Implementing health systems guidance

A workbook to support the contextualization of recommendations at the national or subnational level

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McMaster Health Forum

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"While half the world's deaths are potentially preventable with simple and cost-effective interventions…[life-saving technologies such as drugs, vaccines and diagnostics], the 2005 mid-decade assessment is expected to reveal that the MDGs are unlikely to be reached in several regions by 2015 due to shortfalls in the capacity of health systems."
- WHO Report, Ministerial Summit on Health Research, 2004

As can be seen from the above passage, strengthening health systems has been on the international research agenda for over a decade. The *Ministerial Summit on Health Research* held in 2004 in Mexico City provided a platform to address global cooperation for health research and emphasized the importance of translating research knowledge into action (overcoming the 'know-do gap') to narrow disparities in health system performance between high-income and low- and middle-income countries (LMICs) in order to improve population health. (1) It was emphasized that in order for effective clinical or public health interventions to save lives or improve the quality of lives, there needed to be strong health systems to deliver these interventions. (1–3) Health systems incorporate all the people, organizations, and actions involved in improving or maintaining health. (2,3) All governments play some role in the regulation or stewardship of health systems. Therefore, if a large-scale change is needed (e.g., a change in practice within a province or country as suggested by guidance), then the government will be involved in regulating, funding, and/or even delivering the intervention and supports for its widespread use. (4,5) Therefore, the government or Ministry of Health, depending on the setting, will need to decide on approving such a change. (4) Unfortunately, many LMICs have significant resource limitations and numerous competing health and other priorities, and their health systems have sometimes been weakened by a focus on vertical (or single disease) programs (e.g., HIV, malaria) instead of integrated care. (2,4,5)

One of the approaches taken to strengthen health systems has been for the World Health Organization (WHO) to develop evidence-based health systems guidance at the global level, which allowed for the pooling of resources and knowledge in order to help offset costs for researching possible solutions for countries facing the same or similar issues (e.g., maternal and newborn morbidity and mortality, HIV). (2,4,6) Global guidance can inform policies at the global level, such as the funding policy of an international organization. (4) One example of this is how global guidance on malaria affects funding for malaria prevention and treatment by international organizations, such as The Global Fund to Fight AIDS, Tuberculosis and Malaria. (7) In addition, global guidance can be used in the development of national guidance by a guidance panel or by an Evidence-Informed Policy Network (EVIPNet team). An example of this is a 2010 policy brief developed in Ethiopia on human resources capacity with regards to malaria prevention and treatment, which incorporated recommendations from WHO's guidance document on increasing access to health workers in remote and rural areas through improved retention. (8,9) Lastly, guidance can inform the development of policy at the national or subnational level, such as a Ministry of Health writing policy for the nation in unitary systems or for a province in decentralized systems. (4) An example of this can be found in Ontario's Skin Cancer Prevention Act for tanning beds in 2013, in which WHO recommendations provided a basis for creating the Act. (10) However, in order for guidance to have an impact, the issue first needs to compete for and be granted a place on the government's agenda, the guidance needs to inform policy development, and a policy needs to be approved and implemented. (4,11) As part of this process, the guidance recommendations need to be contextualized or adapted to a particular setting, whether national or subnational. (4) It is also important to determine the right time to bring an issue forward. Waiting for an open policy window (e.g. an issue was discussed during an election when citizens want change) can increase the likelihood that the policy options can be pursued.

Evidence briefs and policy dialogues have been advanced as methods to support the development of evidence-informed national guidance or policy. (4,12,13) An evidence brief is a document created at the national or subnational level which presents research evidence on a health or health system problem and its causes, possible policy options, and implementation considerations. (4,13) Contextualizing guidance in order to develop an evidence brief for a particular setting requires the input of country content and methods experts who understand the health and political systems within their jurisdictions. (14) An evidence brief can then be used to inform a policy dialogue. A policy dialogue is organized to elicit the views, experiences and tacit knowledge of policymakers, stakeholders and researchers who are involved in or affected by decisions surrounding the topic and by the possible policy options at hand. A summary of the policy dialogue can help inform agenda setting, policy development and/or policy implementation. (4,13)

Between 2010 and 2012, WHO developed the 'OptimizeMNH' guidance for optimizing health worker roles in order to increase access to and use of key interventions to improve maternal and newborn health in LMICs. (15) Because this document was addressing the roles of health workers, which could require changes in regulation, training or supervision, the group working on this guidance document recognized the need for a health systems approach. The McMaster Health Forum, acting in its role as WHO Collaborating Centre for Evidence-Informed Policy, with the input of people at WHO and at the Norwegian Knowledge Centre for the Health Services at the Norwegian Institute of Public Health and Health Systems Research Unit were called upon to provide these insights (personal communication, 2012). Through this process, it was determined that a tool to support users at the national or subnational level contextualize the guidance recommendations with national (local) data and evidence to their settings should accompany the guidance document (personal communication, 2012). However, there were no tools that addressed how to combine global recommendations with national / subnational assessments of local problems and their causes, as well as of existing health system arrangements that may need to be changed, and political system considerations that needed to be taken into account (4).

This workbook was developed based on the second article of the *PLoS Med* series on guidance for evidence-informed policies about health systems (2,4,16), which outlined the contextualization or adaptation process from global guidance to global or national policy or national guidance, and the contextual factors to take into account while developing an evidence brief. This article in turn drew from the content of the SUPPORT tools for evidence-informed health policymaking articles, which include clarifying evidence needs in policymaking, (17–19) taking equity into consideration, (20) preparing evidence briefs and policy dialogues, (21,22) engaging the public, (23) and planning monitoring and evaluation of policies (24). In addition, the workbook has been revised from insights gained through a critical interpretive synthesis, from the perspectives of global guidance developers, and from users at the national level. (14)

Briefly, the workbook includes a narrative of how to use the workbook and provides questions for the users to consider in developing national or subnational guidance or policy informed by global guidance. The workbook also provides prompts for what type(s) of evidence (e.g., systematic reviews, local studies, administrative data, etc.) could be looked at to help answer the questions. The worksheets, which summarize this information, help users navigate through each section. To gain a full understanding, we recommend that readers follow each worksheet while referring to the relevant section in this part of the workbook. Generally, each step utilizes broad health system or political system questions, prompts for the use of research evidence (where applicable), and ends with a summary of findings to highlight key messages from that section.

The workbook follows a revised framework called the 'health systems guidance contextualization framework' (see Figure 1), which addresses: 1) selecting the topic, identifying the venue for decision-making, and clarifying the problem and its causes; 2) framing options for addressing the problem; 3) identifying implementation considerations; 4) considering the broader health system context; 5) considering the broader political system context; 6) refining the statement of the problem, options and implementation considerations in light of health system and political system factors; 7) anticipating monitoring and evaluation needs; and lastly, 8) making national or subnational policy recommendations or decisions and developing advocacy and dissemination strategies (14,25).

