

Getting your words across

User experiences of qualitative evidence included in GRADE Evidence-to-Decision frameworks

Elodie Besnier^a, Dachi Arikpo^b, Emmanuel Effa^b, Idriss Kallon^c, Moriam Chibuzor^b, Simon Lewin^a, Nyanyiwe Mbeye^d, Susan Munabi-Babigumira^e, Willem Odendaal^f, Sara Cooper^f, Claire Glenton^e

Background

Qualitative evidence provides valuable insights to guideline development groups on how people **value** different outcomes, and on the **acceptability, feasibility, equity** and **implementation** considerations of an intervention. Yet, there is limited evidence and guidance on **how to present qualitative evidence** to inform these questions.



Results

- ✓ **Scientific** and **visual cues** help establish credibility
- ✓ **Local research** is highly valued
- ✓ **Structure** and **layout** support identifying key messages
- ✓ The **type and style of language** matter for users' understanding and sense of affiliation
- ✓ The front page with **summary information about the product and process** is valued

- ✗ **Navigating** the document can be challenging
- ✗ Users' **personal experiences** influence the usefulness of qualitative evidence
- ✗ Some **concepts and evidence synthesis tools** still need clarifications
- ✗ An **orientation process** is essential to an effective use of the product

Conclusions

User experience was generally **positive** but **finding qualitative evidence** and understanding **how to use** the GRADE Evidence-to-Decision (EtD) and the different components require **guidance and orientation**.

Method: User testing of the qualitative evidence in a GRADE EtD product

We develop the EtD products according to the criteria of the GRADE EtD framework for each country (Malawi, Nigeria, South Africa).

Decision-makers in Malawi, Nigeria, and South Africa are encouraged to «think aloud». We improve the product iteratively.

We analyze transcripts thematically according to Rosenbaum's adaptation of the Morville honeycomb.



We synthesize results across country teams.

a. Department of Health Sciences in Ålesund, Norwegian University of Science and Technology, NTNU i Ålesund, Norway. Contact: elodie.besnier@ntnu.no
b. Cochrane Nigeria, University of Calabar Teaching Hospital, Nigeria
c. Centre for Evidence-based Health Care, Division of Epidemiology and Biostatistics, Department of Global Health, Stellenbosch University, South Africa
d. Kamuzu University of Health Sciences, Malawi
e. Western Norway University of Applied Sciences (Høgskulen på Vestlandet), Norway
f. South African Medical Research Council, Francie van Zijl Drive, Parowvallei, Cape Town; South Africa

GELA Project is a partnership coordinated by the South African Medical Research Council, including the Norwegian University of Science and Technology, Western Norway University of Applied Sciences, Stellenbosch University, Cochrane Nigeria at the University of Calabar Teaching Hospital, Nigeria, Kamuzu University of Health Sciences, Malawi, Cochrane and the Stiftelsen MAGIC Evidence Ecosystem, Norway.

This poster was produced by the GELA project which is part of the EDCTP2 programme (grant number RIA2020S-3303-GELA) supported by the European Union. The views and opinions of the authors expressed herein do not necessarily state or reflect those of EDCTP

Twitter: @CochraneAfrica
Facebook: facebook.com/GlobalEvidenceLocalAdaptation – GELA
Email: gela@mrc.ac.za
Website: <https://africa.cochrane.org/projects/GELA>

