eligible articles were: primary qualitative studies related to the experience of dental loss in edentulous individuals and articles written in English, Portuguese or Spanish. Manual assessment of reference lists of included studies sought to identify studies not found in electronic search. The selection of articles was carried out in two stages: reading of the titles/abstracts and full article reading of those selected in the first stage. Both stages were carried out independently by two researchers, and disagreements were settled together by the same authors. Quality evaluation of the articles included was done using the CASP (Critical Appraisal Skills Program) and the meta-synthesis followed Howell Major and Savin-Baden (2010) guidelines. Results: Nineteen studies were selected, in which 107 themes were related to tooth loss. The themes were condensed into six secondary themes: loss of function, "access to dental service", "condition of loss", "socioeconomic condition" and "social impact". Final synthesis defined three tertiary themes: "biological and social impacts", "access to oral health care" and "self-perception of tooth loss". Conclusions: The results revealed that the experience of tooth loss is perceived negatively by most individuals, especially due to the biological and sociological impact they cause, as well as pointing to the lack of access to oral health care throughout life as a causal factor.

**Poster 21 - Experiences and shared meaning of teamwork and interprofessional collaboration among health care professionals in primary health care settings, Presenter: Mariana Schweitzer (Brazil)**

Authors: Carine Sangaleti, Universidade Estadual do Centro-Oeste, UNICENTRO - PR, Brazil; Mariana Schweitzer, Universidade Federal de São Paulo-Unifesp, Brazil; Marina Peduzzi, Universidade de São Paulo-USP, Brazil; Elma Zoboli, Brazil; Cassia Soares, Universidade de São Paulo-USP, Brazil

**Abstract:** During the last decade, teamwork has been addressed under the rationale of interprofessional practice or collaboration, highlighted by the attributes of this practice such as: interdependence of professional actions, focus on user needs, negotiation between professionals, shared decision making, mutual respect and trust among professionals, and acknowledgment of the role and work of the different professional groups. Teamwork and interprofessional collaboration have been pointed out as strategy for effective organization of health care services as the complexity of healthcare requires integration of knowledge and practices from different professional groups. This integration has a qualitative dimension that can be identified through the experiences of health professionals and to the meaning they give to teamwork. The objective of this systematic review was to synthesize the best available evidence on the experiences of health professionals regarding teamwork and interprofessional collaboration in primary health care settings. Types of studies: The qualitative component of the review considered studies that focused on qualitative data including designs such as phenomenology, grounded theory, ethnography,

action research and feminist research. Search strategy: A three-step search strategy was utilized. Ten databases were searched for papers published from 1980 to June 2015. Data synthesis: Qualitative research findings were pooled using a pragmatic meta-aggregative approach and the Joanna Briggs Institute Qualitative Assessment and Review Instrument software. Results: This review included 21 research studies, representing various countries and healthcare settings. There were 223 findings, which were aggregated into 15 categories, and three synthesized findings. Conclusions: This review shows that health professionals experience teamwork and interprofessional collaboration as a process in primary health care settings; its conditions, consequences (benefits and barriers), and finally shows its determinants. Health providers face enormous ideological, organizational, structural and relational challenges while promoting teamwork and interprofessional collaboration in primary health care settings. This review has identified possible actions that could improve implementation of teamwork and interprofessional collaboration in primary health care.

**Poster 22 - Reducing Cesarean Section Rates in Brazil: Contributions from a Deliberative Dialogue, Presenter: Cintia de Freitas Oliveira (Brazil)**

Authors: Cintia de Freitas Oliveira, Instituto de Saúde (SES/SP), Brazil; Cecília Setti, Instituto de Saúde (SES/SP), Brazil; Maritsa Carla de Bortoli, Instituto de Saúde (SES/SP), Brazil; Tereza Setsuko Toma, Instituto de Saúde, Brazil

**Abstract:** Background: The Deliberative Dialogue (DD) is a tool used to foster the sharing of knowledge among researchers, policymakers and other stakeholders in order to better understand the interventions to approach one specific problem. Our research topic was the high rates of cesarean sections (CS) in Brazil, which have increased from 15% in 1970 to 56% in 2016. The project received funding through term of technical cooperation between the Ministry of Health and the PAHO. Objectives: Synthesize the main contributions from the DD about an Evidence Brief for Policy (EBP) on interventions to reduce CS in Brazil. Methods: Following the methodological guidelines proposed by the SUPPORT collaboration group, five interventions were identified, which are related to the structuring of different birthplaces, antenatal care education and the offer of continuous support during childbirth. The DD was performed in November 2018 at the Health Institute in São Paulo. 13 participants were invited (managers of the women's health area, researchers, health professionals (doulas, midwives, nurse midwives, and obstetricians), representants from health associations and civil society. The EBP document was sent to them one month before the DD. Results: The participants made suggestions about different parts of the document. They emphasized the importance of discussing the high rates of CS at the public and private sector separately since the latter is responsible for higher rates. The main barriers to the reduction of this surgical procedure are related to the model of maternal care in Brazil, lack of professional training, management of services and also difficulties in the health communication area. Asymmetrical power relationships between health professionals and pregnant women is also a great challenge to be overcome. The biomedical model of care, opposed to a woman-centered philosophy, makes the insertion of other professions in the birth assistance a huge challenge. Brazil's current political and economic scenario also contributes to a workforce shortage and lack of appropriate settings to antenatal care and childbirth. Conclusions: Participants were made aware of the usage of SUPPORT tools and EBP to support decision making. In addition, the DD provided a meeting between stakeholders where important information regarding the options, equity, and implementation was discussed.

**Poster 23 - Community Action for Health -A book that retrieves stories of community mobilization for health in Porto Alegre, Brazil, Presenter: Camila Giugliani (Brazil)**

Authors: Camila Giugliani, Cristiane Famer Rocha, Denise Antunes, Eliane Flores, Kátia Cesa, Patricia Robinson; People Health Movement, Brazil

**Abstract:** Action projects developed with popular participation are powerful for social change, because they operate by means of alliances and ultimately gain strength to confront the social / economic determinants of health. One of the reflections that instigated this work was that the popular mobilization's mechanisms are not sufficiently studied. The documentation of action projects cases was designed to build a consistent source of information that would strengthen the importance of community action on health. In the book, ten episodes of health mobilizations in Porto Alegre are narrated, analyzing the main learning elements. **Goal:** To retrieve and disseminate stories that can contribute to a better understanding of the dynamics of popular mobilization directed to health issues. **Methods** The process was characterized by constant interactions between the team of researchers (PHM activists) and the protagonists of community action episodes (users and health professionals). After the collection of the episodes, two participatory meetings followed, allowing the exchange of ideas, interpretations and conclusions between researchers and protagonists of the episodes. **Conclusion:** Among other conclusions we highlight: The effervescence phase of democratic expressions, the implantation of SUS and the strengthening of the health councils was the main thread that interconnected the episodes; The mobilizations related to access to health services served as triggers for broader actions, involving the social determinants of health; In the encounter between individuals and institution, the importance of the formation of bonds is emphasized; affection can be considered an element that strengthens, and often conditions, the involvement and protagonism necessary to generate change; The presence of concrete results strengthens empowerment and drives for more action; There is little renewal of community leaders, with little involvement of young people; The institutionalization of community participation, materialized by the health councils, was fundamental for the development of the politicization and the critical sense of the actors of the mobilizations researched; The importance of exercising citizenship in guaranteeing the right to Health for All was evident. The book won the prominent award in communication, the Municipal Health Council, Porto Alegre, Brazil in the year 2017.

**Poster 24 - Access to water and sanitation by urban and rural groups living in vulnerable situations, Presenter: Priscila Neves Silva (Brazil)**

Authors: Dr Priscila Neves-Silva, Léo Heller, Instituto Rene Rachou/Fiocruz-MG, Brazil

**Abstract:** **Background:** In July 2010, access to water and sanitation was recognized as fundamental human right, once these services are essential for an adequate standard of life, including dimensions of health, dignity and prosperity. Therefore, all human being have the right to safe water and sanitation in a non-discriminatory manner. Nevertheless, vulnerable population often have these rights violated, reflecting on their health and quality of life, and exacerbating social exclusion. On the same line, the SDG 6 aims the achievement of universal access to water and sanitation, with a particular focus on vulnerable population. **Objectives:** This work aims to analyze how the access to water and sanitation for homeless is at Belo Horizonte, and rural workers from the Landless Movement at Vale do Rio Doce-MG. **Methods:** A qualitative method was used, through application of individual and group interviews, using a semi-structured guide. Saturation was used to determine the number of participants. The interviews were recorded and transcribed and content analysis was used in the analytical phase. **Results:** We found that both water and sanitation access were precarious and that the normative content of the rights, as well as human rights principles, were often compromised. Those deprivations reverberate in the economic and social life,

exacerbating discrimination and exclusion. Women were the most affected. Homeless women lose their privacy and, in some cases, suffer violence. At rural area, women need to carry heavy buckets of water. For rural workers, the lack of access to water also jeopardize income generation, access to food agricultural and livestock production, and the production of alternative medicines. Conclusions: The study draws attention to social and economic contexts, in order to formulate public policies able to deal with the particularities of each group in terms of the realization of the human rights to water and sanitation. For this reason, stimulation of social participation of those groups enhance decision-making processes related to water and sanitation. The achievement of the SDG 6, especially targets 6.1 and 6.2, will only be possible if those population are included and human rights are realized.

# Oral Presentations

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**Oral 1 - Using qualitative evidence to highlight gendered leadership experiences for Kenyan healthcare managers: Implications for policy & practice, Presenter: Kui Muraya (Kenya)**

Author: Kui Muraya, KEMRI-Wellcome Trust Research Programme, Kenya

**Abstract:** Women comprise a significant proportion of the health workforce globally but remain under-represented in the higher professional categories. The under-representation of women in health leadership positions has resulted in increased research on the topic, although this research has focused primarily on high-income countries. An improved understanding of the career trajectories and experiences of healthcare leaders in low- and middle-income countries (LMICs), and the role of gender, is therefore needed. This qualitative case study was undertaken in two counties in coastal Kenya. Drawing on the life history approach, twelve male and thirteen female healthcare leaders were interviewed between August 2015 and July 2016 on their career progression and related experiences. Although gender was not spontaneously identified as a significant influence, closer exploration of responses revealed that gendered factors played an important role. Most fundamentally, women's role as child bearers and gendered societal expectations including child nurturing and other domestic responsibilities can influence their ability to take up leadership opportunities, and their selection and appointment as leaders. Women's selection and appointment as leaders may also be influenced by positive discrimination policies (in favour of women), and by perceptions of women and men as having different leadership styles (against women, who some described as more emotive and reactive). These gendered influences intersect in relatively invisible ways with other factors more readily identified by respondents to influence their progression and experience. These factors included: professional cadre, with doctors more likely to be selected into leadership roles; and personal and professional support systems ranging from family support and role models, through to professional mentorship and continuing education. We discuss the implications of these findings for policy, practice and research, including highlighting the need for more in-depth intersectionality analyses of leadership experience in LMICs.

