Improving the usability and impact of WHO guidelines

Report of a WHO workshop
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Kidist Bartolomeos, Head, Product Design and Impact unit, conceptualized and coordinated the project with a consultant, Hans Linn, who also managed the project, and with another WHO consultant, Anis Nassar, who reviewed and provided technical input to the report. Anis Nassar also designed, implemented and wrote the evaluation of the workshop.

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Carla Abou Mrad, Product Design and Impact unit, Quality Assurance, Norms and Standards; Carine Alsokhn, Classification Team, Data Analytics and Delivery; Ian Coltart, Product Design and Impact unit, Quality Assurance, Norms and Standards; Jorge Estevez, Language Services; Sophie Guetaneh Aguettant, WHO Press, Quality Assurance, Norms and Standards; Kacem Iaych, Safety and Mobility unit, Social Determinants of Health; Matthew Keks, Innovation Hub; Meleckidzedek Khayesi, Safety and Mobility unit, Social Determinants of Health; Anis Nassar, Product Design and Impact unit, Quality Assurance, Norms and Standards; Jane Nicholson, Language Services; Hazim Timimi, Global Tuberculosis Programme.

**Country offices**

Mary Theophil Kessi (WHO Country Office, United Republic of Tanzania); Benja Sae-Seai (WHO Country Office, Thailand); Solara Sinno (WHO Country Office, Lebanon); Teeranee Techasrivichien (WHO Country Office, Thailand).

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Executive summary

The WHO Department of Quality Assurance, Norms and Standards Design Lab conducted a 2-hour workshop on 7 April 2022 in collaboration with Monash University’s Design Health Collab to discuss how the design of WHO guidelines could be changed to make them more accessible to the people and communities that use them.

The workshop was attended by 33 people from eight countries. The participants included national government staff from ministries of health and transport, health care workers, and staff from WHO country and regional offices and headquarters. Participants first described the barriers they had experienced in using guidelines. They were then asked to comment on a guideline that had been redesigned to make it more engaging and to make information easier to find. Participants welcomed the new design, which they found addressed some critical barriers, including language, length and complexity of presentation. Participants commented in particular on the use of colours, white space and highlighting of key points. In a post-workshop survey, the participants rated all the activities at 4 or above (out of 5) and expressed interest in continuing to learn about guideline design. The Quality Assurance, Norms and Standards Design Lab will use the comments of the participants to continue experimenting with new designs and to create a “guideline design principles and toolkit” based on established design principles and readers’ comments.
WHO develops and issues high-quality guidelines and other normative standard-setting products to Member States, which are published in various formats. Currently, most are presented as documents, with recommendations on health interventions and surveillance; however, there is no standard design to be followed by technical units. The format used is large PDF documents that describe the various steps and provide many recommendations and approaches, which limit their uptake and use and their impact at country level. Consultations with over 70 key informants conducted by the WHO Department of Quality Assurance, Norms and Standards in 2021 showed a disjunction between the people who write guidelines and those who use them and a lack of systematic design. These aspects have been identified as hindering effective uptake of guidelines by countries. Design fragmentation has also resulted in digital solutions that cannot be scaled up, unclear alignment of WHO recommendations with clinical data and inadequate adoption of standards for interoperability. Improving the design of guidelines could improve their usability and impact.
The Department of Quality Assurance, Norms and Standards located in WHO’s Product Design and Impact unit, in collaboration with Monash University’s Design Health Collab, conducted a 2-hour virtual workshop on 7 April 2022 to discuss how WHO guidelines could be designed to ensure that they are more accessible to the people and communities that use them. The workshop addressed the limited uptake and, ultimately, the impact of WHO guidelines in countries. The workshop brought together 33 people from eight countries (Australia, Denmark, India, Kenya, Lebanon, Switzerland, Thailand and the United Republic of Tanzania). They included national government staff from ministries of health and transport, health care leaders and heads of technical units in WHO country offices and headquarters.

The WHO/Monash guideline Fatal injury surveillance in mortuaries and hospitals: a manual for practitioners, an important document for national authorities to ensure they collect health data in a standardized way, was chosen as a case example because of its wide applicability. Participants focused on chapter 2 of the publication.

The workshop was conducted by Monash University Design Health Collab as part of a larger project at WHO to establish an in-house “design lab” to provide support services for the design, outreach, uptake, monitoring and impact evaluation of WHO guidelines and technical products. It will offer a collaborative space for sharing ideas, tools and resources and to run experiments for development of evidence-based, ready-to-use technical products. This workshop provided a tangible starting-point for an in-house design lab and a platform for experimenting with and soliciting feedback on the approach.
Researchers from the Monash University Design Health Collab used the Tactile Tools™ digital workshop method to facilitate the workshop. The method has been used with over 400 experts in health care, education, engineering and public service to collaborate in finding solutions to complex problems. The approach helps interdisciplinary teams to find common ground and build cross-sectoral relationships.

The participants communicated through video-conferencing and a digital whiteboard tool (see Annex). They were organized into four groups to discuss and respond to prompts by the research team. After the workshop, researchers from Monash University Design Health Collab summarized the discussions and prepared “actionable design insights” for future WHO guidelines. The workshop lasted 2 hours.

After the workshop, the Monash researchers conducted a qualitative thematic analysis and coded the data collected during the workshop. The findings presented in this report were validated by triangulation, in which findings were supported by the topics, ideas or themes that were raised repeatedly by workshop participants in different groups.


To read more about Tactile Tools™, see www.tactilettools.com.au
4 Workshop activities

The workshop was centred on fictional characters and a fictional scenario (Fig. 1) created by WHO and the Monash University design team. The characters developed for this workshop were:

- **Dr Helema**, a National Programme Officer at the WHO Country Office in the United Republic of Tanzania;
- **Dr George**, a lead programme manager at the Ministry of Health and Social Welfare in the United Republic of Tanzania, who is responsible for implementation of surveillance systems;
- **Ms Mary**, a hospital statistics manager in the United Republic of Tanzania;
- **Dr Abasi**, a forensic pathologist in the United Republic of Tanzania responsible for a hospital mortuary department (Fig. 2).

The four characters were brought together in the following fictional scenario:

The United Republic of Tanzania is a country in which the Ministry of Health and Social Welfare has identified injury and violence prevention as a priority. The newly appointed focal person for the Health Systems unit at the Ministry therefore requested technical assistance from the WHO Country Office in developing a strategy for prevention.

A priority of the strategy is setting up a surveillance system. Surveillance systems are designed to record information on individual cases routinely and continuously and to conduct statistical analysis of the issue being monitored.