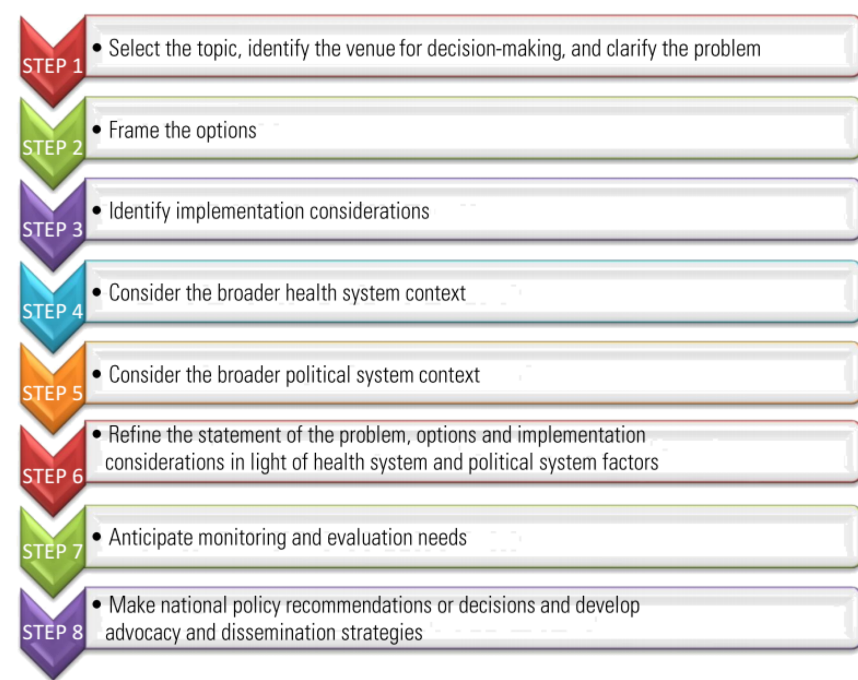


Figure 1. Health systems guidance contextualization framework

While it is recommended that guidance developers include a tailored workbook to help contextualize their particular topic, this workbook is developed to be generic enough for any health system issue. An example of a tailored workbook for the topic of "optimizing health worker roles to increase the access to and use of key interventions to improve maternal and newborn health" is provided on-line free-of-charge through the World Health Organization at: http://www.optimizemnh.org/Annexes/Annex_8_Contextualizing_Workbook.pdf

WHO's health systems building blocks show how interventions can only be implemented successfully if health workers are supported by the other interrelated elements of health systems (i.e. governance, financing, health workforce, medicines and technologies, information, and service delivery). (3) Even though the building blocks are not addressed as categories *per se* in this workbook, all the topics within the building blocks are covered in a format which fits with current health systems and policy research concepts.

Step 1 – Select the topic, identify the venue for decision-making and clarify the problem

While selecting the topic, identifying the venue for decision-making and clarifying the problem can be seen as discreet steps, they are very iterative in nature and help in the set-up for the rest of the work, which is why they are addressed in the same step. In general, the questions or considerations for each of these are listed in the first column of Worksheet 1. A column is provided for guidance developers to list specific considerations to help users determine if/how the guidance documents would be applicable in a given country (these considerations would be listed in the second column of Worksheet 1). Two further columns then prompt users to think about potentially important applicable systematic reviews or other systematically collected global data, and national data and research evidence. Doing so helps to ensure that global and local evidence are included in the policy decision-making process. Examples of types of national data and research evidence that could be considered are shown in the last column of Worksheet 1. The input of country content and methods experts is invaluable for Step 1.

Select the topic

Once a problem (e.g., undernutrition, lack of skilled health workers) and a guidance document related to that topic have been identified, a process of determining whether that guidance document is relevant in addressing that problem within that context is undertaken. Factors to consider include (see Worksheet 1): (14)

1) Alignment with priorities of the government or Ministry of Health – because of the nature of government's role in regulating, funding and/or providing health services, it is important to align with the priorities of the government or Ministry of Health in order to ensure there is interest in addressing this topic. If the topic is not getting attention from government officials, it will be much more difficult to expect changes to the health system to occur.

2) Alignment with the guidance document topic – while this may seem obvious for the purposes of this work, it is important to take a step back and consider whether the priorities of the government align with the recommendations from the guidance. Part of this goes along with clarifying the problem. As an example, if the government wants to improve access to maternal health interventions but has moved away from task-shifting as part of its repertoire of how to deal with health system problems, it may be difficult to rely on recommendations which call for task-shifting, unless the problem can be addressed in other terms.

3) Consideration of priority regions / populations – if there is data to support a specific area (e.g., neighbourhood, community) or specific population at greater need within a jurisdiction, this may narrow the topic from the outset of the work. While these issues are also addressed as equity considerations throughout the workbook, equity may itself guide which topic and which venue for decision-making should be addressed.

4) Preliminary consideration of the relevant recommendations from the guidance document to ensure there is enough substance for developing an evidence brief on that topic. Developing an evidence brief takes substantial time and effort. Enough substance from the guidance document should be available in order to justify undertaking this process or the framing may need to be expanded. **Consider evaluating whether each relevant recommendation is currently practiced in the target jurisdiction. Use the areas with question marks to formulate the options for the following tables.**

Identify the venue for decision-making

Users need to identify their specific national processes for policymaking in order to determine the appropriate venue (such as a national guidance panel, the Ministry of Health, etc.) to address this guidance. Doing so is important for determining the proper product, audience, format, and language for making recommendations or policy decisions. The venue also determines the context used for clarifying the problem, framing the options and identifying implementation considerations, including consideration of health system and political system contextual factors. Factors which have been described for identifying the venue include (see Worksheet 1): (14)

1) The level of government responsible for health policy and/or implementation – understanding governance relationships for particular policy topics is extremely important when change is being considered as this will identify who has authority to make the recommended changes.

2) The government's commitment to evidence-informed policymaking – depending on the government's stability and level of commitment to undergoing through this process (i.e., contextualizing guidance) may change the venue for this work. For example, if the national government is undergoing frequent changes in leadership, a more stable district government that is responsible for the implementation of policies and service delivery may be more amenable to considering policy changes.

3) Professional connections – If established connections have been set up between policymakers, researchers and stakeholders in particular jurisdictions, these connections may help drive interest in undertaking this work.

4) Types of research evidence available within the country – Local evidence has surfaced as a key contextual factor in the development of policy. Having district-level evidence may help tailor the recommendations for a particular setting. Lacking district-level evidence, on the other hand, may make it difficult to justify why one particular area is of greater concern over others. Also, having evidence about stakeholders' views or acceptability of options will help determine barriers and strategies to overcome those barriers in particular contexts.

5) Other considerations, such as prior laws or the level of authority for related regulations (e.g., training of health workers under the federal Ministry of Education and not under the Ministry of Health), may lead to the selection of a particular venue.

Clarify the problem

Clarifying a problem is a critical part of the policymaking process, and can influence whether and how policymakers take action to address a problem. (5) In Step 1, a series of general questions from the SUPPORT tools for evidence-informed health policymaking guides policymakers and stakeholders through clarifying the problem addressed by the guidance document as it is experienced within their own country (5).