**Oral 2 - The indigenous voices and the contexts of production of the indigenous health policy in Brazil: contributions of a historical approach, Presenter: Ana Lucia Pontes (Brazil)**

Authors: Ana Lucia Pontes, Fundação Oswaldo Cruz, Brazil; Luiza Garnelo, Fundação Oswaldo Cruz, Brazil; Adriana Athila, Fundação Oswaldo Cruz, Brazil; Elena Welper, Fundação Oswaldo Cruz, Brazil; Aline Moreira, Anthropology, Brazil; Ricardo Ventura Santos, Fundação Oswaldo Cruz, Brazil

**Abstract:** In Latin America, indigenous peoples are one of the most vulnerable groups so, in order to reach the Sustainable Development Goals, particular attention must be paid to the specificities of these groups in the formulation of public policies. In Brazil, the 1988 Constitution guaranteed the territorial and socio-cultural rights of indigenous peoples and, in 1999, an indigenous health subsystem was established within the national health system. After 20 years of implementation of this health policy, the inequities persist, and it is still a challenge to ensure the indigenous protagonism in participatory governance of this policy.



We will discuss the contributions of the project "Health of Indigenous Peoples in Brazil: Historical, Sociocultural and Political Perspectives", which investigated the indigenous voices and other actors involved in formulation of the indigenous health policy during the 1980s and 1990s. Objectives: We aim a methodological discussion about the incorporation of broad qualitative data in the analysis of the historical process of formulation of the indigenous health policy in Brazil, mapping the contexts and voices involved in this debate. Methods: About 45 interviews were conducted based on the life history of indigenous and non - indigenous people who participated in events and debates regarding the health of indigenous peoples in Brazil between the 1980s and 1990s. A documentary research was also made, based on personal collections, governmental and non-governmental institutions. Results: The qualitative evidences allow us to show that there was a fragmented and partial appropriation of the discourses and voices involved in the debates in the period. It is also possible to identify several elements that point to a complex correlation between historical and sociocultural processes at local, regional and national scale through which indigenous peoples influence and modulate some of the broad determinants of health in Brazil. Conclusions: Qualitative data allow: the inclusion of different voices, especially the indigenous protagonism, in the formulation of health policies; allow the construction of a new analytical matrix for the understanding of the relationship between indigenous peoples and national health policies; deepen the analysis of policy contexts, social inclusion processes and strategies to reduce social inequalities.

**Oral 3 - Building public health policies with the participation of women's social movements: report of management experience in Minas Gerais-Brazil, Presenter: Ana Renata Moura Rabelo (Brazil)**

Authors: Ana Renata Moura Rabelo, Universidade Federal de Minas Gerais, Brazil; Kênia Lara Silva, Universidade Federal de Minas Gerais, Brazil; Dayane Aparecida Alves, Universidade Federal de Minas Gerais, Brazil; Karla Adriana Caldeira, Secretaria de Estado de Saúde de Minas Gerais, Brazil; Ana Paula Mendes Carvalho, Secretaria de Estado de Saúde de Minas Gerais, Brazil; Cláudia Carvalho Pequeno, Brazil

Abstract: Background: Many advances have occurred in the social status of women, but there are still a number of challenges, such as violence against women, devaluation in the labor market and unequal access to goods and services. This reality is a concern in the field of health and supports the definition of ODS # 5. Objectives: The objective of this study is to report the experience in the use of qualitative data produced together with social/ collective movements of women for the construction and implementation of public health policies. Methods: This is an experience report about the adoption of strategies by the state health management of Minas Gerais (MG) -Brazil, which involved the social participation of women. Results: Between 2017 and 2019, within the scope of the State Department of Health of Minas Gerais, strategies were adopted to approximate the management with the movements / groups of women: the First State Conference on Women's Health and its preparatory stages; construction of health axis in Ten-year state plan of policies for women and holding wheel of conversation with workers of the public health system. Such strategies, though supported by the chiefs, were nourished especially by the individual servant initiatives of the institution. Thus the production of qualitative data was also linked to the doctoral thesis of one of the servers involved. The women participating in the movements demarcate the effects of the social determinants of health on their bodies, when reporting the problem of: unstructured services to meet the singularities, experience of disqualified care and difficulty accessing services. When open to social participation management is invited to rethink the ways of offering health, without disregarding the social position occupied by health professionals, mostly women caring for other women. The strategies adopted

were systematized in documents that could base the adoption of the gender perspective as a guideline for public policies. Conclusions: When proposing interventions in the health of women, it is fundamental that there is openness to dialogue with social movements and health professionals, since the field is highly influenced by the social context. Thus the proposal of public policies fed by qualitative data is a path with potentialities, but there are also challenges, given the complexity of the issue.

**Oral 4 - The use of a qualitative analysis data-processing tool - “the word tree” – to evaluate opinions about the influence of media in consumption habits, Presenter: Arminda Campos (Brazil)**

Authors: Nadia Carvalho, Universidade Estadual Paulista (UNESP), Faculdade de Engenharia, Campus de Guaratinguetá, Brazil; Crepaldi Jaqueline, Universidade Estadual Paulista (UNESP), Faculdade de Engenharia, Campus de Guaratinguetá, Brazil; Catherine Walker, The University of Manchester, United Kingdom; Rachel Leal, Universidade Estadual Paulista (UNESP), Faculdade de Engenharia, Campus de Guaratinguetá, Brazil; Eduardo Cruz, Universidade Estadual Paulista (UNESP), Faculdade de Engenharia, Campus de Guaratinguetá, Brazil; Arminda Campos, Universidade Estadual Paulista (UNESP), Faculdade de Engenharia, Campus de Guaratinguetá, Brazil

Abstract: Research on the Food-Energy-Water (FEW) nexus tends to focus on flows and resources management. However, in order to address crucial issues such as unequal access to nexus resources, community resilience to threats to the nexus and the role of education to help them address these issues in the future, it is necessary to understand how people, especially young people as well as decision makers, understand, learn and participate in the nexus in their personal and professional life. Therefore, a qualitative research was carried out based on in-depth interviews with 64 key professionals working in organizations related to the production or governance of one or more elements of the nexus. The main objective of this approach is to identify how these specialists interpret and apply the FEW nexus in their work and institutions and to characterize their perception about the youngsters’ knowledge and experiences regarding the nexus resources. One of the analyzes tried to evaluate the professionals’ perception about the influence of media in consumption habits. For this, we used a specific data-processing tool available in the NVivo qualitative analysis software: the word tree. The software text query tool generates the word tree from search expressions, which allows the view of all matches in the interview set. Search for references related to media were carried out with the expressions “media”, “television”, “Internet”, “communication” and “information”. The search term constitutes the root and the trunk of the word tree, while the sentences that contain the term form the branches. The word tree accurately maps each respondent's statements on a given term and informs which interviews mention it. The text consultation tool showed great potential to meet the interviews qualitative analysis needs and to observe trends in respondents' answers, without spending much time, even in the case of an expressive number of long interviews. The main results obtained from this analysis may help the formulation of public policies and decision making related to the nexus resources, and provide inputs for the development of Education for Sustainability strategies.

**Oral 5 - An innovative academic-arts partnership to inform universal access to Sexual and Reproductive Health and Rights in Jordan, Presenter: Chaza Akik (Lebanon)**

Authors: Chaza Akik, American University of Beirut, Lebanon; Jocelyn DeJong, American University of Beirut, Lebanon

**Abstract:** Background: The Sustainable Development Goals (SDG) call for comprehensive access to sexual and reproductive health and rights (SRHR). However, aggregate indicators may disguise inequities and groups of people may be particularly disadvantaged. Cultural context: In a conservative society such as Jordan, women and young people remain at risk of being left out as sexuality and reproduction are widely perceived to only be legitimate within marriage. Being married – or not – is a key determinant of access to health services and of attitudes of health-care providers in addressing sensitive health concerns. This is increasingly relevant with rising age at marriage and increasing proportion of Jordanian women who never marry. According to the 2012 Demographic and Health Survey (DHS), 13.7% of women aged 35 to 39 and 10.5% of those aged 40 to 44 were never married. Aim and methods: While Jordan has widely available public primary health care, social barriers to accessing information and care need to be understood. This research will explore key differentiating factors in accessing SRH services and exercising SRH rights for women and young people in Jordan with the aim to inform services and policies there. As part of an innovative academic-arts partnership, we are investigating these issues by using theatre as a medium to stimulate public debate and highlight these barriers and differences. We first reviewed relevant policies and legislation, then conducted in-depth interviews with groups of people who may lack access to SRH services, and healthcare providers. This formative research informed the development of a play that will be performed interactively to diverse audiences in twelve settings across Jordan in summer 2019. The interactive nature of the play aims to remove inhibitions and allow for open discussion, thus serving as a stimulus for further qualitative research to be conducted with selected audience members immediately after the performances. The audience interaction at the performances will also be videotaped and become part of the data of the study. Lessons learnt: The presentation will address what is learnt by the unconventional approach of using arts as a stimulus to generate social debate on sensitive issues and to generate context-sensitive qualitative evidence.

**Oral 6 - A generic substitution policy in Chile: A qualitative study on the policymaking and implementation process to improve access to medicines, Presenter: Cristián Mansilla (Chile)**

**Authors:** Cristián Mansilla, Ministry of Health of Chile; Rodolfo Tagle, Ministry of Health of Chile

**Abstract:** Introduction: One of the main challenges that SDG implementation faces in Chile, is the promotion of the access to health care services. Access is a key element of equity, and is mainly related to the cost of treatment. In this study, we explore the specific case of access to medicines, considering that it explains big part of the health out-of-pocket expenditure. Chile implemented a generic substitution policy to improve access to medicines in 2014. This policy aimed to regulate the substitution between two drugs, ensuring the quality of therapeutically equivalent products, and to reduce the out-of-pocket expenditure, increasing market competition. This qualitative study aims to evaluate the design and implementation of this pharmaceutical policy. Methodology: We conducted a qualitative explanatory study using a realistic evaluation approach, especially focusing on the impact and implementation process of the policy. We used semi-structured interviews and nominal groups with policymakers, members of the Parliament, representants from the pharmaceutical industry, and members of the civil society. The data gathered from the interviews and groups were analyzed using Nvivo®, and the results are presented according to the main categories that the participants raised. Results: We conducted 21 semi-structured interviews and 3 nominal groups. Analyzing the data, the interviewees showed key elements on the policymaking process. They identified that the main goal of the policy was to ensure the quality of medicines on the market, improving

access by lowering the price of medicines. About the policy implementation, the main barriers identified that were not properly addressed are the capacity of the industry, the selection of Active Pharmaceutical Ingredients (APIs) to be submitted to bioequivalence, and the coordination between public institution involved in the process. Conclusions: The pharmaceutical generic substitution policy raised the relevance of the therapeutically equivalent and drug substitution across the country. Main implementation barriers were identified (the capacity of private sector, and the selection of APIs, among others), providing important evidence for future policy actions. This will be especially relevant to improve the coordination between public and private institutions, in order to improve population's access to medicines.