The system should record, classify and encode relevant data according to agreed international standards in order to evaluate the effectiveness of a given intervention and identify trends. WHO has issued a new guideline on this topic and therefore agreed to organize a meeting to plan its implementation.

The WHO focal person for this work, Dr Helema, is very busy, as she also manages many other projects. She has worked previously with Ms Mary on a similar project and therefore contacted her to help in organizing the meeting with Dr George.

Ms Mary offered to organize the meeting and suggested that they also invite Dr Abasi, as Ms Mary has expertise only in statistics and is not familiar with setting up a surveillance system.

While both the scenario and personas are fictional, they were developed to simulate a real-world scenario and represent the experience of stakeholders.

Workshop participants were separated into four groups and completed four interrelated activities related to the scenario focusing on the experience of one of the four personas. The content, prompts and structure of each activity were designed by the Monash researchers and WHO staff members.
The United Republic of Tanzania is one of the countries where the Ministry of Health and Social Welfare has identified that injury and violence prevention is a priority. As such, the newly appointed focal person for the Health System unit at the Ministry has requested technical assistance from the WHO Country Office to help develop a strategy for prevention.

As part of the strategy, the Ministry has prioritized the set up of a surveillance system. Surveillance systems are intended to record information routinely and continuously on individual cases and produce statistical overviews of the given problem being monitored.

The system is expected to have the relevant data being recorded, classified, and coded according to agreed international standards. From the information recorded, the effectiveness of a given intervention can be tracked, evaluated, and trends can be identified. The WHO has recently issued a new guideline on the topic and has advised to jointly organise a meeting to plan for its implementation.

The WHO focal person for this work, Dr Helema, is very busy managing many projects and this work is one of the many areas she oversees. She has worked before with Dr George on a similar project, so she contacts him to help her support the meeting with Dr Abasi.

Ms Mary offered to organize the meeting and suggested that they also invite Dr Abasi, as Mary only has expertise in statistics, and is not familiar with the topic.

Meet Dr Abasi

Dr Abasi is a forensic pathologist in the United Republic of Tanzania responsible for the running of the Muhimbili Hospital Mortuary Department.

NAME: Abasi
AGE: 37
GENDER: Male
OCCUPATION: Forensic Pathologist
NATIONALITY: Tanzanian
LOCATION: Dar-Es-Salaam, United Republic of Tanzania
EDUCATION: Medical degree, specialized training in medicolegal death investigation

DR ABASI’S STORY
Dr Abasi is one of the 5 forensic pathologists in the United Republic of Tanzania. In addition to his medical education, he has specialized training in medicolegal death investigation. He is responsible for the running of the Muhimbili Hospital Mortuary Department, one of 10 mortuaries in the country. Muhimbili Hospital is one of the main government hospitals in Dar-Es-Salaam. In addition to his administrative and managerial role, Dr Abasi visits the mortuary every day to examine the deceased bodies that are admitted to the mortuary to certify the cause of death. He is responsible for filling out the cause of death reporting form.
The four activities are described below.

**ACTIVITY 1**
Participants discussed the physical, organizational, structural and system-level barriers to access to and adoption and implementation of the WHO guideline on *Fatal injury surveillance in mortuaries and hospitals: a manual for practitioners*.

**ACTIVITY 2**
Participants discussed the importance of using the WHO guideline and how this is done, such as accessing the guideline via the Internet or as a paper copy. Participants were also asked to consider the motivations of the persona for using the WHO guideline.

Participants were then given a prototype of the WHO guideline that had been redesigned by the Monash design team, who gave a presentation on the visual communication principles that had been used.

**ACTIVITY 3**
Participants were asked to imagine the initial responses of their persona to the redesigned document (Fig. 3) and to discuss how other readers might engage with this version. They were also asked to consider any persisting barriers to access and implementation.

**ACTIVITY 4**
With reference to designing a toolkit for preparing WHO guidelines, participants were asked how WHO guidelines should be changed more generally in order to improve their clarity and accessibility. They were also asked to consider how the authors of guidelines could better understand the people who use them.
Workshop activities

Fig. 4 shows samples of the blank digital whiteboards provided to participants during the workshop according to the persona assigned to their group.

Qualitative data in the form of workshop notes and transcripts were collected, coded and synthesized by the research team using a thematic analysis method to summarize the findings of the workshop and of each workshop activity.
5 Findings

This section provides an outline of the outcomes of the workshop activities.

→ **The barriers to access and use of WHO guidelines in public health initiatives and programmes are complex**, and they manifest at national, regional and international levels.

— **At national level**, the presentation of WHO guidelines may appear to contradict guidelines or directives from the national ministry of health or other authority, which is a challenge for those responsible for implementing them. Participants noted that authors of WHO guidelines should familiarize themselves with other guidelines on the same topic and make reference to them in the document. Representatives of the Ministry of Health and Family Welfare in India commented:

“The guideline developers should know what else is available. What other guidelines exist at a national level? Build upon existing resources, rather than clash against”.

“Limit the guidance to the minimum and add practical examples relevant to countries”.

— **At regional level**, WHO guidelines may lack information about the regional context in which they are intended to be implemented, limiting their immediate usability. Participants noted that WHO guidelines should include the context and, when possible, include specific requirements. For example, hospitals in rural areas in developing countries may not have reliable Internet access or computers, while large files with recommendations listed in long tables may be difficult to download. A WHO technical officer at headquarters, attending from Kenya, commented:

“It takes 10–20 minutes to download before saving. In rural settings – takes a while to download the document. Sometimes [you] need to leave it downloading or go and do it somewhere else. Even with the Internet, poor connection makes downloading a file hard and tricky”.

— When Internet access to WHO guidelines is a problem, they may have to be sent by post or delivered. WHO guidelines that suggest use of information technology should also provide alternatives.

— **At international level**, the authors of guidelines should keep in mind that WHO guidelines are often read with other international standards and documentation on the same topic. They should be flexible enough to be used by readers in a variety of cultures.

WHO guidelines are translated into at least the six official WHO languages and may be translated into more than 60 others. Participants representing the WHO language services at headquarters noted that:

“Ideally, the user experience of the documents should be the same, regardless of language”.

“Limit the guidance to the minimum and add practical examples relevant to countries” — Ministry of Health and Family Welfare, India
Images cannot be translated in the same way as language. It is therefore important that any images used are not potentially culturally insensitive or could be misinterpreted. Any images or diagrams used should be culturally neutral to avoid misunderstandings or a perception of bias.