The general questions in Step 1 are shown in the first column of Worksheet 1. These include:

1) **What is the problem?** A problem can relate to one or more of four areas, namely:

   a) a risk factor, disease or condition. Sources of national data and research evidence which could be used here include, but are not limited to, community surveys and vital registries. Additional

examples of national data and research evidence are not listed in this section, but are provided in the worksheets;

b) the programmes, services or drugs currently being used to address a risk factor, disease, or condition;

c) the current health system arrangements, including delivery, financial and governance arrangements within which programmes, services and drugs are provided. Health system arrangements can contribute to a problem, and the specific areas of each are addressed in more detail in Step 4 ('Consider health system factors'). Briefly, **delivery arrangements** include: how care is designed to meet consumers' needs, who provides the care, where the care is provided, and what support is used to provide care. **Financial arrangements** include: financing systems, funding organisations, remunerating providers, purchasing products and services, and incentivizing consumers. **Governance arrangements** include: policy authority, organisational authority, commercial authority, professional authority, and consumer and stakeholder involvement

d) the current degree of implementation of an agreed upon course of action (e.g. a policy or guideline). This can include implementation problems at four levels: a healthcare recipient and citizen level (e.g. a lack of awareness of available programmes), a health provider level (e.g. a lack of adherence to national guidelines), an organisational level (e.g. poor management of staff), and a system level (e.g. the policies are not enforced).

2) **How did the problem come to attention (separate from the release of the guidance), and has this process influenced the prospect of it being addressed?**

Attention to a problem is usually brought about by three possible factors, namely: a focusing event which can be capitalized upon in a given country (such as the release of a WHO guidance document); a change in an indicator (such as an increase in maternal mortality); and feedback from the operation of current policies and programmes (such as managers noting that few women are seeking available services).

3) **What indicators can be used or collected to establish the magnitude of the problem and to measure progress in addressing it?**

Indicators are factors used to measure achievements or to reflect changes from an intervention. (24)

4) **What comparisons can be made to establish the magnitude of the problem and to measure progress in addressing it?**

Four types of comparisons can be used to establish the magnitude of the problem: comparisons over time within a country (such as maternal and newborn mortality increasing or decreasing over time), comparisons between countries and other appropriate comparators (such as contrasting with similar countries), comparisons against plans (such as national targets), and comparisons against what policymakers and/or stakeholders predicted or wanted (including, for example, decreases in maternal and newborn mortality).

5) **How can the problem be framed (or described) in ways that will motivate different groups?**

How a problem is stated can influence the motivation of different groups to act. Some groups may be motivated by the need to see change happen (e.g. "We have the highest rate of infant mortality in the region") while others may be more motivated to keep to specified goals (e.g. "We will achieve the national goals for infant mortality within five years by improving access to and utilization of key interventions"). Targeted goals may also motivate some groups to act in particular areas (e.g. to support routine care in underserved communities/regions, but not everywhere).

A ***summary of findings on selecting the topic, identifying the venue, and clarifying the problem section*** can be found at the end of the table to highlight the main concepts in these areas. This can be consolidated from the work done throughout this step.

In addition, the cross-cutting theme of equity considerations is listed for Steps 1-3 at the end of each table. However, these considerations should form part of the discussion for each question. As part of the clarification of the problem, a consideration of equity should address the question: **Are there differences in access to or quality of care for disadvantaged groups or communities?** (20)

Step 2 – Frame the options

Policy or programme options may be more appropriate when they are technically feasible (e.g. they have the appropriate resources), fit with dominant values (e.g. they are in synch with the national mood or have political support), and are workable within the budget. (11) In Step 2, policy options should be developed based on the findings of the work from Step 1. Using three columns in Worksheet 2, these options can then be developed further. Consider evaluating whether each recommendation is currently practiced in the jurisdiction. Use the areas with question marks to formulate the options for the following tables. The policy options need not be mutually exclusive and can, in fact, be complementary. Either way, they should foster discussion about the costs and consequences (benefits and harms) of each proposed option. (18,20,26) Information on which types of evidence can be used to help answer these questions can also be found in the table in Worksheet 2. The questions used in this step come from the SUPPORT tool series, (18) and these walk the user through the process of framing the policy options.

The questions used to guide Step 2 include:

1) **Has an appropriate set of options been identified to address the problem?**

    Options can include:

    a) The provision of a cost-effective programme, service or drug, and

    b) Health system arrangement issues (developed further in Step 4, but also listed in Step 1)

    Once these elements are chosen, a decision can be taken as to whether they can stand alone or if they should be part of a larger framework (e.g. health human resources planning).

2) **What benefits are important to those who will be affected and which benefits are likely to be achieved with each option?**

3) **What harms are important to those who will be affected, and which harms are likely to arise with each option, and how can these harms be mitigated?**

4) What are the local costs of each option, and is there local evidence about their cost-effectiveness?

For this question it is important to consider all the potential impacts of resource use (e.g. the costs of transportation, etc.). It has been noted that policymakers pay a great deal of attention to costs, yet this area is not elaborated well in many evidence briefs. Tools such as developing a template for an ideal implementation process, with associated costs to help plan policy changes could be considered. (27)

5) What adaptations might be made to any given option and how might these alter its benefits, harms and costs?

6) Which stakeholders' views and experiences might influence the acceptability of each option and its benefits, harms and costs?

- Healthcare recipients and citizens
- Health workers
- Managers in organisations (e.g. districts and facilities)
- Policymakers and stakeholders at national or sub-national levels
- Others

Worksheet 2 ends with a section for the ***summary of the costs, benefits, and harms of each option*** section. Important concepts considered throughout Step 2 can be condensed there.

Equity considerations to be included throughout the framing of the options are: (20)

1) Which groups or communities are likely to be disadvantaged by each option?

Prompt: Is there an association between the mechanism of the options and the particular characteristics of specific groups or populations, such as economic status, employment or occupation, education, place of residence, gender or ethnicity?

2) Is there evidence of differences in the baseline conditions of groups and could such differences potentially change the absolute effectiveness of each option for disadvantaged groups or communities?

Prompt: Baseline risks are typically greater in disadvantaged populations and a larger absolute effect might therefore be expected. If improving the delivery of artemisinin combination therapy (ACT), for example, has the same relative effect on mortality from malaria among disadvantaged children as for other children, then the absolute effect might be greater in disadvantaged populations with higher mortality rates.

<u>Step 3 – Identify implementation considerations</u>

The implementation of a policy can be complex, and the policy may fail if adequate attention is not paid to implementation considerations. (19) Identifying barriers to implementation and finding strategies to deal with these issues should thus be seen as facilitating the translation of policy into practice. (19) In addition, advocacy and dissemination strategies should be identified in order to support the uptake and implementation of each option. (14) Building on what was learned from Step 2, the modified options should be carried over from Worksheet 2 to Worksheet 3. Continue to tailor the policy or programme options by planning for implementation issues in order to maximize the

likely benefits of proposed changes in the health system. In Worksheet 3, each question is found in the left column of the table. The options are listed in the column headings that run across the page. These columns allow for the assessment of each option. Again, the types and/or sources of evidence which could be used to answer these questions are listed throughout Worksheet 3. The questions used in Step 3 are based on the SUPPORT tool series, (19) and allow the user to walk through the process of planning for the implementation of the options. Health Systems Evidence provides syntheses of research evidence that can support change in health systems.