**Oral 7 - Technology in education: contributions to Brazilian public educational systems, Presenter: Camila Iwasaki (Brazil)**

**Authors:** Camila Iwasaki, Tomara Educação e Cultura, Brazil; Fabio Tran, Omidyar Network Brasil, Brazil; João Paulo Cossi Fernandes, Banco Interamericano de Desenvolvimento (BID), Brazil; Julia Young Picchioni, Tomara Educação e Cultura, Brazil; Ana Luiza Mendes Borges, Tomara Educação e Cultura, Brazil; Erick Roza, Universidade de São Paulo - Centro de Pesquisa Atopos, Brazil

**Abstract:** Focusing on contributing to the goals of Sustainable Developing Goals 4 - Quality Education and 17 - Partnerships and means of implementation, Omidyar Network Brasil and the Inter-American Development Bank are developing qualitative research on the use of technology in Brazilian public school systems. Along with Tomara! Educação e Cultura as the executing partner of the study, the intention is to produce results to subsidize the National Council of Secretaries of Education (Consed) work group, meaning to support the formulation of more efficient public policies of application of technology in education, that consider students as the core of the teaching-learning process as well as more efficient educational systems. In order to do so, the research employs various techniques and methods: review of national and international literature on the topic; semi-structured interviews with specialists (public administrators, Brazilian and foreign academics, national and international institutions or public bodies' representatives); workshops with different stakeholders to further the hypotheses and concepts; field research (with interviews, participant observations, conversations, and questionnaire application) along regional school and teaching secretaries of education; and speech analysis with the help of Maxqda software. As results, we have the mapping of (i) underway initiatives, projects and actions in Brazil's public educational systems, its motivations, implementations, and assessment strategies; (ii) decision-making and relationship processes involved in the design and implementation of public policies, considering their context and conditionalities of their execution; (iii) relevant players (people, groups and institutions) that are working with technology in education; (iv) needs and demands from teachers, school administrators, technicians of regional instances and secretaries of education members that, if supplied, can contribute to the efficiency of the use of technology in the management and teaching-learning processes. As primary conclusions, it is possible to highlight the low adhesion of the use of evidence for the deployment of actions for the application of technology in Brazilian educational systems and the realization that initiative outcomes strongly depend on how technology is integrated to the learning process and students and managers' needs.

**Oral 8 - Foregrounding Social Determinants of Health and Agenda 2030 in the public sphere: towards an evidence-based journalism, Presenter: Claudio Cordovil (Brazil)**

Authors: Claudio Cordovil-Oliveira, Escola Nacional de Saúde Pública Sergio Arouca / Fiocruz, Brazil; Leonardo Gonçalves Viana, Fundação Getúlio Vargas, Brazil

**Abstract:** It is quite obvious that the layperson's acknowledgment of the role of societal factors such as housing, education, welfare and work play in shaping people's long-term health is tricky. Unfortunately, until now there is no 'silver bullet' that will transform how people think about health. Sometimes, health professionals forget that public perception about health is a very personal issue which is always a product of an amalgam of complex beliefs, conflicting values and deeply adversarial convictions about politics and democracy. How to create a common ground to discuss social determinants of health (SDOH) in the public sphere in a frictionless way? Despite extensive evidence of the impact of social determinants on people's health, public discourse and policy action are limited about to recognize the influence of these factors in the population's health. In fact, the 'man in the street' still considers individual behaviors and access to health care to have the greatest effects on health. Therefore one factor that deserves greater attention in our public sphere is the way in which the evidence is communicated to and understood by the public. But how to promote the inclusion of the SDOH in journalistic coverage to ensure a vibrant public sphere for the 2030 Agenda? This presentation will bring some lessons about how to talk about SDOH, especially when Western countries are plagued with huge ideological cleavages about how to promote fairness and to fight against inequalities. The ways in which people understand and think about their health will be highlighted in order to foster concrete proposals to develop more effective approaches to communicating evidence. What are the cultural models that public use to understand health and their social determinants? How do media talk about health? What could be a feasible approach to implement evidence-based journalism focused on the SDOH and Agenda 2030 in the digital scene? These are some questions that we intend to answer in our communication. An evidence-based approach design to create compelling digital products will be proposed.

**Oral 9 - Using qualitative methods to assess capacity to deliver anaesthesia care: uncovering the invisible for national health planning, Presenter: Chiara Pittalis (Ireland)**

Authors: Chiara Pittalis, Royal College of Surgeons in Ireland, Ireland; Ruairi Brugha, Royal College of Surgeons in Ireland, Ireland; Chris Lavy, University of Oxford, United Kingdom; Grace Le, University of Oxford, United Kingdom; Gerald Mwapasa, University of Malawi College of Medicine, Malawi; Mweene Cheelo, Surgical Society of Zambia, Zambia; Adinan Juma, ECSA - Health Community, Tanzania; Jakub Gajewski, Royal College of Surgeons in Ireland, Ireland

**Abstract:** Background: district hospitals in Africa provide surgical care for rural populations, but often lack essential infrastructure, equipment, supplies and staff. Periodic assessment of their surgical capacity is crucial to the achievement of the SDG target of universal health coverage by 2030. To-date quantitative surveys have been used to assess capacity. This study illustrates the value of incorporating qualitative methods into mainstream surgical capacity assessments to inform national planning processes. Methods: investigation of anaesthesia capacity in 76 district hospitals (DHs) in Malawi, Tanzania and Zambia. The quantitative component measured anaesthesia capacity using a standardised, validated scoring system. The qualitative component involved 40 semi-structured interviews in 33 DHs, to explore deeper how weaknesses in anaesthesia impact district surgical team practices, quality, volume and scope of service

provision. Results: the index scores in Malawi (M=8.0), Zambia (M=8.3) and Tanzania (M=8.4) were similar ( $p=0.59$ ), indicating comparable capacity to deliver anaesthesia. The qualitative analysis revealed that this crude measure was misleading and brought to light major cross-country differences. In Zambia was a severe staff shortage, aggravated by difficulties in retaining staff due to poor working and living conditions at DHs, and more lucrative positions in the private or NGO healthcare sector. In Malawi, irregular availability of equipment and supplies was the biggest problem. Numbers of anaesthesia providers per hospital in Malawi were high, but interview respondents reported poor overall skills levels. Lack of confidence and motivation also affected performance. Tanzania faces multiple challenges, but no individual factor stood out. Other findings will also be presented. Conclusion: Tanzania, Malawi and Zambia, comprising 120 million people, are falling far short of ensuring universal access to safe and affordable surgical and anaesthesia care for rural populations. Research relying only on quantitative measurements does not provide the full picture of the situation on the ground and carries a risk of misinforming health planning. Complementing quantitative methods with qualitative methods seem to be the most appropriate approach to fully understanding deficits in district hospital capacity and developing more effective national responses.

Oral 10 - Using Qualitative Evidence in Global Policymaking for Maternal and Child Health Programs: Developing the WHO's Optimize MNH Guidelines, Presenter: Christopher Colvin (South Africa)

Author: Christopher Colvin, University of Cape Town and University of Virginia, South Africa

Abstract: In an era of 'evidence-based policy-making', it is routine to produce and systematically review quantitative evidence on safety, efficacy and cost-effectiveness when making global health policy decisions. There is growing recognition, though, that the success of health interventions often hinges on complex processes of implementation, the impact of sociopolitical and cultural contexts, resource constraints and opportunity costs, and issues of equity and accountability. Qualitative research is a critical evidence base for understanding these issues, and in turn working to achieve the Sustainable Development Goals. 'Qualitative evidence syntheses' (or QES) has gained momentum in the last decade as an important vehicle for integrating qualitative evidence into global health policymaking. However, integrating QES in ways that are both acceptable to the often conservative world of health policymaking and consonant with social science's distinctive methodologies and paradigms can be a real challenge. This paper offers an auto-ethnographic case study of one such effort to expand some of the WHO's core evidence- and policy-making practices by integrating QES in global health guidelines. It examines the development of the WHO's 2012 OptimizeMNH guidelines for task shifting in maternal and newborn health programs, the first WHO guidelines to officially incorporate qualitative evidence. The paper considers how cases like this might deepen our understanding of how global health policymaking and evidence-making work, and evolve over time. It examines how the methodological and epistemological practices that underpin the social sciences were translated and negotiated, and what rationales and agendas were at stake, as clinicians, policymakers and social scientists engaged with each other. It reflects on which policy questions were seen to be answerable by qualitative research (and which weren't), what forms of evidence were included (and on what terms), and how methods for synthesizing evidence were negotiated and reframed to meet expectations that evidence be constructed as standardized, objective, transparent, and reproducible. Finally, it considers what might these developments tell us about broader transformations in the political ecology of knowledge production and health politics.

Oral 11 - Title: Identifying values in the health policy decision-making processes about health-system financing in Latin America: A critical interpretive synthesis, Presenter: Marcela Velez (Colombia)

Authors: Marcela Velez, Universidad de Antioquia, Colombia; Michael Wilson, McMaster University, Canada; John Lavis, McMaster University Health Forum, Canada; Julia Abelson, McMaster University, Canada; Ivan Florez, Universidad de Antioquia, Colombia

Abstract: Background: Every health system in the world embodies values that guide political decisions. However, it is often not clear how values are incorporated into policy decision-making about health systems. In Latin America specifically, the identification of values used in the policy decision-making process is an emerging field, and there is a paucity of evidence about the role of values and how they inform the prioritization, development, and implementation of policies in different contexts. Objective: Our objective was to understand how and under what conditions societal values inform decisions about health system financing in Latin American countries. Methods: A critical interpretive synthesis approach was employed to review and synthesize the published literature. The protocol was registered with PROSPERO, ID = CRD42017057049. Two hundred and seven empirical and non-empirical publications were selected in a multi-step systematic process. Results: We identified 116 values and developed a framework to explain how values have been used to inform policy decisions about health system financing in Latin America. This framework has four categories: 1) goal-related values (i.e. guiding principles of the health system); 2) technical values (those incorporated into the instruments adopted by decision-makers to ensure a sustainable and efficient health system); 3) governance values (those applied in the policy process to ensure a transparent and accountable process of decision-making); and 4) situational values (those that represent competing strategies to make decisions within health systems). We identified four conditions under what situational values come to be influential in the policy decision-making about health system financing in LA, those refer to be aligned with: 1) policy legacies; 2) the stronger interest group; 3) the values of the government, and 4) international influences. Conclusions: The review and framework that emerged from this analysis can help policymakers and stakeholders to explicitly incorporate values into the health policy process and understand how those values are supporting the achievement of health policy goals.

Oral 12 - Understanding the Role of Values in Health Policy Decision-Making Processes About Health-System Financing in Chile and Colombia: A Discourse Analysis, Presenter: Marcela Velez (Colombia)

Authors: Marcela Velez, Universidad de Antioquia, Colombia; Michael Wilson, McMaster University, Canada; John Lavis, Health Forum, McMaster University, Canada; Julia Abelson, McMaster University, Canada

Abstract: Background. Chile and Colombia are among the Latin American countries that most comprehensively have implemented private health insurance. This context offers a unique opportunity to assess what and how values play a role in policy decision-making about health system financing. Objective. To understand how and under what conditions socially and politically declared values are used in making decisions about health-system financing for two specific decisions in each Chile and Colombia. Methods. A discourse analysis within an embedded multiple-case study design for two specific decisions in each Chile and Colombia was performed. The decisions were 1) in Chile, the development of the Universal Plan of Explicit Entitlements -AUGE/GES- and mandating universal coverage of treatments for high-cost diseases;

and 2) in Colombia, the declaration of health as a fundamental right and a mechanism to explicitly exclude technologies that cannot be publicly funded. The analysis involved a constant comparative approach and thematic analysis for each case study. Results. A total of 376 documents were reviewed. We identify that values entrenched through large structural reforms are key to shaping the many incremental changes made to health systems in subsequent years or decades. Conclusion. This study is a unique contribution to the body of knowledge in the field of values in policy decision-making in Latin America, and is an opportunity to open further exploration in different health decisions, political sectors besides health, and other jurisdictions.