“Images [are] not culturally bound. An image in one culture may not translate to another”.

Authors and editors of WHO guidelines should be supported in their work to understand the people and contexts in which the guideline will be used.

— Creation of a WHO guideline involves many people, and both writing a “best practice guideline” and editing a number of guidelines into a cohesive whole are skills. Unified text is currently lacking in WHO guidelines.

— WHO guidelines are recognized internationally as evidence-based and of high quality. Therefore, the appropriate time and resources must be available to authors to ensure that guidelines remain of such quality.

— WHO should support guideline authors in understanding the people who will use the guidelines and their perspectives and also the national and local contexts in which the guidelines will be implemented.

— Participants recognized that both writing guidelines and the provision of feedback or formal peer-review of large datasets or long articles is skilled, time-consuming work, so that staff who do this work must have blocks of uninterrupted time, which can be difficult to find in large organizations with competing priorities. Participants also noted, however, that the likelihood of errors increases if the work is rushed. Some participants reported that they had heard of editors reading and reviewing more than 10 000 words per day.

WHO guidelines are often used to advocate for change, in which health care leaders make the case for the importance of a particular public health initiative or for changes in local laws or regulations.

— When possible, WHO guidelines should be substantiated or linked to research to provide support for readers in making a change in a hospital or at national or regional level.

— It may be difficult to advocate for appropriate use of WHO guidelines. For instance, a forensic pathologist in the United Republic of Tanzania, who later became a WHO focal person said:

“We got a letter from the WHO representative then went to the Ministry saying what we want is a focal person on this project. You have to pass through the Ministry. First you have to challenge the Ministry, you have to talk to them and explain [to them] you hold the guidelines and all the processes. When they understood (because I was the focal person) and I got the data person and collected data and everything went very well”.

— Participants suggested that readers might benefit from more detailed “implementation guides” that provide strategies to overcome national, regional or international barriers. They might include strategies on addressing lack of political will for change, where and how to seek answers to questions from WHO and how to communicate technical information to non-specialist audiences.
Motivation for implementation of WHO guidelines may be both intrinsic and extrinsic. WHO guidelines can assist health care leaders in expressing the importance of a public health initiative and creating political will among government officials and policy-makers to act on it.

In “intrinsic motivation”, an individual may be motivated by a sense of “making a difference” in their country by ensuring that international standards and best practices are followed. On a personal level, implementation of such systems can be significant career milestones and lead to further professional opportunities and recognition. “Extrinsic motivation” may include instruction from a government official for improvements in a certain area or for how a particular guideline might be implemented. Extrinsic motivation may be a challenge for health care leaders, because WHO guidelines may not clearly state how they are to be implemented.

WHO guidelines should provide readers with a “road map” for implementation, listing the phases, from initial training to hospital or nationwide implementation. The road map should also state the importance of continuous review to ensure that the guideline includes monitoring of effects after implementation.

WHO guidelines are primarily functional and technical documents. WHO guidelines are a trusted source of evidence-based information for the international health community and are used as reference documents for designing national policies or procedures. WHO guidelines are rarely read from start to finish but are rather skimmed by readers seeking specific information. A WHO technical officer at headquarters suggested:

“Document needs to be simple, direct and to the point. Do not use fancy acronyms at all. These do not translate well. Avoid these terms as well as mnemonics (e.g. HEART - Household Energy Assessment Rapid Tool)”.

For readers who skim WHO guidelines, they should have a common structure and hierarchy. They should also avoid jargon, colloquialisms and metaphors, which can be misunderstood or mistranslated.

“When you go into a guideline, your expectation is that it follows a certain structure”.

– Licensing, copyright and external publication team, WHO headquarters

“I particularly like the idea of digital content. To be able to click on things to jump to particular sections would make navigation much easier”.

– Technical officer, WHO headquarters

WHO guidelines are sometimes long and complex and therefore arduous for health care leaders to read, comprehend and then implement. Workshop participants noted that it may take as long as 10 hours to read a single WHO guideline and advocated for them to be as short and succinct as possible.

Future WHO guidelines should include a glossary of key terms that are used consistently throughout the document. The definitions must transcend culture and language to ensure that data collected independently by different countries can be compared.
Findings

“The colours used can be an issue for people who are colour blind, especially for graphs and charts, and information is then lost.”

Language Services, WHO headquarters

The design of a guideline can affect its implementation. As guidelines are complex, they should be designed to be appealing and accessible, to help the people who use them to “dive into them” or return to a section later.

- The colours used must enable everyone, including those who are colour blind or have poor eyesight, to read and understand the document in its entirety, including charts and illustrations. A staff member of the Language Services unit at WHO headquarters noted:

“The colours used can be an issue for people who are colour blind, especially for graphs and charts, and information is then lost”.

- Documents must be easy to navigate so that information can be found quickly.

Participants stated that they were unaware of a system for the production or content management of WHO guidelines in WHO. While WHO produces a style guide, in future, WHO could promote services for production or content management and/or establish teams to support authors in writing guidelines.

- Data that are collected should be stored in systems that can be linked to other information systems, so that they can be compared with other national and international data.

- WHO guidelines often do not suggest specific products or software to be used in surveillance programmes. Therefore, no common software is used in all six WHO regions.

Participants highlighted that although use of technology in developing countries is increasing, it has not yet reached the level of developed countries. They stressed that Internet connection is usually slow, so that it may take a long time to download even “small” documents, especially outside capital cities. Readers in these countries tend to prefer printed versions of WHO guidelines, although posting them may be difficult or impossible. Furthermore, physical copies are cumbersome, creating issues of storage and management.

Implementation of WHO guidelines often requires help from personnel in WHO country offices. Implementation may be complicated by lack of continuity of expertise in WHO country and regional offices, as WHO staff move or relocate. The people who implement guidelines may not know who to contact for help or to answer a question. Guidelines should include information on where to find answers or support.

Some WHO guidelines do not take into account the people who will read and implement them and thus whether the guidelines are designed appropriately for their target audience, such as scientists, nurses, data managers, doctors or policy-makers. Content that is useful for one group may not be useful for another, so that one guideline cannot cater for every type of stakeholder. Information might have to be organized according to the requirements of different groups.

Consideration should be given to probable use of WHO guidelines by health care leaders to train others in best practices and workflows.
6 Actionable design insights for future WHO guidelines

Workshop participants outlined a number of points for the design of future WHO guidelines.