The questions for Step 3 include:

1) **What are the potential barriers to the successful implementation of each option?**

   Barriers should be considered at four levels:

   a) The healthcare recipient and citizen level
   b) The health professional level
   c) The organisational level
   d) And the system level

2) **What strategies should be considered in order to facilitate the necessary behavioural changes among healthcare recipients/citizens?**

3) **What strategies should be considered in order to facilitate the necessary behavioural changes among health professionals?** (e.g. the reconciliation of 'competing' guidelines and accountabilities for different cadres; training and supervision which is focused on confidentiality)

4) **What strategies should be considered in order to facilitate the necessary organisational changes?**

5) **What strategies should be considered in order to facilitate the necessary system changes?** (e.g. rationalization of the referral system; coordination with other health workforce initiatives)

6) **What advocacy and dissemination strategies should be considered in order to facilitate these changes?**

A section for the ***summary of implementation considerations for each option*** is found at the end of Worksheet 3. Important concepts from this step can be condensed there.

A cross-cutting equity consideration throughout the implementation planning step includes: **With these issues in mind, what can be done during implementation to reduce inequities, if possible, or to make sure they are not increased?** (20)

In addition, the guidance document may mention general implementation considerations as found through systematic reviews and other literature.

Step 4 – Consider the broader health system context

After working through the problem, options and implementation considerations in Steps 1-3, it is then important to think about how key features of the health system are likely to influence decision-making about *whether* and *how* to act on the guideline recommendations. (4) Step 4 walks the user through these health system factors, and consideration is given to delivery arrangements (e.g. training and supervision supports and referral processes), financial arrangements (e.g. incentives), and governance arrangements (e.g. regulations governing scopes of practice). Each option (shown in the column headers of Worksheet 4) should be brought forward from Worksheet 3 and deliberated in turn in relation to the health system factors (found in the left hand column on Worksheet 4). Findings from systematic reviews or from systematic analyses of programmes can be used to help answer these questions. However, expertise from country experts is also invaluable in this step.

Questions to work through in Step 4 include:

1) **How do delivery arrangements influence the possibility of each option being adopted and implemented successfully?**
   - How is care designed to meet consumers' needs
   - Who is care provided by
   - Where is care provided
   - With what support is care provided

2) **How do financial arrangements influence the possibility of each option being adopted and implemented successfully?**
   - Financing systems
   - Funding organisations
   - Remunerating providers
   - Purchasing products and services
   - Incentivizing consumers

3) **How do governance arrangements influence the possibility of each option being adopted and implemented successfully?**
   - Policy authority
   - Organisational authority
   - Commercial authority
   - Professional authority
   - Consumer and stakeholder involvement

Worksheet 4 concludes with a ***summary of health system considerations for each option*** section in which the main health system factors gathered through this Step can be collated.

Step 5 – Consider the broader political system context

Understanding how key features of the political system (institutions, interests, ideas, and external factors) can influence the proposed policy options will help to identify further potential barriers or facilitators during policy development and implementation. (4) In Step 5, start by transferring the viable policy options from Worksheet 4 to the top of the column headers of Worksheet 5. Then, for each of the three options, work through the political system considerations. Questions regarding political system factors, including institutions (e.g. what decision-making arenas and processes could be encountered), interests (e.g. which groups are likely to face concentrated benefits or costs), ideas (e.g. values about equity of access/utilization), and external factors (e.g. the appointment of a new health minister) are listed in the rows in the left hand column. Prompts are given as an example for each political system factor in the Worksheet. You may wish to work through each section, and place an X in a corner of the box if the factor is seen as a barrier, or a tick mark (√) if the policy option does not meet any significant barriers in that category (e.g. from interest groups).

Questions for Step 5 include:

1) **Would current political institutions allow for, or hinder, each policy change?**
   - Government structures – how many levels of government would be involved in making healthcare decisions about the options (e.g. at a national, provincial, or district level)?
   - Policy legacies – how have past policies shaped the competencies of current administrative bodies that would be involved in deciding upon or implementing the option?
   - Policy networks – how do specific groups relate to, or are incorporated into, government structures (e.g. a government-appointed guidance panel may engage stakeholders in their policy-making process for specific issues)?

2) **Which politically active group(s) might have an interest in each option (i.e. which groups might face concentrated or diffuse costs or benefits) and therefore decide to mobilize for or against them?**
   - Interest groups (e.g. patient groups, professional groups)
   - Members of civil society more widely

3) **Does each option resonate with the beliefs and values of the government and the public? Is there any local research evidence on stakeholders' views and experiences?**
   - Values
   - Personal experiences
   - Research evidence

4) **Are there external factors which may press the issue forward or draw attention away from each option?**
   - Political changes (e.g. an election bringing a new political party to power)
   - Economic changes (e.g. a global economic crisis)
   - Major reports (e.g. the release of a guidance document)
   - Technological changes (e.g. the expanding use of mobile phones and social media)
   - New diseases (e.g. an influenza epidemic)
   - Media coverage (e.g. a spotlight on corruption within the health system)

A ***summary of political system considerations for each option*** section is included at the end of Worksheet 5 to consolidate the key points identified during Step 5.

Step 6 – Refine the statement of the problem, options and implementation considerations in light of health system and political system factors

Worksheet 6 is intended as a tool to reflect upon the process of contextualizing the problem, options and implementation considerations in light of national health system and political system factors, which can influence the likelihood of a policy option being adopted and implemented successfully. Each option should be transcribed in the column headers of Worksheet 6.

The '***Summary of findings on selecting a topic, identifying the venue for decision-making, and clarifying the problem***' from the end of Worksheet 1 should be transcribed in the appropriate section of Worksheet 6. A section is provided for reflection on how considerations related to key health system and political system factors can change how the problem is clarified. The same process should be followed with the '***Summary of costs, benefits, and harms of each option***' from the end of Worksheet 2 and the '***Summary of implementation considerations for each option***' from the end of Worksheet 3. Finally, space is provided for a ***contextualized re-iteration of clarifying the problem, framing the options, and planning for implementation in light of health system and political system considerations***. This re-iteration can be used to determine whether the existing options could be viable or if it would be better to consider new or modified policy options.

Step 7 – Anticipate monitoring and evaluation needs

Monitoring and evaluation (M&E) are used in order to know if a policy or programme has been implemented as expected and if it is working. (24) Monitoring involves systematically collecting evidence to answer questions about the nature and extent of implementation; evaluation is similar but tends to focus more on the achievement of results. (24) Indicators are factors used to measure achievement or to reflect changes from an intervention; an impact evaluation helps to determine if observed changes in outcomes (impacts) are the result of a policy or programme. (24) Viable options should have been determined throughout the first six Steps of this process. Users should now place these policy options across the column headers in Worksheet 7 and then answer the questions in the left column of the Worksheet. The questions in this section are taken from the SUPPORT tools series. (24)

Questions in Step 7 include:

1) **Is monitoring necessary?**
    - Is monitoring already in place or are new systems necessary?
    - What are the costs of establishing a new system?
    - Are findings going to be useful for change? What actions would occur if monitoring reveals things are not going as planned?