**Oral 13 - Methodological Guideline for Policy Brief for Health– Experience of the Brazilian Ministry of Health, Presenter: Daniela Rego (Brazil)**

Authors: Daniela Rêgo, Ministry of Health, Brazil; Aurelina Aguiar, Ministry of Health, Brazil; Cecilia Farinasso, Ministry of Health, Brazil; Roberta Silva, Ministry of Health, Brazil; Virginia Wachira, Ministry of Health, Brazil; Luciana Leão, Ministry of Health, Brazil; Camile Sachetti, Ministry of Health, Brazil

**Abstract:** Background: A Policy Brief for Health combines evidence of global researches from systematic reviews and locally produced evidence to inform decision making about health policies and programs. Despite the availability of guidelines in other parts of the world, this is the first publication in Brazil, Latin America and the Caribbean. It proposes to bring together scientific knowledge about the elaboration process of a policy brief in one document. The importance of this guideline is to guide and standardize the elaboration process of a policy brief for health in Brazil through a systematic and transparent way that offers political options to aid decision makers, as a practical guide reference for use and consultation by researchers, managers, health professionals, health care consumers and other interested parties. Objectives: Disseminate the construction process of the Methodological Guideline of Policy Brief for Health of the Ministry of Health, Brazil. Methods: The construction of this guideline was eminently based on the SUPPORT Tools for Evidence-informed Health Policy (STP): a collection of articles published in the journal Health Research Policy and Systems' Tool Supporting Policy Relevant Reviews and Trials, (SUPPORT). Other guides have also been consulted, such as: Guides for Preparing and Using Evidence-Based Policy Briefs (SURE) and Evidence synthesis for health policy and systems: a methods guide. In order to validate the Guideline, a literature search was conducted to identify specialists to validate the instruments developed: Check list, Quality Assessment and a Methodological Guideline for Policy Brief for Health. The validation of content consisting of the verification of the items of the instruments by a committee of experts in the area. For this, the Delphi technique was used, which allows the quantitative judgment of each item and the insertion, exclusion and suggestion of content alteration, using the Likert scale to quantify the answers of the specialists, and the analysis was performed through the Index of Validity of Content (IVC). Conclusion: This methodological guideline will standardize the policy briefs produced in Brazil and this will help to incorporate evidence into decision making.

**Oral 14 - Using qualitative research to enhance life by improving the standards of medication use: the case of Centro de Estudos em Atenção Farmacêutica, Belo Horizonte, Presenter: Djenane Ramalho de Oliveira (Brazil)**

Authors: Djenane Ramalho-de-Oliveira, Universidade Federal de Minas Gerais, Brazil; Clarice Chemello, Universidade Federal de Minas Gerais, Brazil; Mariana Nascimento, Universidade Federal de Minas Gerais; Grazielli Oliveira, Secretaria Municipal de Saúde de Lagoa Santa; Maria Angela Ribeiro, Hospital



Universitário da Universidade Federal de Uberlândia, Brazil; Simone Mendonça, Universidade Federal de Juiz de Fora, Brazil; Agnes Filardi, Universidade Federal de Minas Gerais, Brazil; Yone Nascimento, Centro Universitário Newton Paiva, Brazil; Isabela Oliveira, Universidade Federal de Minas Gerais, Brazil

**Abstract:** Medications are the most utilized therapeutic tool currently available. However, it is estimated that \$528.4 billion dollars are wasted per year on non-optimized medication therapy. The provision of comprehensive medication management (CMM) services is capable of fixing great part of this problem. CMM is a person-centered service in which a pharmacist works directly with patients and other healthcare professionals to assure all medications in use are appropriate, effective, safe and convenient to be utilized in the patient's routine. Even though CMM produces noteworthy results, they are not common practice worldwide. This paper aims to describe how the Centro de Estudos em Atenção Farmacêutica (CEAF-UFMG) has been conducting qualitative research to understand, transform and advance the delivery of CMM in Brazil, and, consequently, improve the process of medication use in society. This is a case study that describes the qualitative work developed by CEAF since its foundation in 2013. CEAF is a research laboratory at the Pharmacy School with the mission to develop state of the art research to optimally integrate CMM into the healthcare system. Until today, over 3,800 Brazilians have been cared for in the CMM services linked to CEAF in different levels of care. It conducts research to understand patients' trajectories and experiences with taking medications chronically and how these influence their decision-making processes, which can have a dramatic impact in health outcomes. Phenomenological studies have been conducted to understand patients' medication experiences as they live through conditions such as rheumatoid arthritis, hepatitis, breast cancer, diabetes, kidney transplant, and multiple conditions in primary care. Qualitative research has also been critical to understand the processes involved in introducing a new service in the healthcare system. Ethnography, action research, service design, and grounded theory are assisting with the development of innovative means to integrate CMM with other existent services in a manner that care is coordinated and able to produce the highest value for patients. Photovoice and autoethnography are being used to encourage professional transformation. Qualitative research has been crucial to find solutions to implement a novel health service that enhance patients' lives and avoid massive avoidable healthcare costs.

**Oral 15 - Actions of protagonism and guarantee of rights in the CAPS in the Federal District, Presenter: Perolla Goulart-Gomes (Brazil)**

**Authors:** Barbara Vaz, Fiocruz, Brazil; Pérolla Goulart-Gomes, Fiocruz, Brazil; Adélia Capistrano, Fiocruz, Brazil

**Abstract:** The Psychosocial Care Network (RAPS) of SUS is based on the protagonism and defense of the rights of its users; the Center for Psychosocial Care (CAPS) is the service responsible for care and promoting territorial organization, and it is the most strategic point for its assistance and territory input. The Federal District of Brazil is implementing its RAPS, but numerous barriers halt the adequate operationalization of actions regarding the protagonism and guarantee of rights, as the Law 10.216 / 2001 sets forth. **OBJECTIVE:** To list the main barriers and facilitators of the implementation of actions on strengthening the protagonism and guarantee of users' rights in two CAPS. **METHODS:** The present qualitative research of implementation covered three phases using different instruments: I) research on the context of the local CAPS, investigation on records of procedures in the Health Ministry information system; focal group on the history of local

service creation; specific normative acts of mental health. II) deepening the dynamics of operation of two services through 34 interviews, 150 observation hours and 2 focal groups. III) workshops to discuss the results and thus elaborate the action plan to overcome barriers and strengthen the facilitators. The users participated intensely in steps II and III. RESULTS: first phase recovered the law of The District Mental Health Day and exhibited structural difficulties regarding the report of procedures to MS. In the second stage, we identified issues such as the use of the Unique Therapeutic Project only as an instrument for organizing activities; the unconcern of workers and beneficiaries' relatives about users' role importance; the scarce variety of rights' guarantees oriented actions because of the lack of knowledge regarding acquired rights. The results pointed out the need for development of actions and strategies tailored to the territory. The research was concluded with a plan of shared actions amongst local management, workers, and CAPS users. CONCLUSIONS: The assumption of community-based care is essential for the development of quality practices within mental health care devices. It is fundamental that there is qualification to offer services which favors spaces of dialogue and the protagonism of the user; for example, the assembly and the tools of joint construction of paths and possibilities for the treatment.

**Oral 16 - Building horizontal canals between citizens and researchers: Promoting the useful of research and use of evidence in teenagers.** Lima. Peru, Presenter: Gloria Carmona Clavijo (Peru)

Authors: Gloria Maria Carmona Clavijo, Instituto Nacional de Salud, Peru; Jessica Beltran; María Calderón, London School of Hygiene and Tropical Medicine, United Kingdom; Marina Piazza, Universidad Peruana Cayetano Heredia, Peru

Abstract: In Peru, there are an important proportion of teenagers that already have information about sex behaviors risk and contraceptives. Meanwhile, the majority of these teenagers declared did not use contraceptives in their sexual practice. With the aim to identify and describe factors representing this current gap between having information and to transforming it into a preventive practice, a mixed study was developed. In its method was used a participatory approach. In addition to the analyses of the evidence and state of the art about the problem proposed, the research team worked with teenagers, as active collaborators, in different stages of the research. A widely used social media (Facebook) was used to promote the participation of teenagers. In this virtual platform was shared virtual content developed and validated for teenagers. Developed theoretical framework and applied instruments were discussed and validated by teenagers through several workshops and open discussions. These activities were fundamental for the knowledge of the current teenager sexual situation in their arena. The findings of the research were shared between adolescent peers by themselves in educational institutions. Finally, teenagers developed initial skills in research and promoted an open discussion about sexual risk behavior. All the process was developed with the guideline of the research team. This qualitative research with the participatory approach allowed to both teenagers and researchers to build communication bridge and feedback. This qualitative approach also facilitates building skills to recognize usefulness of research among teenagers. This was valuable because allowed to both actors to get a major understanding of the problem and the potential solutions. Also, the research findings were spread in their respective platforms with their natural language codes that differ from the language codes used by researchers.

**Oral 17 - Title: Qualitative research to produce and use evidence. The experience with indigenous communities, researchers and policy stakeholders. Amazon, Peru, Presenter: Gloria Carmona Clavijo (Peru)**  
 Authors: Gloria Maria Carmona Clavijo, Instituto Nacional de Salud, Peru; Jose Daza Arevalo, Dirección Regional de Salud. Amazonas, Condorcanqui, Peru; Víctor Luis Osorio Pretel, Dirección Regional de Salud. Amazonas, Peru; Julio Portocarrero Gutiérrez, Instituto Nacional de Salud, Peru

**Abstract:** Peruvian Indigenous communities in several cases had refused to receive specific health interventions. Commonly, health professionals, local policy users and stakeholders had believed that this behavior was directly related to the particular cosmology, perceptions and beliefs of indigenous communities. A qualitative study with a participatory approach allows these actors/entities to analyze and recognize the reasons and the main factors which explain natives' refusal to specific interventions. Furthermore, the participatory approach was expected to promote the use of qualitative evidence in decision-making. This participatory research consisted of open, formal and informal critical discussions about the frameworks, emergent themes reported by Peruvian natives, and by the analysis of results from different perspectives. This approach also included the continuous presence of the researchers throughout the fieldwork with the collaborators and natives in their arena. The analytic discussion of the reports provided by natives showed that the long geographic distance and fragmented and irregular presence of the Peruvian Health System in indigenous communities, were the main factors generating their reluctance to receive, as they consider, "isolated interventions". The findings, recommendations and topics discussed with these active collaborators were considered in the public health statutes developed with their participation, in the region. These current statutes are related to public health and vaccination programs in Peruvian tribes. As another result, research skills were developed in the collaborators through their active participation in qualitative research. A qualitative study with a participatory approach, which included the active collaboration of health professionals, local policy users, and stakeholders in several stages of the research allowed to get important benefits for the decision-making process improvement. These benefits included: The break of traditional belief since the critical analyses of the believers. The development and commitment of research skills in different actors related to public health local and national level decisions, and the use of scientific evidence in the policymaking into public health practice and policymaking.

**Oral 18 - Novel methods for producing and synthesizing qualitative evidence on the SDGs: Thrivability Appraisal applied to a Brazilian and a Canadian case, Presenter: Maria Inês Paes Ferreira (Brazil)**  
 Authors: Maria Inês Paes Ferreira, Brazil; Graham Sakaki, Vancouver Island University, Canada; Larissa Thelin, Vancouver Island University, Canada; Pamela Shaw, Vancouver Island University, Canada

**Abstract:** Literature debates consider sustainable development goals (SDGs) as interdependent, pointing to both trade-offs and co-benefits, characterized by negatively or positively influencing targets, respectively. The SDGs comprehensive nature is seen as an opportunity for transforming the way decision-makers and managers measure, understand and implement development policies. However, the SDGs complex set of interactions can often complicate data gathering processes at regional, national and global levels. The unavailability of data for many countries, complexity and multidimensionality of development processes implicate in additional gaps in data collecting and synthesizing, thus, further complexify the design of indicator and monitoring systems regarding SDGs operationalization induced by public policies. In Brazil, water provision for multiple uses has come to the centrality of development issues: no global prosperity is possible without access to water. Similarly to Brazilian water legislation, UN Water states that collaborative water

governance mechanisms and integrated water resources management (IWRM) are vital to implement SDG goal 6's targets, and consequently the only way to provide water, sanitation and thus dignity of life and well-being for all mankind. Considering this background, the objective of this work is to present the application of a novel method for producing and synthesizing qualitative evidence regarding sustainable water management at a regional scale, titled "thrivability appraisal". The methodology emerged from discourse analysis of socioenvironmental perception surveys applied to Brazilian and Canadian social actors involved in IWRM. The present work focuses on a comparative case study between Hydrographic Region VIII, in Rio de Janeiro, Brazil and the Regional District of Nanaimo, Vancouver Island, Canada. The innovative methodology showed to be adequate in enlightening regional scale decision-making processes towards integrated IWRM. Specifically for SDG 6 pathway, as the main challenges to be overcome the thrivability appraisal pointed out "resource efficiency and maintenance" as well as "livelihood sufficiency and opportunity", in the Brazilian case, and "inter-generational and intra-generational equity", in the Canadian case.