➔ **When applicable, WHO guidelines should have a common structure, which should be available as a template.** This pro forma structure could include the following sections, at a minimum: “For whom is this guideline written”, “Glossary of terms and definitions” and an “Executive summary”. After sections relevant to the topic, they may conclude with “Important references” or “Other guidelines” and a section on “Where to get help”, with details about who to contact for answers to questions, support implementation or further information.

— A pro forma template with a consistent structure, layout and aesthetic will support WHO authors in structuring information clearly so that it is easy to find. This approach is likely to make guidelines more reader-friendly and facilitate skimming for relevant information.

➔ **Ideally, WHO guidelines should be only a few pages long, compressed into the smallest file possible, accessible online via the WHO website and summarizing the main points.** Small files are essential for readers in areas with low Internet bandwidth. Unless absolutely necessary, WHO guidelines should not be published in long text or book format.

➔ **Participants expressed a preference for navigating guidelines in digital format, such as on a smartphone, tablet or PC.** Participants welcomed design features such as hyperlinks, which allow direct access to the required information, but many recognized that such formats are not suitable in countries with low bandwidth and/or limited Internet access.

➔ **The language used in WHO guidelines should be as simple as possible.** It should be clear and straight to the point, avoiding technical jargon, colloquialisms, metaphors, acronyms and mnemonics.

— Important complex or technical terms should be defined in a glossary.

— All WHO guidelines should adopt harmonized terminology and definitions.

➔ **WHO guidelines should be designed for various reading styles, such as skimming, scanning and deep reading.**

— Each section should include a summary or a “This section contains” notice.

— Participants suggested that each document include an “Executive summary” of no more than one page that can be used to describe the guideline for educated but non-specialist readers.
WHO guidelines should be designed to be accessible to diverse cultural audiences. WHO guidelines are typically translated into the six official WHO languages but may be translated into as many as 60 other languages for culturally diverse communities.

- The reader’s experience of WHO guidelines should be the same, regardless of the language in which they are written, and the overall meaning should be the same and properly conveyed. Direct or word-to-word translations are unsuitable, as they often alter meaning.

- Guidelines that are designed with extensive white space facilitate translation by ensuring enough space for languages that have more characters for the same word (e.g., English to French).

- WHO guidelines should be typeset in a single column for the work of professional translators.

Any images or diagrams should not include text, because it cannot readily be translated by professional translation services.

- Diagrams and/or photos can carry cultural meaning that can affect how they are perceived and understood by people in different cultures. Authors should be careful to ensure that any diagrams and images used are culturally neutral to avoid misunderstanding and a perception of bias.

- Any tables used should be designed with extensive white space for translation.

- Participants noted that colour can improve the readability of a document but could reduce access. For example, colour in charts or other data visualizations cannot be distinguished by people who are colour blind and when the document is printed or photocopied in black and white.

Authors should be aware of other international, regional or national guidelines or standards on the topic. WHO guidelines should complement and support existing standards and not contradict them.

- If an existing standard or guideline should be contradicted because it provides incorrect or harmful advice, this should be noted in the WHO guideline, substantiated by evidence. This will assist readers in challenging the incorrect guidelines when implementing those of WHO.

WHO guidelines might have to be revised or updated when new evidence becomes available. Guidelines should be considered “living documents” that are updated regularly, and it should be clear to readers that a guideline has been updated. The date of each guideline and updated guideline should be given.

- WHO guidelines should include a history of revisions, available both on the website from which the document was downloaded and in the guideline, so that readers can compare versions.
Post-workshop survey

The Product Design and Impact unit sent a post-workshop survey to participants on 13 April 2022. Seven complete answers were collected, representing approximately one fourth of participants. Over three fourths (81%) of the scores for activities designed to empathize with people using the guideline, the use of a persona and learning about design during the workshop were 4 or above (out of 5). Participants expressed interest in receiving more feedback from guideline readers and learning more about design (such as colour-based navigation and the interactivity of documents). The feedback indicated that the workshop had been useful for investigating new design possibilities.

Survey method

Hosting server: WHO Extranet
Survey tool: DataForm
Survey dates: 13–25 April 2022
Anonymity: Answers were anonymized
Type of questions: Likert scale (3 questions), open text (3 questions)
Answers collected: 7

Questions

Q1: To what extent did the workshop activities help you to understand and empathize with the journey of the people at the country level using the guideline? (5-point Likert scale)

Q2: Would you like to tell us more? (free-text field)

Q3: To what extent did working with the persona specifically help you to understand and empathize with the journey of a person who will be using the guideline? (5-point Likert scale)

Q4: To what extent did the workshop activities help you to understand how design can impact the way people use a guideline? (5-point Likert scale)

Q5: Would you like to tell us more about how design could support the people using the guidelines? (free-text field)

Q6: Is there anything else you would like to add? (free-text field)
Results

Seven complete answers were collected over 13 days.

Likert scale questions (Q1, Q3, Q4)

Participants rated the activities helpful for empathizing with the people who use guidelines and for learning about design. The use of persona was considered very helpful by six of seven participants (Fig. 5). A score of 4 or above was given in 81% of answers, and the average score for all questions was 4 out of 5 (Table 1).

![Fig. 5. Answers to questions 1, 3 and 4](image)

<table>
<thead>
<tr>
<th>Frequency of answers and averages by question</th>
<th>Q1: Activities</th>
<th>Q3: Persona</th>
<th>Q4: Design</th>
<th>Cumulative (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Not helpful at all</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
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<td>1</td>
<td>1</td>
<td>95</td>
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<tr>
<td>4</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>81</td>
</tr>
<tr>
<td>5 – Very helpful</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>62</td>
</tr>
<tr>
<td>Weighted average</td>
<td>4.1</td>
<td>4.7</td>
<td>4.3</td>
<td></td>
</tr>
</tbody>
</table>

Free-text field questions (Q2, Q5, Q6)

Responses to free-text field questions were not mandatory but provided an opportunity for participants to share more detailed reactions. Ten open-text answers were collected. Participants expressed interest in understanding how people interact with guidelines and how their design could improve their use. Most comments made reference to the complexity of designing guidelines at WHO headquarters, which may reflect the issue of translations, different types of reader and their different perspectives. Participants expressed interest in longer workshops on design guidelines in the future and to discuss new interventions, such as greater interactivity.
Would you like to tell us more? (Q2)

“It’s good to understand how documents appear to other people.”

“It was great to look at a case study and engage with a persona; however, I was missing insight into the needs and motivation from the perspective of a country office representative. Since I don’t have such experience myself, it would be helpful to have the insight.”

“I wished we discussed more and we were given more tips.”

“I am based in HQ [headquarters], so it was interesting to hear the point of view of participants that are located in country offices.”