2) **What should be measured?**
    - What parts of the results chain should be/could be measured?
      A modified results chain (24) includes:
        - Inputs – Financial, human and material resources used for the intervention

  - Activities – Actions taken or work performed through which inputs, such as funds, technical assistance and other types of resources are mobilized to produce specific outputs
  - Outputs – The products, capital goods, and services which result from an intervention: these may also include changes resulting from the intervention that are relevant to the achievement of outcomes,
  - Outcomes – The likely or achieved short-term and medium-term effects of an intervention's outputs
  - Impacts – Positive and negative, primary and secondary long-term effects produced by an intervention, directly or indirectly, intended or unintended

- What properties of an indicator make it useful?
  Factors to consider when selecting indicators (24)
  - Validity – the extent to which the indicator accurately measures what it is supposed to measure
  - Acceptability – the extent to which the indicator is acceptable to those being assessed and those recording the data
  - Feasibility – the extent to which valid, reliable and consistent data are available for collection
  - Reliability – the extent to which there is minimal measurement error, or the extent to which findings are reproducible if collected by another party
  - Sensitivity to change – the ability to detect changes in the unit of measurement
  - Predictive validity – the ability to accurately predict relevant outcomes
  - Consider also – the cost, time, and motivation to collect or manipulate the data

3) **Should an impact evaluation be conducted?**
   It is important to compare the costs of conducting an impact evaluation with the costs of not conducting one, in case the programme does not work or causes harm. Would a programme be stopped or changed, for example, if poor outcomes were found? Does the capacity exist to conduct the evaluation? In addition, can the impact evaluation be done at the early stages of implementation (e.g. in a pilot study) to improve or stop the rest of the implementation, if necessary?

4) **How should the impact evaluation be done?**
   The choice of evaluation involves many factors (e.g. time, costs, ethical considerations, etc.). Worksheet 7 lists some potential types of evaluation used in impact evaluations. However, all types of evaluation methods should be planned for and included in the earliest stages of planning to ensure valid, reliable and usable data.

The '***Summary of monitoring and evaluation needs for each option***' section at the end of Worksheet 7 enables users to consolidate the concepts gained throughout Step 7.

Step 8 – Make national policy recommendations or decisions and develop advocacy and dissemination strategies

Users should have identified their specific processes for policymaking to determine the appropriate venue (e.g. a national guidance panel, Ministry of Health, etc.) to address the contextualization and implementation of the guidance. The recognition of these processes is important for determining the proper product, audience, format, and language for developing the policy recommendations or policy decisions. If the policy recommendations are made based on the work undertaken in Steps 1-7, then summarizing the pros and cons of each option with special considerations for implementation, health system factors, political system factors, equity issues, and monitoring and evaluation needs will give policymakers a good sense of what options are feasible, acceptable and useful. Looking for the right time to bring these recommendations forward (e.g. during an open policy window such as an election in which the issue is being discussed) can also help advance the policy options.

If a decision is made to consider acting on one or more of the guidance recommendations, then an evidence brief for policy can be prepared using local data and evidence (e.g. mortality data; studies about contributors to access/utilization problems) and local tacit knowledge, views and experiences combined with global evidence (both from the guidance and from other sources, such as Health Systems Evidence). A structured, evidence brief for policy (or a policy proposal) can help decision-makers to have a focused discussion (e.g. a policy dialogue) based on sound global and local evidence, (4) if these are appropriate for the venue used in each country for developing policy recommendations or making policy decisions. The boxes in Worksheet 8 address issues of engaging the public in the policymaking process, developing an evidence brief, and planning a policy dialogue, which are based on the SUPPORT tools series. (21–23) For a full description of the issues, readers should refer to the original articles. In addition, developing advocacy and dissemination strategies (e.g., involving end-users in the guidance contextualization process or finding influential early adopters who could then promote the changes) may be topic and setting-specific but can have a large impact on the implementation of the suggested programs or policies. (14)

1) **If applicable, has the public been engaged in the policymaking process?** (23)

- What strategies can be used to engage the mass media in informing the public about policy development and implementation?

  Structured press releases, fact boxes, press conferences, using stories, avoiding jargon, providing access to experts, issuing tip sheets, providing training for journalists, considering web and social media

- What strategies can be used to engage civil society groups?

  Patient organisations, community groups, coalitions, advocacy groups, faith-based organisations, charities or voluntary organisations, professional associations, trade unions, business associations, etc. can be involved in multiple steps of the policymaking process.

- How can consumers become involved in policy development and implementation?

  Consultation, collaboration, or consumer control (e.g. consumers develop and advocate or implement health policies themselves)

- How will the above information be used in shaping the policymaking process?
  Are there plans, and is there time, to add the information learned through these processes?

  Explain these processes and their outcomes to those involved, as it may otherwise be seen as tokenism if it is not clear how the advice is taken into consideration.

2) **Is an evidence brief being developed to collate all of the analyses captured in the workbook?** (21)

- Does the policy brief address a high-priority issue and describe the relevant context of the issue being addressed?

- Does the policy brief describe the problem, costs and consequences of options to address the problem, and the key implementation considerations?

- Does the policy brief employ systematic and transparent methods to identify, select and assess synthesized research evidence?

- Does the policy brief take quality, local applicability, and equity considerations into account when discussing the synthesized research evidence?

- Does the policy brief employ a graded-entry format?

  Allow busy policymakers to quickly scan for relevance to topic and context (e.g. use a 1:3:25 format – 1 page with take home messages: 3 pages for the Executive Summary: and 25 pages for the report, and a reference list for more information)

- Was the policy brief reviewed for both scientific quality and system relevance?

  A merit review involving one of each: a policymaker, other stakeholder, and researcher (in contrast to peer review involving only researchers).

3) **Is a policy dialogue being planned to support evidence-informed policymaking?** (22)

- Does the dialogue address a high priority issue?

- Does the dialogue provide opportunities to discuss the problem, options to address the problems, and key implementation considerations?

- Is the dialogue informed by a pre-circulated evidence brief and by a discussion about the full range of factors that can influence the policymaking process?

- Does the dialogue ensure fair representation among those who will be involved in, or affected by, future decisions related to the issue?