**Oral 19 - Harmonious Home-to-Hospital Care for Sick Newborns: How Amhara Is Moving from Community Voice to Systems-Level Change for Septic Newborns, Presenter: John Cranmer (USA)**

Authors: Meron Asfaha, Department of Behavioral Science and Health Education, Rollins School of Public Health, United States; Brandon Spratt, Emory University School of Nursing, United States; Lamesgin Alamineh, Emory Ethiopia, Ethiopia; Dawn Comeau, Rollins School of Public Health, Emory University, United States; John Cranmer, Emory University, United States; Abebe Gebremariam, Emory Ethiopia, Ethiopia; Charlotte Marshall-Fricker, Department of Behavioral Science and Health Education, Rollins School of Public Health, United States; Abraham Tiraku, Federal Ministry of Health, Ethiopia; Maternal, Child and Nutrition Directorate, Ethiopia; Abebaw Gebeyehu, Amhara Regional Health Bureau, Ethiopia; Lynn Sibley, Department of Anthropology & Global Health, Emory University, United States

Abstract: Background: 25% of global neonatal deaths are driven by infection and 44% of under-five deaths in Ethiopia are neonatal. Referring sick newborns to facilities for treatment may not be feasible in some global contexts. To achieve neonatal SDG 3.2, decentralized treatment strategies are essential. Outside hospitals, Possible Severe Bacterial Infection (PSBI) is a syndromic diagnosis non-clinicians use to treat newborns who likely have sepsis. Although volunteers can effectively treat common disorders in communities, decentralized PSBI care strategies have not been widely tested or scaled. Methods: In Amhara Ethiopia we conducted focus groups and interviews to describe current PSBI treatment practices and design context-specific strategies for decentralized care. We interviewed stakeholders across the home-to-hospital care continuum in rural and periurban areas including families (mothers, fathers, household members), community influencers (traditional healers, religious leaders, kebele [neighborhood] leaders), clinicians (nurse, physician, pharmacist) and government officials. Using thematic content analysis, we described barriers and facilitators to decentralized PSBI care. Results: At home, mothers are primary newborn caretakers and accessed a variety of care for sick newborns. The care source was based on illness conceptualization and maternal preference. Traditional or religious leaders were consulted for symptoms that were rapidly evolving, "atypical" or unresponsive to clinical care. Families preferred health centers (community hospitals) for "common" or gradually progressing symptoms. Religious care was not sought or provided prior to baptism. Rather, faith leaders offered care to mothers. Although, health posts (dispensaries) are officially the entry for primary care, no families reported using them for sick newborns.

Conclusions: Contextual factors impact newborn PSBI care in Amhara. Regional-national health bureaus and researchers are utilizing these qualitative discoveries to design a decentralized PSBI care model. Cross-sector strategies at the forthcoming workshop may 1) leverage maternal care norms, 2) blend insights across sectors, 3) align health post accessibility with treatment capacity, or 4) partner faith leaders, clinicians and communities to define care strategies for infants not yet baptized.

Oral 20 - Promovendo o desenvolvimento sustentável na Atenção Primária a Saúde, Presenter: Karina Patricio (Brazil)

Author: Karina Pavão Patrício, Faculdade de Medicina de Botucatu - UNESP, Brazil

Abstract: Introdução: A agenda 2030 aponta que é necessária adoção de medidas urgentes para sustentabilidade. A adoção de hábitos insustentáveis leva a degradação ambiental, mudanças climáticas, pobreza e impacta negativamente na saúde. A Atenção primária a saúde (APS) é o cenário que facilita estas discussões, trabalhando com gestores e usuários para alcançar um território integrado, inclusivo e sustentável. Embora a saúde ambiental impacte diariamente na vida das pessoas, ainda veste a capa da invisibilidade nos serviços de saúde. Objetivos: discutir e vivenciar o desenvolvimento sustentável por meio de oficinas de arte sustentável na APS junto ao Pet-saúde (Programa de Educação pelo trabalho para a saúde) envolvendo alunos, usuários, equipe de saúde e gestores. Métodos: o estudo realizado em três Unidades de Saúde da Família (USF) que enfrentavam o descarte inadequado de lixo pela comunidade. Foram ofertadas 45 vagas, com oficinas mensais durante 4 meses, de sensibilização e conscientização, utilizando a arte sustentável como instrumento facilitador na discussão: reciclagem de papel, jardinagem/compostagem e arte com sementes, adotando metodologia qualitativa. Inicialmente realizamos entrevistas semiestruturadas investigando sobre concepção de meio ambiente e lixo; relações com saúde; problemas ambientais locais; doenças locais e meio ambiente; ações realizadas ou não e o que poderia ser feito para melhorar o meio ambiente local e quem deveria fazer. Ao final da intervenção realizamos grupos focais, trazendo para o grupo as mesmas questões. Os dados foram analisados pela técnica do Discurso do Sujeito Coletivo. Resultados: Tivemos 41 participantes, 27 usuários e 14 profissionais da saúde. Nas entrevistas, a concepção de meio ambiente era algo externo, lixo o que não tinha serventia e sempre o “outro” deveria cuidar da saúde ambiental. Após oficinas, passaram a ressignificar o que é lixo, ficaram motivados a adotar práticas mais sustentáveis, replicar oficinas. Não houve mudanças nas concepções de meio ambiente, mas existiu construção da corresponsabilidade ambiental coletiva. Conclusão: Observou-se que APS é um importante local para dialogar e implantar objetivos da agenda 2030, de forma prática e vivencial. E que metodologia qualitativa é uma ferramenta para compreender o caminho de ressignificação de conceitos e hábitos, auxiliando na tomada de decisões futuras.

Oral 21 - Health Solutions Fair: One Health in the Healthy and Sustainable Territory, Presenter: Kellen Rezende (Brazil)

Authors: Wagner Martins, Oswaldo Cruz Foundation - Fiocruz, Brazil; Joyce Schramm, Oswaldo Cruz Foundation - Fiocruz, Brazil; William da Silva Alves, Conselho das Secretarias Municipais do Rio Grande do Sul - COSEMS/RS, Brazil; Kellen Santos Rezende, Oswaldo Cruz Foundation - Fiocruz, Brazil; Cláudia Martins, Oswaldo Cruz Foundation - Fiocruz, Brazil; Danielle Cavalcante, Oswaldo Cruz Foundation - Fiocruz, Brazil; Pedro Henrique Aguiar, Oswaldo Cruz Foundation - Fiocruz, Brazil; Fernanda Cardoso da Silva Feijó, Conselho das Secretarias Municipais do Rio Grande do Sul - COSEMS/RS, Brazil; Diego Espíndola de Ávila,

Conselho das Secretarias Municipais do Rio Grande do Sul - COSEMS/RS, Brazil; Maria Fabiana Damasio Passos, Oswaldo Cruz Foundation - Fiocruz, Brazil

**Abstract:** Background: The "Health Solutions Fair: 'One Health' in the Healthy and Sustainable Territory" in Bento Gonçalves city, extreme south of Brazil, was a locus of aggregation of solutions and successful experiences using citizen science, university research, patented products and innovative ideas of public and private initiatives to transform it in to real benefits to society through the construction of intersectoral partnerships and cooperation. The background is the production of qualitative evidence for the challenges of the sustainable development objectives (SDGs) of the WHO Agenda 2030. Objectives: create spaces of regional dialogues, with technological prospecting to identify health solutions and thus enabling the activation of cooperative networks for diffusion of industrial, social and service innovations. Also identify and disseminate social, industrial and service solutions conducting the meeting between solution developers and interested citizens. Methods: organization of a fair in three moments, adding a qualitative method of data collection and analysis. First, the collection of solutions and experiences with the intersectoral interaction and the realization of partnerships; second, classification of the solutions and experiences as ODS's objectives; third, follow up of the solutions to reach millennium developments in the RS territorio with the COSEMS and Fiocruz partnership. Results: the 'Fair' held by Fiocruz and COSEMS in Bento Gonçalves (RS) from April 22 to 25, 2019 had the effective participation of citizens, managers, researchers and entrepreneurs in their programming and in the planned activities. There were 115 presentations of successful experiences referring to 92 municipalities by the citizens. There were also 108 innovative solutions classified by social, industrial and service solutions mapped out, 34% of these data were related to ODS03 and 11% to ODS04. Conclusions: it was possible to evidence the strengthening of use of qualitative evidence in actions related to global challenges Agenda 2030 in RS territory and the use of this by citizens and producers to find out solutions for the decision making at SDGs work agenda intersectorally in the southeast part of Brazil. The participation of society, industry and government is considered an important tool to effectively achieve the goals of the WHO Agenda.

Oral 22 - "So... tell me what you think" - the importance of engaging multiple stakeholders in problem definition and identification of barriers, Presenter: Laura Boeira (Brazil)

Authors: Davi Romao, Veredas Institute, Brazil; Marcel Carvalho, Veredas Institute, Brazil; Laura Boeira, Veredas Institute, Brazil

**Abstract:** Background: While conducting research on interventions' effects and specially while developing an evidence brief, we tend to focus on the quantitative data that often is able to tell us just a part of the story. By working in a civil society organisation that brings together policymakers, researchers and other civil society members, we advocate for the importance of hearing multiple stakeholders through different steps of searching for and summarizing evidence on public policies. Objectives: To describe three cases where engaging stakeholders in brainstorming sessions provided crucial qualitative data for the understanding of a research problem or the implementation of interventions. Methods: For engaging stakeholders, we used an adapted version of the SUPPORT Tools. Results: One of the key-moments to engage stakeholders is in the problem definition. Conducting brainstorming workshops on indigenous peoples' health and quality of life of public security workers, we were able to experience moments where a research problem pre-defined by the national level was completely rearranged by the local-level workers

and population, as well as moments where a whole team's common sense about a matter was rebuffed by a number of systematic reviews, pointing to the need of levelling the information before proceeding to the search for interventions. These workshops also allow us to collectively prioritize problems and interventions, with participants of a workshop on prison systems deciding to focus their research efforts in a subject that was not the most relevant, but it would benefit more from a policy brief. We also had the experience of teaching citizens on how to use the PROGRESS tool for equity consideration during a stakeholder dialogue, which changed completely our framing of the interventions that emerged from quantitative data and improved the considerations for implementation. Conclusions: Gathering qualitative data from different stakeholders can expand the understanding of key-topics and might change altogether the research scope or the prioritization and implementation of interventions. It should be a step included even in policy briefs that are mainly informed by quantitative evidence. That seems even more important in neglected research subjects, such as the prison system and the needs of traditional peoples.