Would you like to tell us more about how design could support the people using the guidelines? (Q5)

“It would be useful to have examples of good practices or already implemented guideline to see how it was used. Since not all of us involved in guideline production are aware of the life path of the documents, we are looking at the design through our own bias perspective.”

“Very interesting topics were discussed around how design needs to enable multilingualism and how design needs to have in mind the difficult conditions in the field. Something that was not discussed in my room was the fact that English content is very often drafted by authors that do not have English as a mother tongue. Therefore, it is critical that English editors review this type of content to ensure its linguistic accuracy and fluency. Since the content is at times highly technical, it is also fundamental to have technical reviewers checking it.”

“I thought the use of colours made it easier to know where to go in the document. Maybe sections could be colour coded depending on who the section is relevant for?”

Is there anything else you would like to add? (Q6)

“It should be a longer session with more of what to include and more about design.”

“Please could you share Gene’s presentation where he explained the different design approaches used when re-designing chapter 2 of the example we used. It really helped me to think about how to make things look clearer. I know it is not a complete or comprehensive set of design guidelines, but I found it very useful and would like a copy. Gene said it would be OK to share it when I asked during the workshop. Thanks!”

“It might be interesting to investigate interactive features such as clickable links, either to other places in the guideline or even external resources. The idea being to try and make finding information as easy as possible.”
Wrap-up and next steps

This report synthesizes the insights of the workshop participants, which will support work led by WHO to improve the quality of future WHO guidelines and publications. The next steps will include development of a “guideline design principles and toolkit” based on established design principles and insights from guideline readers. The workshop organizers would like to thank all those who participated and contributed to this collaborative workshop.
## Annex

### Digital whiteboards used in the workshop (including sticky notes)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Helema</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE:</td>
<td>40</td>
</tr>
<tr>
<td>GENDER:</td>
<td>Female</td>
</tr>
<tr>
<td>OCCUPATION: National Programme Officer at WHO country office</td>
<td></td>
</tr>
<tr>
<td>NATIONALITY: Tanzanian</td>
<td></td>
</tr>
<tr>
<td>LOCATION: Dar-Es-Salaam, United Republic of Tanzania</td>
<td></td>
</tr>
<tr>
<td>EDUCATION: Medical degree</td>
<td></td>
</tr>
</tbody>
</table>

**Dr. Helema’s Story**

Dr. Helema is a National Programme Officer at the WHO Country Office in the United Republic of Tanzania. She is the main focal person for the mortality surveillance project. Dr. Helema has been in this role for the last 5 years. Before this, Dr. Helema worked with MoHSW and local non-governmental organizations. As a medical student, she has also worked at Mulhull hospital emergency unit. Dr. Helema, as the focal person from the country office, promotes the use of the WHO guideline for the facilities that implement it, provides technical guidance to MoHSW staff, coordinates the training activities and identifies subject matter experts to provide additional support. Dr. Helema is responsible for the management of the budget allocated for the project. She works with the MoH programme manager (Dr. George) to ensure that WHO funding for the project is allocated on time and is spent as agreed.
1. Activity Instructions • 15 min.
What are the barriers to Dr Helema engaging with the WHO Fatal Injury Surveillance in Mortuaries and Hospitals guideline?

A | What are the physical or organisational barriers to Dr Helema engaging with the manual?
   - E.g. Internet access, printing, language, unsure where to find the document etc.
   - Are there system level barriers?
   - Are there language barriers?
   - Are there cultural barriers?
   - Are there capacity barriers?

B | What are the other barriers that stop Dr Helema engaging with the manual?
   - E.g. Limited time, other priorities, competing guidelines, advanced to unresolvable needs etc.

2. Activity Instructions • 15 min.
Engaging with the WHO Fatal Injury Surveillance in Mortuaries and Hospitals guideline

A | Why is it important that Dr Helema engages with the guidelines?
   - How likely is the manual to be ready?
   - How likely is the manual to be printed?
   - How likely is the manual to be converted to a digital format?

B | What motivates Dr Helema to engage with the guidelines?
   - Support from the organisation
   - Support from the ministry
   - Support from the WHO
   - Support from the government
   - Support from colleagues
   - Support from the community
   - Support from the media
   - Support from the public

---

Activity Instructions • 15 min.
Identify 8-10 hours to process the information.

---

Activity Instructions • 15 min.
Identify 8-10 hours to read in order to comprehend and make decisions.

---

Activity Instructions • 15 min.
Identify 8-10 hours to read the guidelines in order to make planning and estimate decisions.

---

Activity Instructions • 15 min.
Identify 8-10 hours to analyze the guidelines.

---

Activity Instructions • 15 min.
Identify 8-10 hours to think about this.

---

Activity Instructions • 15 min.
Identify 8-10 hours to think about any issues or gaps.
Improving the usability and impact of WHO guidelines: report of a WHO workshop

3 Activity Instructions  •  15 min.
Responding to the redesign of chapter 2

A | What do you think Dr Helema’s initial thoughts might be when she downloads and opens the redesigned document?

B | Do you think Dr Helema might engage differently with this redesigned document?
   * If yes, how? If not, why not?

C | What barriers still exist? What issues still need to be addressed?
   * If yes, how? And what do you think helps with that?
   * If no, why not?

Design for translation

4 Activity Instructions  •  15 min.
Designing a toolkit to guide the creation of WHO guidelines

A | How might WHO guidelines be made clearer for Dr Helema?

B | What do guideline writers need to know in order to better understand the people using their documents?

C | What support would be helpful? Who would provide this?

Translation to 20 national languages

customisation for country

content person with 10 projects to run – people super busy

focus on accuracy, weight within the field, team of experts
text editing without losing accuracy

if you want to give feedback, needs to be peer-reviewed (80 pages with data, statistics)

reviewers need more time

need uninterrupted time to process or ‘get something done’

editors reading 10K words/day

Publishers trying to get something out, trying to fit text into format

people who struggle to write
developers who struggle to write
two-person teams – one editor, one writer

links broken – no one to fix, broken links

Design for translation

Grab piece here and there. Someone has done thinking for you. Editing an issue > realistic look at production

potentials in digital design, ability to click through, easily navigable

Designing a toolkit to guide the creation of WHO guidelines

How do these need to be written to improve uptake in different formats (web, digital, print, etc.)

A | How might WHO guidelines be made clearer for Dr Helema?

B | What do guideline writers need to know in order to better understand the people using their documents?

What support would be helpful? Who would provide this?