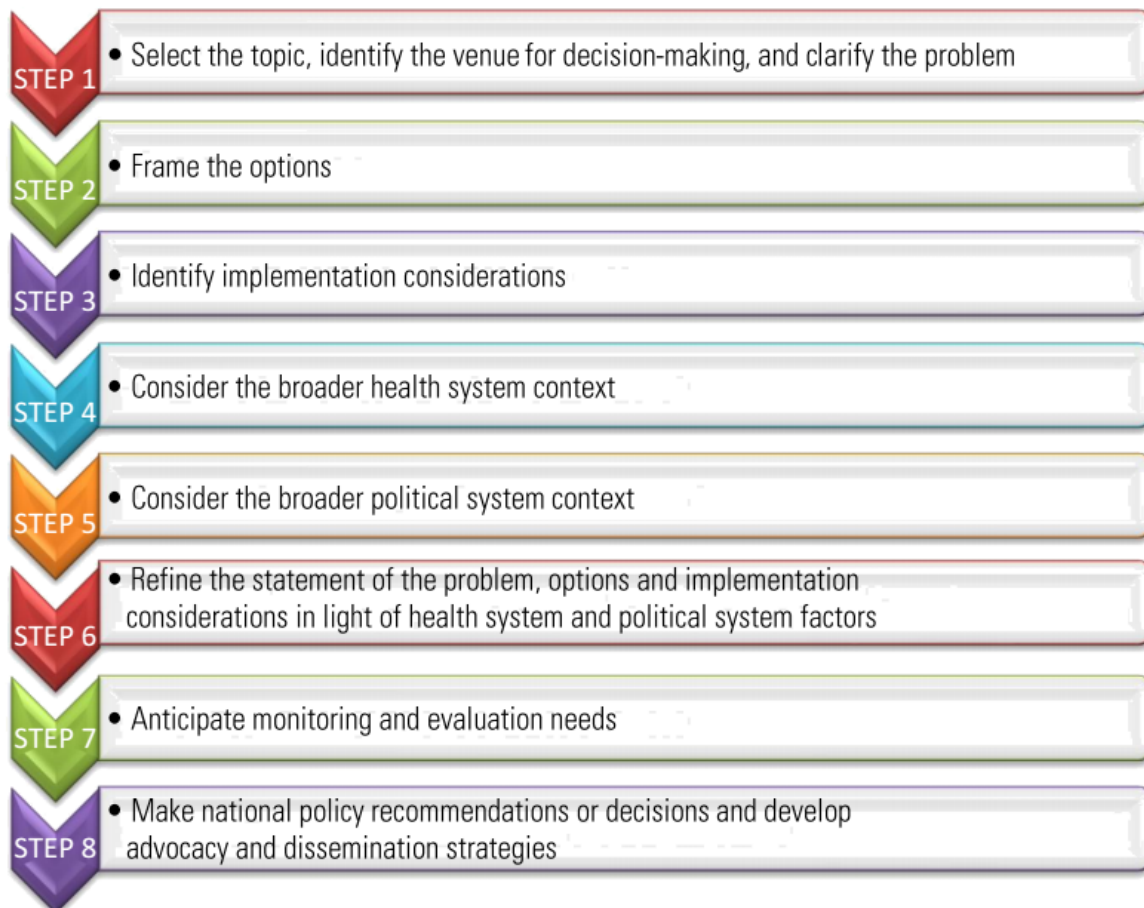
  Policymakers, managers, staff or members in civil society groups, health professional associations, researchers, etc.
  Usually 15-20 or more people, depending on the issue and the area affected by the issue.

- Does the dialogue engage a skilled, knowledgeable and neutral facilitator, and follow a rule about not attributing comments to individuals, and not aim for consensus?
- Are outputs produced and follow-up activities undertaken to support action?

4) **Are advocacy and dissemination strategies identified to support the implementation of the proposed changes?**

Worksheets

Follow the directions in each step of the prior section to navigate through the corresponding worksheets in the workbook.



Worksheet 1 – Select the topic, identify the venue for decision-making, and clarify the problem

General considerations	Specific examples of considerations for a particular topic (if provided by guideline developers)	Important systematic reviews or other systematic data	National data and research evidence (examples are provided, but are not exhaustive)
Select the topic			
1) Alignment with priorities of the government or Ministry of Health			Ministry reports, media sources
2) Alignment with the guidance document topic			
3) Consideration of priority regions / populations			Community surveys, vital registries, healthcare administrative data
4) Preliminary consideration of the relevant recommendations from the guidance document to ensure there is enough substance for developing an evidence brief on that topic			Consider evaluating whether each relevant recommendation is currently practiced in the target jurisdiction. Use the areas with question marks to formulate the options for the following tables.
Identify the venue			
1) Level of government responsible for health policy and/or implementation			Legislation, regulations, policies, ministry documents
2) Government's commitment to evidence-informed policymaking			
3) Professional connections			
4) Types of research evidence available within the country			Community surveys, vital registries, healthcare administrative data
5) Other considerations, such as prior laws or level of authority for related regulations			Legislation, regulations, policies, ministry documents
Clarify the problem			
1. What is the problem? Does the problem relate to*: (*Note: could be more than one)			
a) A risk factor, disease or condition			Community surveys and vital registries
b) The programmes, services or drugs currently being used to address a risk factor, disease or condition		Look for systematic reviews on the specific programme, service or drug	Healthcare administrative data/ health management information systems, monitoring and evaluation data, community or health provider surveys

c) The current health system (delivery, financial and governance) arrangements within which programmes, services and drugs are provided			
Delivery Arrangements - How care is designed to meet consumers' needs - Who provides the care - Where the care is provided - What support is used to provide care			Healthcare administrative data
Financial Arrangements - Financing systems - Funding organisations - Remunerating providers - Purchasing products and services - Incentivizing consumers			Health expenditure surveys, health provider surveys
Governance Arrangements - Policy authority - Organisational authority - Commercial authority - Professional authority - Consumer and stakeholder involvement			Legislation, regulation, policies, drug formularies and policymaker surveys
d) The current degree of implementation of an agreed upon course of action (e.g. a policy or guideline) Consider implementation problems at four levels: 1) Healthcare recipient and citizen level (e.g. a lack of awareness of available programmes) 2) Health provider level (e.g. a lack of adherence to national guidelines) 3) Organisational level (e.g. poor management of staff) 4) System level (e.g. the policies are not enforced)			Community or health provider surveys, healthcare administrative data
2. How did the problem come to attention (separate from the release of the guidance), and has this process influenced the prospect of it being addressed?			

- A focusing event (e.g., release of a guidance document, crisis) - Change in an indicator (e.g, maternal mortality increasing) - Feedback from the operation of current policies and programmes (e.g., managers note that few women are seeking available services)			
3. What indicators can be used or collected to establish the magnitude of the problem and to measure progress in addressing it?			
			- Available indicators - Community surveys and vital registries - Healthcare administrative data - Legislation, regulation, policies, drug formularies and policymaker surveys - Health expenditure surveys, health provider surveys
4. What comparisons can be made to establish the magnitude of the problem and to measure progress in addressing it?			
- Comparisons over time within a country - Comparisons between countries and other appropriate comparators - Comparisons against plans - Comparisons against what policymakers and/or stakeholders predicted or wanted			
5. How can the problem be framed (or described) in a way that will motivate different groups?			
			Qualitative research for socially-meaningful terms
Summary of findings on selecting the topic, identifying the venue and clarifying the problem – describe the topic, venue and scope and nature of the problem based on the above findings *(e.g. Prompt:, A national nursing group, inspired by the objective of achieving the MDG goals by 2015, raised the problem of maternal deaths caused by postpartum haemorrhage (PPH), especially in rural areas. Their spokesperson stated that it was imperative for their government to uphold the promise of safeguarding the health of high-risk, rural, women. Recent guidance issued by the WHO for improving maternal and newborn health*			

(the OptimizeMNH recommendations), they said, could help to steer work in this field. The nurses felt that the national maternal mortality rate was worse than the rates in neighbouring countries. According to the nurses, doctors were unavailable most of the time in rural areas, but lay health workers were located in the highest-risk areas. WHO recommendations stated that lay health workers (LHW) could administer misoprostol to prevent PPH, but this was not currently done in their country. The issue of maternal and newborn health was always on the national governmental agenda due to international and national interest group pressures so the government was interested in finding solutions.)