**Oral 23 - Qualitative analysis of maternal mortality cases from the perspective of Vulnerabilities and Human Rights as an important tool for health management, Presenter: Livia Leão (Brazil)**

Authors: Livia Caetano da Silva Leão, Secretaria Estadual da Saúde do Rio Grande do Sul (SES-RS), Brazil; Gregório Corrêa Patuzzi, Grupo Hospitalar Conceição, Brazil; Maura Carolina Belomé da Silva, Secretaria Estadual de Saúde do Rio Grande do Sul (SES-RS), Brazil; Aline Coletto Sortica, Secretaria Estadual de Saúde do Rio Grande do Sul (SES-RS), Brazil; Nadiane Albuquerque Lemos, Secretaria Estadual de Saúde do Rio Grande do Sul (SES-RS), Brazil

**Abstract:** Background: The maternal mortality ratio (MM) is comprehended as an important indicator of human development, economic, social and health status. The first target of the third goal of the Sustainable Development Goals (SDGs) proposed by the United Nations is to reduce the overall maternal mortality rate to less than 70 deaths per 100,000 live births by 2030. In addition, Goal 5 presents as a target to ensure universal access to sexual and reproductive health and reproductive rights. The latest data available about MM in Brazil shows that the state of Rio Grande do Sul (RS) had the second lowest MM rate among Brazilian states (38.89 deaths per 100,000 live births) in 2016. Even though it is an elevated rate when compared with international parameters, RS is ahead of the national scenario in this indicator. Objective: To present the experience of a qualitative analysis as an important tool used by the State Department of Health of Rio Grande do Sul to evaluate the maternal mortality cases and its relation with individual and social vulnerabilities of these women. Experience Report: All documents related to each one of the 50 maternal deaths reported in RS in the year of 2017 were organized. Two or more judges wrote a summary report of each case based in all available information. After that, readings of each case led to development of categories of individual and social vulnerability using thematic inductive analysis, namely: biological aspects; emotional aspects; economic and social aspects; and environmental aspects. The categorization was based on the Vulnerability and Human Rights theoretical framework. The analysis was carried out using the NVivo 11 qualitative analysis software, and it was conducted by two independent judges and with an adequate agreement coefficient. Conclusions: The use of qualitative methodologies improve the understanding of the individual and social dimensions of vulnerabilities that make up the maternal mortality in the state of Rio Grande do Sul. Further studies intend to continue using this methodology in order to investigate aspects of healthcare and health management linked to this phenomenon.

Oral 24 - Innovative ways of using Qualitative Evidence to inform Decision and Policy making process to achieve Sustainable Development Goals (SDGs), Presenter: Manir Abdullahi Kamba (Nigeria)

Author: Manir Abdullahi Kamba, Bayero University Kano, Nigeria

**Abstract:** This paper focuses on the identification; assessment and synthesis of using qualitative evidence to help explain, interpret and implement the findings to inform decision and policy making for Sustainable Development Goals (SDGs). The paper explains that there is growing recognition of the contribution that qualitative research can make to decision making for SDGs, particularly in relation to understanding the what, how and why. This includes shaping questions of importance to end users, understanding the mechanisms behind effectiveness or ineffectiveness, understanding heterogeneous results, identifying factors that impact on the implementation of research evidence to decision, describing the experience of people and providing participants' subjective evaluations of outcomes. The paper argues that despite recognition of the importance of qualitative research to making for SDGs, so far the number of available examples is relatively small. Poor availability may reflect a relative lack of interest in applying review methods to qualitative research and/or lack of consensus about whether it is appropriate to do so. In recent years new approaches and techniques for synthesizing the use of qualitative evidence to decision making have emerged, although debates about appropriateness continue, because review methods are not well-developed or tested. Therefore this paper outlines various options for consideration, it also propose innovative ways of using qualitative evidence to inform decision and policy making processes to achieve sustainable development goals. Finally, the paper provides references which should be consulted where more detailed information is required.

Oral 25 - *Aedes aegypti* control in Latin America and the Caribbean: systematic review, qualitative research and policy dialog with decision-makers and experts, Presenter: Maria Belizan (Argentina)

Authors: Maria Belizan, Instituto de Efectividad Clínica y Sanitaria – IECS, Argentina; Agustin Ciapponi, Instituto de Efectividad Clínica y Sanitaria – IECS, Argentina; Elena Tapia-Lopez, Instituto Nacional de Salud, Peru; Andrea Alcaraz, Instituto de Efectividad Clínica y Sanitaria – IECS, Argentina; Herney Andrés García-Perdomo, Universidad del Valle, Cali, Colombia; Mariana Comolli, Instituto de Efectividad Clínica y Sanitaria – IECS, Argentina; Silvina Ruvinsky, Hospital Dr. Juan P. Garrahan, Ciudad Autónoma de Buenos Aires, Argentina; Ariel Bardach, Instituto de Efectividad Clínica y Sanitaria (IECS), Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Argentina

**Abstract:** Background: *Aedes aegypti* (AA) is the mosquito that transmits dengue fever, chikungunya and Zika. It is currently present in nearly all American countries. Although many efforts have been undertaken it remains a challenge to halt its spread worldwide. Objectives: At first stage of this study we aimed to produce high-quality evidence of strategies to control the AA and about their implementation barriers in Latin America and the Caribbean (LA&C). At a second stage, we aimed to set research priorities and develop recommendations to control the AA. Methods: A systematic review (SR) summarized the information identified in LA&C regarding the interventions for AA control over 15 years. Additionally, we performed a qualitative research consistent with the grounded theory approach, conducting in-depth semi-structured interviews with 19 stakeholders from nine countries (Argentina, Brazil, Colombia, Cuba, Honduras, Panamá, Paraguay, Peru and Puerto Rico). Findings from the SR and qualitative research were summarized in graphic materials. Finally, we performed a Policy Dialog, in the form of a workshop, between eleven decision makers and experts from seven LA&C countries and the Pan American Health Organization. Results: The



dialogue with experts enriched the evidence coming from the SR and the qualitative research. Participants agreed that the governments do not prioritize preventive strategies. Consequently, the existing interventions are largely done in reaction to outbreaks. It was agreed that the best strategy is an integrated management of the AA, including: chemical control; biological control; environmental management; community participation; and integrated surveillance. Experts highlighted the crucial role of government leadership and inter-sector coordination with government agencies and civil society stakeholders. They emphasized that it is not common to measure the interventions' impact. Research priorities identified were: community interventions; control and monitoring; most efficient modalities of integrated surveillance; entomological indicators; and resistance to insecticides. Conclusions: In the instance of a collective deliberative process it was important to count with quantitative evidence and qualitative findings, in order to set priorities and to develop recommendations. Materials available at <https://www.iecs.org.ar/mosquito/>

**Oral 26 - Evaluation of factors influencing implementation of public-private partnerships for health system strengthening: the case of a Brazilian partnership, Presenter: Maria Joachim (USA)**

Author: Maria Joachim, University of Michigan, United States

**Abstract:** Background: Public-Private Partnerships (PPPs) are an internationally proposed way to deal with the classic problem of poorly managed public sector bureaucracies by private service management. The northeastern state of Bahia, Brazil, characterized by politics machine and an inefficient public sector, represents both a case where the public sector is challenged enough to seek interest in PPPs, and also where the overall politics are convoluted enough to suggest that a PPP is likely not to work. Objectives: Studying PPPs allows researchers to engage with the debate about the risks and rewards of private sector provision of public services. My study aims to serve as a critical case that will generate as much in-depth knowledge about the factors that have enabled a hospital partnership to meet its health indicators and survive in the last eight years considering the local sociological context of Bahia, Brazil. Methods: Based on an extensive ethnographic case study research which is highly unusual for the study of PPPs, I a) conducted 78 semi-structured interviews with ministry officials, hospital managers and employees, medical associations, unions as well as community members and leaders, b) participated in weekly hospital meetings and community meetings, and c) reviewed public and non-public documents, to critically access the factors that influenced the implementation and successful survival of the hospital PPP initiative. Results: I identified the successful creation of an island of effectiveness in health care delivery, embedded in the local issues of Bahia, Brazil, but autonomous from the worst of local politics at both the state and the municipality levels. While the PPP contract seems to be a necessary condition for success as measured by performance and quality indicators, the human resource management approach adopted is the sufficient condition for the success. Conclusions: The study of PPPs, especially in healthcare for low- and middle-income countries, is perfunctory and the lessons learned from such initiatives remain in the private sector. This case study uses qualitative research data as evidence to continue and reinforce the conversation among researchers and policy stakeholders as to how private sector collaboration could be a driving force for achieving progress within SDG Goal 3 for health and health system strengthening.

**Oral 27 - Growing qualitative evidence synthesis (QES) research competency and leadership in the ‘global South’: Lessons from South Africa, Presenter: Natalie Leon (South Africa)**

Authors: Natalie Leon, South African Medical Research Council, South Africa; Willem Odendaal, South African Medical Research Council, South Africa; Hlengiwe Moloi, South African Medical Research Council, South Africa; Christopher Colvin, South Africa

**Abstract:** Background: Although the value of qualitative evidence syntheses for health policy and practice is increasingly recognized, the leadership and capacity for conducting these syntheses remains skewed towards high-income (‘global North’) settings. Context and aim: To address this imbalance, we are building competency and leadership for QES work in low-resource (‘global South’) settings, through training and practice. We have led local and international QES training workshops and are conducting several QES projects addressing health policy and systems (HPS) questions, some of which are informing international guidelines. We have also hosted a series of QES webinars and are engaged in a range of related methodological research. We are one of the few groups in sub-Saharan Africa producing this type of HPS synthesis and share lessons on factors that have strengthened this work. Reflections and lessons: Our capacity to conduct and train in QES for health systems strengthening is built, firstly, on our extensive primary qualitative research experience, knowledge in methods of other evidence synthesis types (i.e. quantitative reviews), and our range of HPS research experience. Combined, these skills enable us to effectively engage the critical aspects of conducting QES work, especially the challenging elements of formulating QES questions and extracting and synthesising large bodies of narrative data. Secondly, our strong connections to ‘global North’ networks that are advocating for and engaging in QES give us access to experts in the field, and opportunities to receive training and work collaboratively. Thirdly, we have used our experiences conducting QES to inform the development of training programmes, thus bringing together our research and teaching practices. Finally, we are growing our network of ‘global South’ researchers, and this, together with rapid changes in communication technology, are allowing us to expand the reach of our training and capacity building, nationally and internationally. Conclusion: Our experiences show the strength of combining our local qualitative and HPS research expertise with international and local networking. Our learning-through-doing approach is developing our own capacity and that of others, lessons that could inform strategies for building research capacity and leadership in the ‘global South’.