Doesn’t need simplified navigation – needs proper referencing (clickable – both directions) looking for evidence

Living guidelines – challenges in updating content in different formats (web, digital, print, etc.)

content person with 10 projects to run – people super busy

focus on accuracy, weight within the field, team of experts
text editing without losing accuracy

If you want to give feedback, needs to be peer-reviewed (80 pages with data, statistics)

reviewers need more time

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developers who struggle to write
two-person teams – one editor, one writer

links broken – no one to fix, broken links

Design for translation

Grab piece here and there. Someone has done thinking for you. Editing an issue > realistic look at production
**Group 2. Meet Dr George**

Dr George is the lead programme manager at the Ministry of Health and Social Welfare. He is responsible for implementing surveillance systems.

**NAME:** George  
**AGE:** 42  
**GENDER:** Male  
**OCCUPATION:** Programme Manager at MoHSW  
**LOCATION:** Dar-Es-Salaam, United Republic of Tanzania  
**NATIONALITY:** Tanzanian  
**EDUCATION:** Medical training as doctor

**DR GEORGE’S STORY**

Dr George is the Health System unit team lead at Ministry of Health and Social Welfare (MoHSW). He trained as a medical doctor and worked for the last 15 years at the provincial level as hospital manager before being assigned to his current role a year ago. As part of his current role coordinating the country’s health systems strengthening activities, he is the lead programme manager for the implementation of all surveillance systems in health facilities including the mortality surveillance system.

---

**Activity Instructions • 15 min.**

**What are the barriers to Dr George engaging with the WHO Fatal Injury Surveillance in Mortuaries and Hospitals guideline?**

**A** What are the physical or organisational barriers to Dr George engaging with the manual?
- E.g. internet access, printing, language, unsure where to find the document etc.
- Are there system level barriers?
- What are the other barriers that stop Dr George engaging with the manual?
  - E.g. Limited time, other priorities, competing guidelines, relevance to immediate needs etc.

**B** What are the other barriers that stop Dr George engaging with the manual?
- E.g. uneven line, other priorities, competing guidelines, relevance to immediate needs etc.
- Need for proper training that accompanies the document
- Unwieldy document: PDF size
- Permission to access the data
- Availability method for collecting data from all hospitals in the country – lack of a common software
- Specific data to the context regulatory of stakeholders not to be missing from the document
- Getting private hospitals on board for submission of data

**Guideline not adapted to context**

**Competing priorities**

**No digital data or documents**

**Accessibility for all**

**Internet access**

**Format of document (Large PDF file)**

**Permission to access the data**

**Other commitments like clinical duty, engagement with administrative issue**

**Families not being able to describe the cause of death accurately?**

Due to Thai law not all stakeholders can access to the data as it may relate to lawsuit therefore only specific group can access.

**Due to the law not all stakeholders can access to the data as it may relate to lawsuit therefore only specific group can access.**

**Need for proper training that accompanies the document**

**Unwieldy document: PDF size**

**Permission to access the data**

**Availability method for collecting data from all hospitals in the country – lack of a common software**

**Specific data to the context regulatory of stakeholders not to be missing from the document**

**Getting private hospitals on board for submission of data**

**Due to Thai law not all stakeholders can access to the data as it may relate to lawsuit therefore only specific group can access.**
2

**Activity Instructions • 15 min.**

**Engaging with the WHO Fatal Injury Surveillance in Mortuaries and Hospitals guideline**

<table>
<thead>
<tr>
<th>A</th>
<th><strong>Why is it important that Dr George engages with the guidelines?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alignment with standards</strong></td>
<td>Countries may need to adapt the guidelines in different countries. How does Dr George engage with the guideline (tablet, computer, phone etc.)?</td>
</tr>
<tr>
<td><strong>Knowledge exchange</strong></td>
<td>How might Dr George engage differently with this redesigned document?</td>
</tr>
<tr>
<td><strong>Tap into best practices</strong></td>
<td>Design should not compromise accessibility needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th><strong>What motivates Dr George to engage with the guideline?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proverbs</strong></td>
<td>Dr George accessed the guideline and Dr George probably savings him a lot of time</td>
</tr>
<tr>
<td><strong>Investment</strong></td>
<td>Dr George looks up the guidelines</td>
</tr>
<tr>
<td><strong>Insight</strong></td>
<td>What kind of information might Dr George be looking for when reading the guideline?</td>
</tr>
</tbody>
</table>

3

**Activity Instructions • 15 min.**

**Responding to the redesign of chapter 2**

<table>
<thead>
<tr>
<th>A</th>
<th><strong>What do you think Dr George’s initial thoughts might be when he downloads and opens the redesigned document?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Seem much easier to find things back again, that matter</td>
<td>Every guide follows the same structure</td>
</tr>
<tr>
<td>More accessible adapted for different formats</td>
<td>Looks pretty!</td>
</tr>
<tr>
<td>separated in different columns</td>
<td>different colour code which is good</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th><strong>Do you think Dr George might engage differently with this redesigned document?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Design shouldn’t compromise accessibility needs</td>
<td>Re-designing a document like this needs special skills</td>
</tr>
<tr>
<td></td>
<td>Needs translating digital to print</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th><strong>What barriers still exist? What issues still need to be addressed?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion of summary page could help to share to non-specialised audience</td>
<td>Guidelines don’t translate to country need necessarily</td>
</tr>
<tr>
<td>More info graphics</td>
<td>Be design of the content is a good step, but it is clear that there are lots of barriers to use at national level</td>
</tr>
</tbody>
</table>
Group 3. Meet Ms Mary

Ms Mary is a hospital statistics manager in the United Republic of Tanzania, responsible for overseeing day-to-day data collection within the hospital.

**NAME:** Mary  
**AGE:** 36  
**GENDER:** Female  
**OCCUPATION:** Hospital Statistics Office Manager  
**NATIONALITY:** Tanzanian  
**LOCATION:** Dar-Es-Salaam, United Republic of Tanzania  
**EDUCATION:** Certificate in Health Data Management

**Ms Mary’s Story**
Ms Mary is the hospital statistics office manager for Muhimbili Hospital, the main government hospital in Dar-Es-Salaam, United Republic of Tanzania. She has been working in this position since she first joined as data manager over 15 years ago. Ms Mary has a certificate in health data management and started her career at one of the provincial hospitals where she was assigned as part of her training. She has experience working as data entry clerk at health facilities at district and provincial levels. Today, Ms Mary is one of four staff working at the hospital’s statistics office where she is responsible for the hospital’s data statistics reporting. She manages the rest of the statistical office’s staff and oversees the day-to-day data collection within the hospital’s statistics.