Cross-cutting factors: Equity considerations

Are there differences in access to or quality of care for disadvantaged groups or communities?

Worksheet 2 – Frame the options

	Option 1:	Option 2:	Option 3:
1. Has an appropriate set of options been identified to address the problem?			
a) The provision of a cost-effective programme, service or drug b) Health system arrangement issues as described in Steps 1 and 4 of this workbook *Then, decide if these elements can stand alone or if they will form part of a larger framework*			
2. What benefits are important to those who will be affected and which benefits are likely to be achieved with each option?			
Use systematic reviews for global evidence Use randomised controlled trials (RCTs), interrupted time series, controlled before-and-after studies, or systematic evidence for local evidence			
3. What harms are important to those who will be affected, and which harms are likely to arise with each option, and how can these harms be mitigated?			
Use systematic reviews for global evidence Search for effectiveness studies or observational studies for local evidence			
4. What are the local costs of each option, and is there local evidence about their cost-effectiveness?			
Consider all important potential impacts of resource use (e.g. transportation costs, etc.) (26,27) Use systematic reviews, RCTs, observational studies, and cost-effectiveness studies (if available), and consider if the settings are similar Find local data from national or local databases or non-health outcome related sources, such as invoices or records of travel			
5. What adaptations might be made to any given option and how might these alter its benefits, harms and costs?			
Look at options applied elsewhere and determine if adapting this option is viable.			

Use systematic reviews for global evidence and process evaluations to help determine which components of elements are critical and which are not important			
6. Which stakeholders' views and experiences might influence the acceptability of each option and its benefits, harms and costs?			
• Healthcare recipients and citizens • Health workers • Managers in organisations (e.g. districts and facilities) • Policymakers and stakeholders at national or sub-national levels • Others Use systematic reviews for global evidence Use qualitative or observational studies to determine local evidence			
Summary of costs, benefits, and harms of each option *(e.g. Prompt: training one lay health worker (LHW) to provide misoprostol will cost X days of training and being away from the job during that time, $Y for training materials, and the pay for a replacement for X days. The additional training will help provide care for Z # of women/yr. This could save the lives of these women and their children and decrease the morbidities from postpartum haemorrhage. The training time may affect the care of the patients for X days, although there will be coverage. The majority of the women served will be in a high-risk, poor rural area.)*			

Cross-cutting factors: Equity considerations

Which groups or communities are likely to be disadvantaged by each option?
Prompt: Is there an association between the mechanism of the options and the particular characteristics of specific groups or populations , such as economic status, employment or occupation, education, place of residence, gender or ethnicity?

Is there evidence of differences in the baseline conditions of groups and could such differences potentially change the absolute effectiveness of each option for disadvantaged groups or communities?
Prompt: Baseline risks are typically greater in disadvantaged populations and a larger absolute effect might therefore be expected. If improving the delivery of artemisinin combination therapy (ACT), for example, has the same relative effect on mortality from malaria among disadvantaged children as for other children, then the absolute effect might be greater in disadvantaged populations with higher mortality rates.

Worksheet 3 – Identify implementation considerations

	Option 1:	Option 2:	Option 3:
1. What are the potential barriers to the successful implementation of each option? Consider barriers at four levels (see below): Use the guidance document and systematic reviews for global evidence Use qualitative or mixed methods studies to determine stakeholders' views on barriers and/or facilitators Use cost-effectiveness data or stakeholders' views for potential implementation strategies			
The healthcare recipient and citizen level			
The health professional level			
The organisational level			
The system level			
2. What strategies should be considered in order to facilitate the necessary behavioural changes among healthcare recipients/citizens?			
Use the guidance document, systematic reviews or qualitative studies to provide insights into healthcare recipient behaviours Health Systems Evidence provides syntheses of research evidence about implementation strategies that can support change in health systems			
3. What strategies should be considered in order to facilitate the necessary behavioural changes among health professionals?			

Use the guidance document, systematic reviews or qualitative studies to provide insights into health worker behaviours Health Systems Evidence provides syntheses of research evidence about implementation strategies that can support change in health systems			
4. What strategies should be considered in order to facilitate the necessary organisational changes?			
Few systematic reviews available; consider change management strategies Health Systems Evidence provides syntheses of research evidence on governance, financial and delivery arrangements within health systems, and about implementation strategies that can support change in health systems			
5. What strategies should be considered in order to facilitate the necessary system changes?			
Use the guidance document and systematic reviews for specific policy implementation issues (e.g. costs of training, regulation, and supports) Health Systems Evidence provides syntheses of research evidence about governance, financial and delivery arrangements within health systems, and about implementation strategies that can support change in health systems			
6. What advocacy and dissemination strategies should be considered in order to facilitate these changes?			
Summary of implementation considerations for each option *(e.g. Prompt: Recipients in rural, high-risk areas are unaware of the services lay health workers (LHWs) provide and are*			

therefore not seeking their care. A qualitative study, using focus groups, of service utilization from LHWs showed that town hall meetings were an appropriate way to spread awareness of these services and to increase utilization)			

Cross-cutting factors: Equity considerations

With these issues in mind, what can be done during implementation to reduce inequities if possible, or to make sure they are not increase

Worksheet 4 – Consider the broader health system context

Use systematic reviews or systematic analysis of programs Health Systems Evidence provides syntheses of research evidence about implementation strategies that can support change in health systems	Option 1:	Option 2:	Option 3:
1. How do **delivery arrangements** influence the possibility of each option being adopted and implemented successfully?			
How is care designed to meet consumers' needs?			
Who is care provided by?			
Where is care provided?			
With what support is care provided?			
2. How do **financial arrangements** influence the possibility of each option being adopted and implemented successfully?			
Financing systems			
Funding organisations			
Remunerating providers			
Purchasing products and services			
Incentivizing consumers			
3. How do **governance arrangements** influence the possibility of each option being adopted and implemented successfully?			
Policy authority			

Organisational authority			
Commercial authority			
Professional authority			
Consumer and stakeholder involvement			
Summary of health system considerations for each option *(e.g. Prompt: Lay health workers (LHWs) do not have a formal association (governance arrangement) and therefore often work independently. Remuneration for services is not consistent (financial arrangement) and the working conditions can be difficult (delivery arrangement). Patients may have concerns about confidentiality when LHWs are local workers (delivery arrangement). A review of strategies used in other high-risk rural settings with similar problems would be useful to understanding the problem further and find possible solutions. Local information would help with understanding if this concern with confidentiality exists in particular high-risk communities)*			