**Oral 28 - Using findings from qualitative evidence syntheses to inform WHO guidelines: a case study of digital targeted client communication, Presenter: Natalie Leon (South Africa)**

Authors: Heather Ames, Norwegian Institute of Public Health, Norway; Natalie Leon, South African Medical Research Council, South Africa; Simon Lewin, Norwegian Institute of Public Health, Norway; Eliud Akama, Family AIDS Care and Education Services, Centre for Microbiology Research, Kenya Medical Research Institute, Nairobi, Kenya, Kenya; Claire Glenton, Norwegian Institute of Public Health, Norway; Tigest Tamrat, Depth of Reproductive Health and Research, World Health Organisation, Switzerland

**Abstract:** Background: To inform a new guideline on digital interventions for health systems strengthening, the World Health Organization (WHO) commissioned a series of systematic reviews. This included a Cochrane qualitative evidence synthesis (QES) to understand health service users’ views and experiences on receiving digital targeted client communication (DTCC), including text messages, via mobile devices from health service organisations. Objectives: We report the key findings from this QES on understanding user views of DTCC in the areas of reproductive, maternal, newborn, child and adolescent health; and the

methods we used to relate these to findings from two parallel reviews on the effectiveness of DTCC interventions. Methods: We used a standard approach to conducting a QES. This included developing a protocol, designing a search strategy, duplicate screening of summaries and full-text reviews, data extraction, framework analysis, summary of findings, assessment of the methodological limitations of included studies and applying GRADE-CERQual to assess the level of confidence in each finding. We used a matrix approach to map and explore how our findings related to the interventions included in the two related effectiveness reviews. Results: Forty-eight studies met our inclusion criteria, and we purposively sampled 35 studies for analysis, from a mix of country income-levels.' The framework synthesis resulted in 23 findings in 6 theme areas. These themes were 1) General acceptability of and preferences for DTCC, 2) Access to network services, phones and messages, 3) Communication delivery and format preferences, 4) Communication content preferences, 5) Privacy and confidentiality regarding personal health information and 6) Perceptions of intervention impact. The potential implementation barriers that we identified in our QES had mostly not been addressed in the interventions evaluated in the trials included in the two related effectiveness reviews. Conclusion: Using QES to inform international guidelines is an evolving field. Findings from our QES (which showed that evidence on the perceptions of acceptability, feasibility, and usefulness of DTCC is mixed), informed the findings of the WHO guideline, and highlights that more attention needed to be paid to implementation barriers and facilitators when designing, implementing, and evaluating DTCC intervent.

**Oral 30 - Action research as a potential tool for health promotion in primary care, Presenter: Francisca Patrícia Barreto de Carvalho (Brazil)**

Authors: Francisca Patrícia Barreto de Carvalho, Universidade do Estado do Rio Grande do Norte, Brazil; Tatiane Aparecida Queiro, Universidade do Estado do Rio Grande do Norte, Brazil; Francisco Arnoldo Nunes de Miranda, Universidade do Estado do Rio Grande do Norte, Brazil; Ana Luiza de Oliveira Sousa, Programa de Residência Integrada em Saúde da Escola de Saúde Pública do Ceará, Brazil; Lara Candice Costa de Moraes Leonez, Universidade do Estado do Rio Grande do Norte, Brazil; Deyla Moura Ramos Isoldi, Universidade do Estado do Rio Grande do Norte, Brazil

Abstract: Introduction: Health Promotion (HP) has a complex concept that demands reflection and commitment from health professionals to be incorporated into their practice. Knowing the difficulty of materializing this concept in the daily services, it was proposed an action research that would allow a space to discuss and build a possible concept for the day-to-day life of a Basic Health Unit (BHU). Objective: To describe the process and results of an action research on health promotion in a BHU. Methods: It was carried out at a BHU in Mossoró, Rio Grande do Norte, Brazil. The study population corresponded to 22 professionals and a sample comprised 20 of them. The study was divided into four phases: (1) Preliminary research and problem definition, in which a semi-structured interview that was carried out in order to identify the learning needs and knowledge about the proposed theme and thus define the generating themes to be worked on; (2) Development of a plan of action, with the planning of educational activities for each generated theme, being "health promotion: concepts and reflections", "the role of primary care", "social determination of the health/disease process "And" how to materialize the promotion of health in the actions developed in primary care?"; (3) Implementation of the action plan, in which the educational activities were implemented, thus seeking the construction of new knowledge and problem solving and (4) Evaluation. We evaluated the results obtained through the activities. Results: Phase 1 allowed participants

to identify gaps related to the development of HP actions in their work process. The implementation of the action plan made it possible to discuss the themes that aroused the professionals to the recognition of the social determination of the health / disease process and on how to materialize HP in the actions developed in primary care. Through the evaluation it was observed that action-research allowed professionals to broaden their conception regarding HP and from this, to improve their work processes. Conclusion: By enabling a process of reflection / action between researchers and participants, action-research contributes to a paradigm shift in the place where it develops, thus, it is translated as a fundamental strategy in stimulating the development of health promotion.

**Oral 31 - The effectiveness of community score card approach in improving HIV/AIDS Service delivery for sustainable development: Experiences of three districts, Presenter: Ronald Tibiita (Uganda)**

Author: Ronald Tibiita, THETA Uganda, Uganda

**Abstract:** Background: Community scorecard approach is a social accountability tool that employs participatory methods to empower service users in influencing quality, efficiency, effectiveness and accountability in health service provision at health facility level for key population including; sex workers, men having sex with men, truckers and injectable drug users. Objective: To review and improve HIV/AIDS service delivery in six health facilities of central Uganda. Method: Between 2017-2018, we adopted the use of community Scorecard to regularly review and improve HIV/AIDS services in six selected public health facilities in three districts of central Uganda. We used focus group discussions, participant observation and interface meetings to score quality of health services at model health facilities. We conducted eight quarterly scorecard sessions involving service users and providers to holistically assess service delivery gaps and generate concrete actions to address them. Results: ART availability and accessibility improved from 20% in 2017 to 80% in 2018 evidenced by acceptable stock levels of ART. We noticed progressive elimination of physical stigma at health facilities. The number of key population freely interacting with health care providers increased from 45 in 2017 to 500 by 2018. Facility records showed increased numbers of key population accessing family planning commodities; Specially, condom up take increased from 45% to 98%. To effectively increase access to condoms at hotspots, over 200 condom dispensers were distributed in targeted hotspots. Conclusion: Community Scorecard revealed important gaps in the health care systems that makes it difficult for key population to access minimum health care services. There is need to build responsive health care system for effective health service delivery to effectively contribute to sustainable development.

**Oral 32 - Reframing WHO guidelines through qualitative research: establishing what matters to service users, Presenter: Soo Downe (UK)**

Authors: Soo Downe, Research in Childbirth and Health (ReaCH) group, University of Central Lancashire, Preston, United Kingdom; Kenny Finlayson, Research in Childbirth and Health (ReaCH) group, University of Central Lancashire, Preston, United Kingdom; Özge Tuncalp, UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland; Olufemi Oladapo, UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland; A. Metin Gülmezoglu, UNDP/UNFPA/UNICEF/WHO/World

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**Abstract:** Background: World Health Organization (WHO) guidelines are based on systematic reviews of existing randomised trials. Recently, WHO guideline panels have assessed the value of outcomes in included studies, and the acceptability, feasibility, and equity of the recommendations. However, service user concerns about what matters to them may not be captured in existing RCTs included in systematic reviews, potentially limiting the acceptability and uptake of the recommendations resulting from WHO guidelines. Objectives: The objective of this presentation is to demonstrate how the views and experiences of service users represented in qualitative studies can influence WHO guideline questions and outcomes within reproductive health. Methods: We undertook two systematic scoping reviews to explore what matters to women in pregnancy and childbirth respectively. For both reviews eight databases were searched and relevant studies logged and quality appraised. Data from included studies were coded and synthesized using metaethnography. Findings were assessed for confidence using GRADE-CERQual. Findings graded as ‘high’ or ‘moderate’ were reported. Results: Pregnancy scoping review: 38 studies were included. The final meta-theme was: Women want and need a positive pregnancy experience, including four subthemes: maintaining physical and socio-cultural normality; maintaining a healthy pregnancy for mother and baby (including preventing and treating risks, illness, and death); effective transition to positive labour and birth; and achieving positive motherhood (including maternal self-esteem, competence, autonomy). Childbirth scoping review: 37 studies were included. The final meta-theme was: Hoping for a positive birth experience, including three sub-themes: anticipating triumph and delight, fearing pain and abandonment; the enduring influence of familial and socio- childbirth norms; and enacting what matters in the context of what is available. Both reviews informed the framing, content and outcomes of the respective guidelines. The novel notion of ‘a positive experience’ became a central component of both guidelines. Conclusion: Undertaking a priori qualitative scoping reviews was ground breaking in terms of the impact on the focus of the guidelines as a whole. This approach could be adopted for other bodies developing guidelines, to ensure that they are meaningful and appropriate for key stakeholders, and, therefore, more likely to be implemented and utilised in practice.

Oral 33 - Engaging students as citizens to inform multijurisdictional decision-making, Presenter: Kartik Sharma (Canada)

Authors: Kartik Sharma, McMaster Health Forum, Canada; Chloe Gao, McMaster Health Forum, Canada; Peter Belesiotis; McMaster Health Forum, Canada; Kaelan Moat, McMaster Health Forum, Canada; Michael Wilson, McMaster Health Forum, Canada

**Abstract:** Background: There are numerous established methods to engage citizens with lived experience on priority policy issues. Post-secondary students are one such group and can inform student-relevant policy issues—many of which cut across several levels of decision-making authority. To date, there have been few attempts to adapt citizen-engagement processes to generate qualitative evidence from students. Objectives: Adapt an established citizen engagement process to gather qualitative evidence (values, views and experiences) from students to inform decision making. Methods: Drawing on the McMaster Health Forum’s process of convening citizen panels (which have engaged more than 600 citizens and addressed more than 50 priority policy issues) we developed a student brief and convened a student panel about

‘Creating a culture of consent at McMaster University.’ The student brief presented the best available research evidence on the topic and was informed by the input of six key informants and seven steering committee members. The brief informed conversations to engage students in producing qualitative evidence. An experienced facilitator gleaned values and perspectives from 11 student panelists. Results: The student brief identified three problems (sexual violence (SV) is widespread, cultural norms limit bodily autonomy, and preventing SV is challenging) and three elements of an approach to address the problem (explore the cultural basis of SV, coordinate to strengthen university-wide collaboration, and bolster primary prevention efforts). Panelists noted that more SV education and a consistent definition of SV are required to act on the issue. Students’ tacit knowledge was combined with findings from the student brief to create a panel summary for decision makers to use to inform policy and programmatic changes at multiple levels of decision-making authority. Panelists reported that the student brief and panel were effective at promoting a discussion that could spark action on a priority issue. Conclusion: Student panels are a valuable way to elicit student values and perspectives. The qualitative insights from the panel, combined with synthesized evidence that informs the panel, can help inform university and student groups on how to best address issues facing students, as well as municipal and provincial policymakers grappling with issues on a broader scale.

Oral 34 - Qualitative methods to evaluate health programs that work across sectors: Some practical lessons learnt, Presenter: Sudha Ramani (India)

Authors: Sudha Ramani, India

Abstract: Background: While we encourage health programs to work across sectors, such programs often become a diverse bundle of complex interventions. Impact evaluations do not give us a sense of how these programs work. In such cases, qualitative evaluations can provide important insights into how complex, cross-sector interventions work on the ground. But these are not easy to do. Objectives and methods: This is a pragmatic methodology paper. Here, we share some lessons learnt our qualitative evaluation of two cross-sector programs in health. These programs had the goal of attaining child health by working across sectors (health, nutrition, water and domestic violence) through a partnership between the government and a non-profit organization. The programs were implemented in the urban slums of Mumbai. Methodological lessons learnt: Programs that work across sectors have several components; and it may not be possible to evaluate all of them. This is even more relevant in situations when programs need “quick decisions” on how to modify their strategies before the next funding cycle. Implementors often do not have the time to wait for a long-drawn qualitative study with complete, near-perfect theoretical models. To quick the pace of evidence availability for program implementation, existing program logic models are a good starting point. One can use these to initiate discussions with the program staff; and get their perspectives on which components are likely to have strong field presence. These components can be arranged to derive an operational “theory of change” (which may not be perfect- but gives a “good sense” of reality). This operational theory can be verified and modified using discussions with other partners. It is also important for qualitative evidence to be triangulated and interpreted in line with any quantitative monitoring data that is available. Programs also sometimes change and incorporate new components mid-way through a funding cycle. People change and conducive environments for partnerships are not always available. These “politics” must also be taken into account in the theoretical models we build for cross-sector partnerships; for partnerships are mostly political endeavours rather than technical. Lastly, if the

evidence we arrive at is “unexpected” by the program, we encourage small-team program discussions; before public announcements.