**Meet Ms Mary**

**A** How might WHO guidelines be made clearer for Dr George?
- What do guideline writers need to know in order to better understand the people using their documents?
- What support would be helpful? Who would provide this?

**B** What do guideline writers need to know in order to better understand the people using their documents?
- What support would be helpful? Who would provide this?

**Activity Instructions**
- **15 min.**

**Designing a toolkit to guide the creation of WHO guidelines**
- **Compact components of the document as separate documents**
- **Timely production of guidelines**
- **Make guides editable but ensure user is kept informed of changes**
- **Launch of guide using webinar, kept up to date and easily accessible**
- **Frequent Q&A sessions or a contact person made available**
- **Should there be ready-to-use sections that can be copy-pasted into local guidelines (alleviating language challenges) ... to save time**
- **Communication platform that connects user to WHO through the document**
- **Country Specific content**

**Tactile Tools**
Improving the usability and impact of WHO guidelines: report of a WHO workshop

Activity Instructions • 20 min.

What are the barriers to Ms Mary engaging with the WHO Fatal Injury Surveillance in Mortuaries and Hospitals guideline?

A | What are the physical or contextual barriers to Ms Mary engaging with the manual?
   - E.g. limited time, other priorities, competing guidelines, relevance to immediate needs etc.

B | What are the other barriers that stop Ms Mary engaging with the manual?
   - E.g. internet access, printing, language, unsure where to store hard copies – is it actually practical at the implementation level?

Design is not engaging – Hard to read, hard to dive into

Getting hold of physical copies – Where to store them? If there is a lot of paper work, keep on becoming a burden to manage

How it is organised

Power and resource problems and access to computer

Getting hold of physical copies – Where to store them? If there is a lot of paper work, keep on becoming a burden to manage

Time

Interacting across different guidelines

Problem (read and digest)

High turnover rate

Interaction with the guideline

Getting different sections of the guideline

Legal is it for the right target? Is it designed to be implemented?

If it’s designed for scientists, policy makers, nurses, data managers?

Selection of forms and size, not to many fonts

Document format: Is it electronic? Is it printed?

Accessibility – Colours

Use of terms or phrases that are not used in her language

Terms that are not used locally

Time

Is it designed for use at international or country level?

Is it designed for use at national level: So who was the target audience for the guideline.

If Mary engage it with other stakeholders?

What kind of information might Ms Mary be looking for when reading the guideline?

Case study. Hospitals.

If the guideline, this could be a motivator and the ability of the guideline to raise the political will when Mary engages it with other stakeholders.

If there is a support by the guideline, this could be a motivator and the ability of the guideline to raise the political will when Mary engages it with other stakeholders.

If the guideline meant for subnational entities may have difficulties. Different sectors may have barriers.

Legal? Are the laws?

Is it actually practical at the implementation level?

Is it designed for use at the implementation level?

Time

High turnover rate

If it’s designed for scientists, policy makers, nurses, data managers?

Time

If it’s designed for scientists, policy makers, nurses, data managers?

Time

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Time

If it’s designed for scientists, policy makers, nurses, data managers?
### Activity Instructions • 15 mins.

**Responding to the redesign of chapter 2**

<table>
<thead>
<tr>
<th>A</th>
<th>What do you think Ms Mary’s initial thoughts might be when she downloads and opens the redesigned document?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Easiness</strong></td>
<td>Target different people with different needs.</td>
</tr>
<tr>
<td><strong>Steps stand out.</strong></td>
<td>Information is well organized.</td>
</tr>
<tr>
<td><strong>Some people prefer to hear rather than reading.</strong></td>
<td>Summaries stand out, information is easy to find.</td>
</tr>
<tr>
<td><strong>Information is difficult to find.</strong></td>
<td>Colour contrast is important. Easy to relate, varying specific things.</td>
</tr>
<tr>
<td><strong>Different forms. Accommodate different readers.</strong></td>
<td>Multi-column formats are difficult for translation.</td>
</tr>
<tr>
<td><strong>Do you think Ms Mary might engage differently with this redesigned document?</strong></td>
<td>Structures are helpful for participants to navigate easily.</td>
</tr>
<tr>
<td><strong>Easiness</strong></td>
<td>Accessibility is essential, in terms of how it is seen above. One of the important considerations.</td>
</tr>
<tr>
<td><strong>Interaction of windows</strong></td>
<td>Colour contrast is important. Easy to relate, varying specific things.</td>
</tr>
<tr>
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### Activity Instructions • 20 mins.

**Designing a toolkit to guide the creation of WHO guidelines**

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<tr>
<th>A</th>
<th>How might WHO guidelines be made clearer for Ms Mary?</th>
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<tbody>
<tr>
<td><strong>Current form</strong></td>
<td>What support would be useful if a product is not really a guideline.</td>
</tr>
<tr>
<td><strong>Present product</strong></td>
<td>Maybe a product (manual). She thinks it’s easier to skim through and find what you want.</td>
</tr>
<tr>
<td><strong>Feature</strong></td>
<td>She thinks it’s easier to skim through and find what you want.</td>
</tr>
<tr>
<td><strong>Development process</strong></td>
<td>If she’s looking at it on the mobile, she might think it’s easier to skim through and find what you want.</td>
</tr>
<tr>
<td><strong>Activity Instructions</strong></td>
<td>She thinks it’s easier to skim through and find what you want.</td>
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<table>
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<th>B</th>
<th>What do guideline writers need to know in order to better understand the people using their documents?</th>
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<td><strong>Present product</strong></td>
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<tr>
<td><strong>Technological considerations</strong></td>
<td>She thinks it’s easier to skim through and find what you want.</td>
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<tr>
<td><strong>Activity Instructions</strong></td>
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---

**Annex**

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**4 Designing a toolkit to guide the creation of WHO guidelines**

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</tr>
<tr>
<td><strong>Activity Instructions</strong></td>
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</tr>
</tbody>
</table>
Group 4. Meet Dr Abasi

Meet Dr Abasi

Dr Abasi is a forensic pathologist in the United Republic of Tanzania responsible for the running of the Muhimbili Hospital Mortuary Department.

