USING QUALITATIVE EVIDENCE
TO INFORM DECISIONS IN THE SDG ERA:
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Poster presentations

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Abstracts

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

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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)

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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 Futbol (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 qualy 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, partneships; 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, inter-sectoral 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 Kredo, 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

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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 inequalities1. 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 development2. 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 Fairclough4. 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 (SGDs) 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 Schveitzer (Brazil)

Authors: Carine Sangaleti, Universidade Estadual do Centro-Oeste, UNICENTRO - PR, Brazil; Mariana Schveitzer, 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.