Worksheet 5 – Consider the broader political system context

	Option 1:	Option 2:	Option 3:
1. Would current political institutions allow for, or hinder, each policy change?			
Government structures *Prompt: The Constitution states that health care is a sub-national responsibility, so provincial Finance, Health, and Development Ministries are where most key decisions are made*			
Policy legacies *Prompt: Legislation has created only a limited role for the Ministry of Health. As a result, civil servants have never developed the administrative capacity required to pursue certain approaches*			
Policy networks *Prompt: A government-appointed guidance panel engages key stakeholders in the process of informing policymaking on various issues*			
2. Which politically active group(s) might have an interest in each option (i.e. which groups might face concentrated or diffuse costs or benefits) and therefore decide to mobilize for or against them?			
Interest groups *Prompt: Physician and nursing associations have the technical and communications staff needed to influence the policy-making process but midwifery and lay health worker associations do not*			
Civil society *Prompt: Citizens are poorly organized and groups representing them have difficulty reaching consensus on their preferred option*			
3. Does each option resonate with the beliefs and values of the government and the public? Is there any local research evidence on stakeholders' views and experiences?			
Values *Prompt: Widely held values support a focus on equity in the health system*			
Personal experiences *Prompt: Personal experiences of the Minister may influence much of her decision-making*			
Research evidence *Prompt: Significant attention is given to economic evaluations but little attention is given to qualitative syntheses about stakeholders' views and experiences*			
4. Are there external factors which may press the issue forward or draw attention away from each option?			

Political changes *Prompt: A recent election has brought a new president or legislative coalition to power*			
Economic changes *Prompt: A global economic crisis has reduced donor capacity to support national programmes*			
Major reports *Prompt: A guidance document is released*			
Technological changes *Prompt: Mobile phone technology has introduced new possibilities for performance management*			
New diseases *Prompt: An influenza outbreak has led to calls for improved reporting at the district level*			
Media coverage *Prompt: A series of investigative news articles in the national newspaper has revealed the weak enforcement of contracts in the health system*			
Summary of political system considerations for each option *(e.g. Prompt: Many lay health workers support the expansion of their roles to provide more services for the prevention of post-partum haemorrhage in high-risk rural areas. However, doctor's associations have concerns regarding the safety of these proposed changes. Doctors have more resources and influence over government officials. A recent report from the WHO shows that maternal mortality has not decreased significantly. Prominent national newspapers are paying increasing attention to this issue and thereby applying greater pressure.)*			

Worksheet 6 – Refine the statement of the problem, options and implementation considerations in light of health system and political system factors

	Option 1:	Option 2:	Option 3:
Summary of findings on selecting the topic, identifying the venue for decision-making and clarifying the problem (from Worksheet 1)			
How would a consideration of the health system and political system factors change the options with regards to clarifying the problem?			
Summary of costs, benefits, and harms of each option (from Worksheet 2)			
How would a consideration of the health system and political system factors change the options with regards to framing the options?			
Summary of implementation considerations for each option (from Worksheet 3)			
How would a consideration of the health system and political system factors change the options with regards to planning for implementation?			
Contextualized re-iteration of clarifying the problem, framing the options, and planning for implementation in light of health system and political system considerations. Consider whether any of the options would be unlikely to be adopted as they are, and whether a new or modified option would be more likely to be brought forward.			

Worksheet 7 – Anticipate monitoring and evaluation needs

	Option 1:	Option 2:	Option 3:
1. Is monitoring necessary?			
Is monitoring already in place or are new systems necessary?			
What are the costs of establishing a new system?			
Are findings going to be useful for change? What actions would occur if monitoring reveals that things are not going as planned?			
2. What should be measured?			
What parts of the results chain should be/could be measured?*			
What properties of an indicator make it useful?**			
3. Should an impact evaluation be conducted?			
Compare the costs of conducting an impact evaluation with the costs of not conducting one, in case the programme does not work or causes harms. Would a programme be stopped or changed, for example, if poor outcomes were found?			
Does the capacity exist to conduct the evaluation?			
Can the impact evaluation be done during the early stages of implementation (e.g. in a pilot study) to improve or stop the rest of the implementation, if necessary?			
4. How should the impact evaluation be done?			
Randomized controlled trial (RCT) to compare effects with and without the intervention Controlled before-and-after evaluation or interrupted time-series when RCTs are not feasible Economic evaluation or cost-effectiveness analysis Process evaluation to examine whether the programme or policy was delivered as intended **All types of evaluation methods should be planned for and included in the earliest stages of planning to ensure valid, reliable and useable data**			

Summary of monitoring and evaluation needs for each option *(E.g. Prompt: 8 Districts are eligible for the given intervention of training, supporting and regulating lay health workers (LHWs) in providing misoprostol for the prevention of post-partum haemorrhage. A planned RCT will compare outcomes in 4 of the districts to receive the intervention starting in 4 months and the other 4 districts will be started with the intervention in 12 months. The districts for each group will be chosen randomly, and multiple indicators looking at the implementation (e.g. patient satisfaction, numbers of LHWs involved) and outcomes (e.g. mortality rate, use of misoprostol) will be measured.)*			

* Modified results chain (24)
Inputs: Financial, human and material resources used for the intervention
Activities: Actions taken or work performed through which inputs, such as funds, technical assistance and other types of resources are mobilized to produce specific outputs
Outputs: The products, capital goods and services which result from an intervention; these may also include changes resulting from the intervention that are relevant to the achievement of outcomes
Outcomes: The likely or achieved short-term and medium-term effects of an intervention's outputs
Impacts: Positive and negative, primary and secondary long-term effects produced by an intervention, directly or indirectly, intended or unintended

** Factors to consider when selecting indicators (24)
Validity: The extent to which the indicator accurately measures what it is supposed to measure
Acceptability: The extent to which the indicator is acceptable to those being assessed and those recording the data
Feasibility: The extent to which valid, reliable and consistent data are available for collection
Reliability: The extent to which there is minimal measurement error, or the extent to which findings are reproducible if collected by another party
Sensitivity to change: The ability to detect changes in the unit of measurement
Predictive validity: The ability to accurately predict relevant outcomes
Consider also: Cost, time, and motivation to collect or manipulate the data

Worksheet 8 – Make national policy recommendations or decisions and develop advocacy and dissemination strategies

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- How will the above information be used in shaping the policymaking process?
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  Allows busy policymakers to quickly scan for relevance to topic and context (e.g. use a 1:3:25 format – 1 page with take home messages: 3 pages for the Executive Summary: and 25 pages for the report, and a reference list for more information)

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- Does the dialogue ensure fair representation among those who will be involved in, or affected by, future decisions related to the issue?

  Policymakers, managers, staff or members in civil society groups, health professional associations, researchers, etc. Usually 15-20 or more people, depending on the issue and the area affected by the issue.

- Does the dialogue engage a skilled, knowledgeable and neutral facilitator, and follow a rule about not attributing comments to individuals, and not aim for consensus?

- Are outputs produced and follow-up activities undertaken to support action?

4. **Are advocacy and dissemination strategies identified to support the implementation of the proposed changes?**

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