**NAME:** Abasi  
**AGE:** 37  
**GENDER:** Male  
**NATIONALITY:** Tanzanian  
**LOCATION:** Dar-Es-Salaam, United Republic of Tanzania  

**DR ABASI’S STORY**

Dr Abasi is one of the 5 forensic pathologists in the United Republic of Tanzania. In addition to his medical education, he has specialized training in medicolegal death investigation. He is responsible for the running of the Muhimbili Hospital Mortuary Department, one of 10 mortuaries in the country. Muhimbili Hospital is one of the main government hospitals in Dar-Es-Salaam. In addition to his administrative and managerial roles, Dr Abasi visits the mortuary every day to examine the deceased bodies that are admitted to the mortuary to certify the cause of death. He is responsible for filling out the cause of death reporting form.

**EDUCATION:** Medical degree, specialized training in medicolegal death investigation

**OCCUPATION:** Forensic Pathologist

**GENDER:** Male

**LOCATION:** Dar-Es-Salaam, United Republic of Tanzania

**NATIONALITY:** Tanzanian

**AGE:** 37

**NAME:** Abasi

### Activity Instructions

**1. What are the barriers to Dr Abasi engaging with the WHO Fatal Injury Surveillance in Mortuaries and Hospitals guideline?**

**A.** What are the physical or organizational barriers to Dr Abasi engaging with the manual?

- E.g.: Internet access, printing, language, unsure where to find the document etc.
- Are there other barriers?

**B.** What are the other barriers that stop Dr Abasi engaging with the manual?

- E.g.: Limited time, other priorities, competing topics – will focus on just one topic.

**Variety of topics - mortuaries cover many topics.**

- Could be too slow - hard to engage.
- No one administratively available to help. If the manual guideline is lost, how to find it?
- Sometimes a material/guideline is not helpful.
- What is the best way to make the manuals easier to engage with?

**Main barrier for access - this document is lying somewhere. Sitting in someone’s office and not passed on to the end user.**

**Avoid too much text in an image**

- Hard copies - not helpful.
- Everyone is able to access and download / read as someone who is in a capital city, but not a rural town.

**How to engage with guideline developers.**

- Step by step in one page, not in manual.

**How to stay with it - to hard to find location, read the document.**

- Typically looks - how to engage with manual.

**Dr Abasi’s story**

**GENDER:** Male  
**AGE:** 37  
**NATIONALITY:** Tanzanian  
**OCCUPATION:** Forensic Pathologist  
**EDUCATION:** Medical degree, specialized training in medicolegal death investigation

**LOCATION:** Dar-Es-Salaam, United Republic of Tanzania

**NATIONALITY:** Tanzanian

**AGE:** 37

**NAME:** Abasi

**Meet Dr Abasi**

Dr Abasi is a forensic pathologist in the United Republic of Tanzania responsible for the running of the Muhimbili Hospital Mortuary Department.

**What are the barriers to Dr Abasi engaging with the WHO Fatal Injury Surveillance in Mortuaries and Hospitals guideline?**

**A.** What are the physical or organizational barriers to Dr Abasi engaging with the manual?

- E.g.: Internet access, printing, language, unsure where to find the document etc.
- Are there other barriers?

**B.** What are the other barriers that stop Dr Abasi engaging with the manual?

- E.g.: Limited time, other priorities, competing topics – will focus on just one topic.

**Variety of topics - mortuaries cover many topics.**

- Could be too slow - hard to engage.
- No one administratively available to help. If the manual guideline is lost, how to find it?
- Sometimes a material/guideline is not helpful.
- What is the best way to make the manuals easier to engage with?

**Main barrier for access - this document is lying somewhere. Sitting in someone’s office and not passed on to the end user.**

**Avoid too much text in an image**

- Hard copies - not helpful.
- Everyone is able to access and download / read as someone who is in a capital city, but not a rural town.
**Activity Instructions • 15 mins.**

### Engaging with the WHO Fatal Injury Surveillance in Mortuaries and Hospitals guideline

**A** Why is it important that Dr Abasi engages with the guidelines?
- How might Dr Abasi engage with the guideline (tablet, computer, desk top, phone etc.)?

**B** What motivates Dr Abasi to engage with the guideline?
- Why would Dr Abasi look up the guideline?
- What kind of information might Dr Abasi be looking for when reading the guideline?

---

**2**

**Activity Instructions • 15 mins.**

### Responding to the redesign of chapter 2

**A** What do you think Dr Abasi’s initial thoughts might be when he downloads and opens the redesigned document?

**B** Do you think Dr Abasi might engage differently with this redesigned document?
- Yes/No, why not?

**C** What barriers still exist? What issues still need to be addressed?

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**Annex**

27
Improving the usability and impact of WHO guidelines: report of a WHO workshop

**4 Activity Instructions • 15 min.**

**Designing a toolkit to guide the creation of WHO guidelines**

**A**

- How might WHO guidelines be made clearer for Dr. Abasi?
  - Make sure images are not “culture bound”
  - Very simple (or as simple as possible).
  - Use direct and straightforward terminology.
  - Avoid text on images (which are hard or impossible to translate).
  - Existing WHO guidelines and national guidelines should be linked.
  - What are the different formats (web, digital, print, etc.)?
  - What could be done to improve uptake in different formats?
  - How do these need to be written to improve uptake in different formats? (web, digital, print, etc.)
  - How might WHO guidelines be made clearer for Dr. Abasi?
  - What do guideline writers need to know in order to better understand the people using their documents?
  - What support would be helpful? Who would provide this?

**B**

- What do guideline writers need to know in order to better understand the people using their documents?
  - What support would be helpful? Who would provide this?
  - What is the audience for the guidelines? How will the audience use the material?
  - Who is the audience for the audience of the document? How will the audience use the material?
  - What is the purpose of the guidelines? How will the audience use the material?
  - What is the purpose of the guidelines? How will the audience use the material?
  - How can the material be updated? (e.g., post, internet, etc.)
  - Needs to build upon what exists. Build on national resources.
  - Availability of this material (e.g., post, internet, etc.).
  - Organise and consolidate across different places. Consider key issues and processes across all guidelines.
  - Existing WHO guideline and national guideline merged. Good things continued and bad things removed.

**Tactile Tools**

- Multi-language: What do guideline writers need to know?
- Multi-language: What do guideline writers need to know?
- Keep original language as simple as possible.
- Complex language: What do the audience need to know?
- Sensitisation of high level officials.
- Avoid specialist jargon that others may not understand / avoid colloquialisms that can be translated easily / mistranslated (even worse).
- Avoid using language that is difficult to translate.
- Use of images to facilitate understanding of the guidelines.
- Sensitisation of high level officials.
- When adapted these things need to be considered.
- Very simplistic (or as simple as possible).
- Use direct and straightforward terminology.
- Use of images to facilitate understanding of the guidelines.
- Sensitisation of high level officials.
- When adapted these things need to be considered.