**Oral 35 - Utilizing qualitative evidence to enhance community engagement and influence policy change for neglected tropical diseases programme in Nigeria, Presenter: Oluwatosin Adekeye (Nigeria)**

Authors: Oluwatosin Adekeye, Sightsavers Nigerian Country Office, Nigeria; Akinola Oluwole, Sightsavers Nigeria, Nigeria; Luret Lar, Sightsavers, Nigeria; Gideon Uduak, Federal Ministry of Health, Nigeria; James Nuphi, Sightsavers, Nigeria; Ruth Dixon, Sightsavers, United Kingdom; Sunday Isiyaku, Sightsavers, Nigeria; Laura Dean, Liverpool School of Tropical Medicine, United Kingdom; Kim Ozano, Liverpool School of Tropical Medicine, United Kingdom

**Abstract:** Background: Eliminating neglected tropical diseases (NTDs) is one of the health targets of the sustainable development goals (Goal 3.3). There have been concerted efforts towards the elimination of these diseases, particularly the PC NTDs for which donated medicines are available. However, there are still challenges around accessibility, availability and acceptability of the medicines, resulting in unmet yearly programme targets. Objectives: COUNTDOWN implementation research aims to improve the NTD programme by using qualitative methods to identify challenges within the programme and providing evidence-based information on how best to improve programme efficiency and effectiveness there by ensuring no one is left behind in the treatment of NTDs. Methods: Qualitative methods were applied to explore various modes of community mobilization and sensitization across contexts and how this shaped access among the various groups within the community (rural and urban contexts). Mapping exercises with groups of different ages and genders within the community, transect walks with community leaders and stakeholder participatory meetings with implementers were held to obtain their perspectives on community engagement within the program. Field diaries and ethnographic observations allowed for reflection and documentation of how this is shaping accessibility and acceptability in order to achieve the sustainable development goal. Results: Research evidence shared with decision makers facilitated a greater inclusion of implementers at the micro level in program planning which led to adapted community mobilization and sensitization strategies. Engaging various members of the community in strategic places using more effective communication materials and innovative distribution mechanisms, increased acceptance and access. Collective action leading to programmatic changes through the implementation of the research cycle supported in enhancing programme coverage during the relevant medicine distribution cycle. Programmatic coverage was reported to have increased by 10%. Conclusions: COUNTDOWN applied qualitative research methods to provide evidence for changes in NTD programme implementation in Nigeria. By generating qualitative evidence, implementing and monitoring the effects of change, brings sustainable solutions to challenges of health interventions and SDGs.

**Oral 36 - Paramedics, Poetry and Film: Health policy and systems research at the intersection of theory, art and practice, Presenter: Trisha Bester (South Africa)**

Author: Leanne Brady, Emergency Medical Services, Provincial Department of Health (Western Cape) and Health Policy and Systems Division, University of Cape Town, South Africa

**Abstract:** Background: Violence is a public health issue. It is the consequence of a complex set of interacting political, social and economic factors firmly rooted in past and current injustice. South Africa remains one of the most unequal countries in the world and in some areas, the rates of violence are

comparable to a country that is at war. Increasingly, paramedics working in high risk areas of Cape Town are being caught in the cross-fire, and in 2018 there was an attack on a paramedic crew nearly every week. These attacks are a symptom of a much deeper, complex societal issues. Clearly, we require new approaches to better understand the complexity as we collectively find a way forward. It is in this context that we are collaborating with paramedics, poets and filmmakers to tell human stories from the front line thereby bringing the lived experiences of health care workers into policy making processes. Methodological questions: How then might arts-based methodologies such as poetry and film offer new ways of influencing policy and research? Beyond recognizing that the lived experience and narratives of health care workers are legitimate forms of data, we also need to find ways to center them in policy making and research processes. Creative methods may help us do both. Discussion and emerging insights: Arts-based methods are increasingly used in socially engaged research practice to better understand, and engage with complex social issues. We too have found that poetry and film are a powerful way to open up a collaborative space in which to have a conversation about the safety of paramedics. We have seen this in engagements ranging from poetry performances and film screenings followed by public discussions, to film nights included in high level policy discussions as part of national symposia. This has allowed decision makers to hear multiple views about these experiences. There is value in creating spaces that allow for sharing stories, imagining possibilities and new ways of thinking to find a way forward. In this presentation, we share film and poetry that forms part of a larger body of work focused on the safety of paramedics, to catalyse discussion about the possibilities that arts-based methods offer us as we seek to better understand and engage with complex social issues that have a direct impact on the health system.

**Oral 37 - Making Kangaroo Mother Care Stick: Qualitative Research and Collaborative Cross-Section Strategies Guide KMC Implementation at Government Facilities, Presenter: Abebe Gebremariam (Ethiopia)**  
 Authors: Yared Amare, Addis Ababa University, Ethiopia; Abebe Gebremariam, Emory Ethiopia, Ethiopia; Abebaw Gebeyehu, Amhara Regional Health Bureau, Ethiopia; Mulusew Belew, Emory Ethiopia, Ethiopia; Lynn Sibley, Emory University, United States; Cranmer, John Cranmer, Emory University, United States

**Abstract:** Background: Kangaroo Mother Care (KMC) is an inexpensive, long-studied, lifesaving intervention for low birth weight and premature small babies. KMC reduces mortality and supports growth. Despite its effectiveness, clinical practice, staff skill, social and health system factors may limit uptake. Yet, it is critical for attaining Sustainable Development Goal 3.2—particularly in Ethiopia where neonatal mortality is double the target of 12 deaths/1,000 births (Ethiopia=28). With prematurity as a primary driver of neonatal deaths, KMC is one of the most powerful interventions for achieving SDG 3.2. Methods: We designed an implementation trial to increase facility-based KMC. To customize interventions based on current barriers-facilitators to uptake, we purposively sampled 4 respondent groups from 4 Primary Health Care Units (PHCUs). Respondents included Health Extension Workers (HEWs), Health Development Army volunteers, families (mothers, fathers, grandparents) and clinicians by PHCU. Each FGD had 4-9 respondents. 16 in-depth interviews were obtained from mothers of small babies at 2 hospitals. Recordings were transcribed and analyzed using Thematic Content Analysis in Nvivo10. Results: Barriers and facilitators to KMC crossed socio-ecologic levels. Socially, KMC was seen as a barrier to completing domestic work and KMC positions were unfamiliar. At facilities, clinician skill gaps limited opportunities to train families; supplies and staff supervision were limited. A key enabler was KMC's perceived benefit in communities. Scale-up suggestions included facility counseling with peer social support, extending maternal rest periods and increasing home



support. Conclusions: Many KMC barriers are sensitive to facility-level intervention. Increasing counseling skills, managerial oversight, teaching aids and infrastructure while integrating KMC into routine care with social support could maximize uptake. Expanding awareness of KMC's benefits and HEW home visits may support KMC continuation. These findings fostered regional and national Ministry of Health KMC support. Regionally, facilities redesigned units, added dedicated staff and revised practice expectations. Nationally, our pilot tools were adopted as national documentation standards. Ministry, researcher, clinician and family collaboration support SDG-relevant interventions.

**Oral 38 - Capacity of the Global Evidence Synthesis Initiative (GESI) Network members to produce and use evidence synthesis: a qualitative study, Presenter: Tamara Lotfi (Lebanon)**

Author: Tamara Lotfi, Global Evidence Synthesis Initiative (GESI) Secretariat, American University of Beirut, Lebanon

**Abstract:** Background: The production and use of evidence to inform policy-making and practice remains suboptimal in many Low & Middle-Income countries (LMICs). One of the main reasons for this is the low capacity in many LMICs to synthesize research evidence. The Global Evidence Synthesis Initiative (GESI) was launched in 2016 to address this capacity gap. The GESI Secretariat has built a network of 37 established evidence synthesis (ES) centers from 24 LMICs to enhance south-south & south-north collaboration and encourage the sharing of knowledge and experience. Objectives: To assess the needs of the GESI Network members for capacity building in producing and using ES activities. Methods: The GESI Secretariat conducted one-on-one online interviews with representatives of members of the GESI Network to assess needs in capacity building for: conducting ES, knowledge translation (KT), working on cross-sectoral projects, engagement with policy-makers, and other categories. We transcribed and coded the interviews and conducted thematic analysis to identify main themes. Results: We conducted 33 one-on-one interviews with representatives of GESI centres from 21 countries. For each of the categories mentioned above, we reported the current access to structural resources, the processes adopted and their successes in producing evidence and translating it into practice. We also discuss the facilitators and challenges, the perceived needs for strengthening their capacity, and their specific expectations from GESI Secretariat. The perceived needs for conducting ES included training on ES approaches, project management, and inter-professional collaboration. Many centers indicated that they lacked the skills of doing basic KT interventions. Some indicated the need for training on writing manuscripts, starting and conducting blogs and disseminating findings. Regarding current ES processes, the majority focus on health related research, a few do cross-disciplinary collaborations, but all are interested in such collaborations. Conclusion: The GESI Network comprises members with different skills and capacities. The needs for capacity in ES can be answered with more financial support to increase access to databases and tools and support through expertise. There is a need to build capacity in KT. Last but not least, the GESI Secretariat is playing and can play an important role in answering these needs.

**Oral 39 - Analysis of public policy focused on actors about violence by armed conflict and construction of peace in Cauca. 2012-2014, Presenter: Paula Tose (Colombia)**

Authors: Paula Andrea Tose Vergara, Universidad Del Valle, Colombia; Nicolás Ortíz Ruíz, Universidad Del Valle, Colombia

Abstract: Cauca (Colombia) it's recognized for ethnic and cultural diversity. The geographic location of this department has allowed the presence of armed groups, illicit crops and conflicts for the land, causing permanent violence with physical, mental, economic and social consequences. This situation has generated the interest of organizations (state, NGO and civil society) to participate in processes and collective management of public policies. Objectives: Comprehend the dynamics of making decision in public policy processes, about violence by armed conflict in Cauca, from the perspective of the actors (2012-2014). Specific: characterize actors, describe interaction modes and, identify institutional arrangements and existing policies about violence and peace in Cauca. Methods: A qualitative research was carried (interpretive case study), under the theoretical model of Fritz Scharpf: actors, formal / informal rules, interaction modes, decision making and policy results. It was used snowball convenience sampling, information was collected through non-participant observation and semi-structured interviews. Results: The scenarios were pioneers and innovators in the management of policies; they allowed the learning, trade-off, development of skills, distribution of obligations, confidence and increase of social capital. There was a strong influence of the environment, violence carried weight the ways of thinking, living and interacting. The limitations of infrastructure, human resources and high volume of victims, transform the State institutions in receivers of victims, lagging behind in research and policy implementation. This reproduced the distrust in the State, as a synonym of inefficiency, politicking, clientelism and lack of protection towards citizenship. Conclusions: Legal-normative knowledge prevailed over technical, cultural aspects and the center-periphery (top-down) logic in the construction of policies. The decision-making corresponds to a complex process, which transformed the spaces into aims, but not into means to guarantee the construction of policies and the integral reparation to the victims. Although there was evidence of bureaucracy, strong hegemonic leadership and activity automatism, the environments for learning, relationship and exchange are valued, leading to the construction of trust, social capital and improvement of governance.

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